Special Article

THE MIDWIVES OF CHICAGO,

BEING A REPORT OF A JOINT COMMITTEE OF THE CHICAGO MEDICAL SOCIETY AND HULL HOUSE.

BY THE COMMITTEE ON MIDWIVES.

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Introduction by the Committee.

About four years ago the Council of the Chicago Medical Society appointed a Committee on Criminal Abortion whose purpose should be the investigation of the crime of feticide. Very shortly the chief function of the committee became that of aiding public officials in prosecuting those guilty of this crime. Also this committee was able to secure the removal of all criminal advertisements from the local press—partly by moral suasion and partly by securing the cooperation of the postal authorities. In pursuance of its duties the committee gradually became cognizant of the relatively great frequency of the crime of abortion among midwives; at the same time the members of this committee were made to realize the deficiency of these practitioners in learning and ability. Not infrequently the committee found from the evidence presented before the coroner's inquisition and the criminal court that their practice was not confined to the duties limited by law, but that they were, in fact, practicing medicine. As midwives are permitted to care only for women in full time normal labor, the mere fact that they were treating miscarriages and early abortions placed them without the pale of the law.

Last spring, on the motion of the chairman of the Committee on Criminal Abortion, the Council appointed another committee—the Committee on Midwives—which should investigate the midwife class. The work of this committee was made possible by the promise of Hull House to defray all cost which might be incurred in the course of the investigation.

At the outset the members of this committee were fully convinced that midwives now, and probably for years to come, are socially inevitable; at the same time the committee appreciated the fact that the present laws governing midwives are grossly inconsistent with the laws controlling the practice of medicine. In Illinois, as in most states of the Union, the regulations of midwife practice are the same as they were when the state began the control of midwifery. The regulations covering the practice of medicine have advanced fairly consistently with the progress of medical knowledge. The laws governing the practice of midwifery are utterly absurd and inadequate when compared with the requirements of obstetric practice by doctors of medicine.

The state of Illinois makes rules covering the amount of preliminary education of a prospective medical student. It defines the duration of medical study, the number of hours to be devoted in each year, the subjects which must be taught, and in the case of obstetrics requires the candidate for the degree to have had at least three cases.

In contrast to this the prospective midwife is not required to have any preliminary education—in fact, may be illiterate. She is not required to have any correlated instruction in obstetrics before her eligibility is proven, and she may obtain her license without having seen a single confinement case. The law does not concern itself with the status of the midwife school, and as a result the regulations of the State Board of Health do not concern themselves with the qualification of the candidate for a midwife's license—the woman's ingenuity to pass an examination is the criterion. And yet a woman who can neither read nor write in any language can pass a written examination!!!

The committee feels that the time is now ripe for a readjustment of midwife requirements, and that there should be

adequate regulations commensurate with the demands of modern obstetric practice.

The committee can not express its appreciation too strongly of the valuable aid given it by Miss F. Elizabeth Crowell. Without her indefatigable labors in supervising the investigation little would have been accomplished. Her able report to the committee covers completely the derelictions of duty, the ignorance and incompetence of the midwife as a class as she exists among us. Likewise we must express our thanks to the Visiting Nurse Association of Chicago for invaluable aid in securing the names and addresses of midwives. Mrs. Rogers, a former member of the staff of the Visiting Nurse Association, who personally visited each and every midwife covered in the report of Miss Crowell, deserves our commendation. Too, we must mention our deep obligation to Professor Henderson, of the University of Chicago, for his repeated counsels during the progress of the investigation.

The Report to the Committee.

MISS F. ELIZABETH CROWELL, NEW YORK.¹

The investigation was made by Mrs. M. J. Rogers, of the Visiting Nurse Association, who obtained from the midwives information regarding their personal, social and professional status. Later a special detective who had had several years' experience in this particular line of work in New York visited the same midwives for the purpose of obtaining information regarding their criminal practice. The entire city was covered from Edgewater to South Chicago and from the lake to the extreme western limits.

