

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.