midwifery cases with a view to becoming certified, to ask her to visit this and other cases, and to come to her subsequently and tell her the pulse and temperature and the general condition of the patient. These were the records of temperature and pulse entered in her book.

Dr. Cunningham, who, with another lady doctor, Dr. Douglas, Medical Inspector of Midwives, attended on behalf of the Local Supervising Authority, stated that the midwife could have sent to the Town Hall for a certified substitute, and must have known that she could do so, as all working in the area were notified. The midwife disclaimed knowledge. The result was that she was cautioned.

Surely if a simple caution is all that is required the Local Supervising Authority might administer this without setting all the penal machinery of the Central Midwives Board in motion, with the expense of solicitor's charges, statutory declarations, and the expenditure of time on behalf of the Board, the expenses of two medical representatives of the Manchester Local Supervising Authority to town and back, and, to the midwife, her own, and her solicitor's travelling expenses, and the latter's fees.

The second midwife, in the area of the Manchester Local Supervising Authority, brought up was able to explain the charges against her so satisfactorily that the Board found them not adequately proved, and refused to take action. One of the charges was that, the child suffering from inflammation about the navel on August 30th, the midwife did not explain that the case was one in which the attendance of a medical practitioner was required. All the evidence which the solicitor to the Board was able to bring forward was that the child had an umbilical hernia on September 20th!

In the third Manchester case the midwife was struck off the Roll. We do not wonder considering she informed Mr. Parker Young that the lowest temperature she had taken in a patient was 60°, the highest 106°.

In one case in which the Local Supervising Authority had suspended a midwife for a fortnight after attendance on an infectious case, the Chairman spoke strongly of Board's disapproval of this practice. Doctors did not find it necessary to go into quarantine, and there was no reason why it should be imposed on midwives. If, after adequate disinfection a midwife went back to work, contrary to the wish of the Sanitary authorities, and she was reported to the Board, the Board would uphold her. This pronouncement is one which midwives should note.

## INSURANCE BABIES.

Mr. Brunner, M.P. for the Northwich Division, stated at Middlewich last week that in order to commemorate the passing of the Insurance Act he proposed to give a silver cup to the first baby in the division that earns the maternity benefit. Questioned as to what would happen in the case of twins, he replied, "Well, of course, there will have to be two cups."

His wife, he said, would also give a christening robe to the second baby born after January 15th.

## MATERNITY BENEFIT EXPLAINED.

The Insurance Commissioners have issued a circular on the administration of maternity benefit, with a view to removing doubts as to the effect of certain rules. The circular states that

Under Section 18 of the Act societies have power to administer maternity benefit to their members "in cash or otherwise." A society may, therefore, if it think fit, instead of paying the whole of the benefit direct to the member in cash, administer part of it in kind by placing at the disposal of its members the services of certified midwives and doctors with whom it had made arrangements previously.

The value of the services would then be part of the maternity benefit, and the balance would be available for payment in cash or otherwise.

Due effect would have to be given to the proviso that the mother shall have free choice in the selection of the doctor or midwife.

Where societies do not propose to make any arrangements for providing the services of a midwife or doctor as part of the maternity benefit, the rule that a woman must be attended by a doctor or midwife must be read as a direction to the members and not as a condition of benefit. That is to say, if the rule is infringed, the society may inflict a fine if its rules so provide; but every case would have to be considered on its merits.

The rule does not authorise the society to refuse payment of benefit in respect of a confinement at which for any reason a certified midwife or medical practitioner was not in attendance, except in the rare cases in which husband and wife are both insured members of the same society and the society is satisfied that both parties were guilty of a deliberate breach of the rule.

According to Section 12 of the Act no payment can be made on account of maternity benefit while the mother is in hospital, and the amount otherwise payable must be applied wholly or in part in one of the ways provided by the section—viz., in payments to her dependents, or in payments for surgical appliances or otherwise for her benefit, or in payments to the hospital towards her maintenance while an inmate. In every case the whole of the benefit (where no such payments have been made) or the part remaining in the hands of the society will become payable to the member either in kind or in instalments or as a lump sum as the society may determine when the woman leaves the hospital.

previous page next page