

The Midwife.

SCIENTIFIC BIRTH CONTROL.

It is amply apparent that scientific birth control will not have a fair hearing if religious intolerance and other forms of ignorance can prevent it. Fortunately, *The New Generation*, the organ of the Malthusian League, and *Birth Control News*, both of which publications have the courage of their opinions, deal with this all-important matter with courage and good humour. The latter publication states:—

"Cardinal Bourne has recommended Roman Catholic medical men and women to attack the birth control problem from the pathological side. Hence, Dr. Ware had lectured to medical men, and Dr. Mary Kidd is preparing a pamphlet to be issued by the Catholic Truth Society to mothers.

"Resolutions have been unanimously adopted urging the Government to make the sale of contraceptives, or the production and exposure of literature advocating artificial [scientific] birth control a penal offence."

Members of other religious denominations are also agitating against scientific birth-control.

Before the rising of Parliament, Mr. A. Hailwood, M.P., Ardwick, questioned both the Home Secretary and the Prime Minister. He asked the former what he was going to do to check "obscene literature" having for its object the prevention of conception; and the Prime Minister "if he was going to make it" a punishable offence to publish or distribute books or pamphlets advocating or teaching the prevention of conception. The Home Secretary, in reply, pointed out that the police already have powers to deal with obscene publications, "but it cannot be assumed that a court would hold a book to be obscene merely because it deals with the subject referred to." A very sensible reply.

The Three Towns Nursing Association has resolved to go forward with a scheme for the provision of a Maternity Home at Plymouth, such accommodation being a most persistent and urgent need. The provision of the new Maternity Home will, of course, add an important feature to the work of the Association, in the fact that it will provide also institutional training for the pupils.

We are glad to note that Medical Officers of Health are beginning to express appreciation of the full three years' training in nursing as the foundation of a Health Visitors' education. Dr. H. T. Cates, of St. Helens, is in favour of the full nursing course plus the Health Visitor's Certificate, and of that of the Royal Sanitary Institute. Dr. C. L. Williams, of Todmorden, stated at a recent conference that the two most necessary qualifications were good health and a hide like a rhinoceros!

DEATH IN CHILDBIRTH.

Maternity and Child Welfare gives the following information:—

During the year 1920, the last for which exact figures are obtainable, 4,144 deaths were assigned to pregnancy or childbirth. The Registrar-General, from whose annual report we take these figures, says that towards the close of last century the mortality ascribed to childbirth, whether from sepsis or other causes, was falling rapidly. The fall continued during the first few years of the present century, the commencement of which was marked by the passage of the Midwives Act, but during the past ten years it has been succeeded by a slight rise, chiefly manifest during the last two. The increase has been due almost entirely to septic causes. It is known that the mortality from erysipelas tends to rise and fall with that from puerperal sepsis, and it may be significant that in 1920 the erysipelas mortality was the highest since 1915. There is little difference on the whole between the mortality from childbirth in town and country, though there is some tendency for septic mortality to increase, and non-septic mortality to diminish, with urbanization. On the other hand there is much difference between

Deaths of Women in Childbirth per 1,000 Children born alive during 1920.

	North Midlands	South	Wales	England & Wales.
Sepsis ..	2.03	1.66	1.67	1.89
Other causes	2.81	2.29	2.10	3.63
All causes ..	4.84	3.95	3.77	5.52

the parts of the country. Wales—with its high percentage of "handy women"—returns the highest rate in consequence of a uniformly high death-rate from non-septic causes. Then comes the North, which yields the highest rate from sepsis, and then at a long interval the Midlands and South. The non-septic rate is lowest in London, where alone it falls below the septic. Mortality from sepsis is much more evenly distributed than that from other causes. The former ranges from 1.42 in the Southern rural districts to 2.22 in the rural districts of Wales; while the latter varies between 1.61 in London and 3.81 in the Welsh county boroughs. While there may be many contributory causes to account for what seems on the face of it to be a lamentable and unnecessary accident of childbirth, the increase during the last two years is disquieting. New Zealand is proposing to set its house right in this matter. England—and especially Wales—must follow suit. The question is how.

[previous page](#)

[next page](#)