

The Midwife.

OPHTHALMIA NEONATORUM.

In opening a discussion on the "Causes and Prevention of Blindness" at the Ophthalmological Section of the Newcastle meeting of the British Medical Association, Mr. N. Bishop Harman made some trenchant remarks on the prevalence of ophthalmia neonatorum. In this connection, the *Lancet* says: "We entirely agree with him that more might be done to prevent damage to sight from this cause, in spite of the optimism of the Ministry of Health, as shown in a recently issued report of the Principal Medical Officer. . . ."

"There are only three possible lines of defence: (1) treatment of the vaginal disease of the mother; (2) treatment of the eyes of the infant at birth; (3) early skilled treatment of the disease. Mr. Harman dealt with the first and the third of these, saying: 'Prevention of the disease can be secured by the treatment of the vaginal disease of the expectant mother; this is the one and only certain means of prevention, and it is within our power to accomplish this desirable end.' It is no easy matter, however, to get hold of the expectant mothers for treatment; it may become easier as the work of antenatal clinics grows. Most ophthalmic surgeons pin their faith to the treatment of the infant's eyes at birth with a colloidal silver solution. At the conference already referred to, Dr. Janet Campbell (senior Medical Officer for Child Welfare of the Ministry) gave figures for fifty unselected maternity homes which showed seventy-four cases of ophthalmia among about 9,000 births, a highly unsatisfactory percentage. American representatives stated that systematic treatment of the infant's eyes had, practically speaking, abolished ophthalmia in certain districts of the United States, and it would be well that the procedure adopted should be made known in plain language and promptly. Mr. Harman's remarks on the third line of defence deserve special attention. 'What is now needed,' he said, 'is the establishment of such medical arrangements that diagnosis and treatment can be made as swiftly as the fire-brigade can be brought in when there is an outbreak of fire in our homes.' He would like to see established in the centre of every convenient area an ophthalmia unit. Prompt removal to hospital of mother and child is already a fact in Liverpool, while in London the benefits of hospital treatment are almost nullified by tardiness of removal.

"This question of delay is crucial. Medical officers of health and ophthalmic surgeons know full well that there is frequent failure to secure skilled treatment at once. The case often reaches the ophthalmic surgeon after a spell of inefficient treatment during which irreparable damage to the eye has been done. The birth attendant may see so little of these cases as not to notice the danger signal or to recognise the need for a 'fire-

brigade.' To some extent the medical schools and hospitals are at fault. The Ophthalmological Section at Newcastle passed a resolution in favour of the appointment of ophthalmic surgeons to all lying-in hospitals. If this suggestion be acted upon a great step forward will have been taken in the education of medical students and midwives on the serious nature of this disease; the means to be adopted for its prevention, and the need for its prompt treatment in the event of a breakdown of the first two lines of defence, will become apparent."

RÔLE OF CÆSAREAN SECTION IN MIDWIFERY.

In the issue of the *Lancet*, September 3rd, a full report appears of the Section of Obstetrics and Gynæcology which was held in connection with the recent meeting of the British Medical Association at Newcastle-on-Tyne. It is of absorbing interest to midwives and gynæcological nurses, and should be carefully studied. The discussion was opened by Prof. J. M. Munro Kerr (Glasgow) and Dr. Eardley Holland (London) on the Rôle of Cæsarean Section in Midwifery. Treatment of Advanced Malignant Disease of the Cervix, Neurasthenic Element in Gynæcology, Curettage and the treatment of Uterine Hæmorrhage, and the Position of the Medical Practitioner in Cases of Procured Abortion, were ably presented and discussed.

CENTRAL MIDWIVES' BOARD.

At an examination of the Central Midwives' Board, held in London and the provinces on August 3rd, the number of candidates examined was 662 and the number who succeeded in passing the examination was 511. The percentage of failure was 22.8.

CUTTING DOWN FREE MILK.

By a decision described as "cruel and inhuman," the Ministry of Health has informed the Deptford Maternity and Child Welfare Committee that it cannot pay the 50 per cent. grant on expenditure for the supply of milk to children and to nursing and expectant mothers.

"The inevitable result," says the Committee, "will be an increase in infant mortality and a large proportion of weak, sickly and inefficient children among those who survive."

TRUE TALE WITH A MORAL.

A MODERN DIDYMUS.

Boy of four being shown new little baby brother:—

Boy—Where did he come from?

Mummie—Mummie laid him.

Boy (looking suspicious)—Where is the shell?

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