

before the rest of the family, or it might be put on a plate and kept hot, and she could have it after the others have gone. The dinner time is the most difficult time to plan for. If the mother is to keep well she must be decently fed, and to get the good of the food she should be able to eat it in such a way that it has a chance of digesting.

"Milk gives a very good return. When supplied for a mother the difficulty in this case is (as in the case of all food sent in for the mother) will the mother use it for herself if it goes into the house? Many mothers will go to a dairy (it must be near their home) and drink a glass of milk once or twice a day—personally, I have found this plan answer best—when they would not go for a dinner. When the order is given for the milk it must be clearly written down. If this is not done you will find some of your people will ask those in charge of the dairy to give biscuits, or sweets, or lemonade rather than the milk you wish them to have. I have learned this from experience."

Another important point dealt with is the mother's teeth. "However plentiful or good food may be, it will be spoilt by a dirty mouth. . . . There is a constant flow of offensive and poisonous fluid from decaying teeth, and this undermines the general health very quickly. A pregnant mother can do a great deal for the expected baby's bones and teeth if she will take porridge regularly, and also oat-cake. There is something in oatmeal that helps to form good bones and teeth that it seems impossible to get from any other food. Dentists recognise this fact."

"Rest is very much required, but it is almost impossible for a busy mother to get it. Where the mother can arrange to lie down on a bed or couch, even for ten minutes, she feels very much rested. If she can have a longer rest so much the better."

The outline of the stomach of a newly-born infant, drawn the actual size, is a very necessary illustration, when we remember that some mothers believe that their babies are "all 'oller," and feed them accordingly.

The keeping of milk, in cases where an infant is fed artificially, the hygiene of infancy, including "the order of the bath," teething, and other important questions, are dealt with.

Some useful hints are given as to the qualifications for a health visitor (the foundation of whose work is the baby) and concerning her relations with her committee, and the Appendix usefully includes the Circular issued to County Councils and Sanitary Authorities by the Local Government Board on Maternity and Child Welfare, with a Memorandum embodying a scheme on the same subject, and a Memorandum in regard to the regulations for the payment of grants to Schools for Mothers, and a Schedule containing heads of information asked for in the form of Application for Grant under the Regulations for Schools for Mothers for the year ending March 31st, 1915, both issued by the Board of Education.

This little book, simple and unassuming, but practical in its scope, should be very useful to the classes it is designed to benefit.

### THE EYES OF THE NEWLY BORN.

A Certified Midwife writes:—

"I was very interested in Dr. Alger's article, 'What can Nurses do to Prevent Blindness?' published in your last issue. At the same time, I think one is bound to remember that there is a definite difference of opinion amongst experts, keenly interested in safeguarding the sight of infants, and alive to the danger of ophthalmia in the newly born, on the subject of the use of prophylactic drops as a routine practice.

"The Central Midwives Board, for instance, which controls the practice of midwives in England and Wales, does not enforce, or recommend as advisable, the routine instillation of prophylactic drops into the eyes of a newly-born infant; but strictly enforces its rule that any inflammation, or discharge from the eyes of a newly-born infant, however slight, during the ten days that the midwife is in charge, shall be reported at once to a medical practitioner. The presence of disease is thus at once detected and brought under medical treatment. To instil a strong solution into every baby's eyes—and any other is ineffective in the presence of active disease—is to submit them to the risk of inflammation caused by the prophylactic agent, and further the assumption is that every newly born baby's eyes are infected—a very big assumption, indeed.

"If the babies are carefully watched, it is, in my opinion, with all submission, best to treat disease when it shows itself, and not to presuppose that all babies need treatment."

### WAR-TIME INTERCESSIONS.

TO NURSES AND MIDWIVES.

A series of War-Time Intercession Services has been arranged by the Church League for Women's Suffrage. The Services will be held monthly on Saturday afternoons, and the first will take place at Southwark Cathedral, on October 9th, and will be conducted by the Lord Bishop of Southwark, who will also preach.

All the other services will be held at St. Martin-in-the-Fields, and the preacher on November 6th will be the Lord Bishop of the Diocese. Dr. Scott Holland will preach at the December service, and their Lordships the Bishops of Lichfield, Stepney, and Willesden have consented to preach in the first three months of 1916. These services are open to all, and the time—3 o'clock on Saturday afternoons—was chosen in the hope that it would afford an opportunity to men and women of "all sorts and conditions" to take part.

We feel sure many nurses and midwives will appreciate the opportunity of attending such services.

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