

**Report of the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act, 1902.**

**Contributors**

Great Britain. Midwives Act Committee.  
London School of Hygiene and Tropical Medicine

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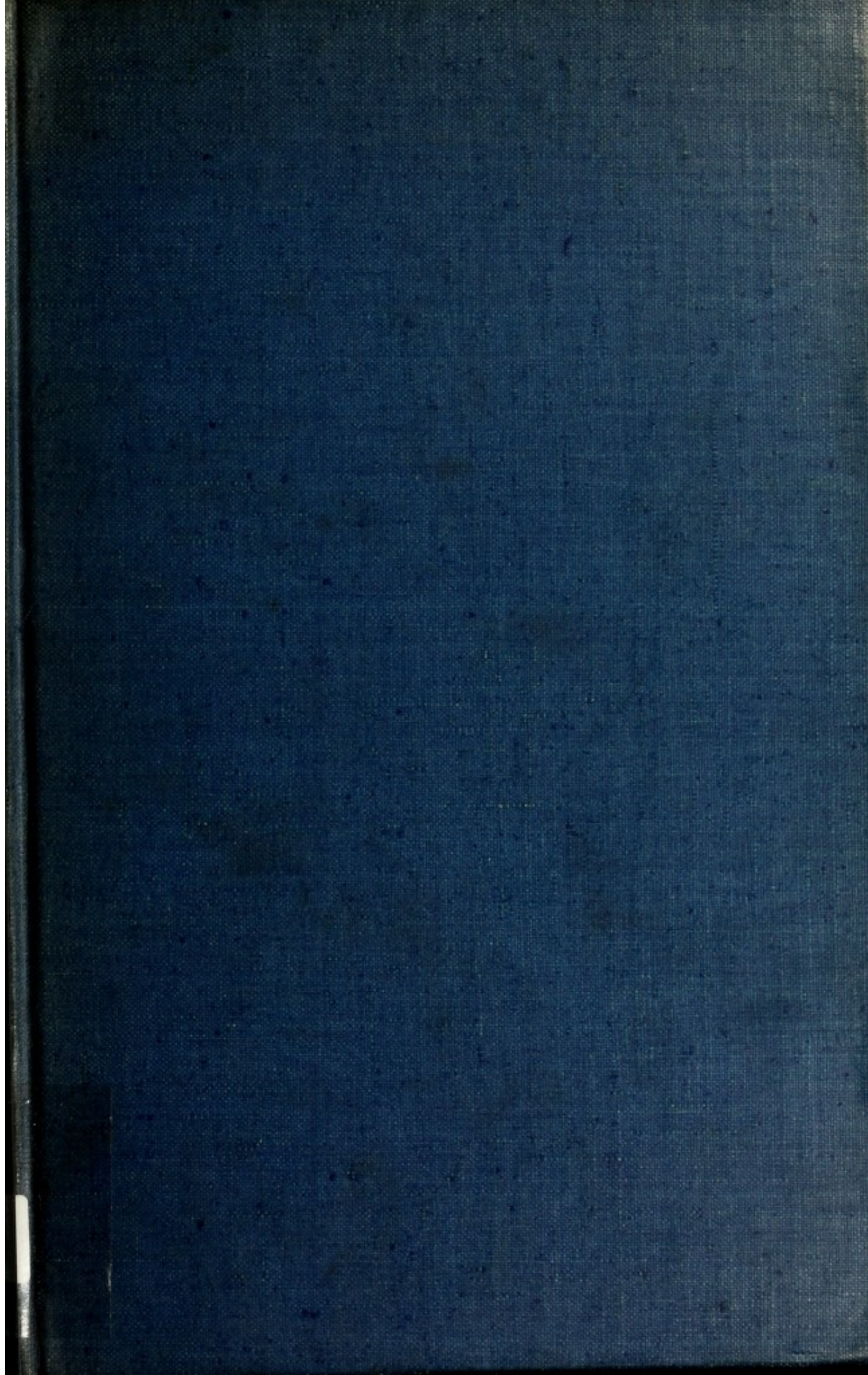
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MIDWIVES ACT COMMITTEE.

