THE MIDWIVES ACT, 1902.*

.....
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MAY I remind you that this Act has for its avowed object "to secure the better training of midwives and to regulate their practice."

How necessary it was to make an effort to secure this end is only too well known to those of us who have been concerned in the administration of the Midwives Act, and, on the whole, the Act is well adapted to fulfil its purpose. It is concerned purely with midwives, and a midwife is defined as a person certified under the Act. After the first of April, 1905, no person not so certified, may use the title of midwife or its equivalent, under a penalty not exceeding five pounds.

"After the first of April, 1910, no woman, not being a legally qualified medical practitioner, shall, habitually and for gain, attend women in childbirth, otherwise than under the direction of a qualified medical practitioner, unless she be certified under this Act."

As Dr. Fosbroke has pointed out, it might be advisable to define the words "under the direction of" so as to ensure that such direction is direct and personal. "No woman certified under this Act shall employ an unqualified person as her substitute." The Act provides for the creation and constitution of a Central Midwives Board, who grant the certificates, and keep a roll of midwives which they must revise and publish annually.

The Midwives certified up to April 1st, 1905, consisted in part of trained, and in part of untrained, women. Any woman might be certified who produced evidence, satisfactory to the Board, that, at the passing of the Act, she had been for at least one year in *bona fide* practice as a midwife, and bore a good moral character.

After April 1st, 1905, no woman can be certified as a midwife who has not received a systematic course of training, and passed the examination instituted by the Board.

The first question of great importance arising in connection with the Act relates to this question of registration.

Was it policy to apply a Pride's purge to existing midwives, or was it desirable to accept all the women whom the Central Midwives Board could be induced to certify by the testimony to their moral character which they were able to adduce?

* Read before the North-Western Branch of the Society of Medical Officers of Health, on February 16th, 1906.

Some have answered this question in one way, some in another.

In Manchester the course pursued was to endeavour, as far as possible, to discover all persons practising as midwives and to aid them in placing their applications for registration before the Board. I do not think the result would have been much different had we instituted an enquiry into the fitness of the midwives to be registered. I believe that the course pursued in Manchester was the proper one.

It is difficult to tell, beforehand, which midwives are hopelessly incapable of receiving training and of learning to carry out the regulations of the Board, and it seemed just that the attempt should be made to give as many women as possible an opportunity of benefiting by instruction. Moreover, judging from the cases which have come to our knowledge, it cannot be said that the *bona fide* midwife has proved herself more harmful or less careful than the midwife who has received a hospital certificate.

It is true it is easier to place a midwife on the register than to remove her afterwards. This would not, however, be difficult in the very worst cases, and occasions are pretty certain to arise when this result cannot be evaded.

A further reason why there should not be too vehement action in excluding women from the register lies in the difficulty of replacing them. Even yet, the machinery for providing the carefully-trained midwives desired by the Act has scarcely begun to produce them.

The number of midwives at present on the register of Manchester, with an estimated population, at the middle of 1905, of 631,933, is 174, of whom 74 are *bona fide*, 39 possess the St. Mary's certificate, 22 the certificate of the Maternity Hospital, and 34 the certificate of the London Obstetrical Society. No doubt many have not applied to be certified.

The administration whereby the necessary training and discipline are to be secured consists of the Central Midwives Board, and of Local Supervising Authorities, the latter being the Councils of Counties or County Boroughs.

The duties of the former may be briefly stated to be as follows :—

1. To frame rules for a variety of purposes.
2. To appoint examiners.
3. To arrange for examinations.
4. To publish annually a roll of midwives.
5. To decide on the removal of the names of particular midwives from the roll, and their replacement.
6. To issue and cancel certificates.

The principal duties of the Local Supervising Authority are :—

1. To exercise general supervision over midwives practising within their area in accordance with the rules to be laid down under this Act.

2. To investigate charges of malpractice, negligence, or misconduct on the part of any midwife practising within the area, and, should a *prima facie* case be established, to report the same to the Central Midwives Board.

3. To suspend any midwife from practice, in accordance with the rules under the Act, if such suspension appears necessary in order to prevent the spread of infection. Other formal duties are laid down, but the above are the current ones.

This is a very centralizing Act, and should, when it is in full operation, entail on the Central Midwives Board an amount of business which must be rather embarrassing. It cannot be doubted that the interest of the Local Supervising Authority in securing good training for midwives is fully equal to that of the Central Board, nor is their interest in maintaining discipline any less. Yet, with the exception of suspension, practically the whole regulation of midwives is concentrated in the Board. Devolution has not been carried so far as in other Acts affecting the Public Health.

