

should realise more than they do that the doctor, midwife or nurse is not always responsible for a case of sepsis. Nevertheless, one or other is always blamed, however careful the work may have been.

Prevention of Sepsis.

Puerperal sepsis, though a rare disease now compared with olden days, still occurs with a disturbing and an unnecessary frequency, and causes a number of maternal deaths every year. It has probably, during the last few years, caused more concern to the medical profession and the public health authorities than any other infection, because the number of deaths due to it show no tendency to decrease. An immense amount of scientific research has been or is being done about its causes, prevention and treatment, not only in this but in other countries. But the disease persists. Naturally, it is strongly felt that childbearing must be made as safe as possible. Prevention is the most important aspect of the subject. Is puerperal sepsis a preventable disease? The answer is emphatically yes; the great majority of cases are preventable if only we could put into practice the ample knowledge we now possess about the disease. The investigation of the Departmental Committee on Maternal Mortality and Morbidity, which reported last year, concluded that failure to prevent infection during labours occurred in many cases because either the necessary antiseptic routine is not carried out, or only in a feeble manner; or insufficient recognition is given to the danger of droplet infection from the throats of attendants and other persons in contact with the patient. It is important to remember that half of all the deaths due to sepsis follow difficult labour or obstetric operations, and in this group the most important factor which determines the onset of infection is probably the injury to the maternal tissues. Obviously one way to prevent this group is to prevent difficult labour; and the best way of doing this is adequate ante-natal examination. This would give the chance of providing for possible difficulties.

It is quite evident that in order to lower the number of maternal deaths in this country from sepsis and other causes we have got to bring about a huge improvement in the maternity work. No doubt it must begin in improved training for medical students and doctors, for which at present there is a serious lack of facilities. There must be more maternity hospitals and training centres; there must also be more encouragement for doctors to specialise in obstetrics. The problem is largely an administrative one. What is now being accomplished by some hospitals and by some doctors should be possible for all. This is not a matter for the medical profession only. It is a matter for the public also to concern itself with. We must make a united effort to build up a new tradition for maternity work.

THE CENTRAL MIDWIVES BOARD.

At the February, 1933, Examination of the Central Midwives Board, the number of candidates examined was 905, and the number who passed the examiners 726. The percentage of failures was 19.8.

Dr. S. S. Buchan has been re-elected to represent the Society of Medical Officers of Health on the Central Midwives Board. Dr. T. Vincent Dickenson has been re-appointed as the representative of the Society of Apothecaries of London, and Mrs. Elena Richmond has been re-appointed as the representative of the Queen's Institute of District Nursing.

Lady Howard de Walden has announced that the Duchess of York has chosen Tuesday, May 23rd, for the concert in aid of Queen Charlotte's Maternity Hospital. Over £500 worth of tickets were booked.

DO BOTTLE-FED BABIES GET ENOUGH TO EAT?

One of the many problems associated with the feeding of infants is that of the quantity of food to be given. Various authorities agree that during the first six months of life infants should receive between 45 and 50 calories per lb. weight, and after this age the caloric requirements are decreased to 35 to 40 calories per lb. weight.

Various feeding schedules have been obtained based on these principles, but there is still a good deal of controversy between different schools of thought. There are some doctors who put down most infantile troubles to overfeeding. On the other hand, a new school of thought is arising, which suggests that the trouble is chiefly that of underfeeding, e.g., Professor Vining, of Leeds, says in the University of Leeds Medical Society Magazine for 1931: "Unfortunately it has been the teaching of many in the past and by some even at the present time that infants are far more frequently overfed than underfed. Such teaching has done harm and delayed progress."

It is suggested that the problem was originally associated with the fact that liquid milk was used for the feeding of infants. Owing to the difficultly digested protein (curd) of liquid milk it has been fallaciously stated the milk was too "strong," whereas the real cause of the trouble was in the hardness and unsuitability of the curd.

This defect of milk was most simply overcome by the dilution of milk with water, and this practice is very often still carried out. This modification, however, automatically reduces the caloric and nutritive value of the food, although making the milk slightly more digestible. By the use of a well prepared milk powder such as Cow & Gate this problem is solved, owing to the easy digestibility and fine flocculence of the curd. It is possible to feed an infant with a full strength liquid milk reconstituted from Cow & Gate without any dilution, and in this way to give an optimum quantity of the food without detracting in any way from its digestibility. Thus, quoting from Dr. Vining again: "Marasmus was a frequent cause of death 20 years ago. To-day it is much less frequently met with. Marasmus is the end result of chronic starvation, and its disappearance is largely due to the introduction of the dried milk which is now so popular as an infant food. When the directions on the tin of dried milk are followed, the baby receives the equivalent of whole fresh milk, while in the past he was as often as not fed with diluted milk, and often so diluted that chronic starvation was inevitable."

SUFFOCATED BABIES.

From inquests held in various parts of London and our overcrowded cities, death from suffocation of babies are constantly reported. Poor mites! death, no doubt, saves many from untold misery; but social conditions where these deaths are almost inevitable are sadly in need of reform.

Father and mother and two babies in one bed, and other children all huddled in one room—it is a grievous condition of affairs.

Nurses and midwives have it in their power to teach ignorant and callous parents how danger to life may be mitigated—a separate cot, if only an orange box—and no feather pillows in which to burrow—may save the lives of many babies. We note several cases of death from suffocation within the past month and the severe remarks of the coroner, but knowledge of better methods and more space in which to breathe for the whole family is the only remedy. Away with noisome slums.

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