

good, then very radical treatment may be of the utmost value. A radical removal of all the infected glands may remove the chief source of infection of other parts of the body as well as remove all the diseased tissues.

Many incisions have been devised for the removal of tuberculous glands. When the group of throat glands and those adjacent to them but secondarily infected are involved no incision can be more satisfactory than that made in one of the skin folds of the neck anterior to the sterno-mastoid muscle. Through this incision it is easily possible to remove glands up as high as the angle of the jaw and the mastoid process and downward along the vessels. The glands lying beneath the sterno-mastoid may be easily reached and with care and effort even those behind the sterno-mastoid may be removed. The scar resulting is inconspicuous.

The structure in greatest danger is the spinal accessory nerve. With very few exceptions the group of enlarged throat glands completely surround the nerve just before it enters the sterno-mastoid muscle. Therefore the removal of these glands in one mass is not justifiable. The nerves running forward to the corner of the mouth are liable to injury if the inflamed glands lie up about the angle of the jaw. Injury to vessels if care be used is much less to be feared than injury to nerves.

Complete dissection with the removal of all the cellular tissues is of much less importance than was formerly supposed. The removal of this tissue in which the lymph vessels ran was formerly urged as important to prevent recurrence of tuberculosis. Absolutely clean removal of the sources of reinfection will much more surely prevent recurrence.

The x-ray is of value in some conditions. When the skin is involved by the tuberculosis the x-ray is distinctly curative and is by all means the best method of treatment. With sinus formation the x-ray is helpful; the more so the more superficial the sinus. With deep tuberculous glands under sound skin the x-ray ought not to be used. Other methods of treatment are infinitely preferable.

Syphilitic glands have purposely not been mentioned. The conditions under which these are seen in children vary but little from those seen in adults.

Cases of lympho-sarcoma and of Hodgkins' disease are not uncommon among children. The characteristic point about these glands is that no matter what the size of the individual gland it is always essentially of the same consistency, whereas a tuberculous gland persisting for any length of time and over three-quarters of an inch in diameter practically surely becomes caseous. The wide spread distribution of the glands is another characteristic point.

In conclusion certain points may be emphasized.

Cervical adenitis is always a secondary complication.

Prompt removal of the primary cause, if this is possible, is by far the best method of cure of the adenitis.

In those cases in which the glands themselves have broken down hygienic and medical treatment cannot alter pathological facts.

Surgical treatment determined by the existing conditions is of the utmost importance, while hygienic and medical treatment are useful aids which should not be neglected, but which should not assume undue importance.

MIDWIVES IN MASSACHUSETTS.*

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THE fact that many midwives are practicing in Massachusetts in defiance of the law was uncovered in 1909 by an investigation relative to the prevalence of ophthalmia neonatorum. To find out as nearly as possible how many of these practitioners there are and how well they are qualified for their practice, the "Committee on Birth Returns and Midwives of the Boston 1915" instituted an investigation. The following is a study of the results of this investigation together with some closely related data obtained by the Research Department, Boston School for Social Workers supported by the Russell Sage Foundation. These data concern the association of physicians and midwives in Boston and are of interest in the light of recent legislation.

The investigation carried on by the "Committee of Boston 1915" employed trained workers acting under the advice of a Boston obstetrician. In two cities the facts were collected by other trained workers—in Fall River by the agent for the "Society for the Prevention of Cruelty to Children" and in New Bedford by the agent of "The Children's Aid Society."

The plan of campaign adopted by this committee was to see what cities and towns had a foreign population of sufficient size to make midwife practice probable. The city or town clerks in these communities were then questioned as to the number of birth returns made by midwives and of the presence of midwives in that city or town. Then, with these facts at hand, the investigation went to the cities and towns where the midwives existed in numbers large enough to make the study worth while.

As a result of this undertaking, 104 midwives were interviewed, most of them in their homes, and the following tables are arranged from facts obtained at such interviews.

