

The Midwife.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board held simultaneously in Edinburgh, Glasgow, Dundee and Aberdeen, has just concluded with the following results:—

Out of 135 candidates who appeared for the Examination 120 passed. Of the successful candidates 29 were trained at the Royal Maternity Hospital, Edinburgh, 42 at the Royal Maternity Hospital, Glasgow, 4 at the Maternity Hospital, Aberdeen, 7 at the Maternity Hospital, Dundee, 6 at the Queen Victoria Jubilee Institute, Edinburgh, 12 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

NATIONAL MILK CONFERENCE.

The National Clean Milk Society has convened a National Milk Conference. Subject: Pasteurization. To be held on Wednesday, November 21st, 1923, in the Council Chamber, the Guildhall, E.C., by kind permission of the Corporation of the City of London. The Conference has the support of a number of important societies.

Papers will be read on:—(1) Methods and Processes of Pasteurisation; (2) Physical Changes (Cream Line, &c.); (3) Chemical Changes (Salts, &c.); (4) Bacteriological Changes; (5) Biochemical Changes; (6) Financial and Commercial Aspect.

A HEALTH CAMPAIGN.

Miss J. B. N. Paterson has left New Zealand, where, for the last year, she has been assisting Dr. Truby King, C.M.G. (Director of Child Welfare), in the Health Campaign, organised by the Health and Education Departments and the "Plunket Society." Miss Paterson has been asked to visit South Africa, where those interested in Child Welfare are anxious to learn the methods employed in New Zealand, which give it the lowest infantile death rate in the world. During her visit to Sydney, Miss Paterson was invited to lecture on Dr. Truby King's methods to the nursing staff of the Prince Alfred Hospital. Miss Boissiet (the progressive Matron) is also a member of the Bush Nursing Association, and believes in the necessity of those nurses being trained on "Plunket" lines, to enable them to render more efficient help to parents in the backblocks. Miss Paterson also spoke on New Zealand methods at the Women's Club, King's Street, to members of the newly-formed "Australian Mothercraft Society" and others interested. The Society has adopted the constitution, and it is to be run on the same lines as the Royal New Zealand Society for Health of Women and Children (Plunket Society).

The 1922 statistics show that New Zealand has

not only maintained her position as the nation with the lowest infantile death rate, but has further reduced those figures from 47 per 1,000 in 1921 to 41.8 for 1922.

Dr. Truby King's report for 1922 makes interesting reading, proving as it does that the death rate is neither dependent on climatic conditions nor the size of cities.

Infantile diarrhoea has been almost stamped out in New Zealand by the education of the mothers; in fact, Australian authorities have remarked "their death rate would be as low as New Zealand if only they had not this disease to contend with which is unknown in New Zealand!" Sixteen years ago, when Dr. King started his educational work in New Zealand, the infantile diarrhoea death-rate stood at 20 per 1,000 for both Australia and New Zealand. Now New Zealand figures are 3 per 1,000 while Australia stands at 13 per 1,000.

As for climatic conditions, tropical Queensland has a lower infantile death-rate than temperate Tasmania and sub-tropical Auckland (New Zealand) has a lower death-rate than Tasmania with cities only a quarter the size; further, Auckland City, with its 200,000 inhabitants, has twice had a lower infantile death-rate than Dunedin in the south, with 70,000 of a population, and the record of infantile deaths from diarrhoea make interesting reading; the steady reduction in Dunedin in sixteen years from almost 20 per 1,000 to less than 1 per 1,000—the average for the last five years; Christchurch, half the size of Auckland, and situated between these cities, had sixteen years ago the highest infantile death-rate in the Dominion from diarrhoea—that scourge of infancy—an average of 34 per 1,000—this high figure has been reduced to 4! It is clearly a matter of educating the mothers in Mothercraft, and realising that *nutrition* means more than feeding and is *the thing* in rearing plants, animals and human beings. Not only is New Zealand steadily lowering her infantile death-rate, but she is raising the health of the survivors—an equally important point. For every child killed by disease, we must remember that five or six are damaged for life. As they say in New Zealand, "It is wiser to erect a fence at the top of a precipice than to maintain an ambulance at the foot."

A PRACTICAL SUGGESTION.

A specialist in Maternity Nursing says, in *The American Journal of Nursing*, that the following method is useful in caring for fissured nipples:—Have the mother recline for the nursing. Place the baby on a pillow, with his feet towards the mother's head, and so arranged as to put him on a suitable level. The novel position will not embarrass the baby in the least, and the mother will be greatly relieved because the pull or traction of the nursing baby will be exerted in a different direction from that in which the fissure occurred.

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