

The Midwife.

PREVENTION OF BLINDNESS.

By the direction of the Minister of Health a Circular (1621), signed by Mr. A. K. Maclachlan, Assistant Secretary of the Ministry of Health, has been addressed to the Clerks of County Councils and Local Sanitary Authorities drawing the attention of such bodies to the importance of taking all practicable steps to prevent blindness and impaired eyesight, and in this connection to refer to the Report on the Prevention of Blindness which was issued in 1936 by the Standing Committee on the Prevention of Blindness of the Union of Counties' Associations for the Blind.*

Ante-natal Services.—The Report emphasises that expert examination of the fundus of the eye is called for in cases of failure of reading sight during pregnancy, and that the presence of albumen in the urine may be associated with serious retinal changes.

The Committee state that they are not prepared to insist on the need for prophylactic drugs as a routine measure; they consider that the proper cleansing of a baby's eyes at birth is the first essential, and that at the present time the most efficient prophylactic treatment over and above the proper cleansing of the eyes is a 1 per cent. solution of silver nitrate. They recommend that solution of silver nitrate should be carried in a small drop bottle of such shape as to be recognisable by touch as well as by sight, and that the solution should be renewed at least once a month, as it is liable to decomposition, and to become stronger, owing to evaporation, if kept for a longer period. The attention of Local Supervising Authorities under the Midwives' Acts is drawn to these views. Steps should be taken to secure that the drugs used by midwives are in a fresh condition, and are not used if there is any possibility of their having decomposed.

Ophthalmia Neonatorum.—The Committee express the view that this disease, which requires constant attention and skilled nursing, can most satisfactorily be treated in hospitals and that it is of vital importance that the services of an ophthalmic surgeon should be available at all hospitals where the disease is treated. The Minister suggests, therefore, that the Maternity and Child Welfare Authority should make arrangements if they have not already done so for securing hospital treatment for suitable cases, and that if a specialist is not already on the staff of the hospital in question, arrangements should be made whereby the Medical Officer could call in an ophthalmologist to advise on, or to treat, cases requiring specialist advice. The Committee are of opinion that the ideal arrangement is to admit both mother and child to hospital.

Children under School Age.—The Committee refer to the success of the system of medical examination of children under school age and indicate that its continuance as a recognised procedure is justified.

It is suggested that a further review of the present arrangements should be made with special regard to the early diagnosis and treatment of serious eye defects.

Children of and over School Age.—The Committee emphasise the importance of certain recommendations made in the Report on the Prevention of Blindness previously referred to, including the recommendation "that the services of an ophthalmic surgeon should be available in any scheme for the treatment of defective vision and eye disease."

Adolescence.—The Committee are impressed with the

need for the continued ophthalmic supervision of children with defective eyesight, particularly those with high or progressive myopia, through the period of adolescence.

Infectious Diseases.—The Minister endorses the recommendation that arrangements should be made whereby the Medical Officer in charge of an Isolation Hospital, or other hospital, should call in an ophthalmologist to advise on, or treat, any case of infectious disease requiring specialist advice.

Venereal Diseases.—Reference is made in the Report to the services available for the supervision and treatment of pregnant women infected with gonorrhoea, with a view to the prevention of ophthalmia neonatorum of venereal origin; and the hope is expressed that the intensification of the campaign against venereal diseases, and the more adequate treatment of syphilis in its early stages when it can be cured, will be effective in reducing the number of cases of blindness due to eye diseases of syphilitic origin, such as interstitial keratitis.

In view of the tragedy of blindness, and the opportunity which midwives and maternity nurses have of recognising symptoms of infection leading to blindness, if untreated, in the early stages, it is of the utmost importance that they should be able to recognise, and should report such cases in order that both pregnant women may secure early and skilled treatment if venereal disease has been contracted and that newly born infants of mothers suffering from diseases liable to cause ophthalmia may receive suitable preventive treatment.

THE INFANT MORTALITY RATE.

The infant mortality rate in 1937 was 58. This is 1.0 below that of 1936 and only 1.0 above that of 1935, the lowest ever recorded. The death-rate, on the other hand (12.4 per 1,000 of the population), was the highest since 1929 and was 0.3 above that for 1935, an increase attributable to the severe epidemic of influenza in the first quarter of the year.

THE INFANTICIDE BILL.

The Infanticide Bill which Lord Dawson has introduced in the House of Lords provides that a woman who wilfully causes the death of her child may, in certain circumstances, be convicted of infanticide instead of murder.

The Bill lays it down that if such a woman had not fully recovered from the effect of giving birth to the child, and for that reason the balance of her mind was disturbed, she should be guilty of infanticide and might be dealt with as if she had been guilty of manslaughter. If the jury at such trials considered that the woman was in the condition described in the Bill, they might return a verdict of infanticide, and not one of murder. Their power to return a verdict of manslaughter, or of guilty but insane, or of concealment of birth, would not be affected by the Bill.

INCREASE IN MARRIAGES.

The quarterly return of the Registrar-General for England and Wales for the third quarter of 1937 shows that over 11,000 more persons were married, there was an increase of 3,051 in the number of children born, and many fewer children died in the third quarter of 1937, compared with the similar period a year ago.

The number of persons married was 242,234, the increase on the third quarter of 1936 being 11,344. The total corresponds to an annual rate of 23.5 per 1,000 of the estimated mid-year population for 1936.

* Copies of this Report can be obtained from the Secretary, Prevention of Blindness Committee, 66, Victoria Street, S.W.1.

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