

active nutrition, so that in cases in which the test feed proves that the child is maintaining its weight on such a small amount of milk, I usually supplement the defective supply with additional feeds from the bottle.

I frequently have infants brought to me who have been artificially fed from the first week of life, owing to the belief that the breast milk had "dried up" on the fourth or fifth day. I regret to say that some of these cases came from maternity institutions. I am sure that no one, however skilled in maternity work, can possibly tell, apart from the test feed, whether the infant obtains a small quantity from the breast or not. To show how mistakes can be made, I will quote the case of an infant born in one of our maternity institutions.

The baby was 2 months old when I saw it, very wasted, and was having the bottle. The mother told me that her milk had disappeared on the fourth or fifth day, and that the nurse said she must feed the baby on the bottle. The financial problem on leaving the institution worried the mother a good deal, so she put the child to the breast now and then "when the nurse was not looking." The test feed showed that the child obtained 2 oz. from the breast. I told the mother to stop the bottle and feed only by the breast. The child did remarkably well, and there was no further trouble.

Mistakes such as this could easily be avoided if the test feed was employed in all doubtful cases.

The Midwives' Bill, 1910.

WITHDRAWAL OF AMENDMENT BILL.

In the House of Lords last week, Earl Beauchamp, Lord President of the Council, said there had been a Bill on the paper of their lordships' House for some time dealing with midwives. He asked leave to withdraw that Bill, with the idea of re-introducing it with certain amendments which had been suggested, and he should hope that if he did that it would be possible for the Bill to get through both Houses of Parliament in the present Session. Leave was given and the Bill was withdrawn.

APOTHECARIES AND THE MIDWIVES' BILL.

The Society of Apothecaries of London has addressed a memorial to the Lord President of the Council upon the subject of the Midwives' Bill, 1910, drawing attention to various points in the Bill which it is suggested stand in need of amendment. In Clause 17, dealing with the payment by the Guardians of fees of medical practitioners called in on the advice of midwives, the Society urges that payments should be made to the practitioner not only where he attends the mother, but where, in case of urgency, the newly-born child requires medical assistance.

It is, among other things, urged that before the Privy Council takes any effective action in reference to abolishing the power of appointment of a representative on the Midwives' Board by any body

or person, the body or person in question should have the right of being heard on the matter before the Council. It is also suggested that payment of the travelling expenses of the members of the Board should be made obligatory.

Golden Rules of Obstetric Practice.

This little book, price 1s., by Dr. W. E. Fothergill, M.A., B.Sc., Clinical Lecturer in Obstetrics and Gynaecology in the University of Manchester, and published by John Wright and Sons, Ltd., Bristol, has now reached a sixth edition, convincing proof of its popularity. It is intended primarily for medical practitioners, but many of its rules are useful to midwives also. Here are some:—

A hot bath during the first stage of labour is most comforting to the patient. It may well be prolonged and should never be omitted if it can be obtained.

Perineal tearing is minimised by extending the legs. This relaxes the skin of the parts which is stretched when the knees are flexed.

When trying to resuscitate, immerse the child in a hot bath containing mustard for a time, and then sprinkle cold water on its chest. Do not immerse the child in a cold bath.

Keep up artificial respiration while the child is in the hot bath, as well as between the successive immersions.

Do not give up until you have worked for one and a-half or two hours.

When you find the breech presenting inform the friends of the fact; explain that there is no increased risk to the mother, but that there is a certain degree of danger to the child.

When the trunk is born . . . wrap up the exposed parts of the child in hot cloths to prevent premature efforts at respiration; but do not interfere unless pulsation flags in the cord, or spasmodic movements of the body commence.

Whatever grip you use carry the child's body well forward between the mother's legs, and see that the chin leads.

Remember that in normal labour there should be no bleeding until after the child is born.

If there is bleeding after the third stage is over do not mistake blood coming from a split cervix, a lacerated vagina, or a torn perinæum, for true uterine bleeding (post partum hæmorrhage).

Remember that uterine hæmorrhage cannot occur if the uterus is firmly contracted, and that its prevention consists in avoiding exhaustion of the uterine muscle during labour.

THE "MARY" WARD, ST. THOMAS' HOSPITAL.

The Queen has given permission that the new maternity ward at St. Thomas's Hospital should be named "Mary" after her Majesty.

ENDOWMENT OF MOTHERHOOD.

The legislation promised by the New Zealand Parliament, opened this week, includes a measure for State aid in maternity cases.

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