

EXTENSION OF TRAINING FOR MIDWIVES.

The amendments and additions to the Midwives Act, framed by the Central Midwives Board, have now been approved by the Privy Council and were published in full in *The London Gazette* of the 19th inst.

The principal alteration is that the course of training in midwifery is now extended over a period of not less than six months, the number of labours to be attended and watched is still 20, and 20 lying-in women and their infants are to be nursed during the 10 days following labour.

The course of 20 lectures attended in the prescribed subjects must extend over a period of not less than three months. Exceptions are made in the case of a woman who produces a certificate of (a) Three years' training as a nurse in a general hospital of not less than 100 beds, or (b) Three years' training as a nurse in a Poor Law Institution recognised by the Local Government Board as being a Training School for nurses, and maintaining a resident Physician or House Surgeon, and a Matron or Superintendent Nurse, or (c) enrolment as a Queen's Nurse by the Queen Victoria's Jubilee Institute for Nurses.

In these cases a period of not less than four months is substituted for the period of not less than six months stipulated above.

It is interesting to observe the value of representation on the Central Midwives Board in the special exemption granted to Queen's Nurses. The large majority of them hold certificates of three years' training, and those who do not must have been at work for some time, and have the training and experience entitling them to exemption. But their special claim would scarcely have been brought forward, and received consideration, had not the Queen Victoria Jubilee Institute for Nurses had a representative able to voice it on the Central Midwives Board.

We draw the attention of nurses trained at the London Hospital to the necessity of producing a certificate of three years' training in hospital if they desire to secure exemption from the necessity for six months' midwifery training.

The form to be filled up and signed by the Secretary of the Hospital concerned is as follows:—

Form V (A).

I certify that possesses a certificate showing that she has undergone a three years' course of training as a nurse in Hospital, being a General Hospital containing not less than one hundred beds.

Dated this day 19...

Name.....

Address

Position and Authority for signing.....

Signature of Applicant

The new regulations come into force on July 1st, 1916.

NUTRITIONAL DISORDERS OF YOUNG CHILDREN.

A lecture on "Nutritional Disorders of Young Children," by Dr. H. C. Cameron, Dean of the Medical School, Guy's Hospital, was given at the Royal Society of Medicine, 1, Wimpole Street, on Tuesday, November 23rd. He said that in a young infant digestion was the only function there was to upset.

Dyspepsia was divided into three classes—Constitutional, Alimentary, and Infective. There was a constitutional idiosyncrasy in certain types of infants that produced dyspepsia, and it exists in breast-fed as well as hand-fed children. The fault was often erroneously attributed to the artificial food, or to the mother's milk, whereas the fault lay in the child's inability to digest. This had been demonstrated in foreign clinics where one wet nurse had fed two or three children.

Alimentary dyspepsia was produced by an excess of sugar or starch. This was not enteritis, as was often said, and was not produced by bacteria. Infective dyspepsia was divided into two classes: (a) Intestinal infection; (b) non-intestinal infection, the latter being by far the most common.

Dr. Cameron showed by lantern slides several very interesting temperature and weight charts, and also of different children suffering from the various types of dyspepsia.

One of an infant with alimentary intoxication exhibited a drowsy child, with the peculiarity in this infection of the limbs remaining in the position in which they were placed, in this case the legs being crossed. This form of neglected dyspepsia seldom or never recovered.

Another slide illustrated a marasmic infant. This type of indigestion was very intolerant of fat. Sometimes, the lecturer said that the advertised and patent foods were of use, and in these cases Allen & Hanburys food or Horlick's Malted Milk had been used with advantage. Another slide showed an older child, of the overfed with bread and butter, biscuits, and sugar class. He pointed out its narrow shoulders and protuberant abdomen, and drew attention to the fact that this type suffers from adenoids and enlarged tonsils, has puffy blue hands, suffers from watery cracks, is, in fact, catarrhal all over, and is always hungry. The Government, he said, did a good deal for children, but it worked from the wrong end. These children needed what they never get, a lot of protein, good meat and green vegetables. When put upon such a diet they improve rapidly.

RESIGNATION.

Miss Renaud, who has done nearly ten years' good work as Inspector of Midwives and Superintendent of Infant Welfare under the Corporation of Newcastle-on-Tyne, has just retired, carrying with her the good wishes of a wide circle of friends. It was owing to her initiative that the Mothers' and Babies' Welcome was formed, which has proved of great value to the city.

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