

In giving evidence before the Committee Dr. Jellett put the position as seen by those who advocate the midwife system as follows :—

“The first thing I would like to say is that I have always been interested in the question of attendance on maternity patients during pregnancy, labour, and puerperium. I am interested from three points of view—the point of view of the patient, the point of view of the medical practitioner attending, and the point of view of the finance of the whole affair—because money enters into the question. If the amount is limited, as it necessarily has to be, to a comparatively small sum, it seems to me to be a matter of looking for what are the essentials of the service wanted, and paying for those essentials and not for unwanted services.

“The point of view that I advocate is that the medical practitioner is absolutely essential in the care of the pregnant woman and the woman in labour. He is essential from the point of view of supervising the entire course of events. He must make a diagnosis as to whether the woman is a normal woman, healthy in every respect. He must be satisfied as to the prospects of her normal confinement, and must be available should any complication arise.

“After that, I am of opinion that the rest of the management of the case is more satisfactorily entrusted to a competent midwife—that is to say, I think that every woman during pregnancy should first come to the doctor who is primarily responsible for everything, right through, but who, once he is determined that the patient is normal and that there are no complications likely to develop, plays what we may call a ‘waiting hand,’ while the midwife looks after the woman under his directions. She confines her in his absence, but again under his directions. He is not there unless complications arise. The same thing happens during the puerperium.

“That, roughly, is the course of practice adopted in most of the Scandinavian countries, and just to show that it is not an idea of my own I may say that in 1929 I brought this matter up in Sydney when I was giving an address to the Australasian Medical Association and my book was published at the same time. A review of the book in the *British Medical Journal* said that ‘Dr. Jellett’s book has practically followed the recommendations of the Committee of the British Medical Association’s Report.’

“My reason for recommending this system is that I think it is beneficial for the patient. Statistics tend to show that mortality is lower among women attended under the system I recommend than among those attended by a general practitioner. I think there are obvious reasons for that. This is no reflection on the general practitioner. He has been asked to take the entire care of the woman during pregnancy, labour, and the puerperium, to be at her beck and call at any time, to be responsible for anything that may go wrong, and he is supposed to do that at a fee that is wholly and absolutely out of proportion to the services he has to render. My own idea is that a busy medical practitioner would have to be more or less superhuman to give the services which are called for and at the same time to carry out all the necessary aseptic technique and management that is necessary in modern midwifery. He has necessarily to treat all kinds of cases—septic and infectious, &c.—and he is not to my mind a suitable person to attend cases in normal labour where his services are not required. If he is required, that is another matter. That is a matter of balancing risks. If the case is abnormal, it is the lesser risk that he should go rather than that he should refrain from going. Where, however, the case is normal, then I think it is a mistake to bring in the complication of the medical man who has to attend all kinds of disease; statistics and history having proved over a period of years in other countries, and also at Home, that these cases can be attended more satisfactorily by midwives.

“As regards the practitioner himself, there has been a suggestion made at various times that I was trying to act unfairly to the general medical practitioner. Nothing could be further from my mind. I am recommending what I, if I had been a general practitioner, would have welcomed. I can conceive no greater advantage for the general practitioner, as far as obstetrical matters are concerned, than to be relieved of the routine care of normal labour. If he is a busy man it turns his life into a form of modified slavery.

“From the financial point of view the money which is ordinarily available for a confinement might be considered as sufficient to pay for the duties that I would recommend, namely: Examination during pregnancy, and attention should abnormalities arise; the diagnosis that everything is going to be right during labour; the care during labour if anything goes wrong. A small fee should be sufficient to pay for this service, but in my opinion it is not sufficient otherwise. As far as the whole thing is concerned, if you cannot pay the medical man some commensurate sum for the full duties, pay him for the essentials and relieve him of the non-essentials.”