

The care of the pregnant woman is an important matter, and the supervision of the general health of the expectant mother (married or single) is largely in the hands of the doctors and midwives and district nurses. The midwives and nurses have the ear and friendship of the mother and would get into touch with the pregnant woman earlier than an official, especially as there is sure to be great reluctance among the people to notify pregnancy to any public authority.

The Midwife or Nurse is often the only confidante of the unmarried woman. Early knowledge is of the greatest importance in regard to the question of abortion, &c.

The midwife or nurse enters the home as a friend and chosen attendant of the patient, and has more influence than the uninvited official.

Midwives should be encouraged to book their cases early, so that conditions requiring medical advice can be recognised.

The clinic for ante-natal cases to which midwives and doctors if they so desired could refer cases for treatment and advice should be arranged for. These Clinics should either be at a local hospital or at the School for Mothers affiliated to the centre. In the latter case a doctor must be appointed to attend on certain days and hours, a trained nurse—doubtless the Superintendent of the School—must be in attendance, and the usual appliances for the examination and treatment of abnormal cases must be provided. Midwives should attend with their patients so as to hear what the doctor advises and the treatment, if any, to be given. A register must be kept of all cases attending, and all particulars entered. The midwife should be able to have suitable cases not able to attend the Clinic (such as threatened abortion) attended by the doctor, and, if necessitous, attended free. This would prevent the danger of the midwife losing her cases which has happened when a general practitioner has been called in.

Skilled attention in home confinements should be arranged for by the Local Authority, and arrangements should be made for the payment of the doctor when called in by the midwife. Provision to be made for the treatment of complicated cases of labour, preferably in existing maternity homes or hospitals affiliated to the centre. Under the Notification of Births Act every birth is known to the Public Health Authority and a Register kept. Births of a class necessary to be kept under supervision should be notified to the Infant Welfare Centre within a month by the Health Visitors appointed under the Act. These special cases should be constantly visited by a trained visitor, and a record kept of their progress.

The control in the homes of the people is very limited, and must be carried out to a great extent by the Public Health Department.

Institutional instruction can be given in Maternity Hospitals before the mothers leave, and also at the Infant Consultation Centre by trained and

experienced persons. The teacher must be a practical lecturer who knows how her audience lives.

(To be concluded.)

THE MIDWIVES (IRELAND) BILL.

A Midwives Bill has been drafted for Ireland, and the Right Hon. H. E. Duke, K.C., M.P., Chief Secretary for Ireland, has stated that if he were assured that it would be non-contentious he would consult the Leader of the House as to its introduction.

REARING A PREMATURE BABY OF 1½ lb.

I am a Queen Charlotte nurse, also a certified midwife. It is not, I believe, an ordinary occurrence for an immature premature baby weighing only 1½ lb. to live, and I think therefore, that a short account of my experience may be of interest.

I have waited till I found that the baby was really progressing favourably. Now at 20 weeks, he weighs 10½ lb., and his health is in every way satisfactory.

The child (a boy) was born at about the thirty-fifth week of intra-uterine life, very ill nourished, the position being R.O.A., the cry was good, colour fairly good, and the faculties developed. The infant was kept very warm in front of the fire with hot-water bottles in addition. He was anointed with olive oil, wrapped in gamgee, and fed by spoon with few drops of peptonised milk (40 minims.).

Afterwards a dropper was used until we were able to institute a bottle, at the end of the fortnight. On the tenth day he was put into a cot with hot-water bottles. Afterwards an electric lamp was used to keep the temperature 100 deg. Fahr. for over two months. Then the heat was gradually lessened and baby was taken out and kept in the open air from morning till night, except when he was brought in for feeding. He was given cow's milk, to which water, citrog lacto, and afterwards lime water were added. Virol has been given since the end of second week. There was a certain amount of gastro-intestinal trouble, but the baby was put on to whey, albumin water, and brandy for a few days till the diarrhoea and vomiting had subsided.

When the boy weighed just under 6 lb. he was circumcised; the operation was quite successful, and the child did well.

Since then baby has been progressing very well; has four teeth, and has not had a day's illness, he appears quite healthy and is 16½ months old.

LILY P. B. LAW.

This baby was shown to Her Majesty The Queen at the recent Exhibition during National Baby Week at the Central Hall, Westminster.

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