In all 223 midwives were visited, and 21 only, or 9 per cent. of the total number, were correctly registered, so that the results as shown may be considered representative of the entire field of local midwifery practice. Every effort was made to have the investigation complete and to provide for the accurate recording of the information obtained by the investigators. For convenience and to save time, the city was districted, and midwives in each district were visited consecutively, first by the nurse, then by the detective. Printed cards with blank spaces for information obtained under each heading were furnished to the nurse. These cards served two purposes—first, to refresh her memory as to the information desired, so that the same data should be secured from each midwife; second, the opportunity for the immediate recording of the information thus obtained precluded the possibility of the errors which naturally would have arisen had she relied solely on her memory and attempted to record the details of each interview after her return home at night. The detective was furnished with cards bearing the name and address of the midwife previously visited by the nurse. In order to avoid exciting suspicion, the results of the detective's interview with the midwife were jotted down on the back of this card in some neighboring store or conveniently adjoining doorway and afterward this information was transferred to the card originally used by the nurse. In this way each card contains an accurate record of the social, professional and criminal status of every midwife visited. The accompanying tables contain the tabulated results of the investigation as shown by these cards.

In Chicago 47 per cent. of the births reported are returned by midwives. The greater part of these births so reported occur among the Italians, the Slavs and the Germans. An analysis of 1,076 births when the classification was based on the nationality of the mother shows the following results: Among the Italians 86 per cent. were reported by the midwives; among the Austrians, Hungarians, Poles and Bohemians, 74 per cent.; among the Germans, 68 per cent.; among native-born Americans, 35 per cent.; among Russians, 25 per cent. One cause which has contributed toward lowering the amount of midwifery practice among the Russian Jews is the excellent work of the Chicago Lying-in Hospital and Dispensary and of the maternity dispensary of the University of Illinois, which furnish attention to over 2,000 patients annually, the great majority of whom are Jewish. We have found this

1. Miss Crowell's report on the midwives of New York appeared in *Charities and the Commons*, Jan. 12, 1907, and was abstracted in *THE JOURNAL*, Feb. 23, 1907, page 712.

preponderance of Jewish patients also in connection with the work of the New York Lying-in Hospital and Dispensary.

It is impossible to arrive at anything like an accurate estimate of the number of midwives practicing in Chicago. Speaking roughly, there are between 500 and 600. This estimate is based on the number given in the last issue of the city directory—466—and the number registered at the office of the county clerk since 1878, namely 1,634. This registry is absolutely valueless for all practical purposes. There is no separate record of licensed midwives, but the registry is an indiscriminate jumble of physicians, osteopaths, midwives, et al. There has never been any attempt to revise the record or to bring it up to date in order to make it a reliable means of ref-

were investigated and 26 produced a license and certificate of registration each. The remaining 13 refused to be interviewed. On the whole, allowing a reasonable reduction of the number of registered midwives by death, by old age or by changes in living conditions, whereby it was no longer necessary or desirable for certain ones to continue the practice of the profession, I believe that 500 is a conservative estimate of the number of midwives practicing in Chicago to-day.

Over one-half of the number (123 out of 223) were incorrectly registered, and one-fourth (57 out of 223) were impossible to trace. One midwife, a Polish woman, said frankly that she had no license and that she intended to take her examination before the state board in the fall. In the meantime

TABLE 1.—PROFESSIONAL DATA.

