

and necessary at this time of year. The Board must become bankrupt to get on its feet again. This was not pleasant to most people but the Board were quite used to it.

A meeting of the Penal Board was fixed for April 29th, and the next Monthly Meeting of the Board for April 30th.

THE MATERNITY BENEFIT.

Miss Margaret E. Bondfield, writing in a contemporary in connection with the application of the maternity benefit under the National Insurance Act states that there are bitter complaints that doctors and midwives are raising fees to such an extent that the whole of the maternity benefit is more than absorbed, and instances one case, brought to her knowledge, in which the midwife raised her fee from 10s. to a guinea.

Looked at from the economic standpoint the charge does not seem excessive in the case of a patient who has been provided by the State with the means to pay for skilled help, when we consider that for that amount the midwife attended the case for probably four or five hours at the time of confinement (or in the case of a first baby much longer), very likely in the night; that for the subsequent ten days, she attended mother and child, necessitating visits of about an hour daily, saw the mother safely through the dangers of the puerperal period, and left the child healthy and well, having may be warded off the danger of ophthalmia neonatorum, and possible resulting blindness. We value the lives of the mothers of the nation cheaply, and, similarly, the services of those who attend upon them, but a skilled midwife, who performs her work conscientiously, earns a guinea thoroughly before she gives up the case, and it is only because the value of women's labour is so underrated and skilled work underpaid, that it is possible to offer a midwife the remuneration she often receives.

Other interesting points raised by Miss Bondfield are that many approved societies are refusing sickness benefit to women who are pregnant, although they may be certified incapable of work. Their defence is that incapacity arising from pregnancy is not an illness, but a natural state of things for women. There are also complaints concerning the indignity placed upon those insured women who are obliged to discuss symptoms of women's diseases with men agents, who have no knowledge which entitles them to judge, yet upon whose report their benefit may be withheld.

At a very representative gathering of married working women held in London last week, under the auspices of the Women's Co-operative Guild, strong feeling was expressed on this point, and the discussion revealed the fact that this work was most distasteful to a great many of the agents. In fact, the result of the first year's working has shown that the approved society machinery is not suitable, and the test of "incapacity" is not applicable to pregnancy sickness. The scheme

put forward by the Women's Co-operative Guild proposes to extend to all women (under the £160 income limit) an increased maternity benefit, and to add to it ante-natal advice and treatment.

REGISTRATION OF NURSING HOMES.

At a recent meeting of the West Derby Guardians it was decided, on the proposition of Dr. Grimes, seconded by Miss Cripps, to adopt the following resolution, which had been passed by the Croydon Board of Guardians:—

"That this board concurs in the suggestion made by various public bodies as to the necessity for the registration and regulation of lying-in homes and institutions other than those under the poor law, or hospitals, or places already duly certified, on lines similar to the proposals now before Parliament on the subject, by the London County Council as regards the county of London, and that the Local Government Board be requested to promote legislation on the subject empowering boards of guardians to adopt the necessary measures, as in the case of the Children Act, 1908.

Dr. Grimes remarked that it was very necessary that some supervision should be exercised over the nurses who advertise for cases to be attended to at the nurse's own home. He would not have every such person who took in such cases registered, but what he wanted to get hold of was the person who advertised. He was very sorry to say that, in some cases the treatment resulted in what nearly amounted to infanticide, or at any rate to bad cases of baby farming.

Miss Cripps said the nurse was registered, but her home was not, and it was not open to inspection.

Mr. Williams said that the traffic in those cases was enormous, and if one could only see the traffic in these homes they would be astounded. He hoped the guardians would take every possible step they could to get these places registered.

We are of opinion that all lying-in homes or nurses should be registered or licensed, but Miss Cripps is in error in saying that "nurses" are registered. They are not. Presumably she means Midwives, who are not trained nurses. It is quite extraordinary how ignorant the majority of people are on this question. Even individual members of the Central Midwives Board have constantly been heard to bestow the title of nurse on midwives. It is not necessarily an interchangeable title.

AN EMERGENCY BAG.

The outfit of an emergency bag should include rubber gloves, and intra-uterine nozzle, a rectal saline apparatus, a sub-cutaneous saline apparatus, three rolls of sterile antiseptic gauze, a hypodermic syringe, and ergot, pituitary extract, morphia, and brandy for hypodermic injection. Also the following emergency drugs: Calomel in 5-grain doses, chloral hydrate 20 grains to the drachm, tincture of iodine, and a small cylinder of oxygen.

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