

sidered that the Committee was incomplete without the inclusion of one of their number. Cannot midwives make their claim to representation equally effective seeing that the profession dealt with by the Committee is their own?

Medical Assistance for Midwives.

Great satisfaction has, says the *British Medical Journal*, been expressed in Manchester, and still more in Salford, at the announcement that the Lord President of the Privy Council has appointed a Departmental Committee to consider the working of the Midwives' Act. Manchester is, perhaps, more favoured than most parts of the country, seeing that the Manchester Midwives' Supervising Committee has for two years carried out in a satisfactory way a scheme of providing medical assistance to patients whose weekly income is below a fixed amount. If evidence were needed of the value of the work accomplished by the Joint Committee of the Manchester and Salford Divisions of the British Medical Association it would only be necessary to call to mind the fact that it was very largely due to the energetic action of this Committee that the Midwives' Supervising Committee was induced two years ago to initiate the scheme. The cost to the Corporation has been very small, in fact insignificant, compared with the benefit that must have been derived by parturient women, who can now rely on getting medical aid, whatever their position in life may be, whenever a midwife considers such aid necessary.

Exactly the opposite state of affairs, however, exists in the neighbouring borough of Salford. Here the Corporation has refused to make any provision for medical assistance in confinement cases, while the Board of Guardians, not content with offering a scheme which is altogether unsatisfactory to the medical profession, has actually, without protest, allowed individual guardians to cast unfounded aspersions on members of the deputation that represented both the Medical Guild and the Salford Division of the British Medical Association. The Joint Committee of the Manchester and Salford Divisions is so thoroughly convinced of the lamentable failure of the Act in Salford that it has offered to send several witnesses to give evidence before the Committee. It has been informed by the Secretary that the Departmental Committee, at its first meeting on December 18th, 1908, resolved "to commence by hearing witnesses on behalf of the central organisations representing the principal interests concerned, and would defer to a later stage the consideration of any applications from individuals or from local associations or branches to tender evidence." The Joint Committee of the Divisions feel strongly that the Committee ought to be fully informed as to the respect in which the Manchester scheme has proved satisfactory, and, on the other hand, how completely the Salford Guardians have demonstrated the possibility of making the Midwives' Act in certain directions a failure.

Useful Hints.

The current issue of the *Queen's Nurses' Magazine*, a paper which is always welcome, gives the following useful hints:—

If a baby is under-fed it will waste, if over-fed have indigestion and vomiting. Feed by the clock, and give a regulated quantity. After the first month baby should be trained to sleep four to six hours straight off at night after last feed given at 10 p.m. or 12 midnight.

How to warm food for each feed after preparing total quantity for day in the morning.—Take the number of table-spoonfuls required from milk sterilised for the day and put in feeding-bottle; stand feeding-bottle in a basin of warm water till milk is warm. Do not warm up milk for each feed in a saucepan as it may burn or boil over.

How to prevent constipation.—(1) When washing baby rub its belly gently with hand up and down and all round. (2) Give a tea-spoonful or so of water (boiled) between feeds. (3) Give a tea-spoonful of olive oil now and again.

How to know if baby is in good health.—(1) Increase in weight. (2) Regular and normal action of bowels, which should be open two or three times a day; stools should be of the colour of mustard; if stools are green, slimy, very hard, or too loose or blood-stained, something is wrong, and a doctor's advice should be sought. (3) Gentle and regular breathing whilst sleeping, absence of fretting; this latter does not always show baby wants feeding, but may be caused by over-feeding, or the napkin may want changing, or a pin may be pricking (clothing next the skin, such as binders, should be sewn on). (4) Absence of vomiting.

Baby needs plenty of fresh air. If kept too much indoors he is more likely to get a chill from a draught than if taken out of doors every day. *Baby needs plenty of light.* Do not keep head always covered up.

Do not use a dummy teat, it spoils shape of mouth, and is not necessary if baby is fed every two hours.

Do Not Over-feed Baby.

The Mothers' and Babies' Welcome, 37, Chalfont Street, Euston Road, N.W., publish under the above heading an admirable poster showing the actual size of a baby's stomach at birth, when it holds an ounce, and at two weeks, three months, and twelve months, by which time it holds nine ounces. At the side is an illustration of a half-pint tumbler, showing the amounts which will fill a baby's stomach at the various ages. Nothing could more clearly demonstrate to mothers the uselessness and harm of over-feeding, and the poster should be widely used at mothers' meetings, and other places where women are assembled, as well as in schools. It does more to demonstrate in a striking manner, in a few moments, the capacity of an infant's stomach than many lectures on over-feeding.

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