The Midwife.

HOMELESS BELGIAN MOTHERS AND INFANTS.

The Belgian refugees in this country have met with much sympathy, and deservedly. We come in contact with them and realise the ruthlessness of war waged by a military power on a civil population, the horrors to which they have been subjected, and the hardships which have driven them from their native land.

But, more pitiable still, is the lot of those in Belgium, and most of all of the women who undergo the ordeal of maternity in that stricken country, where nearly half of the seven million Belgians remaining there are homeless and absolutely destitute.

It is a situation which must move everyone not devoid of intelligence and sympathy, and one which it is the duty of those living under happier conditions to do all in their power to mitigate. It is with pleasure, therefore, that we draw attention to the Maternity Home started by the Hon. Lady Harvey in Flanders to help some of these women and their babies.

Lady Harvey and the Duchess of Buckingham and Chandos—who is taking an active part in the scheme—have received piteous appeals for bedding, old linen, medical requirements, clothing, shawls—in fact, for all the sheer necessaries both for mothers and babies, and will most gratefully receive any gifts, either in money or kind, addressed to the Hon. Lady Harvey, 116, Brompton Road, S.W. Clothing and bed-linen, &c., need not necessarily be new.

We can imagine no more humanitarian project than this for Belgian women, and we hope it will have widespread support. If every happy mother in this country did something, however small, to help her Belgian sisters, substantial relief would be speedily forthcoming.

THE DUMMY TEAT,

Dr. A. E. Thomas, Medical Officer of Health for the Metropolitan Borough of Finsbury, and Barrister-at-Law, in his report on the health of the Borough for 1914, says that the dummy teat is still extensively used. If it falls on the floor it is rubbed momentarily on the mother's blouse or apron, lipped by the mother, and replaced in the baby's mouth. This means at least two risks for the infant, contamination from the floor, and infection from the mother's mouth. If the mother suffers from pulmonary tuberculosis or from pyorrhæa alveolaris, these risks are much increased.

CANCER AMONG WOMEN.

Midwives, who not infrequently come in contact with cases of cancer in the course of their professional duties, will be interested in the following summary of the report recently presented to a meeting of the General Committee of the Imperial Cancer Research Fund, held in London, at which Sir William Church presided.

From time to time attempts have been made to discover whether the incidence of cancer of the ovary, breast, and mamma was different in married and single women. These attempts have been based on an analysis of hospital and operation statistics, and have not led to a clear result. The Registrar-General's report for 1913 deals with this question on the basis of the national mortality figures. This is the only satisfactory method, because the number of lives at risk in the two groups is known sufficiently accurately to permit actual death-rates to be calculated. The tables show that cancer of the ovary and mamma are more frequent in the single than in the married. Cancer of the uterus presents the opposite condition, being commoner in the married. are of great interest in view of the decreasing fertility shown in the national statistics of most civilized countries. They form a valuable contribution to the study of the recorded increase in cancer mortality.'

HOSPITAL TREATMENT FOR WELL-TO-DO MATERNITY PATIENTS.

Sir Halliday Croom, a Royal Physician of Scotland, which can boast a roll of distinguished physicians, including Sir James Simpson, is a strong advocate for hospital treatment of maternity patients, whatever their rank, on the ground of greater safety. Many women, he stated, in a recent lecture, die in childbirth from blood poisoning which is absolutely preventable. In hospitals it has now been almost stamped out by the application of Listerian principles, but in out-door and private practice the number of deaths is still high.

"In maternity hospitals," he explained, "doctors and nurses are under discipline, and antiseptic treatment is carried out under pain of dismissal. But in private practice, where nurses and doctors can do as they please, there is a tendency to both laxity and carelessness. I have frequently advocated maternity homes for the well-to-do, but unfortunately have not succeeded."

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