The midwife in England : being a study in England of the working of the English Midwives act of 1902.

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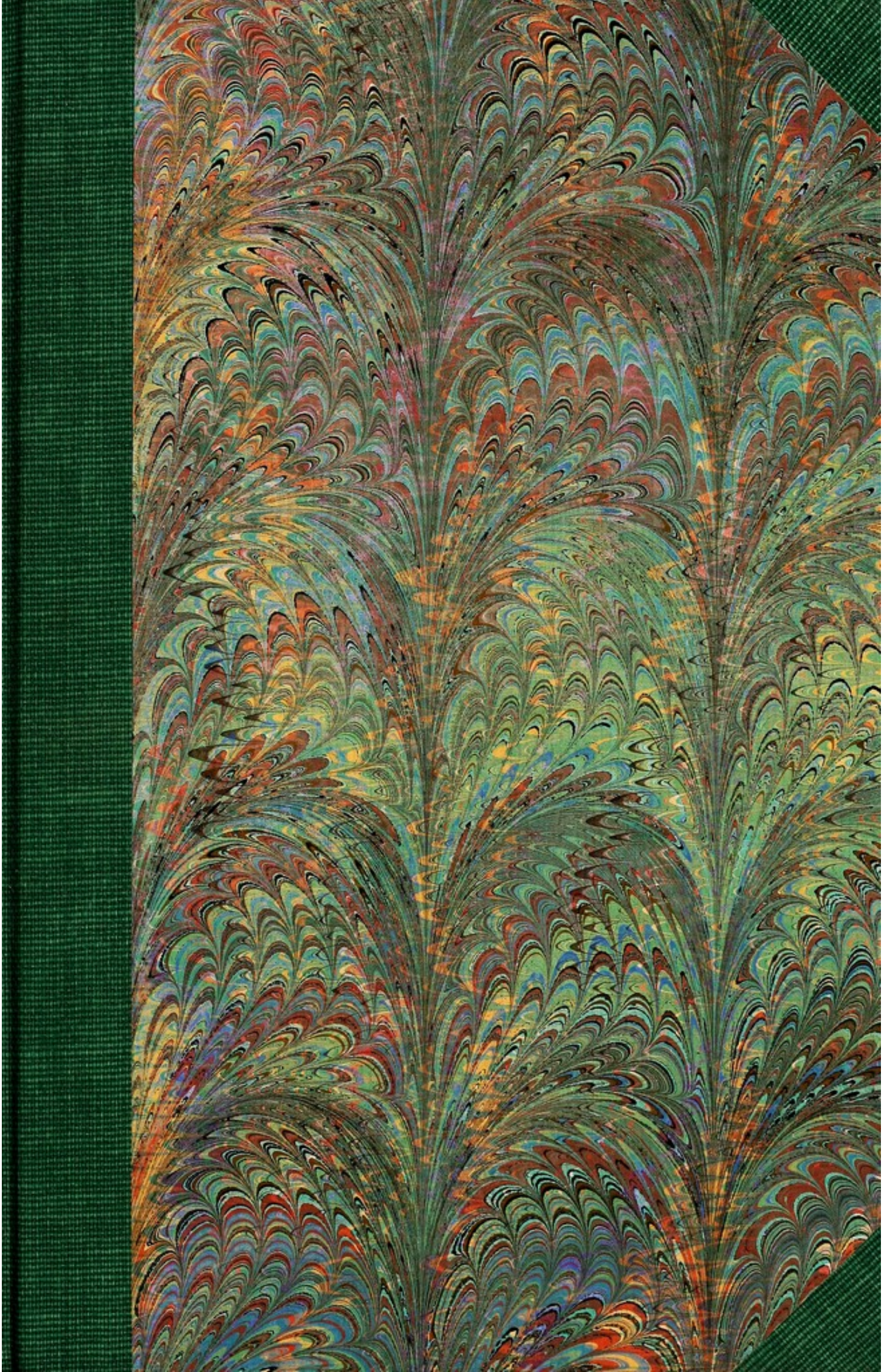

PREVENTION OF BLINDNESS
No. 13

THE MIDWIFE IN ENGLAND

BEING A STUDY OF THE WORKING OF THE

ENGLISH MIDWIVES ACT OF 1902

DECEMBER, 1913

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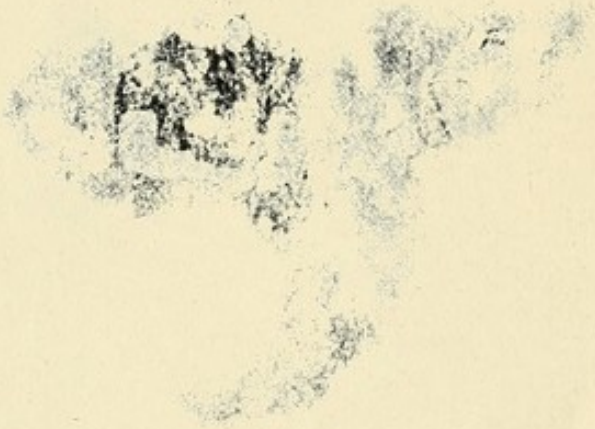

A Group of English Midwives

By courtesy of "The Midwives Record and Maternity Nurse," London, England

PREVENTION OF BLINDNESS
No. 13

THE MIDWIFE IN ENGLAND

BEING A STUDY IN ENGLAND OF THE WORKING OF THE

ENGLISH MIDWIVES ACT OF 1902

BY

CAROLYN CONANT VAN BLARCOM, R.N.

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WITH AN INTRODUCTION

BY

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DECEMBER, 1913

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130 EAST 22D STREET
NEW YORK CITY

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PHILADELPHIA

COMMITTEE FOR THE PREVENTION OF BLINDNESS

STATE OF NEW YORK

ORGANIZED JUNE 1, 1908

MISS LOUISA LEE SCHUYLER, *Chairman*, Vice-President State Charities Aid Association.

MR. GEORGE BLAGDEN, *Treasurer*, Member of Board of Directors of Association for Improving the Condition of the Poor.

DR. ELLICE M. ALGER, Professor of Ophthalmology, New York Post-Graduate Medical School.

MR. RAYNAL C. BOLLING, Chairman Committee on Safety, United States Steel Corporation.

MRS. LINDLEY HOFFMAN CHAPIN.

HON. THOMAS DARLINGTON, M.D., Former Commissioner of Health, New York City.

MISS MARTHA LINCOLN DRAPER, Member Board of Education, New York City.

DR. J. CLIFTON EDGAR, Professor of Obstetrics and Clinical Midwifery in Cornell University Medical College.

MR. HOMER FOLKS, Secretary, State Charities Aid Association.

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DR. WARD A. HOLDEN, Instructor in Ophthalmology, College of Physicians and Surgeons; Consulting Oculist to Roosevelt Hospital.

MISS WINIFRED HOLT, Secretary, New York Association for the Blind.

HON. ERNST J. LEDERLE, PH.D., Commissioner of Health, New York City.

DR. F. PARK LEWIS, Member Committee on Conservation of Vision, American Medical Association.

MR. ALBERT JACKSON MARSHALL, Member Illuminating Engineering Society.

MISS M. ADELAIDE NUTTING, Director Department of Nursing and Health, Teachers College, Columbia University.

HON. EUGENE H. PORTER, M.D., Commissioner of Health, New York State.

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MISS LILLIAN D. WALD, Head Worker Henry Street Settlement (Nurses' Settlement).

MR. JOHN L. WILKIE, Vice-President, Herman Knapp Memorial Hospital for the Blind.

DR. HERBERT W. WOOTTON, Ophthalmologist New York City Department of Health.

MISS CAROLYN C. VAN BLARCOM, *Secretary*, Formerly Assistant Superintendent Johns Hopkins Hospital School for Nurses.

OBJECT OF THE COMMITTEE

"The object of this Committee is to ascertain the direct causes of preventable blindness, and to take such measures in co-operation with the medical profession as may lead to the elimination of such causes."

CONTENTS

"The Safe Delivery of Women in Childbirth is a Matter of National Importance."

—*Newsholme*

INTRODUCTION

The time will come, it is even present, when the Problem of the Midwife in this country must be reckoned with.

"It is no longer a theory, but an actual condition which confronts us."

In the past the responsibility for the midwife has been entirely ignored, or assumed in a half-hearted manner in isolated instances.

Papers have been read upon the subject; medical societies have discussed the problem; resolutions have been adopted and committees on ways and means appointed. Little, if anything, of a practical nature has been accomplished. The recent inauguration, however, of a School for Midwives at the Bellevue Hospital in New York City must be noted.

Broadly speaking, three standpoints are taken in this country. First, the midwife must be abolished. Second, the midwife had best be ignored and left to her own devices. Third, the midwife should be raised to a higher plane by proper state control and education.

The first proposition is in my belief, after a thorough study of the situation, impossible, until some better substitute for the midwife is at hand, to care for some 40 per cent. of pregnant women in childbirth, as at present. The second proposal is unworthy of consideration. The third proposition is at the present time the only practical way of dealing with the Midwife Problem; whether it has for its object solely the temporary safeguarding of helpless women and children or a more far-reaching aim, namely, the final elimination of all but skilled and educated midwives.

The most satisfactory way to abolish the more objectionable part of the midwife problem is to recognize the midwife, place her under control and state educational requirements, and to elevate these latter to such a height that only safe and intelligent midwives shall remain to practice. In my opinion, there are, even to-day, many such.

Somewhat similar measures have recently accomplished much for medicine in this country. Witness the fewer medical schools, fewer and better medical men graduated from the schools, and a general uplift along all medical lines. In the United States during 1913, as compared with 1912, the medical schools were decreased by 14, the students by 1200, and the graduates in medicine by 500.*

* Report of the Federal Bureau of Education.

With the uplifting and education of the midwife in view, Miss Van Blarcom, as Executive Secretary of the Committee for the Prevention of Blindness, was commissioned by the Committee to visit England during the autumn of 1911 to study the working of the English Midwives Act of 1902.

The results of her labors are herein set forth in a concise and comprehensive manner; they hold up before us a concrete example of how the Midwife Problem has been successfully solved by another English-speaking country than our own; how the problem is not so difficult of solution as at first sight it would appear, and how this country, with all its aggressiveness and vaunted progress, is at least a decade behind England in this matter.

To quote the author of this pamphlet:

"So far as we are now able to learn, the United States of America is the only civilized country in the world in which the life and health and future well-being of mothers and infants are not safeguarded so far as possible by statutory requirement for at least the training and licensing of midwives. In most of the European countries the training, licensure and control of midwives are regulated by national law, while in some others—in Germany, for example—there are independent state laws regulating the work of these women. Some countries have gone so far as to provide the poor in isolated communities with the services of midwives at public expense. But apparently in no other land has the whole matter been given so little attention as in America."

I commend this little book to those who are earnestly striving to solve the problem of the midwife in America as the most valuable contribution to the subject thus far published.

J. Clifton Edgar, M.D.

New York, December, 1913.

PREFACE

It is estimated that 50 per cent. of all blindness is preventable.

The most prolific cause of this unnecessary blindness is ophthalmia neonatorum, better known as "babies' sore eyes." This disease, leaving blindness in its wake, is not confined to any locality or country, but is practically world-wide in its occurrence; and yet this terrible malady, so fatal to eyesight, is both preventable and, in its early stages, curable.

Ophthalmologists declare that blindness from ophthalmia neonatorum would practically never occur if the eyes of every child were properly bathed and treated with a prophylactic applied immediately after birth—not merely the perfunctory use of drops, but the skilful execution of a prophylactic treatment—this in addition to prompt and efficient medical care upon the appearance of the early symptoms of the disease. It seems incredible—and yet it is estimated that 10,000 blind persons in this country to-day are, all of them, victims of this unpardonable lack of precaution.

That the prevention of blindness among new-born babies is largely dependent upon the cleanliness and skill of those who attend the infants at birth, namely doctors and midwives, is self-evident.

The Committee for the Prevention of Blindness discovered, very early in its work, how ignorant and untrained were many of the midwives in this country, and became convinced that here at least lay one cause of the frequency of ophthalmia neonatorum with its resultant blindness, and if this evil, how many other evils might there not be due to the same incompetency!

Before suggesting reform measures for this state or country, the Committee decided to study midwifery conditions in other countries. This embraced a study of the laws in 14 European countries, and Australia, relating to the training, licensure and control of midwives, the organization and curricula of midwife schools, and an extended correspondence with public health officials, obstetricians and others in order to learn if possible what the results of this training and supervision are when measured in the terms of the health of mothers and babies.*

* The 15 countries studied in this connection are as follows: England, Norway, Sweden, Denmark, Russia, Germany, Italy, Switzerland, Belgium, Holland, Spain, Portugal, Australia, France, Austria-Hungary. A brief digest of these laws has been prepared and may be obtained upon application to the Committee for the Prevention of Blindness, 130 East 22nd Street, New York City.

After careful consideration of the subject in all its bearings, the conclusion has been reached that the present needs in America are more nearly met by the system obtaining in England than in any other country. The situation in England prior to 1902, when the Midwives Act became a law, closely paralleled conditions which exist in America—more especially in New York—to-day.

While it is not possible to reduce the value of trained midwives' work in England to any concrete terms, there is significance in the fact that during the nine years following the enactment of the Midwives Act, the percentage of deaths among infants dropped from 151 per 1,000 during 1901 to 106 per 1,000 in 1910, and the deaths from puerperal sepsis and accidents at childbirth dropped from 4.65 per 1,000 in 1901 to 3.69 per 1,000 in 1909. It cannot be claimed that this decrease of deaths among mothers and infants is due solely to the workings of the Midwives Act, but it is believed by English workers that the better obstetrical work now being done in England must be regarded as one factor in the decreased death-rate. Midwives in England attend about 50 per cent. of all births.

With the hope of obtaining information which might be helpful in recommending action for the training and subsequent control of midwives in New York State, the Committee commissioned its Executive Secretary to visit England during the early autumn of 1911 to make a study of the history, the working and the efficacy of the Midwives Act of 1902. This investigation comprised a study of: (1) the early history of English midwives; (2) the history of the Midwives Act; (3) the organization and functions of the Central Midwives Board under this Act, including its methods of examination and licensure; (4) the training of midwives in hospitals and dispensaries, and by physicians and certified midwives in their practice; (5) the administrative methods and system of midwife control by local supervising authorities; and (6)the work done by the midwives themselves in their practice.

This study was made possible by the hearty co-operation of the English workers and their appreciative response to the Secretary's requests for information and assistance. What might have been an arduous task was facilitated and made pleasant at every turn by unfailing cordiality and courtesy, and by the willingness of the English workers to be of help in solving our American midwife problem. Too much cannot be said in gratitude to the busy men and women who gave so generously of their time and effort.

Among those to whom the Committee is particularly indebted for their interest and aid are the President and Secretary of the Central Midwives Board, Sir Francis Champneys and Mr. George W. Duncan; Dr. Arthur Newsholme, Sir William Osler, Dr. W. S. A. Griffith, Dr. John S. Fairbairn, Mr. A. Nimmo Walker, Miss Rosalind Paget, Miss Amy Hughes, Miss Alice Gregory; and Sir Shirley Murphy, Dr. William Howarth, Dr. George W. Reid and Dr. E. W.

Hope in their capacities as Health Officers of London, Kent County, Staffordshire and Liverpool. The midwife inspectors in London, Liverpool, Kent and Staffordshire—Dr. Pilliet, Mrs. Adrian, Miss Harrison, Miss Wooldridge and Miss Hardy—gave invaluable assistance, while indispensable information and opportunities for studying the training and practical work of midwives were given with great generosity and care by the officials of Queen Charlotte's Lying-in Hospital, the General Lying-in Hospital, the City of London Lying-in Hospital, St. Bartholomew's Hospital, the Woolwich Home for Mothers and Babies, the Maternity Nursing Association, the Royal Maternity Charity, the staffs of district nurses of Queen Victoria's Jubilee Institute in various parts of England, the Watts Almshouse, St. Paul's Hospital, Liverpool, and the Liverpool Maternity Hospital and Ladies' Charity.

Through the courtesy of the librarians of the Royal Society of Medicine much valuable material relating to the history of midwives and the Midwives Act was secured from the Transactions of the London Obstetrical Society and from the writings of various individuals, among them Dr. J. H. Aveling, Dr. Stanley B. Atkinson, Sir Francis Champneys and Dr. C. J. Cullingworth.

The Committee is particularly indebted to Miss Rosalind Paget for assistance and, through her, to the Midwives Institute. The officers of this organization cordially placed their valuable records at the disposal of the Secretary, extended to her the courtesy of its clubrooms, and elected her to Honorary Membership.

The Committee also desires to acknowledge its indebtedness to the Russell Sage Foundation for a special grant covering the entire expense of the investigation and the publication of this report.

C. C. V. B.

New York, December, 1913.

CHAPTER I

THE MIDWIFE IN AMERICA

THE problem of the midwife as a factor in American life is one which is being considered with increasing seriousness by those who are interested in the prevention of blindness and in other phases of infant welfare. Although the carelessness of many physicians is equally reprehensible, it is due in great measure to the ignorance and neglect on the part of midwives that many babies become blind from what is commonly known as babies' sore eyes (ophthalmia neonatorum).

So far as it is possible to estimate from reports secured from the secretaries of state departments of health throughout the country, midwives attend about 40 per cent. of all births in America.

The extent of their practice is not definitely known and it certainly varies in different localities, but the following percentages of births attended by midwives during 1912, as furnished by local health officers, are suggestive:

San Francisco	25.0 per cent.
Omaha	25.0 " "
New York	39.2 " "
Chicago	45.0 " "
Toledo	51.0 " "
New Orleans	70.0 " "
St. Louis	75.0 " "

That this is not altogether an urban problem is indicated by reports from various state departments of health, estimating that during 1912 midwives attended 60 per cent. of the births in Alabama, for example; 40 per cent. in Maryland; 80 per cent. in Mississippi; 35 per cent. in Virginia; 50 per cent. in North Carolina; and 50 per cent. in Wisconsin.

The importance of the midwife problem in this country, however, is not measured by the extent to which she practices, for in Denmark, for example, although midwives attend between 90 and 95 per cent. of all births, in that country there is neither the same high death-rate among infants, nor the relative amount of unnecessary blindness which exist in this country.

The blot on our escutcheon is the fact that we give the safe-keeping of nearly one-half of our mothers and babies into the hands of women who are ignorant, careless and dirty because neither trained nor supervised.

Investigations of the condition of midwives made in various cities during the past few years—notably in New York, Chicago, Cleveland and Baltimore—all disclose much the same information concerning these women. Although there are in America many competent midwives who have received careful training in European schools, reports from various parts of the country indicate that the majority of those practising here are dirty, ignorant and untrained. The extreme ignorance of some of the more unfit of these women is suggested by the superstitions which they foster; one, for example, will advise the mother to wear a string of bear's teeth to make the child strong; another that in cases of tardy labor it is beneficial to throw hot coals on hen feathers and place them under the patient's bed; another that it is flying in the face of Providence to bathe the infant before it is two or three weeks old; while others recommend that such articles as cabbage hearts, bacon rinds, beer, etc. should be included in the baby's dietary. This type of midwife knows nothing of hygiene, asepsis or antisepsis and is often practically responsible for the death and invalidism of mothers as well as the death, blindness and mental and physical impairment of infants. Visits to the homes of these women fill one with dismay, for only too often one finds that a midwife with a large practice is herself a dirty, unkempt person living in a squalid tenement. A deplorably large group is exemplified by the old woman of 80 who declared, "I am too old to clean; too weak to wash; too blind to sew; but, thank God! I can still put my neighbors to bed."

Only too often the American midwife assures her patients that it is natural for babies to have sore eyes, and she prescribes such remedies as milk, lemon juice, lard, raw potatoes, scraped beef, saliva, etc., and when the babies go blind, she piously declares that it is the will of God!

Unhappily, even this is not the worst aspect of the problem as a whole, for in some of our isolated rural districts the absence of any provision for the care of mothers and babies gives rise to very distressing conditions. From one such locality one learns that when a woman goes into labor, the first passing teamster is hailed, or perhaps a member of the family hurries down the road for the nearest tanner or blacksmith, or anyone else who through total ignorance will fearlessly rush in to meet the great emergency. The results of this practice—dismembered infants lying on the floor and badly injured mothers—are too dreadful to describe, but they can be imagined by those who know the value of trained work.

Constrasted with this we hear from another similar district of a nurse with obstetrical training who has volunteered her services for visiting work among the mountain poor, and who during the past few years has delivered about 400 infants. She has given nursing care to the mothers and babies in her charge and has taught the mothers in even the poorest huts how to take care of their

own infants. In one case this nurse had to scour a skillet with ashes to provide herself with something that would serve as a basin from which to bathe both mother and infant. But in spite of this meagre outfit they were bathed and well cared for. This nurse has even managed to have some of the mothers whom she had delivered taken to a nearby town and given much needed surgical treatment.

I have referred to the good work being done by this one woman because she is an example of what a midwife can be, and because I have personal knowledge of her work. There are, in addition, many excellent midwives in this country who through the admirable care they are giving their patients are worthy representatives of the schools in Europe where they were given preparatory training. These women are in the minority, however, and are not included in the characterization applying to the rank and file of midwives in this country.

In America we safeguard only part of the infant population by generally requiring that a physician shall be of good character, well educated at the outset, spend from two to four years in study, and pass a state board examination before he is legally qualified to assume the responsibility of attending upon the birth of a child; while a nurse must spend two or three years in hospital training before she is considered competent simply to execute the orders of the physician, and give nursing care to mother and child during that critical period of two or three weeks immediately after birth. But excepting in a few localities, both of these functions—those of doctor and nurse—may be discharged by any untrained, ignorant woman who chooses to style herself a midwife!

So far as we are now able to learn, the United States of America is the only civilized country in the world in which the life and health and future well-being of mothers and infants are not safeguarded so far as possible by statutory requirements for at least the training and licensing of midwives. In most of the European countries the training, licensure and control of midwives are regulated by national law, while in some others—in Germany, for example—there are independent state laws regulating the work of these women. Some countries have gone so far as to provide the poor in isolated communities with the services of midwives at public expense. But apparently in no other land has the whole matter been given so little attention as in America.

In striking contrast to the provisions in other countries we find that in America midwives are allowed by law to practice unrestricted in thirteen states,* while in fourteen† there are no general laws relating in any way to their training, registration or practice.

* Arizona, Arkansas, Florida, Georgia, Idaho, Kentucky, Maine, Mississippi, New Mexico, South Carolina, Tennessee, Vermont, West Virginia.

† Alabama, California, Delaware, Massachusetts, Michigan, Nebraska, New Hampshire, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Texas, Virginia.

In the remaining twenty-one states, and in the District of Columbia, where there are laws relating to midwives, it is required in twelve* and in the District of Columbia that they shall pass an examination before receiving from the state a license. In six states† midwives are restricted to attendance upon normal cases. In seven states‡ the statutory provisions are irregular and so meagre as to be practically without effect. In New York and Pennsylvania the legislatures of 1913 enacted laws which will make possible the adoption of a satisfactory system of licensure, registration and control uniformly throughout these states.

The following extracts from some of our laws show how little thought has been given to the midwife as an influence for or against the public weal.

The Medical Practice Act of Maine says: "This Act shall not apply to midwives who lay no claim to the title of physician or doctor;" and the main provision of the law of North Carolina is: "That it shall be unlawful for any midwife or other person who habitually gets drunk, or who is addicted to the excessive use of cocaine or morphine or other opium derivative, to practice midwifery for a fee."

In no state is there provision for state supervision of midwives in their practice. In some states this function is discharged by a few local boards of health, but because of inadequate appropriations for such work the results are not wholly satisfactory.

If we are to prevent infant mortality, blindness and other calamities which, in many instances, can be prevented by careful and intelligent care, we must provide the means for the adequate training of those women who have the welfare of mothers and babies in their keeping.

Registration, supervision and control are important only as secondary measures, for the foundation upon which all of this work must inevitably rest is thorough preparatory training.

In only six states and the District of Columbia is it required that midwives shall be trained before being granted a license. The requirements in the District of Columbia and in Maryland are met by having been in attendance at five cases of birth. In Indiana and Minnesota midwives must either have attended a recognized school or pass an examination before being permitted to practice. But midwives cannot secure the required training in Indiana or Minnesota since there are no recognized schools in either state. Nor are there recognized schools in the states of New Jersey, Ohio and Wisconsin where the

* Connecticut, Illinois, Indiana, Louisiana, Maryland, Minnesota, Missouri, New Jersey, Ohio, Utah, Wisconsin, Wyoming.

† Illinois, Maryland, Missouri, New Jersey, Ohio, Wisconsin.

‡ Colorado, Iowa, Kansas, Montana, Nevada, North Carolina, Washington.

law requires that midwives shall be trained before being licensed. (For tabulation of United States laws see Appendix A, pp. 55–59.)

So far as we are able to learn, the only school for midwives of undoubted high standards in this country is the Bellevue School, established in 1911 in New York City as a result of the combined efforts of the Trustees of Bellevue Hospital and the Committee for the Prevention of Blindness. The capacity of the Bellevue Training School is 50 pupils, the course at present covering a period of six months, which it is hoped will eventually be lengthened. The character of the work done by the small group of graduates from this school is extremely gratifying. Although it is acknowledged that the course given is too short, these midwives have commended themselves both to physicians and social workers because of the good care they give to their patients and because they secure adequate medical assistance for other than normal cases.

During the year of 1912 the New York City Department of Health issued licenses to 1395 midwives. Since then the Department has adopted an ordinance requiring a certificate or diploma from a training school of which it approves, before granting a permit to practice as a midwife.* As the Bellevue Training School is the only one in New York City registered by the Department of Health as "maintaining a satisfactory standard of preparation," it is quite evident that there is need in this one city at least for more extensive provision for the training of midwives.

In those cities and states where no schools exist, there is of course a greater need of educational facilities if preparatory training is to be a requirement for licensure to practice.

Unquestionably the midwife problem in America is a serious one and has been too long ignored. Probably the reason why this abuse has remained so long unrecognized and uncorrected is that the employment of midwives has never been a common practice among American women, although it is a widely prevalent custom among almost all other nationalities. With the rapidly increasing stream of immigration to this country the problem of the midwife—

* At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the fourteenth day of October, 1913, the following resolution was adopted:

Resolved: That the rules governing the practice of midwifery in the City of New York, adopted by the Board of Health November 8, 1907, be, and the same hereby are, amended so as to read as follows: the same to take effect on and after the first day of January, 1914.

RULE 3. The applicant must be twenty-one years of age or upwards, of good moral character, and able to read and write. She must be clean and constantly show evidence in general appearance, of habits of cleanliness.

