

## The Question of Organisation.

The question of organisation amongst midwives is one which at present is pressing itself forcibly upon the attention of working midwives who realise their defenceless position as unorganised units. The trouble goes further back even than the passing of the Midwives' Act in 1902, for as Mrs. Lawson, President of the National Association of Midwives, pointed out recently while the Midwives' Bill was before Parliament there was "grumbling here and there," but no associated action on the part of the large body of midwives scattered throughout the country, and "all the time legislation was going forward to control them body and soul."

Incidentally this proves the danger to any section of workers of legislation put forward on their behalf unless they themselves have an organisation sufficiently strong to demand a recognition of their rights in any legislation which may be enacted, and their representation on any body created to control them.

Of course everyone recognises that legislation in the interests of the lying-in mother was an urgent necessity, and that the Midwives' Act was primarily in her interest. Through its agency midwives have been brought under control, and have become known to the local authorities, by a system of notification, and to the public through the Roll of Midwives. All this is good, as is also the fact that a uniform examination has been established, even though it is limited to "knowledge which it would be dangerous to a midwife to lack." But the Act is one for the control of midwives, not one which gives them a reasonable amount of self-government, or even representation on their governing body at all, and consequently no voice in defining their educational standards.

And on the subject of education, midwives feel keenly. They think they need higher training in order to do their work efficiently. For instance, the cases of pemphigus which occurred not long ago in the practice of a midwife in Lancashire are cited by the President of the National Association of Midwives as demonstrating the need for more thorough training. The midwife concerned had never been taught to recognise pemphigus, and four infants died before she appreciated the danger and infectious nature of the disease. Then the midwife was cited to appear before the Central Midwives' Board.

When a midwife in Lancashire is cited to appear before the Board she receives an intimation from the Local Supervising Authority that she must cease work. She is not allowed to practice pending the decision of the Central Midwives' Board. Before the time came for the midwife to appear before the Board, she had died of heart-break.

Other points put forward by the President of the National Association of Midwives, which press hardly upon midwives are that midwives cited to appear before the Board from the provinces are too poor to defray the expense of a journey to London. Any criminal can, she says, be conveyed free of expense, to the place where he is to be tried, in

Black Maria. When a judicial body is sitting in judgment, it takes into consideration the defendant's appearance, and the points he or she is able to put forward on her own behalf. Persons are condemned more often in their absence than if they are able to defend themselves.

The Association also considers that all books which they are required to keep, and all notification forms which they are compelled to send in, should be supplied by the Local Supervising Authority.

The National Association of Midwives recognises that there is one means by which their views can be represented, and their interests voiced, and that is by direct representation on the Central Midwives' Board, and on this they are concentrating their energies.

Mrs. Lawson says that she attended the first meeting in London on the question of direct representation, and it is a standing joke in Manchester that the Chairman on that occasion described the demand as "a wild cat scheme."

They had been told that a doctor could represent midwives on the Central Midwives' Board better than a midwife. She denied that. A doctor did not know where the shoe pinched. A poor doctor might have the same class of patient as the midwife, but he did not sit on the Midwives' Board.

The late Dr. Stanley Atkinson believed that midwives should have direct representation on their Governing Body; in his opinion, their desire was not a wild cat scheme. They would like to see more enthusiasm for direct representation at the Midwives' Institute.

We entirely sympathise with the desire of the Manchester Midwives, voiced through their National Association, to obtain direct representation on the Central Midwives' Board, as we do also with their declaration that they desire no outside patronage, and realise that if they want a thing they must work for it, and pay for it themselves.

## THE MANAGEMENT OF HOMES FOR INFANTS.

The need for the supervision of homes where infants are received is apparent in Tasmania as well as in this country. In connection with the inquest touching the death of an infant which died in the General Hospital, Launceston, shortly after admission from the Glen Dhu Home, Mrs. Elizabeth Braham, President of the Children's Protection Society, gave evidence of the admission of the child, and said that every morning the Matron of the Home telephoned to her a report of the children. Five of the children were affected by a thunderstorm, and two days later the child collapsed.

Dr. Ramsay, Superintendent of the General Hospital, said the child was admitted in a dying condition; death was due to general emaciation. The child could not get into that condition in a day or two if it were previously well. He stated most emphatically that any home where babies congregated should be in the hands of a trained nurse and under medical supervision. That was the important thing, and there was no alternative; in the hands of an untrained person the death rate was bound to go up.

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