Besides these 104 midwives found in the cities and towns mentioned below, there were in 1909 some 28 midwives practicing in the cities of Gloucester, Lawrence, Lowell and Worcester, as reported by H. C. Greene.¹

It is the opinion of the Committee that there

* Reported at the annual meeting of the American Association for the Study and Prevention of Infant Mortality, Cleveland, Ohio, Oct. 4, 1912.

¹ O'Neil. Neon. in 10 Mass. Cities. Monograph No. 1, Am. Asso. for the Cons. of Vision.

TABLE 1. (1) BOSTON.

Nationality	No. of midw/fe	Age in yrs.					Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Italian	18	2	6	6	4	0	10	5	3	13	5	2	16	0	11	7	5	10	3
Russian	5	2	1	0	0	2	3	2	0	5	0	4	1	0	4	1	3	2	0
Irish	2	0	0	0	1	1	0	0	2	1	1	2	0	0	0	2	0	2	0
Syrian	1	0	0	1	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0
German	3	0	0	1	2	0	0	0	3	3	0	3	0	1	1	1	3	0	0
Swedish	4	0	0	1	2	1	0	0	4	4	0	4	0	0	4	0	3	1	0
American	2	0	0	2	0	0	0	0	2	2	0	2	0	1	0	1	1	1	0
French	1	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	1	0	0
	36	4	7	12	9	4	14	7	15	30	6	19	17	2	21	13	16	17	3

TABLE 1. (2) BOSTON.

Nationality	No. of midw/fe	Length of Practice				Attends Normal Cases Only		Uses Anti-septics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Italian	18	0	6	9	3	13	5	16	2	11	5	2	0	5	13	6	12	2	16	1	17
Russian	5	1	1	1	2	3	2	4	1	1	1	1	2	2	3	5	0	0	5	0	5
Irish	2	0	0	1	1	1	1	1	1	0	1	0	1	0	2	1	1	0	2	0	2
Syrian	1	0	0	1	0	0	1	0	1	0	0	0	1	1	0	0	1	0	1	0	1
German	3	0	1	1	1	2	1	3	0	1	0	2	0	1	2	0	3	0	3	0	3
Swedish	4	0	0	1	3	1	3	4	0	1	0	3	0	1	3	4	0	1	3	1	3
American	2	0	0	2	0	1	1	2	0	0	0	2	0	0	2	1	1	1	1	0	2
French	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1	1	0	0	1	0	1
	36	1	8	17	10	22	14	30	6	14	7	11	4	10	26	18	18	4	32	2	34

existed in 1910 approximately 150 midwives in more or less active practice in the State of Massachusetts.

The tables herewith are made to correspond with those employed by investigators of the midwife in other cities and states.

I have divided the results obtained into five sets of tables and a general summary. Each set consists of two tables, one pertaining to the personal data concerning the midwife herself, the other relating to her practice. I have grouped the cities in some cases where the number of midwives would otherwise have been insufficient to have made conclusions possible.

As each locality investigated shows many individual characteristics. I shall take up each group and describe in a little more detail the results given in the tables.

In table 2 a few of the columns perhaps need a word or two of explanation. Column 2 might perhaps better read "States she attends normal cases only," as the word of the midwife was not questioned in most of these cases. In column 3 by "the use of antiseptics" is meant the use of corrosive sublimate or lysol or sulpho-naphthol in sufficient strength to be useful. At first glance the "Care of infants' eyes and cord" in column 5 seems an unfortunate grouping, but as it has been employed in the reports of investigators in other cities, I have continued it here. As a matter of fact, there was no instance of a midwife using especial care in the treatment of the cord who did not at the same time use some prophylactic for the eyes. "Attention to mothers" in column 6 I have taken to mean, when negative, nothing more than the attention a physician or an externe from a lying-in-hospital would give to the mother in his post-partum visits, such as changing the pad (and binder if necessary), taking the temperature and pulse and straightening out the bed. The other columns need no explanation.