The applicant must also present a diploma or certificate, showing that she is a graduate of a school for midwives registered by the Board of Health of the City of New York as maintaining a satisfactory standard of preparation, instruction and course of study, but the requirement of a diploma shall not apply to any person who is now, or heretofore has been, authorized to practice midwifery by the said Board.

(Signed) EUGENE W. SCHEFFER, *Secretary.*

formerly of relative insignificance—has steadily grown in importance until it has attained its present formidable dimensions. So long as we continue to have this steady stream of foreigners pouring into our country, bringing with them the customs of their fatherlands, just so long and to an increasing extent will there be women of some sort discharging the function of midwives,—this practice being one of their oldest and most deeply rooted traditions.

Moreover, the midwife is an economic necessity to many of those whom she attends, acting, as she does, in a dual capacity for a fee which does not exceed the doctor's charge for medical care alone.

In advocating that the status of the midwife profession in America be raised we maintain at the same time that both midwives and members of the lay public should appreciate the wide difference between the midwife and an obstetrician. The midwife should not vie with the physician in her practice, but rather should be a competent visiting nurse, permitted to attend normal cases only, and should be so well trained that she would recognize the importance of securing adequate medical attention for her patients in all cases of abnormality.

At least 40 per cent. of the births in America are attended by midwives.

Evidently the question before us is, not whether or no we shall have midwives in America, but rather whether or no we shall continue to pass by with averted eyes and leave such a large percentage of mothers and newborn infants in the hands of ignorant women incapable of discharging the important functions which they assume.

"It is the lame and the blind who are paying, the working woman with permanently impaired health, and the motherless children!"

Alice Gregory.

CHAPTER II

THE MIDWIFE IN ENGLAND

For evidence of the actual value of the Midwives Act, I turned when in England to the midwife herself in her work over the individual patient. Wishing to study the most favorable interpretation of the law I very naturally inspected the work of midwives in those parts of England where the Act is being best administered.

It must be borne in mind that although the Act applies to all of England and Wales, sufficient time has not elapsed since its enactment for it to be enforced with uniform efficiency. For this reason a report upon the work which I observed is descriptive of what is being accomplished under the Act in certain localities, rather than of conditions existing throughout the entire country. It must also be remembered that although licenses are granted now to those women only who have been trained in accredited schools or by recognized teachers and have passed the Central Midwives Board examination, there are still practising in England and Wales three classes or grades of midwives. These are: (1) the so-called "*bonâ fide*" midwives, certified by virtue of having been practising one year prior to the passing of the Act; (2) those certified because of their holding certificates issued by the London Obstetrical Society, or having been trained in one of several designated schools; and (3) those certified after having passed the Central Midwives Board examination.

It was inevitable that there should be these different grades of midwives during the transitional period, but by degrees the older, less competent women are being replaced by the younger ones who have had better training. There are two chief reasons for this gradual substitution. The unfit are giving up their work sometimes voluntarily, because of age, and sometimes because their names are removed from the Midwives Roll on account of unfitness to practice. Another very good reason is that the younger women, with their superior training and greater efficiency, have proved to be so helpful that they are more and more sought after by the poor in their confinements.

Midwives practice their profession in England and Wales in various ways. Some practice independently, arranging their own work, fees, etc., as they wish, so long as they conform to the Rules of the Central Midwives Board.

Sometimes, in fact usually, one finds that a group of visiting nurses (in England called "district" nurses) numbers one or more midwives on the staff to attend exclusively to midwifery work. Again, one finds a midwife partly subsidized by a church or private philanthropy, while in some communities there is a committee formed for the avowed purpose of raising funds to support a midwife to attend the poor in that district. In these latter cases a midwife may be paid full or part salary by the organization with which she is connected. Any fees which the patients are able to pay are paid into the treasury of the society, and the midwife's salary is augmented in proportion to the number of cases she attends. By means of still another philanthropy, the Royal Maternity Charity, a number of midwives are at the service of the sick poor in the "town" of London. This organization, the oldest midwife charity, is a voluntary committee, supported by endowments and contributions. County cases may be referred to the Royal Maternity Charity midwives who are paid out of the funds of the Charity for each case which they attend.

Another interesting method by means of which the poor are provided with trained midwives is through local associations which defray the expenses of a midwife's training in one of the large Metropolitan schools, with the understanding that the midwife return after graduation and practice in her own neighborhood for a period of from two to three years, or long enough to justify her having been trained at the expense of the community.

There seemed to be a variety of arrangements and systems and plans, but after all, the whole thing worked out quite simply, for it only meant that in each city, town and rural district there were mothers and babies among the poor needing and deserving skilled medical and nursing care, and by some means this was provided in the shape of an available midwife.

The work of the women themselves varied, as will the work of individuals in any profession, but here, too, because of the admirable system of control and supervision, I found the salient features to be the same. The midwives are permitted to attend normal cases only and to give nursing care to mother and infant during the ten or twelve days following the birth, and instructions to the mother during both pregnancy and the puerperium. This latter office gives the midwife wide scope as a nurse and instructor in personal and infant hygiene.

Patients are encouraged to book with a midwife or nursing home early in pregnancy, in order that they may be watched for complications or abnormalities and be instructed as to their personal hygiene. Patients are always referred to a physician if there is evidence of complication. Moreover, the midwife visits her prospective patient's home and, in a friendly, practical way, advises her in preparing for the approaching confinement. Here the midwife may employ the greatest ingenuity in making use of the simple furnishings in

the humblest home, and also in advising the mother in the preparation of the layette.

It was a revelation to see the satisfactory little outfits which the very poorest mothers, under the direction of the midwife, had been able to prepare for their infants—soft, warm little vests and plain simple slips, instead of the heavy starched garments usually regarded by members of that class as a necessary part of a baby's wardrobe. And these guides, counselors and friends—called midwives—would show the expectant mother how she could, with a folded quilt or pillow and a soap box or market basket, prepare quite a satisfactory basinette, explaining to the mother the many reasons why the baby should have its own little bed.

In normal cases, when all goes well, the midwife conducts the delivery and often visits her patient twice daily for three days and subsequently once daily during the ten or twelve days following labor. The number of visits which a midwife may pay varies slightly according to the rules of different organizations, but the minimum of a daily visit during ten days is required by the Central Midwives Board. The midwife gives her patient general nursing care, such as any visiting nurse would give—records the temperature and pulse, and makes notes upon the general condition and symptoms, as required by the Central Midwives Board. She arranges with a member of the household or a neighbor to look after the patient's diet and such other details of care as may be necessary between visits.

An important phase of practical work done by the midwives was the teaching of the mothers to take care of their own babies. The midwife on her visit bathed the baby in the presence of its mother, making use of such homely equipment as she could find in the house, explaining and teaching step by step, and finally, upon the cessation of her visits, leaving the mother in possession of one of the most valuable influences against infant mortality—that is, the ability to care for her own child.

Dr. Newsholme says, "The mother is the natural guardian of her child, no other influence can compare with hers in its value in safeguarding infant life."

What I have described is the average routine which is followed when all goes well, but upon the appearance of any symptoms of complication or abnormality during pregnancy, labor or the puerperium, or any of the specified symptoms of complication with the infant, the midwife must summon a physician and notify the local supervising authority that she has done so. (Appendix C, p. 85, Rule 19.) The physician summoned may be one of the patient's or midwife's choice, if the latter be practising independently, or in case of midwives connected with an organization, definite arrangements are made with certain physicians to respond to such calls.

The rigid enforcement of this requirement to summon a physician is evi-

dently one of the most valuable provisions in the whole Midwives Act, for since this has been in operation the percentage of cases in which midwives have secured medical attention for their patients has steadily increased. This seemed such an important feature that I spent much time studying the various health officers' records, to ascertain under what conditions and how frequently midwives sent for help.

I found in Kent County, for example, that a given number of midwives attending approximately the same number of cases during 1911 as during 1910, summoned medical aid twice as often during 1911 as in 1910. Searching still further, I was interested to find that the percentage of cases in which medical aid was summoned because of malpresentations, abnormalities or other obvious complications, remained about the same. But for those complications which required closer observation, such as a slight elevation of the mother's temperature, redness of the baby's eyes, etc., medical aid was secured in double the number of instances among the same number of patients. I found that this relative increase in the percentage of cases in which medical aid was summoned had been general throughout England since the passage of the Midwives Act. This in itself seemed evidence of more careful work than was formerly done by midwives.

It seems to be the opinion of obstetricians both in England and America that about 80 per cent. of all labor cases are practically normal. They hold that all obstetrical cases require absolute surgical cleanliness, intelligent supervision and good nursing care, but that beyond this, broadly speaking, only about 20 per cent. of all obstetrical cases are in need of medical or surgical assistance. But these obstetricians are unanimous in emphasizing the fact that obstetrical patients presenting any symptoms of complication or abnormality need the most skilled and efficient medical care available, and not such attention as may be given by the average practitioner.

Bearing this in mind, I was anxious to learn, if possible, how nearly the working of the Midwives Act met these two needs,—*i. e.*, providing cleanliness, vigilance and nursing for all cases, and competent medical care in complicated cases. I found that all but normal cases passed out of the midwives' hands, being referred to hospitals or physicians during pregnancy, labor, or the puerperium, so that, generally speaking, the bulk of the cases attended by midwives in the patients' homes were normal cases, while the majority of the patients in the lying-in hospitals presented some complications or abnormalities. On the other hand, I found, upon questioning the midwives in both the north and south of England in the cities and the rural communities, that they sent for doctors in from 10 to 15 per cent. of all their cases. It would seem from this that, so far as it lies in their power, the midwives in England secure the desired medical skill for their patients when necessary.

The main deductions to be drawn from these facts are that under the Midwives Act the obstetrical patients among the poor are given not only careful nursing and instruction, but also medical attention more frequently than formerly, and what is still more important, this medical attention is usually of a higher grade. Quite naturally, the old untrained, ignorant midwife arrogated to herself powers which an intelligent woman would not assume. When the "Sairy Gamp" type summoned a physician, she called in a man who knew but little more of obstetrics than she, while a trained, educated woman is in touch with the physician who is better able to give the skilled attention needed in an emergency.

The Central Midwives Board quite frankly concerns itself with all matters relating to the welfare of mothers and infants. In addition to the admirable Rules drafted to safeguard the lives and health of these patients, it issues various leaflets and bulletins dealing with specific questions. The leaflet on ophthalmia neonatorum (p. 97) relating to the care of infants' eyes is particularly gratifying to American workers for prevention of blindness who see in the midwife a powerful ally in safeguarding the eyesight of infants.

Blindness is, however, but one of the preventable diseases which may result from lack of skill and cleanliness on the part of accoucheurs. This is forcibly expressed in the following statement by Dr. Arthur Newsholme, the recognized authority in the United Kingdom on all matters relating to infant mortality. Dr. Newsholme writes:

"Of the total deaths in the first year of life nearly 10 per cent. occur within 24 hours after birth, and one out of every 22 of these deaths, according to the Registrar-General's returns, is caused by 'injury at birth.' Although, doubtless, a large proportion of these deaths occur irrespective of the skill of the doctor or midwife in attendance, their degree of skill must have influenced greatly the number of deaths at and soon after birth; and it is probable that the injurious effects of unnecessarily protracted and ill-managed parturition can be traced in the infant far beyond the first day of life.

"The dangers to infantile life associated with parturition are followed by the dangers associated with errors in infantile management, especially as to food, clothing and cleanliness. The results of such errors are especially seen during the later months of infancy; but their origin dates commonly from the first month of life, during a considerable part of which, probably in something like 50 per cent. of the total births in England and Wales, midwives are in attendance. The fact that, of the total deaths of infants in the first year of life, a third (34.6 per cent.) occur during the first four weeks, and a fourth (25.8 per cent.) during the first two weeks of life must be regarded as the result in doubtful proportions of congenital defects, of improper attention at birth, and of bad management after birth."

In offering recommendations for the reduction of infant mortality Dr. Newsholme says: "The evidence already available points to the conclusion that infant mortality can be lowered by giving adequate training and help to midwives. This especially applies to the saving of infant life at and soon after birth. It has also to be remembered that the midwife's influence with the mother, whom she has helped in her need, is very great; and it is her advice as to the management and particularly as to the feeding of the infant which is most likely to be followed."*

Since the interest in the working of the Midwives Act, resulting in this brief study, grew out of a desire to prevent unnecessary blindness among infants, these comments upon the work of the midwife herself would be incomplete without an expression of profound admiration for the work being done in Liverpool to prevent blindness from ophthalmia neonatorum.

This admirable work is accomplished by the close and harmonious cooperation of three agencies: St. Paul's Eye Hospital, the midwives themselves, and, through the Department of Health, the inspector of midwives and a nurse who is entirely devoted to the supervision of ophthalmia neonatorum cases.

With infinite patience and enthusiasm, Mr. A. Nimmo Walker, Honorary Surgeon to St. Paul's Eye Hospital, has lectured to groups of practising midwives upon the dangers of "babies' sore eyes" and the tragic consequences of its neglect. The midwives thus instructed contribute to the work by unfailingly reporting to the Department of Health all cases of reddened or swollen eyes of infants, while the Department of Health in turn sends at once the ophthalmia neonatorum nurse, who was specially trained by Mr. Walker at St. Paul's Hospital for this particular piece of work. Each infant thus reported to the Department of Health is taken to the hospital for clinical and bacteriological diagnosis, upon which rests the decision whether the child shall be treated in the ophthalmia neonatorum ward or in its home, or once, twice or three times daily in the hospital dispensary. Home treatment by the nurse, working under the joint direction of the eye hospital and the Department of Health, or home treatment plus daily dispensary treatment, is encouraged. If, however, the seriousness of the infection indicates the necessity for residence in the hospital, the infant and its mother are admitted together. The wisdom of this provision is evident; maternal nursing is desirable for all infants. A baby with sore eyes is a sick baby, and therefore at this time above all others should be breast-fed.

An appreciation of this work is expressed as follows by Dr. Hope, Medical Officer of Health of Liverpool: "A large amount of this good result (prevention

* Report on Infant and Child Mortality by Dr. Arthur Newsholme, Chief Medical Officer of the Local Government Board—contained in Supplement to the Board's Annual Report, 1909–10, presented to both Houses of Parliament.

of blindness) has been due to the provision of a small ward of four beds at St. Paul's Hospital (now nine) and the interest taken in the cases by Dr. A. Nimmo Walker. In this ward the infants but a few days old can be received with their mothers, in order that the necessary treatment may be carried out, and also that they may not be deprived of their natural nourishment. This last point is most important as Dr. Walker reports that he is 'more and more impressed with the difficulty of saving severely infected eyes in bottle-fed babies.'" *

One could dilate at length upon the details of this admirable work and the great care and thought with which it was planned, but the highest tribute that can be paid to it is to report that largely by this means the occurrence of blindness from ophthalmia neonatorum has been practically wiped out in Liverpool.

* Report on the Health of the City of Liverpool during 1910 by the Medical Officer of Health.

CHAPTER III

EARLY HISTORY OF ENGLISH MIDWIVES

In order to arrive at anything like an appreciative understanding of the origin and effects of the Midwives Act of 1902, one must review briefly the vicissitudes of the English midwife herself from at least the beginning of the sixteenth century. Prior to this time the history of this strange person is as elusive as it is interesting, being difficult to extract from the annals of the Church and from medical literature. It is evident, however, that midwives existed in no small numbers and that they attended not only the poor and wretched but also queens and other ladies of high degree.

That the work of these early practitioners was bound up with superstitions is suggested by the injunction of Bishop Bonner (1554) that "The midwyfe shall not use or exercise any witchecrafte, charms, sorcerie, invocations or praiers other than suche as be allowable and may stand with the lawes and ordinances of the Catholike Churche." Bishop Bonner's concern over the methods employed by midwives was apparently due to the fact that these women were licensed by the bishops.

This function of licensing was evidently assumed because of the Church's interest in the christening of infants rather than on account of any concern over their physical welfare. Midwives were authorized, when licensed, to christen infants, and in this connection we find the following question among Canterbury records: "whether parsons, vicars or curates be diligent in teaching midwives how to christen children in time of necessity, according to the cannons of the Church," * while the bishop of another diocese asked, "Do any undertake the office of midwife without license?" † The midwife's practical qualifications to practice seemed to be entirely overlooked.

It seems that bishops granted licenses until sometime during the 18th century, there being but one interruption to this practice recorded, that being mentioned by Elizabeth Cellier (1687) who says, "Nor did Bishops pretend to license midwives till Bishop Bonner's time, who drew up the form of the first license, which continued in full force till 1642, and then the Physicians and Chirurgeons contending about it, it was adjudged a chirurgical operation, and the midwives were licensed at Chirurgeons Hall, but not till they had passed

* Documentary Annals by E. D. Cardwell, D.D., Vol. 1, p. 171.

† N & Q, First Series, Vol. 3, p. 29.

three examinations before six skilful midwives and as many chirurgeons expert in the art of midwifery. Thus it continued until the Act of Uniformity passed (1662), which sent the midwives back to Doctors' Commons where they pay their money (take an oath which it was impossible to keep) and return home as skilful as they went hither."

In view of the mild conceit prevailing at the present time over twentieth century enlightenment, it is particularly interesting to find that though the public at large is to-day almost unmoved by the ignorance and negligence of midwives, there was much dissatisfaction among the women in England during the 16th century because of the incompetence of this group of practitioners. There was even then frank recognition of the fact that education was seriously needed.

The difficulties attending any effort to promote the education of midwives were almost insurmountable, however, because of the general reluctance to print in the mother tongue any instructions to midwives, and the unwillingness of women midwives to be taught by men. However, in 1540, "a certaine studious and diligent clerke," Richard Jonas by name, "at the request and desire of divers and sad mothers being of his acquaintance did translate out of Latin into English a great part of the booke 'De Partu Hominis,' that is to say, 'The Birth of Mankynde.' " This little volume was later somewhat revised, and published, by Thomas Raynald, under the title of "The Woman's Booke." This was evidently the first work of its kind, and for a long period the only printed material intended solely for midwives. This was a step forward, and evidently helpful, but there continued to be unrest and dissatisfaction, and repeated assertions that not only should midwives be trained but that they should be required to give to the public evidence of their skill—*i. e.* be licensed by State authority.

The great master, William H. Harvey, and his contemporary and friend, Sir Percival Willoughby (17th century), seemed to be the first serious teachers of midwives in England. These great men, stirred by the distressing accounts which were brought to them describing the horrors endured by mothers and babies attended by untrained midwives, not only undertook to raise the standard of this despised profession, but they followed it themselves, and have come down in history as noted obstetricians.

We can scarcely improve to-day upon Dr. Willoughby's ideal of a midwife. With infinite sympathy and understanding he says: "I desire that all midwives may gain a good repute, and have a happy success in all their undertakings; and that their knowledge, charity, patience, with tender compassion, may manifest their worths among their women, and give their women just cause to love, honour, and to esteem them. The midwife's duty in a natural birth is no more but to attend and wait on Nautre, and to receive the child, and (if need require) to help to fetch the after-birth, and her best care will bee to see that the woman

and child bee fittingly and decently ordered with necessary conveniences. And let midwives know that they bee Nautre's servants. Let them always remember that gentle proceedings (with moderate warm keeping, and having their endeavours dulcified with sweet words) will best ease and relieve and soonest deliver their labouring women." This was more than two hundred years ago and we are still pleading that midwives should be able and conscientious women, attending normal labors only, and giving sympathetic nursing care to their patients.

As the status of the midwife gradually improved, so also did the practice of obstetrics by physicians. So far as this history is concerned the 18th century seemed largely taken up by a stormy controversy between the midwives, headed by Elizabeth Nihell, and the obstetricians, under Dr. Smellie, the latter called in derision "he-practitioners" and "he-midwives," each group fighting for supremacy. The logical result of this conflict was a marked improvement in the work of both groups and the creation of great public interest in the welfare of mothers and babies. Out of this interest grew the establishment of five of the most important lying-in hospitals in London,—the British Lying-in Hospital, 1749, the City of London Lying-in Hospital, 1750, Queen Charlotte's Hospital, 1752, the Royal Maternity, 1757, and the General Lying-in Hospital, 1765.

Another early and successful teacher of midwifery was Dr. Mawbray (18th century), who stated at the height of this bitter dispute that "It is indeed indifferent whether men or women practice this art so that the practitioners be properly educated and duly qualified for so great a work."

Singularly enough, although for centuries the real problem was recognized and great minds* were focussed upon it from time to time with the hope of dis-

*Names of Individuals and Organizations Desiring and Suggesting Legislation which would Provide for the Training and Licensing of Midwives.

	Date of Suggestion
Andrew Boorde	1547
Peter Chamberlen	1616
Peter Chamberlen, Dr	1633
Percival Willughby	1660
Elizabeth Cellier	1687
Mawbray, Dr	1725
John Douglas, Dr	1736
Bracken, Dr	1737
Sarah Stone	1737
Manningham, Sir R	1739
Anonymous	1740
George Counsell	1752
Elizabeth Nihell	1760
Fores, S. W	1793
Margaret Stephen	1795
Society of Apothecaries	1813
Ladies' Obstetrical College	1864
Miss Nightingale	1871
London Obstetrical Society	1871
General Medical Council	1872

covering a solution, and although there seemed to be a general agreement that midwives should first be trained and then licensed, no workable plan was conceived or suggested. The first practical suggestions were outlined by Dr. Mawbray, these relating to the qualifications, theoretical knowledge and practical training of the midwife, who in urging the adoption of his scheme concludes by saying "Can anything better deserve the attention of the Legislature itself?"

Up to this time (18th century), as has been explained, the only licenses issued to midwives were issued by bishops, but the Church also issued licenses to physicians, surgeons and apothecaries.* When the Church ceased to discharge this function and medical faculties gave licenses, the midwife unfortunately was ignored. Although the license issued by the bishops was no guarantee of the midwife's medical skill, it afforded a certain protection to the English mothers against woefully ignorant and dissipated practitioners. When neither Church nor medical faculty licensed this group of women, there was naturally a period of marked retrogression, with the result that the most incapable and unscrupulous women called themselves midwives and practised as such, doing untold damage, and causing great suffering to mothers and their infants, particularly among the poor.

* Form of License Issued to Midwives
by Bishops During the Eighteenth Century

"Joseph, by Divine Permission, Bishop of Rochester, To our wellbeloved in Christ, Elizabeth Chapman, of the parish of Saint Warburg, otherwise Hoo, in the County of Kent, and our Diocese of Rochester, send Greeting in our Lord everlasting: Whereas We understand by good testimony and credible certificates that you the said Elizabeth Chapman are apt and able, cunning and expert, to use and exercise the office, business, and function of a Midwife, We therefore by virtue of Our Power Ordinary and Episcopal, Do admit and give you power to use and exercise the said office, business, and function of a Midwife in and through our Diocese and Jurisdiction of Rochester, with the best care and diligence you may or can in this behalf, indifferently both to poor and rich, as also to perform and accomplish all things about the same, according to your oath thereupon given you upon the Holy Evangelists, as far as God will give you Grace and enable you. In witness whereof we have caused the Seal of our Chancellor to be affixed to these presents this Twenty-first day of July, in the year of our Lord, One thousand seven hundred and thirty-eight, and in the seventh year of our Translation."

CHAPTER IV

HISTORY OF THE MIDWIVES ACT OF 1902

In 1813, the Society of Apothecaries in a protest against the unsatisfactory condition of affairs existing at that time, endeavored to persuade Parliament to pass enactments for the examination and control of women who were acting solely as midwives. They wished it to be unlawful "for any woman to practice as a midwife for gain or profit without having undergone examination and having obtained a certificate of her ability to practice as a midwife." Their project was defeated, however, since "the Committee of the House of Commons would not allow any mention of female midwives."*

Although there is no important legislative history to record for a number of years following this endeavor, the need for having obstetrics practiced by trained persons, either men or women, was given more and more serious recognition as general medical knowledge increased. During this period it was by many considered beneath the dignity of a medical man to practice obstetrics. In 1827, Sir Henry Halford, President of the Royal College of Physicians, writing to Sir Robert Peel, said that "midwifery was an act foreign to the habits of a gentleman of enlarged academic education." As late as 1834, Sir Anthony Carlyle, F. R. S., declared that it was an "imposture to pretend that a medical man was required at a labor."*

It is interesting to learn that in 1851, the need of preparatory training in obstetrics was recognized by the Poor Law Commissioners acting under the Medical Charities Act, who demanded that medical officers in their employ be qualified in medicine, surgery *and midwifery*. In 1868, therefore, they forbade the employment of medical officers who were not thus qualified.

In 1869, a Committee of the London Obstetrical Society undertook to investigate and to report upon the causes of infant mortality at the suggestion of Dr. William Farr, Superintendent of the Statistical Department in the office of the Registrar General. This Committee was requested to report upon the following questions:

1. What proportion of births is attended by medical men and by midwives?

2. Are the midwives instructed?

* "English Midwives," by Dr. James Aveling.

It was found by this Committee that among the poor population, from 30 to 90 per cent. of the births were attended by midwives. The absence of provision for training and the disastrous results following work done by unskilled women prompted the London Obstetrical Society in 1872 to appoint a Board of Midwifery Examiners from among its members, with instructions to give examinations to midwives and issue certificates of fitness to practice. Although neither examinations nor certificates were of legal value, one can readily understand that the prestige enjoyed by the holder of such a certificate was much coveted by practising midwives.

The work done by this Board, which was entirely voluntary, made it possible for expectant mothers among the poor to secure skilful care by demanding that their attendants should hold a certificate from the London Obstetrical Society, and thus discriminate against the totally unfit midwives who were endeavoring to practice. The ultimate object of this work was avowedly to prevent unnecessary injury and death among mothers and infants.

From time to time the London Obstetrical Society and the British Medical Association made recommendations and caused bills to be drafted and introduced in Parliament dealing with the training and control of midwives. The attitude of the former organization is reflected in the following quotation, taken from the Transactions of the Society:

> "This Council regard the absence of public provision for the education and supervision of midwives as productive of a large amount of grave suffering and fatal disease among the poorer classes, and urges upon the Government the importance of passing into law some measure for the education and regulation of midwives." *November 29, 1889.*

In 1892, the Select Committee of the House of Commons on Midwifery Registration reported:

> "Your Committee have sat six times, and have taken most valuable and important evidence from medical men and practitioners of various spheres of practice, both in favor of and opposed to the registration of midwives, and also from trained and experienced midwives. This evidence has shown that there is at present serious and unnecessary loss of life and health and permanent injury to both mother and child in the treatment of childbirth, and that some legislative provision for improvement and regulation is desirable."

