

# The Midwife.

## THE JUBILEE OF THE MIDWIVES INSTITUTE.

On July 4th an interesting meeting took place at Bedford College, presided over by Miss Edith M. Pye, President of the Midwives Institute, 12, Buckingham Street, Strand, W.C., when donations in support of the Jubilee Fund were presented to Miss Rosalind Paget, one of the Founders of the Institute, and for over forty years its Hon. Treasurer. Miss Pye read the following message from the Queen:—

"I have heard with interest of the celebrations in connection with the jubilee of the Midwives' Institute. I congratulate the members on their fine record of achievement which owes much to the life-long devotion of the senior member, under whose inspiration I trust this noble cause will meet with increasing prosperity. The great value to the community of the daily work of midwives is inestimable."

Lady Salisbury handed to Miss Paget the money collected for the jubilee fund, now amounting to £1,894, and a "Book of Names" in which the subscribers were recorded.

We congratulate Miss Paget on this recognition of her life's work.

## MATERNAL DISABLEMENT.

Two Lectures on Maternal Disablement (the Ingleby Lectures) delivered in the University of Birmingham on May 21st and June 4th, 1931, by Dr. W. Blair Bell, M.D.Lond., F.R.C.S.Eng., Obstetrical and Gynaecological Surgeon to the Royal Infirmary, Liverpool, are of extreme interest to nurses and midwives. We quote from them at some length, and refer our readers who wish to study them further to the issues of *The Lancet* of May 30th and June 13th in which they are published in full.

In his first lecture Dr. Blair Bell says:—

"Although for many years the obstetrical world and those boards and government departments which are concerned with the health of civilised nations have produced statistics, reports and memoranda relating to maternal mortality, isolated remarks only have found publicity regarding maternal disablement.

"That over 3,000 women die annually in England and Wales, and that they die in similar or in even greater numbers in other countries, as the result of complications associated with childbearing is a fact so distressing, it seems, that other eventualities are forgotten, or are relegated to the background as being of lesser importance. It is generally believed that maternal deaths are largely preventable, and should be prevented. It is the urgent, the dramatic, that affects: the long-drawn-out is too often regarded as inevitable—a pleasing alternative to 'something worse.' So it is that each year at least 60,000 women—that is, 10 per cent. of all mothers—are more or less crippled (for this is what 'maternal disablement' means) as the result of childbearing.

"It has seemed well, therefore, to explore as far as is at present possible this further burden of our womenkind—chronic ill-health, continued suffering, and, perhaps at some remote time that separates it from the immediate cause, death—in the hope that if attention be focussed on this pathological aspect of maternity some serious consideration may be devoted to organised prevention and treatment." This he proceeds to do.

In his second lecture Dr. Blair Bell advocates the establishment of a Central Administrative Council for the organisation of a National Midwifery Service. With its constitution we are not for the moment concerned except

to say that it can never be satisfactory to State Registered nurses, who are also certified midwives, until they are represented upon it.

"I press urgently," says Dr. Blair Bell, "for a concrete national service to secure the linking-up and the pooling of all resources—intellectual, material, and financial—in order that co-operation, co-ordination, and therefore general efficiency, which is often lacking to-day both in hospital arrangements and the medical, nursing, and administrative services, may be obtained.

"Many agree with the view that the advent of the fully certificated nurse-midwife is inevitable, but only in the sense that this natural evolution must, as they think, come to pass. At the same time advocates of the present type of midwife affirm that she is satisfactory, although a longer period of training would be an advantage.

"This is a point of view I find it difficult to understand. Either the present midwife is all that can be desired, or she is not. If the latter be the case, and it is impossible for many reasons to educate her further—say for two years—why should we not at once adopt the principle of the S.R. nurse-midwife?

"I, myself, am of the opinion that a nurse should be State-registered before she is allowed to take an obstetrical certificate, and that as soon as practicable none other should be allowed to undertake maternity work. It is interesting to note that the idea of the S.R. nurse-midwife is accepted in the interim report of the Departmental Committee on Maternal Mortality (1930).

"I have directed special attention to the question of the nursing personnel, not because I wish in any way to assert that our present mortality and disablement rates are due entirely to the present type of midwife *per se*, but because I think it advisable to expose the nature of the evidence which is put forward in support of the claim that she should be retained, and because I do not believe it to be possible to have an efficient maternity service without fully certificated nurses. I may be asked what I mean by this. Let me try to explain.

"First, the present type of midwife is anomalous: she is a makeshift between the completely untrained and the fully trained nurse. She cannot, therefore, be regarded by medical practitioners as a colleague in the sense that the fully certificated nurse is. We all know, too, how a surgically competent nurse prevents any laxity on the part of the surgeon or practitioner. She is an influence for good wherever she works, whether it be in a surgical theatre or the home of the patient.

"Secondly, no training that can be given to the present midwife—even supposing it were possible for her to afford the expense and that teaching-hospitals were willing to take her—will make much difference to her efficiency. Nor will additional training evoke in her that spirit of comradeship and discipline and willingness to co-operate which are such prominent traits in fully trained nurses, and which are essential to a linked-up scheme in which S.R. nurses will be working within the sphere of influence of their training schools, if what I propose comes to pass.

"The conditions essential to the service envisaged, and attractive to the S.R.N., comprise satisfactory arrangements in respect of: (1) housing and feeding; (2) responsibility, and hospital atmosphere and discipline; (3) post-graduate facilities; (4) regular work and holidays; (5) adequate payment and pension; (6) promotion. The last four requirements are relatively simple problems; the first two comprise the crux of the situation."

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