From a study of these tables we see that half the known midwives in Boston are Italians, who, for the most part, are in the prime of life, the graduates of excellent schools and living in fairly good homes. More than 66% state that they attend only normal cases and many of these notify a physician, with whom they are closely associated, at the onset of labor in each and every case they attend so that he will be ready to give assistance should it be necessary. Additional information, however, shows that some of these well-trained Italian women are practicing medicine in other lines than obstetrics and are open on many counts to violation of the law.

The Italian midwives in Boston charge from \$5 to \$20 for attendance and very few do more for the mother and baby than can be accomplished in a daily visit of one hour. It is inter-

esting to note that the Italian midwives who have the largest practice, some 150 to 200 cases a year, are for the most part untrained and, by their own admissions and by the testimony of Italian physicians who constantly see these women at work, are shockingly careless. On the other hand, midwives of excellent training and good character, with as near adequate equipment as a midwife can possess, are called for but 30 to 60 cases a year.

Little can be said about the Russian mid-

wives except that they do very little work, nearly all of the five practicing now solely as obstetrical nurses.

The Scandinavian midwives, all well-educated women, deliver some 200 to 250 children every year in Greater Boston, averaging about 55 cases per midwife. They receive \$10 to \$15 for each case. Unlike most midwives of other nationalities they act in the double capacity of physician and nurse and do much for the comfort of their patients.

TABLE 2. (1) CAMBRIDGE 12, SOMERVILLE 1, CHELSEA 3, BROOKLINE 1.

Nationality	No. of midw's	Age in yrs.					Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Irish	3	0	0	1	0	2	0	0	3	2	1	3	0	0	0	3	0	2	1
Portuguese	3	0	1	1	1	0	1	0	2	2	1	2	1	0	0	3	0	1	2
American	2	0	0	2	0	0	0	0	2	2	0	2	0	0	0	2	0	1	1
Canadian	2	0	0	1	1	0	0	1	1	2	0	2	0	0	0	2	0	1	1
Polish	2	1	0	1	0	0	0	2	0	2	0	2	0	0	0	2	0	0	2
English	1	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	0	0	1
Scotch	1	0	0	0	0	1	0	0	1	0	1	1	0	0	0	1	0	1	0
Russian	1	0	0	1	0	0	0	1	0	1	0	1	0	0	1	0	1	0	0
Swedish	1	0	0	1	0	0	0	0	1	1	0	1	0	0	1	0	1	0	0
Armenian	1	0	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0	1	0
	17	1	1	9	3	3	1	5	11	12	5	15	2	0	2	15	2	7	8

TABLE 2. (2) CAMBRIDGE 12, SOMERVILLE 1, CHELSEA 3, BROOKLINE 1.

Nationality	No. of midw's	Length of Practice				Attends Normal Cases Only		Uses Anti-septics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Irish	3	0	1	0	2	3	0	2	1	0	1	0	2	0	3	3	0	0	3	0	3
Portuguese	3	0	1	0	2	2	1	3	0	0	2	0	1	0	3	2	1	0	3	0	3
American	2	0	0	1	1	2	0	2	0	0	1	0	1	0	2	2	0	0	2	0	2
Canadian	2	0	0	0	2	1	1	2	0	0	0	0	2	0	2	2	0	0	2	0	2
Polish	2	0	1	0	1	2	0	0	2	0	0	0	2	0	2	2	0	0	2	0	2
English	1	0	0	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Scotch	1	0	0	0	1	1	0	0	1	0	0	0	1	0	1	1	0	0	1	0	1
Russian	1	0	1	0	0	0	1	1	0	0	0	1	0	1	0	1	0	0	1	0	1
Swedish	1	0	0	0	1	0	1	0	1	0	0	1	0	0	1	1	0	0	1	0	1
Armenian	1	0	0	1	0	1	0	1	0	0	0	1	0	0	1	1	0	0	1	0	1
	17	0	4	2	11	13	4	12	5	0	5	2	10	1	16	16	1	0	17	0	17

