

its nature any other than obstetrical, the room would not be left in that state. It would be cleared and converted, as far as possible, into an impromptu operating theatre.

All papers dealing with puerperal morbidity and mortality deplore the continued prevalence of puerperal fever after home-conducted labour, and variously indicate where the fault lies. Thus the doctor is blamed for not carrying out Listerian principles, or the midwife is arraigned for carelessness and uncleanness.

But not one of them that I have read goes to the root of the matter—namely, the utter want of surgical environment under which labour ordinarily takes place, a custom, I maintain due to the fact that the "surgical idea," as applied to midwifery is only partially recognised by the profession, and not at all by the public. So long as these unsatisfactory conditions remain, the mortality and morbidity of childbirth will continue unduly high. The transgression against the canons of modern surgical asepsis is too great to be washed away with a bowl of antiseptic lotion, however diligently used.

If we consider the results of surgical operations other than obstetrical, when carried out in hospitals and private houses respectively, it will be found that those performed in private are, on the whole, the most successful. Compare this with the results of obstetric work carried out in hospitals and private houses respectively. The contrast is striking. In lying-in hospitals puerperal sepsis in its graver forms is almost abolished; in private houses it is responsible for the wastage of life and health to which Haig Ferguson and others have so forcibly directed attention.

It may be objected that the comparison is not fair, because the operations of surgery other than obstetrical are not customarily carried out in private houses unless the means of the patient permit of the surgical environment being created in the house.

But that is just the point I want to push home.

In obstetrics a vicious circle obtains. The imperfect conception of the position of the art by the profession results in the public underrating its importance and belittling the gravity of labour. Hence has been established a custom by which childbirth takes place under conditions that outrage all the requirements of modern aseptic technique, yet in no other branch of our profession does success obtain so little praise or failure so much obloquy.

This attitude of the public in turn reacts on the medical man. He finds, when he enters practice, that it is customary to conduct labour under the faulty conditions to which I have drawn attention, and in the face of long usage he hesitates to deal with labour as with any other surgical problem. The conversion of the lying-in room into some semblance of an operating theatre, relatively aseptic surroundings, efficient assistance, and an independent anaesthetist, are looked upon as academic ideals not to be pressed for in everyday work.

### THE ABERDEEN MATERNITY HOSPITAL.

Lord Provost Maitland presided at the annual meeting of the Aberdeen Maternity Hospital, when the report stated that the position of the hospital under the Insurance Act had engaged the attention of the directors. Negotiations were at present in progress between the directors and representatives of the approved societies, and it was hoped that an early and satisfactory arrangement would be made, so that those obtaining benefit under the Insurance Act might have attention either from the indoor or outdoor staff of the hospital, in return for adequate remuneration under the provisions of the Act. The directors were of opinion that, in the meantime, a charge of 10s. should be made for each case treated in the hospital, and 7s. 6d. for each case treated in the district, special cases to be specially arranged for with the societies.

### PLACENTAL AERATION FOR ASPHYXIA OF THE NEWBORN.

The *Nursing Journal of India* reports an interesting case, in which asphyxia in a newborn infant was relieved by placental aeration. The placenta was manually loosened and delivered, and was held, maternal surface upward, exposed to the air, and washed free from clots of blood. For thirty-five minutes respiration was carried on through the placenta in this way. A stream of oxygen turned upon the surface of the placenta brought about a good colour of the child, whenever cyanosis appeared. After tying the cord, the child cried lustily and breathed normally.

The same journal publishes an account of an incident at St. Elizabeth's Hospital, Karnal, Punjab, by a correspondent, who writes: "On January 4th, which happened to be a particularly cold day, a policeman came to the bungalow with a kerosene tin in his hand, and asked if he might see the doctor. When he came he opened the tin, and inside there was a very small prematurely born, little girl baby, wrapped in a little piece of dirty old *chaddar*, and very, very cold. The policeman had brought her from the railway station, where the box had been found on the platform as soon as it was light. The baby was only a few hours' old, and very much collapsed; she was evidently not wanted, and had been put out for anyone to find or not as the train went through, being only a girl baby, it did not signify if she lived or died. She is still very small; and although she is now a month old, she weighs only 5 lbs., but she had a bad cough, which kept her back. These Indian nurses are devoted to her. She was baptized a Sunday ago, and we gave her the name, Elizabeth Taramini ('Little One of the Star'), as she was born so near the Feast of the Epiphany; and Elizabeth, as she belongs to St. Elizabeth's Hospital. I hope she will grow up. One of the nurses is her godmother, together with the Sister-in-Charge."

[previous page](#)

[next page](#)