

cated. It must be remembered that, apart from a history of stillbirths, &c., a woman may show no indication of specific infection. Sometimes information can be obtained by inspecting the mother's other children. There is no doubt that apart from congenital syphilis, which varies in importance in different nationalities, and even in different localities (urban and rural), the three main causes of stillbirth are albuminuria (toxæmia), pelvic contraction, and malpresentations.

It has been computed that, if women were properly examined in pregnancy, half the stillborn children would be saved. If so, this would mean an annual saving of nearly 10,000 fetal lives in England and Wales, for, omitting abortions, there were 2,312 stillbirths notified in London alone during 1910, or 2.2 per cent. of the total births. If this proportion holds good for England and Wales, the number of stillbirths in that year would be 19,736, and we could hope to save 9,800 lives by routine prophylactic measures.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The annual gathering of the midwives of the above Association took place on Thursday, July 10th, at 2, Cromwell Houses, by kind invitation of Mrs. S. Bruce. Thirty-one midwives were present. Miss Rosalind Paget took the chair, and, after opening the meeting, called upon Mrs. Wallace Bruce for her address to the midwives. Mrs. Bruce dwelt on the improvement in the skill and status of the midwife since the passing of the Act in 1902. It was difficult to exaggerate the influence that a good conscientious midwife could exercise in the locality in which she practised. The Badges which were presented by Lady Balfour of Burleigh to those midwives who had done good work for a definite period, were not only for professional skill, but a symbol of character, of conscientiousness, and of high principles: they were given to the following midwives:—

Frances Bracey, working under the Royal Maternity Charity; Elizabeth Cunliffe, working at Nottingham; Dora Dodd, working under Cumberland C.N.A.; Fanny Dowty, working under Sussex C.N.A.; Sarah Leedell, working at Nottingham; Elsie Kinch, working for Northants C.C.; Mary Longbone, working at Llanharan; Katherine Mayhew, working under Devon C.N.A.; Jessie Pryde, working under Suffolk C.N.A.; Florence Sills, working at Hull; Lilian Stephens, working under Glos. C.N.A.; Minnie Turner, working at Stroud; Emily Watson, working at Binley Heath; Eva Wilkins, working under Berks. C.N.A.; Florence Wood, working at Fenton, Staffs.

Lady Balfour gave a very amusing account of the way in which she had found she could invariably soothe a fractious baby—by putting its feet a little higher than its head—a method that, no

doubt, will be experimented upon by many of those present. After a most useful discussion on the Maternity Benefit in which Miss Paget gave invaluable advice, a most cordial vote of thanks was passed to Lady Balfour, Miss Paget and Mrs. S. Bruce, to whose great kindness the meeting owed its success. The midwives then adjourned for a much appreciated tea and the meeting concluded.

HOSPITAL PROVISION FOR PUERPERAL FEVER CASES.

Puerperal fever is already a notifiable disease in the city of Birmingham, the Health Committee of the City Council being the first local authority to inaugurate this practice, and last week a special ward of twenty-five beds was opened by the Lady Mayoress, at the Birmingham and Midland Hospital for Women at Sparkhill, for the reception of cases of this nature. Two years ago the hospital authorities agreed with the City Council to reserve two beds for this purpose. These were quickly increased to seven, and the larger number still proving quite inadequate the new building was erected at a cost of £6,000. A special feature is a verandah, with six beds, for open air treatment. The city has not contributed to the cost of the new building, but will contribute three-fifths of the annual cost. In proposing a vote of thanks to the Lady Mayoress, Mr. J. S. Nettlefold said that this departure was a new but a thoroughly sound one, and saved the ratepayers several thousand pounds that they would have had to spend sooner or later on a separate institution.

A PAINFUL AND TERRIBLE EXPERIENCE.

The tragic death of Mary Anne Coddington, a midwife, at Grimsby, while attending a case, shows the necessity for a midwife's good health, and also the risks to which patients may be subjected. At the inquest which followed, the husband of the patient said that the midwife appeared to be well when she accompanied him back to the house. The wife of a night porter residing next door deposed that she was roused by the patient knocking at the wall. She went into the house immediately and on going upstairs found the midwife in a standing position leaning forward over the bed with Mrs. Loveday's newly-born child lying under her. She spoke to the deceased woman, but got no reply, she being apparently dead. She laid the body on the floor and sent for a doctor. Dr. Rotherham, who made a post mortem examination, said that death was due to Bright's disease, dilatation of the heart, and heart failure. There was scarcely a sound organ in the body. Evidently this poor woman was quite unfit for the onerous work of a midwife.

The Coroner in expressing sympathy with all concerned said he was thankful to learn that the patient was no worse for what must have been a painful and terrible experience.

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