Nationality.	Total.	Registration at Health Dept.			Length of practice.			Methods of practice.						Criminal history and practice.					
		Correct.	Incorrect.	Not registered.	1 to 9 years.	10 to 19 years.	20 years and over.	Attend normal cases only.	Equipment and cleanliness of bag.	Good.	Fair.	Bad.	Not seen.	None.	Conviction, selling drugs.	Indicted for crim. abor.	Offered to sell drugs.	Agreed to operate.	Receives patients in home.
German	84	7	52	25	14	35	27	62	7	54	6	10	1	1	1	1	2	25	10
Polish	36	6	19	11	19	13	4	31	4	21	9	12	1	1	1	1	1	3	12
Bohemian	31	3	20	8	6	18	7	28	3	22	5	12	1	1	1	1	1	3	12
Swedish	13	1	9	3	3	5	5	12	1	11	1	1	1	1	1	1	1	1	1
Italian	8	1	4	3	4	1	3	5	1	3	2	1	1	1	1	1	1	1	1
Russian Jew	5	1	3	1	1	1	3	3	1	1	1	1	1	1	1	1	1	1	1
Austrian	5	1	3	1	1	1	3	3	1	1	1	1	1	1	1	1	1	1	1
Hungarian	4	1	3	1	1	1	2	3	1	1	1	1	1	1	1	1	1	1	1
Norwegian	4	1	3	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1
United States	4	1	1	2	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1
French	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Danish	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
English	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Scotch	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Belgian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Unclassified	22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	223	21	123	57	49	83	57	154	24	126	23	11	18	3	4	2	3	4	49
																		19	22
																			26

TABLE 2.—PERSONAL DATA.

Nationality.	Total.	Age.			Length of resi- dence in U. S.			Education.			Professional.			Dependent on practice.	Condition of home and person.			Incomplete—informa- tion refused.	Unclassified—informa- tion refused.			
		20 to 34 years.	35 to 49 years.	50 years and over.	1 to 9 years.	10 to 19 years.	20 years and over.	General.		Speak English.	Foreign.	United States.	None.		Good.	Fair.	Bad.					
								Able and write.	No.											Yes.	No.	
German	84	5	36	42	3	14	55	46	27	..	78	2	22	46	4	26	44	66	9	3	15	..
Polish	36	9	22	5	5	14	17	6	29	1	26	10	10	25	1	22	14	20	11	5	1	..
Bohemian	31	6	16	9	9	13	9	5	26	..	17	14	17	14	10	21	19	10	10	2	..	..
Swedish	13	2	7	4	2	11	9	4	..	13	..	3	10	..	..	8	13	..	..	..	..	..
Italian	8	4	2	2	2	4	2	1	7	..	5	3	4	4	..	2	2	..	3	3	..	..
Russian Jew	5	..	1	4	..	1	3	1	3	..	5	..	3	3	..	3	1	2	2	2	..	..
Austrian	5	..	4	1	1	1	1	1	1	..	5	..	1	2	..	2	2	..	..	2	..	..
Hungarian	4	1	2	1	1	2	..	3	3	..	4	..	2	1	..	2	2	..	..	2	..	..
Norwegian	4	..	2	2	..	..	3	3	1	..	4	..	1	3	..	1	3	..	..	2	..	..
United States	4	1	1	2	..	..	4	4	..	..	4	..	2	3	1	2	3	..	1	1	..	..
French	2	..	..	..	..	1	1	1	1	..	2	..	1	..	..	1	2	..	..	..	..	..
Danish	2	..	..	..	..	1	1	1	1	..	2	..	1	1	..	1	2	..	..	..	..	..
English	1	1	..	..	..	1	1	1	..	..	1	..	..	1	..	1	1	..	..	..	..	..
Scotch	1	..	1	..	..	..	1	1	..	..	1	..	1	..	..	1	1	..	..	..	..	..
Belgian	1	..	..	1	..	..	1	1	..	..	1	..	1	..	..	1	1	..	..	..	..	..
Unclassified	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22
	223	29	94	77	20	54	110	81	103	1	168	29	67	111	6	74	107	138	36	19	26	22

erence. Midwives who were 60 years old when they registered in 1878 may still be practicing at the hale old age of 89 for aught to the contrary to be gleaned from the official record. There is no evidence that any one of the 1,634 has changed her name, her place of residence or her plane of existence, supposing her to have been translated to another world, since the day of original entry. Of the 466 names given in the city directory but 346 could be identified in the register, and in the majority of cases they were incorrectly recorded. This does not necessarily mean that the remaining 120 midwives were not licensed and registered, but it does mean that it is impossible to obtain any trace of them from the only source of official information concerning them. Thirty-nine of the 120

she enjoys a large and flourishing practice. Her home was filthy, and so was her person and clothing. Classified according to nationality it was found that 37 per cent. of the midwives visited were German; 16 per cent. were Poles; 14 per cent. were Bohemians; 5 per cent. were Swedes; 3 per cent. only were Italians, and 13 per cent. were made up of natives of Russia, Austria, Hungary, Norway, United States, France, Denmark, England, Scotland and Belgium; 9 per cent. were unclassified, they having refused to give the nurse any information whatever. (Table 1.)

