thought of that, and any way the proteid is to blame. Look at all the curds." "Miss Jones, do you know anything about soap making?" "How funny! Grandmother used to tell about the ashes and fat in the leach barrel, I think she called it." "Exactly. Alkali from the ashes plus acid from the fats makes soap. Now if you will bring some of those 'curds' to my office to-morrow, I will pour strong acid on them, and you will see the fat drops swim out. Or shake one in a glass with a little water, and see what fine suds you can make. Did you know that the baby had scurvy?" "I was beginning to think so, but what has that to do with the soaps?" "Why, in order to keep your soap factory running you have had to have some alkaline salts to unite with all that fat rich top milk. The bone nutrition of the child has had to pay for it. That is all. Those are not curds in the stools. They are soaps from excess fat feeding, and those putty-like stools are another evidence. Why even the proprietary food people are beginning to drop this talk about proteids, and claim that their products will 'modify fats.' Why modify fat? Why not reduce it?" "But, doctor, the child will be constipated." "If that happens, skim the milk and feed it straight." The nurse jumped to her feet. "What!" she exclaimed, "feed a young baby on whole cow's milk skimmed! Why, a baby's stomach isn't like a calf's! It would have awful colic. The casein would go into one big lump." "I am not so sure about that, Miss Jones, Heubner has shown that if rennet and milk are placed in a tube and the motion of peristalsis is imitated, the milk will coagulate in floccules. Czerny and Keller have shown that cow's milk proteid is perfectly digested by infants if the fat is not in excess, and that it is the excess of fat that assists in the formation of the thick curd in the stomach and curds in the stools. Try some liquid rennet with skimmed, and four per cent. milk, and see for yourself." "But a child cannot thrive on skimmed milk alone, doctor." "No, and a certain amount of fat can be tolerated. In Paris, Budin, in his great milk depots fed only plain sterilised cow's milk; but foreign milk runs 3 per cent. about, and 3.5 per cent. is a safe upper limit of fat." "Suppose we lower the fats and dilute the proteids?" "Then you would do what the proprietary foods accomplish. Cut down the inorganic salts in the food and thus make the fats more apt to draw on the body tissues in order to saponify."

In answer to the question, "Doctor, how do you feed infants?" he replied, "Well, that is rather a large order to fill, because babies are different. In general, however, I weigh the child and allow a daily quantity of 3 per cent. fat milk equal to 1-7 the body weight up to three months, ⅙ from 3 to 6 months, and then 1-9 to 1-10. If the milk is 4 per cent., dip 1¾ ounces off the top after the cream is risen. This top milk contains the most bacteria, so in getting rid of it you are doing the child two good turns. Mix up the remainder, and bottle according to the number of feedings. If the milk is doubtful, pasteurise. It may be necessary to begin on skimmed milk and gradually add whole milk until a tolerance to 3½ per cent. of fat is reached. If you begin with skimmed milk at birth, you ought to be able to feed whole milk at one month. At seven months you can begin cereal feeding." "Is

this a new idea, doctor?" "No, indeed, it is very old, and forgotten; but it began to be revived in 1908. At that time the Federal Government published an article by Schereschewsky, and several articles came out in the medical journals on the 'top milk fallacy.'"

The Midwives (No. 2) Bill.

The Midwives (No. 2) Bill, as introduced by the Lord President into the House of Lords, provided seats on the Central Midwives' Board for two certified midwives in Clause I, sub-section (c), which ran "Two certified midwives to be appointed, one by the Incorporated Midwives' Institute, and one by the Royal British Nurses' Association." As amended on report, sub-section (c) runs "Two persons, one a certified midwife to be appointed by the Incorporated Midwives' Institute," and the representative of the Royal British Nurses' Association is included with other "persons" in sub-section (d). We hope that when the Bill is before the House of Commons the question of direct representation of midwives on their governing body may receive consideration.

An important addition to the Bill is in Clause 12, which refers to the "Reciprocal treatment of midwives certified in other parts of his Majesty's dominions."

A new sub-section (b) now provides for the recognition of Irish midwives: "Any woman who produces to the Central Midwives' Board satisfactory evidence (b) that she is qualified to be appointed as a midwife by a Board of Guardians in Ireland under any regulations of the Local Government Board for Ireland for the time being in force, shall on payment of the like fee as is payable in ordinary cases be entitled to be certified under the principal Act," etc.

The Central Midwives' Board.

EXAMINATION PAPER.
The following are the questions set at the examination of the Central Midwives' Board held on August 3rd:—

1. What are the duties of the midwife to the patient according to the Rules of the Central Midwives' Board?

2. What is the normal period of pregnancy? How would you estimate the date of confinement? What are the signs and symptoms of beginning labour, and for what may they be mistaken?

3. What are the causes of delay in the second stage of labour, and how would you treat them?

4. What is nature's method of checking hæmorrhage from the placental site after the separation of the placenta?

How would you treat post-partum hæmorrhage (a) Before, (b) After the expulsion of the placenta?

5. Describe in detail your treatment of a patient during the first three days after a normal confinement.

At what period would you allow the patient to get up, and what circumstances would influence you in determining this?

6. What are the causes of constipation in the infant, and how would you treat the condition?