

Dr. Wanklyn said: "Speaking generally, of no house can it be said that special preparation is made for the reception of pregnant women; all the rooms which I saw were domestic, so to speak, instead of being fitted as for a surgical operation. In the majority of cases the rooms were, if not dirty in the ordinary sense, untidy and littered with an abundance of clothes, furniture or ornaments which makes the removal of dust almost impossible. There was no provision for the reception of the patient; this takes place in the room in which she is confined; her luggage, boots, and clothes and personal effects generally remain in this room during her confinement. In very few houses is there a bathroom; in many the w.c. is at a distance from the patient's room—one or two floors below it—and the necessary utensils are usually kept in the confinement room. In some houses the midwife sleeps either in the same bed with the recently confined mother or in another bed in the same room; the infant is in some cases kept in bed with the mother, in others provided with a separate box or cot. Arrangements for waiting on the patients are obviously incomplete, and in one patient's room which I saw were unemptied slops (a stool) which, there was reason to believe, had been left in the room for a considerable time."

The Memorandum concludes:—"Neither the system of registration of birth, nor of notification of birth, is believed to be adequate to supply information as to the existence of these homes, as the requirements of the Registration and Notification of Births Acts can be evaded. It is desirable that the existence of these homes should be brought to the knowledge of the Council, who should be empowered to see that they are suitable for the purpose for which they are used, and who would be able to utilise their powers of inspection to gain information as to the disposal of infants born in them."

APPENDIX XI.

Appendix XI. is a most interesting report of the work of the Ophthalmia Ward in St. Paul's Hospital, Liverpool, by Dr. A. Nimmo Walker. Dr. Walker says that the "chief credit, however, for the improvement in results must be given to Sister Alston, in charge of the department, and to the other nurses, who have all shown the greatest enthusiasm and care in carrying out all details, however tedious, of treatment; and to Mrs. Adrian, lady inspector of midwives, who has sent the majority of cases, and has often brought them herself.

"An important development is now taking place, in that midwives are beginning to send cases even before there is any sign of inflammation, if from the condition of the mother they suspect danger."

APPENDIX XII.

Appendix XII. deals with Medical Attendance upon Midwives' Patients, and Obstructive Conduct of a Midwife towards a Local Supervising Authority.

APPENDIX XIII.

Appendix XIII. is a Memorandum by Mrs. Lawson, President of the National Association of Mid-

wives, who directs the attention of the Committee to several points of practical importance. Amongst them—"That any amendment of the Act should recognise the claim of midwives for *direct representation* on the Central Midwives' Board. Dr. Stanley Atkinson, M.B., J.P., in the *Midwives' Record* for December, 1908, says:—

"The certified midwife, as such, cannot now voice her feelings from a seat at the table of the Central Midwives' Board. At present she is indirectly represented by nominees of two nursing associations, and by a registered medical practitioner, the nominee of the Incorporated Midwives' Institute. This indirect representation is part of the scheme of the Midwives' Act. Constitutionally this is wrong. In a free country it is axiomatic that those persons who have to be regulated should have some opportunity of assisting in the formation, and in the administration of the rules. This was the experience of the General Medical Council, whereon originally no direct representative sat; and it must be so with the Central Midwives' Board, if only certified midwives . . . insist on their fundamental professional rights."

"I claim that the presence of a working midwife on the Central Midwives' Board would be invaluable. Her experience and detailed knowledge of the many difficulties which confront a midwife in the discharging of her daily round of duties (with which *only a midwife in constant practice* can be familiar)—things small, perhaps, in themselves, but often important enough to affect materially the summing up of evidence—would be at the disposal of the committee, and midwives generally would have greater confidence that these points were not overlooked."

APPENDIX XIV.

Appendix XIV. is a Memorandum submitted by Miss A. M. Alexander, Chairman of a Committee appointed by the Kensington Board of Guardians to consider and report as to the advisability (1) of engaging midwives to attend the outdoor poor who receive midwifery orders. It contains the following clause:—

"With regard to the employment of midwives to attend the outdoor poor—in view of the fact that many patients in poor law institutions are now in charge of midwives, and also that large numbers amongst the respectable and independent working-classes are satisfied to employ them, it seems that the same provision should meet the needs of those who receive outdoor poor law relief."

"I urge, as a special advantage of this proposal, that it would take the poor law cases out of the hands of the incompetent and often disreputable women who now attend them, to the detriment, morally as well as physically, of the patient, and the discredit of the poor law administration."

APPENDIX XV.

Lastly Appendix XV. includes valuable information as to Midwifery Attendance on Poor Persons in France, Germany, and the Netherlands.

From our reviews of this Report and Appendices, midwives and nurses will realise how necessary it is that they should study them in their entirety.

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