The small number of Italian midwives appears out of all proportion to the number of births reported among Italian mothers. On inquiry it developed that the practice among the

Italians is largely distributed among midwives of other nationalities. There were not more than 20 Italian midwives in all Chicago.

One-half of the number visited had resided in this country 20 years or more; one-quarter from 10 to 20 years, and the remaining number from 1 to 10 years. Ninety-four were between 35 and 50 years of age; 77 were over 50, and 29 were under 35 years.

With regard to their educational qualifications there was practically no illiteracy, only one, a Polish woman, being unable to read or write. Over 50 per cent. could read and write their native languages only; 36 per cent. could read and write English, and 13 per cent. were unable to speak English, the proportion of those unacquainted with English being highest among the Poles, Bohemians and Italians. There were 111 midwives, 50 per cent. of the total number visited, who produced certificates of proficiency from local midwifery schools—(so-called); 67, 30 per cent., held diplomas from foreign schools, and 6, or 2 per cent., were unable to show either certificate or diploma. An ingenious explanation for the lack of a diploma given by one midwife who had previously stated her age as 54 years, was that it had been burned in the Chicago fire of 1871. The sixty-seven who held foreign diplomas may be considered as having been properly trained and as having given evidence of attaining a certain required standard of proficiency before diplomas were granted. The midwifery schools abroad are connected with the universities and a certain educational standard is required of all students entering for the course in midwifery. The instructors are men of the highest standing in the medical profession, so that the theoretical knowledge imparted by them can not be questioned. The practical experience of every student is obtained in the clinics attached to the medical department of the university attended or in the hospitals supported by the government. The length of training is anywhere from six months to two years. The best known schools are those of Naples, Rome, Paris, Berlin, Heidelberg, Prague, Vienna and Stockholm.

The 111 certificates from American schools of midwifery are *prima facie* evidence of but one fact—that the midwife holding such a certificate had the price to pay for it. The same strictures that were applied to the New York schools of midwifery apply with equal force and justice to the Chicago schools. They are veritable diploma mills run for revenue only, usually by some conscienceless physician who receives lucrative returns for a minimum outlay of time and trouble. In the majority of cases, the woman who takes such a course does so in entirely good faith, realizing the necessity for technical knowledge and training and anxious for the necessary practical experience before attempting to practice her chosen profession of midwifery. In all, 25 different styles or forms of American diplomas were exhibited by the various midwives visited. Two were graduates of familiar New York institutions and two claimed St. Louis schools as their alma maters. Many times a local "school" had existed in the back office of some physician, and when he changed his habitat it disappeared from human view; others had gone out of existence and it was impossible to find any trace of them whatever. We succeeded in locating and investigating seven of these so-called schools and colleges of midwifery.

The length of time required to complete the course of study in these schools averages six months; the fees are from \$100 to \$175. Instructions are given three or four hours each week. In two instances no text-books are required, the physicians in charge claiming that they impart all necessary information by word of mouth. This possibly explains the fact that the Polish woman to whom previous reference has been made as being unable either to read or write, holds a diploma from one of these Chicago schools. When possible, the pupils are afforded opportunities for practical experience, but this is considered by no means necessary. As the state board, which has determined the standard for admission to examination for a midwife's license, requires no practical experience, I see no reason why these instructors of would-be midwives should make any undue effort to obtain or afford opportunities for practical experience to their students. But it does seem in-

consistent that it should be deemed necessary for a nurse to spend several months in an operating room in order to learn the technic of surgical cleanliness that she may competently assist a physician, while the midwife can become sufficiently familiar with the principles and methods of modern asepsis after a few hours of oral instruction to be entrusted with the sole responsibility of the life and future well-being of the parturient woman and her child.

