

The Midwife.

THE BIRTH-RATE FOR 1920.

The provisional figures of the Registrar-General for England and Wales concerning the Birth-rate and Death-rate for 1920 afford ground for hope that the health and virility of the Nation are on the upward grade, and that, with greater knowledge, greater care is being taken of infants in the all-important and critical first year of life. The will to give adequate care to their infants has never been lacking with the great majority of mothers; it is the necessary knowledge in which they have been deficient, and they are usually pathetically anxious to obtain it. In the past, in their anxiety, they have taken counsel with other mothers, often scarcely better informed than themselves; but a better day is dawning for both mothers and infants, through the policy of the Ministry of Health in developing ante-natal and infant welfare centres, and there is good reason to hope, not only that the death-rate will continue to fall, but also that the standard of health of the living will be raised.

The birth-rate for 1920 is the highest for the last ten years, and both the general death-rate and the infant mortality rate the lowest on record. The birth-rate per 1,000 total population in England and Wales is 25.4; the death-rate, 12.4; and the deaths under one year, per 1,000 births, 80; while, if we take London alone, it is 75.

The death-rate has been steadily falling since the decade 1871 to 1880, when it was 21.4 per thousand, the exception being in 1918 when there was a sharp rise, due mainly to the influenza epidemic.

The infant mortality rate also shows a drop from 149 per thousand births in the decade 1871 to 1880 to 80 per thousand in 1920. The passage in 1902 of the Midwives Act, and its application since, has no doubt accentuated the fall.

While there is ground for encouragement in these figures, we must not forget that there are other important points to consider besides the actual birth-rate, for we know that, as a general rule, the most highly organized parents have relatively small families, while the irresponsible and the feeble-minded are of an amazing fecundity. It would be valuable to know how many of the babies in their first year of life can be described as A 1, how many must be classed C 3 as to health, for it is certain that an A 1 nation cannot be reared from C 3 babies.

The most hopeful factor in the situation is that we now have a Ministry of Health, the function of which is to study conditions making for health and disease, and to conserve and raise the standard of health on lines laid down as the result of this expert investigation. The health of the people is too valuable a national asset for its care to be organised on anything but scientific lines.

THE LONDON COUNTY COUNCIL.

The London County Council has authority, under Section 8 (3) of the Midwives Act, 1902, to suspend a midwife from practice in order to prevent the spread of infection, and, in pursuance of this power, recently exercised it in the case of a midwife who had been in contact with diphtheria. The 1918 Act (Section 6 (2)) gives the Council power to pay a midwife such reasonable compensation for loss of her practice as may seem just, and the Midwives Acts Committee has recommended to the Council that the sum of £8 18s. 6d. should be authorised as payment to the midwife concerned.

The Public Health Committee reported to the L.C.C. at its meeting on February 8th, that they have acceded to a request of the Central Midwives Board for the services of an inspector in the Public Health Department to prosecute certain inquiries on behalf of the Board.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

The following are the questions set at the Examination of the Central Midwives Board on February 1st:—

1. What do you understand by involution of the uterus and vagina after full-time labour?

What symptoms and signs during the lying-in period indicate that involution is unsatisfactory?

2. What are the symptoms and signs which during pregnancy would lead you to suspect that Eclampsia may occur? What would you do before the doctor arrives?

What are the most important points in the nursing of a case of Eclampsia?

3. Describe the method for sterilising midwifery instruments; also the method for disinfecting the hands and arms.

4. What special care does a premature infant require? Give exact details of the methods which you would adopt.

5. What are your duties under the Rules of the Central Midwives Board if you have been in contact with a septic case? Are you relieved in any degree from those duties when a doctor has charge of the case?

6. What precautions during labour will you take to prevent infection of the eyes and lids of the infant?

At the annual meeting of the Darlington Queen's Nurses' Association, at which the Mayor, Councillor Seaton Long, presided, it was announced that since July last the Association had taken up midwifery work, and it was hoped it would be of great value to expectant mothers. We do not doubt that it will be, both from the professional and social side.

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