This is not an expression of dissatisfaction. It is, in my opinion, better that it should be so until the principles which are to guide public bodies in dealing with specific offences are clearly laid down by the comparison and collation of a sufficient body of specific cases ; and this can best be done by a Central Board.

On the other hand it would be very useful for Supervising Authorities if they could have, periodically, an authoritative statement of the proceedings of the Central Midwives Board, in so far as they relate to the subjects specially concerning Local Authorities, viz., a brief account of cases dealt with, and the decisions arrived at, a statement of the bodies authorized to give instruction to midwives, and an account of the examinations to be held and which have been held, giving the places, dates, names of examiners, number passed, where trained, and so forth.

The chief official concerned in the administration of the Midwives Act has usually been the Medical Officer of Health, by virtue of the fact that he possesses the administrative machinery requisite, and is accustomed to the conduct of similar business, perhaps also because what disciplinary work has been attempted among midwives generally before the passing of the Act—no great matter—has been carried on by him.

Unfortunately, in the case of a number of counties there is no Medical Officer of Health. It can hardly be doubted that this is disadvantageous to the working of the Act, although, of course, it is open to the County Council to allocate the duties to a number of separate districts, each having a Medical Officer of Health, or to appoint, as the Central Midwives Board advise, a Medical Officer to advise the County Council in matters pertaining to the Act.

In the administration of this Act too much sub-division is strongly to be deprecated. It is, therefore, well that the chief administrative functions should rest in the hands of the Central Board for the present.

On the other hand it appears to me desirable that the larger Supervising Authorities should be more fully represented on the Board.

There can be no question that the rules framed by the Board are admirable. True, they raise the question of payment to medical men for services rendered. But this can be settled by amendment of the Act. There are also one or two amendments of the rules which are required, especially that suggested by Dr. Wheatley, that midwives should be required to take the temperature and pulse at each visit, and keep a record of them.

No doubt every Local Supervising Authority has made its contribution to the amendment of the rules, and I will not, therefore, detain you over this subject.

Rule C, to which I wish now especially to direct your attention, regulates the course of training, the conduct of examinations, etc., of intending midwives. No person shall be admitted to the examination of the Central Midwives Board unless she produces certificates that she has undergone the following course of training.

1. She must have, under supervision satisfactory to the Central Midwives Board, attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient.

2. She must have, to the satisfaction of the person certifying, nursed twenty lying-in women during the ten days following labour.

3. She must have attended a sufficient course of instruction in the subjects named below (see pp. 9 and 10 of the Rules).

No period of less than three months shall be deemed sufficient for the purpose of training.

A candidate may be rejected on the ground of illiteracy alone.

The subjects of examination alluded to under (3) certainly appear ample to ensure that any person passing the examination shall be reliable in practice, provided that the instruction is sound, and the examination equally so.

It is evident that on the efficiency of this course of training, and of these examinations, rests the prospective improvement of the quality of midwives.

Ultimately this depends largely on the examinations, and it may therefore be confidently expected that the examiners will be carefully chosen, that means will be devised to secure uniformity in the standard of examinations, and that the knowledge of the candidates will be adequately tested.

In order that the instruction given may be sufficient, these conditions appear to be requisite :—

(a). It should be given in connection with some institution possessing ample material.

(b). Such institution should itself be thoroughly sanitary, and its equipment should be adequate.

(c). The lady in charge of the lying-in work should be well trained in her work, and well educated otherwise.

(d). The lecturer should be recognized generally to be well versed in the subject.

In addition, it is desirable that some of the cases should be in the homes of poor people, so that the pupil may learn to apply her knowledge to the occasions which she will encounter in actual practice. It will thus be possible, also, to judge whether the pupils have assimilated their training.

In general, these conditions can only be fulfilled in lying-in institutions, and, where these exist, the training of midwives naturally falls to them.

It is, then, of the utmost importance that the fullest advantage should be taken of the opportunities which they possess. This has been recognized in Liverpool, where I understand the training of midwives has been affiliated to the University.

The importance and even urgency of obtaining a supply of midwives trained up to the standard arrived at under the Midwives Act, and in the rules of the Central Midwives Board, is also being fully recognized by the County Councils.

