

**60 per cent. will Suffer.**

Dame Louise McLlroy, the gynaecologist, begged the Conference not to reject the resolution. "If you throw out this recommendation," she pleaded, "you will make these women go on suffering as they have in the past."

There were cries of "No, no," from many parts of the hall, but Dame Louise went on: "You cannot get every woman in this country looked after by a medical practitioner."

There were further interruptions and cries of "Why not?" She replied that at present 60 per cent. of the women in this country were attended by midwives.

Dr. P. Phillips, Bristol, submitted that nitrous oxide and air was an analgesia, not an anaesthetic, and asked the Conference to pass the resolution with this word substituted for "anaesthetic."

Dr. Bone said that if the resolution were turned down it would inevitably come up again. The B.M.A. should be more specially concerned with the interests of the patients and not so much their own interests and fees.

**MIDWIVES NOT AFFECTED BY DECISION OF THE BRITISH MEDICAL ASSOCIATION.**

As the British Medical Association is not a statutory body its decision at Aberdeen not to sanction the administration of anaesthetics to women in childbirth by midwives does not affect their present position, as they are under the control of the Central Midwives Board.

The Royal College of Obstetricians and Gynaecologists several years ago reported that the administration of nitrous oxide and air by the Minnett or similar apparatus was a method of producing analgesia during labour which could safely be used by midwives, and the Central Midwives Board, a statutory body, sanctioned the use of this apparatus by trained midwives. Not a single case had been reported in which death had occurred due to the administration of nitrous oxide and air.

"The National Birthday Trust Fund," states Lady Rhys Williams, vice-chairman, "seeks to extend the maternity services and has consistently supported the extension of the practice of the administration of safe analgesics by midwives, because poor people cannot afford to pay for a doctor to give an anaesthetic throughout the painful stage of labour, a service which the well-to-do have for many years been able to obtain. She hopes that it will be widely realised that the decision of the British Medical Association does not affect the position, and that midwives who are qualified to do so may continue their merciful efforts to bring the benefits of analgesia during labour within reach of the poor."

**MIDWIVES IN THE HOUSE OF COMMONS.****The Administration of Gas by Midwives.**

On Thursday, July 27th, the following discussion took place in the House of Commons.

Sir E. Findlay asked the Minister of Health what were the analgesic preparations used by State-registered midwives and/or certificated nurses on their own responsibility in cases of childbirth.

Mr. Elliot (Minister of Health) said he would take the opportunity of stating the position with regard to the administration of analgesics by certified midwives. In January, 1936, following a careful investigation, the Royal College of Obstetricians and Gynaecologists reported that the administration of nitrous oxide and air by Dr. Minnett's apparatus was safe for use by midwives under specified conditions.

The Central Midwives Board, in October, 1936, accordingly passed a resolution recognising as treatment within the province of a midwife the administration of gas and air by Minnett's or similar apparatus for the purpose of pro-

ducing analgesia during labour, subject to the following conditions, which were those specified by the college:—

(1) That she has, either before or after enrolment, received at an institution approved by the Board for the purpose, special instruction in the essentials of obstetric analgesia, and has satisfied the institution that she is thoroughly proficient in the use of the apparatus; (2) that the patient has within one month before her confinement been examined by a registered medical practitioner, who has handed to the midwife a certificate in writing that the patient is in a fit condition for gas and air administration; and (3) that one other person, being a State-certified midwife, or a State-registered nurse, or a senior medical student, or a pupil-midwife, is present at the time of administration, in addition to the midwife in charge of the case.

The ruling of the Central Midwives Board is the ruling of the statutory authority responsible, and it will be seen that it allows the administration of analgesics by midwives in circumstances regarded as safe by the Royal College of Obstetricians and Gynaecologists. Under such circumstances, I think the public may be completely reassured as to the safety of the administration of gas by midwives.

**MARRIED MIDWIVES.**

The London County Council in November, 1937, in fixing the conditions of appointment and service of domiciliary midwives in the public health department, decided that midwives who were married at a date earlier than January 1st, 1938, should be eligible to apply for any appointment made by the Council before July 30th, 1939, but that the marriage of a midwife after being appointed to the service of the Council should terminate her contract of service under the conditions and with the exceptions provided in Standing Order.

On March 15th, 1938, the Council decided, however, that unmarried domiciliary midwives in the service and any who might be appointed before July 30th, 1939, should be allowed to retain their appointment on marriage, subject to such marriage taking place prior to July 30th, 1939. The Hospitals and Medical Services Committee stated in their report on March 15th, 1938, that they proposed to review the general question of the employment of married midwives before the end of July, 1939, in the light of the experience then gained.

Of the present staff of domiciliary midwives, 47 are single, 20 are married (including four who have married since joining the service), and seven are widows. The domiciliary midwifery service has been in operation only since January 1st, 1938, and the Committee feel that it is still too early to come to definite conclusions on the general question of the employment of married midwives. They therefore propose that the existing arrangements shall be continued for a further experimental period of two years, at the end of which the position will be reviewed. The Committee accordingly recommend that marriage be not a bar to the continued employment, or the employment from a date earlier than July 31st, 1941, as domiciliary midwives in the public health department of midwives who were married on a date earlier than January 1st, 1938, or who, after appointment, marry before July 31st, 1941.

**HELMETS FOR BABIES.**

Official protective anti-gas helmets for babies have been issued in large quantities to local authorities for storage. With them came also gas masks for children aged three and upwards. The baby helmet consists of a hood fitted with a large window and enclosing head, shoulders and arms. A baby inside it can move its arms freely and get both hands to its mouth. Air is supplied by means of rubber bellows worked by hand, and a steady rate of pumping of 40 strokes a minute will supply enough air even for a child above three years of age.

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