

may amount to half the entire cost, are paid, and it is their officials—the medical officer of health, the assistant medical officer of health, the health visitors, who are the paid officials—but in addition to these it is advisable to have a band of voluntary assistants, chosen by the officials just mentioned, on account of their tact, their knowledge, and their experience. These helpers will be more than fully occupied, but one thing they must not do: no special advice in matters primarily dealing with baby's health must be given. His feeding, his little ailments must all be dealt with by the skilled doctor or the health nurse. For there must be no clashing of advice, no wrong instructions given. If baby has been peevish, if baby has not been thriving, if the scales show that it has lost, not gained in weight, or even remained stationary, that is a matter for a little private talk in the cosy parlour. There may be nothing wrong, but, on the other hand, there may be something, and it is only the skilled who are to be trusted with baby's health. When every member of our club feels that her baby, and because she is baby's mother she herself, are of prime importance in our eyes, then, and not till then, will the club have fulfilled its purpose and have really won home.

### THE NURSE-MIDWIFE.

The midwife question, says Dr. Fred. J. Taussig in the *Public Health Journal*, U.S.A., must be solved independently of the interests of any special class, whether that special class consists of general practitioners or incompetent midwives. He suggests the establishment of schools of midwifery, admission to which would be limited to graduate nurses. Curriculum would include attendance for six months to a year; entire charge of at least thirty cases of normal confinement, a number of which should be out-clinic cases; a systematic course of lectures and demonstrations; thorough hospital training in diagnosis; special work in treating of emergencies, &c. The class of women drawn into such work would be greatly superior to the class of ordinary midwives. "It is better to train the nurse to do midwifery than to attempt to teach the midwife some of the rudiments of nursing." Dr. Taussig believes that the nurse-midwife would be better fitted for normal obstetrics than the majority of general practitioners. Most general practitioners dislike obstetrics. They have not had the training in rigid asepsis which has been given to the nurses. In cases of complications the general practitioner will, as a rule, try to get along by himself and often attempts operations which he is not qualified to perform. The nurse-midwife realises her own limitations and can be trusted in the presence of serious complications to send for the specially trained obstetrician.

We agree absolutely with Dr. Taussig's opinion that "It is better to train the nurse to do midwifery than to attempt to teach the midwife some of the rudiments of nursing." That system is at the root of our inefficient standard for midwives in this country.

### CENTRAL MIDWIVES BOARD. MONTHLY MEETING.

At the monthly meeting of Central Midwives Board, held on October 11th, the following items were the most important business dealt with:—

A letter was received from the Secretary of the War Pensions Statutory Committee, asking whether, in the opinion of the Board, it would be in the interests of widows of soldiers desirous of taking a course of training as maternity nurses, as well as in the interests of the general community, if training as a midwife were substituted in suitable cases for maternity nursing.

It was agreed that the reply be that the Board is strongly of opinion that it would be in the interests of a woman in the circumstances mentioned in the letter of the Secretary of the War Pensions Statutory Committee, as well as in the interests of the general community, that she should take a course of training as a midwife rather than a course of training as a maternity nurse.

A letter was received from the Scottish Central Midwives Board, transmitting a Draft of a Representation which it proposes to submit to the Privy Council, urging the expediency of the introduction of legislation prohibiting the sale of long tube infant feeding bottles, and asking the co-operation of the Board in the matter.

It was resolved that the Board gives its general approval to the Draft Representation, which the Central Midwives Board for Scotland proposes to submit to the Privy Council.

A communication was received from the Association for Promoting the Training and Supply of Midwives transmitting a copy of certain proposals for a State-aided Midwifery Service in England and Wales, submitted to the Home Secretary by the Association.

A letter was also received from the Privy Council inviting the Board's observations on the proposed scheme.

It was agreed:—

(a) That, while reserving its opinion on the financial proposals of the scheme, the Board gives its general approval to the proposals for a State-aided Midwifery Service in England and Wales drafted by the Association for Promoting the Training and Supply of Midwives.

(b) That a copy of the foregoing resolution be forwarded to the Privy Council.

The Chairman reported on the results of the inspection of eighteen training schools and institutions in the London area, conducted by midwives approved for the purpose.

The application of Midwife Elizabeth Sydney Rose Rimmer (No. 25) for approval as a teacher, was granted.

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