

midwives, if the law insisted that a doctor should be retained at a small fee (say of 5s. 6d.) to superintend, and attend when required. Then the further sum to complete his full fee for actual attendance, if he is retained at 5s. 6d., should be 15s. 6d., so that if he were called in he would in all get his guinea. If he was retained for 10s. 6d. he would have another 31s. 6d. if called in, or two guineas in all."

The suggestion is another attempt to deprive the trained woman worker of a means of self-support. Later in her evidence, Miss Broadwood informed the Committee that the "considerable expense" incurred by County Councils in employing midwives as Superintendents who might "have 100 midwives to visit" was "£80 or more a year." Surely it ill becomes one who proposes to present medical men with 5s. 6d. on each midwifery case, for doing nothing, and a full guinea or two guineas if called in, to grudge the skilled woman worker the very modest salary she mentions, in return for her whole time, and the onerous work entailed in the supervision of the practices of 100 midwives.

#### "KEEP HER UNDER THE DOCTOR'S CONTROL."

An even more unjustifiable proposition is that midwives should be licensed annually. "Each midwife should be obliged to use a case book, the cover of which should have on its inner surface a license form and spaces requiring a 2s. 6d. stamp, to be issued by the health officer or his deputies at the commencement of each year of the midwife's practice. Then, if you obliged the midwife, for each case she attends, to obtain the testimony of the doctor retained as to how *she had managed the case*" (presumably the midwife is to have £50 a year for doing the work, and the doctor £1 1s. a case for looking on), "that might be done by putting a 'W' for well, an 'I' for indifferently, and a 'B' for bad, and you would keep her under the doctor's control." Again, the wage earner is to be placed under the absolute control of her financial competitor.

#### COMMITTEES TO RETAIN CERTIFICATES.

Miss Broadwood further suggested that if a woman's training had been "paid for by the Committee, the certificate should be handed to the Committee who paid for it and not to the woman," the object being to retain a hold over her services "and in certain circumstances to report her." She proceeded to say: "We have had a case lately in which there has been a strong suspicion that the nurse who obtained her certificate a year ago is a totally unfit person to act. Both the doctor and the Matron of a home where she has been strongly suspect that she takes drugs. We have the certificate at the office, and what ought we to do? Should we give it back to the woman who is asking for it, or report her to the Central Midwives' Board on insufficient evidence, or what are we to do?"

The contention that the certificate of a midwife belongs to the Committee who paid for her training is an arrogant claim for the power of the purse, which, nevertheless, is not omnipotent. It may buy patronage, it may buy servility from the

midwife who is unwise enough to hand over her certificate to the keeping of her employers (although it is evident that some midwives object to this from the fact that Miss Broadwood desires that the certificate should be handed direct to the "committee who paid for it"), but it cannot buy knowledge without taking trouble to attain it. The certificate of the Central Midwives' Board is not a marketable commodity obtainable by anyone who pays "cash down," but is reserved for women who give evidence of possessing the necessary knowledge, and is their legal property when they have earned it.

We may remind Miss Broadwood further that the discipline of midwives is in the hands of the Central Midwives' Board; that, fortunately, a midwife cannot be deprived of her means of livelihood upon "suspicion" or "insufficient evidence," but only upon *proof* of incompetence or moral delinquency. The duty of the Cottage Benefit Nursing Association is obviously to return the certificate to the midwife, and, if necessary, to bring facts to the notice of the Central Midwives' Board. Until such time as these are proved, the name of the midwife will continue to appear in the Midwives' Roll, notwithstanding any illegal retention of her property.

#### TECHNICAL TERMS.

Closely interrogated by the Chairman of the Central Midwives' Board as to whether she had "any evidence that any woman had been rejected for not knowing Latin or un-English names," Miss Broadwood was obliged to admit that she had not; neither had she examined the examination papers of the Central Midwives' Board. She was furnished with the whole of the examination papers set since the establishment of the Board, and invited to explain which terms she considered inexplicit. This she did not do, but stated after a short interval that she had "marked them all" on the papers.

Mr. Pedder pointed out to the witness that if she was proposing that every woman ought to practice under a doctor, she was practically recommending the abolition of midwives and the Midwives' Act.

Asked whether she was aware that criticisms had been made against the system of resident cottage midwives on the score of morality, and whether, in her experience, the criticism was justified, Miss Broadwood replied: "Not if the system is carried on under a Committee with one member of that Committee responsible for every case that is nursed, and the nurse is well looked after."

In an addendum to her evidence, Miss Broadwood explained that she desired the control of the working class midwife by means of a yearly licence book and inspection by doctors, because otherwise she "is very likely to be tempted to eke out her living by practices like those of the *sage femme diplômée* of France."

Miss Broadwood fears a "terrible shortage" of midwives in 1910. If the restrictive amendments to the Midwives' Act she desires were adopted, we should say it is not unlikely.

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