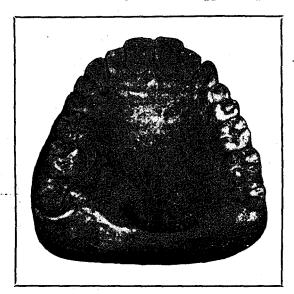
The Midwife.

JAW DISTORTION IN INFANCY AND ITS PREVENTION.

Investigations have proved that there is a notable difference in the shape and contour of the bones of the mouth between breast and artificially fed infants, the dental arch in the latter being narrowed and developing unduly in the upward direction, frequently resulting in abnormalities in the nasal structures, and favouring the incidence of enlarged tonsils, adenoids, protruding teeth, and their sequelæ.

The main cause of this difference lies in the shape and texture of the common bottle teat, which differs materially in these respects from the breast nipple, and the suction which is thus necessary to empty the bottle making it a very difficult matter to regulate the feeding period.

In normal breast feeding the erected nipple, comparatively



NORMAL ARCH.

firm, with the surrounding tissue of the breast, is taken by the infant into the front of the mouth cavity and held firmly against the roof of the mouth. In this position the jaw is pressed upwards against the enclosed nipple and the milk is forced out from the nipple into the mouth.

When the squeezing action is released fresh milk passes into the empty nipple, and the process is repeated until the breast is emptied, usually in about 20 minutes. Breast feeding is thus mainly a pressure by "munching" exerted by the lower jaw on the breast tissues enclosed in the mouth. This is greatly facilitated by the dense character of the nipple structure and the erectile tissue which comes into play with the mechanical stimulation brought about by the mouth in grasping the nipple.

This natural periodic munching pressure on the enclosed nipple and the breastal tissues, reacting on the palate bones, ensures a natural curvature with a normal junction with the adjacent bones giving ample room for the proper development of the teeth and the upper nasal structures.

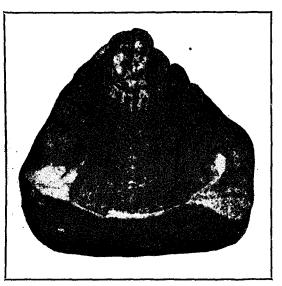
development of the teeth and the upper nasal structures.

Messrs. Cow & Gate Ltd., of Guildford, have paid much attention to this important question, realising that the contraction of the arch of the mouth in infancy may affect the infant adversely throughout its life, and have recently

placed on the market a "Natural" Teat, designed to approximate very closely to natural requirements and to secure the inflow of milk by the same muscular action as in breast feeding. It is broad and flat at the base and has been moulded from a healthy breast, and it is claimed that the use of this teat in the artificial feeding of infants will prevent the malformation of the palate bones due to the use of a teat of improper shape, and ensure a normal roof curvature of the mouth, the baby will thus be protected against the development of enlarged tonsils and adenoids in later life, and the teeth will develop regularly.

We therefore have pleasure in commending it to the serious attention of maternity nurses and midwives, in conjunction with the Cow & Gate Feeding Bottle in cases in which it is judged necessary to resort to artificial feeding.

By the courtesy of Messrs. Cow & Gate we are able to publish illustrations, reproduced from actual photographs, of the normal arch of the mouth, and an arch contracted as a result of sucking action in infancy.



ARCH CONTRACTED DUE TO SUCKING.

BIRTHS IN LONDON IN 1931.

The General Purposes Committee of the London County Council have reported to the Council that the returns for 1931—the first complete year's figures available since the transfer of hospitals and institutions to the L.C.C.—give 65,684 births and 2,205 stillbirths in the administrative county.

In that period 10,023 births, including eighty-seven still-births, occurred in the maternity wards of the Council's general hospitals and institutions.

There were 155 deaths in the Council's hospitals and institutions, including fifty-one due directly to pregnancy or confinement, 29 associated therewith, 29 of women confined before admission, and 46 deaths from abortion. There were 20 deaths in the hospitals from puerperal infection.

The number of deaths from abortion afford food for thought for they point to the undesirable prevalence of this practice. We wonder what percentage of abortions, attempted and accomplished, these forty-six deaths represent, and what is the proportion of ill health in mother and child when death did not occur. We presume that all the cases were not necessarily of a criminal character but it can scarcely be doubted that many of them were.

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