

I am glad to mention that this opinion was confirmed by Professor Kenwood, Medical Officer of Health of Stoke Newington, who sent me the following reply :—

“If milk is kept in proper receptacles and kept covered, the only premises which I should consider unsuitable for the sale would be those upon which a considerable amount of odour is associated with the business, such as in oil or fish-shops; also old clothes shops, because of the possibility of the presence of infectious organisms. If milk receptacles are not kept covered, there are few premises which are suitable for its sale.”

Adequate provision must also be made for keeping the counter-pan, and other utensils used for milk, thoroughly clean.

It is very desirable that milk should be delivered from farms and from wholesale dealers only in churns which are practically dust proof. A dairy supply company in Holborn is now supplying such churns. A formerly deep-rooted opinion amongst dairy-men that it was necessary for milk to be kept freely exposed to the air is gradually being eradicated.

It is, moreover, of even still greater importance that at farms and cowhouses there should be increased power of enforcing precautions required for preventing contamination of milk and securing the proper cleanliness of milk utensils.

---

FARM SANITATION.—“On November the 20th, I inspected M—— Farm, Walton-le-Dale. The farmyard and surroundings were in a most insanitary condition. The farmer keeps a large number of pigs, and on the date of my visit he informed me he had sixty-four. Fourteen boars and sixteen sows he keeps for breeding purposes. These are fed on diseased beef which he brings to the farm after the beasts (cows or horses) have been slaughtered. The young pigs do not get any of the beef. The boars are kept in an enclosure with a sty slightly raised above the ground. The enclosure is filled with manure, over which the animals walk about up to their bellies in semi-liquid filth. The styes occupied by the younger pigs have no drains. The cesspool in the middle of the yard was full, with the result that all the drains that empty into it had backed up and flooded the place. There was a dead cow in one of the stalls that had died from tuberculosis. The dairy is a dark, damp cellar, and in no way adapted for the purpose.”—(*Special report by Dr. Robert Trimble, Medical Officer of Health, Walton-le-Dale.*)

## MONTHLY NURSE OR MIDWIFE.\*

By H. HANDFORD, M.D., F.R.C.P.,

Medical Officer of Health, Notts County Council.

THE subject of this discussion may at first sight appear trivial and unimportant, especially to those who have not carefully studied Sections 1 and 10 of the Midwives Act, and the Rules of the Central Midwives Board. The Local Supervising Authorities under the Midwives Act are in most instances county councils and county borough councils. Consequently, there are many medical officers of health, and a still larger proportion of medical practitioners, to whom the Midwives Act and the Rules of the Central Midwives Board are of little interest. But I think I shall be able to show you that it is of great importance to decide whether a woman is acting as a monthly nurse or as a midwife, and in the year 1910, that importance will be very widely extended.

The Midwives Act has not been welcomed by the medical profession, and they have certain very definite grievances of which they rightly complain. In most instances these grievances cannot be remedied without an amending Act. And yet no one who has been engaged in carrying out the Midwives Act, with all its imperfections, can doubt that it must prove of very great advantage to the country.

It will be easily understood that an Act of this kind was required, when it is stated that there is reason to believe that at least 60 per cent. of the births in England and Wales are attended by midwives; and it is known from the report of the Registrar-General for the year 1906, that in England and Wales 4,944 women died from causes associated with pregnancy or childbearing. Of these deaths 1,640 were due to “puerperal fever,” which is a preventable disease. It cannot be doubted that many of the other deaths also might have been prevented by greater skill and care.

The Midwives Roll for 1908, contains 25,648 names. The majority of these are practising as midwives. A large number are acting as monthly nurses. The remainder, amounting to several thousands, are not practising at all.

