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## EDITORIAL.

### DILETTANTE MIDWIVES.

Dr. E. Macrory, B.Ch., D.P.H., L.M., Inspector of Midwives for the County of London, and President and Chairman of the Inspectors of Midwives' Association has on behalf of the Association addressed a letter to the President of the Local Government Board with reference to the Circular on Maternity and Child welfare, dated July 31st, 1914.

The letter states that as women who are keenly interested in any movement which has for its purpose the general welfare of the mothers and babies of the country, and as friends and inspectors of midwives the members of the Inspectors of Midwives Association cannot help viewing with distrust the suggestion made in the above Circular that the supervision of Midwives should be included in the scheme, as, probably, it would then be carried out by the Local Health Visitor.

The Association feels very strongly that to make a really proficient Inspector of Midwives, to whom the midwife can safely apply for reliable advice in her many difficulties, the Inspector must be a woman of much experience both in midwifery, and in the care of infants. The necessary midwifery qualification for the position of Health Visitor is merely a Midwifery Diploma, no evidence of further experience being demanded. Many practising Midwives are highly intelligent women of long experience, certain of whom train in midwifery the prospective Health Visitors, and they would naturally resent a person of such slight knowledge of this subject being placed over them. The Association of Inspectors of Midwives urges that having regard to the unique position which the Midwife holds in regard to her patients it

would seem that for the scheme to work satisfactorily her sympathy must be enlisted, and apprehends that this sympathy may be withheld if she is to be placed under a Health Visitor whom she considers to be a dilettante midwife.

The Association is further of opinion that it is of the utmost importance for the welfare of mothers and infants that the standard of the midwife should be raised and not lowered, and has no doubt that a high standard of inspection is a most important factor in raising the standard of those to be inspected.

We agree with the Association that the standard for Inspectors of Midwives should be a high one, and would suggest in this connection that the Central Midwives Board should institute a further examination, to pass which would give candidates for posts as Inspectors of Midwives a certain defined position. A knowledge of practical midwifery does not necessarily imply the possession of qualities which will make a midwife an efficient inspector of others, although we must own to some sympathy with a Government Department which thinks all is well if it demands the State qualification in midwifery of the inspectors it appoints.

The pity is that the knowledge implied in that qualification is, as the Inspectors point out, so slight. There is happily a hope that the period of training in midwifery demanded by the Central Midwives Board may be extended to six months, but without a foundation of general training as a nurse even this cannot be regarded as serious preparation for the manifold responsibilities of a midwife.

The Association of Inspectors of Midwives has done good service by drawing attention to the need for a high standard of inspection, and we hope that their representations may be effective.

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