

cludes the "rooming-in" that allows the mother to stay within one small room and prevents their ever more than the few feet of a very small nursery in which most mothers are un-der their babies off some-thing a twenty- or thirty-

er advantages. It is a chance to watch the nurse in an extension course and to do community classwork. It per-mits up to it, to practice in a hospital. It even provides for the mother, properly scrubbed, to hold her child without feeling the entire hospital out of her. It is especially well suited to the mother who has decided to have her baby—a matter, of course, of personal choice.

any community should feel dis-abled if it can at least match the program at New Haven. The birth Program has been successful. The statistical proofs of its success are recorded, at considerable intervals, in various medical journals. They cannot be counted up, or listed in percentages. That ultimate satisfaction of the fathers who have taken

is far more than I with the long record to defend an out-of-date, old-fashioned hospital. Remodeling of the kind I've indicated, is in-coming.

is less difficult now than it was, if only because Yale, through its various de-partments, has explored these problems. My mind has been con-tributed to the cause by Dr. J.W. Harkness, who, as long ago as 1910, had maternity classes in which he used the word!—could be

son, of Chicago, wrote "Progressive Relaxation," published in 1915, inspired the late Dr. J.W. Harkness of London, and the late Mrs. Helen Heard-Jacobson's principles to the program. Dr. Harkness served as a volunteer at the Obstetrical Clinic, and demonstrated her methods that the program began. The Yale Medical Center and the Association of New Haven

any community should be able to do exactly, down to its details, the good work along these lines elsewhere. I am particularly proud of the progress other communities are making in England, France, and Italy. I do like to think that the birth Program can be a measuring rod, if you will, and useful until it has been

not doing at least this well. It is adequate. The main reason for the lack of elasticity in our routines—calls for a killing of the old. The short-rained persons may be more than the perennial additional salaries and to the facilities. (The nation is increasing the number of ob-stertricians this year's expected million babies.) But, in every problem has a solu-

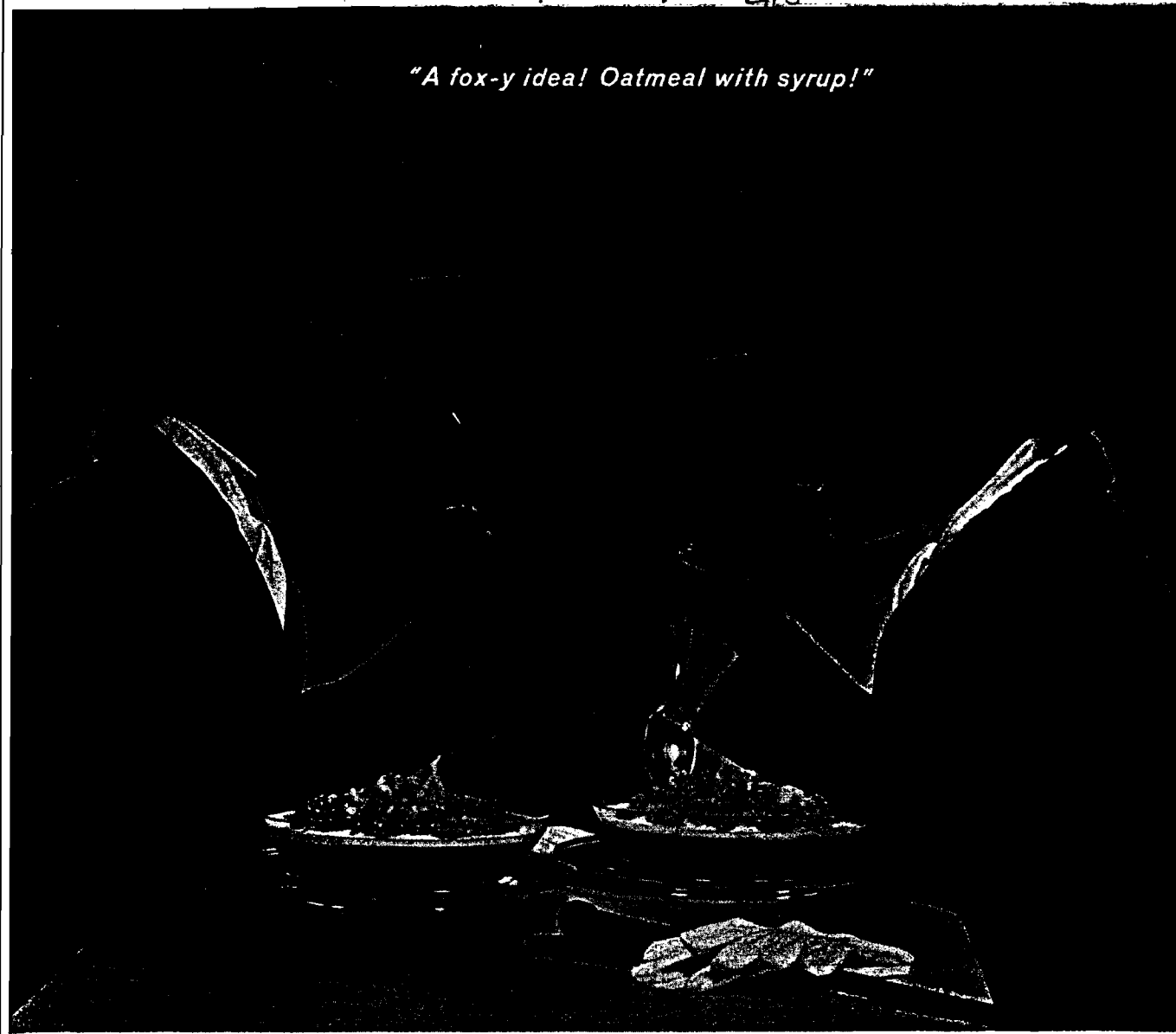
sound, nurse-midwives and obstetrical nurses are destined to become infinitely more important in the scheme of obstetrical practice. Their hands, as well as their hearts, will make great improvements possible.

I foresee the enlargement of this country's schools for training such women. I have no

optimistic. We already have had a glimpse of what having a baby should be like. I count on my fellow obstetricians, co-operating with the parents of the United States, to insist that this view of an ideal be translated into the commonplace reality.

the Department of Obstetrics and Gynecology, Yale University School of Medicine, and is the author of many books and articles, among them Understanding Natural Childbirth (McGraw-Hill, 1930) and the forthcoming Our Obstetrical Heritage: The Story of Safe Childbirth (The Shoe String Press, Inc., Hamden, Conn.).

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