

should have a store of iron at birth, and that it should regulate the supply of iron to the body. During a healthy pregnancy, which Bar defines as "fetus sanus in matre sana," the mother has the power of extracting from her food all the materials required for the growth and development of the foetus, and she in no way suffers by this self-sacrifice to the foetus. During the last three months or so of intra-uterine life a store of iron is laid up in the liver, so that the infant when born starts its life with a good supply of iron in order to supply the needs of the hæmoglobin and red blood cells, which are to be formed as the infant grows. The necessity for this store of iron is made apparent when it is understood what a very small amount of iron there is in milk (7 to 14 times as little iron as in any other food), and when it is remembered that normally an infant has no other food than breast milk for eight to nine months at least, and often for much longer than this. This store of iron, which the infant starts life with, has thus to last till it can take food other than milk, and so obtain a sufficient amount of iron. If the store of iron is too small to start with, or if it gives out, then the infant will become anæmic for lack of iron if none is given in its food.

In deciding the question of man's need for inorganic salts, including iron, we must distinguish between the growing and the adult body; the former requires a considerable quantity of inorganic salts, and much more than the adult in proportion to its weight in order to keep up with the development. Now all the inorganic salts are supplied to the infant in sufficient quantities, except the iron.

MIDWIVES AND NATIONAL INSURANCE.

Mr. Rowntree, in the House of Commons recently, asked whether, under the National Insurance Act, a midwife must be insured whilst she was in attendance on a maternity case. Mr. Masterman replied that the Commissioners were advised that a midwife who undertook a case on her own account, without any understanding that she should work under a doctor, was not employed under contract of service. In these circumstances she need not be insured.

THE DECLINING BIRTH RATE.

The *Norddeutsche Allgemeine Zeitung*, discussing the question of the declining birth rate in Germany, points out that the problem is of a social and not of a physiological character, and expects that the inquiry which has been ordered by the Prussian Minister of the Interior into the causes of the evil will show the necessity of two classes of remedial measures—namely, economic and educational.

THE GLASGOW MATERNITY HOSPITAL.

The Corporation of Glasgow recently received a deputation, introduced by Councillor Dr. Mc'Connell, from the directors of the Glasgow Maternity and Women's Hospital for the purpose of hearing a statement of work carried on in the institution, and of the need for granting it financial assistance. Referring to the hospital as a training school, Principal Sir Donald Macalister, as reported by the *Glasgow Herald*, said: "He need not before the Council labour the point of the necessity of the hospital as a charity. The Council had again and again shown that it was alive to the importance of reducing infantile mortality in the interest of the city's good repute, and with the object of saving the lives and the health of those who in the future might become worthy citizens (and ratepayers) themselves. The maternity charity sought to aid the Council's efforts by checking infantile mortality and enfeeblement at the very beginning of life. It existed to diminish the awful waste of child-life and of mother-life that was inevitable in the crowded dwellings of the poor. And he claimed that in this it rendered a civic service that was worthy of civic encouragement and a civic subsidy. But there was another aspect of the hospital's activity on which he would lay no less stress. He referred to its function as a training-school for those who were hereafter to attend in their extremity the mothers, not of the poor only, but of all ranks and classes in the community. The equipment, the staff, and the opportunities offered at present by the Maternity Hospital were such that midwifery pupils, both men and women, paid £2,000 a year in fees in order that they might receive their technical training there. And there was no finer school for the purpose in this country. The reputation of Glasgow-trained practitioners and midwives stood high throughout the kingdom. If the Maternity had to be "shut down" by reason of the burden of debt, or of insufficient local support, Glasgow would lose the opportunity of securing the foremost place in Scotland as a technical training school in this branch of practice. The students must and would be trained: the professional authorities would see to that. But they would be trained elsewhere—in Dublin or in England—and their student loyalties (and their fees) would be transferred to the institutions out of Scotland which provided them with the instruction they required. It seemed to him that that result was one which Glasgow should not brook with indifference. They all wanted to raise not to lower the city's fame as an educational centre, and the city's claim on the loyalty of those who resorted to it to gain the training necessary for their life's work. They offered academic and technical instruction which was second to none. In medicine and surgery they were unsurpassed; but in the equally important branch of obstetrics their local provision was centred in the maternity training school, and that was now in danger of being taken away.

previous page

next page