

The Midwife.

MORE PAY FOR MIDWIVES.

£20 Service Grants: Increased Salary for Part-time Posts.

Mr. Aneurin Bevan, Minister of Health, has commended to employing authorities a recommendation of the Midwives Salaries Committee that all midwives (other than pupil midwives) should receive a special service allowance of £20 at the end of each year's full-time employment. This is in addition to their salaries, which have recently been substantially increased. Service from January 1st last enables a midwife to qualify for the new allowances. The recommendation is subject to review in three years.

Many more midwives are required, because of the rise in the birthrate, and it is hoped that the service allowance may help persuade more women who have the necessary qualifications to practise.

The Midwives Salaries Committee, which has now completed its review of the salaries of all grades of midwives, has also recommended increases in pay for various midwifery posts not previously covered. All increases will be payable from January 1st.

The revised scale (inclusive of emoluments) for a matron of a maternity hospital of 100-199 beds, for instance, ranges from £550-£750, compared with the old range of £450-£650. A new inclusive salary range—£600-£825—is recommended for matrons of institutions with 200 beds or more.

Corresponding increases are recommended for matrons of the smaller hospitals and homes—for example, for those of non-training maternity homes of 10-24 beds, the scale, inclusive of emoluments, has been increased from £330-£390 to £400-£470.

The scale of assistant matrons in institutions of 50 beds or more rises from £350-£410 to £410-£485.

The revised scale for district midwifery posts cover superintendents of district midwives homes, assistant superintendents, midwifery sisters in charge of homes, district midwives and village nurse midwives.

As an example, the total value of salary and emoluments of a resident district midwife is now on a scale of £290-£380, compared with the former scale of £240-£300.

Non-medical supervisors of midwives will now have a revised range of salary of £435-£675 (previously £360-£550).

The Committee has also recommended a more favourable basis of payment to part-time midwives by giving credit for years of previous service; employing authorities are given discretion, in addition, to increase the appropriate salaries by 10 per cent.

AN UNFORTUNATE ACCIDENT.

At an inquest at Blackpool recently on a 10-day-old baby born in a nursing home, the mother, giving evidence, said: "They knock babies about like pats of butter."

The baby had died from acute bronchial pneumonia, caused through being left naked on the nursery scales for three minutes in a draught.

The coroner accepted the evidence of the mother against that of a nurse, the verdict being "Death by misadventure."

We fully realise how acute is the shortage of staff in institutions throughout the country and what great strain is placed upon those who are undertaking duties in them; but we do hope that everything possible may be done to avoid such occurrences in future.

ACCOMMODATION.

Owing to the great increase in maternity work, and the shortage of accommodation for cases, the Isolation Hospitals at Acton and Tottenham have switched over to that work to meet the heavy demand placed upon the authorities in Middlesex.

VENEREAL DISEASES.

The venereal diseases are not notifiable. Their incidence is judged by the number of cases dealt with at clinics.

General Position Before 1939.

Syphilis came to England from America via Spain and France in the fifteenth century.

Gonorrhoea, in this, as in other countries, is a disease of immense antiquity, many centuries old.

The venereal diseases tend to increase in war because wars bring movements of population combined with increased sexual promiscuousness. There is reason to believe that during the 1914-18 war there were considerable increases both in syphilis and gonorrhoea, though exact figures are not available.

Annual syphilis and gonorrhoea cases recorded at clinics immediately after the 1914-18 war were about 40,000 each. Of the syphilis cases probably at least 50 per cent. were early infections.

During the next two decades, the early syphilis figures declined by probably at least two-thirds, largely owing to the efficacy of "606" and similar arsphenamine compounds, but there being at that time no remedy of comparable efficiency for gonorrhoea, the figure for that disease remained almost unchanged.

General Position since 1939.

In this country, the war just ended brought social conditions particularly favouring the spread of venereal diseases; with the general disrupting of family life, a vast amount of boredom and mental strain and the presence of a large number of troops from overseas. Serious though the increases in syphilis and gonorrhoea have been since 1939, there is no doubt that the position is still a good deal better than during the 1914-18 war.

With the discovery of the sulphonamides which came into general use about 1937 for the treatment of gonorrhoea and the discovery of penicillin, available for venereal diseases since 1945 and used for the treatment of both syphilis and gonorrhoea, we now have better remedies against both these diseases than ever before.

Incidence of Early Gonorrhoea, 1939-45.

For the reasons mentioned in paragraph 1, figures for early gonorrhoea infections are approximate only. They are calculated by taking the ratio of early gonorrhoea to early syphilis in the Services and applying that ratio to the rate of early syphilis amongst civilians.

So far as can be ascertained, the increase in gonorrhoea during this last war was less than that of syphilis and reached its peak in 1942, when it was probably about 86 per cent. higher than in 1939. By 1944, it had declined probably to about 35 per cent. higher than in 1939. The decline was in male infections. Female infections in 1944 were higher than in the preceding years.

Government Campaign Against Venereal Diseases.

A Government campaign to combat the spread of venereal diseases began in 1942, with the co-operation of the Central Council for Health Education.

This campaign differed from most propaganda campaigns in that it meant open discussion of a subject hitherto generally considered taboo.

[previous page](#)

[next page](#)