

The Midwife.

CENTRAL MIDWIVES BOARD.

The list of successful candidates in the recent Midwife-Teachers examination has been issued by the Central Midwives Board, and the names of the candidates circulated. It contains 47 names, all women apparently holding responsible positions of authority in hospitals and with health authorities.

This group of highly qualified women are now available to instruct others in work of the utmost value to the country, and will, no doubt, inspire their pupils with a sense of their responsibility for the safety and well-being of mothers and babes. The work of hundreds more highly skilled midwives is needed. Nothing can be more inspiring than to know your skill is a national asset.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL.

The Voluntary Hospitals News Service informs us that—The Bernhard Baron Trustees' promise of £30,000 towards the completion of Queen Charlotte's Maternity Hospital nurses' home will enable the hospital to take in nearly 1,500 more expectant mothers annually.

"This," said the secretary, Mr. Seymour Leslie, "will be about half the number we now have to refuse admission each year through lack of accommodation. Nearly half the women we have to turn away are wives of our fighting men. To be able to take so many more of these women at such an important time in their lives makes us all at the hospital doubly grateful to the Bernhard Baron Trustees. Not only that, but we can now go to the Ministry of Health with definite details of our proposals regarding the provision of additional accommodation, knowing that we shall be able to meet the cost. That will be a tremendous advantage, and we shall, of course, make the most of it. The Ministry has asked for our proposals and these will be in their hands in about three weeks."

Sir Edward Baron, Chairman of the Trustees, told our representative that they had decided upon the gift because they unanimously agreed that the money could not be spent in any better way than in helping to provide proper attention for expectant mothers—especially those who were the wives of sailors, soldiers or airmen. "Queen Charlotte's Maternity Hospital gives preferential consideration to the wives of our fighting men. In doing so, I believe the Hospital is contributing very materially to the war effort. It has been precluded from doing all the Governors would like to do because present conditions have delayed the completion of the building of the nurses' home.

"Meanwhile the accommodation problem has intensified. Soon it may be even more serious if those general hospitals which now take in a few maternity cases have to take in still fewer to make room for war casualties. My own view is that it has become imperative to improve as quickly as possible the accommodation for expectant mothers in those institutions where they are specially provided for. After all, we hear a great deal about the necessity for maintaining the population. If facilities such as are found in a modern hospital like Queen Charlotte's are not provided, a decrease in the birth-rate is inevitable. Women will refuse to bear children if nothing is done to encourage them. Englishmen are the salt of the earth, and the salt of the earth has got to remain in sufficient strength. The Trustees share this view, hence they made it a condition of their gift that the nurses' home at Queen Charlotte's must be completed by the end of next year. And once the work has been resumed it will, of course, be possible for the Hospital to go ahead with their planning. We are living in an age of planning and this sort is really vital."

PROPOSED REFORMS TO REDUCE SCOTLAND'S INFANT MORTALITY RATE.

Better housing and less overcrowding, extension of child welfare services, instruction in infant feeding and domestic hygiene for mothers, and more well-planned maternity hospitals are some of the many reforms which have been recommended by the Sir John Boyd Orr Committee to reduce Scotland's infant mortality rate.

The committee was appointed in June, 1942, by the Scottish Secretary of State, "To consider the high infantile mortality experience in Scotland with a view to estimating its principal causal factors and suggesting lines of action to ensure its reduction," and its report has just been published. It is presented in four main parts dealing with the mortality of live-born infants, still births, the feeding of mothers and infants, and the medical services, and places Scotland as having the highest infant mortality rate of 17 countries, including the Dominions, the U.S.A., and all the countries in Western Europe, excluding Spain and Portugal.

"Study of the causes of death," it is declared, "shows that prematurity and deaths ascribed to 'congenital debility' are mainly responsible for the excess mortality in the first month. Excess deaths between one and 12 months are stated to be due chiefly to infectious diseases, the ravages of which are ascribed to adverse environmental conditions for the children. "These adverse conditions," says the report, "are in the main poverty, faulty feeding, and poor housing," and that in Scotland, as compared with England and Wales, the percentage of unemployment is higher, and the percentage of overcrowding six times as great. Severe winter conditions influenced child life adversely, especially in the industrial belt, and tended to increase the severity of the commoner infectious diseases of children.

Only one-third of the still births in Scotland are due to the hazards of birth. The remaining two-thirds in Scotland are referable to poor physique and poor health of the mothers. Improvement in obstetrical practice should reduce, it is believed, the still-birth rate from 42 per 1,000 in 1939 to about 33 and extended and improved ante-natal medical supervision should reduce it still further—certainly to less. "But," the Report adds, "the basic rate attainable under the best conditions where housing and diet as well as obstetrics and ante-natal care are good is of the order of 11 per 1,000 total births."

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