unnecessary. Prevention is better than cure, and prevention lies largely in the hands of an instructed and affectionate motherhood. The latter qualification must not be overlooked, for young children however hygienically cared for will not thrive without affection. But, while affection is seldom lacking, a competent knowledge of infant care is the exception rather than the rule. As a guide to the performance of the supremely important duty of the nurture of the young we have mainly relied, as a nation, upon parental instinct, but this must be fortified by instruction.

What more useful work could be undertaken by the Royal College of St. Katherine than propaganda work in this connection?

Incidentally we should like to hear that the qualifications of health visitors have come under the consideration of the Carnegie Trust Enquiry. Their responsibilities are great and their knowledge often inadequate.

FLIES AT THE FRONT.

Now that King Sol begins to smile upon us we shall receive all sorts of advice about "that fly," so that it appears an opportune moment to remind nurses working at the front that they may save much irritation and suffering to sick and wounded by studying the habits and customs of flies. Some time ago an instructive circular memorandum on "The Abolition of Flies in Camps, Billets, and Hospitals" was issued by the Director-General of Medical Services, British Forces in the Field, which nurses would do well to read. Sir Arthur Sloggett pointed out that within the area occupied by the British forces in the field there were concentrated enormous numbers of men and horses, with the result that abnormal quantities of stable manure and other waste organic matter were produced, and he added that in places along the line of the actual front there were many unburied bodies. He anticipated that in consequence flies in unparalleled numbers would make their appearance in the course of the summer and autumn unless adequate measures were taken to prevent the insects from breeding. The memorandum, which was widely circulated to medical officers, contained full practical instructions for the prevention of the fly plague, and among other fly poisons enumerated was the solution of sodium arsenite, which, as was noted in the *British Medical Journal* a short time ago, has recently been employed with success and, under proper precautions, without risk in South Africa.

OUR PRIZE COMPETITION.

WHAT IS UTERINE INERTIA? WHAT ARE ITS VARIETIES, AND HOW WOULD YOU TREAT EACH KIND?

We have pleasure in awarding the prize this week to Mrs. Margaret E. E. Farthing, Matron and Head Nurse, Wem Poor Law Institution, Love Lane, Wem, Salop.

PRIZE PAPER.

(*a*) *Uterine Inertia* means that the uterine contractions are so feeble that they either fail to expel the child, or only succeed after a very long time.

(*b*) *Varieties.*—There are two distinct forms, and they must be treated separately, as they are each so distinct one from the other. They are (1) Primary and (2) Secondary uterine inertia.

(1) *Primary Uterine Inertia.*—In this condition the contractions are, from the very commencement, weak, short, and at long intervals. The causes usually lie in the uterus itself or its contents, viz., weak muscular development or weakened muscles, over-distension, as in hydramnios, or twins, tumours, wasting diseases, malnutrition, and such-like complaints, which show that the mother is in a debilitated condition. If everything else is normal there is not much need for worry, but patience is requisite, and the patient should be encouraged to hope all will be well.

(*c*) *Treatment.*—As the uterus is not strong enough to expel the child, stimulate its walls by gentle massage. Give warm stimulating food, and encourage the patient to sleep; probably when she wakes the pains will return with renewed vigour, and all will be well. If she cannot sleep, administer a 1-gr. opium pill. The midwife must remember that although inertia is not dangerous in itself, there are many complications which cause it; therefore it is most necessary to diagnose early, in case of obstructions, which may be more readily rectified at an early stage. If after a sleep the patient is not delivered, the doctor must be called, as if the head lies too long in the pelvis, sloughing of the vaginal walls and cervix may be the result, besides injury to the child. If uterine inertia comes on in the third stage, it is usually characterised by slow or non-expulsion of the placenta, and probably by the occurrence of atonic post-partum hæmorrhage. The midwife must observe the rules of the Central Midwives Board as to sending for doctor, and have everything ready for him to deliver the woman, and be prepared for the occurrence of post-partum hæmorrhage.

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