From a valuable return obtained by Dr. Sergeant on a variety of points connected with the working of the Act, we learn that the following counties have taken action practically amounting to the grant of scholarships for the training of midwives : Lancaster, London, Northumberland, Notts, Shropshire, Worcester ; and that the following counties are considering the advisability of doing so : Northampton, Stafford, Wilts. Probably this is not an expensive way to get good midwives.

Should this movement become general, it is evident that those lying-in institutions in large towns which lay themselves out to give first class instruction will attract the candidates, and that these institutions cannot afford to be passed by when intending candidates make choice of their place of training.

It may be, however, that counties will prefer to establish institutions for the reception and training of midwives near some of their larger centres of population. The expense entailed need not be very great.

It would probably be a good thing, in any amendment of the Midwives Act, to require Supervising Authorities to give an annual report on the instruction afforded in their areas. It is true such a report would be for the most part a formal one, but it would enable the Local Supervising Authority to take an intelligent interest in this important branch of the Act, and the material obtained might be so arranged as to be very useful to candidates.

Amongst the subjects in which pupils are to be instructed for the examination are puerperal fever, its nature, causes, and symptoms.

Midwives are also required to notify cases of puerperal fever.

It is very desirable that midwives should not be in the uncertain condition regarding what they are to understand as puerperal fever in which not a few medical men appear to be.

May I remind you that, with the assistance of Sir W. J. Sinclair, the North-Western Branch of the Society of Medical Officers of Health considered that they were in a position to recommend, for purposes of administration, the following

DEFINITION OF PUERPERAL FEVER.

“For the purpose of the Notification Acts, 1889 and 1899, the term puerperal fever shall include all cases in which, within 7 days after the birth of a child, alive or stillborn, the mother shall have a rise of temperature exceeding $100\cdot4^{\circ}$ F., with quick pulse, maintained for a period exceeding 24 hours, without any ascertainable cause other than the puerperal state.

It shall also include all cases in which, within seven days after the birth of a child, there has been the occurrence of rigor (with attendant illness) without any ascertainable cause other than the puerperal state.”

It is desirable to make the definition as comprehensive as possible, since there can be little doubt that puerperal sepsis varies greatly in its gravity, so far as the individual case is concerned, and, if we are to do good preventive work, we must not pass over the milder cases.

Even if it were only for the purposes of the Midwives Act, it would be a most desirable thing that we should have a good working definition of the term "puerperal fever." Strictly speaking, I suppose puerperal fever can only be defined by the abstraction of a specimen of intra-uterine fluid, and its bacteriological examination, and, in the uniform examination of his cases bacteriologically, Dr. Gordon has done excellent and valuable work. Practically we require something more easily worked.

I will here interpolate some remarks on puerperal fever in Manchester in 1905.

The following figures give some precise ideas as to the incidence of puerperal fever in the practice of medical men and of midwives in 1905.

The total number of infants born alive in Manchester in the year 1905 was 18,325.

From a return, not yet complete, of infants born in 1905 under the care of midwives, we find that those returned numbered 10,233.

The number of midwives who have as yet sent no return is 18. The 10,233 may, therefore, probably be with safety increased to 11,000.

The number remaining is 7,325. We shall ascribe all of these to medical men, although a considerable number of deliveries, no doubt, took place under the charge of uncertified midwives or of neighbours, possibly 1,000. Now the number of cases of puerperal fever, including in this term all fatal cases of affections of the puerperal organs occurring within a short time after labour, was 76. The total number of cases was 82, but of these 6 occurred in connection with abortions. If now we take out 10 cases attended by both medical men and midwives, we get 41 attended by midwives alone, and 25 by medical practitioners alone. The percentages of births followed by puerperal fever are thus, for medical practitioners 0·34, for midwives 0·37. The difference is not great. That the results of cases attended by midwives are so good as they are must be largely ascribed, I believe, to the supervision and instruction which they have received from Dr. Merry Smith, as Executive Officer under the Act, and to the serious view that the Local Supervising Authority has taken of its duties.

In order that a clear idea may be obtained of the manner in which different sections of the certified midwives have carried out their duties, I have had the following table prepared.

It will be remembered that column 7 is not yet complete, though it is sufficiently so to enable us to draw approximate conclusions.

PARTICULARS RELATING TO MIDWIVES PRACTISING
IN MANCHESTER.

