

The Midwife.

THE WOMAN PAYS.

It is always the woman who pays, and now when the question, always acute, is becoming acuter, as to how provision shall be made for the payment of the fees of medical practitioners called in on the advice of midwives in connection with the maternity benefit under the National Insurance Act, once again the suggestion is made that the woman shall pay.

In presenting the Report of the Midwives Sectional and Advisory Committee of the Midwives Institute at its annual meeting, published in its official organ, Miss Rosalind Paget said: "May I recall to your mind that at the Annual Meeting last year, just after the Insurance Bill became law, we congratulated ourselves that Dr. Addison had been able to get Lord Sandhurst to move in the House of Lords the introduction of the payment of the doctor when called in by the midwife. Our jubulations were exceedingly premature: we all know now that the addition of Clause 18 (1), viz., 'the prescribed fee shall, subject to regulations made by the Insurance Commissioners, be recoverable as part of the maternity grant,' has given an enormous amount of trouble, and does not mean what we were led to suppose."

The amendment was certainly a most ill-advised one, and its effect on the position of midwives disastrous, because, as we have already reported, as approved societies are liable to pay 15s. for an attendance in an emergency connected with labour, if a medical practitioner is called in in a midwife's case, or 10s. when he is called in after twelve hours from birth, it is probable that they will decline to pay the maternity benefit so long as their responsibility exists, and that therefore prospective patients will "engage with" a doctor instead of a midwife, to the detriment of the practice of midwives.

The suggestion of the Midwives' Institute is that the midwives themselves (whose own fees when attending on insured patients are not guaranteed) should relieve Approved Societies of their responsibility under the Act, and raise a Guarantee Fund to pay the doctor's fee prescribed by the Commissioners, and secured to him if called in on a midwife's advice. We are not surprised that this suggestion "has been welcomed by many Friendly Societies," but we cannot think that it is the right way out of the *impasse*.

Should this scheme be adopted, the midwife may not only lose her own fee after attendance on a mother and baby at the time of confinement and for ten days subsequently—as its collection depends on her own business capacity, not on a State guarantee, given in the case of the doctor summoned to her assistance—but she may be actually out of pocket by the shilling which it is proposed she shall contribute in each case to guarantee the doctor's fee, and it is quite certain that this will happen in a proportion of cases.

In our issue of last week Mrs. Lawson, President of the National Council of Nurses, announced that the National Association of Midwives wish it to be known that this Association entirely disapproves of this proposal, and points out that its effect would be to make the maternity benefit 29s. instead of 30s., and that Societies and local Committees would have credit for paying the full 30s., while the midwife would be the instrument for getting 1s. of it back again. We think the objection valid, and the argument irrefutable.

THE INFANT'S CRY.

"The infant does not speak," says Dr. Rousseau-Saint-Philippe, as interpreted from the French in the *British Medical Journal*, "he is *in fans*." Etymologically, he must not speak; but he cries, and we find his language in his cry. It is part of the physician's business to learn his language, and so to interpret the child's sensations. The infant comes into the world with a cry, and the writer quotes Longet, who declares that this first cry is a shout of triumph, for the bonds of intrauterine existence have been burst by the unknown force which dominates all the phenomena of life. There is, however, a more prosaic reason for this initial cry—namely, the contact of the child's body with the cold atmospheric air. The healthy babies cry loudly, while those which are congenitally weak cry feebly and little, and the doctor should be on his guard in the case of the silent and the sleepy ones. It is, of course, always important to find out the cause of crying; but there are babies who cry for no real cause, and these are the screamers (*les criards*), generally the offspring of defectives, alcoholics, and neuropaths, and likely to grow into neuropaths themselves

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