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**REPORT**

OF THE

**DEPARTMENTAL COMMITTEE**

APPOINTED BY THE

**LORD PRESIDENT OF THE COUNCIL**

TO CONSIDER

**THE WORKING OF THE  
MIDWIVES ACT, 1902.**

**VOL. I.**

**REPORT AND APPENDICES.**

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Presented to both Houses of Parliament by Command of His Majesty.

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CONSTITUTION OF THE COMMITTEE AND TERMS OF REFERENCE		PAGE
REPORT :—		iv
INTRODUCTORY :—		
Nature of evidence. (Pars. 1-3)	-	1
Principal dates in connection with the working of the Act. (Par. 4)	-	1
General remarks on the operation of the Act. (Pars. 5-7)	-	2
Effects of the Act :—		
(a) as an instrument of public health. (Par. 8)	-	2
(b) as a stimulus to voluntary nursing organisation. (Par. 9)	-	2
(c) in relation to the mortality from puerperal sepsis. (Pars. 10 and 11)	-	2
(d) in relation to infantile mortality. (Pars. 12 and 13)	-	3
(e) in relation to ophthalmia neonatorum. (Par. 14)	-	3
(f) in relation to the subsequent health of mothers and children. (Par. 15)	-	3
DELEGATION OF POWERS BY COUNTY COUNCILS TO DISTRICT COUNCILS. (Pars. 17-20)		3
SUPPLY OF MIDWIVES AND COST OF TRAINING :—		
Absence of statistics as to alleged deficiency. (Par. 22)	-	4
Proportion of births attended by midwives. (Par. 23)	-	4
State of the midwives roll. (Par. 24)	-	4
Number of practising midwives. (Par. 25)	-	5
Supply of midwives largely a question of distribution. (Pars. 26-28)	-	5
Consideration of suggestions for meeting alleged deficiency :—		
(a) postponement of operation of section 1(2). (Par. 29)	-	5
(b) annual licences, after modified examination, for women in rural areas. (Pars. 30-32)	-	6
(c) further enrolment of trained women under section 2. (Par. 32)	-	6
Possibility of evasion by uncertified women working under "cover" of doctors. (Par. 33)	-	6
Preference in some quarters for uncertified women. (Par. 34)	-	6
Co-ordinated organisation of supply and distribution of midwives by public authorities and voluntary agencies. (Pars. 35-37)	-	6
Combination of rural midwifery with district nursing. (Par. 38)	-	7
Financial assistance by boards of guardians. (Par. 39)	-	7
Cottage resident nurses. (Par. 40)	-	8
Maternity clubs. (Par. 41)	-	8
Utilisation of poor law institutions as training centres. (Pars. 43-50)	-	8
Cost of training. (Par. 51)	-	9
Grants by county councils for training. (Par. 52)	-	9
Standard of qualification for enrolment. (Par. 53)	-	9
Modifications in system of examinations in relation to cost of training. (Par. 54)	-	9
REMUNERATION OF MEDICAL MEN SUMMONED ON THE ADVICE OF MIDWIVES :—		
Development of the difficulty. (Pars. 55-61)	-	10
Inadequacy of existing arrangements. (Par. 62)	-	11
Various expedients adopted. (Pars. 63 and 64)	-	11
Value attached by midwives to medical aid. (Par. 65)	-	11
Official view of the medical profession. (Pars. 66 and 67)	-	11
Recommendations by the British Medical Association. (Par. 68)	-	12
Grievance of the medical profession. (Par. 69)	-	12
Importance of the question from the point of view of the public health. (Par. 70)	-	12
Recommendations by the Committee :—		
(a) guarantee of payment. (Par. 71)	-	12
(b) authority responsible for payment. (Pars. 73-77)	-	12
(c) scale of remuneration. (Pars. 78 and 79)	-	13
(d) administrative. (Par. 80)	-	13
MISCELLANEOUS :—		
(A) Amendment of the Act :—		
(1) Constitution of the Central Midwives Board. (Pars. 82 and 83)	-	14
(2) Disciplinary powers. (Pars. 84-86)	-	14
(3) Finances of the Board :—		
(a) apportionment of deficit. (Par. 87)	-	15
(b) travelling expenses of members. (Pars. 88 and 89)	-	15