Qualification	Bona-fide	St. Mary's Hospl.	Maternity Hospl.	London Obstetrical Society	Queen Charlotte Hospl.	Liverpool Lying-in Hospl.	Rotunda Hospl.	Total	Column
Total No. of Midwives appearing on Register	74	39	22	34	1	3	1	174	1
Removed from Manchester area... ..	4	1	2	4	—	—	—	11	2
Ceased practising entirely	8	—	1	—	—	—	—	9	3
Suspended sine die	3	—	—	—	—	—	—	3	4
No. still practising who reside in Manchester	50	33	19	29	1	3	1	136	5
No. residing outside Manchester but practising within the city	9	5	—	1	—	—	—	15	6
No. of births attended by midwives under the headings given ...	2780	3082	2047	2099	72	150	3	10233	7
No. of cases of puerperal fever ditto ...	13	19	7	12	—	—	—	51	8
Deaths amongst cases of puerperal fever attended by midwives ...	2	5	3	4	—	—	—	14	9
Percentage of puerperal fever amongst all cases attended by the midwives in each class	0·47	0·62	0·34	0·55	—	—	—	0·50	10
Percentage of puerperal fever amongst cases attended by midwives having puerperal fever in their practice ...	1·55	0·82	0·91	1·11	—	—	—	1·08	11
No. suspended on account of puerperal fever	9	8	3	7	—	—	—	27	12

Column 10 is the proper index of the success in practice of the midwives concerned, though it is fair to remember that this must in some measure be determined by the conditions under which the respective practices are carried on. It exhibits the varying degrees of success attained, on the average, by *bona fide* midwives, those holding the London Obstetrical Society Certificate, those certified by the Maternity Hospital, and those holding the Certificate of St. Mary's Hospital.

The smallest fatality holds in the practice of the *bona fide*, and of the Maternity midwives.

Column 11, if the figures were sufficient, would show, when the respective classes of midwives were bad, how bad those having puerperal fever in their practice were on the average.

The bad *bona fide* is the worst of all, but the figures are too small for a permanent statement.

I am certainly of opinion that the *bona fide* midwives have been more benefited by the instruction imparted by the Executive Officer than have the Hospital Midwives, and that this explains, in a measure, their relatively good position in 1905.

That the practice of many of the midwives is tolerably careful must be inferred from the fact that there were 23 midwives attending, each of them, 100 labours and upwards, with an aggregate number of 3,688 labours, without a case of puerperal fever amongst them of which we had any information; while there were 7 having each over 200 labours and an aggregate of 1,549 labours without a case. It is true cases may have been overlooked or concealed, but deaths could not, and certainly there was no death of a lying-in woman amongst those mentioned.

The number of deaths in 1905 which could be regarded as due to puerperal fever, following the definition of the College of Physicians, was 25, giving a death-rate of 0·04 per 1,000 of population. The death-rate in 1904 was 0·03, and in the ten years ending 1903 0·05. Now it cannot be doubted that, with the precautions taken in 1905, no death from puerperal sepsis, or from any condition which could be so interpreted, could well have escaped. The conclusion which I draw is not that deaths have not previously escaped our observation, but that in 1905 there was a genuine reduction of fatal puerperal sepsis. Possibly this was in some measure assignable to the isolation of a number of cases in Monsall Hospital and to the treatment there, but was probably in much greater degree due to the strenuous instruction given by the Executive Officer to midwives, and to the action taken by the Local Supervising Authority.

It may be observed also that cases of puerperal fever arising in connection with still or live-born infants cannot escape detection, since, from the first of January, 1905, enquiries have been made in respect of all deaths in women of a child-bearing age, as to whether they have recently given birth to a child. We may, therefore, feel confident that in this matter we have all the facts before us.

Another subject in which the future midwife is to be trained, is

the feeding of infants. This teaching should be productive of the greatest benefit.

If, however, the instruction given by midwives is to be confined to the first ten days of life, no small part of that benefit will be lost. It would be a good thing if the rules required that midwives should send a notification to the Supervising Authority of all cases in which the mother was unable from the first to suckle her infant, so that continued instruction could be given after that period. Where the mother was able to continue suckling, the instruction given would continue to apply.

Unquestionably, there is a great loss of life through ignorance on the part of parents of the food which an infant requires.

It is generally felt that some means must be devised by which mothers may be instructed in the management of their infants. This will certainly entail a good deal of fresh machinery, and the subject is hardly one that we can discuss now at any length.

We find that the majority of counties included in Dr. Sergeant's instructive return are doing something in the matter, and the same may be said of our large towns, in which this question has advanced farther than it has in the counties.

