

and providing muscular exercise. Budin found that babies kept constantly in their cots were liable to subnormal temperatures. The abdominal muscles are weak at birth, and if they remain so the infant is more liable to hernia and to constipation. The extensor muscles are less strong than the flexor, owing to pre-natal conditions; at birth, the babe is passive, and allows its head and limbs to be moved unresistingly. This soon passes.

The consciousness of the marvellous delicacy of the babe's organisation will inspire those who handle him, to be gentle, but there should also be firmness of touch; he loves to be tucked in tightly, and held closely; the bewilderment of being plunged into the universe is then less marked. The horizontal position is the only one allowable at first, the fragility of the bones and their imperfect ossification make it imperative that no undue strain be put upon them.

The digestive system of a new-born babe is, of course, untrained; the digestive juices, with the exception of the diastase ferment in the mouth and pancreas, are active; the stomach is a poorly developed organ, situated high up on the left under the false ribs; its capacity varies with the weight of the child; normally it is about 1 to 1½ ounces. It is more vertical and tubular than in the adult, and grows with rapidity. The intestines at birth are sterile, but bacteria, some of which are useful in the process of digestion, rapidly appear.

The circulation of the blood is similar to that of an adult—the pulse rate, best counted at the heart, is from 160 to 120 beats per minute. At or soon after birth urine and meconium are passed freely; the sebaceous and sweat glands function actively, the vernix caseosa testifies to the action of the former in utero.

The neonate should be vigorous and well-nourished, with a lusty cry, pink skin, soft and free from blemish; he should turn the scale between seven and eight pounds, and measure at least twenty inches from the crown of the head to the heel; the head measurements should be normal. This immaturity is in a way an added charm, for it accentuates the marvel of his future growth and development.

M. O. H.

There is nothing more beautiful than a good mother holding her little one in her arms fondly admiring it. There is nothing more beautiful than a good teacher instructing the child the essentials of life. There is nothing more beautiful than the good and faithful nurse caring for the sick and nursing them back to health again.

Be it mother, teacher, or nurse, all bound together by a common tie, let them one and all remember, that they are the guardians of our nation, the builders of noble manhood and womanhood.

DR. A. W. MOORE.

## The Central Midwives' Board.

In connection with the report on the work of the Central Midwives' Board for the year ending March 31st, issued as a Parliamentary paper (Cd 4725), it is interesting to note that the midwives roll has increased by 1,647 during the year, the total number on the roll being 27,281; of these only 5,934 have passed the Board examination, so that it must be some time before the roll is evidence that the knowledge of the midwives enrolled has been tested and is guaranteed by the State-appointed authority. The County Councils of Leicestershire and Derbyshire and the Hampshire County Nursing Association have at different times represented to the Board that the examination, more particularly the written part, is too difficult for imperfectly educated women, and have suggested modifications, at all events as far as concerns those women who intend to practise in rural districts. The Board has uniformly declined to move in the direction of lowering the standard of the examination, which, in its view, is only just sufficient to secure the rejection of women likely to be dangerous to the lives of lying-in women.

## Inspection of Midwives.

In regard to the inspection of midwives, the Council of the British Medical Association hold that this duty should be definitely placed under the Medical Officers of Health, and will recommend this, as reported in the *British Medical Journal*, in their supplementary report to the annual meeting at Belfast. As regards midwives engaged in training candidates for the Central Midwives' Board it is recommended that strict supervision be carried out by the Board itself. This might be done by a staff of inspectors whose conditions of appointment and duties resemble those of the Inspectors of the Local Government Board.

### TRAINING OF MIDWIVES AS AFFECTING ADEQUACY OF SUPPLY.

It has been brought to the notice of the Association that suggestions have been made for providing against a possible inadequacy in the supply of midwives after April, 1910, by lowering the standard of training.

The Association submits that any lowering of the standard of registration of midwives would defeat the objects of public protection which the Midwives' Act was adopted to carry out.

### QUESTIONS AFFECTING THE CONDUCT OF MIDWIVES.

The Association submits that for the prevention of possible abuse it should be incumbent upon a midwife at the time of accepting an engagement to ask the patient to state, and herself to register, the name of the medical practitioner who is to be called in if emergency should arise. Such a provision would afford the patient a greater opportunity than otherwise of exercising her own choice of the doctor to be called in.

Registered midwives who have been registered on the strength of having been in *bona-fide* practice, but who have not been able to produce evidence of having obtained the training required by the Act, should be debarred from the administration of drugs.

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