

EDINBURGH SCHEME FOR MATERNITY SERVICE AND CHILD WELFARE.

The Edinburgh Scheme for Maternity Service and Child Welfare, published at length in the *British Medical Journal*, as proposed by Dr. Maxwell Williamson, M.O.H. for the City, is interesting and comprehensive. Under this scheme it is proposed to link up existing agencies through the Department of the Medical Officer of Health.

For some years there have been in the city 300 lady voluntary health visitors, with one official visitor, who have visited the homes of newly-born infants, and continued their visitation for the first year. This work (with the consent of the visitors) would now be merged in the larger scheme; but additions would require to be made to the staff. It is suggested that a woman doctor, acting under the M.O.H., should be appointed to supervise the whole work of the scheme, and to be responsible for the clerical work, including the keeping of records. She would also exercise supervision over the midwives practising in the city (a duty at present imposed under the Midwives (Scotland) Act on the M.O.H.). Two female clerks and three female district visitors (having special qualifications in nursing, midwifery, &c.) would be required, along with six district nurses. It is proposed to divide the area of the city where visitation is most necessary into three districts, for each of which there would be available for work 100 lady voluntary health visitors, one female district visitor, and two district nurses. Notifications of births, when received at the Public Health Department, would be considered in order to determine whether the cases were suitable for official visitation, as it is desired to safeguard the interests of the medical practitioner in his relationship to his patients. In suitable cases a female official visitor would, after making a preliminary inquiry, pass the case on to the voluntary health visitor, who would continue to exercise periodic supervision. In all cases requiring medical advice the visitor would give a card for presentation to the private medical attendant, or, if unable to procure such, to the recognised centre of that particular district.

The whole scheme would work out as follows:—

1. The duty of supervising the execution of all the details of the scheme would devolve upon the medical officer of health.
2. The additional official staff necessary would include one woman doctor, two female clerks, two female official visitors, and six district nurses.
3. Certain already existing institutions would be included in the scheme for the satisfactory working of it, and these would carry out work among women and children of a curative and preventive nature.

The institutions under the heading of "Curative" were the Royal Maternity Hospital, the Royal Hospital for Sick Children and several named dispensaries. In each of these outdoor

clinics for the benefit of mothers and children would be held twice weekly under the direct supervision of the physicians of the institutions.

(a) *Maternity Clinics*.—These would be open to all expectant mothers, who would attend at their own initiative or as a result of the advice given by the various visitors during the course of their daily visitation. The names of such expectant mothers would be registered at the various centres and such advice or treatment given to them, as in the opinion of the physician was necessary. Their confinement, if the person was not insured or was unable to pay the fee of a medical attendant, would subsequently be supervised under the direct care of the physician to the institution or some representative approved of by him. For these services a special grant would require to be made. After the birth the mother would continue her attendance, if need be, at the maternity clinics, and should hospital treatment be necessary either before, during, or subsequent to confinement it would be duly arranged for at these centres.

(b) *Child Clinics*.—These, too, would be held at each of the centres enumerated twice weekly, and would be specially devoted to the care of infants and children between the time of birth and their attaining the age of five years. To these clinics the various official and voluntary visitors would send all children who appeared to require medical attention, if their parents had not a medical attendant of their own.

Other details include the free supply of medicines, the free supply of milk for the use of infants and food for nursing mothers on the recommendation of any of the physicians in connection with the centres, subject to the approval of the medical officer of health. Grants would be paid to the clinics and to the physicians in charge. The official visitors would have the assistance of the three hundred voluntary lady visitors who have been identified with work amongst infants for some years.

Two things strike us in this scheme (1) the small scope given to the midwives who are about to be registered under the Midwives Act for Scotland, and (2) the large number of voluntary lady health visitors employed in proportion to the official ones,

At the Central Criminal Court on July 19th, before Mr. Justice Lawrence, Bertha Roth, 38, a Frenchwoman and a midwife, pleaded not guilty to the wilful murder of Lucie Picard, a still-room-maid at the Prince of Wales' Hotel, Kensington. It was alleged that prisoner, who was a certified midwife, caused deceased's death by performing an operation. Prisoner was found guilty of manslaughter, and Mr. Whiteley, prosecuting, said he did not propose to proceed with five other indictments. Mr. Justice Lawrence said that prisoner was an exceedingly dangerous woman, and would go to penal servitude for three years. We are officially informed that if this woman is on the Midwives' Roll she did not register under the name of Roth.

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