

A CENTRAL INSTITUTE FOR INFANT AND CHILD WELFARE.

The Carnegie United Kingdom Trust, in its Seventh Annual Report, states with reference to the Trustees' offer to provide £40,000 each for two Central Institutes for Infant and Child Welfare, that preliminary steps have been taken towards the establishment of a Central Institute for Infant and Child Welfare in London.

The Trustees offered to provide £40,000 each for two such Central Institutes, one in London and one in Edinburgh. Local difficulties have prevented action being taken in Edinburgh, but 117, Piccadilly has been secured in London. It is a leasehold property, with a building suitable for the purpose, and conveniently situated, and will house the Central Institute proper, together with its constituent Child Welfare Societies, and probably the Incorporated Midwives' Institute. The grant of £40,000 will cover the cost of lease, equipment, and sinking fund charges.

POST GRADUATE WEEK.

Post-Graduate Week at the General Lying-in Hospital, York Road, Lambeth, opened on the afternoon of May 23rd with a Reception by the Matron (Miss Tunbridge) and the staff. The gorgeous weather permitted tea to be served out of doors, on little tables, round which friends foregathered, and enjoyed the dainty tea hospitably provided.

It was a disappointment that Dr. Fairbairn was unable to give the Inaugural Lecture on the "Management of Delayed Labour, on Physiological Lines," as announced, but a very able substitute was found in Miss M. Olive Haydon, who dealt with "Co-operation with other Health Agencies."

Miss Haydon spoke on the position of a midwife thirty or forty years ago, when there was no Authority to supervise her work, and anyone could settle down in a locality and practise as a midwife, without let or hindrance. She described the good work done by the London Obstetrical Society in establishing an examination for midwives, and then the passing of the Midwives Act in 1902, and the appointment of the Central Midwives Board. It was the duty of that Board to see that the Rules framed under the Act were carried out.

Miss Haydon then outlined the position of a midwife at the present time, and showed that, instead of being in the isolated position which she formerly held, she had to co-operate with a large number of authorities and people.

Her first duty was to notify the Local Supervising Authority (the County Council) of her intention to practise, and she would then probably have a call from the Inspector of Midwives. The Inspector stood to her in a variety of relations, but generally might be regarded as the friend and adviser of the midwife. She would, of course, co-operate with her patients during the ante-natal

period, the labour, and the puerperium. That was her first consideration. Then, as a new-comer, it was a courteous thing for her to call on the midwives in the neighbourhood, and she would get very valuable advice from them when starting a new practice. The Local Supervising Authority would probably send her a list of doctors who would be ready to come to her assistance if summoned, and with whom she would co-operate. For them she would also probably do a certain amount of maternity nursing. Miss Haydon emphasized the necessity for courtesy and tact on the part of midwives in all their relations with other people. Again, there were the Home Helps. They would find some women of considerable assistance, clean, careful, ready to carry out the directions of the midwife. If they had not these qualities she would be well advised to have very little to do with them. Again, there were their local Associations of Midwives, which sent representatives to the Midwives' Institute, which, in its turn, sent representatives to the Central Midwives' Board. The midwife also had to co-operate with the Local Sanitary Authority; she would be asked to sign the Maternity Benefit Form for her patients (thus coming into contact with the National Insurance Commission), and with the Health Visitor, the District Nurse, Maternity and other Hospitals, and special Clinics, and also with Poor Law Infirmarys and the Relieving Officer, with Sanatoria and Convalescent Homes, and with Agencies for the good of the mother and baby. It needed a woman of tact to deal skilfully with all these.

Lastly, Miss Haydon spoke of the duty of the midwife in exercising her vote both in Municipal and in Parliamentary Elections. In this way she could associate herself with the experts in her profession and endeavour to influence legislation by writing to her Member of Parliament.

At the conclusion of the lecture Sister Coni announced that the management of the Court and of the New Theatres had kindly put a number of tickets at her disposal, and invited members from the country to apply for them.

SUPPLEMENTARY FEEDING.

One very frequently is told by a mother that baby never seems satisfied, and always seems to want more, or that the milk does not agree with the baby. Enquiry often proves that the child is fed irregularly, when he cries, or at least two-hourly, and therefore is really having too much.

When proper instructions are given regarding the feeds the condition corrects itself very quickly.

If not, breast feeding, supplemented if necessary, by judicious hand-feeding, can often be carried on until the child is nine months old. One can begin with a small quantity after the last feed at night, and if the gain in weight at the end of a week is not sufficient, the feed after the morning bath is next supplemented, and so on, until the desired gain in weight is procured. A standardised dried milk such as Glaxo should be used.

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