

dinner) has a glass of beer daily. They, therefore, complain that it is a very expensive arrangement, and that with a trained midwife's fee of 8s. or 10s. you at least "know where you are."

7. They cannot nurse them, if for any cause they stand in need of nursing. We see, therefore, that drink figures among both the pros and cons: it is evidently a real factor of the situation, and not to be lightly discounted in the choosing of new midwives. When one has been called on to three or four cases in succession without any break or rest, when the cases have been a severe strain on one's nerves, already worn by want of sleep and scrappy food, I fear we are all prone to regard as our right anything that we feel to be an alleviation, or that we have known alleviate others. Anyone with the faintest or most latent tendency to alcoholism, any one with a drunken parent or relation (I had almost said friend) should by that fact be ruled out of the ranks of possible midwives. Drink is, says Miss Gregory, and we fully support her view, almost as integral a factor of the situation as the baby. Mr. Charles Booth says that women are very rarely habitual drunkards before their marriage, and all those who have worked as district midwives know but too well how frequently the foundation of drinking habits is laid by the advice of an ignorant midwife in a first confinement.

Alluding to the theory sometimes advanced that labour being a natural process it is not necessary to take so much trouble in providing for either mother or baby, Miss Gregory pointed to statistics showing 3,000 lives annually sacrificed, and one-third of the inhabitants of our blind asylums are there from neglect of suitable care of their eyes at birth.

All these facts lead up to one conclusion, "that in our choice of new midwives we must aim steadily at a much higher standard of education than has yet been the case. Not only is midwifery a very scientific profession, but it demands in those who follow it the power to rule and the power to teach—both of which are conspicuously lacking in the ordinary working woman."

It is only "by placing the work on a sound basis, by claiming its real dignity, and developing its possibilities, that we can hope to attract the right order of woman."

In the discussion which followed, Mrs. Martin, Miss Amy Hughes, Mrs. Rickman, Col. Griffiths, and Mr. G. A. Cardew, and Mrs. McIlquham took part. Mrs. Rickman condemned the new law as unnecessary, and arbitrary to a class of women who, if uneducated, were, on the whole, experienced and efficient. Mr. Cardew took a diametrically opposite view in considering that the training in midwifery required was quite insufficient, and that the trained midwife should also be a trained nurse. With the last view we are in cordial agreement, and have invariably urged the same point.

## Central Midwives' Board.

At a meeting of the Central Midwives' Board, Dr. F. H. Champneys in the chair, held at the Board Room, 6, Suffolk Street, S.W., on October 29th, and by adjournment also on November 5th, the following business was transacted.

1. A letter was read informing the Board that a person representing himself as deputed by the County Councils to receive the names and fees of midwives desiring to be certificated by the Central Midwives' Board had visited a nursing institution and had endeavoured to collect the fees.

The Board desire it to be known that the Secretary alone is authorised to receive the fees, and as they are in possession of a description of the impostor, they trust that the publicity of the Press may lead to his early detection.

2. A letter was read from the Colonial Nursing Association, directing the attention of the Board to the case of the midwives now working abroad, sent out by the association. As most of them were in distant parts of the world it would not be practically possible for them to forward their certificates to the secretary for verification.

Under the special circumstances of these cases the Board resolved to adopt the procedure prescribed by the rules in the case of lost certificates, and to accept the voucher of the secretary of the certifying institution that such a certificate had in fact been granted to the applicant, together with a certificate of identity, as a substitute for the production of the original certificate.

3. The Secretary was instructed to add the Rural Midwives' Association, 47, Victoria Street, S.W., to the list of bodies to whom applicants for training in midwifery should be referred.

4. After consideration of applications received in each case, the Board resolved to receive the certificates of the following bodies as approved qualifications under Section 2 of the Midwives Act, 1902.

1. Queen Charlotte's Lying-in Hospital.
2. Liverpool Ladies' Charity and Lying-in Hospital.
3. Manchester Southern and Maternity Hospital.
4. British Lying-in Hospital.
5. Glasgow Maternity Hospital.
6. St. Mary's Hospital, Manchester.

5. The consideration of applications from various bodies for recognition as institutions approved by the Board under Section C of the rules, and from certain qualified medical practitioners for approval as teachers under the same section, was deferred until the Board should be in a position to formulate their scheme of examinations.

6. Draft rules of procedure on proposed removal of a midwife's name from the Roll, or cancelling of her certificate, were considered, amended, and ordered to be forwarded to the Privy Council for approval.

7. After consideration of applications for certificates, the names of 126 women were passed under Sect. 2 of the Act, and ordered for entry on the Roll. Of this total, seventy-four claimed as holding the certificate of the Obstetrical Society of London, three that of the Rotunda Hospital, Dublin, and forty-nine were admitted as having been in *bond fide* practice for one year prior to July 31st, 1902.

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