

AN UNCERTIFIED MIDWIFE.

An inquest on the death of a patient admitted to the Kingston Union Infirmary, suffering from septicaemia, was held last week by the Coroner for the district, Dr. Michael Taylor. The deceased woman's husband said that he engaged Mrs. Ballard, who he knew was a midwife, to attend his wife, as she had attended a neighbour. The midwives whom he had previously engaged were all away from the district. On the evening of January 6th, the day the child was born, Mrs. Ballard told him his wife was going on well. On his going to his wife she complained of headache, and seemed rather unwell. Dr. Knox came just after witness arrived, but Mrs. Ballard did not say why she had sent for him. When he returned from work, about one o'clock, on the third day, he saw that his wife was worse, and went for Dr. Knox, who ordered her instant removal to the Infirmary, where she died a week later.

Mrs. Duddy, a friend of the deceased, testified to the fact of Mrs. Ballard, "who practised as a midwife," being called in.

Mrs. Ballard said she had "been a nurse for a long time, and for about three years had acted as a midwife. She had never heard of the Midwives' Act. It was well known in Molesey that she practised as a midwife. She derived all her knowledge of midwifery during her experience as a nurse. She had never had any proper training as a midwife. She took up the work because several people who could not afford to call in a doctor had asked her to help them."

On being questioned by the Coroner as to her knowledge of how to deal with these cases, and why she did not take the patient's pulse and temperature, Mrs. Ballard admitted that it would have conveyed nothing to her if she had.

Dr. Pattison Armstrong, Resident Medical Officer at the Kingston Infirmary, having testified that the deceased woman's death was due to coma from convulsions consequent upon septicaemia, the Coroner summed up.

He said that a woman like the witness, who for three years had been a midwife, and could not answer the simple technical questions he had put to her, ought not to be allowed to practice. Many lives might be lost before the Midwives' Act came into full operation in 1910. The jury could do nothing more than express their opinion that there was gross neglect in the case, though it might not have been intended.

The jury returned a verdict in accordance with the medical evidence, and expressed it as their opinion that "the midwife ought to be severely censured for carrying on a business that she seemed to know nothing about," with which the Coroner expressed his complete agreement.

In a letter subsequently addressed to the *Surrey Comet*, Mr. Thomas Compton, M.R.C.S., characterises the remarks of the Coroner concerning Mrs. Ballard as "most unfair," and says:—"I have found her a good, clean, and capable nurse, and no case she has nursed with me has ever gone wrong." Does Mr. Compton really mean to say

that he is satisfied to entrust the nursing care of his patients to a woman who is unable to read a clinical thermometer or to take a pulse? What could demonstrate more forcibly the need for the maintenance of a definite standard of knowledge of nursing under State authority?

RURAL MIDWIFERY.

A meeting was recently held in Langport in connection with the Nursing Association, with the object of enabling the Committee to more adequately cope with demands of the district. At present one fully-trained nurse is employed. The Rev. J. Hamlet, Vicar of Barrington, who occupied the chair, referred to the Midwives' Act, and said that the difficulties of working the Act would be more numerous than was at present understood. There were three classes of midwives—(1) those who were untrained and unregistered, and that class included quite 50 per cent. of the whole; (2) those who were untrained and registered, who constituted 40 per cent. of the remainder; and (3), those who were the most valuable, who were trained and certified, and who comprised the 10 per cent. which was left. The 50 per cent. would come to a full stop in 1910, the 40 per cent. of untrained but registered women were mostly elderly, and could not continue their work indefinitely. There only remained to be really relied upon the 10 per cent. He supposed that after 1910 a doctor would be called in in a very large number of cases. What inducement was there at the present time for any woman to go to the expense and trouble of training for the examination for a position which was by no means a light one? That was, if they would allow him to be positive and precise, the root difficulty about that matter. The inducement, without doubt, was most inadequate.

Mrs. Bateman Hope, wife of Mr. W. H. Bateman Hope, M.P. for North Somerset, dealt forcibly with the need for more nurses. She said that the nurse by her visits to the people's homes relieved the burden which would otherwise invariably fall upon the hospitals and the workhouse infirmaries, and she also, therefore, relieved the rates. Yet some guardians of the poor would not subscribe towards the support of the associations which supplied a long-felt need.

Miss E. C. L. Eden advocated a mixture of voluntary effort backed by State aid. It was, she said, universally recognised that in these days of infant mortality and physical deterioration the need of reliable trained midwives was of the greatest importance. Their educational influence could scarcely be over-rated.

The City Corporation has made a grant of 50 guineas to the British Lying-in Hospital, Endell Street, W.C.

In connection with the national work of saving child life, the International Congress of Hygiene and Demography paid much attention to the midwife, her education, social standing, and competency to teach the care of infants. It was generally agreed that while her opportunities are great, she fails notably as a factor in promoting the enlightened and hygienic rearing of infants.

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