

that a certified midwife is employed or practises, or that a woman, not a certified midwife, practises, in contravention of the Act; and any person who wilfully obstructs any such officer in the performance of his duties will on summary conviction be liable to a fine not exceeding £5. Evidently the Scotchwoman's house is not her castle. It is to be hoped that, if this power is granted by Parliament, it will be used with great discretion, and rarely, as a last resource, as it would be most injurious to the practice of a midwife.

Any woman certified under the Act who has not given notice to the local supervising authority of her intention to practise, and who attends a woman in child-birth *in any capacity*, and a duly qualified medical practitioner is not present at the birth, is required to notify the local supervising authority within forty-eight hours, under penalty of £5. Presumably, this will apply to maternity nurses. It will be remembered that when it was proposed to introduce a similar clause into an Amending Bill of the English Midwives Act, medical members of the Central Midwives Board strongly protested against their cases being so notified.

A penalty of £5 is also to be imposed if a certified midwife does not notify all the local supervising authorities in whose areas she is practising of her change of address.

Contributions towards Training.—Local supervising Authorities are authorised under the Bill to contribute towards the training of midwives within or without their respective areas, in such a manner, and to such extent, as may be approved by the Local Government Board for Scotland.

Medical Assistance.—Provision is made for the payment, in case of emergency, of a sufficient fee to medical practitioners called in to the assistance of a midwife. Such fee to cover one subsequent visit. The local supervising authority on whom this charge is placed is given power to recover if the patient's husband or guardian is able to pay.

Reports.—The medical officer of every local supervising authority is required to report annually to that authority on the administration of the Act in his area, and to transmit a copy of his report to the Board.

The Board are required to present to the Privy Council a report of their proceedings each year, within three months of the termination of the year, containing such particulars as the Privy Council may direct.

THE ROTUNDA HOSPITAL.

The Report of the Governors of the Rotunda Hospital, Dublin, states that the cost of the new labour wards "is greater than was anticipated. This was caused by unforeseen difficulties of construction, and the desire to leave nothing undone which would make for the permanent efficiency of the new wards. The design includes a new floor of concrete, reinforced with steel joists, and having a surface of white marble terrazzo mosaic. The walls are also covered to a height of eight feet with pale green terrazzo, the remainder

of the walls and the ceilings being enamelled in white. The heating system is of hot water, and hot and cold sterilised water are laid on in convenient positions. The wards have been fitted with electric light, and the entire equipment is of the most modern and approved description, the whole design being carried out in such a manner as will rank with the best of its kind in Europe. The suite of wards includes bathroom, dressing-room, waiting, and labour wards, an isolation labour ward, clerical room, and kitchen, and affords ample accommodation and facilities for carrying on this important and humane work in the most efficient manner possible. The Report further states:—

"The Master has drawn up an important report, showing to what a very serious extent this hospital, in common with other Irish maternity hospitals, will be affected by the National Insurance Act, 1911, as it stands. In it he has also made two suggestions which, if adopted by the Irish Insurance Commissioners, would obviate the evils referred to. A Committee, representing the three Dublin maternity hospitals, have the matter under consideration at present, and it is hoped that their deliberations and representations to the Insurance Commissioners will result in a satisfactory solution of this important question. The Irish Insurance Commissioners have, with the Board's consent, appointed Miss Lucy Ramsden, our Lady Superintendent, as a member of the Advisory Committee to represent the midwives of Ireland."

DIET DURING PREGNANCY.

Concerning the question of diet during pregnancy Miss Nancy E. Cadmus, R.N., writes in the *American Journal of Nursing*: No set rule is possible for normal cases, and when not normal a physician should direct the diet. A careful consultation of the best authorities on obstetrics furnishes good ground for the following suggestions: Where the nurse (and this applies equally to the midwife) is depended upon to advise in the matter of diet she should first acquaint herself with any physiological idiosyncrasies and the likes and dislikes for food stuffs of her patient. Her digestive ability should also be well understood. In any case nothing but a moderate amount of meat should be eaten, and so far as the heavy meats are concerned, once a day is quite sufficient. Give eggs, milk, fresh fish, fresh fruits, fresh vegetables, chicken and other fowl, plenty of water. Tea and coffee may be taken in limited quantities if the patient finds it too great a denial to forego them.

A broad rule, but nevertheless rather a good one, is to encourage the patient to select the things she enjoys and which are, in her case, readily digested. If she has a decided tendency toward the accumulating of too much adipose, restrict the quantity, excepting the meats, as mentioned above, rather than variety and a reasonable enjoyment of her diet.

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