## MISCELLANEOUS—continued :—

(A) <i>Amendment of the Act</i> —continued :—		PAGE
(4) Midwives roll. (Pars. 90 and 91) -	-	15
(5) Assistance from public funds. (Par. 92) -	-	16
(6) Notification under section 10. (Par. 93) -	-	16
(7) Private lying-in homes. (Par. 94) -	-	16
(8) Representations by the General Medical Council under section 3. (Par. 95) -	-	16
(9) Annual reports on the working of the Act. (Par. 96) -	-	16
(B) <i>Modification of Administrative Practice</i> :—		
(1) Prevention of ophthalmia neonatorum. (Par. 97) -	-	17
(2) Premature births. (Par. 98) -	-	17
(3) Inquiries by the Local Government Board. (Par. 99) -	-	17
(4) Examinations for admission to the roll. (Pars. 100-102) -	-	17
(5) Expenses of midwives for postage and stationery. (Par. 103) -	-	17
(6) Employment of midwives for public health purposes (Par. 104) -	-	17
(7) Notification of Births Act. (Par. 105) -	-	18
(8) Notification of ophthalmia neonatorum. (Par. 106) -	-	18
(9) Appointment of district midwives. (Pars. 107 and 108) -	-	18
(10) Register of births. (Par. 109) -	-	18
(11) Still-births. (Par. 110) -	-	18
SUMMARY OF RECOMMENDATIONS. (Par. 111) -	-	18
CONCLUSION. (Pars. 112-114) -	-	22

## APPENDICES :—

(i) Statistical tables and diagrams as to mortality from puerperal sepsis and accidents of child-birth in England and Wales -	24
(ii) Memorandum by the Local Government Board -	26
(iii) Memorandum by the Medical Officer of the Local Government Board -	28
(iv) Memorandum by the Local Government Board, Ireland, on the Irish Dispensary Midwives System -	30
(v) Supply of Midwives in 1910 : Summary of Information furnished to the Central Midwives Board by local supervising authorities -	31
(vi) Recommendations made by the Central Midwives Board to the Privy Council Office in July 1907 -	32
(vii) Tables, put in by the Central Midwives Board, illustrating the incidence of an apportionment of deficit on the present and proposed bases respectively -	33
(viii) Draft Bills put in by Sir George Fordham -	35
(ix) Tabulated statement, put in by the Association of Municipal Corporations, with reference to the working of the Act in municipal boroughs -	37
(x) Memorandum, forwarded by the Medical Officer of the London County Council, as to the control of private lying-in homes -	43
(xi) Report by Mr. A. Nimmo Walker on the work of the ophthalmia ward in St. Paul's Hospital, Liverpool. (Put in by Mr. Sydney Stephenson) -	44
(xii) Statement by the Medical Officer of Health, Newport (Mon.), as to medical attendance upon midwives' patients, and obstructive conduct of a midwife -	45
(xiii) Memorandum by Mrs. Lawson on behalf of the National Association of Midwives -	46
(xiv) Memorandum by Miss A. M. Alexander as to the appointment of district midwives -	47
(xv) Communications received from Monsieur Henri Monod, Dr. Wehmer, Dr. Münsterberg, Frau Gebauer, and Heer Blankenberg as to midwifery attendance on poor persons in France, Germany, and the Netherlands respectively -	48

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## Volume II.

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## LIST OF WITNESSES.

