

# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

The monthly meeting of the Central Midwives Board was held in the Board Room, at Queen Anne's Gate Buildings, Westminster, on Thursday, October 2nd.

The Secretary formally reported the death of the late Chairman, Sir Francis Champneys, Bart., M.D., F.R.C.P., which had occurred since the last meeting of the Board.

Sir Francis had been Chairman of the Board since its establishment in 1902, and his work in this connection has been widely appreciated and acknowledged both by his colleagues on the Board, and by the public at large.

### ELECTION OF CHAIRMAN.

The Board elected Dr. John Shields Fairbairn, F.R.C.S., F.R.C.P., Consulting Obstetric Physician to St. Thomas's Hospital, to be Chairman of the Board for the remainder of the year, which ends on March 31st, 1931.

### CORRESPONDENCE.

The correspondence included:—

(a) A letter from Sir Weldon Dalrymple-Champneys, Bart., conveying to the Board his sincere thanks for the wreath which it sent for the funeral of his father.

(b) A letter from the Secretary of the Central Midwives Board for Scotland, conveying to the Board, on behalf of the Chairman and members of the Scottish Board, their sincere regret at the loss sustained by the death of Sir Francis Champneys, Bart., stating that the Scottish Board has been indebted to Sir Francis for much kind help in the past, especially when it came into existence in 1915, and that it desires to record its deep sense of all that Sir Francis Champneys has done for the benefit of the midwifery service of the country, and mourns the loss of a courteous and distinguished leader.

### THE AUGUST EXAMINATION.

The Secretary presented a report on the August Examination (No. 133) which showed that 740 candidates were examined and 601 passed, the percentage of failures being 18.8.

## THE INTERIM REPORT OF THE DEPARTMENTAL COMMITTEE ON MATERNAL MORTALITY AND MORBIDITY.\*

### THE IMPORTANCE OF ANTE-NATAL SUPERVISION.

In further reference to the Interim Report of the Departmental Committee on Maternal Mortality, we note that it lays particular emphasis on the importance of ante-natal supervision, and says in this connection: "In spite of the attention given to the subject during the last few years by obstetricians and by the public health service, the results of the maternal death inquiries and other evidence at the disposal of the Committee show that the ideal laid down by Dr. Ballantyne that 'all labour should be prepared for during pregnancy and conducted in accordance with the discoveries then made' is far from being attained. It is acknowledged that, speaking generally, the present standard of ante-natal care remains below the standard required for safeguarding the mother, even within

the limits of our present knowledge. Many pregnant women receive little or no ante-natal supervision, and there is reason to believe that in some cases the supervision is so insufficient that harm may be done by giving a false sense of security. This is, perhaps, hardly surprising in view of the short period during which prominence has been given to such ideas. Although a few obstetric teachers have presented the subject to their students with enthusiasm for years, there are certain medical schools which have only within the last year or two made attendance at an ante-natal department obligatory on their students (in accordance with the recommendations of the General Medical Council in the revised Curriculum of 1923). The Central Midwives Board has from the first required midwives to receive instruction in the diagnosis and management of normal pregnancy, and the signs and symptoms of abnormal pregnancy, but not until 1927 did they include ante-natal care among the duties required from the practising midwife under the Rules of the Board."

### STERILISATION OF THE HANDS.

The Departmental Committee on Maternal Mortality and Morbidity in their Report publish various valuable Appendices. We quote below from a Memorandum on the Sterilisation of the Hands by Dr. Leonard Colebrook, M.B., B.S., a member of the Committee, which they consider of such commanding importance that they also include his conclusions in the text of the Report. They are as follows:—

"Sterilisation of the hands aims at preventing the transfer of pathogenic bacteria to the genital passages of the mother (a) by an initial thorough antiseptic toilet, and (b) by further treatment from time to time during the course of labour in case the hands have become contaminated by contact with infective material. It is not perhaps generally recognised that this contact with infective material may be only a subperceptible contact. The hands may be re-infected with streptococci by salivary spray ejected by coughing, sneezing, and even in the course of conversation.

"Haemolytic streptococci, indistinguishable from those which cause puerperal infections, are known to be present from time to time in the fauces of a certain number of people. It sometimes happens that the parturient woman herself, or one of her attendants, is one of these people. In that event, streptococci, potentially dangerous, are being unconsciously sprayed into the air around the patient during the period of labour. Some of them will reach the hands of the attendant, and so, indirectly, may be transferred to the vulva or vagina.

"The experiments here reported show that the initial antiseptic toilet as commonly advocated in this country, viz., thorough washing, followed by treatment of the hands for 3 minutes with perchloride of mercury (0.1 per cent.) or lysol (0.62 per cent.) of good quality will usually succeed, if it is conscientiously carried out, in getting rid of any haemolytic streptococci with which the hands have become contaminated. Washing alone removes the greater number of such streptococci. It must be emphasised, however, that these procedures do not sterilise the hands in the bacteriological sense. Staphylococci and sometimes diphtheroid bacilli can still be cultivated from them. Moreover as a means to the elimination of streptococci, this antiseptic toilet offers only a small margin of safety. If the washing is perfunctory, or the strength of the antiseptic solutions is reduced, or, again, if the streptococcal contamination of the hands is a heavy one and combined with serious discharges, killing is likely to be incomplete.

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