

Newcastle-on-Tyne Union Hospital.—E. Harrison, S. T. Lawson, E. Lowerson, E. P. Phillips.

Northampton, Q.V.N.I.—E. G. Gregg, K. E. Harrison, L. M. Jeans, E. Moss, K. Rosser, E. Spillane, S. A. Tideswell.

North Brierley Inf.—E. E. Barker, E. E. Dixon. Nottingham Workhouse Infirmary.—A. E. Allen, G. F. Berridge, N. Bennett, K. Tunncliffe, L. Wetton.

Norwich Maternity Institution.—M. Turle.

Oldham Union Infirmary.—M. H. Holroyd, L. A. Watson.

Preston Union Workhouse.—E. Collinson.

Royal Hants County Hospital.—E. D. St. J. Camies, J. T. Scott, W. J. Vigar, S. F. Wright.

Selly Oak Union Infirmary.—L. Bailey, E. Fisher, T. Hollingworth, M. W. Monk, M. H. Watts.

Sheffield, Jessop Hospital.—M. Ash, J. McA. Brown, A. Compton, J. S. Gunn, H. A. Hunt, D. Lee, L. D. Rowntree, E. R. Wallbank.

Sheffield Union Hospital.—L. V. T. I. Coward.

Staffs Training Home for Nurses.—E. M. Addison, F. Davies, A. Davies, E. Frost, E. M. Johnson, L. Marshall, C. Munro, H. C. Smith, S. E. M. Smith.

Sunderland Union Workhouse.—S. G. Milner.

Sunderland District Nursing Association and Anita Richardson Maternity Home.—N. E. Scott.

Tynemouth Union Hospital.—M. Cowell, A. E. Hutchinson, L. Wignall.

Wakefield Maternity Hospital.—T. O'Brien.

Walton, West Derby Union Infirmary.—L. G. Bishop, M. E. Donegan, M. Duncan, I. Fowler, L. McNair, G. Riding.

Windsor, H.R.H. Princess Christian's Maternity Home.—A. H. Ivin.

Widnes, Queen's Nurses' Assoc.—E. G. Jones.

West Riding Nursing Association.—E. Glover, E. Hawksworth, T. H. Worth.

Wolverhampton District Nurses' Home.—B. V. Higgs, A. E. Knowles, A. M. Perry.

Worcester County Nursing Association.—L. H. Harris, A. Johnson, A. M. Nightingale, A. E. Whitehouse, A. P. Williams.

York Maternity Hospital.—K. Duncanson, M. E. Good, G. M. Marson, M. T. Palmer.

#### WALES.

Cardiff, King Edward VII Maternity Hospital.—E. A. Christmas, M. E. Lewis, E. Roots, C. S. Thomas, E. A. Thomas, S. White.

Cardiff, Q.V.J.N.I.—E. A. Olley.

Merthyr Tydfil Union Infirmary.—A. C. Anthony, E. L. Pearce.

Monmouthshire Training Centre.—A. Taylor, E. A. Thomas.

#### SCOTLAND.

Dundee Maternity Hospital.—H. E. Webster.

Glasgow Royal Maternity Hospital.—M. N. Galbraith, A. M. Haswell, S. Owen, M. C. Roberts.

Edinburgh Royal Maternity.—F. Jenkins.

Edinburgh, The Hospice.—E. S. Newton.

#### IRELAND.

Dublin, Rotunda Hospital.—V. M. Brindley.

## MIDWIFERY CONFERENCE.

(Continued from page 28.)

### THE MOTHER THE ONLY SAFE ENVIRONMENT FOR YOUNG BABIES.

The concluding speakers at the Midwifery Conference at the Royal Horticultural Hall, on June 24th, were Dr. Eric Pritchard and Miss M. Liddiard. Dr. Pritchard prefaced his remarks on his own subject—the environment for young babies—by referring to Dr. Gordon Ley's address on "Twilight Sleep." Looked at from the point of view of the infant he could not agree that it was not detrimental to the child. There might not be many babies born dead, whose mothers were under the influence of twilight sleep, but they were born with morphia in their systems, which was detrimental to them both at birth and after.

In regard to the safest environment for the young infant, Dr. Pritchard stated that babies are born absolutely sterile, but when launched into the world they are bound to meet infection. The majority of babies who die in the first few months of life do so because they are unable to withstand infection, which may enter their systems through the skin, the mucous membrane, the mouth, the nose, the anus, the vagina, and the stump of the umbilical cord.

Everyone, said Dr. Pritchard, is infested with millions and millions of micro-organisms, and the reason why people do not become infected is because they cannot penetrate the skin, or if a few do they get killed when they get through the first layer. The blood is full of anti-bodies to microbes. The newly-born infant has not learned to kill microbes, and is protected because it carries in its system its mother's blood. Therefore, so long as the infection it has to meet is that which the mother has to meet, it has in its blood anti-bodies which enable it to resist the particular infections to which it is exposed, and it is safest when it remains close to its mother, nestled up against her.

As the infant grows it uses up the blood supplied to it by its mother, and has to manufacture its own blood supply; therefore it becomes less resistant to germs. Nature has, however, provided a method whereby the infant's blood may be reinforced against infection. An infant should subsist on its mother's milk, and it has been proved that this contains reinforcements which being taken up into the child's blood, protect it from infection. It may be easier to manage artificial feeding, but the mortality amongst hand-fed babies is always much greater than amongst breast-fed infants, simply because the mother's milk supplies to the child what the purest, and best cow's milk cannot do—the means of defending it from the danger of infection before it has developed its own power of self defence. The explanation of the fearful mortality in institutions where young infants are segregated is that although fed on cow's milk pure in quality, it does not contain immunising bodies.

(To be concluded.)

[previous page](#)

[next page](#)