A similar committee, in 1893, reported in part as follows:

> "Your Committee have sat four times, and have taken most valuable and important evidence which, with that given last year at six sittings, includes that of distinguished men and women in

various spheres of practice, both in town and country, and also from trained and experienced midwives from various districts. Your Committee are of opinion that a large number of maternal and particularly infant deaths, as well as a serious amount of suffering and permanent injury to women and children, is caused from the inefficiency and want of skill of many of the women practising as midwives without proper training and qualification. They found that amongst the poor and working classes, both in the country and in towns, the services of properly trained midwives have been eminently successful and of great advantage to the community. As proved by the evidence before your Committee, the services of midwives are a necessity, and consequently every precaution should be taken to discredit the practice of women who are ignorant and unqualified." . . . . . .

"In conclusion your Committee desire to refer to the apprehension expressed by certain witnesses belonging to the medical profession, lest their interests might be injuriously affected by an improvement in the status of midwives. The great preponderance, however, of medical and other evidence, having regard to both the authority and number of the witnesses, was to a contrary effect. Your Committee, therefore, whilst giving due consideration to the expression of such fears, believe that the suggested injury is not likely to prove serious, and they are of opinion that medical men will not only be relieved of much irksome and ill-paid work, but also that improved knowledge on the part of midwives will induce them to avail themselves more frequently, and at an earlier stage than at present, of skilled medical assistance in time of emergency and danger. On this point your Committee had full and substantial evidence."

The London Obstetrical Society continued its work of examining midwives and advocating the necessity for legislative action unremittingly for thirty years, until the Midwives Act became a law, in 1902.

The other important element in this legislative struggle for midwifery reform in England was the Midwives Institute, an association of midwives governed by midwives, founded in 1881, whose objects were to improve the status of midwives and to petition Parliament for their recognition, and which, since its foundation, has worked steadily and successfully toward these ends.

It promoted and obtained the introduction of the first bill presented to Parliament in 1890. It organized the Midwives Institute Guarantee Fund of £1,000. The many Bill Committees that met during the twelve years to draw up the various bills and organize the campaigns, usually met at the Midwives Institute, whose President, Miss Wilson, and Treasurer, Miss Rosalind Paget, were members of each successive committee on which they watched over the interests of the midwives. In 1890 a bill promoted by the Midwives Institute was introduced into Parliament and reached its second reading. It was

talked out by Mr. Bradlaugh. For the next twelve years there was either a Select Committee sitting or a bill being introduced until in 1902 the present Act was passed. The sinews of war for this long struggle were provided by the Midwives Institute Guarantee Fund.*

One of the important influences affecting the creation of the Midwives Institute was Florence Nightingale's sympathetic understanding of the needs of the sick poor. Miss Nightingale considered midwifery one branch of the art of nursing and she was accordingly deeply interested in its reform. She published in 1871, "Introductory Notes on Lying-in Hospitals"; and, in 1881, writing on this subject to the late Miss Louisa M. Hubbard, who was then, in conjunction with Mrs. Henry Smith, projecting the formation of the Matrons' Aid Society, afterwards the Midwives Institute, she said, referring to these "Introductory Notes":

"The main object of the 'Notes' was (after dealing with the sanitary question) to point out the utter absence of any means of training in any existing institutions in Great Britain. Since the 'Notes' were written next to nothing has been done to remedy this defect. . . . The prospectus is most excellent. . . . I wish you success from the bottom of my heart if, as I cannot doubt, your wisdom and energy work out a scheme by which to supply the deadly want of training among women practicing midwifery in England. (It is a farce and a mockery to call them midwives or even midwifery nurses, and no certificate now given makes them so.) France, Germany, and even Russia, would consider it woman slaughter to 'practice' as we do."

When, at the close of the Crimean War, a fund was raised intended for the national commemoration of Miss Nightingale's services, she devoted it partly to the establishment at St. Thomas's Hospital of a training school for hospital

* We are indebted to Miss Rosalind Paget for this information and for the following list of Bills in behalf of midwifery legislation, kindly prepared by her for the Committee for the Prevention of Blindness.

1879. Bill drafted by British Medical Association but not introduced.
1884. Bill drafted by British Medical Association but not introduced.
1890. Bill introduced by Mr. H. Fell Pease, promoted by Midwives Institute: after second reading it was referred to a Select Committee—blocked at third reading.
1891. Bill introduced by Mr. H. Fell Pease—no second reading.
1892. } Select Committee sat in both sessions, took evidence, reported favourably on
1893. } legislation.
1895. Bill introduced by Lord Balfour of Burleigh into the House of Lords—withdrawn, as Government resigned.
1896. Same Bill introduced by Mr. Skewes Cox—Government took day.
1897. Bill introduced by Hon. A. de Tatton Egerton—blocked.
1898. Bill introduced by Mr. J. B. Balfour—Government took day.
1899. Bill introduced by Mr. J. B. Balfour—talked out at second reading.
1900. Bill introduced by Mr. Heywood Johnstone—read second time March 9th—went to the Grand Committee on Law—talked out.
1901. Ballot too unfortunate as to date for Mr. Heywood Johnstone to attempt introducing Bill.
1902. Bill introduced by Mr. Heywood Johnstone, passed all stages and received Royal assent in August.

and infirmary nurses, and partly for the maintenance and instruction of midwifery nurses at Kings' College. (June 15, 1860.)

A later sponsor and advocate of midwifery reform was Mr. W. Rathbone, M. P., the founder of district nursing in England. Apparently his prophetic vision associated midwifery with district nursing. Mr. Rathbone was one of the original promoters of the Midwives Act, and his name was on the back of each Midwives Bill until he retired from Parliament.

Other organizations interested in the promotion and enactment of the Midwives Bill were the Association for the Compulsory Registration of Midwives, founded in 1893 by Miss Lucy Robinson, for the purpose of interesting the lay public in the question, and the Midwives Registration Association, founded in 1893 by Dr. Rowland Humphreys and others who considered that legislation was necessary.*

As a result of this concerted and efficient action, the Midwives Act, entitled "An Act to Secure the Better Training of Midwives and to Regulate their Practice," became a law July 31, 1902, to come into operation on the 1st of April, 1903. (See Midwives Act, Appendix B, p. 61.)

Briefly, this law required that after the full Act was in operation (April 1, 1910), any woman desiring to practice midwifery in England or Wales should be a graduate of a training school or have taken a course of training approved by the Central Midwives Board appointed under this Act, and should pass the written and oral examinations given by the Board, and conform to its rules and regulations governing their practice.

These salient features of the Law have proved to be so satisfactory that the minor imperfections in its provisions are almost lost sight of. The imperfections are largely due to the fact that the final draft of the bill was really a compromise. Classified generally, there were three groups affected by the Bill; the midwives themselves, the medical profession, and the public. Both friendliness and opposition to midwifery regulation had been exhibited by each group, and it was difficult indeed, under such circumstances, to frame and enact a law that even approached the ideal.

The better element among the midwives had naturally welcomed any legislation which would raise the status of the profession and insure differentiation between its trained and untrained members.

In the medical profession also, the majority of the better element had ap-

* Among those who worked for midwifery reform in England were the late Dr. Cullingworth, Sir Frederick Fitzwygram, Mr. Fell Pease, M.P., Dr. Grailly Hewitt, Dr. James Aveling, Mr. W. Rathbone, M.P., Mr. Heywood Johnstone, M.P., Miss Florence Nightingale, and Mrs. Henry Smith (Miss Veitch). founder of the Midwives Institute. Among the present active workers are Lord and Lady Balfour of Burleigh, Sir Francis Champneys, Mrs. Wallace Bruce, Dr. Rowland Humphreys, Miss Jane Wilson (President of the Midwives Institute), and Miss Rosalind Paget.

parently advocated training and registration of midwives. A certain proportion of the profession was indifferent, and a large group was evidently opposed, for various reasons easily to be understood—among them, rivalry and politics. Many of the general practitioners, particularly in small and rural communities, welcomed the idea of midwifery control, as they realized that there was a legitimate field in which a trained midwife might work with advantage to the public.

The general public had been both for and against the registration and control of midwives, the attitude of the various groups or individuals being influenced by their friends among physicians, midwives or politicians.

From the time when the Central Midwives Board was created, until April 1, 1905, the Board issued a license, without examination, to any woman holding a certificate which had been issued by the London Obstetrical Society, or by any one of several designated midwife schools, or who could give satisfactory evidence that at the passing of the Act she had been for at least one year in "bonâ fide" practice as a midwife, and that she bore a good character. (Appendix B, p. 64, Sec. 2.)

The disadvantage of licensing untrained women has been far outweighed by the advantageous results of this step. The desirability of holding a government certificate prompted many women to register, thus making themselves known to the Local Supervising Authorities who might otherwise have been enabled to locate them only with great difficulty.* When a woman had once been registered and thereafter dropped from the Roll, it was more difficult for her to continue her practice surreptitiously than it would have been had she never been known to the inspectors or the Local Supervising Authorities. As it was required that all women certified under the Act should comply with the rules and regulations of the Central Midwives Board and place themselves under the supervision of the midwife inspectors, those obviously unfit to practice were dropped from the Roll (see p. 41) whenever their inability to comply with the above mentioned regulations was disclosed. Many of those who had had limited training but were capable with a little help of doing acceptable work have been much improved by the instructions given them by the inspectors.

The London Obstetrical Society continued to hold examinations and issue certificates until May, 1905. The Central Midwives Board gave its first examination in June, 1905, being from that time the only examining and

* The Census Report for 1901 gives 3,055 as the number of midwives in England and Wales, while the Midwives Roll in 1907 contains 24,500 names and in 1912, 35,210 names, of these 14,447 "having notified their intention to practise."

The number of midwives now (December, 1913) on the Roll is about 37,021; of these 2,109 passed the examination of the Board in 1913.

The above figures were kindly supplied by the Secretary of the Central Midwives Board.

licensing body in existence. Subsequent to the date of the first examination certificates were issued only to those candidates who passed the written and oral examinations given by the Board.

After April 1, 1905, any woman who was not certified under the Act could not take nor use the name or title of midwife either alone or in combination with any other word or words, or any name, title or description implying that she was certified under the Act or was a person specially qualified to practice midwifery, or recognized by law as a midwife, under penalty of a fine not exceeding £5. (Appendix B, p. 64, Sec. 1.)

The entire Act went into operation on the first of April, 1910, when no woman could habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner, unless she was certified under the Act. Any woman so acting without being certified under the Act was liable on summary conviction to a fine not exceeding £10. This does "not apply to legally qualified medical practitioners nor to any one rendering assistance in a case of emergency." (Appendix B, p. 64, Sec. 1.)

Practising *habitually and for gain* has been variously construed. Different Session Courts have given the term different meanings, but in many instances it has been considered that the requirements of the Act are satisfied by proving a practice consisting of three cases with remuneration during a recent period.

Although since April 1, 1905, licenses have been given only to those women who have passed the Central Midwives Board examination, there are at present, as has been stated, three classes of midwives practising in England, but the legal status of all is the same.

Those candidates who now present themselves for examination by the Central Midwives Board must come from an accredited training school for midwives, or must have been trained by a recognized instructor of midwives.

The Central Midwives Board exercises supreme authority in all matters relating to the training, registering, licensing, supervision and control of midwives in England and Wales, but the Act does not apply to Scotland and Ireland.

CHAPTER V

ORGANIZATION AND FUNCTIONS OF THE CENTRAL MIDWIVES BOARD

EXAMINATION, REGISTRATION AND LICENSURE

SECTION 3 of the Midwives Act requires that "on the passing of this Act the Lord President of the Council shall take steps to secure the formation of a Central Midwives Board, which shall consist of—

1. Four registered medical practitioners, one to be appointed by the Royal College of Physicians of London, one by the Royal College of Surgeons of England, one by the Society of Apothecaries, and one by the Incorporated Midwives Institute;

2. Two persons (one of whom shall be a woman) to be appointed for terms of three years by the Lord President of the Council; and

3. One person to be appointed for a term of three years by the Association of County Councils, one person to be appointed for a term of three years by the Queen Victoria's Jubilee Institute for Nurses, and one person to be appointed for a term of three years by the Royal British Nurses Association. (Appendix B, p. 65.)

The meetings of the Board and the transaction of its affairs take place at its office in Caxton House, Westminster, S. W., the executive officer being a secretary, Mr. G. W. Duncan, Barrister at Law, who was appointed on April 2, 1903.

The ordinary meetings of the Board are held once a month, except in the months of August and September. Special meetings are held as required and meetings of the Penal Cases Committee about six times a year.

The functions of this Board are briefly, (1) to set the standard to which training schools and instructors must conform in order that their graduates may be eligible for examination; (2) to give oral and written examinations

prior to issuing licenses to practice; (3) to admonish midwives or revoke the licenses of those guilty of violation of the rules or for other misconduct; (4) to draft rules and regulations controlling midwives in their practice to be enforced by Local Supervising Authority. (See Appendix C for Rules Formulated by Central Midwives Board.)

Although the Central Midwives Board stipulates a minimum training necessary for admission to practice, it does not itself undertake any of the training and instruction which are required. These are given in midwifery training schools connected with maternity hospitals or wards which have been accredited by the Central Midwives Board; or are given by registered medical practitioners or practising midwives who are recognized by the Board as suitable teachers of midwifery.

Among the early activities of the Central Midwives Board was the careful investigation of maternity hospitals and lying-in homes which made application for recognition as schools for midwives. It also considered the applications made by registered medical practitioners and certified midwives for recognition as teachers.

The investigation of an institution giving training to midwives included consideration of the size of the institution, the extent of its midwifery service, the personnel of its resident and visiting medical staff, the percentage of maternal and infantile mortality during the five years preceding the investigation, as well as the number of cases of puerperal sepsis and ophthalmia neonatorum, the number of pupils in the school, and the facilities for giving practical and theoretical training to the pupils. (Appendix D, pp. 103–6, Nos. 1, 2, 3.)

The Board usually caused the inspection of schools to be made by a qualified medical woman and was largely guided by her report in acting upon the application. In some instances, however, these inspections were made by medical members of the Board.

A training school for midwives is ordinarily only investigated at the time of the filing of its application for recognition. The Board causes subsequent investigations to be made only upon the receipt of unfavorable reports upon the work of the institution. I was told by Mr. Duncan that it had been necessary in only a small number of cases for the Board to withdraw its approval of a school which it had once accredited.

All of the maternity hospitals in England and the majority of those in Scotland and Wales are desirous of receiving and holding the approval of the Central Midwives Board and of using their clinical material for the purpose of training midwives. Apart from the prestige enjoyed by such hospitals, the increase in the revenue derived from the pupils' fees is important to the institution.

There are at present in London 21 maternity hospitals and lying-in homes

which are approved by the Board as training schools for midwives,* 65 in England outside of London, 4 in Wales, 6 in Scotland, 7 in Ireland, 4 in India, and 1 in China; while there are 17 medical practitioners and 129 midwives approved by the Board as private instructors of midwives. (Appendix C, pp. 105–106, Nos. 2, 3.)

Examination

Any candidate bearing a certificate issued either by an institution or an individual recognized by the Central Midwives Board may present herself for written and oral examination given by the examiners appointed by the Board. These examinations are given in London six times annually, and in Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne three times a year, at a cost of one guinea to the applicant. The questions for the written examination are framed by the Central Midwives Board, and upon a given date the same set of questions is used in all examinations. (Appendix D, pp. 107–110, Nos. 4, 5.) Those who pass the written examination are eligible for the oral quiz which follows. This is given by practising obstetricians appointed as examiners by the Board, and unlike the written questions varies according to the judgment of the individual examiners. This is a quiz on practical phases of the work, accompanied by demonstrations in which a mannikin, pelvimeter, fœtal skull, etc., are used, by means of which the candidate describes her method of conducting a normal labor and other practical points connected with her work.

By courtesy of the Central Midwives Board, I was allowed to attend an oral examination, and I observed that the same procedure was adopted as for examining physicians and surgeons. On both sides of the long examining hall were rows of tables, at each of which sat two obstetricians, with the examining

*These are: British Lying-in Hospital, Endell Street, W. C.
City of London Lying-in Hospital, City Road, E. C.
Clapham Maternity Hospital, 39–43 Jeffreys Road, Clapham, S. W.
East End Mothers' Home, 394–396 Commercial Road, E.
Fulham Union Infirmary, St. Dunstan's Road, Hammersmith, W.
General Lying-in Hospital, York Road, Lambeth, S. E.
Greenwich Union Infirmary, Greenwich, S. E.
Guy's Trained Nurses' Institution, 14 St. Thomas' St., S. E.
Kensington Union Infirmary, Marloes Road, W.
Lewisham Union Infirmary, Lewisham, S. E.
London Hospital, Whitechapel, E.
Middlesex Hospital, Mortimer Street, W.
New Hospital for Women, 144 Euston Road, N. W.
Poplar, "Regions Beyond" Missionary Union Nursing Home, 242 Brunswick Road, Poplar, E.
Queen Charlotte's Lying-in Hospital, Marylebone Road, N. W.
St. Marylebone Workhouse Infirmary, Notting Hill, W.
Salvation Army Maternity Hospital, Mare St., Hackney, N. E.
Shoreditch Union Infirmary, Hoxton Street, N.
Whitechapel Union Infirmary, Vallance Road, N. E.
Woolwich Home for Mothers and Babies, Wood St., Woolwich.
Woolwich Military Families' Hospital, Woolwich.

papers before them of those candidates who had been allotted to them for oral examination. Each candidate was quizzed separately, and given a very fair chance to demonstrate her fitness to practice. Some women who had written only fair papers were passed, because in the oral examination they displayed such general intelligence and practical knowledge of their work. On the other hand one candidate, whose oral examination I heard, had written a fairly good paper and had been graduated from an accredited school, but she was not passed because her unfitness to practice was quite evident when she was asked to discuss essentially practical details of her work.

If a candidate fails to pass the Midwives Board examination, she may present herself for a second examination, at a cost of 15s.

Registration and Licensure

The names of those midwives who pass the written and oral examination are entered upon the Midwives Roll—a register made up of the names of all midwives who are allowed by law to practice in England and Wales. The presence or absence of a midwife's name on this Roll is accepted as legal evidence of her right to practice, or the reverse. (Appendix C, Rule B, p. 77, 3–4; Rule D, p. 79.)

A license to practice is issued at the time of this registration. A license once granted is good so long as the midwife lives, unless revoked by the Board, although the bearer is required to register annually with the Local Supervising Authority in whose domain she expects to practice. A non-practising midwife retains her certificate without any obligation to give any notification except change of address. Licenses are revoked for insubordination, for violation of the rules laid down by the Central Midwives Board, because of the poor character of the midwife's work or moral standards, or for general unfitness to practice.

Violation of the Rules, when serious enough to be reported by the Local Supervising Authority, is punished by the Central Midwives Board in various ways. (See pp. 50–51.) A woman with a good record reported to the Board for the first time may be only reprimanded, or if the charge is serious, the midwife may be put on probation and carefully watched for a designated length of time. The heaviest penalty inflicted by the Board is revocation of a license, accompanied by the removal of the midwife's name from the Roll. (Appendix C, Rule D, pp. 79–81, 1–2.) Should a woman whose name has been struck from the Roll continue to practice, she is then guilty of violating the law, and may be brought to trial in the Magistrates' Petty Sessional Court, being in such circumstance beyond the jurisdiction of the Central Midwives Board. The maximum penalty inflicted for practicing without a license is a fine of £10.

A license once revoked is seldom renewed, but a midwife having suffered this penalty may apply for a retrial. She is sometimes restored to the Roll

upon the strong recommendation of the Local Supervising Authority under which she has been practising, because of a long record of good work, or she may make an appeal to the High Court of Justice.*

As before stated, a woman once licensed to practice midwifery may continue to practice only so long as she satisfactorily complies with the rules of the Central Midwives Board. These rules apply to the personal cleanliness and habits of the midwife and her home; her equipment; her duties to mother and child; obligations in regard to disinfection and in securing medical assistance for either mother or child; her responsibility in notifying the Local Supervising Authority of having secured such medical assistance, and under what circumstances, and in giving notifications of births and deaths. (Appendix C, p. 82, Rule E.)

It seemed to me that more stress was laid upon the enforcement of the rule relating to the securing of medical assistance than upon any other. It mattered not what a midwife's training, experience or intelligence represented, she was permitted by law to attend normal cases only. And moreover, she was not expected to make diagnoses of abnormalities or complications but simply to recognize and report symptoms. In order that there might be no room for doubt in the midwife's mind as to what constitutes an abnormality or complication, such symptoms are described clearly and simply. Those adopted by the Central Midwives Board are practically those which were determined upon by a Committee of the London Obstetrical Society in the days during which it gave examinations and issued certificates.

To make the requirement for the reporting of symptoms, together with the other rules, as satisfactory and effective as possible, it is provided in the Midwives Act that rules shall be valid only if approved by the Privy Council, and the Privy Council before approving rules to be enforced by the Central Midwives Board must take into consideration any representations which the General Medical Council may make. (Appendix B, p. 66, Sec. 3.)

The rules of the Central Midwives Board are enforced by the Local Supervising Authorities, which are the Councils of the Counties or County Boroughs throughout England and Wales.

* See Section 4 of the Midwives Act (p. 66), and also Order 59 of Rule 19 of the Supreme Court Rules which is as follows: "An appeal from any decision of the Central Midwives Board under the Midwives Act of 1902 shall be made to the Divisional Court by notice of motion, and supported by affidavit, or if the Court shall so direct on the hearing of the motion, by oral evidence." This Section was enacted on the instigation of the Law Officers of the Crown.

CHAPTER VI

METHODS OF TRAINING MIDWIVES IN ENGLAND

As previously stated, this study of the working of the English Midwives Act of 1902 was made because the conditions in England prior to the passing of the Act so closely paralleled conditions existing in some parts of America to-day that it was believed that the experience of English workers would be of inestimable value to those striving for midwifery reform in America. There is one very important difference, however, and this difference increases the difficulty of the American problem. Midwives, although often despised, have been recognized as an existing influence in England, certainly since the early part of the 16th century, and there have been institutions and instructors giving some sort of training to prospective midwives since about the middle of the 18th century. In sharp contrast to these conditions in England we find that the fact that midwives exist in America at all is not generally recognized, and so far as we can learn there is but one small school of undoubted high standard throughout the entire country devoted entirely to the training of these women.

In England to-day midwives are trained in the in- and out-patient services of lying-in hospitals; in maternity wards and dispensaries of general hospitals; in private midwifery schools; and in some instances by doctors and midwives in their practice. (Appendix D, pp. 111–114, Nos. 6, 7.)

Although the Central Midwives Board does not itself provide any courses of instruction for pupil midwives, it establishes a minimum standard to which all registered training schools or instructors are obliged to conform, by reason of the following requirement: No person shall be admitted to examination (C. M. B.) unless she produces certificates that she has undergone the following course of training:

> 1. She must have, under supervision satisfactory to the Central Midwives Board, attended and watched the progress of not fewer than twenty labor.
>
> 2. She must have, to the satisfaction of the person certifying, nursed twenty lying-in women and their infants during the ten days following labor.

3. She must have attended a course of instruction in the subjects enumerated in Rule c, 4, extending over a period of not less than three months, and consisting of not less than fifteen lectures. (Appendix C, p. 77, Rule c.)

Lying-in Hospitals

The commonest system of training midwives in England is the one in operation in maternity hospitals where practical instruction is given over the patients in the delivery and lying-in wards and also in the homes of women treated in the out-patient service.

The hospitals and schools are controlled by boards of directors, and there are administrative officers who correspond to our superintendents, superintendents of nurses, resident and visiting physicians, and head nurses in wards and delivery rooms.

In short the training of midwives in England is much like the training in obstetrical nursing given to nurses in America, the main difference being that the English midwives are given more instruction in the mechanism and conduct of normal labor than is given to American nurses.

The practical instruction to English midwives is supplemented by lectures given by the obstetricians connected with the hospital, and class-room instruction given by the matron and her assistants.

I frequently found that the instructing obstetricians made their teaching more effective and forceful by taking their classes of pupil midwives into the wards and delivering lectures over the patients themselves. Dr. Fairbairn, at the General Lying-in Hospital, made his teaching practical by devoting half of a lecture period to theoretical teaching in the class-room, and by taking his pupils into the wards during the second half and elucidating over the patients some of the points he had just previously made. Dr. Roberts at Queen Charlotte's Lying-in Hospital employed a similar method of instruction. At the out-patient department of the City of London Lying-in Hospital, I found that Dr. Barris made admirable use of his clinical material by giving each pupil midwife in turn instructions in diagnosing pregnancy, and recognizing symptoms of complication, abnormality, etc.

The sum of the training and instruction given by the obstetricians, matrons and their assistants in the training schools for midwives is essentially practical. It embraces nursing care during pregnancy, labor and the puerperium; the conduct and mechanism of normal labor; anatomy; hygiene of the sick-room; materia medica; dietetics; and the care and feeding of infants. Instruction in the last subject is given not only to fit the midwife herself to care for the babies in her keeping but to enable her to teach the mothers how to take

care of their own infants. Much stress is laid upon the importance of this branch of their work. The midwives are also taught with greatest care the symptoms of abnormality and complications, in order that they may be prepared to summon medical aid for their patients in all but normal labors.

Homes of Patients

As I have said, the practical training is given both in the hospital and in the homes of patients treated through the out-patient departments, or in districts covered by nursing homes. In the out-patient work, the instructing midwife, called the "district sister," accompanies the pupils during their district training, to the homes of patients who have summoned aid. There the teacher assists her pupil in making practical application of the training received in the hospital. Neither in the hospital nor in the district do pupil midwives attend cases alone, but always under the supervision of an instructing midwife. In this district work, should there be any evidence of abnormality, the district sister sends back to her hospital or station for a physician.

Private Schools

In the private schools, as in the lying-in hospitals, the requirements of the Central Midwives Board must be met if the graduates are to be eligible for the Central Midwives Board examination. I observed, however, that in the private schools most of the practical instruction was given in the homes of the patients by the "district sister," instead of in wards at the school or hospital itself. This was true, for instance, at Miss Gregory's excellent school at Woolwich—the Home for Mothers and Babies—and at the Ladies' Charity Maternity Hospital in Liverpool, where the out-patient work represented the larger service; while the pupils trained by the Maternity Nursing Association evidently received all their practical instruction in the homes of the patients cared for by this Association. In the last instance the school itself was used for class-room instruction, and as a residence for teachers and pupils.

Doctors and Midwives in Their Practice

There are instances in which practicing obstetricians and midwives in their own practice are permitted by the Central Midwives Board to train midwives, but this custom is not regarded as a satisfactory one and has only been permitted as a compromise to make possible the training of pupils in isolated districts where midwives are needed and who are not able to meet the expense of hospital training. These private instructors, like the schools, are required

to conform to the standard of training established by the Central Midwives Board.

Midwifery training in England is taken by women who belong to one of two general groups; those who have previously had no hospital training, and nurses who have graduated from general nurse training schools. The percentage of graduate nurses who are adding midwifery training to their equipment is steadily increasing, as it becomes more and more necessary for a nurse to hold a Central Midwives Board certificate in order to qualify for a nursing post either in England or in the Colonies.

