

drawn up by Dr. Leonard Colebrook, and is printed in the Appendix to the Report. We hope to refer to this in a future issue.

#### A National Maternity Service.

The Committee state that the British Medical Association and other bodies submitted to the Commission proposals to the effect that there should be provision for the attendance of a doctor and midwife at every confinement, and that while the midwife would usually conduct the normal delivery, the doctor would be responsible for ante-natal examination and supervision, attendance at the confinement if difficulty arose, and during the puerperal period as the case required; while consultant and specialist service for difficult cases and provision for institutional treatment when necessary should be provided by the Local Authority under the Maternity and Child Welfare Scheme.

The type of service envisaged in these schemes commends itself to the Committee. This is based on two main principles—first that, provided medical ante-natal and post-natal supervision is secured, attendance on normal cases should be the function of the midwife, and, secondly, that with certain important exceptions, institutional provision should be made mainly for abnormal cases.

The Committee are of opinion that it will not be possible ever to secure the full value of the existing knowledge of the science and art of midwifery until there is a unified service in which hospitals, clinics, specialists, general practitioners, midwives, and local authorities are all interdependent units, and that such co-operation can only be brought about by the administrative local authorities, appropriately organised by the Ministry of Health.

#### The Midwife.

The provision of a trained midwife in every childbirth whether the doctor is in attendance or not, will in the opinion of the Committee not only add greatly to the safety and comfort of the mother, but will, it is hoped, eliminate the employment of ignorant and untrained 'handywomen,' a problem of pressing importance which has proved most difficult to deal with by restrictive and penal measures.

#### The provision of courses of post certificate training should be obligatory.

They consider that the provision of courses of post-certificate training should be obligatory, and the last expression of opinion to which we now have space to refer is of particular importance, and coincides with that consistently advocated for over thirty years, when it was a voice crying in the wilderness.

#### All Midwives should eventually be drawn from the ranks of State Registered Nurses.

The Committee are of the opinion that it is advisable that all midwives should eventually be drawn from the ranks of State registered nurses, and hope that the improved conditions which will be obtained for midwives, if the recommendations of the Committee on the Training and Employment of Midwives be adopted, will hasten the day when such limitation will become practicable. The special difficulties of providing a service of midwives in rural areas is considered.

#### The Supervision of Midwives.

As regards the supervision of midwives, the Committee feel strongly that closer helpful supervision of the midwives' work is required, that the Supervisor should be one who has been in the active practice of midwifery herself, and that the district of which she had charge should not be so large that she cannot get to know her midwives personally and visit them frequently to help and inspire them in their clinical work.

## DIET IN PREGNANCY.

A series of Lectures given by Miss Ruth Pybus, Sister Dietitian of the Edinburgh Royal Infirmary, was, says the *Queen's Nurses' Magazine* arranged by the Midlothian County Nursing Association for the benefit of their nurses. One of the lectures was on "Diet for Pregnancy," and as all midwives are glad of any suggestions which may help their mothers to have normal confinements, Miss E. L. Millikin, County Organiser for Midlothian, has kindly sent the *Magazine* notes on the diets recommended. It should be remembered that they are of use only if the teeth of the expectant mother are in a healthy condition.

Before Breakfast: A glass of water.

Breakfast: Porridge and milk. Baked apple or stewed fruit. Brown Bread. Butter. Marmalade or honey. One cup of freshly made tea.

Forenoon: Glass of water.

Dinner: Vegetable soup as often as possible. A small helping of fish, meat, tripe or rabbit. A potato baked in the skin. *Always* a large helping of vegetables (a leafy one at least three times a week and a raw grated or shredded vegetable or fresh salad as often as possible). Always an orange, grape-fruit or apple. A glass of milk.

Afternoon: Glass of water.

Tea: One cup of freshly made tea. Wholemeal bread and butter or wholemeal scone. Tomato. A piece of cheese or one egg now or at any other meal during the day. If wanted, a simple cake.

Supper: A glass of milk. Brown bread and butter. Stewed fruit. No fish and chips.

Bedtime: Glass of water.

Milk: 1½ pints daily, including that used in cooking. (Never less than 1 pint, when extra cheese and extra green vegetables would be needed.) Not more than 2 pints daily.

Water: As much as possible. If flatulence, take food dry and take water between meals only.

Salt: Very little salt should be taken and none (except in cooking) during last two months of pregnancy.

Meat: Must never be taken more than once daily. During the last 3 months better to take meat occasionally substituting fish.

Sugar: Within reason.

If very fat: Limit bread, sugar and fats slightly, but *beware* of acidosis, when extra cheese is needed.

Morning Sickness: Dry toast with jelly and cup of tea before rising. Fruit drinks with sugar during the day.

Eclampsia Albuminuria. No salt. Omit the meat, fish, egg and soup.

#### THE NEW QUEEN CHARLOTTE'S HOSPITAL.

Although the foundation-stone of the isolation block, the first section of the new Queen Charlotte's Hospital at Hammersmith, which contains only wards for patients suffering from puerperal fever, was laid by Princess Marie Louise as recently as November 4th last, the first patients are now being admitted.

The special nursing staff has been undergoing intensive training. This staff will be completely isolated in a specially equipped villa in the grounds, and there is a covered way to the isolation block. In another part of the grounds is the auxiliary hospital, which is a temporary measure towards reducing the pressure on the mother hospital in the Marylebone Road, and it has been almost full ever since the first patients were received on July 9th last.

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