

a quarter of an inch thick. At these public lectures we could teach the poor the danger of contagion and of overcrowding, the value of the daily bath, the good of hospitals, and at times the need for urgent surgical operation. They must be taught the necessity for isolation and the fallacy of the idea that because one baby of a large family has measles, or pertussis, it is the correct thing to expose the rest of the children to it by putting them all in one room. We must make clear to the mother the danger of food contamination, especially in summer, and that after she receives clean milk for her babe she must keep it clean and not contaminate it with dirty nipples and bottle, long nursing tubes and infected water. These and a thousand and one other methods of prevention could be taken up at these meetings, and in a brief space of time much could be accomplished. In order to arouse the enthusiasm of the people, a great wave of enthusiasm must take hold of the profession in this matter of education, which though at best slow is the only means at our command of bettering the physical and moral conditions of the poor.

THE MIDWIVES' ACT AMENDING BILL, No. 2.

We have received from the Incorporated Midwives' Institute a Memorandum in which it defines its strong objection to certain Clauses in the new Bill, which cannot fail, in the opinion of the Institute, to minimise the good which has resulted from the working of the present Act. The Clauses are (7) Fees for keeping name on Roll, (11 (1)) Notification of Practice, (13) Power of Local Supervising Authorities in regard to Grants, (15) Powers of Entry, (17) Payment of Fees to Medical Practitioners called in on the advice of midwives.

A BABIES' CONVALESCENT HOME.

The Superioress of the Convalescent Home for Invalid Babies, Bury St. Edmunds, pleading in the press for financial help, writes:—

Would you perhaps draw the attention of your readers to the need there is for a convalescent home entirely for infants—infants of the very poor, who, on leaving hospital after a serious illness, for their frequently one-roomed homes, have no prospect of nursing, fresh air, and good food to recover strength?

It is over a year now since a London doctor told me there was no convalescent home in England exclusively for infants, or where the latter could be sent, unless accompanied by their mothers; and having had some experience with cases of paralysis and rickets, we few nursing sisters began to take in some invalid babies from Hoxton. Twenty-one are here now, but the house is unsuitable, in a street and with only a yard for out-door treatment.

I have seen a very good locality at Hunstanton, an ideal place for such cases as ours; but, alas! we are greatly in want of funds for the move and the initial expenses for open-air shelters. Dr. Stork, the Medical Officer of Health in Bury, and also Dr. Cornish, of Kew, will be perfectly willing to give information with regard to our work.

A Midwives' Bill for Scotland.

It will be remembered that at the Annual Congress of the Incorporated Sanitary Association of Scotland, held in Elgin in September, a resolution was proposed urging the advisability of a Midwives' Act for Scotland. We understand that a Bill has now been drafted by the Society of Medical Officers of Health in that country. It is, of course, impossible that midwives in Scotland should remain unorganised when those in England and Ireland are registered under State authority, but we hope that Scottish midwives will study the proposed bill very carefully, and take steps to protect their own interests by securing representation on any Central Authority set up to control their profession. English midwives are feeling keenly their disabilities from the lack of direct representatives on their governing body, and it will be very regrettable if this mistake is made in framing an Act for Scotland.

Inspection Under the Midwives' Act.

Amongst the interesting speeches made at the Local Government Section of the Women's Congress at the Japan-British Exhibition, in June last, and now published by the Women's Local Government Society, 17, Tothill Street, Westminster, in pamphlet form, price 2d., was one by Miss Burnside, Senior Inspector of Midwives in Hertfordshire, who said that the work of inspecting midwives was at present very much in its infancy. She rightly considered that the chief qualification for an Inspector of Midwives should be that she was a qualified and trained midwife, having had practical experience of the work to enable her to realise the many difficulties with which midwives have to cope. It was also a great advantage if she were a trained nurse and had had experience in sanitary work and health visiting. By far the most important duty of an Inspector of Midwives was "to report from time to time as to the sufficiency of the provision of midwives, and the methods to be adopted for improving and training the midwives already in practice, and for obtaining such increase in the number of midwives as may be necessary," a duty placed upon her on her appointment.

Miss Burnside pointed out that an Inspector has women of all classes, ages, and degrees of education to deal with. Many of those in bonâ-fide practice prior to July, 1901, can neither read nor write. She has had to teach these women to scrub up and disinfect their hands before her, and in several cases had to take the scissors and cut their nails afterwards. The chief fact proved in Hertfordshire is that a living cannot be gained by midwives in agricultural counties. The fees charged vary from 2s. 6d. to 21s. One old woman in a scattered district, who charges the former fee, and is required by the Act to visit her patients daily for ten days, some of whom are three miles distant, has thus to walk 60 miles, besides doing all the work, to earn that 2s. 6d.

A difficulty in connection with the investigation of charges of malpractice was that people would not make a statement and stick to it.

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