

The Midwife.

MATERNAL MORTALITY.

The Minister of Health, Mr. Elliot, has communicated with Local Supervising Authorities (Ministry of Health Circular 1705) on the methods they might suitably adopt in order to secure that the best obstetric skill is available to expectant mothers on occasions when midwives have to call in a doctor.

The suggestions made follow consultation with the various local government bodies interested, as well as the British Medical Association.

The recommendations are:—

1. That a panel of doctors who will be available for this service should be drawn up for the area of each Local Supervising Authority.

2. That a small advisory committee of general practitioners and obstetric specialists should be set up in each area under the Chairmanship of the Medical Officer of Health to advise the Authority in regard to the operation of the arrangements and on any alterations which may be found necessary in order to secure and maintain a high standard of obstetric practice.

Such arrangements are facilitated by the fact that under the Midwives Act of 1936 midwives attending patients in their own homes are in the main, and increasingly, the employees of the Local Authority. They will be supplied with a copy of the list of doctors and will ask their patients, at an early stage, to select a doctor to be sent for in case of need, from the panel.

It is hoped that the adoption of arrangements on these lines by local authorities will help in reducing the maternal mortality rate still further.

NATIONAL PLAN FOR MATERNITY SERVICE.

PROPOSALS BY TRADES UNION CONGRESS AND DOCTORS. AID FOR WORKING MOTHERS.

Under the above headings the Industrial Correspondent of the *Daily Telegraph* gave a preliminary notice, on June 26th, of the proposals made in a plan for a national maternity service which is to be presented jointly by the British Medical Association and the Trades Union Congress to the Government shortly. Financial provision for working women for six weeks before and six weeks after childbirth is one of the provisions. The amount is not stated.

We await the presentation of these proposals to the Government, when presumably the document will be available, before dealing fully with it, but meanwhile a few remarks are pertinent.

The State Certified Midwives attend some 70 per cent. of the midwifery cases in this country unaided, but their opinion upon their own affairs finds no place in the proposals to be presented to the Government.

Let us consider the position quite clearly. State Certified Midwives can never as regards their work be independent practitioners. Their authorisation to practice, under the Midwives Acts extends only to normal cases, and it is right that it should be so.

But the regulation of their conditions of work is a matter which concerns them and them alone; and though the British Medical Association and the Trades Union Congress have ignored them, if they choose to unite and assert themselves they can make what conditions they choose, for their services are indispensable to the nation.

Further, what is the Midwives' Institute doing to protect the interests of the State Certified Midwives in this

matter? They have three representatives on the Central Midwives Board—a Medical Practitioner and two State Certified Midwives—so that they are in a strong position. We hope they will express their opinion with no uncertain sound.

In connection with the proposal that the main responsibility for the conduct of maternity in each case should rest on the qualified medical practitioner, we take the strongest exception to the suggestion "any registered medical practitioner should have the right to have his name enrolled on any list drawn up for this purpose under this scheme." We do so not only in the interests of the midwives but for the safety of the prospective mothers. We say, without hesitation, either that the training in midwifery of students of medicine should be much more thorough than it is at present, or, before a medical practitioner has the right to have his or her name enrolled on the list suggested, he or she should be required to give evidence of the possession of knowledge which will entitle him to undertake the responsibility of the conduct of normal and abnormal maternity cases. And once again we advise midwives to demand to be consulted before the conjoint plan of the British Medical Association and the Trades Union Congress is adopted by the Government.

CONSULTANT CENTRES.

It is proposed that the local authority centres or clinics where medical work is done or medical advice is sought shall become medical consultant centres where cases may be sent by the chosen general practitioners for consultant or specialist advice and treatment.

It is suggested that the scheme should be administered in every local authority's area of a Maternity and Child Welfare Committee, assisted by two advisory committees. One advisory committee would consist of general practitioners and obstetric consultants, with the medical officer of health as chairman, and the other of lay and medical representation on the lines of existing committees under the National Health Insurance regulations.

Where do the midwives come in?

ANÆSTHESIA AND ANALGESIA.

A very useful book, "Anæsthesia and Analgesia for Nurses and Midwives," by Dr. J. K. Watson, M.D. (Edin.), has recently been published on the above subjects by John Wright & Sons, Ltd., Stonebridge House, Bristol, and Simpkin, Marshall, Ltd., London. The aim of the author has been to supply the trained nurse and the midwife with an elementary account of the present-day aspects of anæsthesia and analgesia for surgical and obstetric purposes.

By an *anæsthetic* is signified "a chemical compound which, when introduced into the body, has the power so to act on the higher nerve centres that consciousness is in the first place disturbed and finally lost.

"As opposed to an anæsthetic, an *analgesic* is a drug which acts by rendering certain parts of the body insensitive to pain without interfering with consciousness, the resulting condition being spoken of as *analgesia*.

"Since an anæsthetic possesses this power of causing a suspension of consciousness, it cannot be regarded otherwise than as a poison, since an overdose may go further than to produce a suspension of function of the higher nerve centres of the brain, and may cause an arrest of action of the vital centres—the respiratory and the cardiac

[previous page](#)

[next page](#)