Close analysis of these tables shows that most of the women are past middle life, practically without any technical education and living in poor surroundings. Additional information shows that most of them are not professional midwives, many of them working without pay for their friends and neighbors. Only six of the seventeen cared for more than 20 women a year and not one of them for more than 60 cases. The fees averaged about \$5, though one well-trained midwife would never take a case for less than \$10. According to the statements of physicians familiar with these midwives and their work, most of these women when left to themselves in

charge of a case conducted it without the slightest knowledge of the principles of obstetrics and in utter ignorance of the danger involved.

QUINCY, BROCKTON AND LYNN.

These cities are grouped together because the number of midwives in each city is so small, and as these cities are a little too far away to be included in Suburban Boston.

We see from these tables that the few midwives in these cities are for the most part middle aged women or younger, well educated in all save obstetrics and living in comfortable surround-

TABLE 3. (1) QUINCY 5, BROCKTON 3, LYNN 3.

Nationality	No. of midw/fe	Age in yrs.						Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Finn	4	1	2	0	1	0	0	1	2	1	4	0	3	1	0	1	3	2	2	0
Swedish	2	0	0	2	0	0	0	2	0	0	2	0	1	1	0	2	0	2	0	0
Lithuanian	1	0	1	0	0	0	0	0	0	1	1	0	1	0	1	0	0	1	0	0
Polish	1	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	1	0	0	1
Irish	1	0	0	0	0	1	0	0	0	1	1	0	1	0	0	0	1	1	0	0
Scotch	1	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	1	1	0	0
Canadian	1	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	1	1	0	0
	11	1	3	3	3	1	0	3	4	4	11	0	9	2	1	3	7	8	2	1

TABLE 3. (2) QUINCY 5, BROCKTON 3, LYNN 3.

Nationality	No. of midw/fe	Length of Practice				Attends Normal Cases Only		Uses Anti-septics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Finn	4	0	3	0	1	4	0	4	0	2	0	1	1	0	4	4	0	0	4	1	3
Swedish	2	0	0	1	1	1	1	2	0	2	0	0	0	1	1	2	0	0	2	0	2
Lithuanian	1	0	1	0	0	1	1	1	0	1	0	0	0	0	1	1	0	0	1	0	1
Polish	1	0	1	0	0	0	1	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Irish	1	0	0	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Scotch	1	0	0	1	0	1	0	1	0	0	0	0	1	0	1	1	0	0	1	1	0
Canadian	1	0	0	1	0	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0	1
	11	0	5	3	3	9	3	11	0	6	2	1	2	1	10	11	0	0	11	2	9

TABLE 4. (1) SPRINGFIELD 8, CHICOPEE 2, HOLYOKE 5.
CITIES OF THE CONNECTICUT RIVER VALLEY.

Nationality	No. of midw/fe	Age in yrs.						Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Polish	6	1	2	3	0	0	0	6	0	0	6	0	0	6	1	5	0	1	2	3
Italian	5	1	2	0	2	0	0	5	0	0	4	1	2	3	0	4	1	1	3	1
German	2	0	0	2	0	0	0	0	2	2	2	0	2	0	1	1	1	1	0	1
Russian	1	0	0	1	0	0	0	0	1	0	1	0	1	0	0	0	1	0	1	0
Canadian	1	0	0	0	0	0	1	0	0	1	1	0	1	0	0	0	1	0	1	0
	15	2	4	6	2	0	1	11	1	3	14	1	6	9	1	10	4	3	7	5

TABLE 4. (2) SPRINGFIELD 8, CHICOPEE 2, HOLYOKE 5.

