

duty, and to be afforded the best facilities for the recovery of lost health and strength."

Up to the present time the convalescent soldier has "not existed," but the reason has been that he has had to provide his own Convalescent Home, and, in addition, to give a written undertaking to meet the cost of his own doctor and medicine should he suffer a relapse during sick furlough. It seems incredible that such a state of things should exist in this country, while in France, Germany, and Italy, the Army Convalescent Home has for many years been regarded as the necessary complement of the Military Hospital. It is satisfactory that the State has at length, though so tardily, recognised its duty, and that for the future the existence of convalescent soldiers is to be admitted. All those who know anything of the sick are aware of how much care they need long after they have passed the acute stage, in which they are eligible as hospital patients, if they are to make a good and permanent recovery. This is demonstrated by the fact that no large civil hospital considers its organisation complete with its own convalescent home. And if this is the case with ordinary hospital patients, still more does it hold true of soldiers, many of whom arrive from foreign countries broken down by malaria and other tropical diseases, and who need the greatest care, and prolonged rest, if their health is to be restored. The duty of providing Army Convalescent Homes, belongs, without doubt, to the State, rather than to the charitable public, and we rejoice to know that this duty is to be seriously taken in hand.

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### The Midwives' Bill.

At a recent meeting of The Parliamentary Bills Committee of the General Medical Council the Midwives' Bill was discussed in detail, and important alterations suggested and adopted. The report of the Medical Acts Amendment Sub-Committee, which took the form of an amended Bill, was brought up by Dr. Woodcock, who spoke at considerable length. With regard to the term "licensing," to which he said he found objection in some quarters, was taken, it might be stated that great objection was expressed to the term "registration," because there was a Medical Register, and the term might lead to confusion. But surely, the medical profession does not contemplate acquiring the monopoly of the word Register, if so we shall have to invoke the aid of the "Daily Mail," which has fought with so much spirit and success other monopolies!

In the second place we notice that the Sub-Committee does not approve of the recognition of

the certificate of the London Obstetrical Society. It considers that the Central Midwives' Board should be the judge as to the sufficiency of the evidence produced by the woman seeking a licence as to the training she has received. The Sub-Committee further suggested that the constitution of the Board, as suggested in the Midwives' Institute Bill should be altered, and that the Board should consist of seven registered medical practitioners, six to be selected by the General Medical Council to represent the following districts as defined by the Registrar-General: London and South-Eastern (2); South-Western, West-Midland and Welsh (1); Eastern, North-Midland, and South-Midland (1); York and Northern (2); and one registered practitioner appointed by the Lord President of the Privy Council. "In this way the Board would be representative, not only of the medical interests involved, but also of the various localities."

We can well believe that the seven medical practitioners who are to form the Board will be able to safeguard medical interests, but how about the interests of the midwives which seem to be left out of the question altogether? It is quite evident that when the two interests clash, those of the midwives will go to the wall entirely.

In the next place, it is proposed that regulations shall be framed, with the approval of the General Medical Council, for the "proper conduct and inspection of any premises in which a midwife might receive a pregnant or lying-in woman." Shall we have a regulation framed by the General Medical Council that the private houses of medical men who receive patients shall be subject to similar inspection? It is further proposed that three medical practitioners in each district shall be charged with the duty of exercising the supervision over midwives in their respective localities. It is easy to foresee that the more successful the midwife the more rigorous will be the supervision.

Lastly we notice that "while the Sub-Committee were opposed to creating an inferior class of medical practitioners they felt that it was necessary in the interests of the public welfare that these women should be brought under regulations which should not infringe upon the rights and privileges of the medical profession." After full discussion the Chairman took a direct vote on the issue whether the revised Bill should be sent by the Parliamentary Bills Committee to the Council. The motion put from the chair, and declared carried, was as follows: "That the Bill thus amended be adopted and referred to the Council for adoption, as that form of legislation on this subject which alone includes adequate safeguards both for the public health, and for the interests of the medical profession." We commend the entire Bill to the study of all those interested in the question of legislation for midwives.

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