

siderable air space on all sides, which prevents any danger of the infant's extremities coming in contact with the walls of the heated water jacket. The basket rests on a standard, raising it 2 inches above the floor of the bed, allowing a free circulation of air all around it. A simple removable net cover is provided, which encircles the basket, adding to its cleanliness and appearance. The basket supplied differs from the illustration, being constructed of heavy brass wire mesh, nickel plated, in place of upright bars.

Excessive drying of the air is prevented by the constant circulation through the bed of the free air of the room and by evaporation from a flat basin, 9 by 11 inches, containing baked porous clay (as used in water filters), over which water is poured to allow of evaporation. This is placed on the floor of the bed immediately under the baby basket. Varying with the degrees of temperature to be maintained within the bed, it is necessary once daily to supply from 8 to 16 ounces of water to replace that lost through evaporation.

We require inspection and charting of the temperature registered by the lid (if the latter is used), or by a register placed within the basket if the lid is not in use, at 6 a.m., 12 m., and 6 and 12 p.m. as most likely times for maximum changes in the ward temperature.

As the only variable factor in the maintenance of temperature within the bed is that of the changes in temperature in the surrounding room, I have made numerous calculations at different room temperatures and have tabulated them on a card at the head of the bed, so that the attendant need know only (1) the temperature desired on the inside of the bed and (2) the room temperature in order that by looking at her chart she may ascertain the number of the contact point at which to place the rheostat.

The advantages claimed for the apparatus are (1) safety; (2) economy of construction, operation and the elimination of the trained attendant; (3) simplicity of operation—it needs practically no attention; (4) perfect control of ventilation of air within the bed; and (5) humidity.

THE TRAINING OF HAND AND EYE.

The Training of the Hand and Eye in Early Childhood, was the subject of a lecture given by H. Holman, Esq., M.A., on April 3rd, at the Royal Society of Medicine in connection with the National Association for the Prevention of Infant Mortality.

The lecturer said that children from 3-6 years old were dealt with from this point of view in the kindergarten system. Many people were discontented with our infant school system and it was thought that at some future time it would be re-organised, and the training begun at an earlier date.

Beginnings were all important, and the first two years of life were vital to all that came after.

The Eye and Hand might be called the Queen and King of the senses.

In the first years of life the body was practically supreme over the mind.

The question arose: was it possible to help the child at all? Dr. Eric Pritchard states that good and useful habits may be formed in an infant at six weeks old.

The lecturer dealing with mother instinct with regard to the training of her child said it could not be relied on except in the case of an intelligent instructed mother. Mother instinct unless trained too often fed the child with unsuitable food, and was governed by the advice of ignorant people.

The lecturer illustrated how the eye might be trained with coloured toys of different shapes, and showed how gradually the grasp of the hand was developed. This grasp was in the highest sense human and was not found in any other animal.

MILK AND ARTIFICIAL FOODS.

Milk and artificial foods was the subject of a lecture given by Henry Kenwood, Esq., M.B., in connection with the National Association for the Prevention of Infant Mortality, recently, at the Royal Society of Medicine, 1, Wimpole Street. He said that at the present day a large percentage of infant death was due to gastro-intestinal trouble. Was the milk responsible? It was a striking fact that in institutions where the milk was pasteurised the gastro intestinal cases dropped 40 to 50 per cent. This had been proved not only in this country but in the large infants' institutions in New York.

REGISTRATION AND INSPECTION OF LYING-IN HOMES.

The General Purposes Committee reported to the London County Council on Tuesday that when on their recommendation in November last the preliminary inspection of lying-in homes was placed in the hands of the chief officer of the Public Control Department it was thought that the moral aspect of the question predominated over the public health questions involved. The Public Control Committee now state, however, that they have had under consideration 138 applications for the registration of lying-in homes; that, as a result of their experience in dealing with them, they find that the questions raised related solely to matters affecting the structural or sanitary fitness of the premises for use as lying-in homes; and that in their opinion the administration of this part of the Act should be undertaken by the Public Health Committee, and the work of inspection, &c., carried out under the direction of the medical officer of health. Recommendations were submitted and endorsed by the Council to give effect to this arrangement.

An amendment by Mr. Norman, proposing that such inspection be delegated to the metropolitan borough councils was lost.

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