Nationality	No. of midw'fe	Length of Practice				Attends Normal Cases Only		Uses Anti-septics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Polish	6	0	2	4	0	6	0	6	0	2	4	0	0	0	6	6	0	0	6	0	6
Italian	5	0	1	3	1	5	0	5	0	3	0	2	0	0	5	3	2	0	5	0	5
German	2	0	0	2	0	2	0	2	0	1	0	0	1	1	1	1	0	2	0	2	
Russian	1	0	0	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Canadian	1	0	0	0	1	0	1	0	1	0	0	0	1	0	1	0	1	0	1	0	1
	15	0	3	9	3	14	1	14	1	6	5	2	2	1	14	11	4	0	15	0	15

ings. They all render the mothers rather more attention than a physician would give. Additional data shows that at least three of these eleven are really obstetrical nurses who only occasionally take full charge of a case. These women have anywhere from less than 10 to about 60 cases a year and receive from \$3 a case to \$15 a week for their services.

Examination of these tables shows that these industrial centres of Western Massachusetts have a moderate number of midwives for the most part from 30 to 50 years of age, well educated (two-thirds of them holding diplomas from

foreign schools), living in fair surroundings and giving the mothers rather more attention than they would receive from a physician alone. Additional data shows that these women are doing a large practice, eleven stating that they delivered 50 or more cases a year, five of them delivering over 100 and one of these 300 cases a year. They are paid from \$2 to over \$10 for their services. The Italian women are probably as a class the best trained, but many of them are practicing medicine in other branches than obstetrics, according to the statements of physicians familiar with the work of these midwives.

TABLE 5. (1) FALL RIVER AND NEW BEDFORD.
Fall River.

Nationality	No. of midw/ies	Age in yrs.						Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Portuguese	4				1			2	1					4	0	0	4	0	1	3
Irish	2					1		0	0	2			2	0	0	0	2	2	0	0
American	2												2	0	0	0	2	1	1	0
English	2				1				2	1			2		0	0	2	0	2	0
Italian	1							1					1		0	0	1	0	1	0
Russian	1								1						0	0	1	1	0	0
Polish	1										1			1	0	1	0	1	0	0
	13				2	1		0	3	6	2		7	5	0	1	11	5	5	3
<i>New Bedford.</i>																				
Portuguese	4	0	0	2	2	0	0	0	0	4	1	3	4	0	0	0	4	3	0	1
Polish	3	0	0	0	1	1	1	0	3	0	0	3	1	2	0	1	2	2	0	1
Russian	1	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1
American	1	0	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	1	0	0
American (Colored)	1	0	0	0	0	0	1	0	0	1	1	0	1	0	0	0	1	0	0	1
English	1	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	1	0	1	0
Scotch	1	0	0	0	1	0	0	0	1	0	0	1	1	0	0	0	1			
	12	0	0	3	5	2	2	0	5	7	5	7	9	3	0	1	11	6	1	4

TABLE 5. (2) FALL RIVER AND NEW BEDFORD.
Fall River.

Nationality	No. of midw/ies	Length of Practice				Attends Normal Cases Only		Uses Anti-septics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Portuguese	4			1			2		3					0	4						
Irish	2	0	0	1	1									0	2						
American	2	0	0	2	0			1						0	2						
English	2	0	0	1	1	1		2	0	1	0	1	0	0	2						
Italian	1	0	1	0	1																
Russian	1	0	0	0	1			1	0					1	0						
Polish	1	0	0	1	0									0	1						
	13	0	1	5	5	1	2	4	3	1	0	1	0	1	11						
<i>New Bedford.</i>																					
Portuguese	4	0	1	1	2	4	0	3	1	0	0	3	1	0	4	4	0	1	3	0	4
Polish	3	0	0	1	2	3	0	2	1					0	3	3	0	0	3	0	3
Russian	1	0	0	0	1	1	0	1	0					0	1	1	0	0	1	0	1
American	1	0	0	0	1	1	0	0	0					0	1	1	0	0	1	0	1
American (Col.)	1	0	0	0	1	1	0	1	1					0	1	1	0	0	1	0	1
English	1	0	0	1	0	1	0	1	0					0	1	1	0	0	1	1	0
Scotch	1	0	0	0	1	1	0	1	0					0	1	1	0	0	1	0	1
	12	0	1	3	8	12	0	9	3	0	0	3	1	0	12	12	0	1	11	1	11

TABLE 6. (1) GENERAL SUMMARY.