And there is another phase to be considered in regard to the knowledge imparted to the inquiring mind that is seeking instruction in these schools. One physician, whose school seems to be well patronized as evidenced by the number of certificates seen bearing his signature, offered for an additional fee to instruct the supposed candidate privately as to the *modus operandi* of successful abortion work, assuring her that it would bring in large returns, that it was a perfectly safe business and that the midwives who were caught were fools. In this particular instance the school of midwifery seems to have been also a school of crime.

To return to the midwife: It was an agreeable surprise to find on the whole a standard of cleanliness for both the homes and persons of the midwives visited much higher than was found among the New York midwives. No more than 19 were absolutely filthy; 36 were fairly clean, and 138, practically two-thirds of the total number, were clean and their homes nicely kept. One explanation for this is to be found in the different environments of the Chicago midwives. In New York the vast majority of midwives were to be found living in three and four-room tenements, and their standards were comparable with those of the people among whom they live (Table 2). In Chicago nearly all the midwives live in separate houses, with plenty of light and air, and cleanliness is the natural adjunct of their mode of living, not a luxury of attainment. On the North Side, and again on the South Side, where the German midwives were principally found, their living conditions were particularly good. The worst conditions were found among the Poles, Bohemians and Italians from Lake to Twenty-sixth streets.

The majority of midwives visited were not dependent on their practice for a livelihood, the husband or grown children contributing largely to the support of the family. The husbands' occupations were stated variously as laborer, carpenter, barkeeper, baker, cook, boilermaker, tailor, news dealer, teamster, mechanic, machinist, barber, fruit dealer, painter, butcher, laundryman, veterinary surgeon, cabinetmaker, electrician, cigar maker, molder, brewer, blacksmith, clerk, janitor, shoemaker, horse buyer, bricklayer, fireman, tanner, gardener, motorman, valet, policeman, artist, musician, real estate dealer, lawyer and physician. The statement was made by 74 midwives that they were entirely dependent for their support on the income derived from their practice. About three-fourths of the total number visited had been engaged in their practice over 20 years.

Over 10 per cent. of those interviewed expressed an entire willingness to conduct abnormal cases, dilating at length on their ability to perform version, to deliver a breech or transverse presentation, to remove an adherent placenta or to treat a postpartum hemorrhage. All those interviewed, even the dirtiest, claimed that they used antiseptics. One must, however, question the efficacy of the use of an antiseptic by a woman whose person, clothing and bag are filthy beyond description. Filthy bags were found in 11 instances, and the personal uncleanness of 19 midwives visited has already been noted. Adequate inspection would render the continued existence of such conditions impossible. Such midwives should be considered unfit to practice and their licenses should be revoked.

Coming now to the criminal aspect of the practice of these women, they were found to be practically on a par with their New York sisters. At least one-third should be classified as criminal. The detective succeeded in interviewing all but 15 of the 223. Several attempts were made to see these, but in each instance the woman sought was away from home, and the time allotted for the investigation having expired, the detective was obliged to return to New York without seeing them. It is worthy of note that 14 out of 22 who refused to be interviewed

by the nurse are included in the number of midwives designated as criminal. Four midwives stated that they had been convicted of selling drugs; five, according to the record of the coroner's office, have been indicted for criminal abortion, and two at present are out on bond pending trial. It is significant of their confidence in the final outcome of justice (?) or their faith in the impotency of the criminal law, that they continue their illegal work while their cases are pending. In all, 49 midwives agreed to perform an abortion on the special agent who visited them, and 4 offered to sell drugs that would act as abortifacients. One of the 49, a Norwegian, whose husband is a policeman, was quite the filthiest, and according to current report, is leading a dissolute life. And yet to the nurse who had previously visited her she proudly exhibited her license from the state board to practice the noble art of midwifery. Another woman, whose husband was a physician, refused to operate, but introduced the detective to her husband, who offered for \$3 to furnish medicine guaranteed to bring on an abortion.