Every certified midwife, before holding herself out as a practising midwife or com-

\* Read before the Midland Branch of the Society of Medical Officers of Health, December 3rd, 1908.

mencing to practise as a midwife in any area, is required by Section 10, of the Midwives Act to give notice in writing of her intention so to do to the Local Supervising Authority. She then has to carry out the Rules of the Central Midwives Board which are very detailed, very precise, and show evidence of having been drawn up with remarkable knowledge, experience and judgment. But although a woman is certified, and is on the midwives roll, and has notified her intention to practise as a midwife, she not unfrequently takes cases in which she acts as a monthly nurse under the direction of a qualified medical practitioner; and in such instances she is freed from the obligation to observe a considerable number of the Rules of the Central Midwives Board. It is very important, therefore, that an authoritative decision should be given to indicate what constitutes acting as a midwife, and when a woman is acting as a monthly nurse.

By Section 1, (2) of the Midwives Act, from and after April 1st, 1910, no woman 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. In 1910, therefore, it will be very important to know what constitutes acting under the direction of a qualified medical practitioner.

It has been the custom to consider that where a doctor is engaged to attend a woman in labour and a midwife also attends, the midwife is acting as a monthly nurse under the direction of a medical practitioner, and is exempt from most of the Rules of the Midwives Board. This is unsatisfactory in many respects:—

1. In about 30 per cent. of such cases attended by thoroughly respectable midwives working for nursing associations, the doctor does not come till after the completion of the third stage of labour, and in a still larger proportion the doctor does not come till after the birth of the child.

2. In other cases where both patient and midwife are less scrupulous, there is no intention to send for the doctor, although he has been engaged, unless something goes wrong.

3. I am given to understand that at some of the training schools it is laid down that a monthly nurse should not make vaginal examinations, and this constitutes a sharp distinction between a monthly nurse and a midwife.

The mere fact that a doctor is engaged, even if he should happen to get his fee, cannot safeguard the interests of the patient if the doctor is not present during any part of the process of parturition. A case has come

under my observation where a doctor had been engaged, but had left the neighbourhood before the date of the patient's confinement and had provided no substitute; and yet the midwife claimed that it was a "doctor's case," and that she was acting under the direction of a medical practitioner. It seems to me, and I think many of you must agree with me, that *a certified midwife who attends a woman through all the three stages of labour and conducts all the necessary operations without the presence of a doctor is acting as a midwife*, and cannot honestly be understood to be acting under the directions of a qualified medical practitioner. It is well known that the directions frequently given by the doctor to the midwife or nurse, are: "Do not send for me if you can possibly help it, and do not send at night." And these directions are very widely followed. But they are in direct conflict with the Rules of the Central Midwives Board. In Rules 18 and 19 of the Central Midwives Board there are more than a dozen conditions on the occurrence of any one of which the midwife is required to advise that a qualified medical practitioner be sent for. When a midwife, over-estimating her own skill, disregards these rules, and attempts to deal with abnormalities by herself, serious consequences are very apt to result, and the penalties provided by the Midwives Board are severe. And yet the same woman may deal with similar emergencies if she is allowed to call herself a monthly nurse, and to claim that she is acting under the directions of a qualified medical practitioner. If it were the custom for the midwife, when a doctor is engaged, to be instructed to send for the doctor *more frequently* and for *slighter occasions* than those laid down in the rules of the Central Midwives Board, the importance of the question I have raised might be small; but the very opposite is the case, and the midwife is discouraged from sending for a doctor. There are many midwives who were originally placed on the roll as "*bonâ fide*," whose names have been taken off the roll and their certificates cancelled on account of drunkenness, misconduct and incapacity, but who are still practising as uncertified midwives. When they get into difficulties, a doctor is sent for and attends just as in the case of the certified midwives. There are in the County of Notts alone about 100 women, untrained and uncertified, practising as midwives without any control whatever except that exercised by the doctors, whom they may have occasion to send for at intervals. Only those who have had to administer the Midwives Act fully realize how scanty that supervision is. After April 1st, 1910,

none of these women will be allowed to practise habitually and for gain if it should be decided that they are acting as midwives. If, on the contrary, they are able to substantiate a claim that they are acting as monthly nurses under the direction of a qualified medical practitioner, the law, as it exists, will be unable to control them, and a class of uncertified midwives will be perpetuated. Hence the importance of what constitutes "acting as a midwife."