## MINUTES OF EVIDENCE.

## INDEX TO EVIDENCE AND APPENDICES.



## CONSTITUTION OF THE COMMITTEE.

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SIR ALMERIC W. FITZROY, K.C.V.O., Clerk of the Council (*Chairman*).

MRS. CHARLES E. HOBHOUSE, Chairman of the Executive Committee of the Rural Midwives Association.

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

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A. H. DOWNES, Esq., M.D., Senior Medical Inspector for Poor Law Purposes to the Local Government Board.

F. E. FREMANTLE, Esq., M.B., Ch.M., F.R.C.S., M.R.C.P., D.P.H., Medical Officer of Health for the Administrative County of Hertford.

J. PEDDER, Esq., Principal Clerk, Home Office.

H. J. STANLEY, Esq., Private Secretary to the Lord President of the Council.	}	<i>Joint Secretaries.</i>
F. J. WELCH, Esq., 2nd Class Clerk, Local Government Board.		

## TERMS OF REFERENCE.

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To consider the working of the Midwives Act, 1902, and in particular with reference to the supply of midwives and the cost of training, the remuneration of medical men summoned on the advice of midwives under the rules in pursuance of the Act, and the delegation of their powers by county councils under the Act.

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## REPORT.

### TO THE LORD PRESIDENT OF THE COUNCIL.

MY LORD,

1. The Committee appointed under Your Lordship's order of reference of the 6th day of December, 1908, beg leave to report that they have held twenty-one meetings, on twelve of which they sat for the purpose of hearing evidence, and that they have examined 37 witnesses. Of these, 13 were ladies, including 8 certified midwives, and 18 were medical practitioners (8 medical officers of health, 5 general practitioners, 2 consultants and specialists, 1 infirmary officer, and 2 secretaries of medical societies).

2. A more complete analysis of the evidence shows that, besides 10 local supervising authorities who were represented by the above-mentioned medical officers of health, a late inspector of midwives, and a deputy town clerk, administration was consulted in the persons of the secretary, the honorary treasurer, and four other past or present members of the Central Midwives Board, and representatives of the County Councils Association, the Association of Municipal Corporations, the Society of Medical Officers of Health, the Association of Poor Law Unions, the Poor Law Infirmary Matrons' Association, the National Association of Workhouse Masters and Matrons, and the Infirmary Medical Superintendents' Society. Medical interests were heard through nominees of the British Medical Association, the London and Counties Medical Protection Society, the Midland Medical Union, and the Society of Apothecaries, while special aspects of the medical problem were presented by Sir W. Sinclair (obstetrics and gynaecology) and Mr. Sydney Stephenson (ophthalmic diseases); and the following Associations connected with nursing and training were represented:—Queen Victoria's Jubilee Institute, the Rural Midwives Association, the Incorporated Midwives Institute, the Association for Promoting the Training and Supply of Midwives, the Cottage Benefit Nursing Association, the Wiltshire County Nursing Association, and the Woolwich Training School for District Midwives.

3. At the end of January last, we intimated to the National Association of Midwives, whose headquarters are in Manchester, that we should be happy to afford them an opportunity of tendering evidence. To this suggestion no answer reached us until, on the 20th May, the corresponding secretary of the Association wrote to say that Mrs. Lawson was willing to appear as a witness. As we had then concluded our meetings for the purpose of hearing evidence, and had commenced the preparation of our report, we asked her to embody in a written statement the substance of the evidence which she would have proposed to tender. Her memorandum, which is printed as Appendix XIII., has received due consideration. The National Conference on Infantile Mortality, 1908, kindly offered to tender evidence through Dr. George Reid, the medical officer of health for Staffordshire. On ascertaining that this evidence would have been confined to a recommendation deprecating any derogation, even in special circumstances, from the present standard of requirements for registration, and any postponement, beyond the 1st April, 1910, of the restrictions which section 1 (2) of the Act places on the practice of midwifery by uncertified women, we decided to take note of the views of the Conference without troubling Dr. Reid to attend personally. The question of extending the operation of the Act to Scotland or to Ireland lies outside the scope of our terms of reference, and consequently we were unable to avail ourselves of the offers of evidence on this point, which reached us from several quarters.