Midwives to the number of 22 were designated as suspicious either because of information against them furnished by neighbors, or because they exhibited in their possession instruments for which they had no legitimate use. A midwife who has in her equipment a speculum, uterine sounds, dilators, curettes and wired gum catheters, is beyond all question or doubt carrying on a criminal practice. Of these women, 19 offered to receive patients in their homes, a direct violation of the health ordinance which prohibits the conducting of a hospital or lying-in institution of three or more beds without first obtaining a license therefor. As a matter of fact there is very little, if any, obstetrical work done in these houses. Reduced to their simplest terms they are abortion shops, pure and simple. The same epithet would apply equally well to some of the licensed lying-in institutions, so-called. A clever evasion of the law is to be seen in the change of front of one of these institutions, whose license was recently revoked after some peculiarly revolting exposures of its methods and practices. The institution in question is now being run as a "boarding house" and its patients are "boarders."

A great criminologist, Lombroso, classifying certain crimes as local on account of their prevalence in certain localities, refers thus to the practice of abortion in the United States, claiming that so common has this custom become in this country that it is no longer regarded as a crime, rather as a perfectly justifiable, even laudable method of limiting the increase in population. And yet the law recognizes the right of the unborn child to life and to property, and endeavors to safeguard these rights by making criminal abortion a felony.

The statement has been made recently that the number of abortions committed in Chicago is increasing yearly. This is probably true, and it is generally conceded that midwives are the chief agents in procuring these abortions. On the other hand, physicians themselves acknowledge and deplore the presence within their ranks of the criminal practitioner, and there is also a class of druggists who lend themselves to this criminal work. There must also be considered those abortionists who are hiding under the guise of some other profession and style themselves variously clairvoyants, fortune tellers, palmists, masseurs, etc. In addition, the fact must not be overlooked that many abortions are self induced. Contrary to the general opinion, applications for this sort of service come not alone from unfortunate or immoral women, but in the majority of instances from otherwise respectable married women influenced thereto either by selfish motives or because the pressure of economic conditions is so great that the possibility of one more mouth to feed becomes a tragedy to be averted at any cost. We have the testimony of many a poor tenement-house mother to support this last assertion.

Leaving aside the moral, ethical and religious questions involved, and considering only the physical evils resulting from this practice of abortion we know that Nature exacts full payment for every interference with her normal processes. When such interference creates a pathologic condition which renders the patient peculiarly liable to infection we have an added danger the seriousness of which can not be overestimated.

Unfortunately, actual statistics of disease and death directly or indirectly traceable to unlawful interference with the natural progress of pregnancy by a careless, criminal midwife can never be written.

Another point to be considered while dwelling on this particular phase of midwifery practice is the collusion between certain midwives and physicians whereby the division of responsibility in the criminal practice results in a division of the spoils. In the case of a disastrous finale, the cloak of an honorable calling is wide enough to cover and hide from suspicion both the criminal physician and the criminal midwife. Many of these criminal midwives have regular physicians on whom they call for assistance when the results of their interference with Nature point to a fatal termination. Sometimes it is a son who has been educated as a physician. The death certificate is signed by the physician in question and the causes of death assigned may range from pneumonia to cardiac failure. Again the combination may operate in another way—the midwife acting as an intermediary or agent and for a consideration steering her applicant to the physician who is willing thus to prostitute his profession.

Another insidious commercial arrangement is found to exist among certain Italian physicians and midwives, which if not criminal in the ordinary acceptance of the word, is, to say the least, most reprehensible in its exploitation of the unsuspecting patient. The repugnance of the Italian mother to the presence of the physician in the lying-in chamber is well nigh insuperable. Only when she is convinced that her life and the life of her child depend on the immediate aid of a physician will she consent to his being called. Accordingly, although it may be a perfectly normal labor, after a certain period of waiting the midwife may announce that there is an unusual complication with which her skill and experience are unable to cope, and demand that she be allowed to call a physician at once. He comes, makes an instrumental delivery; the patient believes that she has been snatched from the very jaws of death; a maximum fee is charged, and again there is a division of the spoils between the physician and the midwife.

