

enough to attend. It was requested by counsel's representative that the case be postponed, but the Chairman suggested that the midwife's interest would not suffer by its being heard. The charge against her was that she had received for gain infants under the age of seven years, and had failed to give notice in writing to the local authority. The midwife had been convicted at the West London Police Court, and had been fined. There was no suggestion that she had not done her duty by the children, and the Chairman considered that she had been sufficiently punished.

In the case of Mary Anne Gordon, who had lately married, the inspector, who was present, said she was informed that the midwife did not live at the address given for her letters, and that she had been unable to obtain any satisfactory information as to where she actually resided. She had never succeeded in finding the midwife at the address given. The midwife was ordered to send her address, register, and certificate as requested, and if she failed so to do would be struck off the roll.

The case of Mary Frances Rhodes was rather unusual, the offence alleged against her being that the child was suffering from discharging eyes, and she did not notify the same. It came out in the evidence that she was acting as a monthly nurse, a doctor having been engaged for the case. The medical man engaged for the confinement was engaged on military duty the day following the confinement, and handed over the case to another practitioner. This medical man left the case on the tenth day, September 24th, the midwife still being in attendance. On September 30th he was called to attend the infant who was then suffering from ophthalmia neonatorum. He admitted not having seen the infant on the conclusion of his visits, and said that the midwife had not requested him to do so.

Mr. Golding Bird asked if it were not his duty to attend the child as well as the mother.

The Chairman's ruling was that this was a doctor's case and that the midwife was acting as a monthly nurse and as such the case was not one to be dealt with by the Board. The Inspector was requested to direct the midwife not to enter doctors' cases on her register.

In the case of Midwife Langley, the Inspector said that the daughter filled up the temperature register without reference, and when questioned replied "it was quite easy, as mothers' temperatures were always normal."

THE PREVENTION OF EYE DISEASE.

The twelfth and last of the very interesting special course of lectures on Infant Care, under the auspices of the National Association for the Prevention of Infant Mortality, was given on Tuesday, December 21st, by E. Treacher Collins, Esq., F.R.C.S., Surgeon Royal London Ophthalmic Hospital, the subject being "The Prevention of Eye Disease in Children under School Age."

The lecturer began by saying that it was well known that kittens and puppies were born with their eyelids closed, and it seemed that infants were not in like condition, as it was in the maternal passages that the eyes were most liable to infection. Blindness due to this cause was by far the most frequent. Where the eyes were infected at birth, the symptoms began to show usually about the third day, and were attributable to either the doctor or midwife. Symptoms showing after the fifth day usually pointed to some fault or neglect on the part of the monthly nurse. The severity of the symptoms depended on the virulence of the micro-organism. The most severe form was due to infection by the gonococcus. Cases left to themselves with the discharge pent up under the eyelid often resulted in perforation of the cornea. Great care should be exercised in the washing out of the eyes, as when they were at all roughly handled the lens might pop out. The lecturer said he sometimes had the lens brought to him by the mother, who seemed to expect him to replace it. The pity was that these cases of blindness were entirely preventible if only skilled treatment were applied in due time.

In his opinion every midwife should carry a bottle of silver nitrate 8 grs. to ʒi. for application to the eyes at birth, wherever there was a suspicion that the mother had an infective discharge. At the first symptoms of trouble, of course, medical aid should be sought. These cases did very well if they were brought up every day to the hospital, but the difficulty was to ensure this being done. In Liverpool there was special provision made for the reception as in-patients of both mother and infant under the circumstances. In London there was no such provision. It would be well if the Health Authorities were to realise that in the health of the people lies the wealth of a nation and were to bestir themselves in this matter. Other sources of ophthalmic infection arose from direct contact with discharge from the eyes of another person so infected. This was commonly known among the poor as the blight, and was caused by several persons washing in the same water, using the same towel, or children sleeping in the same bed. Children were more susceptible after an attack of scarlet fever or measles. After measles ulceration of the cornea often resulted, which caused the child to have a great dread of the light. Cases of this kind were noticeable because the children screwed up their eyes.

Another cause of blindness was the result of accidents; quite a number had come under his charge from children trying to undo their bootlaces with a fork. The "tipcat" season was also responsible for a number. No child, said Mr. Collins, was born near-sighted. This condition was unknown in the savage races, and was really the outcome of civilisation.

Prolonged application to close work was its cause, and children who learned to read at a very early age were often the victims of it. Astigmatism was largely responsible for it, and all children of school age should have their eyes examined with this in view.

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