The Central Midwives Board by their Rule E 25, have decided that "nothing in this section (E) shall apply to certified midwives exercising their calling in workhouses or Poor Law infirmaries under the supervision of a duly appointed medical officer"; but you will observe that nothing whatever is said of exempting certified midwives who practise under the supervision of private medical practitioners. Many of those who have watched the operation of this rule doubt its wisdom; but it was forced upon the Central Midwives Board by the Local Government Board after strenuous opposition. Workhouses and their medical officers are under the control of the Local Government Board, and it is conceivable that difficulties might have arisen from the interposition of a new body like the Central Midwives Board, and that administrative difficulties might have arisen.

Again, if it should be claimed that in the class of cases I have described, the woman is not acting as a monthly nurse, but as a substitute for the doctor, under his directions, then, in view of section 1 (2) of the Midwives Act which comes into operation on the 1st of April, 1910, it is a matter of some urgency that the General Medical Council should consider whether or not such action comes within their definition of "covering."

It is not necessary for me to dilate upon the dangers and injury to health which may result from midwives, either untrained or with only the short training which is usually possible at the present day, undertaking unaided the complications and difficulties which the Central Midwives Board consider require the personal help of a fully qualified medical man. You know them quite as well as I.

Lastly, I am anxious for the honour of the medical profession that they should not, by taking too narrow a view of their own interest, help to prolong a condition of unqualified and

incompetent practice on the part of these women who have been already shown to be such a danger to the community. I think it might be wise for the Society of Medical Officers of Health to take some steps to induce the Central Midwives Board to express an opinion as to what constitutes "acting as a midwife." Such a delicate and complicated question cannot be satisfactorily determined in the ordinary courts of law, and yet it looks as if very few more years could elapse without the question being brought before the courts.

#### DISCUSSION.

DR. BOSTOCK HILL thought that it would be necessary to obtain the assistance of the police in enforcing some of the provisions of the Midwives Act. The matter of supervising certified midwives who were acting as monthly nurses, was one which should in some way be met; he thought that the Branch should take steps to bring the matter before the Central Midwives Board, so that their ruling on the matter could be obtained. He thought it possible that there might be some medical practitioners who habitually cover midwives, and thereby affect the honour of the profession. He was in some doubt as to how the matter could be best dealt with.

DR. ROBERTSON did not think that in Birmingham they would meet with the difficulties anticipated by Dr. Handford; through the Notification of Births Act, he was able to acquaint himself with every birth attended by a midwife, and he could therefore soon find if a midwife were being covered by a medical practitioner. If such a condition of affairs were found, it would be easy to get rid of it by one or two prosecutions. There was in Birmingham a large number of incompetent women on the register as midwives; in some other districts, some care had been taken not to allow such women to get on the register; in such towns the dearth of midwives would probably be felt. In Birmingham a training centre had been started, but they found that 80 per cent. of the midwives trained there went into outside districts.

DR. MALET thought that the difficulties would not be so great in the towns. With regard to the supply of midwives, his experience had been the same as that of many others, that where good trained midwives came in, they had not been able to make a living on account of the number already registered as certified midwives.

DR. ORTON bore testimony to the fact that in the country districts there was a great dearth of midwives; in some districts there were none at all; the diminution of midwives in those districts appeared to be due to the Midwives Act. It did not pay for a qualified midwife to live in a country district; he knew of a case where a woman's life was lost because there was no qualified person within several miles of the hamlet.

DR. GARRETT presumed that the whole question resolved itself into one of sufficient remuneration.

A district nurse would go to any district where there was sufficient money to be earned. In Cheltenham there was an institution for monthly nursing, and they did 68 per cent. of the work.

