

low phthisis mortality may be claimed for Great Britain as a whole in comparison with other civilized countries in Europe. Those who look askance at raw cow's milk, *qua* tuberculosis, seem to me to ignore the Charybdis of infection with the human tubercle bacillus into which their victims must inevitably drift, for there is no escaping one or other among civilized communities, and for a first infection the bovine bacillus is incomparably the least dangerous. I would, then, put it to you whether we should not take measures to secure a mild bovine infection instead of leaving our children to risk a first encounter with the infinitely more virulent human organism.

My *second* proposition has already been stated, and is this: That no amount of precaution will protect young infants in tuberculosis households, and that they should be removed as soon as possible from such dangerous surroundings.

THE SUPERVISION OF LYING-IN HOMES.

The question of the supervision and control of Lying-in Homes has been the subject of investigation by the Local Legislative Committee of the House of Commons during the consideration of the London County Council (General Powers) Bill. Mr. Clode, K.C., who appeared for the Council, said that the proprietor of four or five of these homes was also the keeper of a disorderly house, and that inducements were offered the women to lead an immoral life. Also, some of the homes were in a most unsatisfactory condition, healthy patients associating with tuberculous ones, and healthy children with those who were unhealthy.

Mrs. James Gow said there was a crying need—of which her extensive experience of rescue and preventive work had convinced her—for the supervision of these homes, and it had become more urgent since the passing of the National Insurance Act.

Dr. Hamar, Medical Officer of Health for the County of London, stated that it was specially desired to control a certain class of house known as a "nursing home," kept by women who were certified midwives, but who had not given notice of their intention to practice. These homes were often conducted with great secrecy, exorbitant fees were often charged, and children were adopted and sent out of London so that it was impossible to trace them.

Miss Rosalind Paget advocated inspection by officers of the London County Council rather than of the Borough Councils, emphasising the point that it was most necessary for such inspection to be uniform.

We hope to refer further to this question in a subsequent issue.

THE MIDWIVES (SCOTLAND) BILL.

On Thursday, July 9th, the Midwives (Scotland) Bill, brought from the Lords on May 18th, was read a second time in the House of Commons and committed to a Standing Committee. The Bill provides for the appointment of two midwives on the Central Board by the Privy Council.

QUEEN CHARLOTTE'S HOSPITAL.

The Annual Report of Queen Charlotte's Hospital states that the Preliminary Training School has proved very successful. A large proportion of the pupils elect to undergo the one-month's training in the Preliminary School before entering upon their training in the wards, and the advantage to the nurses, and to the hospital where it has added considerably to their capacity for work in the wards, has fully justified the expense incurred.

That the training given at the hospitals is sound is proved by the success of the candidates at the examinations of the Central Midwives Board. During the year 1913 107 candidates passed the examination, the percentage of failures being 2.8 only, whereas the percentage throughout the country was 18.

Pupil midwives who decide to enter for the month's preliminary training join for a total period of six months—the first of which is spent in the Preliminary Training School—for which the fee of £40 is charged. Pupil Monthly Nurses enter for five months' training, if they decide to spend a month in the Preliminary School, the fee for the five months being £29.

Qualified Medical Practitioners are also admitted to the practice of the hospital, the usual course being four weeks, for which a fee of £8 8s. is charged. They may reside at the Residential College just opposite the hospital, the terms for full board and residence being 30s. per week. The interesting point to midwives is that when in the labour wards, in the absence of the Resident Medical Officer they act under the direction of the Sister-Midwife. For instance they are not allowed to make vaginal examinations until they have disinfected their hands according to the prescribed regulations, and to the satisfaction of the Resident Medical Officers, or of the Sister Midwife in Charge. The same regulations apply to medical students. We have always contended that the training of medical students, and consequently their subsequent work, would be considerably improved if it were supervised in the absence of the medical officer by experienced midwives, and it is interesting to know that at Queen Charlotte's Hospital even registered medical practitioners accept such supervision. A point of topical interest brought out by the report is that in the case of insured persons or the wives of insured persons, arrangements are made for a proportion of the Maternity Benefit to be paid to the hospital, and the income during the year from this source amounted to £570 7s. 4d.

[previous page](#)

[next page](#)