

only, and that eventually all midwifery should be done by women having a nursing as well as a midwifery training." To this we should agree if for "women having a nursing training" were substituted the words "women who are State Registered Nurses." This, however, is not Dame Janet Campbell's intention.

While all State Certified Midwives should also be State Registered Nurses, it is not essential, or even desirable, that all State Registered Nurses should be State Certified Midwives, although, undoubtedly, all should be trained in obstetric nursing. All nurses do not possess the desire or the aptitude necessary for the practice of midwifery, but many who do not would willingly work in conjunction with midwives, provided that these were also State Registered Nurses under the general supervision of a Registered Medical Practitioner. This would undoubtedly raise the standard of the care of maternity patients, and should supersede Dame Janet Campbell's dangerous suggestion for a statutory register of maternity nurses recruited from women "of the type who now practise as independent midwives."

A very important point in connection with the practice of midwifery is that midwives should work from organised centres, covering considerable areas. In these days of telephones, calls can be made to a centre from a local post office or police station, and the midwife, conveyed by car, can quickly be in attendance. The uncertainty and irregularity of midwifery work makes it imperative that if one midwife is in attendance on a case, another should be available. The strain of broken rest at night is also minimised. The arrangement for a substitute is also good for the midwife, because the loneliness and discomfort of life in cheap lodgings is avoided, and essential comforts are secured. What this means in health and efficiency only those midwives know who, after a long and trying case, return in the early hours of the morning to a cold room and have neither means nor inclination to prevent chill and induce sleep. These are small practical details, but they are of the utmost importance.

## MIDWIFERY IN THE HOUSE OF COMMONS.

### THE TOLL OF LIFE IN MOTHERHOOD.

Recently the House of Commons concerned itself with matters of Public Health, and the persistent increase in maternal mortality aroused an interesting debate raised by Mr. R. J. Davies, which he pointed out was in such distressing contrast to the halving of the infantile mortality rate in recent years. He claimed that the training of midwives must be improved and their pay increased, and emphasised the well-known fact that only 15,000 out of 52,000 certificated midwives actually practised; and asserted that some of these were exceedingly ancient.

The maternal mortality in this country in 1923 was 3.83 per 1,000 live births. In 1933 it had risen to 4.51 per 1,000, or an increase of 18.06 per cent. in 10 years.

"But," he added, "when we take the total of maternal mortality cases, including death from associated causes, the figures are more menacing still. They were 4.83 per 1,000 in 1923, and 5.94 per 1,000 in 1933, or a rise of 22 per cent. Then if we take the still-birth rate it rose from 38 per 1,000 in 1927 to 41 in 1933."

Until the training, standard, and competency of midwives was improved there was little hope of attacking the maternal mortality rate. The Government should be asked to undertake the responsibility of compelling every municipality to establish a municipal salaried midwife research.

The efficiency of midwives declined because the job was not worth doing. "It is an astonishing thing," he remarked, "that a family will spend £50 on a funeral and only 50s. on a confinement."

He appealed to the Minister to restore the benefits to those unemployed people who had fallen out of National Health Insurance. Of the 110,000 who had thus lost their benefit rights the great majority were in the depressed areas.

An animated debate followed.

Mr. Shakespeare, Parliamentary Secretary to the Ministry of Health, replying to the debate said that if they knew of any remedy for the intractable problem of maternal mortality no consideration of cost would weigh with any Government, and least of all with the present Government.

"If we are to get the right persons into the midwifery service," Mr. Shakespeare added, "we must do something to raise the dignity and status of that great profession, and to give adequate salaries in this most vital of all services."

"The Joint Council of Midwives had been considering this matter with the Ministry, and quite shortly he expected that agreement would be reached by which the course of training for midwives would be extended and improved. The sooner the better!"

### WHITE PAPER PROMISED.

In reply to Captain Elliston, whether his attention had been drawn to the necessity of special local study of the causal factors of the continuing maternal mortality, Sir Hilton Young, the Minister of Health, replied that "Such special study has been continuously in progress in the Ministry of Health. It was the main object of the special committee on maternal mortality appointed by one of my predecessors in 1928. I have myself recently carried the matter further as regards the local aspect by calling for special reports from the medical officers of health in the areas where the incidence is or has been most marked. I have further arranged for thorough local investigation of the problem in those areas, and for purposes of comparison in other areas, by officers of the Ministry carefully selected for the purpose. I have secured the services of an eminent obstetrician to advise on the reports of those officers. Where immediate specific steps are recommended I bring the matter to the notice of the authority for action accordingly. When all the reports are available I propose to consider the position as a whole and to lay a White Paper on the subject before the House."

### CENTRAL MIDWIVES BOARD.

At the February Examination of the Central Midwives Board 947 candidates presented themselves for examination and 697 passed the examiners. The percentage of failures was 26.4.

### BIRTH-RATE IN ENGLAND AND WALES.

The birth-rate in England and Wales for the last three months of 1934 showed a considerable increase, and the death-rate a decrease, as compared with the figures for 1933.

The Registrar-General announces that nearly 13,000 more babies have been born in England and Wales in the last quarter of 1934 than in the corresponding quarter of 1933.

### OUR DUTY TO "SUB-HUMAN MOTHERS."

Criticism of the attention given at the Zoo to the chimpanzee and its baby was made recently by Dr. C. W. Saleeby, speaking at the annual meeting of the governors of the Royal Free Hospital. He said:

"I think it is preposterous that in the Zoo to-day they should be providing chimpanzee mothers, alligator mothers, and all kinds of sub-human mothers, with fundamental conditions of nutrition and health which hitherto have been denied to a vast number of the mothers of this country."

If they are not to be cared for "sub-human mothers" must not be imprisoned at the Zoo or elsewhere.

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