DR. BOSROCK HILL stated that in Warwickshire he had suggested two or three years ago, that a certain number of scholarships should be given to women who applied for them; this suggestion had been acted on; these women had been put into certain districts, but being unable to make a living they were obliged to move into other districts. He thought it necessary to get the village nurse and the nursing associations to take part in the midwifery work.

DR. HANDFORD replied on the discussion; he said that very few of these women practising irregularly called themselves monthly nurses; and they knew that they could not call themselves midwives; he called them monthly nurses because he did not know what else to call them. They acted as midwives but claimed that they did not do so; "monthly nurse" seemed the only appropriate term. He did not think that there would be any great dearth of midwives in Nottinghamshire, as he had succeeded in getting most of the women already practising to become certified as *bonâ fides*. A certified midwife, doing midwifery alone, could not get a living in country districts; and had to do general district nursing as well. From his experience the police would be of very little help; they said that it was not their business. He thought that a good deal of trouble would arise in 1910.

THE PAYMENT OF THE FEES OF PRACTITIONERS CALLED IN BY MIDWIVES.—Medical assistance was required in 684 cases, which is 5.5 per cent. of the total confinements attended. The highest rate at which any one midwife required medical assistance was in 25 per cent. of her cases. In 227 cases, namely, 1.8 per cent. of the births attended by midwives, the patients were so poor as to be unable to pay for medical assistance, and the Corporation resolved to pay the doctor who was called in to help in the emergency. This action of the Corporation has undoubtedly been of the greatest service, both to midwives and their patients, who are thus enabled to obtain prompt medical attention in times of emergency. The fee is limited to one guinea, and in many cases part of the fee was paid by the patients themselves, and only the remaining portion paid by the Corporation. (*Annual Report of Dr. E. W. Hope, Medical Officer of Health, Liverpool.*) "As regards the payment of fees to medical practitioners, under the scheme outlined in the report for 1905, 288 applications were received during the year. These were considered by the medical sub-committee, and they recommended that payment should be made in 239, amounting to £247 10s. Of the forty-nine cases which were rejected as not fulfilling the conditions, in twenty-six instances the income was above the scale, whilst nineteen were not cases of emergency for which the fee is paid." (*Annual Report of Dr. James Niven, Medical Officer of Health, Manchester.*)

## THE FIFTH REPORT OF THE ROYAL COMMISSION ON SEWAGE DISPOSAL.\*

### AN IMPRESSION.

By GILBERT J. FOWLER, D.Sc., F.I.C., F.R.San.I.

THE long expected document is at last before us, and the more one studies its closely packed pages, the more difficult becomes the task of useful criticism. Any one of the numerous questions dealt with would afford material for a prolonged discussion, while no good purpose is served by dwelling on points of detail which, as the Commissioners continually point out, must vary from case to case. My endeavour will, therefore, be to deal as broadly as possible with the more important general considerations which arise out of the findings of the Commission. Even thus the value of individual criticism must be conditioned by personal experience. In the nature of things this must be more limited, in certain directions at any rate, than that of a Commission before whom so many witnesses have given evidence, and whose own labours and observations have been so extensive.

It will be understood, therefore, that any criticisms which follow are made with the object of awakening interest in, and, if possible, of increasing the usefulness of a report which embodies the results of so many years unremitting work.

In the first place, one feels that the report is unnecessarily empirical. It is true that our purely scientific knowledge of many points which arise in connection with sewage purification is still extremely limited, and it may therefore be argued that to systematise the results of experience is more likely to be useful than to build up conclusions on an imperfect basis of theory. At the same time sufficient is surely known of the fundamental facts underlying the processes employed to indicate the limits within which the conditions of success or failure must be sought.

Thus, to take the case of septic tanks, a large amount of accurate scientific information as to the conditions of fermentation of cellulose, fats and nitrogenous matter exists, little of which is referred to in the report. Consequently, in discussing the rate of flow through the tanks, scarcely anything is said as to its

\*Read at the Meeting of the North-Western Branch of the Society of Medical Officers of Health on November 27th, 1908.