

# The Midwife.

## THE NEED FOR A MIDWIVES ACT FOR SCOTLAND.

Dr. A. K. Chalmers, Medical Officer of Health for Glasgow, in the course of the paper which he presented at the Scottish Nursing and Midwifery Conference last week, said that it was almost inevitable that directly the subject of Infant Mortality arrested the attention of Local Authorities, the question of the character of the attendance at the birth of a child should become of importance. Other aspects of a more purely medical character were also presented in a new light. Under what conditions, for instance, did puerperal sepsis arise? Was it influenced by locality, or house, or by the personal cleanliness and habits of the patient and her attendant? Accepting the axiom that infection meant a "carrier," was the carrier in this case the patient herself or her attendant? The speaker then detailed some of the practices known to be current amongst the 380 midwives practising in Glasgow.

Among certified midwives, 21 carried in their pockets whatever equipment, such as syringes or catheters or disinfectants they deemed necessary, and 11 who had bags misused some of the material they carried therein. For example, although 59 carried a Higginson's syringe, 22 confessed to using it alternately for rectal and uterine purposes, frequently for the same patient, and always without an effort to disinfect.

Twenty-two carried no thermometer, and were unable to satisfy inquiry that they could appreciate the advent of conditions requiring medical assistance.

With regard to the uncertified, 40 carried in their pockets whatever equipment they thought necessary. Of those who carried certain equipment in a bag, some were unacquainted with its uses. Fourteen used a Higginson's syringe for the double purpose already alluded to, and none of them indicated any appreciation of the relation of infection to puerperal illness.

None of them seemed to have any clearer appreciation of the conditions under which medical advice might be required, either during or after labour, than is patent to the apprehensions of any woman with an experience of family life.

One carried a thermometer, with the use of which she was unacquainted, and some did not recognise a thermometer when shown it.

### TRAINING OF MIDWIVES.

It was natural that the Midwives Act for England, which came into operation in 1902 or the principle, at least, which it expressed, should have been taken hold of by Local Authorities in

Scotland in their desire to advance the work on behalf of Infant Mortality. It was quite true that the views which might be taken of this suggestion would differ with the character of the population in different areas, and that on the whole the value of its provisions would be more keenly appreciated in densely populated centres than in rural districts.

When the English Act was still under discussion as a Bill in Parliament, considerable opposition was offered to it on the ground that it would legalise a low-grade practitioner of medicine, and it was suggested as an alternative that by re-organising existing agencies every woman in child-bed would be able to procure the attendance of a qualified practitioner, whose fees should be paid, where necessary, by the Poor-Law Authorities. But this last criticism was obviously forgetful of existing customs; midwives were an established part of our social economy, and the object of legislation was not to make them impossible, but to control the illiterate and untrained or careless among them.

### THE BILL FOR SCOTLAND.

It was unnecessary to follow the evolution of the Bill which had been submitted to Parliament under the title of the Midwives (Scotland) Bill. Its origin went back to the early days of the Infant Mortality Movement, and it was largely owing to the assiduity of Dr. Campbell Munro—Medical Officer of Health of Renfrewshire—that it took form under the auspices of the Scottish Branch of the Society of Medical Officers of Health. The Society were fortunate in obtaining the enthusiastic support of Mr. Barnes—Member of Parliament for Blackfriars (Glasgow)—supported by Mr. Ainsworth, Mr. Robert Harcourt, Mr. Arthur Anderson, Mr. Duncan Millar, and Sir George Younger, who submitted it to Parliament on April 23rd, 1912, very much as it left the hands of the Society.

The speaker then discussed the provisions of the Bill in detail.

Under Section 20 of the Bill power of entry into Lying-in Homes was conferred on Officers of the Local Supervising Authority for the purposes of exercising the powers of supervision over Midwives' practice. To many this Clause appeared objectionable, it being advanced that powers of entry were not here needed, but should be exercised by Public Health Officers.

Section 21 was an even more contentious Clause, although the opinion of the speaker was that the opposing views which had been advanced with some urgency from opposite sides of the Tweed had arisen because of the conditions, differing in the two countries; and that what was an un-

[previous page](#)

[next page](#)