

The Midwife.

SUPPLY OF MILK FOR MOTHERS AND INFANTS.

The Minister of Health announces that owing to the excessive expenditure of many local authorities he has reconsidered the arrangements to be observed as a condition of his sanction to schemes for milk-supply and of grants in aid of expenditure thereon. In order to enable the expenditure to be more effectively controlled former orders have been rescinded and local authorities must in future obtain the sanction of the Minister, under the Maternity and Child Welfare Act, 1918, to schemes for the supply of milk to expectant and nursing mothers and children under 5. In a circular issued to local authorities a list of conditions is given without which sanction will not be given; these limit the quantity supplied at less than cost price to one pint a day (exceptionally one and a half pints for infants between 3 and 18 months) and the recipients to be nursing mothers, expectant mothers in the last three months of pregnancy, and children up to 3 (exceptionally up to 5) years of age. The other conditions are framed to ensure that only those applicants receive milk at less than cost price to whom a supply is essential on grounds of health and who cannot afford to buy sufficient milk for their needs.

BROMISM THROUGH MATERNAL MILK.

A curious case of bromism is, says the *Lancet*, reported from the pediatric department of the diagnostic clinic of the State Department of Health at Carthage, New York.* A breast-fed infant of 6 months presented an apparently painful papulo-pustular eruption. There was a history of a general "white" rash at birth, followed by the appearance of this papulo-pustular eruption at the age of 6 weeks. The diagnosis of bromism was made and was confirmed by the discovery of bromine in the mother's milk. The origin of the bromine was not far to seek. The mother, a nervous individual, had been taking for two years a proprietary remedy called Miles' Restorative Nervine, shown by the American Medical Association to contain bromides of ammonium, potassium, and sodium, along with chloride and benzoate of sodium. No record has been found in the literature of bromism acquired in this way, though it is noted that some American authors have observed the secretion of bromides in human milk. This is mentioned also in Hale White's "Materia Medica," but we have found no allusion in accessible medical literature to the danger of producing bromism in the infant from administering bromides to the nursing mother.

* Bromin Poisoning through Mother's Milk. Frank van der Bogert, M.D. Am. Jour. of Diseases of Children, February, 1921, p. 167.

CONFERENCE ON INFANT WELFARE.

The National Association for the Prevention of Infant Mortality, and the National Baby Week Council—Sections of the National League for Health, Maternity and Child Welfare—4 and 5, Tavistock Square, W.C. 1, are arranging an English Speaking Conference on Infant Welfare, to be held in the Kingsway Hall, Kingsway, London, W.C. 1, on July 5th, 6th and 7th, from 10 to 1 and from 2.30 to 4.30 each day.

The main subjects under discussion will be (1) Residential provision for mothers and babies; (2) Inheritance and environment as factors in racial health; (3) The supply of milk: its physiological and economic aspects.

Throughout the Conference a Mother-craft Exhibition will be open from 11 a.m. to 9 p.m., at which the main features will consist of practical demonstrations in important matters relating to infant care, and lectures on Infant Care will be given every evening during the Conference, from 7 to 8 and from 8 to 9 p.m.

Further information can be obtained from the Secretary at the above address.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

The following are the questions set in the Examination of the Central Midwives' Board on April 5th:—

1. How do you recognise that the breech is presenting? Describe in detail your management of breech labour, and state your reasons for each step.
2. Describe the female bladder and urethra. How does inflammation of the bladder arise during the puerperium? What are the symptoms?
3. Under what circumstances would you consider the second stage of labour unduly prolonged? What ill effects to the mother and child may arise from its prolongation, and how would you recognise them?
4. Describe a case of inflammation of the infant's eyes. What are the causes, and how may it be prevented? What are the requirements of the Board in such cases?
5. What inquiries and observations would you make of a woman who engages you to attend her in her confinement, in order to guard against possible dangers to herself and the foetus?
6. A baby refuses to take the mother's breast. How would you investigate the causes of this, and what treatment would you adopt to relieve such causes?

NOTICE.

PRIZE COMPETITION.

We regret that we have been unable to award a prize this week, no paper of sufficient merit having been received.

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