City	No. of midwfs	Age in yrs.					Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 yrs. or more	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Boston	36	4	7	12	9	4	14	7	15	30	6	19	17	2	21	13	16	17	3
Cambridge, etc.	17		1	1	9	6	1	5	11	12	5	15	2		2	15	2	7	8
Quincy, etc.	11	1	3	3	3	1	3	4	4	11	0	9	2	1	3	7	8	2	1
Springfield, etc.	15	2	4	6	2	1	11	1	3	14	1	6	9	1	10	4	3	7	5
Fall River	13				2	1		3	6	2		7	5		1	11	5	5	3
New Bedford	12			3	5	4	0	5	7	5	7	9	3	0	1	11	6	1	4
	104	7	15	25	30	17	29	25	46	74	19	65	38	4	38	61	40	39	24

TABLE 6. (2) GENERAL SUMMARY.

City	No. of midwfs	Length of Practice				Attends Normal Cases Only		Uses Anti-septics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Boston	36	1	8	17	10	22	14	30	6	14	7	11	4	10	26	18	18	4	32	2	34
Cambridge, etc.	17	4	2	11	13	4	12	4		0	5	2	10	1	16	16	1	0	17	0	17
Quincy, etc.	11	5	3	3	8	3	11	0		6	2	1	2	1	10	11	0	0	11	2	9
Springfield, etc.	15	3	9	3	14	1	14	1		6	5	2	2	1	14	11	4	0	15	0	15
Fall River	13	1	5	4	1	2	4	3		1	0	1	0	1	11						
New Bedford	12	1	3	8	12	0	9	3		0	0	3	1	0	12	12	0	1	11	1	11
	104	1	22	39	39	70	24	80	17	27	19	20	19	14	89	68	23	5	86	5	86

As can be seen, the investigation in Fall River was not carried out as fully as in other cities and is chiefly of value in showing the number of midwives engaged in practice. In New Bedford we find twelve women all over 40 years of age and three-fourths of them over 50 years of age, more than half of them illiterate and all but one without any obstetrical education. All of these women rendered rather more service to the mother than would have been given by a physician. Additional information showed that only five of these women were caring for more than 50 cases a year, while only three cared for 150 as a maximum. Their fees ranged from \$2 a case to \$10 a week.

Looking at the general summary of all these tables we see that in the year 1910 there were 104 women more or less actively engaged in the practice of obstetrics without the degree of doctor of medicine. Of these 104 midwives at least 10% were in reality obstetrical nurses who only occasionally assumed charge of the actual delivery of patients in labor.

We see that a large proportion of these women are over 40 years old. Comparatively speaking very few are illiterate. Over 35% of these women are well educated. Less than 25% of all these women are living in bad surroundings.

Nearly 25% of the midwives in Massachusetts admitted that they cared for abnormal cases. Only 14 midwives used proper prophylactic care in the treatment of the eyes of the new born.

Sixty-eight of the midwives gave more attention to the mother than would be given by a

physician but we must remember that at least 10% of these 104 midwives are essentially obstetrical nurses and only pretend to act as midwives in emergencies where the physician having been called has failed to arrive. Only 5% of these midwives investigated were suspected of undertaking abortions.

One fact was obtained very early from this investigation and that was that many midwives were closely associated with physicians and that particularly in Boston the birth returns were usually made by the physicians and not by the midwife.

Acting upon this suggestion an investigation was undertaken by the School for Social Workers.

This was based upon birth returns made in 1910 and investigated in three Wards in Boston.

Table 7 becomes of considerable interest in the light of recent legislation for whatever interpretation could have been put upon the action of these physicians in the past, at the present time they must by law signify on each and every birth return whether or not they personally attended the birth.