From studying the form of administration and rules governing the training of midwives in 40 schools in England and Wales, I found that the length of the course of training varied from 3 to 12 months. Many of the schools offer two different courses—one covering a period of three or four months, which is intended for pupils who have had nursing training, and the other covering a period of six, eight, nine or twelve months, which is given to untrained women who wish to take up midwifery.

The tuition is free in three of the 40 schools, and in the remaining 37 the fees vary from £7 to £29 ($35 to $145). The cost of the training does not seem to be determined by the length of the course. Some schools which give a course covering a period of three or four months charge £25, £28 or £29 ($125.00, $145.00, $140.00), while a twelve months' course in another school is given at a cost of £12 ($60.00). The average fee charged for tuition is £18 ($90.00).

One school provides the pupils' uniforms; one provides text books; in four laundry work is provided; but in all of the other schools the expense of uniforms, text books and laundry work is met by the pupils.

CHAPTER VII

SUPERVISION OF MIDWIVES BY LOCAL SUPERVISING AUTHORITIES

WHEN the Midwives Act went into effect (1903), the councils of the counties and county boroughs throughout England and Wales became Local Supervising Authorities over midwives within the areas of their respective counties or county boroughs.

The duties of the Local Supervising Authorities are as follows:

> (1) To exercise general supervision over all midwives practising within their area in accordance with the rules to be laid down under this Act.
>
> (2) To investigate charges of malpractice, negligence or misconduct on the part of any midwife practising within their area, and should a prima facie case be established, to report the same to the Central Midwives Board.
>
> (3) To suspend any midwife from practice, in accordance with the rules under this Act, if such suspension appears necessary in order to prevent the spread of infection.
>
> (4) To report at once to the said Board the name of any midwife practising in their area convicted of an offence.
>
> (5) During the month of January of each year to supply the Secretary of the Central Midwives Board with the names and addresses of all midwives who, during the preceding year, have notified them of their intention to practice within their area, and to keep a current copy of the Roll of Midwives accessible at all reasonable times for public inspection.
>
> (6) To report at once to the Central Midwives Board the death of any midwife or any change in the name or address of any midwife in their area, so that the necessary alteration may be made in the Roll.
>
> (7) To give due notice of the effect of the Act, so far as practicable, to persons at present using the title of midwife. (Appendix B, pp. 67, 68; Sec. 8.)

I spent several days in the offices of the Medical Officers of Health of London, Liverpool, Kent County and Staffordshire, studying the slightly different methods of administering the Midwives Act as employed in these localities. The records of the Local Supervising Authorities, of the inspectors and of the midwives were placed at my disposal for examination and study.

Each Local Supervising Authority has a complete register of midwives practising or residing within the territory under its jurisdiction. This list is revised to date in January of each year. In addition to annually giving notice to their intention to practice (Appendix D, pp. 115, 116; Nos. 8, 9), midwives are required to notify the Local Supervising Authority when making a change of residence. These names and addresses are in turn transmitted by the Local Supervising Authority to the office of the Central Midwives Board, to be included in the Midwives Roll.

A Local Supervising Authority, when a County Council, is empowered to delegate its powers and duties under the Midwives Act to any District Council within its area. Those, however, who originally did so have one by one been convinced of the impossibility of properly administering the Act in this way and have all revoked such delegation so that now every County directly administers the Act in its own area.

The Clerk of the Council acts as legal adviser to the Local Supervising Authority, while the Medical Officer of Health acts as the Advisory and Executive Officer.

The functions of the Executive Officer are to inspect and to supervise the work of the Midwives practising—nor merely residing—within his area, to see that the rules of the Central Midwives Board are being obeyed faithfully, and to give and receive pertinent notices. Usually the Executive Officer is empowered to take such immediate action as an emergency may call for; in general he will bind his Council by his official acts.

Midwives are required to make use of the charts and notification cards supplied, and the Executive Officer keeps a careful record of each midwife's work, this being based upon the reports of the inspector and upon the midwife's own records. (Appendix D, pp. 118–121; Nos. 11–14.)

The actual supervision of midwives in their practice is performed by inspectors of midwives in the employ of the Local Supervising Authorities. was permitted by courtesy of the Medical Officers of Health of the cities and counties above mentioned to accompany their inspectors of midwives, in order that I might observe the practical working of their systems of supervision and control.

The duties of the inspectors are regularly to inspect all midwives, their homes, appliances, bags or baskets and their registers of cases, and to make inquiries with respect to the notifications which have been used for sending for medical help, and in reporting stillbirths, death of patients, etc. (Appendix C, pp. 85–89; 19–22), to investigate their methods of practice, to advise and instruct them, both on the occasion of the visit and by lectures (Appendix D, p. 122; No. 15), on their duties as required by the Rules of the Central Midwives Board; to make special inquiries and keep special records in all cases of

puerperal fever, ophthalmia neonatorum and deaths of patients attended by midwives (Appendix D, pp. 123, 125; Nos. 16, 17); to be present at any inquest held on the body of mother or child; to obtain information with regard to the practice of midwifery by uncertified women; to prepare a written report of all inspections and inquiries, and to submit the same to the County Medical Officer of Health; to keep a record of any action taken by the Local Supervising Authority or the Central Midwives Board; and to prepare an annual summary for the County Medical Officer of Health of the work carried out during the year in the said area.

In order to obtain as fair an impression as possible of this branch of the work, I accompanied inspectors in the larger cities, London and Liverpool, and in towns such as Maidstone and Stafford, and that I might see the work in the rural districts and smaller towns, I went with the inspectors through the north of Kent County, and through both the north and south of Staffordshire, including the pottery towns.

It was interesting to find that the inspectors were usually either midwives or women physicians, not men, and that they were very often midwives who had previously had general nursing training. The "nurse-midwives" by virtue of their previous broad training were able to make their inspections of great practical value.

One very able inspector, Dr. Pilliet, in London, was successively trained as nurse, midwife, sanitary inspector, and finally as a doctor of medicine. In talking of her work as an inspector of midwives, Dr. Pilliet expressed the opinion that her nurse and midwife training had been the important features in her preparation. She felt that a successful midwife inspector must know from personal experience the difficulties which a midwife may encounter in her work and be able to give practical suggestions and assistance in surmounting them. In other words, the inspector and midwife should have as much common ground to work upon as possible.

It is required that when a midwife leaves her home for the purpose of attending patients she shall leave behind her the addresses of her patients in the order of the proposed visits. The inspector is enabled by this means to follow the midwife into her patients' homes and observe in person her manner of conducting a delivery and her nursing methods.

The frequency of the inspector's visits is usually left to her own discretion. She generally visits highly trained and reliable midwives with very small practices about three times a year. Women unsatisfactory in their methods of work, or those with a large practice are visited as often as seems desirable.

Special visits are paid to midwives who have notified the Local Supervising Authority of the death of a patient; inflammation of an infant's eyes; elevation of the mother's temperature; or other abnormal symptoms. In these cases

the patient is also visited in order that necessary steps may be taken to prevent the spread of infection; to see that adequate treatment has been secured; or to ascertain whether there has been any neglect or delay on the part of the midwife in obtaining medical help.

In referring to some of the results of careful supervision of midwives, Dr. George Reid, Medical Officer of Health, of Staffordshire, says: "It must also be remarked that the number of cases (of ophthalmia neonatorum) will undoubtedly diminish year by year as the *'bonâ fide'* type of midwife gradually becomes extinct and is replaced by properly trained women. This weeding-out process, however, will take time, and meanwhile the damage being done is serious." * * * "As regards the steady increase in the notification of sending for medical help, the figures are highly satisfactory, as we may fairly infer from it that midwives are benefitting by the instruction of the inspectors, and are realizing more and more the importance of not undertaking the sole care of cases presenting abnormal features."*

It was little short of an inspiration to go about with the inspectors and observe what they accomplished for mothers and babies by means of their inspections. They all work with the midwives in such a way that "inspection" does not begin to describe their visits, for while making their rounds the inspectors give counsel and advice and much valuable instruction.

They actually teach the rudiments of nursing to the old "bonâ fide" midwives, whose early training has been limited or nil. I watched them teach these women in their own homes how to take temperatures, count pulses, keep records, etc. Over the patients in their homes these instructors taught their charges how to care for the mothers and make them comfortable, how to handle and bathe the babies, and in an endless variety of ways passed on their own skilled training so as to promote the comfort and well-being of a large number of mothers and babies. In short, the midwife inspectors whom I saw seemed filled with a sense of their responsibility for the patients in the hands of the midwives who came under their jurisdiction.

The influence of this kind of supervision is to be traced in the records of each midwife's work which the inspector is required to keep and which are preserved in permanent form by the Local Supervising Authority. Many of the old "bonâ fide" midwives show gratifying improvement, while those who continue to be unsatisfactory are dropped from the Roll, thus being legally disqualified to practice. (See specimens of records upon midwives' work—Appendix D, pp. 126–140; No. 18.)

A midwife may be dropped from the Roll only by the Central Midwives Board. A Local Supervising Authority may report an offending midwife and

* "Administration and Control of Ophthalmia Neonatorum." Read at the Annual Meeting of the British Medical Association, 1910.

recommend that she receive this penalty, but it has no power itself to punish a midwife.

If a midwife violates any of the rules of the Central Midwives Board she is cautioned or censured by the Local Supervising Authority according to the seriousness of the offence. Minor infractions bring upon the midwife first a reprimand or caution by the inspector. This may be followed by a letter to the midwife from the County Medical Officer referring to the rule violated and reminding the offender of its importance. A little more radical procedure is a letter from the County Medical Officer warning the midwife that in future, neglect on her part will be formally reported to the Local Supervising Authority. Later, if it proves necessary to carry this warning into effect, a complaint about a midwife from the County Medical Officer to the Local Supervising Authority may result in a formal censure to the midwife by this body, or the offence may be reported to the Central Midwives Board. This Board in turn, if it finds the midwife guilty of the charge, may censure or severely censure the midwife, or cancel her certificate. In some circumstances an offending midwife is put upon what may be termed a probation, by order of the Central Midwives Board, during which she is under special observation for a period of three to six months. (See Section 13 of Midwives Act, p. 69, for prosecution of offences.)

Midwives may be temporarily suspended from practice by the Local Supervising Authority for the sake of preventing the spread of infection, either because the midwife herself or one of her patients is suffering from a communicable disease, but the Central Midwives Board must be notified of such action.

In reporting upon the administration of the Midwives Act in Kent County, Dr. Howarth, the Medical Officer of Health in that county, says "In addition to the ordinary work of supervision, a serious attempt is being made by the inspectors to improve the practical knowledge of women who are registered but who have never had the advantage of training, and additional efforts are being put forth to restrain unregistered women from practising otherwise than in emergency. * * * The supervision is not now resented as the women recognise that the requirements are in the interests of the patients, and it is the patients who must receive first consideration. It is, however, not possible for many of the old untrained women to sufficiently improve their method of practice to justify their being classed as 'safe' midwives, and these women are encouraged to voluntarily resign their certificates."* (Appendix D, p. 117, No. 10).

Dr. Howarth further states that as a result of this character of supervision the number of untrained, registered women in his area has steadily declined while the number of trained women practising midwifery has at the same time increased.

* Annual Report of the Medical Officer of Health of Kent County for the year 1910.

CHAPTER VIII

CONCLUSION

In concluding this brief report upon my limited investigation into the working of the Midwives Act (I was in England for six weeks only) I desire to express the indebtedness of those of us who are striving for midwife reform in America, to those English workers who have accomplished so much toward the solution of a problem which we are only beginning to consider, and who have given us the full benefit of their experience.

More and more, as I studied the history and looked into the practical working of the Midwives Act, was I impressed by this admirably planned and efficiently conducted branch of the public health service. This was evident throughout, from the organization and administration of the Central Midwives Board, down through the work of the schools, the instructors, health officers, inspectors and the midwives themselves.

As midwives were recognized as an important element in safeguarding the lives and health of mothers and babies, it seemed never to be forgotten that a high standard of midwifery service was of utmost importance, and to this end all efforts were directed.

I felt that the practical value of the Act was convincingly demonstrated by the three following results of its administration: 1, the substitution of clean, intelligent women for the old, unfit midwives—which is gradually being accomplished; 2, the encouragement of a superior class of women to train as midwives; and 3, the ability of the authorities to control practicing midwives and limit their work to attendance upon normal cases—all of these factors in turn making for the ultimate object of the Act, that is, the welfare of the patients themselves.

The higher standards sought for the training and examination of midwives in England, through the provisions of the Midwives Act, have resulted in securing for the profession a higher class of women. These now include not only the well-educated and well-trained graduates of standardized midwifery schools, but also many nurses who recognize the value and importance of midwifery training and are willing to enter the service, now that it has been made a reputable calling.

It is not claimed that the Act operates, as yet, with uniform success in all parts of England and Wales, but in those districts where it has been possible to administer it efficiently there are splendid examples of what can be accomplished by means of its provisions. It is my privilege to bear personal testimony to this for I went to the bedsides of the patients themselves not only with the "nurse midwives," who are highly trained and efficient, but also with some of the older women who had been so helped by their inspectors that they were giving very acceptable care to their charges. And this meant not alone the conduct of labor, but care and instruction beginning as prenatal work and continued throughout the lying-in period. Since the whole matter has been given official recognition, one motive among midwives in England for desiring to render satisfactory service is the knowledge that it is to their interest financially to maintain as high a professional standard as possible. This practical inducement, coupled with the instinctive desire of women to help other women in childbirth, has evidently been of assistance in accomplishing the ultimate objects of the Act.

That the Act itself can be improved is frankly acknowledged by those who have helped to secure its passage and who are engaged in carrying out its provisions. They have told me that they desire to secure a longer course of training than the six months now given in the schools for midwives; and they also wish to have appointed on the Central Midwives Board a midwife in her representative capacity. These proposed amendments to the Act, which they are hoping to secure, would, in my judgment, add greatly to its efficiency.

A course of training covering four, five or even six months seems far too short to fit a wholly inexperienced woman to discharge the serious responsibilities which a midwife must assume. When the rules of the Central Midwives Board were adopted, however, and the minimum period of training was determined upon, this was done because it was feared that the requirement of a longer preparatory training might result in a shortage of midwives, particularly in the more sparsely populated rural districts. Such a shortage would naturally result from a sudden raising of the standards.

It is believed by some that the exclusion of unfit midwives from practice has not been carried on with desirable thoroughness. There is, however, much to be said on both sides of this question, for had some of the midwives now practising in rural and isolated communities been debarred from such practice, great hardship might have been imposed upon the poor women whom they assisted, however crudely. An indifferently poor midwife in such circumstances is immeasurably better than none at all. Moreover, to debar the midwives from practice might result in their practicing surreptitiously, whereas, if licensed, they would probably benefit from the inspections to which all midwives are subjected.

Difficulties have also arisen because the Act, in its present form, does not provide for the payment of physicians whom the law requires the midwife to summon in all abnormal or complicated cases. These difficulties have, however, been obviated in part by the National Insurance Act of 1911, which provides for such payment.

Mr. Duncan writes as follows in this connection: "Under an Order made by the Insurance Commissioners, a doctor called in on the advice of a midwife, under the Rules of the Central Midwives Board, is entitled to a fee of 15s. ($3.75) for attending the mother in an emergency at any time before or within twelve hours after the end of labour.

"For attending the mother in an emergency at any subsequent time he is entitled to a fee of 5s. ($1.25). For attending the child in an emergency between the hours of 8 p. m. and 8 a. m., when summoned between these hours, he is entitled to a fee of 5s. and in any other cases to a fee of 2s. 6d. (63 cents)."

With some modifications, it would seem that the general system for midwife control in England might be applicable for adoption in this country, notwithstanding the many different conditions here. We can, of course, have no federal law here, as in England, covering the entire country, for, with us, each State enacts its own health laws. Our problem is also of greater magnitude, and of greater complexity, chiefly owing to the large number of foreigners of different nationalities in this country, who have brought with them their customs and often their superstitions; owing also to the character of the population—of whites and blacks—in the different States.

But there are midwives in all of them, and for these women there should be training, licensure, and control in all of the States.

What has already been accomplished in England, and the promise of further achievement there should inspire us American workers with the determination to go and do likewise, should encourage us to take up and solve the problem which confronts us—the problem of the untrained, unlicensed, unsupervised midwife.

And lest, at any time, the importance of the work should be doubted, let us stop for one moment and try to realize what fitness or unfitness in a midwife may mean. It may mean—it does mean—life or death, seeing or blindness, health or invalidism, physical well-being or life-long misery, for untold numbers of mothers and children in this country.

APPENDICES

APPENDIX A

Summary of State Laws and County and City Acts and Ordinances relating to the Practice of Midwives in the United States

Collected December, 1913

This does not include laws requiring physicians and midwives to report births, deaths and babies' sore eyes

SUMMARY OF STATE LAWS RELATING TO THE TRAINING, LICENSURE AND CONTROL OF MIDWIVES IN THE UNITED STATES

Midwife Laws in States of	*Training*	*Examination and Licensure*	*Registration*	*Midwives already practising*	*Rules of Practice and Supervision*	*Violations and Penalties*
Colorado. Mills Anno. Stat. Rev. Ed. 1912, p. 210, S451			With local registrar of vital statistics			
Connecticut. Pub. Acts, 1913, C189		Both, by State Board of Examiners of Midwives appointed by State Board of Health	With State Board of Health			$100 fine or 6 mos. imprisonment or both for violation of act. Revocation of license if convicted of felony, unprofessional conduct, etc.
Dist. of Columbia. Acts of Congress, 1896, C313, S9	Attendance at 5 cases of birth	Both, by Board of Medical Supervisers		Licensed without examination		
Illinois. Jones & Addington's Stat. Anno. 1913, Vol. II, S. 3529–30; Vol. IV, S. 7378, 7382, 7385–7; Vol. VI, S. 10586		Both, by State Board of Health	With county clerk		Normal cases only. Must not use drugs or medicine. report babies' sore eyes and use prophylactic at births No supervision	$100 for practising medicine. Second offence $200. Certificate refused if convicted of practice of abortion. Fine of $100 or 6 mos. imprisonment or both for not reporting babies' sore eyes.
Indiana. Burns' Anno. Stat. Rev. of 1908, Vol. III, S. 8407; Laws 1911, C 129, S2, 3	Either training in recognized school or.....	Examination by Bd. of Med. Registration and Exam. Licensure by same Board	With county clerk	Must be licensed and must have been practising within 10 years of passage of Act (1899)		
Iowa. Anno. Code 1897, p. 894, S. 2579		Licensed only, by State Bd. of Medical Examiners (physicians and secretary of the State Bd. of Health)				
Kansas. Laws 1911, C 296, S 11			With local registrar of vital statistics	Must register		
Louisiana. Acts 1912, No. 16, pp. 22–24		Both, by State Bd. of Medical Examiners	With local Bd. of Health in Parish of Orleans; elsewhere with Clerk of District Court	Must register		Practising without license $50 to $100 fine or imprisonment 10 to 90 days or both
Maryland. Laws 1912, C 94, pp. 192–6	Attendance at 5 cases of birth	Examination by State Bd. of Health. Licensed also by clerk of local Circuit Court	With local registrar of vital statistics	Must be licensed and registered	Attend only normal cases and call physician for abnormalities and for babies' sore eyes. Must not use instruments. Display signs No supervision	Fine $5 to $10, 3d offence forfeiture of license—for violation of Act and for abortion
Minnesota.* Gen. Stat. 1913. S. 4982–92	Either training in recognized school or.....	Examination by State Bd. of Med. Examiners. License from same Bd., to be renewed annually			May not take patients in home without license No supervision	For infringement of law, fine of $10 or more, or 10 days' imprisonment Licenses refused or revoked for unprofessional or dishonorable conduct

* See p. 59

Missouri.* Revised Stat., 1909, Vol. 2, p. 2609–10, S8320–3		Both, by State Board of Health			Practice midwifery only. Report babies' sore eyes No supervision	Practice without license $10 to $50 or imprisonment 10 days to 2 mos.; for not reporting babies' sore eyes $10 to $100
Montana. Rev. Codes 1907, Vol. I, S1777			With local registrar of vital statistics			
Nevada. Rev. Laws 1912, Vol. I, S2967			With local health officer			
New Jersey. Comp. Stat. 1709–1910, Vol. III, p. 3333, IV	In school giving 2 years' course or foreign school of equal requirements	Both, by State Board of Medical Examiners	With county clerk	Need only to be licensed	Attend only normal cases and call physician for abnormalities, particularly babies' sore eyes No supervision	Practising without license fine $10 to $50 or imprisonment 10–30 days or both Licenses refused or revoked for unprofessional, criminal or dishonorable conduct or for failing to report births, to call physician, etc.
New York.* Laws 1913, Vol. II, C 559, S2-b; Vol. III, C 619, S385			With Registrar of Vital Statistics		Rules being formulated by State Dept. of Health	
North Carolina. Pell's Revisal 1908 Supp. Vol. III, S3445a					Must not practice if addicted to drugs or liquor. Must wash hands before touching patient No supervision	$5 to $10
Ohio. Gen. Code 1910, Vol. I, S222, 1286; Vol. III, S12787; Laws 1913, p. 440, S12695; p. 538–9,	In recognized training school	Both, by State Medical Board	With Local Registrar of Vital Statistics		Must not attend abnormal cases. Must not use instruments. Report babies' sore eyes No supervision	Practising without license $25–$100. Not reporting —fine $5–$100, imprisonment 30 days–6 mos., or both
Pennsylvania. Laws 1913, p. 144, No. 294		Licensed only by State Bur. of Med. Ed. and Licensure	With county prothonotary	Midwives licensed under Medical Act of 1911 may practice	Obey rules to be formulated by Bur. of Med. Ed. and Licensure No supervision	Practising without license misdemeanor; revocation of license for not obeying rules; license refused to person addicted to drugs or guilty of crime involving moral turpitude
Utah. Compiled Laws 1907, p. 678, S 1740, 2036 x 7; Laws 1911, C61		Both, by State Bd. Medical Examiners	With local registrar of vital statistics		Report babies' sore eyes	
Washington. Rem. & Bal. Code, pub. 1910, Vol. II, p. 761, S. 5437			With local registrar of vital statistics			
Wisconsin. Laws 1909, Part I, S1435f; Part II, C528, p. 718	In school connected with reputable hospital or sanitarium giving 12 mos. course	Both, by State Bd. of Medical Examiners	In cities of 1st class with local registrar of vital statistics with local Registrar of Deeds	Must be licensed and registered	Normal cases only. No instruments or drugs No supervision	Dishonorable, immoral or unprofessional conduct punishable Practising without license misdemeanor
Wyoming Comp. Stat. Anno. 1910, p. 741, S2879		Examined only, by Bd. of Medical Examiners				

* See p. 59.

MIDWIVES ARE ALLOWED BY LAW TO PRACTICE UNRESTRICTED IN THE FOLLOWING THIRTEEN STATES

ARIZONA, *Laws 1903, No. 59, S. 10 (f).*
ARKANSAS, *Kirby's Digest 1904, p. 1122, S. 5243.*
FLORIDA, *Gen. Stat. 1906, p. 506, S. 1171.*
GEORGIA, *Code 1911, Vol. I, p. 435, S. 1686; p. 439, S. 1696.*
IDAHO, *Rev. Code 1908, Vol. I, p. 621, S. 1353.*
KENTUCKY, *Carroll's Stat. 1909, 4th Ed., S. 2616.*
MAINE, *Rev. Stat. 1903, p. 240, S. 16.*
MISSISSIPPI, *Code 1906, p. 1033, S. 3690.*
NEW MEXICO, *Laws 1901, C. 18, S. 6.*
SOUTH CAROLINA, *Acts 1904, No. 292, S. 13.*
TENNESSEE,* *Shannon's Code Supp. 1897–1902, p. 632, S. 19.*
VERMONT, *Pub. Stat. 1906, p. 1044, S. 5372.*
WEST VIRGINIA, *Code Anno. Supp. 1909, p. 792, S. 4386.*

* See page 59.

THERE IS NO STATUTORY REQUIREMENT FOR THE TRAINING, LICENSURE OR CONTROL OF MIDWIVES IN THE FOLLOWING FOURTEEN STATES SO FAR AS IT HAS BEEN POSSIBLE TO ASCERTAIN

ALABAMA
CALIFORNIA*
DELAWARE
MASSACHUSETTS
MICHIGAN
NEBRASKA
NEW HAMPSHIRE
NORTH DAKOTA
OKLAHOMA
OREGON
RHODE ISLAND
SOUTH DAKOTA
TEXAS
VIRGINIA*

* See page 59.

*SUMMARY OF COUNTY AND CITY ACTS AND ORDINANCES RELATING TO THE TRAINING, LICENSURE AND CONTROL OF MIDWIVES

County	*Training*	*Examination and Licensure*	*Registration*	*Midwives Already Practising*	*Rules of Practice and Supervision*	*Violations and Penalties*
Chautauqua County, N. Y., Laws 1897, C90		Both, by Bd. of Examiners in Midwifery, appointed by County Judge	With County Clerk		Normal cases only. No instruments. Bd. of Examiners makes rules	Practising without license and violating law a misdemeanor. Revocation of license for sufficient cause
Erie County, N. Y., Laws 1885, C320; Laws 1897, C127		Both, by Bd. of Examiners in Midwifery, appointed by County Judge	With County Clerk		Normal cases only. No instruments. Bd. of Examiners makes rules	Practising without license and violating law a misdemeanor
Niagara County, N. Y., Laws 1895, C192		Both, by Bd. of Examiners in Midwifery, appointed by County Judge	With County Clerk		Normal cases only. No instruments. Bd. of Examiners makes rules	Practising without license and violating law a misdemeanor
Cities						
Los Angeles, Cal., City Ordinance adopted July 19, 1910		Both, by City Board of Health. Licensure for one year only				Licenses revoked for criminal practice
St. Paul., Minn., Compiled Ordinances 1901. S. 487			With local Dept. of Health		Give notice change of residence	
Kansas City, Mo., Charter & Ord. Anno. 1909, p. 734	Either in Training School, or certification by two physicians that she is competent to practice		With City Board of Health			
Buffalo, N. Y., City Ordinances, Cxxv, S76			With City Dept. of Health			
New York City, Laws 1907, C432	After Jan. 1, 1914, training in school recognized by Dept. of Health	Licensure only by Dept. of Health. Renewed annually	By Dept. of Health		Attend only normal cases; use silver nitrate; report babies' sore eyes; supervised by Dept. of Health	Licenses revoked for disobedience to rules
Syracuse, N. Y., Laws 1913, Vol. I, p. 398, C227		Both, by Bd. of Examiners in Midwifery, appointed by Mayor	With Clerk of the City		Conduct only normal cases. No instruments or artificial means to be used	
Rochester, N. Y., Laws 1895, C842		Both, by Bd. of Examiners in Midwifery, appointed by Mayor			Conduct only normal cases. No instruments or artificial means to be used	
Memphis, Tenn., City Ordinance adopted Aug. 9, 1910		Both, by City Dept. of Health. Licensure for one year				Practising without license, $5 to $50
Norfolk, Va., City Ordinance adopted July 24, 1912		Licensed by Health Commissioner	With Health Department		Give change of address within 10 days	
Richmond, Va., City Code 1910, C25, S94			With Health Department			

APPENDIX B

Midwives Act, 1902

[COPY]

Midwives Act, 1902.

