Inspection.

It is provided that the L.S.A. shall make arrangements to secure a proper inspection of the Registers and bags of appliances of midwives in their area, and also, when necessary, of the midwife's *place of residence*. An Englishman's house is his castle, but apparently an Englishwoman's is not.

Midwives in Workhouses.

Nothing remains to indicate the struggle between the Central Midwives' Board and the Privy Council, except the omission of words incorporated in the draft rules providing that certain rules should not apply to midwives exercising their calling under the supervision of a duly appointed officer within Hospitals, Workhouses, or Poor Law Infirmaries, being institutions approved by the Central Midwives' Board. The words in italics have now been omitted.

Certificate of having attended a Course of Instruction.

Thanks to Sir William Sinclair, the form of the above certificate now provides that candidates for examination shall show that they possess sufficient elementary education to enable them to read and take notes of cases. It would be still better, however, were some evidence of general education required before women are accepted for training. *Glossary and Index.*

The new Rules contain a useful glossary and index. We think, however, that the authoritative definition of the word "enema" as the instrument

definition of the word "enema" as the instrument employed for giving an injection might with advantage be deleted.

The IRural Midwives' Association.

The Annual Meeting of the Rural Midwives' Association was held on Tuesday afternoon at 3, Grosvenor Place, S.W. Mrs. Murdoch, who presided, announced that Princess Christian would in the autumn present certificates to the midwives of the Association who were entitled to them.

The Annual Report, presented to the meeting, stated that the Association had this year sent for training 48 women, and sent out 36, making a total of 136 since it began work. There are now 100 midwives at work in the counties of Cornwall, Berks, Devon, Dorset, Glamorgan, Gloucester, Hants, Herts, Hunts, Kent, Leicester, Norfolk, Northumberland, Oxford, Pembroke, Salop, Staffs, Surrey, Sussex, Rutland, Wilts, and Worcester. On the other hand two have retired, having completed their three years' service, 15 for various reasons have left or been dismissed, 16 are still in training, and three, having failed to pass the C.M.B. examination, are working as maternity nurses.

The adoption of the report was moved by Mr. H. E. Dixey, Chairman of the Worcestershire County Council, and scoonded by Dr. Percy Boulton, and after the Executive Committee for the ensuing year had been appointed, the meeting resolved itself into a Conference on "Suggested Sources of Assistance," at which Dr. F. H. Champneys, Chairman of the Central Midwives' Board, presided. The suggested sources of assistance were: (1) The Government, (2) County Councils, (3) Nursing Associations, (4) Private and Individual Efforts. The development, combination, and utilisation of such sources of assistance were considered, and also the choice and support of Rural Midwives.

Amongst the speakers were Mrs. Heywood Johnstone, Miss Jane Wilson, and several County Medical Officers.

Resolutions were passed deciding to ask County Councils to provide training grants, and also that the Government should be approached to provide a "Grant in Aid."

The Management of Labour Com= plicated with lbeart Disease.

Dr. G. F. Blacker, F.R.C.P., F.R.C.S., Obstetric Physician to University College Hospital, in a lecture delivered at that institution on Heart Disease in Relation to Pregnancy and Labour, says in relation to the conduct of the Labour in cases of heart disease: "The treatment of the condition at the time of the patient's confinement is of some importance. You must guard against the risk of cardiac failure, and if there are signs after the delivery of the child that the right side of the heart is over-distended, you should encourage postpartum hæmorrhage, or you should actually bleed the patient. Such a mode of treatment undoubtedly yields good results where there are symptoms of over-distension of the right side of the heart and consequently danger of paralysis. Where the patient is pallid and the pulse very small, with no signs of over-distension on the right side, and where it is probable, therefore, that the blood is accumulating in the abdominal veins, the intra-abdominal pressure should be maintained at the time of delivery by the use of a sandbag or a tight binder, and appropriate means must be taken to stimulate the heart's action."

Casein in Cows' Mdilk.

A new expedient for dealing with the casein in cows' milk hails from Hungary. In a recent issue of the *Lancet* Dr. Szekeley's method of preparing humanised milk is expounded.

The casein and calcium phosphate are separated from the whey by means of carbonic acid gas under pressure; it is further claimed that tubercle bacilli are destroyed in the process. A cylinder containing the gas is connected with another containing fresh milk, heated to 140 degrees Fahr. (60 degrees Cent.); the carbonic acid gas is then forced in until the pressure is from 25 to 30 atmospheres.

To fifty parts is added 49 parts of Pasteurised cream, and one part of milk sugar; this mixture approximates closely to human milk.