As a matter of fact this action on the part of the physicians has probably not been considered as in any way improper because according to the data furnished by the School for Social Workers at least three of the physicians in the above table who signed birth returns for midwives on cases they had never attended are Fellows of The Massachusetts Medical Society.

TABLE 7.

Showing presence at confinement of doctors who signed Birth Certificates in 1910, in Wards A, AA and AAA.

Birth Certificate Signed by	Total for which information about presence of doctor was obtained	Doctor alone present at confinement	Doctor and midwife present at confinement	Midwife present at confinement; doctor came afterward	Midwife present at confinement; doctor did not come at all
WARD A					
Attendance from Institution Y	99	99	0	0	0
Attendance from Institution Z	64	63	1	0	0
Dr. 1	94	10	14	17	53
Dr. 2	78	3	20	39	16
Dr. 3	56	3	15	26	12
Dr. 4	13	1	0	7	5
Dr. 5	13	0	1	2	10
Dr. 6	11	1	2	4	4
Dr. 7	16	1	3	6	6
Dr. 8	18	8	3	3	4
Dr. 9	18	1	3	8	6
Miscellaneous Physicians Resident in Ward A.....	55	17	12	17	9
Miscellaneous Non-resident Physicians	48	41	3	2	2
Collected by canvassers and signed xxx, or signed by midwives	47	0	0	0	47
WARD AA	630	248	77	131	174
Miscellaneous Physicians	570	566	1	0	3
Collected by canvassers and signed xxx, or signed by midwives	13				13
WARD AAA	583	566	1	0	16
Miscellaneous Physicians.....	477	472	4		1
Collected by canvassers and signed xxx, or signed by midwife	1				1
	478	472	4		2

Clinical Department.

CHRONIC INVAGINATION OF THE ILEUM, SECONDARY TO A LIPOMA OF THE INTESTINAL WALL.*

BY HARRY W. GOODALL, M.D., BOSTON.

THERE are two reasons for reporting the following case:—

- 1. Lipomata of the intestinal wall are rare.
- 2. The clinical signs and symptoms arising therefrom are those of chronic invagination of the intestine.

Dewis in 1906 (BOSTON MEDICAL AND SURGICAL JOURNAL, Vol. clv, No. 16, pp. 427-433) reviewed the literature of intestinal lipomata and found but 44 cases reported. The situation of the tumors in these cases was as follows: duodenum 6, jejunum 4, ileum 7, cecum and colon 5, sigmoid 5, rectum 6, small intestine 2, intestines 1, unknown 6.

The rarity of intestinal lipomata is, however, of secondary importance in this case as the symptoms were those of chronic invagination, the recognition of which lead to the proper treatment and the final cure. It is of interest to

* I am indebted to Dr. Thomas Orday of the Huntington Hospital for the photographs.

note that 16 of these reported cases of lipomata caused an invagination of the intestine; whether or not the remaining cases presented symptoms of invagination I am unable to say.

In 1910 (BOSTON MEDICAL AND SURGICAL JOURNAL, Vol. clxii, pp. 445-452, 491-499) the writer reported a case of Chronic Primary Intussusception in an adult and reviewed the literature up to that time. In that paper the following points were emphasized:

- 1. That a chronic intussusception may be
 - a. Primary.
 - b. Secondary, to malignant or non-malignant disease.
- 2. That the clinical course regardless of the cause is often suggestive of malignant disease.
- 3. That the diagnosis is rarely made before operation or death, owing to the unfamiliarity with the clinical history and findings.
- 4. That the clinical history in the majority of cases is alone sufficient evidence for making a diagnosis.
- 5. The history combined with typical tumor findings allow a positive diagnosis to be made.
- 6. That resection of the bowel offers a cure and should be attended with a low mortality.

This case is reported in detail as it presents many of the clinical signs and symptoms which are fully described in the previous paper.