[2 EDW. 7. CH. 17.]

ARRANGEMENT OF SECTIONS.

A.D. 1902.

Section.

[*Price* 1½*d.*]

CHAPTER 17.

A.D. 1902.

An Act to secure the better training of Midwives and to regulate their practice. [31st July 1902.]

BE it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

Certification.

1.—(1) From and after the first day of April one thousand nine hundred and five, any woman who not being certified under this Act shall take or use the name or title of midwife (either alone or in combination with any other word or words), or any name, title, addition, or description implying that she is certified under this Act, or is a person specially qualified to practice midwifery, or is recognised by law as a midwife, shall be liable on summary conviction to a fine not exceeding five pounds.

(2) From and after the first day of April one thousand nine hundred and ten, 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; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this section shall not apply to legally qualified medical practitioners, or to any one rendering assistance in a case of emergency.

(3) No woman shall be certified under this Act until she has complied with the rules and regulations to be laid down in pursuance of this Act.

(4) No woman certified under this Act shall employ an uncertified person as her substitute.

(5) The certificate under this Act shall not confer upon any woman any right or title to be registered under the Medical Acts or to assume any name, title, or designation implying that she is by law recognized as a medical practitioner, or that she is authorised to grant any medical certificate, or any certificate of death or of still-birth, or to undertake the charge of cases of abnormality or disease in connection with parturition.

Provision for existing midwives.

2. Any woman who, within two years from the date of this Act coming into operation, claims to be certified under this Act, shall be so certified provided she holds a certificate in midwifery from the Royal College of Physicians of Ireland, or from the Obstetrical Society of London, or the Coombe Lying-in Hospital and Guinness's Dispensary, or the Rotunda Hospital for the

Relief of the Poor Lying-in Women of Dublin, or such other certificate as may be approved by the Central Midwives Board, or produces evidence, satisfactory to the Board, that at the passing of this Act, she had been for at least one year in bona fide practice as a midwife, and that she bears a good character.

Constitution and duties of the Central Midwives Board.

3. On the passing of this Act the Lord President of the Council shall take steps to secure the formation of a Central Midwives Board, which shall consist of—

(1) Four registered medical practitioners, one to be appointed by the Royal College of Physicians of London, one by the Royal College of Surgeons of England, one by the Society of Apothecaries, and one by the Incorporated Midwives Institute; and

(2) Two persons (one of whom shall be a woman) to be appointed for terms of three years by the Lord President of the Council; and

(3) One person to be appointed for a term of three years by the Association of County Councils, one person to be appointed for a term of three years by the Queen Victoria's Jubilee Institute for Nurses, and one person to be appointed for a term of three years by the Royal British Nurses Association.

After two years from the commencement of this Act, the members appointed under subsection (1) shall retire, but shall be eligible for re-appointment annually. Any vacancy occurring by resignation or death shall be filled up in the case of a member appointed under subsections (1) and (3) by the body which appointed such person, and in the case of a member appointed under subsection (2) by the Lord President of the Council; members appointed under subsections (2) and (3) shall, on the termination of the period for which they have been appointed, be eligible for re-appointment for a like period.

The duties and powers of the Board shall be as follows:—

I. To frame rules—

(*a*) regulating their own proceedings;

(*b*) regulating the issue of certificates and the conditions of admission to the roll of midwives;

(*c*) regulating the course of training and the conduct of examinations, and the remuneration of the examiners;

(*d*) regulating the admission to the roll of women already in practice as midwives at the passing of this Act;

(*e*) regulating, supervising, and restricting within due limits the practice of midwives;

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(*f*) deciding the conditions under which midwives may be suspended from practice;

(*g*) defining the particulars required to be given in any notice under section ten of this Act;

II. To appoint examiners;

III. To decide upon the places where, and the times when, examinations shall be held;

IV. To publish annually a roll of midwives who have been duly certified under this Act;

V. To decide upon the removal from the roll of the name of any midwife for disobeying the rules and regulations from time to time laid down under this Act by the Central Midwives Board, or for other misconduct, and also to decide upon the restoration to the roll of the name of any midwife so removed;

VI. To issue and cancel certificates.

And generally to do any other act or duty which may be necessary for the due and proper carrying out of the provisions of this Act.

Rules framed under this section shall be valid only if approved by the Privy Council: and the Privy Council, before approving any such rules, shall take into consideration any representations which the General Medical Council may make with respect thereto.

Appeal from decision of Midwives Board.

4. Any woman thinking herself aggrieved by any decision of the Central Midwives Board removing her name from the roll of midwives may appeal therefrom to the High Court of Justice within three months after the notification of such decision to her; but no further appeal shall be allowed.

Fees and expenses.

5. There shall be payable by every woman presenting herself for examination or certificate such fee as the Central Midwives Board may, with the approval of the Privy Council, from time to time determine, such fee not to exceed the sum of one guinea. All such fees paid by midwives in practice at the passing of this Act and by candidates for examination shall be paid to the Central Midwives Board. The said Board shall devote such fees to the payment of expenses connected with the examination and certificate, and to the general expenses of the Board. The Board shall, as soon as practicable after the thirty-first day of December in each year, publish a financial statement made up to that date, and showing the receipts and expenditures, including liabilities of the Board during the year, which statement shall be certified as correct by an accountant who shall be a member either of the Institute of

Chartered Accountants or of the Incorporated Society of Accountants. The Board shall submit a copy of such statement to the Privy Council, and if the statement shows any balance against the Board and such balance is approved by the Privy Council, the Board may apportion such balance between the councils of the several counties and county boroughs in proportion to the number of midwives who have given notice during the year of their intention to practice in those areas respectively, and may recover from the councils the sum so apportioned.

Midwives roll.

6. There shall be a roll of midwives containing—

(1) The names of those midwives who have been certified under section two of this Act.

(2) The names of all other midwives who have been certified under this Act.

The entry on the roll shall in every case indicate the conditions in virtue of which the certificate was granted.

Appointment of secretary and supplemental provision as to certificate.

7. The Central Midwives Board shall, with the previous sanction of the Privy Council, appoint a secretary and such other officers as may be required, and every person so appointed shall be paid such salary as the Privy Council may approve, and shall be removable at the pleasure of the Board. The secretary shall be charged with the custody of the roll.

A copy of the roll of midwives purporting to be printed by the authority of the Board or to be signed by the secretary to the Board, shall be evidence in all courts that the women therein specified are certified under this Act; and the absence of the name of any woman from such copy shall be evidence, until the contrary be made to appear, that such woman is not certified under this Act: Provided always, that in the case of any woman whose name does not appear in such copy, a certificate under the hand of the secretary of the entry of the name of such woman on the roll shall be evidence that such woman is certified under this Act.

Local supervision of midwives.

8. Every council of a county or county borough throughout England and Wales shall, on the commencement of this Act, be the local supervising authority over midwives within the area of the said county or county borough. It shall be the duty of the local supervising authority—

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

(2) To investigate charges of malpractice, negligence, or misconduct, on

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the part of any midwife practising within their area, and should a prima facie case be established, to report the same to the Central Midwives Board.

(3) To suspend any midwife from practice, in accordance with the rules under this Act, if such suspension appears necessary in order to prevent the spread of infection.

(4) To report at once to the said Board the name of any midwife practising in their area convicted of an offence.

(5) During the month of January of each year to supply the secretary of the Central Midwives Board with the names and addresses of all midwives who, during the preceding year, have notified their intention to practice within their area, and to keep a current copy of the roll of midwives, accessible at all reasonable times for public inspection.

(6) To report at once to the Central Midwives Board the death of any midwife or any change in the name or address of any midwife in their area, so that the necessary alteration may be made in the roll.

(7) To give due notice of the effect of the Act, so far as practicable, to persons at present using the title of midwife.

The local supervising authority may delegate, with or without any restrictions or conditions as they may think fit, any powers or duties conferred or imposed upon them by or in pursuance of this Act, to a committee appointed by them, and consisting either wholly or partly of members of the council, and the provisions of subsections one and two of section eighty-two of the Local Government Act, 1888, shall apply to every committee appointed under this section and to every council appointing the same, and women shall be eligible to serve on any such committees.

Delegation of powers to district councils.

9. A county council may delegate, with or without any restrictions or conditions as they may think fit, any powers or duties conferred or imposed upon them by or in pursuance of this Act, to any district council within the area of the county, and the powers and duties so delegated may be exercised by a committee appointed by such district council and consisting either wholly or partly of members of the district council, and women shall be eligible to serve on any such committee. Any expenses incurred by a district council in the execution of any powers or duties so delegated shall, to an amount not exceeding such sum as may be prescribed by the county council, be repaid to such district council as a debt by the county council, and any excess above the sum so prescribed shall be borne by the district council as part of their ordinary expenses.

The provisions of this section shall apply to the administrative county of London in like manner as if each metropolitan borough were a county district and the borough council were the district council of that district.

Notification of practice.

10. Every woman certified under this Act shall, before holding herself out as a practising midwife or commencing to practice as a midwife in any area, give notice in writing of her intention so to do to the local supervising authority, or to the body to whom for the time being the powers and duties of the local supervising authority shall have been delegated under this Act, and shall give a like notice in the month of January in every year thereafter during which she continues to practise in such area.

Such notice shall be given to the local supervising authority of the area within which such woman usually resides or carries on her practice, and the like notice shall be given to every other local supervising authority or delegated body within whose area such woman at any time practices or acts as a midwife, within forty-eight hours at the latest after she commences so to practice or act.

Every such notice shall contain such particulars as may be required by the rules under this Act to secure the identification of the person giving it; and if any woman omits to give the said notices or any of them, or knowingly or wilfully makes or causes or procures any other person to make any false statement in any such notice she shall on summary conviction be liable to a fine not exceeding five pounds.

Penalty for obtaining a certificate by false representation.

11. Any woman who procures or attempts to procure a certificate under this Act by making or producing, or causing to be made or produced, any false and fraudulent declaration, certificate, or representation, either in writing or otherwise, shall be guilty of a misdemeanour, and shall on conviction thereof be liable to be imprisoned, with or without hard labour, for any term not exceeding twelve months.

Penalty for wilful falsification of the roll.

12. Any person wilfully making or causing to be made any falsification in any matter relating to the roll of midwives shall be guilty of a misdemeanour, and shall be liable to be imprisoned with or without hard labour for any term not exceeding twelve months.

Prosecution of offences.

13. Any offences under this Act punishable on summary conviction may be prosecuted by the local supervising authority.

The expenses of any such prosecution shall be defrayed by the council of the county or county borough in which the prosecution takes place.

Appeal.

14. Where any woman deems herself aggrieved by any determination of any court of summary jurisdiction under this Act, such woman may appeal therefrom to the court of quarter sessions.

Expenses of local supervising authority.

15. Any expenses under this Act payable by the council of a county or county borough shall be defrayed out of the county fund or out of the borough fund or borough rate, as the case may be.

Act not to apply to medical practitioners.

16. Nothing in this Act respecting midwives shall apply to legally qualified medical practitioners.

Extent of Act and action by English Branch Council.

17. This Act shall not extend to Scotland or Ireland.

The General Medical Council shall act by the English Branch Council which for all purposes of this Act shall occupy the place of the General Medical Council.

Definitions.

18. In this Act—

The term "midwife" means a woman who is certified under this Act unless the context otherwise requires.

"Central Midwives Board" means the Board constituted under this Act for the purpose of carrying out the provisions of this Act.

Short title and commencement.

19. This Act may be cited as the Midwives Act, 1902. It shall, except as otherwise provided by this Act, come into operation on the first day of April one thousand nine hundred and three.

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APPENDIX C

Rules

FRAMED BY THE CENTRAL MIDWIVES BOARD UNDER SECTION 3 I. OF THE MIDWIVES ACT, 1902 (2 EDW. 7. c. 17).

[COPY]

AT THE COUNCIL CHAMBER, WHITEHALL,

THE 21ST DAY OF JUNE, 1911.

BY THE LORDS OF HIS MAJESTY'S MOST HONOURABLE PRIVY COUNCIL.

WHEREAS it is provided by Section 3 of the Midwives Act, 1902, that Rules framed by the Central Midwives Board under the said Section shall be valid only if approved by the Privy Council, and that the Privy Council before approving any such Rules shall take into consideration any representations which the General Medical Council may make with respect thereto:

And whereas the said Central Midwives Board have submitted to the Privy Council for approval certain Rules framed by them under the said Section:

NOW, THEREFORE, their Lordships, having taken into consideration the said Rules, together with a representation of the General Medical Council with respect thereto, are pleased to approve the said Rules as set forth in the Schedule hereunto annexed for the period of five years commencing on the 1st day of July next.

ALMERIC FITZROY.

CENTRAL MIDWIVES BOARD.

Rules framed under Section 3 I. of the Midwives Act, 1902 (2 Edw. 7. c. 17).

A.—REGULATING THE PROCEEDINGS OF THE BOARD.

1. CHAIRMAN.—The Chairman shall be elected by ballot at the first ordinary meeting of the Board in the month of April in each year, and shall hold office until the first ordinary meeting in the month of April in the year following.

2. CASUAL VACANCIES.—Should the office of Chairman fall vacant during the year, it shall be filled by election at the next ordinary meeting of the Board, and the member so elected shall hold office for the remainder of the year for which his predecessor was elected.

3. MEETINGS.—The Board shall meet in each month, unless otherwise decided at a previous meeting, on a day to be fixed to suit the convenience of its members, and at such other times as may be necessary. The Chairman may at any time convene a meeting of the Board, and the Secretary shall convene a meeting if required to do so by any three members of the Board by writing under their hands.

4. NOTICE.—Not less than four days' notice of any meeting shall be given to each member of the Board, directed to such address as he or she may from time to time furnish to the Secretary.

5. QUORUM.—The quorum of the Board shall be four.

6. ORDER OF BUSINESS.—The order of business shall be as follows:—

(1) Minutes of the last meeting.
(2) Correspondence.
(3) Reports of Committees.
(4) Notices of motion.
(5) Business arising directly under the Act.
(6) Statement of Accounts.
(7) Bills and claims.
(8) Any other business.
(9) Date of next meeting.

Provided that the Board may at any meeting vary the order of business on the ground of urgency or convenience.

7. Absence of Chairman.—In the event of the Chairman not being present at any meeting of the Board, the Board shall elect a presiding Chairman for that meeting.

8. Agenda.—No business which is not upon the Agenda Paper shall be discussed at any meeting of the Board (except routine business) unless the Chairman shall declare such business to be of an urgent nature, and shall be supported by two-thirds of the members present and voting.

9. Voting.—Every question, the manner of voting on which is not otherwise specified in these rules, shall be decided on a show of hands by a majority of members present and voting, but any member may call for a division, in which case the names for and against shall be taken down in writing and entered on the Minutes. In the case of an equality of votes the presiding Chairman shall have a second or casting vote.

10. Motions.—Every motion or amendment shall be moved and seconded and shall be reduced to writing and handed to the Chairman (if so required by him), and shall be read, before it is further discussed or put to the meeting.

11. Notices of Motion.—Every notice of motion shall be in writing, signed by the member giving the notice, and shall be given or sent to the Secretary, who shall insert in the Agenda Paper of the next ordinary meeting of the Board all notices of motion which he may have received not less than one clear day prior to the day on which the Agenda Paper is sent out to members, in the order in which they have been received by him.

12. Rescinding of Resolution.—No resolution of the Board shall be altered or rescinded at a subsequent meeting except upon a notice of motion of which a copy has been sent out to members by the Secretary fourteen clear days before such meeting.

13. Committees.—There shall be the following Committees of the Board:—

(1) A Standing Committee consisting of the whole Board.
(2) A Penal Cases Committee.
(3) A Finance Committee.

The two latter Committees shall be appointed annually at the first ordinary meeting in the month of April, and shall hold office until their successors are appointed. Other Committees may be appointed for special purposes from time to time.

Every Committee appointed by the Board shall make a report of its proceedings to the Board, and the recommendations of every Committee shall, so far as practicable, be in the form of resolutions, to be considered by the Board; and the acts and proceedings of every Committee shall be submitted

to the Board for approval, unless the resolution of the Board appointing the Committee shall otherwise direct in respect of all or any of the matters referred to it.

14. REPORTS.—Every report from a Committee shall be submitted by the Chairman of the Committee (if present), who shall move that it be received by the Board, and on the motion being carried, the Chairman, or any other member of the Committee, may move to agree with the resolutions of the Committee, and such resolutions shall be considered *seriatim*. And the question that the report (if necessary, as amended) be now approved shall be put from the Chair, but no debate shall be allowed thereon.

15. BILLS AND CLAIMS.—All bills and claims shall be examined by the Secretary and laid by him before the Finance Committee, who shall report them to the Board, and such bills and claims as are allowed shall be initialed by the presiding Chairman.

16. CHEQUES.—All cheques for the payment of money shall be signed by two members of the Board, and countersigned by the Secretary.

17. FINANCIAL STATEMENT.—At every Monthly Meeting of the Board the Secretary shall present a statement in writing showing the receipts and expenditure of the Board for the current year up to the date of such Meeting, and showing the existing balance, if any, to the credit of the Board.

18. DECISION OF CHAIRMAN.—The presiding Chairman shall decide upon any point of order or procedure, and his decision shall be final.

B.—REGULATING THE ISSUE OF CERTIFICATES AND THE CONDITIONS OF ADMISSION TO THE ROLL OF MIDWIVES.

1. Candidates must satisfy the Central Midwives Board that they have reached a sufficient standard of general education, and submit the following documents, duly filled in and signed:—

(*a*) A certificate of birth, or of baptism, or a statutory declaration made by a competent person, showing that the candidate is not under twenty-one years of age, and, where the candidate has been married, the certificate of marriage also;

(*b*) Certificates to the effect that the candidate has undergone the training set forth in *C* 1 (1) (2) and (3);

(*c*) A certificate of good moral character. This certificate must be in the form prescribed by the Central Midwives Board, and must be signed by two persons of position acceptable to the Board. Each person signing must state in the certificate that he or she has known the candidate for at least twelve months, and must append to his or her signature a statement of his or her calling or position and postal address. (Schedule, Form I.)

2. Candidates must pass an examination as hereinafter set forth. (See *C below.*)

3. A candidate who has complied with the above requirements and has successfully passed the examination shall receive a certificate in the form set out in the Schedule, and her name shall be entered by the Secretary on the Roll of Midwives. (Schedule, Form II.)

4. The names of all women admitted to the Roll of Midwives under Section 6 (1) and (2) of the Midwives Act shall be printed in one single list and in alphabetical order.

C.—REGULATING THE COURSE OF TRAINING AND THE CONDUCT OF EXAMINATIONS, AND THE REMUNERATION OF THE EXAMINERS.

1. No person shall be admitted to an examination unless she produces certificates that she has undergone the following course of training, viz.:—

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

(2) She must have, to the satisfaction of the person certifying, nursed twenty lying-in women and their infants during the ten days following labour. (Schedule, Form IV.)

The certificates as to (1) and (2) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed either

(*a*) by a registered medical practitioner approved by the Board for the purpose; or

(*b*) by the Chief Midwife, or, in the absence of such an officer, by the Matron of an institution recognized by the Board, being a Midwife certified under the Midwives Act; or

(*c*) in the case of a poor law institution, by the Matron, being a Midwife certified under the Midwives Act, or a Superintendent Nurse, certified in like manner and appointed under the Nursing in Workhouses Order 1897 and attached to such an institution; or

(*d*) by a Midwife certified under the Midwives Act and approved by the Board for the purpose.

(3) She must have attended a sufficient course of instruction in the subjects named below. (*See* Rule *C.* 4.)

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

The above Certificate (3) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed by a registered medical practitioner recognised by the Board as a teacher. (Schedule, Form V.)

2. Candidates who intend to present themselves for examination must send notice to the Secretary of the Central Midwives Board at least three weeks before the date fixed for the examination to commence, accompanied by the certificates mentioned in *B.* 1 and *C.* 1, and by the fee of one guinea, or, in the event of the candidate having presented herself on a former occasion and having failed to pass, the fee of fifteen shillings. In the event of a candidate being prevented by illness from attending or completing her examination after having paid the fee and having been accepted as eligible, she shall, subject to any special circumstances which, in the opinion of the Board, render her unfit, be admitted to a subsequent examination on payment of a fee of ten shillings and sixpence. In order to avail herself of this provision the candidate must produce a medical certificate satisfactory to the Board.

3. Any candidate who during the examination shows a want of acquaintance with the ordinary subjects of elementary education may be rejected on that ground alone. (See Schedule, Form V.)

4. The examination shall be partly oral and practical, and partly written, and shall embrace the following subjects:—

(*a*) The elementary anatomy of the female pelvis and generative organs.

(*b*) Pregnancy and its principal complications, including abortion.

(*c*) The symptoms, mechanism, course and management of natural labour.

(*d*) The signs that a labour is abnormal.

(*e*) Hæmorrhage: its varieties and the treatment of each.

(*f*) Antiseptics in Midwifery and the way to prepare and use them.

(*g*) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter, and the taking of the pulse.

(*h*) The management (including the feeding) of infants, and the signs of the diseases which may develop during the first ten days.

(*i*) The duties of the Midwife as described in the regulations.

(*j*) Obstetric emergencies, and how the Midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases, and of the mode of their administration. (See *E.* 18.)

(*k*) Puerperal fevers, their nature, causes and symptoms.

(*l*) Some knowledge of the local manifestations of venereal disease in its effects on the newly born.

(*m*) The disinfection of person, clothing, and appliances.

(*n*) The principles of hygiene as regards the home, food supply, and person.

(*o*) The care of children born apparently lifeless.

5. Due public notice shall be given of the examinations to be held under the Act.

6. The scale of remuneration of the examiners shall be such as may from time to time be recommended by the Central Midwives Board and approved by the Privy Council.

D.—RULES OF PROCEDURE ON THE REMOVAL OF A NAME FROM THE ROLL AND ON THE RESTORATION TO THE ROLL OF A NAME REMOVED.

Removal of a Name from the Roll.

In order to prevent any misapprehension on the subject it is desirable to point out that under the procedure laid down in Rule D, the prosecutor is "the Secretary, or other person appointed by the Board for the purpose" (Rule 6), and not the Local Supervising Authority which has reported the Midwife to the Board. The Medical Officer of Health or Inspector of Midwives in giving evidence appears therefore as a witness called by the Secretary as Prosecutor, and not as a Prosecutor laying an information before the Board.

1. When it is reported to, or otherwise brought to the attention of, the Central Midwives Board that a midwife has been convicted of a felony, misdemeanour, or offence, or has been guilty of wilfully disobeying the rules and regulations laid down under the Midwives Act 1902, or of other misconduct, the Secretary shall, when investigation by the Local Supervising Authority is required, forthwith communicate such report or information to the Local Supervising Authority of the area within which the midwife resides, or of that in which the felony, misdemeanour, offence, act of disobedience of the rules and regulations, or other misconduct is alleged to have been committed (as the case may be), and ask such Authority to investigate the matter, and to report whether or not, in their opinion, a *prima facie* case of malpractice, negligence, or misconduct has been established against the midwife. Any report by a Local Supervising Authority shall, as soon as may be after its receipt by the Secretary, be laid, with all other information relating to the case to which it refers, before the Penal Cases Committee, who shall report thereon to the Board, and upon such report the Board shall proceed to consider whether such a case has in their opinion been made out as to require an answer from the accused person.

2. If within a reasonable time after the making of a request for investigation of any case no report has been received from the Local Supervising Authority, the Committee shall report to the Board on the case without further delay, or after such special investigation by a Solicitor to be appointed by the Board as

they may think necessary. The Committee may, if they think fit, take the advice of the Solicitor at any time on a case before them, and may instruct the Solicitor to obtain proofs of evidence in support of the allegations against the accused person, either for consideration by the Committee, or to be laid before the Board with their report. The Committee may, if they think fit, before reporting on any case to the Board, ask the accused person for any explanation she may have to offer, and may consider such explanation and report thereon to the Board. If the Committee resolve that a case is one upon which proceedings ought to be commenced for the removal of a name from the Roll and the cancelling of a certificate, the Secretary shall direct the Solicitor to take all necessary steps for verifying the evidence to be submitted to the Board, and for obtaining the necessary documents and the attendance of witnesses. Any answer, evidence, or statement forwarded, or application made, by the accused person between the date of the issue of the notice hereunder mentioned and the day named for the hearing of the case by the Board shall be dealt with by the Secretary, in consultation with the Solicitor, in such manner as he may think fit, or may be referred by him to the Committee. All statements in the nature of evidence proposed to be relied on as part of the case against the accused person, except proofs of convictions verified by the officer of a duly constituted Court, which cannot be laid before the Board by oral evidence, shall be verified by statutory declaration. A copy of any such statutory declaration or certificate of conviction shall be supplied free of cost to the accused person before the day fixed for the meeting of the Board to deal with the case, or for the adjournment thereof.

Note.—A copy of any defence in writing by an accused midwife will be sent to the Local Supervising Authority before the hearing of the case if practicable.

3. If the Board decide that such case has been made out, proceedings for the removal of a name from the Roll or the cancelling of a certificate, shall be commenced by the issue of a notice in writing, addressed to the accused person by the Secretary, on behalf of the Central Midwives Board. Such notice shall specify the nature and particulars of the charge alleged against the accused person, and shall inform her of the day on which the Board intend to deal with the case and decide upon the said charge. The notice shall further require the accused person to forward her certificate and register of cases to the Secretary before the hearing of the case, to answer in writing the charges brought against her, and to attend before the Board on such day.

4. The notice, accompanied by a copy of these Rules, shall be sent by registered letter to the last-known address or the enrolled address of the accused person, and shall be so sent as to allow at least fourteen days between the day on which the notice is issued and the day appointed for the hearing of the case by the Board.

5. The case shall be heard at a special meeting of the Board, of which at least seven days' notice shall be sent by the Secretary to each member. The accused person may be represented or assisted by a friend, legal or otherwise. Provided that three clear days' notice of the intention of such legal representative to appear on behalf of the accused has been received by the Secretary.