If, however, we are to expect any great improvement, we must have competent, well-instructed teachers coming into personal contact with the mothers, and having sufficient time to explain to them the principles and details to be followed.

Good printed instructions are, certainly, useful. But difficulties will constantly arise which require to be cleared up, even with the most intelligent, and, for persons of less intelligence, personal instruction is a necessity.

There appears to be no sufficient reason why the Registration Acts should not be amended, so as to require that the birth of an infant must be registered within five days. If that were done, Local Authorities would obtain from the Registrars of Births and Deaths the information which they require for administrative action at a sufficiently early period.

It would also be very advantageous if the register contained the name of the medical practitioner, midwife, or other person in attendance at the birth.

We may next consider the better training of midwives certified under the Act, who have not had to pass through the newer instruction, and have not passed any examination such as that now required. It is evident that this is no unimportant factor in the passage from the

old conditions to the new. Here it is impossible to separate the discipline established under the rules from the influence of mere teaching. But for the purpose of these remarks I will take the teaching first. As you are aware, the Manchester Local Supervising Authority appointed a lady, holding the degree of M.B. Edinburgh, to act as Executive Officer under the Medical Officer of Health. She made it her first business to become acquainted with the midwives, while inspecting their bag of appliances, their dresses, and their habitations. With each of them she went carefully through the rules of the Central Midwives Board, explaining them. Every midwife was furnished also with a copy of a memorandum to midwives prepared by the Local Supervising Authority, explanatory of the rules, and giving to them in some cases greater precision. Directions for the care of the infant during the first ten days of life were also issued by the Local Supervising Authority.

In many cases the midwives have been requested to attend at the Town Hall, and have been there examined as to the sufficiency of their appliances, and their knowledge of the rules. Their ability to take the temperature and pulse have been practically tested.

In fact, short of a systematic course of instruction, they have been well taught, and I believe that this will be made apparent in the reduction of puerperal fever.

I will not pursue this matter further, as Dr. Merry Smith will herself give an account of the course which she has pursued.

The lying-in institutions might give short courses of practical instruction, and it might be made a requirement on midwives, who, in the opinion of the Local Supervising Authority required further instructions, but whom they did not think sufficiently culpable to send up to the Central Midwives Board, to attend such a course.

At all events, unceasing instruction and examination of midwives in the rules of the Board must be regarded as one of the most important duties of the Local Supervising Authority.

The discipline of midwives is enforced under Rules E. and F., which, at the same time, define the chief duties of the Local Supervising Authority.

You are no doubt all familiar with Rule E, which it would be very difficult to abridge in the way of summary, so complete and yet so necessary a code of conduct does it lay down for midwives.

It may be said generally that it requires scrupulous cleanliness on the part of midwives, in a bacteriological sense, and gives minute directions by which this may be attained at every attendance

on labour. It defines the appliances required by midwives and the means by which they may be used with safety. It prescribes the precautions with which examinations may be made by the midwife ; defines certain duties to the child ; declares that no midwife shall undertake the duty of laying-out the dead. It requires the midwife, in a large number of well-defined conditions during pregnancy, labour, or lying-in, in all abortions, in the case of specific illnesses of the new born, and in all cases of death of a woman during pregnancy, labour, or lying-in, to decline to attend alone, and to advise that a registered medical practitioner be sent for.

Under this rule the midwife must keep a register of cases, and a record of sending for medical aid, on prescribed forms. The former must contain a statement of any drug administered by her, and of the necessity for its administration. She is required to notify :—

1. The death of the lying-in woman or of the child occurring before the attendance of a registered medical practitioner.
2. Still-births, where a registered medical practitioner is not in attendance.
3. Puerperal fever and other infectious diseases.

The Supervising Authority shall make arrangements “to secure a proper inspection of every midwife’s case book, bag of appliances, etc., and, when thought necessary, an inspection of her place of residence, and an investigation of her mode of practice.”

The reports presented to the Local Supervising Committee, which has for chairman a medical man practising in the city, and has co-opted four medical members—one a lady—are very full, and have always received careful consideration.

There has been, at first perhaps, a tendency on the part of the Committee to deal with cases themselves, and to censure midwives, rather than refer them to the Central Midwives Board.

Before a midwife can be referred to the Board to be dealt with, the Committee require to find that there is against her a *prima facie* case of malpractice, negligence, or misconduct.

