

The Midwife.

THE PELVIC BRIM.

During the Annual Meeting of the British Medical Association at Eastbourne, in the Section of Obstetrics and Gynæcology, as reported in the *Lancet*, Dr. Kathleen Vaughan read a paper on the shape of the pelvic brim as a determining factor in childbirth. She showed tracings of the inlet of the pelvis reproduced from specimens in the R.C.S. museum. She emphasised the great variety in shape, especially in women of different races. For a given circumference the shape of the brim was of utmost importance. The sub-occipito-frontal diameter of the child's head was round, and a round pelvis could therefore allow a larger head to pass than one of any other shape. The shape of the pelvis depended on the habits and customs of the woman. The sacroiliac joints should be well formed and freely movable. This was found in women of native races who were accustomed to the squatting position. Specimens illustrating this point were shown, including an innominate bone found during excavations at Ur, of the Chaldees. Women in this country who did heavy manual work, such as fisherwomen and gypsies, had easy labours, while women in industrial towns had difficult labours. Negro women usually had easy labours, but in New York they had more difficulty than the white women, during parturition. Prolonged labour was most often due to the pelvic brim being other than circular in outline. The slight flattening usually present was pathological and due to minor degrees of rickets, and making young girls sit long hours on benches in school.

MATERNITY SERVICES AND ECONOMY.

Dr. Phillips in the House of Commons on September 17th asked the Minister of Health whether Circular 1222, issued on September 11th, 1931, urging local authorities to make further economies in their work, was to be taken by them as superseding the circular issued in December, 1930, urging them to extend their work for the saving of maternal and infant life. Mr. Chamberlain replied: The answer is in the negative. The view of the Government, as stated in Circular 1222, is that local authorities, in considering whether development of any services cannot safely and properly be slowed down till better times, should pay special regard, *inter alia*, to the question whether a service is required on urgent grounds of public health. It will be for each local authority to consider, by reference to the relevant circumstances of its area and to the stage of development already reached, whether further development of its maternity services is required at the present time.

Dr. Phillips: Does the right hon. gentleman propose to carry out the intention of his predecessor in inquiring from those authorities who have not yet answered this circular what they intend to do; and whether it is not more likely that after the second circular they will drop the matter altogether?

Mr. Chamberlain: I cannot answer as to what the intention may be.

Miss Wilkinson: In view of the fact that the last published returns of maternal mortality show the lowest figure yet reached in this country, will the right hon. gentleman call the attention of the local authorities to the advisability of maintaining that record?

Mr. Chamberlain: The circular was issued by my predecessor as lately as December of last year. I have no reason to suppose that the local authorities are not giving their close attention to the subject.

Miss Wilkinson: Does the right hon. gentleman's answer mean that he desires local authorities to make no change in the policy that was being pursued under the circular to which he refers?

Mr. Chamberlain: There is no change in the policy.

Mr. Thomas Lewis asked the Minister of Health whether, having regard to the number of preventable deaths of mothers during childbirth, it was the intention of the Government to proceed with the scheme for the development of the maternity service now before the Ministry of Health. Mr. Chamberlain replied: I assume that the hon. Member is referring to the maternity scheme which was considered by the Committee on National Expenditure. That scheme could not in any event be brought into effect for a considerable period. In the circumstances progress will have, in the immediate future, to depend on the development of the maternity services to which I have referred in the answer given to the hon. Member for Sunderland.

National Maternity Service.

Dr. Phillips in the House of Commons on September 22nd further asked the Minister of Health whether he was continuing the negotiations commenced by his predecessor on the subject of a national maternity service; and, if so, when he expected to complete them. Sir K. Wood (Parliamentary Secretary to the Board of Education) replied: The action taken by my right hon. friend's predecessor was in the first instance to bring this question before the Approved Societies' Consultative Council. The Council appointed a sub-committee, the report of which is being awaited. As regards the second question, my right hon. friend regrets that, like his predecessor, he is unable to give any definite date.

QUEEN CHARLOTTE'S CRADLE DAY.

Just as this Journal has gone to press Queen Charlotte's Maternity Hospital Cradle Day and Flag Day is being held on October 7th. Her Royal Highness Princess Louise, Duchess of Argyll is Patron of the Hospital, and a great effort is being made to fill Red Cradles, which have been circulated, both Pocket Cradles, to hold sixpences, and also larger ones to hold miscellaneous amounts, by October 7th. Both these and the proceeds of the Street Collection when Queen Charlotte's Daisies will be sold are to be devoted to the maintenance side of the new Queen Charlotte's Hospital, including the Isolation Hospital of 30 beds for puerperal fever and puerperal pyrexia cases.

For the first time in medical history special facilities will be provided for intensive investigation into the causes of puerperal fever. The research laboratory was completed and equipped by the end of last year. The number of beds available for patients has been increased from 80 to 130—namely, 80 in the main hospital in Marylebone, 20 in the auxiliary hospital at Goldhawk Road, and 30 in the isolation block.

It is therefore apparent that the friends of the hospital must rally round it and endeavour to obtain increased support to meet the necessarily increased expenditure. It is hoped that Cradle Day may result in at least £1,000 being raised. The Cradle Day Organiser is Miss Ellaline Macey, 90, Portland Place, W.1, and all gifts for this Fund should be addressed to her.

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