The Baptism of Unborn Infants.

The question of the baptism of infants is one with which midwives are often brought in contact, and, in the case of a dying infant, a midwife should always remember that lay baptism is valid, and, if the parents desire it, should baptise the child. The Roman Church goes further, and, if a child's life is in danger, directs that it should be baptised before it is born provided that some part of the body is seen by the baptiser—surely an essential factor in a valid baptism—although the Doctors of the Sorbonne in 1733 held, contrary to patristic authority, that baptism might be administered by injection.

Probably the strangest case ever reported in this connection is one related in last week's *Lancet*. "The circumstances were that at a hospital in Salzburg an operation had to be performed upon a woman in the third month of pregnancy. It was decided to induce abortion on account of eclampsia, but during the operation it was found necessary to remove the entire uterus. The nurse in attendance was a nun, and she asked the surgeon to open the uterus before removing it and to baptise the fœtus. As the surgeon refused to do so she became very persistent, urging him to 'abide by the laws of religion.' At last an assistant made the ingenious suggestion that the baptismal water should be drawn up into a Pravaz syringe and then injected into the uterus, thus baptising the fœtus. This was accordingly done, the surgeon justifying his action by saying that 'the conscience of the holy sister was thereby satisfied without anything being done to endanger the life or the prospects of the patient.'" Surely, had the sister realised that the child was unviable she would not have persisted in her desire to administer the Sacrament of baptism by the very questionable method described. The surgeon, of course, was absolutely right in refusing to open the uterus. Contrary to the usual practice, the Roman Church places the child's life before that of the mother, and regards the operation of craniotomy as unlawful, holding that the mother should run the risk of abdominal section rather than the child lose its life by an operation which will save hers at a comparatively small risk.

Medical Fees in Midwives' Cases.

At a recent meeting of medical practitioners in Deptford, Greenwich, and Charlton, held at the Parochial Hall, East Greenwich, it was unanimously resolved: "That in the event of assistance being required by a midwife under the recent Act, the nearest available practitioner ought to be called, and that the fee should be paid by the guardians on a joint certificate signed by doctor and midwife stating the reasons why such assistance was necessary."

The question is one which demands settlement. The fee should be secured to the doctor, but the midwife should not be responsible for it.

The Royal College of Surgeons and the Central Midwives' Board.

At the quarterly meeting of the Council of the Royal College of Surgeons, at which Mr. Henry Morris, President, presided, Mr. J. Ward Cousins, the representative of the College on the Central Midwives' Board, reported the proceedings of the Board during the past year, and informed the Council that the Board had recognised 48 training schools in England, six in Scotland, and seven in Ireland; while the number of teachers appointed was 144. The Board had held examinations in London, Bristol, Manchester, and Newcastle-on-Tyne. One thousand nine hundred and seventy-six candidates entered for the examinations; of that number 1,527 received their certificates, and 449 were unsuccessful. The number of certified midwives on the roll was now 24,549.

Midwifery in Mauritius.

Dr. Janet G. Horwood, F.R.C.S.I., Medical Officer to the Indian Women in Mauritius, writes in a contemporary:

I am appealing on behalf of these Indian women; the Mohammedan ladies in Port Louis, the Coolie women on the sugar plantations, and those, whose ancestors having been imported for the sugar industry, have now settled down to other occupations in the island.

It is a convenient and commonly accepted theory that Indian women have few physical sufferings compared with their European sisters, and that they have far easier confinements. This theory, though plausible and convenient, is not based on facts, at least not as regards Mauritius. I do not know India, and therefore cannot speak of it from personal experience, but after three years' work amongst the Indians in Mauritius, I know that this theory is false as applied to them there. I have nevr seen suffering more terrible, and mutilation more horrible than that which I have witnessed amongst the Indian women in Mauritius, and this trouble was the more grievous because, had medical assistance been obtained when at first needed, both conditions could have been prevented.

People may ask, "Why do these women not send for the local Mauritian doctors?" For two reasons:—

(1) Indian women, on account of their creed and customs, are deeply prejudiced against male medical attendance.

(2) Nearly all the doctors are natives of the island, who usually dislike poor Indian practice, and, when sent for, often refuse to attend, as they have so much other work, which they prefer.

Dr. John Meredith, who has now reprinted in pamphlet form his paper from the *Lancet* on "Breaking Babies' Nipple Strings," suggests in an introductory note that the practice may have been introduced into this country by the Romans, who, in their turn, acquired it from the Asiatics.

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