They have also wished to give midwives an opportunity of benefiting by Dr. Merry Smith’s instruction, and of assimilating the rules.

It would certainly appear from Section 3 of the Act that the Central Midwives Board would regard disobedience of the rules and regulations sufficient reason for striking a name off the roll.

I think there has been a feeling that to declare a *prima facie* case against a midwife for malpractice, negligence, or misconduct, assumed that her errors were sins against the light, and that incompetence was to be dealt with differently.

Where a woman has appeared so incompetent as to be a perpetual menace to her clients, the Supervising Committee have suspended her under Section F. *sine die*, thus debarring her entirely from practice.

In other instances, it is true, they have suspended midwives until satisfied that they understood the rules sufficiently to be trusted with the care of lying-in women.

In fact, such a use of Rule F is necessary, as, often, a considerable period must elapse before the Committee can consider the case at all. In such a case, if the Medical Officer of Health considers that the circumstances are such that the midwife cannot safely continue her duties, he is empowered by the Committee to suspend her until the Committee meets, and also to remove the suspension which he has imposed.

The immediate notification of still-births, and of abortions, occurring in the practice of midwives, promises to be of the utmost value. The analysis of such occurrences in districts, and in individual practice, should yield valuable information as to the likelihood of any criminal or illegitimate procedures going on. In other respects this information will be valuable.

Still-births cannot escape notification, since complete lists are sent in by the Registrars of Cemeteries, acting under the instruction of the Parks and Cemeteries Committee.

Under Rule E. a midwife must advise that a registered medical practitioner be sent for, and must decline to attend alone whenever, after delivery, the temperature rises above 100.4° F., with quickening of the pulse for more than 24 hours, and must send by post, within 12 hours, a notification to the Local Supervising Authority that she has done so.

She is also required to notify puerperal fever and other infectious diseases, but such notification is deemed to be included in the above and other conditions, which she must treat in like manner.

It is, however, of great value that the requirement of notification in the case of all infectious diseases should be explicitly stated, as it empowers the Local Supervising Authority to make enquiries, and arrive at their own conclusions with regard to the nature of the infection, if any, producing rise of temperature.

We have considered in one or two instances that we had a right in such cases to form a diagnosis of puerperal fever, and have acted accordingly.

The question has been raised whether, if the midwife advises her client that a registered medical practitioner should be sent for, and

the family refuses to do so, she should decline to attend alone. The answer must unquestionably be yes, else the whole structure of the Act is overthrown. The more difficult question, however, arises as to what a midwife must do if the medical practitioner called in refuses, or is unable, to attend, and this appears to be a case for which provision should be made. Clearly she could arrange to have another medical man sent for, and if none other can be obtained, for the Poor Law district officer. If the patient can afford to pay, the Guardians have power to recover. It might easily happen in a thinly-populated district that no medical man could be obtained to meet the emergency. In that case she is required by the rules to remain and do the best she may until one of the medical men called in arrives.

I have already mentioned Rule F., which decides the conditions under which midwives may be suspended from practice.

This rule is of the utmost importance to the Local Supervising Authority, as it appears to place a great deal of power in their hands.

It reads, "In carrying out section 8 (3) of the Midwives Act it shall be the duty of the Local Supervising Authority to suspend a midwife from practice who contravenes the directions for the use of disinfectants and for the employment of proper safeguards against the spread of infection, and any other rules for the purpose laid down by the Central Midwives Board," etc.

The conditions under which this power should be exercised may be stated to be :—

1. In all cases of puerperal fever, until the Local Supervising Authority is satisfied that every necessary precaution has been taken, as prescribed by the rules.

2. Where the midwife has not got the necessary appliances.

3. Where, though possessing them, she does not keep them in a satisfactory condition, and so as to avert risk of infection.

4. Where she has neglected to advise the calling in of a registered medical practitioner, when the temperature and pulse required that she should do so.

5. Where she is so grossly ignorant or negligent of the rules as to throw doubts on her general reliability.

6. Where she cannot take the temperature and pulse, and where, though able to do so, she has failed to take and record them.

Unfortunately, the rules are not sufficiently definite as to 6, but no doubt will be made so on their next issue.

Such are most of the circumstances under which a midwife may, in my opinion, be properly suspended.

In using the power placed in their hands to suspend a midwife *sine die*, the Local Supervising Authority are subject to two important restrictions.

