

may be able, in some cases, to modify his environment, change his employment, or his habits of living, it becomes an actual social crime when the patient is a little child who can in no way change its environment.

"It has been observed that babies in an asylum never laugh, or even cry, except when in severe pain. Every child should be stimulated to exercise and made to laugh. We realise that when a mother is separated from her child she undergoes great mental anguish and it is quite reasonable to suppose that the child also suffers when separated from its mother. Let each nurse remember this fact and do all she can to fill the mother's place. Let every nurse consider the social background of her patients and be a real force in all that tends to brighten the life of every little child. Pull your oar joyfully in that 'teamwork of nurse, educator and social worker' whose object is 'the care of the people in trouble.' Surely the homeless child left in an institution without the mother's care is in trouble! Make that home in the meanwhile the 'House of Love' for that child."

THE PROPOSED MIDWIVES ACT FOR IRELAND.

Now that both England and Scotland have Midwives Acts in force, both of which could be with advantage more progressive measures, it is inevitable that Ireland should also discuss the advisability of following suit, especially as at a special meeting of the President and Fellows of the Royal College of Physicians of Ireland passed a resolution in June last, urging on the Government the necessity for passing a Midwives' Act for Ireland. It is inevitable also that such legislation should be official; and Mr. J. Power, M.B., of Ardfinnan, writing in last week's *British Medical Journal*, has something interesting to add to the discussion on the proposed Midwives' Bill. He says:—

"In rural Ireland formerly we had only handywomen practising in our districts. The results were so bad that the Irish Government Board, recognizing its responsibility and acting in conjunction with the local boards, and with the approval of the medical profession, undertook the duty of limiting the injury which was being done by untrained midwives, and placed in the dispensary districts qualified maternity nurses to afford free treatment to persons whose means prevented them from making competent provision for the lying-in period. The extent to which this movement has developed can be gauged from the fact that in the 741 dispensary districts of this country there are now employed 789 qualified midwives acting under the supervision of the Local Government Board. The movement is decidedly progressive, as in the year 1910 their number was 714. By the co-operation of the dispensary doctors with the

official nurses the handywoman is fast disappearing from practice, and that excellent result was brought about by the insistence of the doctor, when summoned under the Poor Law, on the presence of the trained local nurse, in whose charge he places the patient in normal cases, with an instruction to communicate with him if the case at any stage was not progressing favourably. This method has established such satisfactory results that we now find our nurses are primarily called in, and we are only summoned—and that at a proper time—where our presence is actually required. Such an excellent arrangement for the safety of parturient women, and for the protection from unnecessary work and worry of the doctor appeals to me—who have seen human life sacrificed by the handywomen, and who have been compelled to undertake long journeys to express a placenta or deliver a woman not needing assistance, because of the ignorance of the unqualified nurse in attendance. If unqualified women obtain a legal status, we have no option but to attend with them when summoned on the red ticket, and thus rehabilitate them in a position from which they have been displaced by the co-operation of our official nurses and ourselves. Bad as this is, it possesses a time limit, after which the now practising handywoman passes from the stage of human destruction to her eternal reward. However, the plague spot in the proposed Bill is the woman who does not register, but, acting in the guise of a 'monthly nurse,' is actually performing the work of a midwife under the cover of a dispensary doctor, whom she can easily summon *on a ticket*, so that she may, without incurring punishment, be enabled to carry on her business 'habitually and for gain,' 'under the direction of a registered medical practitioner,' and spread sorrow, suffering and death amongst poor ignorant people, and re-enslave the local medical officer. To the exertions of that class there is no time limit; generation after generation of them may arise and continue indefinitely in existence, and nullify for all time the efforts being made to improve lying-in conditions in this country, and harry the dispensary doctors to death."

The fact is that all the Midwives Acts provide registration after far too short, and insufficient training—this, no doubt, an economic necessity, as educated and intelligent women cannot afford to spend more than a few months in acquiring a knowledge of midwifery, if by it they cannot earn a living wage. Midwifery is, without doubt, a sweated profession, where certified midwives are concerned, whilst it is also one of the most arduous and exhausting. It is only the mother love in women that urges them to adopt it.

It is not every physician who approves of the two hour feeding of infants, and consider it injurious to mother and child and as responsible for weaning in many cases.

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