6. At the hearing of the case the Secretary, or other person appointed by the Board for the purpose, shall first state to the Board the facts of the case and the charge alleged against the accused person, and shall then submit to the Board the evidence which he has received in support of the charge. The accused person, or her representative, shall be entitled to cross-examine any witness appearing against her on matters relevant to the charge.

7. When the evidence in support of the charge and a statement by or on behalf of the person making the charge are concluded, the accused person, or her representative, shall be invited by the Chairman to address the Board, and to tender evidence in answer to the charge.

8. If the accused person does not attend as required, either personally or by representative, the Board may proceed to hear and decide upon the charges in her absence.

9. Upon the conclusion of the whole case the Board shall deliberate thereon, and shall, after due consideration of all the relevant evidence on either side, whether oral or documentary, pronounce its decision either forthwith or at a subsequent meeting.

10. If the Board find the charges against the accused person to be proved either in whole or in part, and the offence cannot, in its opinion, be adequately dealt with by censure or caution, the Board may direct the Secretary to remove the name of the accused person from the Roll of Midwives and to cancel her certificate.

11. Notice in writing, by registered letter, of the removal of the name from the Roll and of the cancelling of the certificate shall be sent by the Secretary to the person found guilty of the offence, and to the Local Supervising Authority of the district within which she resides.

12. When in the course of proceedings for the removal of a Name from the Roll charges are made against a Local Supervising Authority or any of its officers, to which an answer may be reasonably expected, such an Authority may, with the consent of the Board, appear and be heard at the hearing of the case.

Restoration to the Roll of a Name Removed.

13. Application for restoration to the Roll shall be made in writing addressed to the Secretary of the Central Midwives Board, and signed by the applicant, stating the grounds on which application is made. In cases where the cancelled certificate has not already been returned to the Board, it must be sent in with the application, or a statutory declaration made of its previous loss or destruction.

14. The application must be accompanied by a statutory declaration made by the applicant, setting forth the facts of the case and stating that she is the person originally enrolled. The declaration shall be in the Form given in the Schedule. (Form VI.)

15. The statements in the application and declaration must also be supported by the certificate of the Local Supervising Authority of the district in which the applicant is resident, and by the certificates of at least two persons, being Justices of the Peace, Ministers of Religion, or registered Medical Practitioners, who were and are well acquainted with the applicant before and since the removal of her name. These certificates must each of them testify to the applicant's identity and present good character, and they shall be in the Form given in the Schedule. (Form VII.)

16. The application, when duly supported by the declaration and certificates as hereinbefore provided, shall be considered at a meeting of the Board, made special for the purpose, of which at least seven days' notice shall be sent by the Secretary to each member. The Board may adjourn the consideration to a future date, or require further evidence or explanations from the applicant.

17. After consideration of all the circumstances of the case, as submitted to them in accordance with the provisions of these Rules, the Board may, if they think fit, direct the Secretary to restore the name of the applicant to the Roll of Midwives, and to issue a new certificate to her, on payment of the fee of 10*s*.

18. A copy of these Rules and of the Forms prescribed in the Schedule shall be supplied by the Secretary to intending applicants on demand.

E.—REGULATING, SUPERVISING, AND RESTRICTING WITHIN DUE LIMITS THE PRACTICE OF MIDWIVES.

Directions to Midwives concerning their Person, Instruments, &c.; their Duties to Patient and Child; and their Obligations with regard to Disinfection, Medical Assistance, and Notification.

For explanation of medical terms see page 99.

Note.—When engaged to attend a labour the midwife should take an opportunity of visiting the patient in her own house to advise as to personal and general arrangements for the confinement.

1. The midwife must be scrupulously clean in every way, including her person, clothing, appliances, and house; she must keep her nails cut short, and preserve the skin of her hands as far as possible from cracks and abrasions.*

When attending to her patients she must wear a clean dress of washable material that can be boiled, such as linen, cotton, etc., and over it a clean washable apron or overall.

**Note.*—Unless the cleansing process be thoroughly carried out there will be, even after a healthy confinement, remains of blood, lochia, or liquor amnii on the fingers, and especially under the nails, which will there undergo decomposition, and so become dangerous to the next patient attended.

The sleeves of the dress must be made so that the midwife can tuck them up well above the elbows.

For list of appliances see Rule 2.

2. When called to a confinement a midwife must take with her in a bag or basket furnished with a removable lining which can be disinfected:—

(*a*) An appliance for giving vaginal injections, a different appliance for giving enemata, a catheter, a pair of scissors, a clinical thermometer, and a nail-brush.

The Local Supervising Authority may, in the case of untrained midwives, use its discretion with regard to insisting upon the carrying of a catheter and appliances for giving vaginal injections.

(*b*) An efficient antiseptic or efficient antiseptics for such purposes as

(1) Disinfecting the hands.
(2) Douching in special cases.
(3) Cleansing the infant's eyelids.

3. Before touching the generative organs or their neighbourhood the midwife must on each occasion disinfect her hands and forearms.

4. All instruments and other appliances must be disinfected, preferably by boiling, before being brought into contact with the patient's generative organs.

*5. Whenever a midwife has been in attendance, whether as a midwife or as a nurse, upon a patient, or in contact with a person, suffering from puerperal fevers or from any other condition supposed to be infectious, or is herself liable to be a source of infection, she must disinfect herself and all her instruments and other appliances, and must have her clothing thoroughly disinfected, to the satisfaction of the Local Supervising Authority, before going to any other maternity patient. (See Rule 17.)

Unless otherwise directed by the Local Supervising Authority, all washable clothing must be boiled, and other clothing must be sent to be disinfected by the Local Sanitary Authority.

Duties to Patient.

6. A midwife in charge of a case of labour must not leave the patient without giving an address by which she can be found without delay; and after the commencement of the Second Stage, she must stay with the woman until the expulsion of the placenta, and as long after as may be necessary. In cases where a doctor has been sent for on account of the labour being abnormal or of there being threatened danger (see Rule 19), she must await his arrival and faithfully carry out his instructions.

* See Rule 25.

7. The midwife must wash the patient's external parts with soap and water, and then swab them with an efficient antiseptic solution on the following occasions:

(*a*) Before making the first internal examination;

(*b*) After the termination of labour;

(*c*) During the lying-in period, when washing is required;

(*d*) Before passing a catheter.

For this purpose the midwife must on no account use ordinary sponges or flannels, but material which has been boiled or otherwise disinfected before use.

*8. No more internal examinations should be made than are absolutely necessary.

9. The midwife in charge must in all cases of labour examine the placenta and membranes before they are destroyed, and must satisfy herself that they are completely removed.

10. The midwife must remove soiled linen, blood, fæces, urine, and the placenta from the neighbourhood of the patient and from the lying-in room as soon as possible after the labour, and in every case before she leaves the patient's house.

†11. The midwife shall be responsible for the cleanliness, and shall give all necessary directions for securing the comfort and proper dieting, of the mother and child during the lying-in period, which shall be held, for the purpose of these regulations and in a normal case, to mean the time occupied by the labour and a period of ten days thereafter. (See Rule 20.)

Should the midwife for any reason continue her attendance after the tenth day the fact must be noted in her Register, with the explanation of the reason.

12. A case of normal labour in these regulations shall mean a labour in which there are none of the conditions specified in Rule 20 below.

13. The midwife shall take and record the pulse and temperature of the patient at each visit.

Duties to Child.

14. In the case of a child being born apparently dead, the midwife must carry out the methods of resuscitation which have been taught her.

15. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed. (See page 97.)

* This is a direction to practising midwives, and is not to be taken as relieving a pupil undergoing a course of training from any of the obligations entailed upon her by Rule C 1 (1).

† See Rule 25.

* 16. On the birth of a child which is in danger of death, the midwife shall inform one of the parents of the child's condition.

General.

17. No midwife shall (except under the circumstances hereinafter mentioned) undertake the duty of laying out the dead.

In no case must a midwife lay out the body of any patient on whom she has not been in attendance at the time of death, or a body upon which a post mortem examination has been made.

A midwife will not transgress this rule if,—

(*a*) She prepares for burial the body of a lying-in woman, a still-born child, or an infant dying within ten days; or if,—

(*b*) She lays out a dead body in a case of non-infectious illness, provided that she is not prohibited from doing so by any general rule of the Local Supervising Authority, and is not attending a midwifery case at the time.

After laying out a dead body for burial she must notify the Local Supervising Authority and undergo adequate cleansing and disinfection in accordance with Rule 5.

18. A midwife must note in her Register of Cases each occasion on which she is under the necessity of administering any drug other than a simple aperient, the dose, and the time and cause of its administration.

Conditions in which Medical Help must be sent for.

† 19. In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife must explain that the case is one in which the attendance of a registered medical practitioner is required, and must hand to the husband or the nearest relative or friend present the form of sending for medical help (see Rule 22 (*a*)), properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner. If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the emergency is over.

After having complied with the Rule as to the summoning of medical assistance, the midwife will not incur any legal liability by remaining on duty and doing her best for her patient.

* It is highly desirable that the midwife should see that every birth occurring in her practice is notified to the Local Supervising Authority within 48 hours, together with the name and address of the parent.

† See Rule 25.

* 20. The foregoing rule shall apply:—

(1) In all cases in which a woman during PREGNANCY, LABOUR, or LYING-IN appears to be dying or is dead.

PREGNANCY.

(2) In the case of a PREGNANT woman:

(*a*) If the patient is a dwarf or deformed;

(*b*) When there is loss of blood;

(*c*) When there is any abnormality or complication, such as—

Excessive sickness,

Puffiness of hands or face,

Fits or Convulsions.

Dangerous varicose veins,

Purulent discharge,

Sores of the genitals.

LABOUR.

(3) In the case of a woman in LABOUR at or near term, when there is any abnormality or complication, such as—

Fits or Convulsions.

A purulent discharge,

Sores of the genitals,

A malpresentation,

Presentation other than the uncomplicated head or breech,

Where no presentation can be made out,

Where there is excessive bleeding,

Where two hours after the birth of the child the placenta and membranes have not been completely expelled,

In cases of serious rupture of the perinæum, or of other injuries of the soft parts.

LYING-IN.

(4) In the case of a LYING-IN woman, when there is any abnormality or complication, such as—

Fits or Convulsions.

Abdominal swelling and tenderness,

Offensive lochia, if persistent,

* See Rule 25.

Rigor, with raised temperature,

Rise of temperature above **100·4° F.,** with quickening of the pulse for more than twenty-four hours,

Unusual swelling of the breasts with local tenderness or pain,

Secondary post-partum hæmorrhage,

White leg.

THE CHILD.

(5) In the case of the CHILD, when there is any abnormality or complication, such as—

Injuries received during birth,

Any malformation or deformity in a child that seems likely to live,

Dangerous feebleness,

Inflammation of, or discharge from, the eyes, however slight,

Serious skin eruptions.

Inflammation about the navel.

NOTIFICATION TO THE LOCAL SUPERVISING AUTHORITY.

21. (1) The midwife must, as soon as possible, send notice on the prescribed form to the Local Supervising Authority, in accordance with Rule 22, in the following cases:—

*(*a*) *Medical help.*—Whenever under Rule 19 the advice of a registered medical practitioner has been sought.

*(*b*) *Deaths.*—In all cases in which the death of the mother or of the child occurs before the attendance of a registered medical practitioner.

*(*c*) *Stillbirths.*—In all cases of stillbirth where a registered medical practitioner is not in attendance at the time of birth.

Note.—A child is deemed to be stillborn when after being completely born it has not breathed or shown any sign of life. (See Rule 14.)

*(*d*) *Laying out the dead.*—In all cases in which she has prepared, or assisted to prepare, a dead body for burial. (See Rule 17.)

(2) *Change of name or address.*—The midwife must immediately notify the Local Supervising Authority of any change of her name or address.

*22. For the purposes of the preceding rules the use of the following forms shall be compulsory:—

* See Rule 25.

(*a*) *Form of sending for Medical Help.*

No.....Date.....
This notice is sent on behalf of*.....
.....
Address.....
I have advised that medical assistance be obtained on account of.....
.....
.....
.....
Signed.....Certified Midwife.
†The case is urgent.

Sent to (*name of doctor*).....
at (*address*).....
Time of sending message.....

The midwife shall make two copies of the above, making with the original document three forms in all. The original she shall keep, the second she shall hand to the patient's representative in accordance with Rule 19, and the third she shall send to the Local Supervising Authority as soon as possible, but within 24 hours at the latest.

(*b*) *Form of Notification of Death.*

To the Local Supervising Authority of the Administrative County of
.....
or ‡the County Borough of.....
or ‡the Urban or Rural District of.....

I, the undersigned, being a Midwife holding the Certificate No.....
of the Central Midwives Board, hereby notify that the following death occurred in my practice on the.....day of.....
19....., before a registered medical practitioner was in attendance.

Name of Midwife.....
Address of Midwife.....
.....

Name of deceased.....
Address of deceased.....
Age of deceased.....
Date of Delivery.....

* Here fill in name of patient.
† If the case is not urgent cross this out.
‡ Strike out the words not applicable.

(*c*) *Form of Notification of Stillbirth.*

To the Local Supervising Authority of the *Administrative County of .....

or *the County Borough of.....

or *the Urban or Rural District of.....

I, the undersigned, being a Midwife holding the Certificate No..... of the Central Midwives Board, hereby notify that, on the.....day of..... 19....., living at.....

was delivered { *by me..... / *before my arrival (B.B.A.)..... }

of a still-born child, no registered medical practitioner being in attendance at the time of birth.

Sex.....

Full term or premature (No. of months).....

Condition of child (whether macerated or not).....

.....

Presentation.....

Name of Midwife.....

Address of Midwife.....

.....

(*d*) *Form of Notification of having Laid Out a Dead Body.*

To the Local Supervising Authority of the *Administrative County of .....

or *the County Borough of.....

or *the Urban or Rural District of .....

I, the undersigned, being a Midwife holding the Certificate No..... of the Central Midwives Board, hereby notify that, on the.....day of .....19 , I *prepared *or* *assisted to prepare a dead body for burial, the particulars in respect of which are as below:—

Name of Midwife.....

Address of Midwife.....

.....

Name of deceased.....

Address of deceased.....

.....

Age of deceased.....

Cause of death.....

* Strike out the words not applicable.

23. A midwife shall keep a Register of Cases in the following form:—

No.....

Date of expected confinement.....

Name and address of patient.....

.....

No. of previous labours and miscarriages.....

Age.....

Date and hour of Midwife's arrival.....

Date and hour of Child's birth.....

Presentation.....

Duration of 1st, 2nd, 3rd stage of labour.....

Complications (if any) during or after labour.....

.....

Sex of infant.....Born living or dead.....

Full time or premature—No. of months.....

If Doctor sent for.....Name of Doctor.....

Date of Midwife's last visit.....

Condition of Mother then (See Rule 11, above.).....

.....

Condition of Child then.....

Remarks*.....

.....

.....

.....

†24. The Local Supervising Authority shall make arrangements to secure a proper inspection of the Register of cases, bag of appliances, &c., of every midwife practising in the district of such Authority, and, when thought necessary, an inspection of her place of residence, and an investigation of her mode of practice. The Midwife shall give every reasonable facility for such inspection.

* If any drugs, other than a simple aperient, have been administered state here their nature and dose, the reason for giving them, and the stage of labour when given.

† See Rule 25.

25. The rules or parts of rules in this section (*E*) which are marked with an asterisk shall not apply to midwives exercising their calling under the supervision of a duly appointed medical officer within Hospitals approved by the Central Midwives Board.*

26. 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.

27. The proper designation of a certified midwife is "Certified Midwife," thus *e.g.*

Mary Smith,

Certified Midwife.

No abbreviation in the form of initial letters is permitted, nor any other description of the qualification.

Provided that a midwife whose name has been admitted to the Roll in virtue of having passed the Examination of the Central Midwives Board, or in virtue of a qualification under Section 2 of the Midwives Act, 1902, acquired by passing an Examination in Midwifery, may add the words "by examination" after the words Certified Midwife.

F.—DECIDING THE CONDITIONS UNDER WHICH MIDWIVES MAY BE SUSPENDED FROM PRACTICE.

1. In carrying out Section 8 (3) of the Midwives Act it shall be the duty of the Local Supervising Authority to suspend a midwife from practice when necessary for the purpose of preventing the spread of infection, whether she has contravened any of the rules laid down by the Central Midwives Board or not, and in the exercise of that duty the Local Supervising Authority shall, after communicating their decision in writing to the Midwife concerned, at once report any suspension (with the grounds thereof) to the Central Midwives Board.

2. The period of suspension under the foregoing rule shall not be longer than is required by the Midwife for the purpose of disinfecting herself, her clothing, and her appliances to the satisfaction of the Local Supervising Authority; and if the period is expected to or does in fact last for more than 24 hours, that Authority shall forthwith communicate to the Central Midwives Board the special circumstances in which the prolonged suspension arises, and the matter shall be subject to revision by that Board.

* These Rules are Nos. 5, 11, 19, 20, 21 (1), 22, and 23.

G.—DEFINING THE PARTICULARS REQUIRED TO BE GIVEN IN ANY NOTICE UNDER SECTION TEN OF THE ACT.

The particulars required to be given in any notice under Section 10 of the Midwives Act 1902 shall be as follows:—

(1) The number and date of the certificate granted by the Central Midwives Board to the person giving the notice.

(2) Her Christian name and surname in full, and if married since the grant of her certificate, the name under which it was granted to her.

(3) Her usual place of residence, and if she carries on her practice elsewhere, the address also where she practises.

(4) If she practises or acts as a midwife outside the area within which she usually resides or carries on her practice, the date and address at which she commenced to practice or pursue her calling without such area.

(5) The notice shall be in the prescribed Form. (Schedule, Form VIII.)

SCHEDULE.

Forms of Applications and Certificates required under the Rules.

APPENDIX OF FORMS.

FORM I.—*Certificate of Good Moral Character*

(See Section *B* 1 (*c*) above.)

I certify that I have been personally acquainted with..... for a period of.....years, and that she is trustworthy, sober, and of good moral character.

Dated this.....day of.....19.....

Name.....

Address.....

Position and authority for signing } .....

Signature of applicant.....

FORM II.—*Central Midwives Board.*

(2 Edw. 7. c. 17.)

No..... Date.....

We hereby certify that.....

.....having passed the Examination of the Central Midwives Board, and having otherwise complied with the rules and regulations laid down in pursuance of the Midwives Act, 1902, is entitled by law to practise as a midwife in accordance with the provisions of the said Act and subject to the said rules and regulations.

..... } Members
..... } of the Board.

.....Secretary.

---

*FORM III.—*Certificate of Attendance on Cases.*

(See Section *C* 1 (1) above.)

I certify that.....

(to whom this certificate refers) has, under my supervision, and to my satisfaction, attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient.

Dated this.....day of.....19.....

Name.....

Address.....

Position and authority for signing } .....

Signature of applicant.....

* This certificate may be signed by two, but not by more than two, qualified persons, each of whom must specify the number of cases for which he or she is responsible.

* FORM IV.—*Certificate of Attendance during the Lying-in Period.*

(See Section *C* 1 (2) above.)

I certify that.....
(to whom this certificate refers) has, under my supervision, and to my satisfaction, nursed twenty lying-in women and their infants during the ten days following labour.

Dated this.....day of.....19.....

Name.....

Address.....

Position and authority for signing }.....

Signature of applicant.....

FORM V.—*Certificate of having Attended a Course of Instruction.*

(See Section *C* 1 (3) above.)

I certify that.....
(to whom this certificate refers) has attended, to my satisfaction, a course of instruction in the subjects enumerated in Rule C 4, extending over a period of not less than three months, and consisting of not less than fifteen lectures, and has shown that she possesses sufficient elementary education to enable her to read and to take notes of cases.

Dated this.....day of.....19.....

Name.....

Address.....

Professional Qualifications.....

Position and authority for signing }.....

Signature of applicant.....

* This certificate may be signed by two, but not by more than two, qualified persons, each of whom must specify the number of cases for which he or she is responsible.

FORM VI.—*Statutory Declaration by Applicant for Restoration of Name to the Midwives Roll.*

(See Section *D* (13) above.)

(1) I, the undersigned [a].....

of [b].....

say on oath that the following are the facts of my case, and the grounds on which I seek the restoration of my name to the Midwives Roll.

(2) On the [c].....day of.....19.....my name was duly enrolled by virtue of the following qualification, namely

[d].....

(3) At an inquiry held on the [e].....day of.....19.....

The Central Midwives Board directed my name to be removed from the Midwives Roll and my certificate to be cancelled.

(4) The offence for which the Central Midwives Board directed the removal of my name and the cancelling of my certificate was [f].....

.....

(5) Since the removal of my name from the Roll I have been residing at [g]....

.....

and my occupation has been [h].....

(6) It is my intention if my name is restored to the Roll to practise as a Midwife at [i].....

.....

(7) The grounds of my application are [k].....

.....

(Signed).....

Declared at.....

on the.....day of.....19.....

Before me.....

A Commissioner of Oaths.

[a] Insert full name.

[b] Insert address.

[c] Date of Certificate granted by the Central Midwives Board.

[d] Qualification appearing on Certificate.

[e] Date of inquiry.

[f] Insert charge on which name was removed.

[g] Insert place of residence.

[h] Insert occupation.

[i] Insert proposed place of practice.

[k] All the facts and reasons in support of the application should be stated shortly and clearly.

FORM VII.—*Certificate in Support of Application for Restoration of Name to the Midwives Roll.*

(See Section *D* (14) above.)

I,.....

of.....

certify as follows:

(1) I am[a].....

(2) I have been and am well acquainted with the said..... both before and since her name was removed from the Midwives Roll.

(3) The said..... is the person whose name formerly stood in the Midwives Roll with the following address and qualifications:—

[b]Address.....

.....

Qualification.....

(4) The said..... is now trustworthy, sober, and of good moral character.

(5) I have read paragraphs (5) and (6) of the application, and the statements therein contained are to the best of my knowledge, information, and belief true.

Signature.....

Address.....

Position and authority for signing } .....

Date.....

[a] State whether Justice of the Peace, Minister of Religion, or registered Medical Practitioner, and give particulars of position.

[b] Insert address and qualification as formerly given in Midwives Roll.

FORM VIII.—*Midwives Act*, 1902, *Section* 10.

To the Local Supervising Authority of *the Administrative County of .....

**or* the County Borough of.....

**or* the Urban *or* Rural District of.....

I, *A.B.*.....

**(formerly)*.....

holding a certificate from the Central Midwives Board, No....., dated the.....of.....19....., hereby give you notice *(*a*) of my intention to practise as a Midwife within your area during the year commencing 1st January, 19.....

**or*, (*b*) that on the.....day of.....in this year, I acted as a Midwife at..... ....., within your area.

..... (Signed) *A.B.*

Residing at..... and pursuing my calling at.....

Dated this.....day of.....19 .....

* Strike out the words not applicable.

INFLAMMATION OF THE EYES IN NEWBORN CHILDREN.

OPHTHALMIA NEONATORUM.

This is a very common cause of **hopeless blindness,** which is one of the greatest misfortunes that can happen to a child. A very large number of children will be saved from blindness if the following directions of the Central Midwives Board are observed.

The disease generally arises from purulent discharges from the mother getting into the baby's eyes at birth.

It is therefore of the greatest importance that this should be prevented:—

1. By curing such discharges if possible before Labour. This requires medical treatment (Rule E. 20 (2) & (3)).
2. By taking the greatest care that such discharges shall not be carried into the baby's eyes when it opens them for the first time soon after its head is born.

The discharges may be carried into the baby's eyes in the following ways:—

(*a*) The discharges collect round its eyes, especially the eyelashes, and easily get into its eyes.

This can be generally prevented if the midwife observes Rule E. 15. "As soon as the child's head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed." They should be thoroughly wiped with clean material such as cotton-wool, lint, or rag, using separate pieces for each eye. The reason for this is that the piece used for wiping the first eye will be polluted by the discharges, and should not be used for the other eye.

(*b*) Newborn babies sometimes rub their eyes with their hands. This may rub the discharge into their eyes. When Rule E. 15 has been complied with the baby's hands must be carefully cleansed.

(*c*) When the baby is bathed the discharges with which its body is covered during Labour are washed off into the bath-water. If its face is washed in this water, matter may get into the eyes.

N.B.—**The above directions are to be observed in all cases, whether purulent discharges are known to be present or not.**

The Central Midwives Board is determined, so far as lies in its power, to secure the strict observance of its Rules and Directions, and to punish any failure to comply with them, even in cases where no harm can be proved to have followed from their neglect.

F. H. CHAMPNEYS, M.D., F.R.C.P.,
Chairman of the Central Midwives Board.

December 1909.

This leaflet was drawn up and issued at the request of the Board.

CANCER OF THE WOMB.

This disease is probably the greatest dread of women.

Unless treated early by removal it always ends in death.

At first it is only in the part attacked, and is not "in the System."

If removed early it can frequently be cured.

Every day, and even every minute, is of importance, and no time at all should be lost.

The earliest symptom is generally a red discharge which does not occur at the proper time for the monthly period. This may be quite slight.

If the womb bleeds on touch this generally means Cancer.

The discharge does not generally smell bad, nor is there pain, at first.

A bad-smelling discharge should always be attended to at once.

Any discharge, either red or offensive, in a woman in whom the monthly periods have ceased for some time **should be attended to at once.**

It is not true that "the Change of Life" is properly marked by floodings, or by irregular bleedings, or by special discharge of any kind.

It often happens that a woman who has floodings or irregular bleedings or marked discharge about the time of "the Change of Life" is told by her friends that it means no harm and is "only the Change of Life."

Instead of going to a doctor she does nothing until the disease is so far advanced that no operation will save her, and she throws away her life.

All women who have floodings, or irregular bleedings, or marked discharge of any kind (especially if offensive, but also even if not offensive) **should go at once to a properly qualified medical practitioner, and ask to be examined thoroughly.** If women did this many lives could be saved.

All women (such as nurses and midwives, but not only they) who are especially liable to be consulted on these matters, **should avoid expressing any opinion of their own,** but **should advise the enquirer to go at once to a properly qualified medical practitioner and insist on being examined.**

F. H. CHAMPNEYS, M.D., F.R.C.P.,
Chairman of the Central Midwives Board.

June, 1908.

This leaflet was drawn up and issued at the request of the Board.

AN EXPLANATION OF SOME OF THE WORDS USED IN THE RULES.

ABNORMAL. Unnatural, unusual, unhealthy. (*See* NORMAL.)

ABNORMALITY. Unnatural, unusual, unhealthy condition.

ABORTION. Miscarriage.

ANTISEPTIC. That which is employed to remove or destroy the germs of blood-poisoning. (*See* DISINFECTANT.)

CATHETER. An instrument for drawing off the water.

DECOMPOSING. Rotting.

DECOMPOSITION. Changes producing rottenness and foulness.

DISINFECT. To remove or destroy the germs of blood-poisoning.

