

The Midwife.

STERILISED LAYETTES.

The skin in the earliest months of life (says the *Lancet*) is exceptionally vulnerable, being endowed with but low power of resistance to invading micro-organisms and exposed to unusual irritation, both chemical, from fæces and urine, and mechanical in such regions as the occiput and the heels. Prof. E. Weill, of Lyon, claims to have demonstrated that the surest way of protecting infants from dangerous skin infections is to clothe them systematically in sterilised linen. This is especially necessary in the more or less infected environment of a hospital. In his earlier experience, he found that sterilised wrappings prevented body infections, but there were some cases of local infection of the occipital scalp. The latter disappeared when sterilised bonnets were included in the infant wardrobe. Some control experiments were furnished by changes of personnel or momentary disorders of the sterilising plant. Re-appearance of infection was regularly observed on these occasions. The following figures demonstrate satisfactorily the success of the method as practised in the professor's creche:—

A= Before use of sterilised clothes (1897-1902).

B= After adoption of sterilisation (1902-1909).

	Total admissions.	Total skin infections.	Infected on admission.	Infected in hospital.	Death with cutaneous abscesses.
A	886	93	32 = 3.6%	61 = 6.7%	56 = 6.3%
B	1184	93	80 = 6.9%	13 = 1%	12 = 1%

The general mortality of the creche has also shown a diminution since the introduction of sterilised clothing, but this reduction is probably due in part to other factors.

LECTURES ON INFANT CARE.

A Course of Advanced Lectures on Infant Care for Infant Welfare Workers, Teachers, Mothers, &c., will be held at the Lecture Hall, Carnegie House, 117, Piccadilly, London, W.1 (corner of Down Street), from January 23rd to April 10th, 1922. The course is in preparation for the advanced certificate of the National Association for the Prevention of Infant Mortality. Local Authorities are informed that the Ministry of Health allows approved expenditure in respect of the expenses incurred in attending these lectures by health workers employed by Local Authorities to rank for grant.

Fees for the whole course of 12 lectures, 8s. 6d.; for single lectures, 1s. 3d. Tickets should be obtained in advance from Miss Halford, Hon. Secretary, N.A.P.I.M., at 117, Piccadilly, from whom the Syllabus of Lectures may be obtained.

CENTRAL MIDWIVES' BOARD.

BOARD MEETINGS IN 1922.

The dates of the Ordinary Board Meetings of the Central Midwives' Board in 1922 have been fixed as follows:—

January 26th.	June 22nd.
February 23rd.	July 27th.
March 23rd.	October 12th.
April 27th.	November 16th.
May 25th.	December 14th.

SUPPLEMENTARY BREAST FEEDING IN CHINA.

Dr. Grace Morland, writing to *Maternity and Child Welfare* on the subject of supplemental breast feeding in China, from Suining, Sze, West China, remarks:—

"A babies' welcome would be worth trying, I think, but I'm not sure you would get much audience except in groups in their own homes. Chinese women are extraordinarily difficult to get out, except to see a new bride or a theatre. Women go on breast-feeding here much longer than in England. Children up to three years are breast-fed, and their feeds are supplemented with a little of what the older folks have! You see small kiddies eating dry rice with chopsticks. The smallest children mostly have a watery rice. There are a very few well-to-do folk who buy cow's milk, but the ordinary Chinese woman uses neither cow's milk nor goat's milk. The babies are practically all breast-fed; if the mother can't do it, a wet-nurse is found; a mother may often be seen feeding two of her own children at once. It is awfully hard on the women. There are goats, but they are only kept for killing; that is the only sort of mutton we get.

"There are no statistics of infant mortality. It's appalling. Heaps and heaps of babies die from tetanus within seven days. Many are stillborn, and I think the women must be naturally small. Those I go to most frequently could not deliver themselves without assistance. But there is little demand for a foreign doctor. They come to us for itch ointment or anything as long as they are cured quickly enough. But if a baby is really ill, it is only brought when it is hopeless to do anything."

Presumably the tetanus, like that which formerly caused a holocaust of infants in the island of St. Kilda, is due to infection of the cord at the time of its severance.

The Editor of the above journal states that "the supplemental breast-feeding described by Dr. Grace Morland appears to resemble that now advocated by our most advanced teachers."

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[previous page](#)

[next page](#)