

by and by. But there is usually a real cause. Among the external ones are what may be called "the four p's" (p's in French, at least)—the pricks of parasites, such as fleas, lice, and bugs (puces, poux, punaises), and of pins badly placed; but there are others—such as the tightness of clothes, the presence of diapers soiled with fæces or urine, hot bottles, extremes of temperature, and especially very hot days. The internal causes are harder to find, but it is of great importance to discover them. Fortunately, the commonest, which is hunger (and perhaps thirst), is the most easily cured; it ceases when the child has had the breast. If it does not so cease, it may mean that the milk is poor or scanty, and then weighing the infant will clear up the diagnosis. But it may be due to other causes, of which the second in frequency, according to Dr. Saint-Philippe, is internal discomfort due to dyspepsia, and especially to dyspepsia with colic. Crying now is increased by giving the breast; it comes on suddenly, and ceases abruptly when wind or a stool is passed; if it be the result of a full bladder, it disappears with micturition. The third of the internal causes is pain, and again the intestinal tract may be at fault; but now it is more than discomfort—it is sharp suffering, as in cases of enteritis, and particularly, says Saint-Philippe, of athrepsia, as was pointed out long ago by Parrot. Of course, many causes of pain may exist, among which teething and local maladies of the bones and skin may be named. A fact of some importance is, as was pointed out by Dr. Genaro Sisto, of Buenos Aires, that persistent crying, in the absence of other causes, may be due to hereditary syphilis; if it be, it ceases with the commencement of the specific treatment. Much, then, may be learnt from the cry.

THE CAUSES OF PUERPERAL FEVER.

Assuming the conduct of labour to be blameless owing to the skilled use of antiseptics and the avoidance of internal examinations, the causes of puerperal fever at the present time, according to Dr. Brandt in a Norwegian contemporary, are: (a) Auto-infection by the blood stream from a distant focus, such as tonsillitis, a mastitis, or an otitis media; and (b) autoinfection from germs already present in the uterus and its appendages before labour. Tonsillitis is common in the puerperium, and Dr. Brandt has noticed the coincidence of fever among the maternity patients and epidemics of tonsillitis, with or without diphtheria bacilli, among the nurses.

Nursing Notes reports that Dr. Herman has resigned his position as representative of the Midwives' Institute on the Central Midwives Board, and Sir Shirley Murphy has accepted nomination as his successor.

CENTRAL MIDWIVES BOARD.

The following are the questions in the examination paper set by the Central Midwives Board to candidates for its certificate on February 10th:

1. Describe the true pelvis and give the length of the antero-posterior diameter at the brim, in the cavity, and at the outlet. State the points between which these measurements are taken.
2. State in detail the methods by which you would distinguish a breech presentation from a presentation of the face.
3. What is a placenta prævia? Why does it always cause bleeding before the birth of the child? What are the dangers of the condition and how would you deal with a bad case if the doctor's arrival were delayed?
4. What is meant by antiseptics and asepsis? Name three antiseptics in common use in midwifery. Give the advantages and disadvantages of each, and state how you would prepare solutions of them.
5. Describe the nursing treatment, with exact details, of a premature baby weighing five pounds.
6. What would lead you to suspect cancer of the womb? What would you do in such a case?

MATERNITY INSURANCE.

The Standing Committee on Public Health of the International Council of Women is making an International Enquiry *re* Maternity Insurance, both in regard to State Insurance and to private schemes. In regard to private schemes, Mrs. Edwin Gray has in this country asked the help of the members of the above committee, in answering the questions in the second part of the Schedule. In Part 1 (State Insurance), the questions are directed to the Extract (persons to be insured), what authorities carry out the scheme, the benefits to which Insured Persons are entitled, how the scheme is financed. Part 2 (Private Schemes for Maternity Insurance connected with Friendly Societies, Trade Unions, Co-operative Unions, or provision by Factory Owners). The questions in this connection bear on the points as to whether private schemes for Maternity Insurance exist (1) Beside a State scheme; (2) or as the *only* means of providing for Maternity Insurance; (3) whether these are private schemes connected or combined with other branches of insurance; or whether they are carried on by Societies of which Maternity Insurance is the only object; (3) particulars of conditions of membership; (4) whether large factories have any special schemes for Maternity Insurance.

The whole question of Maternity Insurance is just now receiving considerable attention, and we rejoice that the right of the mother to skilled care and the means to procure some personal comforts at the time of her confinement should at last be recognized. The amount of privation and semi-starvation with which many brave working women are encompassed at a time when their more fortunate sisters are shielded from all anxiety is terrible to contemplate.

[previous page](#)

[next page](#)