4. It will be remembered that the Midwives Act received the Royal Assent on the 31st July, 1902, and came into operation on the 1st April, 1903. The first meeting of the Central Midwives Board took place on the 11th December, 1902. Their original Rules, which have subsequently been amended, were approved by Order of Council on the 12th August, 1903, the first application for registration under section 2 of the Act was received on the 1st October, 1903, and the first examination was held on the 27th June, 1905. The enrolment, without examination,



of practising and previously certificated midwives ceased on the 31st March, 1905, the name or title of midwife being thereafter restricted to the women on the roll. The practice, "habitually and for gain," of uncertified women, except under medical supervision, or in cases of emergency, will under section 1 (2) of the Act be prohibited after the 31st March, 1910.

5. So far as the operation of the Midwives Act has come under the review of the Committee, there has been singularly little effective criticism directed against its main provisions or the methods by which it has been sought to give effect to them.

Par. 69.

6. The extensive powers enjoyed by the Central Midwives Board, in spite of the experimental character and somewhat fortuitous constitution of that body, have on the whole been exercised with judgment, prudence and sympathy, and it is not too much to say that the experience of six years has added greatly to the good will with which the Act is appraised both by the authentic voice of the medical profession, subject to certain reserves which will be mentioned later, and by the authorities concerned with its local administration.

7. The Committee were particularly struck by the proofs furnished, mainly through the testimony of medical officers of health, of the spirit in which local supervising authorities have as a rule interpreted their duties. Through assistance given to training, through efficient inspection by means of properly qualified ladies appointed to that end, and through the identification of the work under the Act with the general objects of health administration, much has been done to popularise it and bring its benefit under public notice.

8. It will be seen that this view of the importance of the Act as an effective instrument of public health is in accord with the conclusions of Dr. Newsholme, the Medical Officer of the Local Government Board, who has been good enough, by the permission of the Board, to furnish us with the interesting memorandum numbered III. in the Appendix. The Committee have not felt it their duty within the terms of the reference to dwell at any length upon this aspect of the subject, but they are convinced that it is one with which the public at large are vitally concerned, and they have therefore much pleasure in placing on record the opinions of so weighty and well-informed an authority.

1795.

1796.

9. Ample evidence, moreover, is forthcoming that the positive results of the Act have been considerable in more than one direction. Thus Miss Amy Hughes, the general superintendent of Queen Victoria's Jubilee Institute for Nurses, was able to show that, between the years 1902 and 1908, the number of county nursing associations in affiliation with the Institute had increased from 5 to 18, and the number of Queen's and Village Nurses with midwifery training, in connection therewith, from 19 and 127 to 131 and 650 respectively, and she attributed this increase entirely to the demand created by the Act.

10. The statistics extracted from the Registrar-General's Annual Reports, and printed in Table A. of Appendix I., show that in England and Wales, coincidently with the operation of the Act, a notable reduction has taken place in the death rate from puerperal septic diseases (viz., puerperal septicæmia, puerperal septic intoxication, puerperal pyæmia, phlegmasia alba dolens, and puerperal fever not otherwise defined). During the 15 years preceding 1903, the highest death rate from these causes, per million females living, was 202 in 1893, and the lowest was 109 in 1898. In 1902 it was 118. In 1903, the year in which the Midwives Act came into operation, this death rate dropped to 97. In the three following years it was 94, 98 and 93 respectively, and in 1907 it declined to 81. If, in place of the rate per million females living, the mortality from puerperal sepsis is calculated in the proportion to 1,000 births, the results, as will be seen from Table B. of the same Appendix, are very similar.

