space here for dealing with Babies' Welcome work.

Now that we have mothers, and the mothers of mothers, joining with the State, the Medical Profession, Health Visitors, Charities, and the Church, we are surely on the way to save alive 100,000 babies yearly, and to remove the handicap—caused by bad mothering—from hundreds of young lives.

MOTHERS AND THE INSURANCE BILL.

Dr. R. R. Rentoul, of Liverpool, draws attention to a series of points in connection with the Maternity Benefit Provisions in the National Insurance Bill.

(1) Clause 8 (*e*), he points out, proposes to place the married and unmarried mother on the same level, and so encourages illegitimate births.

(2) In no part of the Bill is any definition given of the word "confinement," and it is therefore uncertain whether this refers to all kinds of births —live births, still births, miscarriages, etc. If it includes all these, then it will increase to a great extent the money required for this particular benefit. The number of still births in England is uncertain, as registration is not enforced, but Dr. Rentoul estimates them at 70,000. He adds that all practical doctors know that the danger to life of the mother is much greater after a premature labour than that occurring at full time.

Another point suggested by Dr. Rentoul is that, in order to check the present deplorable fall in the birth-rate from about 47 to 22 per thousand, an additional sum of 10s. be granted for every additional child born alive and living 12 months after birth. Thus a mother with eight living children would secure a maternity grant of £5 for the eighth child.

Dr. Rentoul objects to the provision that if a woman is confined in "any workhouse, hospital, asylum, or infirmary," she is not to get her thirty pieces of silver. A large number of women are, he says, sent into these institutions when labour becomes difficult and surgical skill is required, and these are the very women who should be granted 30s. and more.

SUDDEN DEATH IN THE COURSE OF NORMAL LABOUR.

Dr. Lacrotte relates a case, recorded in *The British Medical Journal,* of sudden death in the course of what seemed a normal labour. The patient was a woman of robust health, who had already borne three children without untoward incident of any kind. The author had previously examined her circulatory system, which was normal. The patient was first seen and examined when the pains were slight. There were no varices, no oedema, and the pulse was normal. The dilatation of the os was small at this stage. Labour progressed satisfactorily for some hours in quite an uneventful manner, the os uteri having dilated slowly, but otherwise normally. The pulse was still good, and the sounds of the fetal heart normal. About this time, after a vaginal examination, the patient suddenly became inert, she breathed badly, and became pulseless. The heart on auscultation was found to have stopped beating, and, after a few inspirations, she expired. The author then goes on to discuss the possibilities of this tragic occurrence. The patient had no endocarditis, no varices, and no placenta praevia. The pains had been regular and there was no tetanic contraction of the uterus. There had been no suggestion of eclampsia nor retroplacental hæmorrhage. The patient had not become pallid and the pulse ceased suddenly; further, there had been no change in the shape and size of the uterus. After referring to the possibility of embolus, the author states that the only conclusion he can come to is that death resulted from syncope by inhibition.

What would have been the verdict at the inquest, we wonder, if this case had occurred in the practice of a midwife?

THE MIDWIFE QUESTION IN AMERICA.

An interesting visitor to this country recently has been Miss Carolyn Van Blarcom, Graduate of the Johns Hopkins Hospital, Baltimore, and Assistant to Miss Nutting for seven years, and now Executive Secretary to the New York Committee on Prevention of Blindness. Miss Van Blarcom has been making investigations on behalf of her committee into the history of the Midwives' Act.

In America the question of efficient midwives is at present a great problem. Trained nurses give pre-natal care to expectant mothers, but at the time of confinement they are too often handed over to ignorant midwives. Miss Van Blarcom rightly holds that "the idea of sending clean, trained, intelligent women to patch up—perhaps undo—the work of dirty, untrained and unclean women does not commend itself to the logical mind as a desirable plan to perpetuate, for the trained and intelligent person might have handled the entire situation from the beginning with infinitely better results.

"Would not nurses be greatly increasing the value of their services to Society if they increased their field as has been done by nurses in England, Australia and New Zealand with such admirable results, and give all necessary attention in normal obstetric cases coming under their jurisdiction? By virtue of their training they would recognize symptoms of abnormalities and complications, and call in a physician in time, and could arm the mother with the most powerful of all instruments at her command—knowledge as to the care of her own infant."

The supply of trained women is the problem which American nurses have to face, and it is not probable that the three months' training which is all that is required of midwives in this country will satisfy them.

Miss Van Blarcom, who would like to have stayed in this country much longer, has now returned to America to attend the Conference on Infantile Mortality at Chicago.