If the midwife whom they suspend should, at any time, apply to have her suspension removed on the ground that she is now acquainted with the rules, is properly equipped, and is prepared to carry out the Act, and if the Local Supervising Authority were satisfied that her statements were correct, they would have to remove the suspension. In the second place they are required to notify the Midwives Board that they have suspended the midwife *sine die*, and should it appear to the Board that the circumstances would be better met by preferring a charge of negligence, malpractice, or misconduct, the Local Supervising Authority would no doubt at once take that course. It is also manifest that they could not continue the suspension *sine die*, unless the midwife were satisfied that her best course would be to withdraw from practice. On one occasion a midwife desired to withdraw her name from the register, and the Board declined to allow her to do so.

Such a case could be met very well by suspension *sine die*, if the Local Supervising Authority were satisfied that the midwife was unable or unfit to carry on midwifery practice. Under such suspension the midwife would not be able to attend cases, and fulfil the functions of a midwife, and it is this object that the Board no doubt has in view in refusing to remove names from the register.

It is, indeed, a serious question what should be done with the persons who continue to practise midwifery without assuming the title of midwife, and who are entitled to do so up to the year 1910. Fortunately, in Manchester, their number is small.

So far, no effort has been made to reach these women in Manchester, or in any way to instruct them.

It is impossible, in discussing the working of the Midwives Act, entirely to avoid the thorny question of the payment of medical fees. Inasmuch, however, as the Local Supervising Authority is at present much exercised over this question, I do not feel that I am called upon here to express any opinion.

Liverpool has taken a course which, Dr. Hope informs me, affords a satisfactory *modus vivendi* until this and other financial matters are considered in an Amended Midwives Act.

When a medical practitioner, in that city, has been called in to a case of emergency and he finds himself unable to recover his fee, either from the patient or the Guardians of the Poor, he applies to the Local Supervising Authority, who pay the fee. It is manifest

that under this plan careful enquiry will have been made on behalf of the Guardians as to the circumstances of the family, and that the information obtained will be available to the Local Supervising Authority.

Dr. Hope says that, where the family can pay, the City Council expects that they will. The number taking advantage of this arrangement was small at first, but has rapidly increased.

If the payment made by the Local Supervising Authority were in cases in which, on a recognised scale of family income, the families were found on enquiry to be unable to defray the medical fee, no power of recovery would be required.

This is, however, only a *modus vivendi*, and many considerations will have to be taken into account in altering existing arrangements for the payment of medical fees under Rule E.

In conclusion, I consider the Midwives Act as an entirely workable and potent engine for the improvement of midwives, even as it stands, including in that view the excellent rules framed by the Board, and it is to be hoped that we shall unite to take the utmost advantage of its provisions.

So far as I can judge, the Act and the rules framed under it, as administered by the Local Supervising Authority, have already effected a great improvement in Manchester, and may be expected to effect a still greater improvement in the future. I have asked Dr. Merry Smith to outline the procedure of the Local Supervising Authority, and her account will be appended to these observations.

STATEMENT BY DR. MERRY SMITH.

PUBLIC HEALTH OFFICE,

TOWN HALL, MANCHESTER,

February 15th, 1906.

The Midwives Supervising Committee began work in August, 1904, and since then has held meetings once a month.

Reports are submitted of any special cases of malpractice, negligence, misconduct, or incompetence, and of all cases of puerperal fever which midwives have attended.

After consideration of these reports the midwives concerned are seen personally by the Committee and informed of the decision arrived at.

At the request of the Central Midwives Board inspection of several lying-in institutions have been carried out.

The medical members form a special sub-committee which meets to draw up any pamphlets for the instruction of midwives and to consider questions essentially medical, which are referred to them.

The Medical Officer of Health is empowered to suspend midwives, and to remove suspensions.

The actual inspection work is carried out by an Executive Officer, and was begun in February of last year.

It was thought that much of the work of such an officer should be educational, and that at first individual instruction of midwives would form the best basis for future operations.

Accordingly first visits were generally by appointment.

During the visit the house was examined to see that it was clean and sanitary. Defects were pointed out and arrangements made to ensure future cleanliness, and the provision of sitz baths where no fixed bath existed.

Several of the houses were very dirty and a very few insanitary. Ages of other occupants and special details were noted to facilitate tracing any spread of infection. An examination was then made of the bag of appliances. If necessary, the bag was disinfected, and a complete stock of appliances carried in the bag capable of disinfection insisted on.

