

whole counties whose only provision of this kind was in the Poor Law Infirmaries. Midwives must have longer training at smaller cost and a less arduous and more attractive life.

There was Government precedent for subsidising work of National importance. (He quoted instances.) He hoped, however, midwives would never be State or Municipal Officers.

The State should insure the midwife at least £1 is. for each case, which did not mean that the patient should be relieved of responsibility, but that where circumstances were poor the State should make up the balance.

In Liverpool the Corporation paid the fee of the doctor when called in and in some cases the balance of the midwife's fees.

He concluded by saying that the midwives should be freed from inquisitorial inspection by persons less qualified than themselves, and that they should not be made the scapegoat for circumstances that they could neither foresee nor control.

#### THE ECONOMIC POSITION OF THE URBAN MIDWIFE.

Dr. Macrory spoke on the Economic Position of the Urban Midwife.

She said that before the passing of the Act, there were no standards, no diagnoses, no anti-septics, but all could register, and a large number did so and these were gradually being eliminated.

Dr. Macrory dwelt on the responsibilities of the midwife, and gave figures showing her average hours of work and pay.

Many midwives qualified, but few practised. There must be some inducement held out.

A midwife who attended thoroughly to her patient would spend from  $\frac{3}{4}$  to one hour with her each day.

Higher fees should be guaranteed. If the midwife had to call in medical aid the doctor's fee should be guaranteed; it should come neither out of the midwife's pocket, nor that of her poor patient.

In urban areas, some doctor should be promptly available if required. She thought that whether the mother was attended by a doctor or not she should have the services of a skilled midwife at her command.

#### DISCUSSION.

Miss Gregory opened the discussion. She dealt with the question from the point of view of the Training of the Midwife.

In England the period of training had been from 3-6 months. France, Italy, Holland, and Russia give two years.

The reason for the short length of training in this country was that the Maternity Hospitals were largely dependent on the pupils' fees. One large school had an income of £4,000 from that source.

It was evident that if the training was for two years the fees would have to be raised. They were now too high. She thought that nurses

trained only in Hospital were very little good for district work.

She considered it was the duty of the country to provide training schools for one year's training, and if the pupils so desired a second should be given without further cost. The midwife was the most important factor in the preservation of infant life.

Miss Elsie Hall said she considered it the duty of the midwife to do ante-natal work, it should not be taken out of her hands by the Health Visitor.

The needs of the mothers had nothing at all to do with the war, they had always existed. The midwives had worked in silence all these years, and the public neither knew nor cared. With respect to venereal questions the midwife had a great opportunity.

One thing that gave her satisfaction was that the L.C.C. had circularised the midwife as well as the medical man as to where they can send their patients for treatment.

Mrs. Lee, who described herself as an old midwife from Poplar, said the public had only just discovered the baby, but she had done ante-natal work for many years.

Miss Agnes Duffield thought that if midwives had one or two years' training they would get heartily sick of it. She suggested six months' training and six months' supervision.

Sir Francis Champneys said it had been suggested that the title "Midwife" was not an attractive one. It was open to someone to suggest a better name.

Perhaps the reason was that it reminded one of their unpleasant forerunners, Saïrey Gamp and Betsy Prig.

Personally he had a great admiration for the midwife. He had seen the profession rising, and hoped to see it continuing to do so. He urged the midwives not to be discouraged. The private midwife and not the municipal was the right thing. Mothers must be able to choose whom they would. Things would improve for them. "Hold on," he said, "stick it out, and you will come through."

#### AFTERNOON SESSION.

##### RURAL MIDWIFERY AND SUGGESTED IMPROVEMENT FOR MIDWIFERY SERVICE.

Sir Robert Morant, K.C.B., presided over the afternoon Session, and said that the object was that no woman should be without adequate and efficient attendance in her confinement. It was some Body's (with a capital B) business to see that there was no lack over the whole area. What Body was that to be? As little power as possible must be wasted, and the midwives must be made to go as far as possible.

How was the money to be found?

##### RURAL MIDWIFERY.

Dr. George Reid, County M.O.H. for Staffordshire, then read a paper on Rural Midwifery, which we hope to refer to in a later issue at greater length than is now possible.

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