

are specially complicated they should be passed on to the maternity hospital where they would be seen by the visiting physician in charge and if need be admitted into hospital.

At each branch also advice (*Consultation de Nourrissons*) should be given to mothers as regard the feeding of their infants, and again in any very complicated case the mother and infant should be sent either to the maternity hospital or the hospital for sick children. These branches should be made the centres for distributing milk.

My proposal then is that these branches should be administered by the Public Health Department and officered by members of the staff of the Maternity hospital and the Public Health Department. By such an arrangement, we would have complete control over pregnant women, nursing mothers and infants.

As regards country districts with no hospitals, the intimation of pregnancy would give the Health Authorities a control over the practice of midwives which would be greatly to the advantage of the community.

Without doubt a scheme on the lines I have indicated will be introduced some day. I trust we will not have to wait too long, for until it comes there is little hope of improving the present unsatisfactory conditions.

A LOCAL GOVERNMENT BOARD ENQUIRY.

An enquiry on oath was held last week by Dr. T. J. Browne, Local Government Board Inspector, at Miltonpass, Co. Westmeath, on the representation of the Mullingar Guardians, into charges made by Dr. W. J. Fox, Medical Officer of the Milltown Dispensing District, against Mrs. Oulahan, the midwifery nurse of the same district. There were counter-charges by the midwife.

In the course of his evidence, as reported in the *Irish Times*, Dr. Fox admitted that the real friction between him and Mrs. Oulahan dated from a case of a child named Quirke. That was in January, 1912. It was a private case, and the child was ill. Witness went into the house to get the child for an operation at the surgery, which was necessary. Mrs. Oulahan had the child in her arms, and she refused to give up the child to him, and he had a terrible struggle to get it—in fact, he had to tear it from her.

Mr. Shaw—Did you strike her, doctor? There was a struggle. I could not swear. There may have been an exchange of blows.

Mr. Shaw—You may have struck her and bled her? I could not swear.

Did you knock her down? I did not, but she may have tripped on the carpet and fallen.

Did you kick her on the ground? I swear positively I did not.

Is it untrue to say that you blackened her two eyes and kicked her on the ground? That is not true; it could not have occurred.

A witness deposed that he did not see Mrs. Oulahan on the floor, but he saw one eye blackened.

MATERNITY BENEFIT.

Discussing the Medical Clauses of the National Insurance Act, 1913, the *British Medical Journal* says:—

“Maternity benefit now becomes the property of the mother (Section 14). This may raise some interesting questions as to liability for the doctor's or midwife's fee. Section 19 of the 1911 Act places upon the husband *where maternity benefit is given or paid to the husband*, the duty, under penalty, of making adequate provision for his wife, but under Section 14 of the new Act the payment is to be made to the mother of the child, or if made to her husband he is to pay it to her. That part of Section 18 of the 1911 Act is repealed which provided for the recovery by the doctor of a prescribed fee from the maternity benefit when summoned by a midwife. This was agreed to practically without opposition, Mr. Masterman explaining that he thought it was a mistake that the payment of the doctor in these cases had ever been mixed up with the Insurance Act. He said the arrangement had been unpopular with everyone concerned—doctors, midwives, insured persons, and approved societies. It is true that strong objection has been made by the profession to the maximum prescribed fee (15s.), and this decision of Parliament makes it imperative that the local authorities should be made responsible for such fees, as is already the case in some areas, and was recommended a few years ago by a Departmental Committee. So far as the medical man is concerned, except in the areas just mentioned, he is now in the old position of having to look to the woman or her husband for the fee, his chances of recovering it being, however, improved by the fact that insured married women now have £3 more than they had before the Act came into force, while uninsured wives of insured men have 30s. more, from which they may reasonably be expected to pay for the services rendered to them at the time of their need.

“Section 14 (3) incidentally gets rid of a small grievance which was caused by insured women who had been attended by midwives sending for their panel doctors in order to get a certificate which would enable them to claim sickness benefit in addition to maternity benefit. The new subsection provides that a married insured woman shall have, in lieu of sickness benefit, a special maternity benefit equivalent to four weeks' sickness benefit, on condition that she abstains from remunerative work for four weeks after her confinement.”

In a large number of districts ophthalmia of the newly born is already notifiable, and the President of the Local Government Board is about to issue an Order making this disease notifiable in every sanitary area, and enabling sanitary authorities to provide the prompt medical aid and nursing which are required to prevent this serious cause of blindness in childhood.

[previous page](#)

[next page](#)