

The Midwife.

The Midwives' Act Committee.

We printed last week some of the most important points embodied in the Report of the Departmental Committee on the Working of the Midwives' Act. This week we propose to refer to the Report again, and to comment on some of these points.

THE SUPPLY OF MIDWIVES.

In connection with the supply of midwives in 1910, after which uncertified midwives will be prohibited from attending women in childbirth habitually and for gain, except under the direction of a medical practitioner, it is interesting to learn that the Committee do not estimate any serious shortage, but state that the problem to be solved is of a partial and sporadic character, and mainly one of distribution. "The Committee are impressed with the fact that the solution is to be found in intelligent and effective organisation, to which all the administrative entities interested should be expected to contribute."

Notwithstanding the large demand for midwives in Lancashire, Sir William Sinclair gave it as his opinion that there are "too many midwives in the County Palatine." Miss Amy Hughes "who from her official position is able to speak with authority," did not fear a shortage, and thought that, except in a few isolated districts, there would be plenty of midwives to supply the place of the "handy women" when they drop out. Mr. Sergeant, on behalf of the Society of Medical Officers of Health, said "the impression of members of my Society is that the view as to the deficiency of midwives in 1910 has been very much exaggerated," and Miss Rosalind Paget was of opinion that the postponement of the date at which the Midwives' Act comes into full operation "would destroy the principal stimulus to activity upon which those engaged in organisation now rely." Witnesses of every type, and representative of every interest, emphatically testified to the disastrous effects of postponement, and in these opinions the Committee concurred.

"In respect to the cognate but subsidiary question whether in sparsely peopled rural areas annual licences based upon a modified examination might not be issued to meet the deficiency, there was not quite the same unanimity." But Miss Paget, Mrs. Wallace Bruce, and others, laid "stress on the confusion that would ensue from even this very partial adoption of two standards, and thought the danger of compromising the minimum of safety at present secured greater than any that would follow a liberal interpretation of the conditions laid down in Section 1 (2)" of the Act.

It is noteworthy that both Miss Wilson, and Sir William Sinclair urged the necessity of a higher standard in rural than in urban districts.

The logic at the back of this opinion is irresistible; it is the same as that advanced by Lady Helen Munro Ferguson at the Jubilee Congress of District Nursing at Liverpool in regard to nurses

in rural districts. It will be remembered Lady Helen stated that in Scotland, whether in the rural districts of Argyll, or the Highlands, or the distant islands, fully trained nurses were nearly always employed. "We never could see," she said, "why because people live in an inconvenient, out-of-the-way district, ten miles or so from the nearest doctor, they should have a less experienced nurse than an individual who has a doctor next door."

The fact that the proposal that the Central Midwives' Board should authorise the adoption of a lower standard for midwives "in sparsely peopled rural areas" is made from time to time, draws attention (1) to the value of a professional Central Authority, which defines what constitutes an efficient standard, and, (2) to the duty of maintaining and safeguarding that standard. We are not surprised that the Committee are "loth to recommend any departure from uniformity," especially when we bear in mind that the Central Midwives' Board has already officially informed the Privy Council that "*the standard aimed at by the Board has always been strictly limited to such knowledge as it would be dangerous for a midwife to lack.*" It is evident that the Central Midwives' Board would be assuming serious responsibility if it extended legal recognition to women not possessing this strictly limited knowledge.

THE REAL DIFFICULTY.

The real difficulty is not one of standards, but of finance, and needs to be met, as the maintenance of standards is met, by central organisation. We are glad to observe that the Committee recommend the adoption of the plan that this Journal has for years advocated, the organisation of midwifery amongst the poor through the Queen Victoria's Jubilee Institute. It also expresses another opinion long advocated by the Journal that the thoroughly trained district nurse, who is a certified midwife, is the best equipped agent to undertake the care of lying-in women. Manifestly, the best method to bring the services of this skilled worker to the rural poor in localities which are unable to raise the necessary funds would be by raising, and placing with the Queen Victoria's Jubilee Institute, a fund for this special purpose. In the case of a doctor it is not contended that, if a patient cannot afford to pay for a registered medical practitioner, he must have a more ignorant person who will cost less; we take steps to provide, through the poor law, or otherwise, that qualified services shall be assured. Similarly, if a locality cannot afford to support a midwife, the community which undertakes this duty should not meet the difficulty by providing an agent whose lack of knowledge is "dangerous" because she can be induced to work for a salary which places her craft in the ranks of the sweated industries. In the public interest, dangerously unskilled workers should not be permitted to undercut skilled midwives who have a competent knowledge of their profession, and we hope that the Central Midwives'

[previous page](#)

[next page](#)