DISINFECTANT. That which is employed to remove or destroy the germs of blood-poisoning. (*See* ANTISEPTIC.)

DOUCHE. *See* VAGINAL INJECTION.

DOUCHE-NOZZLE. The part of the douche-tube which is passed into the front passage.

ENEMA. An injection into the back passage or bowel. Also used to signify the instrument employed for giving such an injection.

ENEMATA. Injections into the back passage or bowels.

EXPELLED. Forced out.

GENERATIVE ORGANS. }
GENITALS. } Private parts.

HÆMORRHAGE. Bleeding, usually meaning excessive bleeding.

INTERNAL EXAMINATION. Examination by passing the finger into the front passage to feel the mouth of the womb, or the bag of membranes, or the child, or the afterbirth. An internal examination during labour is sometimes called "taking a pain."

LIQUOR AMNII. The "waters."

LOCHIA. The discharge from the front passage which occurs for ten days or so after labour.

MACERATED. Sodden, with or without skin peeling.

MAL-PRESENTATION. Unnatural presentation, a wrong part coming first.

MEMBRANES. The bag of waters.

MISCARRIAGE. *See* ABORTION.

NORMAL. Natural, usual, healthy. (*See* ABNORMAL.)

PELVIS. The ring of bone at the place where the legs are joined to the body forming the bony part of the passage through which the child passes.

PERINÆUM. The part between the front and back passages.

PLACENTA. Afterbirth.

PREMATURE. Before full time.

PRESENTATION. The part, either of child or afterbirth, felt on examination by the front passage.

PUERPERAL FEVERS. Puerperal sepsis; fevers in child-bed or lying-in; blood-poisoning.

PURULENT DISCHARGE. A discharge of pus, i.e., of matter.

PUS. Matter.

RESUSCITATION. Reviving (used here of a new-born child which seems dead).

RIGOR. Severe shivering fit.

SECONDARY POST-PARTUM HÆMORRHAGE. Late flooding.

SEPTIC. Connected with blood-poisoning.

STAGES OF LABOUR:

First. From beginning of labour to beginning of "bearing-down" pains.

Second. From beginning of "bearing-down" pains till birth of child.

Third. From birth of child to delivery of afterbirth.

STILL-BIRTH. Birth of a dead child.

UNCOMPLICATED HEAD OR BREECH PRESENTATION. Straightforward head or breech cases.

UTERUS. Womb.

VAGINA. The front passage.

VAGINAL INJECTION. Injection into front passage. (*See* DOUCHE.)

VARICOSE VEINS. Knotted and swollen veins.

APPENDIX D

Blank Forms and Specimens of Records Used in the Administration of the Midwives Act

No. 1

QUESTIONS ADDRESSED TO HOSPITALS, LYING-IN HOMES, ETC., DESIRING TO BE REGISTERED BY THE CENTRAL MIDWIVES BOARD AS SCHOOLS FOR MIDWIVES UNDER SECTION C I OF THE RULES.

Central Midwives Board,

CAXTON HOUSE, WESTMINSTER, LONDON, S.W.

QUESTIONS.	ANSWERS.
1. Name of Institution	1.
2. Postal Address	2.
3. Is there a Visiting Medical Staff? .... If so, how often do its members visit the patients?	3.
4. Is there a Resident Medical Staff? Of what members does it consist?	4.
5. Number of beds ordinarily in use for lying-in cases.	5.
6. Number of deliveries last year ..... (*a*) Intern. .... (*b*) Extern. .... By whom are these deliveries respectively attended?	6.
7. What system is pursued in cases of emergency requiring additional medical assistance?	7.
8. Number during each of the last five years of mortality cases. (*a*) Maternal .... (*b*) Infantile	8.
9. Number during each of the last five years of the cases of (*a*) Puerperal sepsis .... (*b*) Ophthalmia	9.
10. When septic cases occur where are they nursed?	10.
11. (*a*) How are the maternity wards separated from others? (*b*) Do pupil midwives nurse in the general wards while taking midwifery cases? (*c*) If so, what precautions are taken against sepsis?	11.

[P.T.O.

12. Average number of cases conducted by each pupil midwife. **NOTE.—Although a case of labour may be used for the instruction of more than one pupil, the case can only be counted to the credit of the one pupil to whom the actual delivery is entrusted.**	12. _____
13. Average number of lectures given	13. _____
14. Who is the lecturer? .... What experience has he had in (*a*) Teaching .... (*b*) Practical work	14. _____ _____ _____ _____
15. Number of pupil midwives trained last year. What is the duration of their training?	15. _____ _____
16. If the application is granted, will you undertake to conform to such requirements of Section E of the Rules as the Central Midwives Board may consider applicable to your institution, including the recording of the pupils' cases, under the personal supervision of the Medical Officer, in the form authorised by that Board?	16. _____

A copy of the Rules under which your pupils work, and a copy of the syllabus of your lectures should accompany this application.

Dated this *day of* 19

Name _____

Position and authority for signing _____

_____

No. 2

Central Midwives Board,

CAXTON HOUSE, WESTMINSTER, LONDON, S.W.

Questions to be addressed to Registered Medical Practitioners who apply to be recognised by the Board as Teachers under Section C. 1 of the Rules.

QUESTIONS.	ANSWERS.
1. Name	1.
2. Postal Address	2.
3. Registered Qualifications (date of first)	3.
4. Have you held any appointment to a Lying-in Institution or Maternity Charity? If so state particulars.	4.
5. Have you examined in Midwifery for any Examining Board? If so state particulars.	5.
6. What appointments do you hold bearing on the subject?	6.
7. Are you a lecturer on Midwifery to any Institution where Pupil Midwives or Students of Medicine are instructed? If so state particulars. What is the average number of your class?	7.
8. If not at present a teacher, what prospects have you of forming a class?	8.
9. Do you at present practise Midwifery?	9.
10. What Apparatus (pelvis, manikin, fœtal skull, diagrams, &c.) for purposes of demonstration do you possess?	10.

[P.T.O.

Signature _____

Date _____

No. 3

Central Midwives Board,

CAXTON HOUSE, WESTMINSTER, LONDON, S. W.

Questions to be addressed to Certified Midwives who apply to be approved by the Board for the purpose of signing Forms III. and IV. under Section C. 1 of the Rules.

QUESTIONS.	ANSWERS.
1. Name	1.
2. Postal Address	2.
3. Date of enrolment as a Midwife.	3.
4. If under Section 2 of the Act state qualification, and date of qualifying certificate, if any.	4.
5. What is the character of your practice?	5.
6. What is the average number per annum of your cases?	6.
7. Do you hold any appointments? If so state particulars.	7.
8. Have you held any appointments? If so state particulars.	8.
9. Number of pupils you take at one time.	9.
10. Under what supervision do your pupils work?	10.
11. Where and from whom would your pupils get their theoretical instruction?	11.
12. (*a*) Are you a Trained Nurse?	12. (*a*)
(*b*) Where did you get your Midwifery Training?	(*b*)

I undertake to keep my Register of Cases so as to show in the last column the name of the pupil attending each case, and whether delivering or nursing, each entry to be signed by me, and the Register to be open to inspection at all times by an officer of the Board.

*Signature*_____

*Date*_____

N.B.—A certificate must accompany this application, signed by (*a*) one of the chief officials of an Institution under which you work, or (*b*) by a Registered Medical Practitioner, and by some other person of approved position acceptable to the Board to the effect that you are a fit and proper person to undertake the charge of pupil midwives.

No. 4

Central Midwives Board.

EXAMINATION SCHEDULE.

☞ This Schedule, completely filled up, and accompanied by the fee of one guinea, must be received by the Secretary of the Central Midwives Board, Caxton House, Westminster, London, S.W., at least three weeks before the date of the commencement of the examination.

No Schedule will be accepted unless the Candidate sends at the same time a Certificate of Birth, or of Baptism, or a Statutory Declaration, showing that she is not under 21 years of age, and where she has been married, the Marriage Certificate also.

DATES OF EXAMINATIONS.

LONDON	Aug. 3, 1910. Oct. 24, 1910. Dec. 16, 1910.
BIRMINGHAM BRISTOL LEEDS MANCHESTER NEWCASTLE-ON-TYNE	Oct. 24, 1910.

Name in full _____

Age _____

Single, married, or widow _____

Address for all communications previous to the examination _____

Date of examination _____

EXAMINATION CENTRE		Insert London, Birmingham, Bristol, Leeds, Manchester, or Newcastle-on-Tyne.

CERTIFICATES OF GOOD MORAL CHARACTER.

*** These certificates will not be accepted unless signed by two persons of approved position, who have known the candidate for at least twelve months.

I certify that I have been personally acquainted with _____ (1) for a period of _____ years (2) for a period of _____ years, and that she is trustworthy, sober, and of good moral character.

(1) Dated this ____ day of _____ 19__
Name _____
Address _____
Position and authority for signing _____

(2) Dated this ____ day of _____ 19__
Name _____
Address _____
Position and authority for signing _____

N.B.—By Section 12 of the Midwives Act, 1902, any person wilfully making, or causing to be made, any falsification in any matter relating to the roll of midwives is guilty of a misdemeanour, and is liable to be imprisoned with or without hard labour for any term not exceeding twelve months.

This should be carefully read by candidates.

PARTICULARS OF EXAMINATION.

1. The Written Examination will be held between the hours of 2 and 5 p.m.

2. Candidates will receive due notice of the time and place of the Examination, and of the day and hour of their attendance for the Oral Examination.

3. The attention of Candidates is called to the following extracts from the Rules of the Board.

SECTION C.

1. No person shall be admitted to an examination unless she produces certificates that she has undergone the following course of training, viz.:—

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

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

The certificates as to (1) and (2) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed either by a registered medical practitioner or by the Chief Midwife, or, in the absence of such an officer, by the matron of an institution recognised by the Board, or, in the case of a poor law institution, by the matron, being a Midwife certified under the Midwives Act, or a superintendent nurse, certified in like manner and appointed under the Nursing in Workhouses Order 1897 and attached to such an institution, or by a Midwife certified under the Midwives Act and approved by the Board for the purpose.

(3) She must have attended a sufficient course of instruction in the subjects named below.

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

The above certificate (3) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed by a registered medical practitioner recognised by the Board as a teacher.

4. The subjects of examination are as follows:

(*a*) The elementary anatomy of the female pelvis and generative organs.

(*b*) Pregnancy and its principal complications, including abortion.

(*c*) The symptoms, mechanism, course and management of natural labour.

(*d*) The signs that a labour is abnormal.

(*e*) Hæmorrhage: its varieties and the treatment of each.

(*f*) Antiseptics in Midwifery and the way to prepare and use them.

(*g*) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter.

(*h*) The management (including the feeding) of infants, and the signs of the important diseases which may develop during the first ten days.

(*i*) The duties of the Midwife as described in the regulations.

(*j*) Obstetric emergencies, and how the Midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases, and of the mode of their administration. (*See E. 17.*)

(*k*) Puerperal fevers, their nature, causes, and symptoms.

(*l*) The disinfection of person, clothing, and appliances.

(*m*) The principles of hygiene as regards the home, food supply, and person.

(*n*) The care of children born apparently lifeless.

5. In the event of failure the fee on any subsequent occasion will be fifteen shillings.

G. W. DUNCAN,
Secretary.

CERTIFICATE OF ATTENDANCE ON CASES.

***** This Certificate must be filled up and signed by a Registered Medical Practitioner, *or* by the Chief Midwife, or, in the absence of such an officer, by the Matron of an Institution recognised by the Board, *or*, in the case of a Poor Law Institution, by the Matron *or* a Superintendent Nurse, being Certified Midwives, *or* by a Certified Midwife approved by the Board for the purpose.**

I certify that _____
(to whom this Certificate refers) has, under my supervision, and to my satisfaction, attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient.

Dated this _____ day of _____ 19____

Name _____

Address _____

Position and authority for signing _____

NOTE.—Although a case of labour may be used for the instruction of more than one pupil, the case can only be counted to the credit of the one pupil to whom the actual delivery is entrusted.

CERTIFICATE OF ATTENDANCE DURING THE LYING-IN PERIOD.

***** This Certificate must be filled up and signed by a Registered Medical Practitioner, *or* by the Chief Midwife, *or* in the absence of such an officer by the Matron of an Institution recognised by the Board, *or* in the case of a Poor Law Institution by the Matron *or* a Superintendent Nurse, being Certified Midwives, *or* by a Certified Midwife approved by the Board for the purpose.**

I certify that _____
(to whom this Certificate refers) has, under my supervision, and to my satisfaction, nursed twenty lying-in women during the ten days following labour.

Dated this _____ day of _____ 19____

Name _____

Address _____

Position and authority for signing _____

CERTIFICATE OF HAVING ATTENDED A COURSE OF INSTRUCTION.

***** This Certificate must be filled up and signed by a Registered Medical Practitioner recognised by the Board as a Teacher.**

I certify that _____
(to whom this Certificate refers) has attended, to my satisfaction, a course of instruction in the subjects enumerated in Rule C 4, extending over a period of not less than three months, and consisting of not less than fifteen lectures, and has shown that she possesses sufficient elementary education to enable her to read and to take notes of cases.

Dated this _____ day of _____ 19____

Name _____

Address _____

Professional Qualifications _____

Position and authority for signing _____

I declare that the above five Certificates are in all respects correct and true.

Signature of Candidate _____

N.B.—By Section 12 of the Midwives Act, 1902, any person wilfully making, or causing to be made, any falsification in any matter relating to the roll of midwives is guilty of a misdemeanour, and is liable to be imprisoned with or without hard labour for any term not exceeding twelve months.

No. 5

SPECIMEN OF QUESTIONS FOR WRITTEN EXAMINATION GIVEN BY THE CENTRAL MIDWIVES BOARD

Central Midwives Board.

EXAMINATION PAPER.

February 9, 1909. *From* 2–5 *p.m.*

Candidates are advised to answer all the questions.

1. What do you mean by the terms

Threatened abortion,
Inevitable abortion,
Incomplete abortion?

Having advised that medical assistance be sent for, how would you treat these conditions until the doctor arrives?

2. How would you ascertain the presentation and position of the child at the end of the first stage of labour? On what points would you rely in distinguishing between a first vertex and a first face presentation?

3. What are the important diameters of the fœtal skull at full term? Between what points are they measured?

4. Describe carefully your treatment of the cord and the umbilicus from the moment of the birth of the child until the tenth day. What complications may arise if proper precautions are not taken?

5. What do you understand by puerperal fever? Give a short description of its principal varieties and the precautions you would take to prevent them.

6. What are the Rules of the Central Midwives Board with reference to laying out the dead?

No. 6

FOLDER ISSUED BY ONE OF THE TRAINING SCHOOLS FOR MIDWIVES REGISTERED BY THE CENTRAL MIDWIVES BOARD

Queen Charlotte's Lying-in Hospital,

MARYLEBONE ROAD, N.W.

Founded 1752. Incorporated by Royal Charter, 1885.

REGULATIONS

FOR

PUPIL MIDWIVES & MONTHLY NURSES.

GENERAL REGULATIONS.

1. The Committee of Management receive a limited number of women of good character to be trained as Midwives and Monthly Nurses.

2. Candidates may be single, married, or widows; and must not be under 21, or over 45 years of age. They must fill up and sign the Form of Application attached hereto, and must produce a certificate of good moral character, a medical certificate of health, and a certificate of having been vaccinated within five years, or they must be re-vaccinated before entry. A Registration Fee of £1 must be sent with the application, which will be deducted from the Fee for the Course on entry, or be returned if the application is refused. In the event of a Candidate failing to fulfil her engagement, this Fee will be forfeited.

3. Prior to the application of a Pupil being considered by the Committee, she must have had an interview with the Matron, who will be required to certify that, to the best of her knowledge, the applicant is a suitable person to be trained.

4. Pupils will be under the authority of the Matron, and subject to the Rules of the Hospital. In cases of misconduct or neglect of duty they will be liable to be supended by the Matron; they will also be liable to be discharged by the Committee of Management or Visitors without notice, and to forfeit their fees.

5. Pupils must provide themselves with white washing dresses, caps, and aprons, and pay for their own washing. The caps and aprons must be of the Hospital uniform pattern. No Pupil shall enter the Wards except in a washing dress, and the uniform dress must always be worn while on duty.

6. Any complaint must be made in writing to the Matron. An appeal can be made to the Committee through the Secretary. Verbal complaints cannot be entertained.

In connection with the Hospital there is a Private Nursing Staff, which a certain number of Nurses, selected on completion of their training, are allowed to join.

PUPIL MIDWIVES.

The course of training for Pupil Midwives is specially adapted for those Candidates who wish to present themselves for the examinations for the Certificate of the Central Midwives Board and for those who wish to qualify for appointments as Midwives under the Local Government Board, and other similar appointments.

7. The fees, which are to be paid to the Secretary on entering, and which include board and lodging, but not washing, are as follows:—

Five months' Course - - - - £35

Nurses who hold a Certificate of three years' training from a recognised Training School (to be approved by the Committee), may enter under the same regulations for a course of four months' training in Midwifery and Monthly Nursing at the reduced fee of £25. They may also be permitted to wear the washing dresses worn by them at the Hospital where they received their training in General Nursing, subject to the approval of the Matron.

Pupil Midwives enter on the first Monday of each month.

8. The course of training comprises the following—

(*a*) Nursing in the Lying-in Wards under the superintendence of the Matron and Sisters.

(*b*) Conducting labours in the Labour Wards under the supervision and instruction of the Resident Medical Officers and Sister-Midwives.

(*c*) Attending labour cases in the homes of out-patients under the supervision of the Out-Patients' Midwives and of the Superintendent of the Out-Patient Department.

(*d*) Lectures and bedside instruction by the Physicians, the Resident Medical Officers, the Matron.

9. On the completion of the term of training, each Pupil will be examined, and, provided she proves herself competent to discharge the duties of a Midwife, will receive a Certificate; but such Certificate will not entitle her to undertake the medical treatment of cases, nor the management of complications in labour. It must distinctly be understood that a Pupil will not receive this Certificate if found unfitted for the duties of a Midwife at the end of the training.

10. Pupils who cannot pass the examination to obtain the Certificate in Midwifery granted by the Hospital at their first examination, may be allowed to present themselves for re-examination on a subsequent occasion, according to the discretion of the Examining Physicians. A special Fee for the additional training will be charged, according to the circumstances.

PUPIL MONTHLY NURSES.

11. The Fees which are to be paid to the Secretary on entering, and which include board and lodging, but not washing, are as follows:

Sixteen weeks' course - - - - £24.

Nurses who hold a Certificate of three years' training from a recognised Training School (to be approved by the Committee), may enter under the same regulations for a course of twelve weeks' training in Monthly Nursing at the reduced fee of £18. They may also be permitted to wear the washing dresses worn by them at the Hospital where they received their training in General Nursing, subject to the approval of the Matron.

Pupil Nurses enter on their training on Mondays.

12. The course of training comprises:—

(*a*) Nursing in the Lying-in Wards under the superintendence of the Matron and Sisters.

(*b*) Lectures by the Physicians and the Matron.

(*c*) Practical Instruction in Midwifery in the Labour Wards.

On the completion of the term of training each Pupil Nurse must undergo a short oral examination. Provided she proves herself competent to discharge the duties of a Monthly Nurse she will receive a Certificate; but it must distinctly be understood that a Nurse will not receive a Certificate if found unfitted for the duties of a Monthly Nurse at the end of her training.

* *Date of first vacancy for Pupil Midwife*_____

* *Date of first vacancy for Pupil Nurse*_____

It occasionally happens that vacancies occur unexpectedly and the Matron would be glad if applicants who would be prepared to accept an earlier vacancy at a few days' notice would mention this in sending in their forms of application. An early vacancy cannot be offered to a candidate until her application has been approved, and she has produced a certificate of re-vaccination.

THIS PART TO BE RETAINED BY THE APPLICANT.

FORM OF APPLICATION

To be filled in, in the Candidate's own handwriting, and forwarded to the Matron together with the Registration Fee of £1.

1. *Do you wish to be trained as a Pupil Midwife* (5 *months*), *or as a Pupil Nurse* (16 *weeks*) _____
2. *Name in full* ... ... _____
3. *Present Address* ... ... _____
4. *Permanent Address* ... ... _____
5. *Are you single, married, or a widow?* ... ... _____
6. *If married, state occupation of husband* ... ... _____
7. *Age last birthday, and place of birth* ... ... _____
8. *Address and occupation of parents* ... ... _____
9. *Of what religious denomination?* ... ... _____
10. *Your present employment?* ... ... _____
    How long at last situation? ... ... _____
11. *Previous Hospital Training, if any. State where trained, & length of training, with dates.* _____
    (*Certificates should be brought for the Matron's inspection at the interview*) ... ... _____
12. *Are you strong and healthy?* ... ... _____
13. *State nature of previous illness, if any* ... ... _____
14. *Can you read and write well* ... ... _____
15. *Do you clearly understand the Regulations on the other side hereof, and consent to abide by them as long as you are a Pupil of this Hospital?* . _____
16. *Will you undertake to abide by the Rules and Regulations of the Hospital, so long as you are a Pupil?* _____

Give the names and addresses of two referees (not relatives) as to character; one must be a lady; state how long each has known you.

1. *Name*_____ } *Has known*
   *Address*_____ } *me years.*
2. *Name*_____ } *Has known*
   *Address*_____ } *me years.*

*Signature of Candidate*_____

*Date*_____

MEDICAL CERTIFICATE (to be signed by the usual Medical Attendant).

*I have this*_____*day of*_____19____*examined*

_____

and hereby certify that she is in good health, that her sight and hearing are good, that she is not labouring under any physical defect or deformity, and that she is, in my opinion, fit to undertake the duties of Nurse.

*Signature*_____

*Address*_____

_____

VACCINATION CERTIFICATE.

*I hereby certify that I successfully re-vaccinated*_____

_____*on*_____*day of*_____19____

*Signature*_____

*Address*_____

_____

_____19

No. 7

OUTLINE OF LECTURES GIVEN BY A PRIVATE TEACHER REGISTERED BY THE CENTRAL MIDWIVES BOARD TO PREPARE MIDWIVES FOR THE EXAMINATIONS OF THE *CENTRAL MIDWIVES BOARD*

Subject Matter of Lectures

1. The Elementary Anatomy of the Female Pelvis.
2. " " " " " " " (continued).
3. " " " " " " " Generative Organs.
4. The Uncertain Signs and Symptoms of Pregnancy.
5. The Certain " " " " "
   —Palpation and Auscultation—
6. Pregnancy: Elementary Embryology, Ovulation and Menstruation.
7. Abortion.
8. Complications of Pregnancy other than Abortion.
9. Natural Labour—Symptoms and Course.
10. The Management of Natural Labour.
11. " Mechanism of Vertex Presentations.
12. " " " Breech "
13. " " " Face "
14. The Signs that Labour is Abnormal.
15. Accidental Hæmorrhage and Placenta Prævia.
16. Post-Partum Hæmorrhage.
17. The Poisonous Antiseptics used in Midwifery.
18. " Non-Poisonous Antiseptics used in Midwifery.
19. The Management of the Puerperal Patient.
20. " " (including the feeding) of Infants.
21. The Diseases and Complaints that may develop during the first ten days of the Infant's Life.
22. Obstetric Emergencies.
23. Puerperal Fever: Its Nature, Causes and Symptoms.
24. The Elements of House Sanitation and the Disinfection of the Person, Clothing and Appliances.

These Lectures were prepared by E. Stanley Hoare, D.P.H. (Lond.)
(Teacher of Midwifery, Belgrave Training School)
29 St. George's Square, London, S. W.

No. 8

FORM OF NOTICE SENT ANNUALLY BY LOCAL SUPERVISING AUTHORITY TO EACH MIDWIFE RESIDING IN THEIR AREA

STAFFORDSHIRE COUNTY COUNCIL.

MIDWIVES ACT, 1902.

NOTICE TO CERTIFICATED MIDWIVES.

If it be your intention to continue to practise as a midwife next year, you are required by Section 10 of the Midwives Act, 1902, to notify the fact to the Local Supervising Authority in the month of January.

Enclosed you will find a form which, if you intend to continue to practise as a midwife, should be filled in and signed by you, and posted to me, at the address given below, early in January, 1911.

(Signed) GEO. REID,

County Medical Officer of Health.

County Buildings, Stafford,

31st December, 1910

No. 9

FORM OF NOTICE SENT TO LOCAL SUPERVISING AUTHORITY BY A MIDWIFE WISHING TO PRACTISE IN THEIR AREA

CENTRAL MIDWIVES BOARD.

FORM VIII.

MIDWIVES ACT, 1902, SECTION 10.

To the Local Supervising Authority of the Administrative County of KENT.

I, *A.B.* _____

* (*formerly*) _____

holding a Certificate from the Central Midwives Board, No. _____,

dated the _____ of _____ 19——,

hereby give you notice of my intention to practise as a Midwife within your area during the year commencing 1st January, 19——,

_____ (Signed) *A.B.*

Residing at _____

and pursuing my calling at _____

Dated this _____ day of _____ 19——.

* Strike out if not applicable.

No. 10

Central Midwives Board.

FORM OF REQUEST FOR REMOVAL OF NAME FROM THE MIDWIVES ROLL.

I_____ of _____

_____, holding the Certificate No._____ of the Central Midwives Board, desire to retire from practice as a Midwife, and to resign my Certificate, on the ground of*_____

_____

_____

Accordingly I forward my Certificate herewith, and request the Board to remove my name from the Midwives Roll.

Witness_____ Signature_____

Address_____

_____

(To be witness by a Justice of the Peace, Minister of Religion, or Registered Medical Practitioner.)

Date_____

* Insert old age, ill health, inability to comply with the Rules, or other reason for incapacity to discharge the duties of a Midwife.

This form, when properly filled up, should be returned to the Secretary, Central Midwives Board, Caxton House, Westminster, S.W.

