

objectionable piece of machinery in one might readily enough become the cover of a different kind of practice in the other.

Section 21 (1), the first sub-section of the clause, was unobjectionable. It required notification of intention to practise, and was accepted, while of Section 21 (2) it had been said that it was both highly objectionable and vexatious. It was objected to by Doctors as well as Midwives. It was alleged that it made the Midwife report matters that would concern the Doctor's patient; that it would create friction, and prevent Doctors employing certified Midwives in given circumstances.

The provision of the subsection was to this effect, that where a woman, certified under the Act, who had not given to the Local Supervising Authority such a notice as was required in Sub-Section (1)—*i.e.*, that she intended practising—attended any woman in child-birth in any capacity, and a duly qualified Medical Practitioner was not present *at the time of the birth*, she should within forty-eight hours thereafter give such notice.

The objection to this Clause arose in the speaker's opinion under circumstances where Lying-in Homes were conducted under the direction of a qualified medical man, who would, in view of the requirements of the Sub-Section, it was suggested, prefer uncertified women. If in such circumstances the conduct of these Homes would escape supervision, he thought he would wholly agree with the objectors to the Clause; but, so far as he was acquainted with the conditions in Scotland, a strict parallel did not exist, and such Lying-in Houses as they had were mainly under the management of women, who were not Practitioners of Medicine. As applied to Scottish conditions therefore, he considered the provisions of the Clause reasonable enough.

Penal Clauses were introduced into the Act to protect against false enrolment, and Local Supervising Authorities might contribute towards the training of Midwives within their respective areas.

Section 25 again was important, because, while it recognised the right of the Midwife to call in a registered Practitioner to her assistance, it provided that such Practitioner should be paid by the Local Supervising Authority instead of as in England by the Poor Law Authorities. Moreover, it further stipulated that no fee would be payable by the Local Authority in respect of attendance on any woman who was entitled to Maternity Benefit under the National Insurance Act.

The seventh annual report of the Glasgow Infant Health Visitors' Association states that this association has now over 400 visitors, and during the year nearly 5,000 babies were under visitation. By co-operating with the day nurseries and with the school boards of Glasgow and Govan great assistance had been got in the work, and the vital statistics of the medical officer of health showed it had not been fruitless.

THE ROYAL MATERNITY CHARITY OF LONDON.

The Annual General Meeting of the Royal Maternity Charity of London was held on Friday, February 13th, at 31, Finsbury Square, E.C. Mr. R. Inigo Tasker, J.P., L.C.C., presided.

The Report from the General Committee and the Financial Statement of the Auditors for the past year which were in the hands of the Governors, were taken as read and adopted. The most striking feature in the Report was the large reduction in the number of patients attended, while in 1912 2,156 cases were attended, in 1913 the number was only 855. This is attributed directly to the coming into force of the National Insurance Act. The misconception arising out of the National Insurance Act has also diminished the number of subscribers, and the Report strongly emphasises the fact that there are hundreds of poor people who get no maternity benefit from the State and rely entirely upon such institutions as the Royal Maternity Charity for help in their hour of need. Eight pupils completed their training in the Charity's School of Midwifery in 1913.

On the proposition of Dr. Septimus Sunderland, seconded by Mrs. Probyn, the General Committee and Auditors for the current year were re-elected.

Reports were then received as to the procedure adopted by various representative maternity institutions in connection with the grant of letters to insured persons, and in this connection Dr. Septimus Sunderland moved:—

RESOLUTION.

“That this meeting shall consider whether it is advisable to formulate a scheme for the attendance by the midwives and doctors of the Charity upon women insured under the Insurance Act, in order to bring it into line with similar institutions throughout the United Kingdom.”

In putting forward this motion Dr. Sunderland said that for the past two years the Committee of the Charity had been much troubled by wondering to what extent the Institution would be affected by the National Insurance Act, they had given the matter their careful and anxious consideration and had spent many hours in deliberation on many occasions; their services throughout this trying period could not be too gratefully regarded by the Governors of the Charity.

They had to decide whether the Charity ought to attend insured women under the National Insurance Act, and decided to play a waiting game. They feared if they arranged, as other Lying-in Institutions had been doing, to attend insured women, that the subscriptions might be adversely affected, and they believed that the charitable public might be induced to support the institution if its benefits were reserved for the extremely poor class of women whose husbands were not insured under the Act. The charitable public had not responded to these hopes.

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