

and far more babies, and the women do not know the rudiments. My first lecture is on cleanliness, and most necessary. I get a great many eye cases, and only wish operations could be done. Teeth I tackle. My second patient had five extracted!"

GRANTS IN AID FOR MIDWIVES.

One of the results of the war has been to demonstrate, as never before, the value of child life, the necessity for the ante-natal care of child-bearing women, and for skilled attendance on women in childbirth, while the depletion of the ranks of the medical profession available for the care of the civil population has made medical attendance on normal maternity cases more impossible than ever before. The result is that the value of the work of certified midwives is receiving the recognition of the Local Government Board, and, with that recognition, some appreciation of the fact that a midwife is entitled to a living wage.

The Local Government Board have therefore revised the regulations with regard to their grant for maternity and child welfare, and, in a circular letter, impress on local authorities the importance of securing full provision for this welfare work in their districts, in spite of the need for economy in other directions.

The Board state that for the benefit of women who cannot afford to engage a midwife they are prepared, when a local authority or voluntary agency undertake, with their approval, to provide the services of a competent midwife gratuitously, or at less than the ordinary fee, to make a grant equal to half the deficiency between the amount of the fee recovered and the ordinary fee of the district. Also, and this is the point to which we specially wish to draw attention, where a competent midwife is not available the Board are prepared to make a grant in aid of the maintenance of a midwife by the Local Authority, or by a voluntary agency under a scheme approved by them.

Here is an opportunity for Queen Victoria's Jubilee Institute for Nurses to secure these grants in aid, and provide certified midwives on the Roll of Queen's Nurses for these positions.

The Local Government Board are of opinion that the smaller sanitary districts can be served more economically and efficiently by a county scheme than by separate schemes for each district, and that the County Council may often combine in one individual officer the duties of health visitor, inspector of midwives, tuberculosis visitor, and sometimes school nurse and mental deficiency visitor.

It is sometimes alleged that the trained nurse will not stay for long in country districts as there is not sufficient work for her. The one who combines the above offices, and discharges the duties connected with them efficiently, will certainly not stagnate, and the Local Authority, and through it the Local Government Board, will get very good value for its money; but we

deprecate the combination of midwifery with school nursing. Considering that the school nurse is probably more often in contact with infection than any nurse out of an infectious hospital the combination of the two things seems singularly unfortunate.

We have always advocated the subsidization of midwives, and their recognition as officials of the State, as the means of securing the type of woman necessary, and the step now taken by the Local Government Board carries us far along the road to this goal.

THE HYGIENE OF PREGNANCY.

The first lecture of the course on Infant Care under the auspices of the National Association for the Prevention of Infant Mortality, was given by Lady Barrett, M.D., M.S., on Monday, October 2nd, at No. 1, Wimpole Street, W. Her subject was the Hygiene of Pregnancy.

She said that she ventured to think that some of her audience did not know why ante-natal hygiene was of such great importance. There were three reasons:

First.—It would enormously prevent abortions, still births, and death during the first year of life.

Second.—It would undoubtedly lessen maternal deaths.

Third.—It was always true to say that when you saved life, you also saved health, and ante-natal hygiene was going to raise the standard of well-being of many mothers.

The death rate of young infants was 11 per cent. Every year 96,000 infants die in the first year of life. Twenty-three per cent. because they are premature, or because they have been injured at birth.

Forty per cent. die from infectious disorders, because from reasons of defective ante-natal hygiene and nutrition they have little resistance.

Nearly 13 per cent. die from atrophy, which as is well known, is often attributable to syphilis, which, if discovered in the mother in good time, is curable and the child can be born healthy.

Every year 3 per cent. or 23,000 children, die still born. The causes for this are difficult labour, ante partum hæmorrhage, albuminuria and syphilis.

All these conditions could be prevented if they were discovered in time.

As regarded maternal deaths, every one was caused by the fact that someone had failed somewhere.

She considered that ideally every woman should be medically examined once during pregnancy.

DEATHS DUE TO CHILDBIRTH.

The *Bulletin of the Lying-in Hospital of New York* states that during the past fifty years the United States has lost a million women from puerperal causes. The absence of mortality in well-conducted maternity hospitals is emphasised; there all conditions can be controlled.

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