

home, made a very earnest appeal for the funds which greatly need more subscribers. A collection was made amounting to £38 and further donations and subscriptions will be gratefully received by the Hon. Treasurer: Miss Blunt, 5, Sussex Mansions, S.W.

### THE RURAL MIDWIVES' ASSOCIATION.

The Ninth Annual Meeting of the Rural Midwives' Association was held at 3, Grosvenor Place (by kind permission of Lady Esther Smith), Lord Aberdare presiding. The first speaker was Mr. Charles Bathurst, M.P., who spoke on the National Insurance Act, as it affects midwives. He pointed out, however, that there was some doubt as to whether the midwives of the Association would make any contributions. He noted that they received £20, in which case the employing committee would pay 5d. a week and the State 1d. The speaker also pointed out the permission given under the Act to adopt alternative benefits. He thought that nurses should belong to separate societies, and take advantage of this provision. Hospital nurses, at any rate, were usually provided with medical attendance, and some sick pay; and they might substitute provision for earlier superannuation, and pension. It was the general opinion in the House of Commons that nurses should take advantage of this provision.

Mr. Bathurst further mentioned that to be independent an Approved Society must have 5,000 members in one division of the kingdom. Wales had already protested to the Commissioners against this segregation, as the nurses in the four divisions of the United Kingdom would like a united society, for professional purposes.

He further mentioned that under Section 21 of the Act it is lawful for any Approved Society to grant subscriptions and donations for the support of district nurses. This would enable the societies which will have control of considerable sums of money to appoint nurses. He hoped that this Association, or, at any rate, the County Nursing Associations, would emphasise the importance of obtaining support from the Insurance Commissioners and Approved Societies. He reminded the meeting that on the Insurance Committees two of the members appointed by County Councils must be women, and he hoped that these two would be members of County Nursing Associations. He hoped also that pressure would be put on the Insurance Commissioners, that the representatives appointed by them should represent the nursing profession, especially its nursing branch; he believed the Commissioners were quite ready to yield.

He referred to the Trained Women Nurses' Friendly Society, for certificated nurses (more accurately for hospital nurses trained and in training), and to the Nurses' National Insurance Society, for all grades, especially those of the artizan class.

Dr. Christopher Addison, M.P., said that the effect of the amendment incorporated in Clause 18,

giving lying-in women the right of the attendance of a midwife, or medical practitioner, was that unless a woman selected a doctor or midwife she would not be eligible to receive the maternity benefit. This would no doubt lead to an increased demand for midwives in rural districts. Referring to the training of midwives, he pointed out that if all insured persons must be attended by a qualified doctor or midwife, there would be no room for pupils in hospitals, and proper arrangements must be made for the supply. He hoped the training of midwives would be subsidised by the State. The Board of Education was now giving grants to medical and other education, and why not for that of midwives?

The adoption of the report was moved by Mrs. Charles Hobhouse, seconded by Mrs. Murray Browne, supported by Mr. Fremantle, Medical Officer of Health for Hertfordshire, and carried. Mr. Fremantle referred to the "homely village woman" sent up to train for four months for the certificate of the Central Midwives Board—the flash-point of safety—she had to depend on the knowledge obtained in this short period to steer her through all the complications she encountered for the rest of her life. It might not be advisable to increase the length of training, but there certainly should be "refresher courses" for such midwives from time to time.

Other practical points were the great difficulty of persuading the homely woman to train, and consequently the young women must be secured who would make this work their main line. But if the work of midwifery was not to be incidental, as in the case of the homely woman, then the women trained as midwives must do sick nursing also, and practically it was found that rural work could not be done in compartments by specialists. But in this case further training was needed, in the care and feeding of infants, in school nursing, and health visiting. Thus both the number of the trained must be increased and the quality of the training raised.

Miss B. M. Broadwood, of the Cottage Benefit Nursing Association, said that the Society with which she was connected supervised both midwives and sick nurses. It was the great object of the Association to keep them well in hand and under control, and it succeeded very well in keeping them in order. She also asked whether, as the nurses practically paid for their training, which cost the Association £25 in each case, not in cash, but in taking a reduced salary during their term of service, the Association was exempt from insuring them. Dr. Addison replied that it was impossible to answer questions as to specific cases, but, speaking generally, paying pupils, studying for their own benefit, would not have to be insured, but any whose work was necessary to the work of the institution would be regarded as "employed."

It would indeed be ironical if the pseudo-trained and miserably-paid nurses of the Cottage Benefit Nursing Association were to be deprived of their benefits under the National Insurance Act.

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