

Guardians which have adopted the suggestion of the Local Government Board as to the payment of medical fees contained in the circular of July 29th, 1907.

2. That it be referred to the Standing Committee to frame a statement on the subject to be submitted to the Privy Council.

3. That, when the return has been furnished, the Privy Council be asked to receive a deputation of the Board on the subject of the payment of the fees of medical practitioners summoned to assist midwives in emergencies.

The Chairman said that if the Board was granted access to the Privy Council, he thought the scope of the statement should be enlarged to include the midwives' side of the question, as it was not likely that they would be received again by the Council.

The Secretary was authorised to sell out £300 of stock, if necessary, to meet the expenses of the current quarter. MEMORANDUM.

The Secretary presented a memorandum of the number of practising midwives, so far as could be ascertained, in the counties and county boroughs of England and Wales, as supplied by the Local Supervising Authorities under Section 8 (5) of the Midwives' Act. These amounted to 10,000 in the counties and 2,890 in the county boroughs, a number obviously below the mark.

The memorandum states that on January 31st, 1908, there were in England and Wales 62 administrative counties and 73 county boroughs; total, 135. There were, however, 285 local supervising authorities to be dealt with owing to the following counties having delegated their powers and duties under the Act:—Dorset, Isle of Wight, Kent, Lincoln (Kesteven), Anglesey, Brecon, Carmarthen, Pembroke.

Repeated applications have failed to procure even the courtesy of an acknowledgment from the following authorities:—Pembroke County Council, Poole Town Council, Wareham Town Council, Cardigan Town Council, Carmarthen Town Council, Neyland (Pembrokeshire) Urban District Council, Tregaron (Cardiganshire) Rural District Council.

With these exceptions replies of some sort have been received from all the authorities.

The absolute impossibility of obtaining a correct return of the number of midwives practising in each area is demonstrated by the fact that in several of the delegating counties the District Councils, or some of them, have repudiated the delegation by the County Council, so that the Act is not being administered by anyone in these areas.

It is apparent that over a very large extent of Wales no serious effort has hitherto been made to administer the Midwives' Act. There are, however signs of improvement in this direction in some counties.

The next meeting of the Board was fixed for May 21st.

BUTTERMILK IN GASTRO-INTESTINAL AFFECTIONS OF CHILDREN.

As resident physician in the babies' wards of the Montevideo Foundling and Orphan Asylum, Dr. Luisi was enabled to study the action of buttermilk prepared according to the method of Jacob-

son and Decherf. During the summer term buttermilk was systematically employed as an article of diet and as a medicament. The effect is immediate in acute cases of gastro-enteritis, shown by cessation of the diarrhoea and vomiting.

MOST UNFAIR.

A medical correspondent of the *British Medical Journal* states that in the city in which he practises there is a District Nursing Association supported largely by voluntary contributions, and in addition to medical and surgical work this Association supplies a trained midwife, if required, for a fee of 10s. 6d. Several late patients of this practitioner have announced their wish to be attended by the midwife, and have inquired whether he would attend in the case of medical help being required. On his agreeing they have gone to the Nurses' Home to engage the midwife, and said that, as their regular attendant, the above-mentioned practitioner has agreed to come if medical aid is necessary. To this, it is alleged, the Matron of the Home has taken exception, mentioning another doctor as "their doctor" for that district, and, on the patient saying that she would prefer a doctor she knew, intimating that in the event of the doctor selected by the Home being called in, the fee of 10s. 6d. would be inclusive, whereas if the patient's own attendant were called in it would probably mean an additional fee.

That, however, is the patient's business, and if a patient expresses a preference for any medical practitioner both midwives and nurses should certainly facilitate this, and should not suggest calling in another doctor. It is most unfair.

BABY'S BEDCLOTHES.

An editorial in the *New York Medical Journal* says:—There are few parents who are not annoyed, and even much disturbed, by the persistent kicking off of the bedclothes by the baby and younger children. The performance is variously attributed, according to the training of the parents, to a manifestation of the "old Adam" and to indigestion. The universality of this infantile objection to bedclothing seems to us to point to a radical defect in the clothing itself. It is customary to cover the baby with a cotton sheet, a blanket or two, and a silkolene coverlet lined with cotton batting. These absolutely impervious coverings do not permit a particle of air to pass through, and the respiratory function of the baby's skin is quite inhibited. We suggest that a linen sheet be used to cover the baby, although perhaps a cotton one may be allowed underneath; over this nothing could be better than an old-fashioned knitted comforter, such as is sometimes seen on baby carriages in cases where the baby has an early nineteenth century grandmother who has learned to knit. Such a comforter will be found somewhat costly to purchase, but not so costly, after all, as sundry visits of the physician to take care of a bronchitis or worse; it will admit air, permit the skin to breathe, be light on the baby's delicate body, and look as well as all genuine home-made articles look. If the baby has a normal digestion there will be no kicking off of such covering.

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