The register of cases and medical record book were next examined and instructions given how to use them. Where the midwife could not herself keep these, instruction was given to the relative who undertook the task.

Personal appearance was noted, clothes were inspected, and care was taken that a suitable number of washable dresses, aprons, and gloves were provided.

Pains having been taken to ascertain how much the midwife knew about the conduction of labour and care of lying-in women, the necessity for cleanliness, the use of antiseptics, and the rules generally, short definite practical instructions were given in all the branches of the work.

A return visit was paid within a week to see that the instructions had been carried out, and, in the interval, the midwife often came to the Town Hall for further help.

If the midwife was very unsatisfactory, her knowledge throughout inadequate, her appliances filthy, and her house dirty, she was suspended from work.

The duration of the suspension varied. If the midwife was able and willing to learn and obey the rules when further instructed, to provide necessary appliances, and to maintain cleanliness, the suspension was removed early; if the process was slow, removal was delayed; if the midwife proved quite incompetent, the removal of the suspension never took place.

In suitable registers, detailed records of the result of each visit were kept.

First visits to midwives are well worthy of consideration, and much depends on the intelligent sympathetic outlook of the official, whether the midwife will be a force for future help in the administration of the Act.

The midwife who is most difficult to handle is, as a rule, not the bona fide midwife, but the certificated woman, and she it is also who has often proved the most resourceful as a barrier to progress.

Manchester midwives are, on the whole, not an illiterate class, only seven being unable to read or write. They have been very willing to carry out the new regulations, and have made considerable sacrifices to equip themselves up to the required standard. The progress of most has been very encouraging.

Subsequent visits have been surprise ones. The same routine has been gone through; the instructions given have been definite and practical, and have been followed up by further drilling in pulse and temperature taking.

A check list from the registers in the office of all notifications, etc., received from the particular midwife who is to be visited is a useful aid when inspecting the books.

The investigation of the mode of practice of midwives has been occasionally carried out as part of the inspection visit; while the midwife attends to mother and child the procedure is noted, and instructions given after leaving the home. In two cases the actual conduct of the labour case has been observed.

During the ensuing year the method of procedure will be different. Inspection work will consist more in actual oversight of the work done in the lying-in room, while practical instruction in essential details of midwifery, cleanliness, antiseptics, and use of appliances, will, it is hoped, be given in a series of classes attended by a limited number of midwives grouped according to intelligence.

At this stage such instruction will be beneficial; earlier it would have been of doubtful value.

In connection with puerperal fever, an investigation of cases is carried out in order that sources of infection may be traced and an estimate made of the actual work done.

Records of all these visits are kept. The Executive Officer has endeavoured to render all possible help to the midwives; they are encouraged to consult about difficulties, and Saturday morning is specially reserved for their visits. Still-births have been investigated

systematically since August. This has proved a valuable means of superintendence of the mode of practice of the midwife, in addition to its value in relation to the still-birth itself.

This year it will be possible to check these notifications, as weekly returns of still-births are now being sent in by the Registrars of Cemeteries.

Deaths of new-born children are similarly investigated.

The result of all investigations are kept on a specially prepared form.

The disinfection of the midwife's clothes is carried out at the disinfecting station. The Executive Officer personally superintends the disinfection of the midwife's hands and arms and of the bag of appliances. Minute instructions are given that disinfecting baths are to be taken, and generally two are ordered.

Medical help records are investigated where specially needed, and especially when the temperature is raised.

Annexed is a list of registers, forms, and memoranda in use.

1. Register of midwives practising in the area.
2. „ as to mode of practice of each midwife.
3. „ „ sanitary condition of house of midwife.
4. „ of puerperal fever cases.
5. „ „ suspensions.
6. „ „ medical records received.
7. „ „ notifications of still-born children.
8. „ „ „ „ death of new-born child.
9. „ „ „ „ „ „ mother.
10. Form of notification of still-birth.
11. „ „ „ „ death of new-born child.
12. „ „ „ „ mother.
13. Classification form of medical records received from each midwife.
14. „ „ „ „ notification of still-births from each midwife.
15. Investigation form for still-births or death of new-born child.
16. „ as to mode of practice.
17. „ forms for puerperal fever cases.
18. Returns from cemeteries as to still-births interred.
19. Report form to Medical Officer of Health as to removal of suspensions.
20. Classification form of puerperal fever cases for each member of Committee.
21. "Instructions" to midwives.
22. Instructions in feeding within the first ten days of life.