

# The Midwife.

## MATERNITY MORTALITY AND MORBIDITY.

Mr. Neville Chamberlain, when introducing the Estimates of the Ministry of Health in the House of Commons on May 15th, referred to the question of Maternal Mortality and Morbidity, referring to the period of nine years since the establishment of the Ministry of Health, said, as reported in the Official Debates:—

"The general death-rate in those years has come down from 14 per 1,000 to 12.3, and the infant mortality rate has dropped from 80 to 70 per 1,000 births. But there is one figure which shows no improvement, although it concerns a very vital subject, and that is the figure of maternal mortality. It seems to me a terrible thing to think that to-day, out of every 250 mothers, one dies in child-birth, and that that state of things has persisted for the last 20 years. And that is not really the full measure of the injury that is being done. One must not only remember what happens to the family when the mother is taken away, and there are young children left who never can have the care and the influence which a mother alone can exercise over them; one must think also of those other mothers, who do not die, but who emerge from their confinement permanently injured in their health, their nervous system perhaps shattered, unable really to fulfil the full duties of motherhood.

I feel that the time has come when a great new effort ought to be made to bring down these figures of maternal mortality and to preserve the health of these mothers. There are many things we do not know yet about the causes of maternal mortality, but we do know something. We know that these figures, which persist, as I say, steadily throughout the country, nevertheless, are not universal. There are places where we can find much lower figures. I think they will be found to be those places where there is the most careful ante-natal and post-natal supervision, and where the people themselves have had the greatest opportunity of learning what is necessary for them to preserve their health and the lives of their infants. . . . I am setting up a Committee to inquire into the whole position of midwives—into their status, into their training, into their remuneration—because, after all, the success or failure of any efforts which we may make to improve the conditions of childbirth in the country must largely depend upon the midwives, upon whom a great responsibility rests. Midwifery is a hard profession, an arduous profession, not a well-paid profession, and if we are to get the class of women that we want to enter that profession—educated, humane, sympathetic, earnest, enthusiastic—we must make the conditions of the profession such that we shall attract the right class of women. Let us make no mistake about it. All these efforts are going to mean money. . . . If we can indicate with any confidence to the people of this country what are the precautions that it is necessary for us to take, if we are to remove this menace from our midst, I cannot believe that the national conscience would allow the lives of the mothers of this country to be sacrificed merely for the sake of a few extra thousand pounds.

### THE DEPARTMENTAL COMMITTEE ON THE WORKING OF THE MIDWIVES' ACTS.

Mr. Neville Chamberlain, the Minister of Health, has appointed a Departmental Committee, whose terms of reference are:—

"To consider the working of the Midwives Acts, 1902 to 1926, with particular reference to the training of midwives (including its relation to the education of medical students in midwifery), and the conditions under which midwives are employed."

The Committee is appointed with the concurrence of the Central Midwives Board, and its appointment forms part of the measures for dealing with the problem of maternal mortality and morbidity which were referred to by the Minister of Health when introducing the Estimates of the Ministry of Health in the House of Commons on the 15th instant.

The members of the Committee are as follows:—

Sir Robert Bolam, O.B.E., Hon. LL.D., M.D., F.R.C.P. (Chairman).

J. W. Bone, Esq., M.D.

Dame Janet M. Campbell, D.B.E., M.D., M.S.

Lady Cynthia Colville.

W. A. Daley, Esq., M.D.

J. S. Fairbairn, Esq., F.R.C.S., F.R.C.P.

T. Eustace Hill, Esq., O.B.E., M.B.

Miss Alice Gregory

A. B. Maclachlan, Esq.

F. N. Kay Menzies, Esq., M.D., F.R.C.P.

Mrs. Bruce Richmond.

Miss Stephenson, C.B.E., J.P.

The Secretary of the Committee will be Mr. W. H. Howes, of the Ministry of Health, to whom all communications relating to the work of the Committee should be addressed.

We regret to note that no Registered Nurse has been appointed on to this Committee, and hope that the omission may be rectified. Thousands of trained nurses are certified midwives, and the combined qualification is now an essential one for many appointments, and it would be greatly to the advantage of the Committee to have the assistance of a Registered Nurse Midwife.

One midwife—Miss Alice Gregory—who has done good work in endeavouring to raise the standard of midwifery training has been appointed.

### NOTIFICATION OF PUERPERAL PYREXIA AND OPHTHALMIA NEONATORUM.

Under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, notifications of cases of puerperal pyrexia are required to be transmitted to the Medical Officer of Health of the district within which the place of residence of the patient is situate at the date of notification, while under the Public Health (Ophthalmia Neonatorum) Regulations, 1926, cases of ophthalmia neonatorum are required to be notified to the Medical Officer of Health of the district within which the place of residence of the parent or other person, if any, having charge of the child is situate at the date of notification.

Representations have been made to the Minister that it would be convenient if these requirements were altered so as to make the procedure uniform with that which is in operation in regard to the notification of cases of puerperal fever under the Infectious Disease (Notification) Acts, 1889 to 1899, and Section 55 of the Public Health (London) Act, 1891; and that, in view of the importance of securing prompt attention in all cases of puerperal pyrexia and ophthalmia neonatorum, there would be advantage in requiring the notifications of these cases to be sent to the Medical Officer of Health of the district in which the patient is actually living at the time of notification.

The Minister has decided to accede to these representations, and Regulations have accordingly been issued. The Regulations require that notifications of cases of puerperal pyrexia and ophthalmia neonatorum occurring in hospitals in London shall be sent to the Medical Officer of Health of the district from which the patient, or the mother of the patient in the case of a child suffering from ophthalmia neonatorum, was brought to the hospital.

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