solution of the difficulty of providing attendance on midwifery cases in country districts, either by a Queen's or village nurse.

Valuable statistics have been collected with regard to the midwifery work of the Institute during 1905. One satisfactory result is that they tend decidedly to show that midwifery and noninfectious district nursing may be combined with safety by Queen's Nurse-midwives.

The Report of the Scottish Council, which has been separately issued, shows continued satisfactory progress.

Of the work in Ireland, the Council are able to give a good report, though progress is necessarily slow, owing to the impossibility in many districts of raising the necessary funds for the support of a nurse. The comments of the Viceregal Commission on Poor Law Reform on the "unqualified success" which has attended the efforts of Lady Dudley's Committee in the poorest parts of Ireland, are noted with satisfaction. Two new districts have been added to the list during 1906, making the total number supported by Lady Dudley's Committee 13.

The Council are still concerned as to the ways and means of meeting the necessary expenditure of the Institute.

The Metropolitan Sunday Fund has this year, for the first time, recognised the work of the Queen's Nurses, and a grant of £5 per nurse employed was made to each of the affiliated associations in the Metropolitan area whose Committees made application.

The Saturday Hospital Fund has made its first grant to the Central Funds of the Institute this year, though it has for a long time assisted some of the affiliated associations in London.

Efforts have been made to bring about a better co-operation between the Hospitals and District Nursing Associations. Steps have been taken to direct the attention of Hospital officials to the District Nursing Homes of the Institute in the Metropolitan area, and it is hoped gradually to establish a system by which every patient of a hospital will be referred, if necessary, to the Queen's Nurses of the district.

With her Majesty's approval, the gold badge of the Institute was awarded by the Council to Miss Amy Hughes, the General Superintendent, in July, in recognition of the valuable services she has rendered to the Institute.

The number of nursing associations in affiliation with the Institute employing Queen's Nurses was, on December 31st, 1906, in England 392, Scotland 184, Ireland 85, Wales 84, and the number of Queen's Nurses on the Roll, in England 880, Scotland 274, Ireland 108, Wales 123, an increase in every instance on the previous year.

The Report of the Institute shows it to be a growing power for good on all sides, and, indeed, its capacity for usefulness seems almost limitless, provided that it obtains the necessary financial support. It is difficult to imagine an Institution upon which such support could be to greater advantage bestowed.

## Practical Points.

Protection of the Perineum. Dr. John F. Elliott (Verulam, Natal) writes in the British Medical Journal: "I have adopted a device lately in midwifery

vice lately in midwifery which I believe to be of some use in preventing torn perineums. I do not know whether I am in all innocence copying somebody else's method, but it is simple enough to have suggested itself to many. When the child's head presents I insert a highly polished thin horn of silver steel between the face and the perineum, and over this the front aspect of the head glides, the smooth surface of the medium

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equalising the pressure on the perineum and facilitating its passage. I was led to employ this simple method by noticing that the principal tear always occurred, or seemed to occur, after the brow was born, and the irregularity of surface lent itself to further rupture. I believe that this perineal horn is of use also in protecting the posterior wall of the vagina during passage of the head immediately prior to its expulsion. Messrs. Fannin, of Dublin, have made me the perineal horn in two sizes." We are indebted to Messrs. Fannin for the accompanying illustration.

The Milk Suppl of London. A correspondent of the Lancet writes: "By far the greater part of the milk sent by rail is carried in unfastened cans. Indeed, it would

be no great exaggeration, I think, to state that not more than one can in 1,000 of all that are brought into London by the railroads is locked or sealed. There are arrangements for locking the cans but they are habitually overlooked. That it would be better for the general public if cans were locked while being conveyed by rail or while deposited on the platforms of stations is obvious. Sealing or locking of milk cans should surely be made compulsory as a means of protection to the consigner and the consignee. At present the bulk of the milk which reaches London may be tampered with in transit, dirt may obtain entrance to the can on account of the lid being opened, dishonest persons may abstract the milk with any beastly sort of vessel, and may replace the stolen milk with any beastly sort of water. I have seen, on more than one London railway station platform, milk cans with lids unfastened and partly opened, allowing free ingress to the various kinds of dirt which must abound in London stations. I am simply unable to understand why both consigner and consignee do not agree, the one never to send, the other never to accept, any cans that can be thus tampered with in transit, if those pecuniarily interested cannot take such an obvious step in self-protection our sanitary authorities should compel them to take it.'



