

recently appointed members of the Central Midwives' Board, the former by the Minister of Health, the latter by the Midwives' Institute.

THE MIDWIVES' INSTITUTE AND ITS WORK.

Miss Pearson said that she could not help feeling it a reproach for anyone to have to speak to an audience of midwives about the Midwives' Institute. There must be faults on both sides, those who were members, and those who were not, that it was necessary to convince midwives who so far considered membership of the Institute not essential to them. Whether they knew it or not the Midwives Institute was the only National Association of midwives.

She concluded by saying that now was a grand opportunity for midwives to progress. If they failed now it would be a deplorable failure. They had had words from the platform—deeds were wanted from the audience.

THE CLINICAL OBSERVATION OF INFANTS DURING THE FIRST TEN DAYS.

Dr. Sydney Owen, Visiting Physician at the City of London Lying-in Hospital, who took for his subject "Some Points in the Clinical Observation of Infants During the First Ten Days," said that being a clinician he knew that to be a good lecturer one must go down to the lowest level of the audience. Therefore he hoped those in the meeting who already knew what he told them would appreciate this point. The responsibilities of the midwife were great, both as to the mother and baby, during the first ten days of the infant's life. The new-born baby was a pearl of great price. The air it breathed must be pure, its food should be its mother's milk, its clothing must be suitable, and it must have abundance of fresh air. The midwife was, in a large percentage of cases, the first skilled person to come into touch with the mother and babe.

The speaker referred to the various hæmorrhages which may occur, of the ways by which septic infection may invade the infant's system, of the toilet of the umbilical cord, of the use and abuse of the binder. Until the cord had separated there must be a bandage round the abdomen to keep the dressing in place. Its purpose was then fulfilled.

The skin of the infant was a delicate structure for which hard water, dirty water, or such soaps as Sunlight Soap and Lifebuoy Soap were unsuited, and might cause dermatitis.

The toilet of the vulva of little infant girls was important. The marvel was that the bladder was not more often infected.

DEMONSTRATION TEACHING OF PRACTICAL MIDWIFERY.

Miss Elsie Hall gave an admirable demonstration of the Teaching of Practical Midwifery, illustrated by some very clever models in plasticine and original designs of her own in cardboard. It is interesting in this connection to know that before adopting midwifery as her life's work, Miss Hall studied under Sir George Frampton.

THE VALUE OF NURSES' LEAGUES.

The chair at the evening meeting was taken by Miss Alsop, Matron of the Kensington Infirmary, who introduced to the meeting the Rev. A. Lombardini, Chaplain of the Infirmary, and Hon. Editor of the Journal of its Nurses' League.

Mr. Lombardini emphasised the value of "tradition"—the war, he said, was won by tradition, there was a regimental tradition, and in the din of battle officers and men lived up to it.

Further there was a British tradition. It was Burke who said, "I believe in the inbred piety and common sense of the British people." These also contributed to the winning of the war. There was a spirit of tradition in hospitals, which gave an impetus to the fight against disease, and there was the tradition in which those nurtured in Nurses' Leagues, and receiving an annual dose through their League Journal, and a biennial dose through its meetings were brought up in its tenets. It was inevitable that Mr. Lombardini should deal with the social rather than the professional side of the work of a League, but his address was a pleasant and invigorating one.

SUGGESTIONS FOR A REGISTERED UNIFORM.

Miss Grace Vaughan, Superintendent of the Westminster District Nursing Association, dealt with this live subject, the Chairman introducing it by saying that after years of hard training nurses did not like to feel that any one could wear their uniform. The General Nursing Council were doing splendid work in tackling the question. Miss Vaughan took as the headings of her paper: (1) What is uniform?; (2) Why and when should it be worn?; (3) How can it be honoured?

Miss Elsie Hall expressed the hope that a veil would not be adopted as part of the registered uniform. Those who worked in the homes of the people and had seen it dabbling about would realise its unsuitability.

One Nurse was apprehensive lest the General Nursing Council should develop into a Trade Union, and was waiting to see! Ultimately it was resolved to send a Resolution to the General Nursing Council embodying the opinion of the Conference that the registered uniform should be a well cut navy blue coat with a felt hat in winter and a straw hat in summer, with a ribbon bearing the badge of the Council.

HOW THE NURSE MAY MAKE HER VOICE HEARD.

On the last day, when Miss L. S. Clark, Matron of Whipps Cross Hospital, presided at the opening Session, Lieut.-Colonel Howard Mummery, General Secretary of the Federation of Medical and Allied Societies, claimed that medical practitioners, nurses and midwives were citizens who possessed certain knowledge of great value. It had been unanimously decided by his society that nurses and midwives would make good Members of Parliament, and the Medical Group in the House would welcome them. The Federation definitely aimed at supporting such candidates, and could give considerable help. Nurses should also take

[previous page](#)

[next page](#)