In the last analysis, the state which licenses these women is responsible for the results of their practice. The strongest argument in favor of licensing the practice of the midwife, of affording her legal recognition, is that thereby the state has legal control over her action. No midwife should be allowed to conduct any but normal labors. While the process of normal labor is physiologic, it may at any time become pathologic. If evidence of carelessness, of incompetency, of unlawful practice be adduced, not only should she be punished, but her license should be revoked and her practice should not longer be sanctioned by the state.

State certificates authorizing the practice of midwives in the state of Illinois are issued by the State Board of Health under the provisions of the Medical Practice Act in force July 1, 1899. All applicants are required to furnish evidence of good moral character and to pass a satisfactory examination in the following branches: 1. Anatomy of the pelvis and of the generative organs of woman. 2. Physiology of menstruation and conception. 3. The signs of pregnancy. 4. Mechanism of labor. 5. Management of normal labor. 6. Management of abnormal labor. 7. Puerperal hygiene and antiseptics. 8. Special care of mother and infant.

The applicant if desirous of taking the examination in a foreign language must furnish her own interpreter. In this connection, it is said that a number of Polish midwives holding certificates from the state board have obtained them fraudulently. Having insufficient knowledge to enable them to answer the questions of the board, they employed a clever Polish midwife who was able to speak English. She took the examination successfully in each case and obtained the certificate in the name of the applicant who lacked both the knowledge of English and the knowledge of midwifery.

The state board requires no practical experience from candidates for license to practice midwifery. The committee believes this to be a grave error. Under the English midwives act, 1902, one of the requirements for admission to examination is that the candidate shall produce satisfactory

evidence that she has attended under supervision and watched the progress of not less than 20 labors and that she has nursed 20 lying-in women during the ten days following labor. In New York, under the new law to regulate and restrain the practice of midwifery, the health department is considering the minimum number of 15 cases to be required of the candidate desiring to practice midwifery.

Having obtained her license, the Illinois midwife is free to practice her chosen profession without let or hindrance. Secure in the fact of her legal right to practice, she may become as lax in her methods as she chooses, and by her carelessness or over-confidence, endanger the lives of hundreds of mothers and their babes. So long as she keeps out of the clutches of the criminal law, the authorities ignore her existence, and yet to the ignorant woman who employs her the fact that the state has licensed her practice is proof conclusive that the midwife is entirely competent to take into her keeping the life and safety of the expectant mother. The state has not settled the problem of the midwife by merely examining and licensing her practice. The most important duty still remains, that of the regulation and inspection of the midwife's practice after she has been turned loose, so to speak, on an ignorant and credulous community.

Conclusions of the Committee.

The Illinois law gives the State Board of Health no authority to inspect or to control midwives. This power should be given to the board by legislative enactment. The committee would submit certain suggestions of provisions that would be desirable to secure a proper regulation of midwife practice in Chicago and in the state of Illinois.

The simple device of issuing short-term licenses, to be renewed at stated intervals, and requiring no additional fees after the first granting of the license, would work no hardship on the midwife and would bring her repeatedly to the notice of the proper authorities, thus enabling them to keep a fairly correct record of her name and address; no easy task in the ever-shifting character of our foreign population.

There should be a local representative of the State Board of Health in Chicago, preferably one who might act in conjunction with the local health department, who should be charged with the responsibility of the conditions of midwifery practice in this city. He should have a sufficient number of assistants or inspectors under his control, to carry out the rules established by the board.

