

help be secured at once. It seems a tragedy indeed that, though there was an eye hospital within 200 yards of the house, no one—relatives, midwife (who is also parish nurse) or health visitor—carried the baby that 200 yards, and when at last taken there, three days after the health visitor's warning, the sight of one eye was irretrievably lost.

One midwife who had to meet, amongst other charges, one of being under the influence of drink on arrival at a case wrote that she had a cocoa supper before going to the case. She didn't know if cocoa smelt of drink. She had had a "lozenger" which she used for shortness of breath. She could tell the child was not turned for the world. She did not require to wash her hands at the case, as she had done so at a former patient's house, and put on her gloves, which were washing ones.

The importance of being present, to watch one's own defence, was exemplified in the case of Miss Sarah Quinton, who was most ably defended by Mr. Wynne Werninck. One of the charges on the indictment was that "The patient, suffering from excessive bleeding at the confinement and continuing to suffer during your attendance on the day of the confinement, you did not explain that the case was one in which the attendance of a registered medical practitioner was required by Rule E 20." The patient subsequently died, and the inference certainly was that this hæmorrhage was a contributing cause, particularly as the husband, in his affidavit, swore that he thought there was something unusual, as the hæmorrhage passed through the bed and floor into the kitchen below.

In an affidavit, the medical man subsequently called in, stated that the patient, when he saw her, was very anæmic and had every appearance of having lost considerably at the confinement, but that both patient and midwife said this was not the case. He further stated that she was suffering from pernicious anæmia.

The learned counsel pointed out that the word "hæmorrhage" in the husband's affidavit was a technical term not likely to be used by him. On the chairman questioning the midwife, she stated that there was no mattress on the bed, or any protection, and that the accident to the kitchen was caused by coloured water.

This incident shows the importance of affidavits being exactly worded.

As a result, the charge—in support of which the husband's evidence would have been damning, if allowed to pass unquestioned—was struck out of the indictment.

The Local Supervising Authority was represented in this case by the Superintendent Inspector (Miss Lowe), and Miss Quinton's Inspector (Mrs. Garside). Another interesting point in this case was that the doctor who attended the patient informed the midwife that the case was not septic, and there was no reason for her to abstain from attending other cases.

Miss Lowe, on the other hand, acting for the L.S.A., notified the midwife to abstain from

attending cases till the inspector had satisfied herself that she was disinfected to the satisfaction of the L.S.A. The nurse thereupon went to the doctor, who telephoned in her presence to the Medical Officer of Health (Dr. Bostock Hill), and informed him that the case was not a septic one. As, however, the midwife had been notified under the rules to abstain from practice, the Board held she should have done so, and so the chairman told her, saying the Board thought it a pity that the medical man concerned took it upon himself to absolve her from observing the rules of the Board. He further told her that the Local Supervising Authority was her master, and she must work with it and not against it.

THE CARE OF THE NEW-BORN CHILD.

Dr. Eric Pritchard delivered a lecture on the above subject, at the Royal Society of Medicine, on Tuesday, November 2nd. He said that the first weeks of a child's life were, in his opinion, the most important.

Early formation of good habits could not too strongly be insisted upon. Swallowing was not altogether strange to the newly-born, for in utero, they swallowed a certain amount of amniotic fluid, sometimes in large quantities; it was, therefore, important that they should at once be put to the breast, before they had a chance of forgetting this function.

He advocated regular three-hour feeding from the very first, this interval to continue during the whole period of suckling, with an interval of six hours at night, so as to continue the rhythm. The other function of excretion would follow regularly as a consequence. Sucking, swallowing, digestion, excretion, were a continuous series of events that could only be obtained satisfactorily, if the feeding were absolutely regular.

The colostrum was obtained in drops or teaspoonsful, and therefore to administer an ounce of cow's milk at intervals during the first few days was to condemn the child to death. Another very important point was to keep the newly-born infant very warm. In his—the lecturer's—opinion it could not be too warm. In the uterus, it had always been maintained at a temperature of 98 degs., and the temperature of a well-regulated nursery should be 64 degs. This was therefore a drop of over thirty degrees. He advocated a very warm room at first, the temperature of which should be very gradually lowered, so that every day the infant should undergo a little experience. On the same principle, given a sensible mother and nurse and a healthy child, cold bathing should be introduced, *i.e.*, the temperature of the bath reduced by very gradual degrees and intervals. He guaranteed that no draught on earth could give a child cold that had become accustomed to this habit.

The London County Council (General Powers) Bill, which provides for the registration of massage houses and lying-in homes, has received the Royal Assent.

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