

largely through the efforts of the late Mr. Seddon.

We are entirely in sympathy with the aim of the article, in its plea for the efficient education of women of better education as midwives.

### Midwifery Wards in General Hospitals.

In connection with the appeal of the Association for Promoting the Training and Supply of Midwives for increased support, Dr. J. Kingston Fowler, Dean of the Faculty of Medicine of the University of London, advocates in the *Lancet* that the Association should bend its energies to inducing the general hospitals throughout the country to provide lying-in wards. He draws attention to the fact that the lying-in ward has been changed from a death trap to a place of the greatest attainable safety.

Dr. Kingston Fowler has recently suggested to the Weekly Board of the Middlesex Hospital that a Lying-in Ward should be established there so that the students of that hospital may learn this most important branch of their profession under the best possible conditions, and not, as hitherto, by attendance upon the poor living in the area supplied by the hospital, and a committee is about to report upon the changes necessary to carry this into effect. Such a ward in a general hospital to which a medical school is attached would, he considers, fulfil a fourfold object. (1) Service to the poor. (2) The prevention of purulent ophthalmia. (3) The instruction of students in the aseptic and antiseptic technique of modern midwifery. (4) It would allow the hospital to become a centre for the training of nurses skilled and certificated in midwifery, and thus increase its claims to public support. Some of these nurses might be available for attendance upon the poor living in the neighbourhood of the hospital, thus replacing the services of the students.

Dr. Kingston Fowler suggests the adoption of the following programme for attainment by the Association for Promoting the Training and Supply of Midwives:—(1) That every general hospital should as soon as possible provide a lying-in ward. (2) That the general hospitals in each county should become centres for the instruction of midwives, who would obtain there the certificates necessary to secure admission to the Roll. (3) That one or more branches of the association should be established in each county in connection with the general hospitals in order to ascertain and provide for the wants of the county as regards midwives, and to organise and supervise their work. (4) That the county councils and local authorities should exercise the powers given to them by the Act of making grants towards the cost of the education given to midwives in the hospitals; thus the whole community would bear a part of the expense to which the hospitals would be put in carrying this proposal into effect, and not only those members of it who recognise their duties to the poor.

With many of these suggestions we are in sympathy, but we may point out that the Association above named is a philanthropic society, and should not be charged with supervising the *work* of midwives. Furthermore, they are already supervised by the Central Midwives' Board, the Local Supervising Authority—i.e., the County Council or County Borough Council, the Medical Officer of Health, the Inspector of Midwives, in some instances by the Local Sanitary Authority; if they belong, as many midwives do, to an association affiliated to the Queen Victoria's Jubilee Institute, they are further supervised by their local superintendent and one from head-quarters. There is some danger lest the best class of midwives should be supervised off the face of the earth. A midwife is recently reported to have inquired of a casual caller, "Are you one of my many inspectors? I know seven."

In our opinion any midwifery wards organised in connection with general hospitals should be in separate blocks with self-contained accommodation for the nursing staff. If they are in the main building, and the nurses on duty in them are allowed to live in the home and mix with the nurses, it is possible that the results attained may be disappointing. The Kensington Infirmary has a separate maternity block which is an interesting model.

### POUND DAY AT THE GENERAL LYING-IN HOSPITAL.

Pound Day at the General Lying-In Hospital, York Road, S.E., attracted a good number of visitors, and added two hundred and fifty pounds of dry goods to the stores. Many of these came from grateful district patients. One wag, who was not discovered, brought a pound of onions. Another very appreciated gift was cokernut ice, which rapidly sold in penny packets. Tea was the most popular gift, and naturally one of the most acceptable. Eight pounds in gold were also received.

Tea was served in the Board Room. Afterwards a round of the wards was made; the patients looked very gay in red dressing gowns with coquettish red bows in their hair. The babies were, of course, sweet, the latest arrival, the first of the New Year, weighing ten and a half pounds, excited wonder, if not admiration!

### THE MIDWIVES ACT IN CORNWALL.

At the instance of the Cornwall County Council a conference of representatives of Boards of Guardians was held at Bodmin recently to consider the Midwives' Act and the best means of carrying out the Act, more especially for the provision of certified midwives, after April 1st, 1910. After a long discussion it was resolved to ask the County Council to prepare the necessary statistics and to print and to submit a scheme to a meeting of representatives of Boards of Guardians and of the Urban District Councils of the county.

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