

small shop-keepers, nurses, and midwives can come under the Act if they take advantage of it before January of next year. Speaking of the "benefits" under the Act given for the conjoint payment by the employer and the insured person of sixpence a week the lecturer said that in Ireland (where the weekly payment is 4½d.) the medical benefit has been cut out. It is quite possible that before July the medical benefit may be cut out of the scheme for Great Britain also. The sanatorium benefit includes not only the treatment in the sanatorium but the railway expenses incurred in transit. The maternity benefit is to be paid in cash or kind on the birth of the child, not 7s. 6d. a week but a lump sum of thirty shillings. In the case of a married woman this sum comes out of the funds of the husband's society, but he is bound to apply it for the benefit of his wife. An insured married woman is entitled to draw 7s. 6d. a week sick pay. The unmarried woman receives 30s. In the case of a woman going into a hospital for her confinement the sick pay will be applied for the benefit of her dependents, or if not for her dependents it will go to the hospital. The maternity benefit will go in such a case to the hospital, or it may be applied to paying doctors and nurses under the Act.

Dr. Andrews said that there are 6,000 friendly societies in England and about 150 in Ireland. She strongly advised nurses to join a society for nurses. The benefits may be altered, or changed in character to suit their needs. Thus for nurses who receive free medical treatment and are provided for in sickness there would be nothing to prevent the sick pay being doubled. In an ordinary society they could not get that.

Midwives have definite status under the Act; trained Nurses are not registered, and there is no mention of them in it. "That," said Dr. Andrews, "has got to be remedied." In Ireland no Midwives Registration Act is in force. They were determined to make the Insurance Act a lever to obtain Registration of Midwives. She appealed to Midwives to help to secure the appointment of the right people on the Local Health Committees.

#### FRIDAY, APRIL 26th.

#### FOURTH SESSION.

On Friday afternoon the chair was occupied by Mr. George Thomson, F.D.S., and the first speaker was Alderman Broadbent, of Huddersfield.

#### THE NEED OF CO-OPERATION BETWEEN HEALTH AUTHORITIES AND MIDWIVES ON THE QUESTION OF INFANTILE MORTALITY.

The speaker said that the importance of the work of Midwives, in relation to infantile mortality ought to be obvious. Considering how large a proportion of still births, and live births returned as still births, have been caused by inefficient first aid, the efficient training of Midwives must be in the forefront of every campaign for the preservation of infant life. How is it, he asked, that the preservation of the life of babies is in the hands of the municipalities at all? It would have been

much less surprising if the Church had taken up this campaign, or the medical profession; but to municipal authorities belongs the credit of discovering the importance of the baby, and the work of the health authorities and the Midwives has led to the joining up of the forces working in its favour. Under the Notification of Births Act, the health authorities are informed of all births and a large number of these notifications come from Midwives. The speaker expressed the opinion that, under the Midwives Act, the powers of supervision possessed by local supervising authorities might be so administered as to deter the best class of Midwives from entering the profession. The position of the Midwife should be better and more secure.

The next speaker was Mrs. Greenwood, who said she spoke both as a public health official and a registered Midwife. She explained that, as a sanitary inspector, most of her work consists in visiting mothers, and in investigating the causes of infant deaths, and emphasised the necessity for the co-operation of Nurses and Midwives with the authorities in all branches of health work. At the present time, she said, attention is being directed from the environment to the individual, and more and more to the child; and the time of birth, when a Midwife is frequently in attendance, has a most far-reaching influence for good or bad. The speaker expressed a strong desire for some common formula, which could be worked upon by health authorities and Midwives, though she owned that the views of Midwives and sanitary inspectors are often very different. She deprecated the waste caused by overlapping of work, of which she gave an amusing instance.

#### THE WORK OF A NURSE AT A SCHOOL FOR MOTHERS.

Mrs. Barnes, formerly Superintendent of the St. Pancras School for Mothers, spoke of the work of a Nurse in such a school; and advocated co-operation with the local health authorities. She said that the ignorance of the mother, as girl, young woman, and young wife, renders her incapable of discharging her rightful duties; and the fault lies with the whole nation, which permits her to be brought up on a system of haphazard, and yet shouts that woman's place is in the home. The teaching of home-craft and mother-craft are needed, and this is the aim of Schools for Mothers. It is not difficult to see the vast sphere of usefulness possessed by the head of a School of this kind. Ideally, there can be no doubt that the Superintendent of such a school should be a fully-trained nurse; at the same time, it is a *sine qua non* that she must be a personal friend to the women; never sharp; a friend, working side by side with those she knows and loves. It must always be remembered that the women are not compelled to attend.

In the discussion which followed, Lady St. Davids, Dr. Gaffikin, and Miss Burnside, Inspector of Midwives for Hertfordshire, took part.

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