The state board should promulgate rules restricting and regulating the practice of all midwives and the local representative should be charged with the responsibility of enforcing these regulations. Rules for the inspection of midwives, of their records, their equipments, their persons, should also be defined. The work of supervision would be greatly facilitated by securing the cooperation of physicians and hospitals to the end that they would make immediate report, on blanks especially prepared and furnished to them for that purpose, of all infected or improperly conducted cases coming under their observation. These blanks should include space for date, name of physician and hospital reporting the case, name and address of patient, date of confinement and name and address of attending midwife. It would be desirable that the midwife should be immediately suspended from practice pending investigation, nor should she be allowed to resume her practice until her equipment and clothes had been properly disinfected under the supervision of the inspector.

With provision for the efficient control of midwife practice very much would be accomplished in correcting the evils that now exist. The committee is well aware of the difficulty in securing first, enactment of such rules and then their execution. In the end the result must depend largely on the status of the midwives themselves. No permanent reform can be secured with uneducated, untrained and vicious midwives. Hence, the committee is forced to the conclusion that provision should be made for the assumption of the control of midwife education by the State Board of Health. This should embrace the recognition of such schools as comply with a specified standard of requirements for admission, equipment and work,

as alone entitled to prepare midwives for examination. Such schools should be under the control of the State Board of Health. In instituting a plan of midwife education the board should also provide for repetition courses of from two to four weeks every two or four years, such as are favored by the German and Austrian schools and the German Society for Midwife Reform.

Clinical Notes

LARGE OVARIAN CYST, WITH TORSION OF THE PEDICLE, IN A CHILD.

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A search of the literature shows that this condition is extremely rare. The unusual and peculiar symptoms in this case make it of sufficient interest to report. The history pointed to some obscure bladder trouble.

Patient.—S. B., aged 6, on the night of August 15, was suddenly attacked by pain in the hypogastrium, accompanied by a pressing desire to urinate. She was up constantly during the night trying to empty her bladder. Her mother applied hot fomentations to the meatus urinarius without relief.

Examination.—When seen the following morning the child was in pain and was straining with violent vesical tenesmus. A few drops of normal urine were being constantly expelled. The abdomen was rigid and tender, pulse rapid, and temperature normal. While she was not seriously depressed she presented some slight shock. There was a prominent tumor in the hypogastrium. It occupied the entire pelvis and extended up to the level of the umbilicus. It presented all the physical signs of a distended bladder, except that it was a bit too narrow for its height. There was gut tympany on both sides and above it. It was firmly fixed in position and manipulation intensified the expulsive efforts. Rectal and vaginal examinations were made without positively establishing the diagnosis. The pelvic viscera were so small and so crowded by the cyst that they could not be outlined. All that could be felt was the rounded lower end of the tumor. Catheters were passed into the bladder without result except that they were immediately crowded out by the expulsive efforts which even produced considerable bulging in the perineum. With the exception of chronic enuresis, the child had been in good health till the attack of pain the night before. Her mother always bathed her and had never noticed any prominence of the abdomen. Although it may have no bearing on the case, it may be noted that the patient had always been easily nauseated and would vomit at the sight of her sister eating soft boiled eggs, milk toast, and such articles of diet, which she termed "sloppy." She is a laborer's child and by no means accustomed to delicate or dainty fare.

Operation.—She was prepared without delay and was operated on that afternoon. A large unilocular cyst of the right ovary was found firmly twisted on its pedicle through one complete revolution and a half. The venous circulation was strangulated, with consequent enlargement of the tumor. There were no adhesions.

Description of Growth.—The growth measured 12.5 centimeters in longest diameter, 10.5 centimeters through the center, 34.5 centimeters circumference around the ends, 30 centimeters around the center, and weighed 640 grams. It is now in the Army Medical Museum, Washington, D. C.

Result of Operation.—The patient had an uneventful and rapid recovery. She was up in two weeks and has a perfect result, with almost no scar.

Roentgen Ray in Cancer.—Ennion G. Williams states that much benefit can be expected, even in advanced cases of cancer, by relieving pain, retarding growth and prolonging life. The Roentgen ray, however, is of doubtful value, he asserts, in the treatment of cancers on the mucous membranes, and primary growths of the mammary gland.