

sible were sold. The Treasury paid £50 for 375 copies, which were sent to the Colonies and elsewhere.

THE RECENT EXAMINATION.

There was some discussion on the Secretary's Report on the recent examination as to the high percentage of failures at the Manchester centre. The Chairman said that they had tried to discover the reason for this on previous occasions by having Manchester examiners to examine at the London centre, and Dr. Herman had examined at Manchester. The verdict was always that the standard of the examination was the same, but the stamp of candidates at Manchester was inferior.

RESOLUTION.

Dr. Herman then moved:—

"That it is expedient to act upon the following resolution: A midwife will be deemed to have discharged the duty imposed upon her by Rule E 20 (5) if, after having filled up the form of sending for medical help and handed it to the parent or friend, she advises the parents either to (a) ask a registered medical practitioner to come to the child; (b) send the child to a registered medical practitioner; or (c) send the child to a hospital; according to the circumstances of each case."

This was seconded by Miss Paget.

The Chairman said he had had some conversation with Dr. Herman on the resolution. The question was that of sending for medical help. It would be remembered that at a recent session of the Penal Board he was asked whether a certified midwife complied with the rule in regard to this if she sent a child to the hospital instead of summoning a medical practitioner. His decision was that she did not, but on thinking the question over he thought that she did. In Liverpool, for instance, there was an admirable eye hospital where cases of ophthalmia neonatorum received excellent attention. They must be very strict, however, in enforcing the rule that the midwife must fill up the form advising that medical help should be obtained, and that she must also notify the Local Supervising Authority that she had done so. He thought the object of the Board would then probably be attained. He added that the judgment of the Board on the midwife in the case in point was not affected by the above decision, as the point in which she erred was in not notifying the Local Supervising Authority.

With this declaration of the policy of the Board he thought it unnecessary to proceed with the Resolution.

Mr. Golding Bird asked whether the Board would take steps to acquaint certified midwives that this was its view, or midwives would still consider themselves bound to send for medical help.

The Chairman opposed this course, and intimated that his aim was to define the policy of the Board.

Mr. Parker Young thought there might be some difficulty if this course were adopted. A medical practitioner should first be summoned and the midwife subsequently act on his advice. They

seemed to be assuming that they were dealing only with ophthalmia neonatorum, but the case might be one of dangerous feebleness, and the child dead before it arrived at the hospital.

Dr. Herman said that the nearest practitioner might not be a specialist in ophthalmia neonatorum. He thought the midwife should have the right to use her own judgment as to the course adopted, according to the nature and circumstances of the case.

Asked by the Chairman if he proposed to withdraw his resolution, he intimated the negative.

The Chairman said that if he had not understood that the object of the resolution would be attained by the discussion of the matter, he would not have said what he had done.

Dr. Herman thereupon withdrew his resolution. The date of the next meeting of the Board was fixed for October 5th.

A Penal Session of the Board takes place on Thursday, July 27th, and the next examination, which will be held in London only, on August 2nd.

INFANT FEEDING AND SLEEP.

As to the question of awakening the child at regular intervals for feeding, writes Dr. A. W. Myers, as quoted in the *Dietetic and Hygienic Gazette*, each individual case must be decided on its merits, but it seems to me that the results of letting the child sleep as long as it wants to have been so satisfactory that I should hesitate to change. There are some children who show a tendency to turn night into day by sleeping for long periods during the day and waking frequently at night. In cases of this type it is well to rouse the child regularly for its feeding during the day in order to try to secure the longer period of sleep during the night, but in ordinary cases there seems to be an unusual freedom from digestive disturbances when the child is allowed to sleep as long as it will, and even when the number of nursings is reduced to four or five in the twenty-four hours the gain in weight is normal.

THE ASSOCIATION OF INFANT CONSULTATIONS AND SCHOOLS FOR MOTHERS.

At a recent meeting of the above association, a paper was read on Breast-Feeding and the Value of the Test-Feed, by Dr. Eric Pritchard, Dr. Ronald Carter, and Dr. Pitt.

In this paper a vast number of statistics derived from estimations of breast feedings conducted at the Marylebone and Kensington Infant Consultations, at the Marylebone Workhouse, and the Queen's Hospital for Children were analysed and discussed.

It was shown that these figures did not in the least agree with statistics furnished by foreign observers. The advantages of the Test-Feed for the purposes of diagnosis and treatment were illustrated and emphasised.

It was pointed out that breast-fed infants subsisting on an average of 6½ ounces of milk per diem made better progress than those who were receiving 25 ounces per diem, and also gained 1½ lb in weight.

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