

woman), one person by the Local Government Board, four duly qualified medical practitioners, two certified midwives (one to be appointed by the Incorporated Midwives' Institute and one by the Royal British Nurses' Association), four persons appointed, one by the County Councils' Association, one by the Association of Municipal Corporations, one by the Society of Medical Officers of Health, and one by the Queen Victoria's Jubilee Institute.

Is this fair to our profession? We feel most strongly that it is grossly unfair. We know it is quite natural for bodies appointing representatives to choose a medical man on the ground that he has expert knowledge; but whilst we admit that it is fair that the medical interest should have a certain amount of representation on these grounds, we urge that it is absolutely wrong for us to have none at all. Remember that every action of the C.M.B. deals with matters vitally affecting our daily work and the means whereby we gain our livelihood, and where almost with a stroke of the pen this means can be taken from us, for which we have worked and paid and spent the greater part often of our lives in developing.

I wish to state that I have no feeling against medical men and women, for I number some of them amongst my best friends; they have looked after their own interests, good luck to them. I wish the midwife had been only half as wise.

In many working class districts the interests of the doctor and midwife often clash; a case lost to one is a gain to the other. As a working man's wife under present-day conditions cannot afford to purchase the services of a doctor and a trained nurse, naturally the midwife has to fulfil the functions of both.

There is a fair competition to which all must submit, but it is an unfair competition which gives one interest power to regulate the other. Is it sufficiently realised that in giving this amount of power to the medical side of the profession we are also giving them a power to protect and safeguard their own interests to the limitation of ours? For this power of administration includes not only the power to say how we shall do our work, but also determines what amount of training we shall receive. It is to their interest that this training should be limited as far as possible.

The 1902 Act intended us to be useful to the community, but as our powers are curtailed and our training limited by the ruling of the medical interest the intentions of the Act are practically frustrated. Therefore until the fullest training can be obtained and opportunity for development provided the intentions

of the Act will be still further obstructed by shutting out the more highly educated and intelligent women, who would otherwise be attracted to the profession.

The system of supervision is wrong to my mind as long as the midwife is not taken into the confidence of the administrative bodies. It is always "you must do this" or "you must do that" *under penalty*. What do we get as a result of these methods? Is it possible to get the best results from any body who are continually coerced? Coercion does not tend to develop the best side of human nature. Even the most careless can rise to a sense of responsibility if properly dealt with. I contend that by giving the midwife a proper share of representation, taking her into the confidence of the administrative bodies, and securing her advice and assistance, much good will result.

As a first step towards better training and development we urge the direct representation of midwives on the C.M.B. By this we mean a *working* midwife—the mere fact of a woman holding a midwifery certificate does not qualify her to represent the *working midwives* who are *affected*, as she is not, by the regulations—who shall be elected by her fellow midwives to represent the views that have been properly discussed within their common council.

Before the advent of the National Association this point was completely overlooked, and we still strongly maintain our conviction that the appointment of a working midwife on the Central Midwives' Board and Local Supervising Committees is the only means of securing a proper administration of the Act, viz., fair competition between the rival interests and complete guarantee for the safety and well being of those important members of the community, the mothers of the nation.

We claim to have the interests of the mothers and children at heart as deeply and sincerely as any other man or woman in the country. We come in close touch with women at times when they need all the confidence, help, and courage with which we can inspire them. We know what complete trust is placed in us—we know the difficult cases with which we are called upon to deal, and we know that the issues of life and death are in our hands. For this, and because of this, we demand a voice, a share in shaping our destiny. We know better than any other what we need to make us fit, confident, and strong, to render us capable of fulfilling the duties entrusted to our care. We midwives disclaim the right of any, be they who they may, to say that they have the well being of the mothers of the nation more at heart than we.

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