No. 11

PAGE FROM REGISTER OF CASES KEPT BY ALL MIDWIVES PRACTICING IN ENGLAND AND WALES AS REQUIRED BY THE CENTRAL MIDWIVES BOARD (½ SIZE)

No.	Date of expected Confinement.	Name and Address of Patient.	No. of previous Labours and Miscarriages.	Age.	Date and **hour** of Midwife's Arrival.	Date and **hour** of Child's Birth.	Presentation.	Duration of 1st, 2nd, 3rd Stage of Labour.	Complications (if any) during or after Labour.	Sex of Infant: Born Living or Dead.	Full time or Premature. No. of Months.	If Doctor sent for: Name of Doctor.	Date of Midwife's last Visit.	Condition of Mother then. See Rules, Rule 11,	Condition of Child then. Section E. p. 21]	REMARKS.*

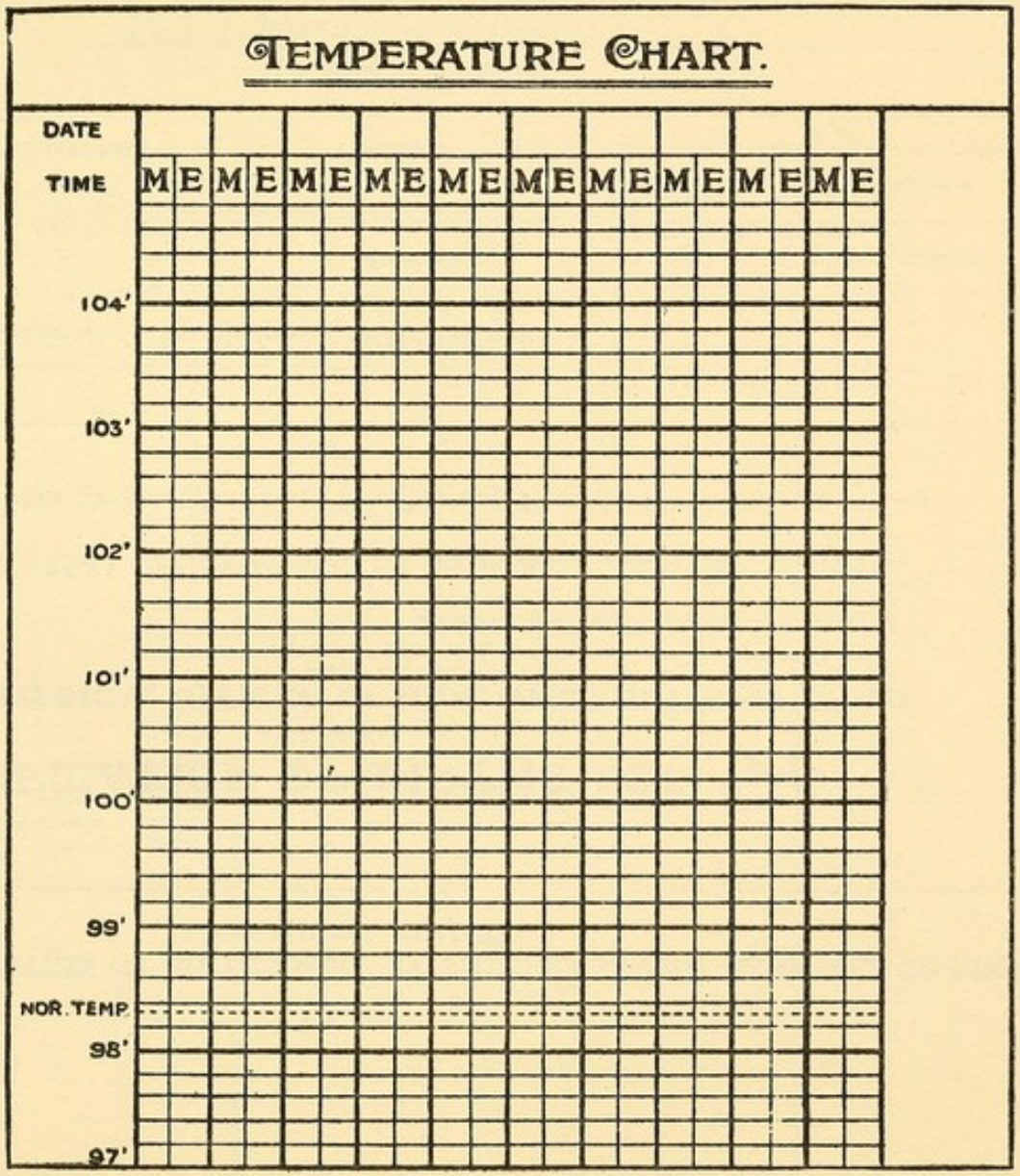
* If any drugs, other than a simple aperient, have been administered, state here their nature and dose, the reason for giving them, and the stage of labour when given.

No. 12

SPECIMEN OF TEMPERATURE CHART KEPT BY MIDWIVES IN SOME PARTS OF ENGLAND

Name .....

Address .....



REMARKS.

RESULT.

No. 13

POSTAL CARD NOTIFICATION OF BIRTHS SENT BY PHYSICIANS AND MIDWIVES TO LOCAL OFFICER OF HEALTH

NOTIFICATION OF BIRTHS ACT, 1907.

NOTICE TO MEDICAL OFFICER OF HEALTH OF BIRTH OF CHILD

*Date*_____*191*

*I HEREBY GIVE YOU NOTICE that on the*_____*day of*_____, *191*

*at or about the hour of*_____[*a.m.*] [*p.m.*], *Mrs.* _____

Insert full Address.

_____ *of* _____

Strike out the words which may be inapplicable.

_____

was delivered of a [*male*] [*female*] *child* [*stillborn*].

Strike out the word which is not applicable.

(***Signed***)_____

[***Medical Practitioner.***]
[***Midwife.***]

(***Address***) _____

C. K. & Co., Ltd.—(15010-1910)

No. 14

A SPECIMEN OF THE FORM FOR A PERMANENT RECORD OF OBSERVATIONS UPON EACH MIDWIFE'S WORK PRESERVED BY THE LOCAL SUPERVISING AUTHORITY, BASED UPON THE REPORTS OF THE INSPECTORS. THIS FORM VARIES WITH DIFFERENT LOCAL SUPERVISING AUTHORITIES AND IS KEPT IN ADDITION TO SPECIAL RECORDS FOLLOWING

(This form is used in Liverpool.)

Name of Midwife.....

ADDRESS.	Date of Visit.	Temperature Record Book.	Notification Forms.	Personal Cleanliness.	Bag		Condition of		REMARKS.
					Lining.	Appliances.	House.	Bedding.	

Year.	Age.	Years in Practice.	Number of Births.	Number of Still Births.	Self-supporting.	Doing other work.

MAIN POINTS INCLUDED IN ADDRESSES GIVEN BY AN INSPECTOR IN KENT COUNTY TO THE MIDWIVES UNDER HER SUPERVISION,

1.—Cleanliness is the first law of Midwifery.

2.—Always have a clean washable dress ready for your work.

3.—Always have your basket and outfit clean and completely equipped.

4.—Never leave basket and outfit at a patient's house.

5.—Never place basket or outfit in unsuitable places.

6.—Never expose basket or outfit to dust or contamination.

7.—Never use midwifery outfit for any other purpose.

8.—Remember to ask the necessary questions when engaged.

9.—There should be no delay when called to a case.

10.—Remember that you are responsible for the welfare of the expectant mother.

11.—Try and arrange with patients to have a plentiful supply of boiled water ready for you on your arrival.

12.—Whilst preparing the bed ask the necessary questions with regard to the patient's bowels, the time of commencement, frequency and severity of pains.

13.—Always remember the nailbrush drill.

14.—A Midwife should only assist nature in delivery by external abdominal pressure during the pains.

15.—Never pull on the cord or insert your hand into the vagina to bring away the afterbirth.

16.—Examine the afterbirth and membranes carefully in water to ascertain if they are complete.

17.—Carefully cleanse the child's eyes as soon as the head is born. Give special attention to the eyes during the ten days following birth.

18.—Wash the baby's mouth every day and advise the mother to cleanse her nipples before and after the child is put to the breast. This will prevent thrush.

19.—Remember that you are responsible for the cleanliness of the patient and her surroundings. Never leave these duties to an uncertified person.

20.—See that the pulse and temperature are satisfactory before you leave the patient.

21.—Visit the patient within twelve hours after the delivery to ascertain if patient has passed urine, if the loss is normal, and the pulse and temperature alright.

22.—Visit daily for ten days except in exceptional circumstances.

23.—Never give drugs or alcohol in any stage of labour without a doctor's advice.

24.—Disinfectants are not a remedy for uncleanliness.

25.—Disinfection to be satisfactory must be thorough.

26.—Keep your book of Medical Help notifications in your basket and do not delay sending for medical help when required by your rules. Do not forget to mark it urgent when necessary.

27.—Promptly forward all notifications to the County Medical Officer of Health, Maidstone.

28.—The Register of Cases should be written up daily.

No. 16

FORM OF SPECIAL RECORD KEPT BY L. S. A. UPON EVERY CASE OF OPHTHALMIA NEONATORUM OCCURRING IN A MIDWIFE'S PRACTICE

London County Council.

OPHTHALMIA NEONATORUM.

No. of Case

Name and address of midwife.....	
Name and address of mother	
Date of birth	
Suspected cause of disease	
Antiseptics used for eyes at birth	
Interval between birth and use of antiseptic	
Date of onset of symptoms	
Date of obtaining medical aid	
Whether attended by private practitioner or out- or in-patient of hospital, and which hospital.....	
One or both eyes affected	
Duration of disease	
Result	
Age of child at date of result.....	
Evidence of spread of infection	
Whether school children involved and which school	
Precautions used by midwife to prevent spread of infection.....	
Remarks	

No. 17

FORM OF SPECIAL RECORD KEPT BY LOCAL SUPERVISING AUTHORITY UPON EACH CASE OF PUERPERAL FEVER OCCURRING IN A MIDWIFE'S PRACTICE

PUERPERAL FEVER.

*No.*_____ Date and hour of birth_____

*Midwife*_____ *Name and age of patient*_____

*Address*_____ *Address*_____

RESULT_____ No. of pregnancy_____ Period of gestation_____

Child born alive or stillborn_____ Whether macerated_____

Character of labour_____

Persons in attendance on patient_____

Midwife summoned_____ Arrived_____

Vaginal examinations_____

Disinfection before and during labour_____

Condition of patient's home, particularly as to dirt_____

Douching, disinfection, apparatus_____

Stages of labour (duration of)_____

Condition of afterbirth_____

Condition of patient after delivery_____

COURSE OF TEMPERATURE.

	Day of confinement.	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH	11TH	12TH	13TH	14TH	
106°															
105°															
104°															
103°															
102°															
101°															
100°															
99°															
98°															
PULSE RATE															

Nature and date of onset_____

Date and time when medical help advised_____ Obtained_____

History of case

Date of midwife's last visit and condition of patient then _____

_____

Possible source of infection (*a*) from midwife _____

_____

(*b*) from elsewhere _____

_____

Condition of midwife's hands _____

Particulars as to midwife's dress _____

No. and condition of other patients, especially as to rise of temperature, both before and subsequent to this case }

Particulars as to disinfection, method and by whom carried out:—

Personal _____

Clothing _____

Apparatus _____

Date of notification _____ Date midwife ceased work _____

Date of disinfection _____ Date midwife allowed to resume work _____

Original diagnosis _____ Final diagnosis _____

_____ _____

Remarks

Blame (if any)

Dates of previous cases of puerperal fever and high temperatures.

Signed

Inspector under Midwives Act.

Date _____

No. 18

The pages following are a complete copy of an inspector's notes upon the work of two unsatisfactory "bonâ fide" midwives practising in her district, together with the letters of caution which these observations prompted the Local Supervising Authority to send to the offending midwives.

Case A The midwife's work improved under supervision.

Case B The midwife's work continued to be unsatisfactory and her name was dropped from the Roll. This legally disqualified her from further practice.

[*Case A*]

KENT COUNTY COUNCIL.

Inspection of Midwives.

Name Age Married. Widow. Single.

Address

Certificate No.

No. on Local Register

Qualification *Bonâ fide* *24 years' experience.*

Education *Fair.*

Extent and Character of present Practice *Working class patients, Fee 10s. 6d., 5s. extra for laundry work. 35 cases in 1908, 8 cases in 1909 up to date.*

Cleanliness: Home *F. clean.*

" Person *Rough & untidy.* Hands and Nails *Clean.* Dress *Washable.*

Outfit: Enema? *Yes.* Catheter? *Gum.*

Douche Apparatus? *Gum nozzle.* Scissors? *Pointed.*

Thermometer? *Yes.* Nailbrush? *Yes.*

Outfit not seen, left at a former patient's home, carried in a linen bag.

Antiseptics for { Hands? *Condy's Fluid. Cyllin.* / Douche / Lubricant? *Vaseline.*

Midwife told me that the former L. S. A. advised not to use enema, thermometer, and catheter.

Other Contents *Thread.*

Method of Keeping Outfit in readiness. ——

Suitability of Bag or Wallet for Disinfection *Cotton bag. Unsuitable.*

Case Book: Condition *Several cases not entered.* Inaccuracies

Omissions *Presentation.* Medical Help.

Notifications: Still Births

Puerperal or other Fever

Date of Visit *21.6.09.* Inspector (*Signed*) *A. A. Harrison.* (*Sd*) *W. J. H.*

Date of commencement of Case Book. January 14th, 1908.

No. of Cases.	Since Date.	Record of Puerperal Fever Cases.	Remarks and Notes *re* Verbal and Written Instructions.	Date of Inspection and Initials.
? 8	Jan: 1909.		Advised to provide a proper bag or basket for outfit, to use enema and thermometer, to enter all cases in the register on day of delivery and to keep home and person clean and tidy. (Sd) W. J. H.	21.6.09. (Sd) A. A. H.
			Away from home, monthly nursing.	9.11.09. (Sd) A. A. H.
15	21.6.09.		Enema, vag: nozzle, nail-brush, thread and Cyllin enclosed in washable cotton bag. Leather bag, lining dirty and fixed. Thermometer broken. Says her new scissors are at her last patient's. *Register*. Stages of labour, condition of p'ts and child, living or not, omitted. Dress, home and person satisfactory. Adv: lining of bag as shown in model basket, and explained entry of cases into register. (Sd) W. J. H.	21.2.10. (Sd) A. A. H.
4	21.2.10.		Has obtained new basket and calico to line it. Home clean. Person and hands dirty. Incomplete entry of cases. Adv: re-entry of cases and care of hands and person. Has suffered from septic finger for two months and is unable to practice at present. (Sd) W. J. H.	23.6.10. (Sd) A. A. H.

Name **No.**

No. of Cases.	Since Date.	Record of			Remarks and Notes *re* Verbal and written Instructions.	Date of Inspection and Initials.
		Puerperal Fever Cases.	Medical Help.	Still-birth.		
8	23.6.10				Home clean, person f. clean. Nails dirty.	
					Register:—3 cases incompletely entered, one attended 9.4.10 no particulars entered after "Presentation." Basket examined at Mrs. . . . . 's—a p't—contained nail-brush, Condy's Fluid and old scissors. Also notification forms, and register of cases. See special report on Mrs. . . . . Adv: to obtain new enema, and thermometer at once, and to enter cases into register completely. (Sd) W. J. H.	28.9.10. (Sd) A. A. H.
					Special letter 1.10.10.	
					No cases since last visited.	
					No thermometer or new scissors, enema upstairs in a cardboard box—perished.	
					Home and person very dirty and wearing dirty woollen dress and black lace shawl. Adv: to obtain thermometer at once, also to keep home and person clean. Mrs. . . . . said that she was suffering from headache or she would have "cleaned up."	4.11.10. (Sd) A. A. H.
					Second letter 11.11.10.	

Name **No.**

No. of Cases.	Since Date.	Record of			Remarks and Notes *re* Verbal and written Instructions.	Date of Inspection and Initials.
		Puerperal Fever Cases.	Medical Help.	Still-birth.		
5	4.11.10.				1 case not entered into the register. Basket and lining dirty, removed lining and burnt it during my visit. Scissors badly stained, last used on Feb.: 8th. Enema perished, has obtained 6½° glass bath thermometer, but no clinical one, also catheter, vaseline and Cyllin.	
					Person and dress cleaner. Bedroom and bedding and home very dirty. Incomplete entry of cases (Sd) W. J. H.	14.2.11. (Sd) A. A. H.
					(Note. Brought basket clean and outfit complete to Lecture at Dartford on February 20th, 1911.)	
					Visited 1 p. m. and 2.15 p. m. Away from home. (Sd) W. J. H.	25.4.11. (Sd) A. A. H.
9	14.2.11.		4.4.11. 22.3.11.		Home, person and dress satisfactory. Basket dirty, lining clean. Adv: to boil the basket.	
					Scissors old and rusty, adv: new ones, says that she usually uses the patient's own scissors, adv: not to do so again, to use her own always.	
					Explained use of thermometer. Thermometer broken last week. Adv: to buy new one. (Sd) W. J. H.	3.5.11. (Sd) A. A. H.

Name **No.**

No. of Cases.	Since Date.	Record of			Remarks and Notes *re* Verbal and written Instructions.	Date of Inspection and Initials.
		Puerperal Fever Cases.	Medical Help.	Still-birth.		
					Away at Bridgen. (Sd) W. J. H.	28.7.11. (Sd) A. A. H.
16	3.5.11.		27.6.11.		Person, dress and basket satisfactory. Scissors stained, adv: care. I accompanied Mrs. ..... on 3 visits to her patients. Results satisfactory, patients apparently kept clean and comfortable. Adv: to notify medical help for child. (Sd) W. J. H.	14.9.11. (Sd) A. A. H.

[Copy]

Kent County Council.

Mill Street Chambers,
Maidstone.
October 1st, 1910.

Dear Madam,

Miss has reported to me the circumstances of your attendance on Mrs. I have to inform you that it is of the greatest importance that the rules of the Central Midwives Board should be complied with in reference to sending for medical help and I hope that in the future you will duly observe your obligations in that respect.

I must further inform you that difficulties must not be placed in the way of the Inspectors of Midwives when carrying out their inspections, and I trust that no further complaints, such as Miss makes on this occasion, will be necessary.

Miss also reports that you have no thermometer, enema or syringe. It is necessary that you should provide yourself with the appliances specified in the rules without undue delay.

Yours faithfully,

(Signed)

[Copy]

Kent County Council.

Mill Street Chambers,
Maidstone.
November 11th, 1910.

Dear Madam,

Miss informs me that she paid another visit to your house on Friday last, November 4th, and she has again presented an unsatisfactory report with regard to the matters contained in my letter of October 1st. I have to inform you that I shall report the circumstances at the next meeting of the Local Supervising Authority unless a more favourable report is presented in the near future.

Yours faithfully,

(Signed) .....

[*Case B*]

KENT COUNTY COUNCIL.

Inspection of Midwives.

Name Age Married. Widow. Single.

Address

Certificate No.

No. on Local Register

Qualification *Bonâ fide.* *35 years' experience.*

Education *Fair.*

Extent and Character of present Practice *Labouring class patients. Fees 7s. 6d.–10s.—28 cases in 1908.*

Cleanliness: Home *Clean* *Hands rough and cracked.*

" Person *Clean.* Nails *long and dirty.* Dress *Black woollen.*

Outfit: Enema *Destroyed 18 mns. ago.* Catheter—

Douche Apparatus— Scissors—

Thermometer— Nailbrush *Used generally for scouring, etc.*

Former L. S. A. told Mrs. B. to get thermometer, scissors, new bag and enema, but she has not been able to afford them.

Antiseptics for { Hands *Condy's Fluid.* / Douche / Lubricant

Other Contents

Method of Keeping Outfit in readiness

Suitability of Bag or Wallet for Disinfection *Old, crushed leather bag, without lining.*

Case Book: Condition *2 cases not entered.* Inaccuracies

Omissions *Age of p't, stages of labour, presentation.* Medical Help *Not used.*

Notifications: Still Births *Not used.*

Puerperal or other Fever *1 in May 1909, and one formerly 18 mns. ago.*

Date of Visit *2.6.09.* Inspector (*Sd*) *A. A. Harrison.* (*Sd*) *W.J.H.*

Date of commencement of Case Book. February 6th, 1907.

No. of Cases.	Since Date.	Record of Puerperal Fever Cases.	Remarks and Notes *re* Verbal and Written Instructions.	Date of Inspection and Initials.
4	Jan: 1909.	May, 1909.	Explained the use of thermometer and enema. Adv: to procure a proper outfit, to constantly use nailbrush and thermometer, and to wear a washable dress, and to disinfect her person and dress. Adv: not to attend any cases until disinfection was complete, and I called again or Dr. Howarth wrote to her.	2.6.09. (Sd) A. A. H.
			Mrs. ..... has rewashed her dress with carbolic acid in the water. Has had two disinfecting baths including the hair. Mrs. ..... promised to buy washable dress and outfit as soon as possible.	11.6.09. (Sd) A. A. H.
			Disinfection approved by C. M. O. H. Gave verbal instructions to resume practice.	11.6.09. 14.6.09. (Sd) A. A. H.
			No cases since June. Will try and procure basket and outfit shortly. Attributes loss of practice to the newspaper reports of P. F. Inquest. (Sd) W. J. H.	28.10.09. (Sd) A. A. H.
			No cases or change in outfit.	19.1.10. (Sd) A. A. H.
			Promises to obtain dress and outfit. (Sd) W. J. H.	
1.	19.1.10		Case not entered in the register. 3 cases engaged. No outfit or washing dress. Home and person clean.	
			Letter 29.4.10. Rules E 2 and 22. (Sd) W. J. H.	26.4.10. (Sd) A. A. H.

Name **No.**

No. of Cases.	Since Date.	Record of			Remarks and Notes *re* Verbal and written Instructions.	Date of Inspection and Initials.
		Puerperal Fever Cases.	Medical Help.	Still-birth.		
3	26.4.10.			27.7.10.	Home and person clean, nails long. 1 case of still-birth not entered. Adv: to enter into register and to notify. Informed me that she had bought material for washing dress—now at dressmaker's—and that a Mrs. ....., a neighbour, had gone to London to attend at Guy's Hospital: and she was bringing her a basket and outfit from London. (Sd) W. J. H.	9.8.10. (Sd) A. A. H.
2	9.8.10.				No cases entered into the register. Washable dress pledged. No basket or outfit obtained. (Sd) W. J. H. Special letter 19.11.10	16.11.10. (Sd) A. A. H.
1	16.11.10				Has not obtained any outfit. Has not entered into her register the cases attended previously to my former visit, nor one attended on Sat. Feb. 4th 1911. Report to Committee. (Sd) W. J. H. No change in dress or outfit.	6.2.11. (Sd) A. A. H.
					Cases entered that were attended previously, no cases subsequently, owing to personal ill-health, gout.	3.5.11. (Sd) A. A. H.

Name No.

No. of Cases.	Since Date.	Record of			Remarks and Notes *re* Verbal and written Instructions.	Date of Inspection and Initials.
		Puerperal Fever Cases.	Medical Help.	Still-birth.		
					Visited to obtain voluntary resignation of Certificate. Informed me that she had paid for it, and would not return it; subsequently said that she would think it over and write to the C. M. B. (Sd) W. J. H. (This case was reported to the C. M. B. and her certificate cancelled on July 27th, 1911, by order of the C. M. B. Penal Committee, on account of persistent neglect of the Rules.)	12.6.11. (Sd) A. A. H.

[Copy]

Kent County Council.

Mill Street Chambers,
Maidstone.
April 29th, 1910.

Midwives Act, 1902.

Dear Madam,

On the 26th instant you were visited by Miss ..... a duly authorised inspector, appointed by the Local Supervising Authority of the Administrative County of Kent. Miss ..... informs me that in several respects you were not observing the rules of the Central Midwives Board viz.:—

Rule E 2. When called to a confinement a midwife must take with her in a bag or basket furnished with a washable lining:—(a) An appliance for giving vaginal injections, a different appliance for giving enemata, a catheter, a pair of scissors, a clinical thermometer, and a nail-brush.

Rule E 22. A midwife shall keep a Register of Cases in the prescribed form.

I am sure that you will give attention to the above matters, when I remind you that it is necessary for you to comply with every requirement of the Central Midwives Board.

Yours faithfully,

(Sd) .....

[Copy]

Kent County Council.

Mill Street Chambers,
Maidstone.
November 19th, 1910.

Dear Madam,

On April 29th, 1910, I wrote and informed you that you should provide yourself with the necessary outfit as is required by Rule E 2 of the Central Midwives Board.

Miss ..... again visited you on November 16th, and she reports that you were still unprovided with an outfit. I have to inform you that if you continue in default in this respect I shall be obliged to report the circumstances to the Local Supervising Authority.

Yours faithfully,

(Signed) .....

[Copy]

Kent County Council.

Mill Street Chambers,
Maidstone.
February 23rd, 1911.

Dear Madam,

On several occasions Miss ..... has paid you visits in her capacity of Inspector of Midwives. On each occasion she has had reason to complain that you were not complying with certain rules of the Central Midwives Board. In consequence of these adverse reports I wrote you on April 29th & November 19th, 1910. Miss ..... made another visit on February 6th, and reports that you have not obtained a bag or basket furnished with a washable lining, that you were not provided with the necessary outfit and that you were not keeping your register of cases in the prescribed form.

As I have on two previous occasions directed your attention to the necessity for complying with the rules of the Central Midwives Board it is my intention to report the circumstances to the Local Supervising Authority. The Committee will meet at the Sessions House, Maidstone, on Tuesday, May 2nd, 1911, at 11.30 a. m. and I have to inform you that if you desire to be present they will be prepared to give attention to any statement you may wish to make, or if you would prefer to forward a letter I will ensure that such communication is presented to the Committee at the same time as my report.

Yours faithfully,

(Signed) .....

PUBLICATIONS

OF THE

COMMITTEE FOR THE PREVENTION OF BLINDNESS

No. 1. **"The Prevention of Blindness."** *Tenth edition.*
Practical directions for the preservation of sight.
Eight page leaflet. December, 1908.

No. 2. **"Children Who Need Not Have Been Blind. Prevention a Public Duty."** *Fourth edition.*
Pamphlet of 26 pages, illustrated. December, 1908.

No. 3. **"Object of the Committee."**
Small folder. *Third edition.* March, 1909.

No. 4. **"Directions to Mothers, Midwives and Nurses for the Prevention of Ophthalmia Neonatorum (New-born Babies' Sore Eyes)."** *Fifth edition.*
A reprint of circular issued by the State Department of Health, in five languages. July, 1909.

No. 5. **First Annual Report of the Committee.** *Second edition.*
November 1, 1909.

No. 6. **"Loan Exhibits and Lantern Slides to Illustrate Popular Lectures."**
Sixteen page folder, illustrated. February, 1910.

No. 7. **Second Annual Report of the Committee.** *Second edition.*
November 1, 1910.

No. 8. **"Trachoma."** *Third edition.*
Six page illustrated leaflet, in English, Yiddish, German and Italian. April, 1911.

No. 9. **Third Annual Report of the Committee.** *Second edition.*
November 1, 1911.

No. 10. **Fourth Annual Report of the Committee.**
November 1, 1912.

No. 11. **"Wood Alcohol Causes Blindness."**
Four page illustrated folder, in English, Yiddish and Italian.
October, 1913.

No. 12. **Fifth Annual Report of the Committee.**
November 1, 1913.

No. 13. **"The Midwife in England."**
A report of 140 pages upon a Study in England of the Midwives Act of 1902. December, 1913.

These publications may be obtained from the office of the Committee, 130 East 22d Street, New York City.