

## The Midwife.

### Poor Law Infirmaries and the Teaching of Midwifery.

The General Medical Council during its recent summer session considered and adopted with one slight exception the report of its Committee on the teaching of midwifery. Upon the motion of Sir John Williams it was decided that before commencing the study of practical midwifery every student should have held the offices of clinical medical clerk, and surgical dresser, and have attended a course of lectures in surgery and midwifery, that students shall be required (a) to attend the indoor practice of a lying-in hospital, or the lying-in wards of a general hospital for a period of three months; and after having received therein practical instruction in the conduct of labour, under the personal supervision of a medical officer, shall be required to conduct 20 cases of labour under official medical supervision; or (b) to have conducted not less than 20 cases of labour during a period, one month of which he must have spent in regular daily attendance in a lying-in hospital, the lying-in wards of a general hospital, or a Poor Law infirmary, having a resident medical officer recognised for that purpose by the licensing bodies, and therein have conducted cases of labour under the personal supervision of a medical officer of the hospital, who shall, when satisfied of the student's competence, authorise him to conduct outdoor cases under official medical supervision.

The *British Medical Journal*, while the report was under consideration, held that although the recommendations of the Committee were theoretically excellent, and if carried out would result in the better teaching of midwifery, and therefore in the improvement of midwifery practice, yet that, in London, hospitals and infirmaries being regulated as they are, it was impracticable to enforce such regulations, and that the result would be to deter students from entering the London Medical Schools, and make them go where the kind of midwifery teaching required could be had.

The most interesting point to midwives, in view of the recent questions at issue between the Central Midwives' Board and the Privy Council is that the teacher of the student in a Poor Law infirmary must be recognised for that purpose by the licensing bodies.

Regarding the recognition of Poor Law infirmaries as institutions in which students can receive their midwifery training, which was incorporated in Sir John Williams' motion on the suggestion of Dr. Langley Browne, our contemporary says:—

"If the student is to learn midwifery properly he must have a competent teacher. The medical officers of Poor Law infirmaries are appointed by

Boards of Guardians, who are not able to judge of their professional knowledge. When appointed, these medical officers soon find out that professional knowledge is the least important thing required of them. Orderly and economical administration, reasonable courtesy and kindness to the pauper inmates, and abstention from quarrelling will counterbalance any amount of errors in diagnosis and neglect in treatment. Hence it is a fact which is to be regretted, but cannot be denied, that the medical officers of Poor Law infirmaries are not invariably competent to train in midwifery the rising generation of doctors."

Our contemporary suggests that the desirable course is "to take the appointment of the superintendents of Poor Law institutions out of the hands of any popularly elected body, and let them be nominated by some person or persons competent to judge of their fitness." It continues, "We doubt if there is to be found in this world a body of men more capable, honourable, and tactful than the medical inspectors of the Local Government Board. And why? Because they are appointed by the Principal Medical Officer of the Board, who is a man able to judge of a medical man's qualities. If he or some other competent authority could nominate the medical officers to the London Poor Law infirmaries, these might become centres of scientific work of inestimable value."

It lays down the incontrovertible principle that "for efficient teaching there must be an efficient teacher."

### Infantile Mortality.

The question of infantile mortality has, says the *Lancet*, for some years occupied the attention of the sanitary committee of the Newport (Mon.) corporation. During the five years 1896-1900 the infantile mortality rate in the borough was 170 per 1,000 births, and in the five years 1901-05 it was 142 per 1,000. These figures show that the efforts made by the sanitary authority to reduce the mortality have not been without effect. It is of interest to note that water carriage is almost universal in Newport, so that there has been no abolition of privy middens, to the existence of which in the midland and northern towns the large amount of infantile mortality is so often attributed. In a recent exhaustive and instructive report the medical officer of health (Dr. J. Howard-Jones) points out that the chief measures by means of which the amount of child mortality may be reduced include (1) the education of the expectant mother in respect to the great importance of attending to her personal health and of making every effort to bring up her child at the breast; (2) education of the girls in the higher standards in domestic hygiene and temperance and the formation of continuation classes in these

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