

The Midwife.

C.M.B., SCOTLAND.

The following are the questions set at the July Examination of the Central Midwives Board for Scotland:—

1. What signs in a primipara a fortnight before term would suggest that the patient was a rickety subject and had a contracted pelvis?
2. What are the causes of rupture of the uterus? What are the signs of threatened rupture, and what are the indications of actual rupture?
3. How would you recognise that a woman was in labour?
4. What would make you suspect that a pregnant woman was suffering from gonorrhoea? What are the dangers to mother and child after labour and how are these dangers prevented? What are the midwife's duties in such a case?
5. What are the differences between human and cow's milk? Give one method of preparing cow's milk for an infant a week old, with quantities.
6. What leads to inflammation of the breast? How would you recognise it? What are the rules of the Central Midwives Board dealing with this condition?

THE BABY BONUS IN AUSTRALIA.

The question of the influence of a money grant to mothers at the time of their confinements is one which is of interest all the world over, as what is done in Australia to-day may be done elsewhere to-morrow, and, as Australia has now had over ten years' experience of this system, its experience is available for other countries.

A paper read before the All-Australian Women's Conference, on the "Baby Bonus," held at Melbourne in the spring, by Dr. Edith Barrett, representing the Bush Nursing Association, and now published in pamphlet form, is thus of much interest. It is entitled:—

"IS THE MOTHERHOOD OF AUSTRALIA GETTING THE BEST VALUE FROM THE £5 MATERNITY BONUS?"

Dr. Barrett said, in part:—

The National Council of Women of Victoria has always been interested in this bonus. When first proposed we waited as a deputation on Mr. Fisher to ask that, instead of the bonus, arrangements should be made so that every woman should have proper care and treatment during her confinement, but the deputation was not successful. Now we have had several years' experience, and have to look at the results and see what has been achieved. The following paper aims at showing that the baby bonus has not achieved its object, and that the motherhood of Australia is not getting the proper value for the £5 bonus.

The Maternity Bonus was introduced on October 19th, 1912.

There is no doubt it was thought at first that it would only be claimed by those who were not well-

to-do. It is, as a matter of fact claimed now by practically all women who give birth to children, irrespective of their financial position. For the year ending June 30th, 1922, the bonus was paid in the Commonwealth to 138,140 women. The total expenditure, including administration, was £700,000, of which approximately £15,500 was expended on administration.

When it was introduced it was supported by very varied arguments: Those who took it most seriously asserted that it would increase the birth-rate, or at least arrest the decline; that it would diminish the maternal and infantile mortality, and render a difficult and dangerous period in woman's life safer, and thus conduce to the national welfare.

Other people, fairly numerous, took the view that money spent in this way would do none of these things; that, if it were desired to effect the beneficial results mentioned above, the money could be better spent in other ways by providing institutions to which women could apply for instruction and help. More than ten years have passed and it is now possible to form some idea of the result.

Dr. Barrett concludes, and gives figures in support of her conclusions that, if the matter is regarded seriously, from the national standpoint and not of that of party politics, that the Baby Bonus has been a complete failure. Yet the enormous sum spent annually, namely, £700,000, if applied differently, might result in vast amelioration. In New Zealand there are Maternity Homes, which, though they have been criticised, have a very definite value. They are clean, wholesome, and economical. Their costs amounts to about £5 per confinement.

Dr. Barrett considers that:—

"The relatively high infantile mortality in Australia is a standing disgrace, and the remedy is almost entirely educational. When all mothers have proper midwifery conditions and ante-natal and post-natal treatment, and will endeavour to nurse their infants for the first six months of life, and when venereal diseases have been brought under control, this blot will largely disappear. But this cannot happen until all women understand the nature of the problem. The instruction should be begun in the senior classes of the schools, and completed at clinics. The Baby Health Centres are doing excellent work, and, developed judiciously, should provide a great deal of the educational requirements. It is probable that all these activities could be carried out for less than £700,000 a year. It is certain that the work could be well done for £700,000. One hundred bush nurses, for example, can be provided for about £20,000 a year. Are we to continue on our present plan, with a mortality to mother and child which is a standing disgrace to Australia, or are we, as women, to face the facts, and lead the world in a sane and humane development?"

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