

The Midwife.

THE INFANTS' HOSPITAL, VINCENT SQUARE.

Great developments are taking place at the Infants' Hospital just now. With the appointment of Dr. Eric Pritchard as Medical Director the work of the Hospital is being extended and re-organised in order that it may not only be thoroughly up-to-date as a centre for the treatment of infants suffering from malnutrition, but also afford the best possible training for nurses, health visitors and possibly, later, midwives and maternity nurses, in the management of sick babies.

One of the developments of special interest is that efforts are being made to enable the Hospital to co-operate with the many Welfare Centres, Day Nurseries and Infants' Homes in London in such a way that infants attending them, or resident in them, may be sent to the Out-Patient Department of the Hospital for expert advice; or, if necessary, admission to the wards. Those who have experienced the difficulties and inconveniences so often attendant on securing individual treatment for such cases in the out-patient department of our large hospitals will appreciate these new facilities offered in Vincent Square. If the Medical Officers or Superintendents of Day Nurseries will send with their cases detailed notes and particulars of each patient, a written report will be returned with suggestions for treatment; or, if required, the child can continue to attend as an out-patient for treatment, or be admitted to the wards of the Hospital. It will interest those working in Day Nurseries to learn that children are now admitted up to the age of five years.

One of the chief features of the re-organisation of the Hospital will be the provision of separate wardlets for young babies, each with the individual service of its own nurse. It is well-known by those who have had experience in the institutional treatment of young infants that the reason why the mass method of treatment is seldom a success is because young infants, like young animals, cannot be reared successfully in masses; they require space, isolation and individual attention. These most important elements will be provided at the Infants' Hospital by means of some 18 small wardlets arranged to contain either one or two infants. The difficulty of providing sufficient nurses for this system will be overcome in this manner: Student-probationers will be specially trained to work in the wardlets, and these probationers will be required to pay a fee for their training, so that a full staff of nurses, and an excellent training for probationers will be provided at comparatively little cost to the Hospital.

Another feature will be the admission of nursing mothers along with their babies; it is hoped in this way that not only will mother and child

benefit but that a supplementary supply of breast milk will be obtainable for other wasting infants whose very lives may be dependent on the provision of nature's most perfect food. Courses are now being arranged at the Hospital for three, six, nine, twelve and twenty-four months' duration for health visitors and others who require to obtain a knowledge of the most up-to-date methods of feeding and managing young infants. For this purpose the services of a very experienced resident medical tutor have been secured. All communications and inquiries in connection with the proposed courses should be directed to the Matron of the Hospital.

EVE ERLEIGH.

CENTRAL MIDWIVES BOARD.

At the October Examination of the Central Midwives Board, held in London and the Provinces, 658 candidates were examined and 496 passed the examiners. The percentage of failures was 24.6.

A POST-WAR PROBLEM FOR SOLUTION.

Dr. J. S. Fairbairn, F.R.C.S., F.R.C.P., writing in *Maternity and Child Welfare*, on "A Post-War Problem for Solution: Death in Childbirth," says:

In view of the reluctance of experienced practitioners to undertake midwifery and the advertisements of practices made attractive by the announcement that there is little or no midwifery, it is clear that the best medical supervision cannot be secured if too much time and service is taken up by attendance on normal labour, and, hence, the better plan would be the hospital method of leaving that attendance to competent midwives. Every doctor in family practice should have a list of such midwives, reserved for attendance on labour and not employed as monthly nurses.

Until a more thorough investigation of the causes of the continued high maternal mortality, especially from septic infection, shows the way more clearly, the points on which this country can immediately concentrate are much the same as the recommendations of the N.Z. Committee. They may be placed in order of importance as:—

- (1) The improved training in midwifery of medical practitioners and midwives, including the provision of post-graduate and refresher courses.
- (2) The elimination of all untrained services on the woman in labour.
- (3) Further provision of hospitals and special obstetrical experience for complicated cases.
- (4) The inspection and supervision of all hospitals and homes for lying-in women.
- (5) The more thorough notification and investigation of all cases of childbed infection.

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