The British Medical Association and the Midwives' Board.

At a recent meeting of the Birmingham Branch of the British Medical Association the following resolution, moved by Dr. Kirby, and seconded by Sir James Sawyer, was carried unanimously:—

"That this meeting of the Birmingham Branch urges on the Central Council the desirability of approaching the Departmental Committee now sitting to consider the working of the Midwives' Act, with a request for direct representation of the British Medical Association on the Midwives' Board."

A Case Showing the Value of Water as a Diet for Premature Infants.

Messrs. A. G. Whitehorne-Cole, L.R.C.P. Lond., M.R.C.S. Eng., M.I.H., and J. E. Prentis, L.R.C.P. Lond., M.R.C.S. Eng., report in the *Lancet* the following interesting case:—

Mrs. —— gave premature birth on November 15th, 1907, to a male child at the sixth month. The labour, which was natural, altogether lasted one hour. Immediately after birth the infant was wrapped in cotton-wool. Since he made no effort to suck when put to the breast the milk was withdrawn and the child was fed with it, but he could not digest it. He was then fed hourly for the next 12 hours with 3 drachms of warm water, to which a quarter of a grain of bicarbonate of sodium was added, and in addition spiritus ammoniæ aromaticus, m iii., with distilled water to 1 drachm, was given every hour. For the following 24 hours the water diet was given as before, and the aromatic spirit of ammonia every three hours. The child was then put to the breast again, but he still had no idea of suction; the milk withdrawn was given to him, but still he could not digest it. The milk was then used diluted to various strengths with sterile water, barley-water, and lime-water, but in each case it disagreed with the child. He had now lived four and a-half days, and showed signs of improvement. Fully peptonised milk, in the proportion of 1 of milk and 7 of water was now tried; this he continued to take for two and a-half days, when he became fretful and flatulent. Half a grain of grey powder was given, also a little aromatic spirit of ammonia and peppermint water, and the "water diet" adopted for a day. Peptonised milk in the above proportions was now given for two days and "water diet" on the third day. This alternate method of feeding continued until the child was 31 days old. At this age the child was in good condition; he had gained 10¾ ounces (he weighed 2 pounds at birth); the cheeks had filled out; the yellowish discolouration of the skin which was present at birth had disappeared; the umbilicus was healed naturally; the child had a much stronger cry, slept well, and showed quite a keen desire for his food.

On this thirty-first day he suddenly became cold and rigid; the jaws were fixed; the respiration was slow and very shallow; the pulse was weak and rapid; the colour was unaffected; there were no twitchings, and the legs were not drawn up. This attack passed off rapidly on the child being immersed in hot water and a little brandy (m v.) being given. For the next three days the child was put on the "water diet," but his progress was most unsatisfactory, frequent doses of brandy having to be administered. He then had another attack of a similar nature to the previous one, which he did not survive. The infant lived 34 days.

Remarks.—This case is rare and of considerable interest for the following reasons. The infant survived 34 days (very exceptional). There must have been very fair power of assimilation for such improvement to have taken place, and for the infant to have increased in weight, and to have lived so long. There was sufficient vitality to allow of natural proliferation of tissue, since the umbilicus healed naturally, no sinus being left. The case exemplifies the value of a "water diet" for such premature infants; Edgar recommends plain sterile water to be given freely. It may be presumed that the prolongation of life and the maintenance of the natural action of the eliminative functions of the body were due to the water assimilated plus the continuous small doses of ammonia. The amount of milk taken was probably altogether insufficient to support life. If this infant could have been placed under more advantageous circumstances—e.g., skilled nursing day and night, and an incubator—we might have reared the child or, at any rate, have prolonged his life to a much greater extent.

Foolish Feeding.

Many poorly nourished infants are, says Dr. T. S. Southworth, as quoted by the *Dietetic and Hygienic Gazette*, fed at intervals which correspond to their weight or apparent age. At the same time, despite or perhaps owing to their failure to gain, the quantity is repeatedly increased to equal or even exceed that of a normal infant until the stomach can neither contract properly on its contents nor secrete sufficiently for their digestion.

A True Story.

Two little girls were playing in front of my window the other day.

One aged three or thereabouts, the other five.

The game was somewhat original; the younger child was supposed to be having a baby, the elder was midwife and nurse combined.

At the critical moment the patient produced from under her coat a battered doll fully dressed, which the midwife took and piously said "Thank God."

They were both most solemn over their strange game. M. H.

[We print this terrible little story in order to show the conditions under which these children must have been brought up, conditions for which the parents probably are not to blame, but the slum landlord.—Ed.]

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