

for the markedly unsympathetic attitude adopted by the Committee towards the aspirations of the Registered Nurse.

An instance of this is the admission made in the Report that the time is not opportune to restrict entrance to the (midwifery) profession to women who hold the general nursing qualification. This is substantiated by a somewhat sweeping indictment against qualified nurses for their purported reasons for obtaining this additional qualification—a qualification often, be it remembered, taken at considerable expense to herself, and fitted into the course of her career at a time when she could have started out to obtain a remunerative post had not a wise ambition compelled her to turn aside and obtain this additional valuable experience.

Furthermore, this ideal standard is already put into operation by certain local authorities, who employ a "Municipal Midwife" and require the dual qualification from all applicants. Great credit is due to those local authorities who have taken this advanced view. The public, that is, public opinion, is roused by the high rate of maternal deaths and is waiting for a National Maternity Scheme by which this serious state of affairs and other matters relating to child-birth shall be duly and adequately dealt with. The State Registered Nurse, in obtaining the additional qualification to practise as a midwife, has shown the way.

On the point of a National Maternity Service, Miss Le Geyt concluded, "We who are engaged in the Public Health Service look to this as the dawn of better days for those brave women among whom our working lives are spent. Let each of us, with a vote in local or national affairs, not miss an opportunity to push forward to its highest fulfilment this essential state service, which will contribute to the true wealth of the nation for, as Ruskin says: 'There is no Wealth but Life.'"

#### Speech by Miss Norah Farrant.

Miss Norah Farrant said that this Report may be considered under three headings:—

1. A National Maternity Scheme.
2. Training and Employment of Midwives.
3. Administration.

1. A National Maternity Scheme as outlined in the Report will have the wholehearted support of progressive Midwives, in that it makes the services of a Certified Midwife available throughout pregnancy, confinement, and puerperium to insured women and to the wives of insured men; together with bed, help, obstetric consultations and institutional treatment if required. Arrangements to be made whereby the same service may be available in necessitous cases.

It is to be hoped that the adoption of this section of the Report would mean the elimination of the untrained and uncertified woman acting as Midwife or Maternity Nurse.

2. Training and Employment of Midwives.—The Report advises a period of service after the passing of the examination and before the Midwife's name is inscribed on the Roll. Such a period passed under supervision would enable the Midwife to acquire self-confidence before being thrown entirely on her own resources as regards employment. There are various suggestions for lightening the work of the Midwife, and for improving her conditions of service. Adequate housing and guaranteed security in old age are also recommended.

3. Administration.—Certain suggestions under this heading would appear to be entirely detrimental to the welfare of the profession. Two members of the Committee dissociate themselves from them, and their reservations are appended to the Report.

Recommendations signed by the Majority of the Committee are as follows:—

That the power to lay down the curriculum of Training for Midwives and to formulate its course and length; the approval and inspection of Training Schools; the approval of Lecturers and Teachers, should be taken from the Central Midwives' Board and put under a committee nominated by the Minister of Health.

That the conduct of examination should be given to a special Board.

The C.M.B. to be reduced in number and constitutionally changed, to be left only the keeping of the Roll, and disciplinary powers.

Such changes will be stoutly contested. They would be most subversive to the development of Midwifery. There would be no central authority to protect Midwives or to promote the standard of education required by a progressive profession. The suggestion that the number of cases a Midwife shall be allowed to undertake shall be statutorily limited will need careful consideration.

Dr. Fairbairn and Mrs. Bruce Richmond say in their reservation, "anything that lowers the status and prestige of the ultimate authority over them, anything that postpones the possibility of their obtaining the control over their profession that is granted to other professions must cause deep and bitter resentment among Midwives."

All Midwives should, as far as possible, themselves study and digest the report.

#### A NATIONAL MATERNITY SERVICE SCHEME.

On November 8th, Dr. W. H. F. Oxley most kindly came to the College and gave an explanatory Address on the Memorandum Outlining a National Maternity Scheme for England and Wales, adopted by the Annual Representative Meeting (1929) of the British Medical Association as a contribution, on lines acceptable to the medical profession, towards the establishment of a National Maternity Service Scheme for England and Wales.

It is quite impossible in the limits of this Journal to make a full report of Dr. Oxley's Address. He went through the Memorandum Clause by Clause and explained its purport. Throughout, his speech was characterised by the greatest understanding of, and sympathy with, Midwives in their work.

The Scheme outlined by the British Medical Association envisages the pregnant woman engaging the services of a midwife at an early stage of pregnancy; care by the midwife from that time throughout pregnancy; an immediate reference to the doctor if any abnormality whatever is found; and an ante-natal examination by the doctor not later than the 36th week of pregnancy.

The British Medical Association approves of the attendance by a certified Midwife on women during labour, and the puerperal period, and is of opinion that the majority of normal cases can safely be delivered at home.

Now that the powerful support of the British Medical Association has been secured for such a scheme, it may be hoped that soon every woman will receive adequate care in childbirth.

#### GENERAL PARALYSIS OF THE INSANE.

For some years cases of "general paralysis of the insane" have been treated by infecting them with malaria, and the Board of Control has now issued a valuable report written by Surgeon Rear-Admiral E. T. Meagher, R.N. (H.M. Stationery Office, price 2s. net), in which the results of this treatment have been carefully collected and analysed.

As to how malaria acts in curing general paralysis great uncertainty exists, but whatever the process, there is now little doubt, after Admiral Meagher's report, that malaria does offer a chance of a cure for a hitherto incurable malady.

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