

MATERNITY HOSPITALS AND THE NATIONAL INSURANCE ACT.

The position of the Maternity Hospitals under the National Insurance Act is still engaging the attention of the authorities of these hospitals in Dublin, and last week a conference was held in that city to consider the position. The following delegates were present:—Mr. Wm. M. Murphy, J.P. (Chairman), Dr. Gibson (Master), and George Perry, Esq., J.P. (Coombe Hospital), Mr. Serjeant Matheson, K.C., Mr. Dudgeon and Dr. Jellett (Rotunda Hospital), and Mr. Patrick Lynch, K.C., Dr. White, and Dr. Horne (National Maternity Hospital).

The Chairman, having explained the objects of the meeting, Dr. Jellett explained the two ways in which the Insurance Act affects the maternity hospitals of the city: (1) If a woman enters a hospital she loses the benefit of the maternity clauses; and (2) The out-patients are precluded from the benefits of the Act unless attended by a duly qualified medical practitioner or registered midwife. This would injure the hospitals by affecting the attendance of their medical students on maternity cases. Dr. Jellett further stated that the Insurance Commissioners had been interviewed on the subject by a committee representing the general hospitals.

Mr. George Perry spoke of the number of confinement cases in single-room tenements, and contrasted the conditions with those of the maternity hospitals. He thought it cruel to prevent benefits being paid to patients admitted to hospitals.

Having considered the Act in relation to the maternity hospitals and the model rules framed by the Irish Commissioners, which were regarded as *ultra vires*, Mr. Serjeant Matheson, K.C., and Dr. Jellett were unanimously requested to draft a rule, by way of suggestion to the Commissioners dealing with the difficulties discussed at the Conference.

As we have before stated, we hope that although the out-patients of maternity hospitals may be attended by students, the Commissioners will insist on the presence of a registered medical practitioner, or a certified midwife at the confinement as a condition of the maternity benefit. Medical students and pupil midwives have for too long been allowed to attend maternity cases without adequate supervision, and it is time the hospitals amended their practice in this respect.

The Insurance Commissioners will be doing good service if they enforce the regulation in the sense that a qualified practitioner or midwife must be present at each confinement, though the delivery may be effected by a student or pupil midwife. The welfare of the lying-in woman demands the observation of this rule, but we see no reason why the practical work of medical students should not be supervised by certified midwives if medical practitioners cannot attend all the cases.

At the recent Health Conference in Dublin Dr. Horne expressed the opinion that the lying-in hospitals might have to be closed as a result of the National Insurance Act.

TRAINED MATERNITY NURSES' ASSOCIATION.

Dr. L. Frazer-Nash delivered an interesting and lucid lecture on Hæmorrhage to the members of the Trained Maternity Nurses' Association at 33, Strand, London, W.C., on Tuesday, May 28th. She was introduced to the members by Mrs. Binnic, the Secretary, and the interest of the audience was well sustained throughout.

The lecturer spoke first of hæmorrhages in married women, which she divided into those which have to do with the child-bearing period, connected and unconnected with childbirth.

After dealing with the menstrual period, she said that a woman may have one or two periods after conception, but after the third month a loss means the detachment of a portion of the placenta, and therefore a cutting short of the blood supply of the child. Abortion may threaten, in which case the patient should be put to bed and an effort made to avert the abortion.

The lecturer explained the cause of hæmorrhage in placenta prævia, in which case, instead of being anchored to the safe upper segment of the uterus, the ovum slips down and becomes attached to the lower segment, near the cervix. In this position even a little jerk is apt to loosen a portion of the placenta, with the result that bleeding ensues.

In connection with post partum hæmorrhage Dr. Frazer Nash observed that when patients lose freely during labour they do not appear to be so liable to lose a great deal afterwards. Delay in the delivery of the placenta, uterine inertia, hæmophilia, or retained portions of membranes and placenta are apt to cause hæmorrhage. Secondary post partum hæmorrhage is caused by the introduction of germs into the uterus causing the clots closing the vessels to liquefy.

The lecturer then spoke of the menopause, and the tendency to excessive loss. She counselled consulting a doctor when irregular hæmorrhage occurs at this period, as it may indicate malignant disease.

NOTES FOR MATERNITY NURSES.

The very useful booklet, published by Messrs. Allen & Hanburys, Ltd., 37, Lombard Street, London, E.C., on the above subject should be widely known to maternity nurses, for it is a *vade mecum* of all the information they are likely to require in a most handy form. Twelve copies of a very convenient Case Sheet are also supplied with the note book, which has been sent to every midwife on the Roll. Any nurse who has not received a copy can obtain one by applying to Messrs. Allen & Hanburys at the above address, and the Case Sheets are also supplied free on application.

[previous page](#)

[next page](#)