

to which a tablespoonful of a disinfectant, such as Izal, has been added. It should soak for at least two hours in this before being removed for washing. The mother's hands must be washed immediately after removing the soiled linen.

Unless the doctor advises to the contrary, nothing but cold water, which has been recently boiled, must be given for at least twenty-four hours. The child may have as much water as he will take. This starvation does nothing but good so long as the child is kept well wrapped up.

If the diarrhoea and vomiting has completely ceased in twenty-four hours, feeding with milk powder may be commenced.

Milk powder can be obtained at the chemist's, but if any difficulty is experienced in getting it, enquiry should be made at the hospital.

On the First Day :

Half a teaspoonful of the powder dissolved in four tablespoonfuls of warm water every three hours. As much boiled water may be given in between whiles as the child will take (preferably given with a clean spoon).

On the Second Day :

Provided there be no return of sickness, one teaspoonful of the powder in four tablespoonfuls of warm water every two hours.

On the Third Day :

Two teaspoonfuls of the powder in six tablespoonfuls of warm water every two hours.

Brandy and other alcoholic stimulants should in no circumstances be given, unless ordered by the doctor.

No cow's milk to be given, until ordered by the doctor.

Nursing mothers should invariably wash the nipples with soap and warm water, and carefully dry, before and after putting the baby to the breast.

THE TRAINING AND SUPPLY OF MIDWIVES.

The tenth annual meeting of the Association for Promoting the Training and Supply of Midwives was held by kind permission of Mrs. Charles Ebdon, at 16, Draycott Place, S.W., on Friday, March 6th. The chair was taken by Her Grace the Duchess of Montrose.

A message from Her Royal Highness Princess Christian was read regretting her inability to be present at the meeting. Her Grace then went on to speak of the growing demand for qualified midwives in Scotland, and the fact that at present no Midwives' Act is in force there. Many midwives had to combine the post of midwife with that of district nurses, and therefore it was necessary they should in addition be well trained in general nursing. She pointed out that one result of the Maternity Benefit given under the Insurance Act was to largely increase the numbers of medical men willing to undertake midwifery. She hoped this would not be the case in England.

Mrs. Mateo Clark spoke of the lavish carelessness of England in regard of infant life, and how we compared unfavourably in that respect with France, Germany and Spain.

Mrs. Wallace Bruce moved the adoption of the Annual Report, and Mrs. Charles Ebdon, the newly-elected chairman of the Executive, who seconded, asked for the sympathy of the meeting in having to succeed Mrs. Bruce, who had so ably filled that position. She spoke in warm terms of the devoted work of the secretary, Miss Ford.

Miss Lucy Robinson also supported the adoption of the report, which was carried.

The report refers to the steps taken by the Executive early in 1913 to draw attention to amendments to the Amending Bill of the Midwives' Act then before the House of Commons. Members of the Council were circularised, and subsequently did everything in their power to bring them before Members of Parliament.

A deputation organised by the Executive Committee waited upon the Insurance Commissioners to represent certain difficulties arising in the working of the Act. Sir Robert Morant received the deputation and gave their representations a courteous hearing.

The Committee regret that the vexed question of the payment of doctors' fees, summoned in emergency in midwives' cases, still remains unsolved.

Dr. George Reid, County Medical Officer for Staffordshire, gave a short address on "Midwifery in the Provinces." He said that in the future the society should strike out along new and very important lines. The passing of the Midwives' Act had brought the Society into existence. Another Act had brought another need—the extension of health visiting. In connection with tuberculosis this was a work for which women could be trained comparatively easily, and it was absolutely essential that the health visitor should be someone in touch with the household. He suggested that the Society should consider the advisability of covering this ground in the scattered rural and urban districts.

In Staffordshire, where they were organising a complete system of health visiting, they were subsidising the existing Nursing Associations. He suggested that the nurses should be brought to the Tuberculosis centres for instruction, the expenses to be paid half by the Tuberculosis authorities, and half by the Nursing Associations.

It had been suggested, he said, that district nurses should be instructed in the treatment of ophthalmia, but he would strongly discourage the suggestion. He would not entrust nurses, however skilled, with this work.

The meeting then terminated with the usual votes of thanks.

Dr. Reid's proposals might be practicable provided that the midwife employed is a thoroughly trained nurse, with special tuberculosis experience. The care of tuberculosis patients does not appear to be within the scope of a society the purpose of which is the promotion of the training and supply of midwives.

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