

where there are no Consultations I think it will be of real use to mothers. It has been adopted by all the medical officers of health in the Metropolitan area. I hope that all societies will also adopt this leaflet to the exclusion of all others.

Now a few words with regard to the methods of artificial feeding. Which is the best? Which is the one we are to recommend? That is the very question we want to be able to answer, and in order that we may be able to do so we want statistics—accurate unbiassed statements with respect to results obtained.

For my part I greatly favour the principles of different Consultations adopting different methods, and recording their results; and it is very gratifying to know that while Dr. Carter, in Kensington, is getting splendid results with the citrated whole-milk method, Dr. Naish and others, in Sheffield, are doing equally good work with dried milk. I am myself inclined to think that no method, no quality of the food, no factor in the environment, no anything, can replace the personal element, the individual skill and experience of the physician, and the single-hearted patience and devotion of the mother. In my own Consultations, which largely serve the purpose of a teaching centre, we use all methods with complete impartiality, and if the mothers can be worked up to a sufficient pitch of enthusiasm—a most important factor—we get good results with all methods. On the whole, I think we get the best results with a new variety of dried milk which we have been using very largely during the last 15 months—with, however, this special “proviso,” that we always give some antiscorbutic to counteract the inherent disadvantages of a dead food, such as a dried milk undoubtedly is. It naturally becomes a very important consideration to know how to provide milk of this kind without competing with local trade, or rendering the Consultation too much of a relief centre. No doubt the best way is to arrange with local tradesmen to supply the required variety of milk at a reasonable price.

Although there are many other points on which I should like to touch, and which are very germane to the matter under consideration, I will conclude by inviting your attention to our exhibit in the hall below, where most of the paraphernalia requisite for conducting an up-to-date Consultation are displayed, and would make a final appeal to all those who are responsible for the conduct of Infant Consultations to make the standard of their scientific aims as high as possible, and not to allow these truly useful institutions to become degraded to the level of weighing-stations and centres for the distribution of relief.

OUR PRIZE COMPETITION.

WHAT ARE SOME OF THE COMPLICATIONS TO BE WATCHED FOR DURING PREGNANCY, AND THEIR CAUSES? MENTION METHODS YOU HAVE SEEN USED TO COMBAT THEM.

We have pleasure in awarding the prize this week to Miss Lucie Maulton, Nurses' Home, St. Bartholomew's Hospital, E.C., for her paper on the above subject.

PRIZE PAPER.

Some of the complications to be watched for during pregnancy are:—

1. Incarcerated Retroverted Gravid Uterus.
2. Hæmorrhage occurring early in Pregnancy, due to (a) Threatened or (b) Inevitable Abortion.
3. Ante-partum Hæmorrhage, Accidental Hæmorrhage.
4. Placenta Prævia, Unavoidable Hæmorrhage.
5. Albuminuria, Pyelonephritis, Eclampsia.
6. Pernicious Vomiting.
7. Nervous Disorders—Hysteria, Insanity, Chorea.
8. Varicose Veins, Hæmorrhoids.
9. Intra-uterine death of fœtus.
10. Hydramnios.
11. Contracted Pelvis.

1. INCARCERATED RETROVERTED GRAVID UTERUS.

Complication.—Retroverted uterus presses on the urethra, and causes over-distension of bladder, which prevents uterus from rising out of pelvis.

Method of Treatment.—Catheterisation four-hourly: if this is not effectual, uterus has to be replaced.

2. HÆMORRHAGE DUE TO (a) THREATENED OR (b) INEVITABLE ABORTION.

Causes.—Disease of mother, placenta, membranes or fœtus; shock, blows or falls; use of certain drugs.

Method of Treatment.—(a) Absolute quiet and rest in bed. Light diet. (b) Same as above, and if cervix is dilating rupture the membranes, give liquid extract of ergot 1 drachm (under medical direction), and apply a tight binder.

3. ANTE-PARTUM HÆMORRHAGE.

Causes.—(a) Injury or disease. (b) Accidental hæmorrhage.

Method of Treatment.—(a) Absolute rest in bed. Raise foot of bed. Apply pressure to bleeding point if it can be got at, or plug. If bleeding continues it may have to be sutured.

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