11. The circumstance that so marked a decline has synchronized with the period of statutory regulation of female midwifery practice can hardly be treated as without significance, but we refrain from quoting the figures as conclusive evidence of causal connection. We are aware that, as a result of local delay in setting up the necessary machinery, the Act did not become effectively operative in many areas until long after the appointed day. On the other hand, the stimulus to public interest by the passage of the Bill through Parliament did presumably, quite apart from direct administrative action, prove a potent influence in securing a higher standard of care in the attendance



on parturient women, and on the whole the balance of probability seems to favour the view that a share, at any rate, in the reduction of puerperal mortality may reasonably be ascribed to the enactment of this legislation. Dr. Newsholme, in commenting upon the same figures, holds there can be no reasonable doubt that the administration of the Midwives Act "has borne a share in the improvement."

Appendix  
III., par. 2.

12. Such general statistics as are available with regard to infant mortality do not afford an adequate basis for any estimate as to whether the Act has or has not been instrumental in saving the lives of young children. It would manifestly be futile to argue from figures setting forth the death rate of children under one year of age. In the great majority of cases, an infant, after the first week or two of its life, passes beyond the ken of the person who was in attendance at its birth, and its subsequent death or survival will often depend on circumstances over which the doctor or the woman who conducted the mother's delivery can have no control. In his most recent Reports the Registrar-General has included tables showing the proportion, to 1,000 births, of deaths at the ages of one day, one week, two weeks and so forth, but as these figures only date from 1905, they are useless for our immediate purpose.

13. As regards the infantile death rate in particular places, we were supplied with some interesting statistics by Dr. Robinson, the medical officer of health for Rotherham, where in 1908 the mortality in midwives' cases was 92 per 1,000 births, as against 195 in cases attended by "other agencies" (in which category medical practitioners are included). The witness ascribed this difference to the efforts of the midwife to raise the standard of sanitation in the homes she frequents, and to the effective supervision of her work. Miss K. Stephenson, honorary secretary of the Wiltshire County Nursing Association, stated that in the rural districts of Wiltshire the mortality of infants fell from 99·8 per 1,000 births in 1902 to 66·4 in 1908, and she claimed that this result was due to the midwifery work organised by her county nursing association, which received its impetus from the Midwives Act. During the same period, the infant mortality in Oxford, as a whole, declined from 128·8 to 94·4 per 1,000 births, and in two of the worst parishes from 198 to 97 and from 193 to 159 respectively; it is, however, fair to add that Mr. Theodore Dodd, who submitted these last figures, was himself doubtful whether the reduction was to any considerable extent attributable to the operation of the Midwives Act. On the other hand, Dr. Hope stated that the progressive decline of infant mortality in Liverpool, where he is medical officer of health, was very encouraging, and that "the better training of midwives and the careful attention paid at the birth," must undoubtedly have had some influence.

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6998-7000.

2897.

14. It is as yet too early to estimate the effect of the Act in the diminution of ophthalmia neonatorum, as the figures illustrating the extent of that disease are mainly obtainable from observation of the entrants to institutions for the care of the blind, approximately 30 per cent. of whom suffer from this cause, but there seems no reason to doubt that it will be considerable.

6988.

6021.

15. In addition to the probable saving of life both of mothers and children, there is also to be considered the removal of manifold causes of permanent ill-health afflicting many of the survivors.

2139.

2212.

16. To pass from these general observations on the results of the Act, it is proposed to deal first with those aspects of the question before us to which prominence is given in the order of reference, leaving to the later sections of this Report any suggestions the Committee may have to make for the amendment of the law in minor particulars, or for the modification of the lines on which it has hitherto been administered.

17. Before proceeding to discuss the two principal points specially submitted to our consideration, it may be convenient to dispose of that which stands third in the order of sequence, viz., the delegation of their powers by county councils to district councils under section 9 of the Act. This has not, it is true, been generally exercised, and in some cases county councils have wisely revoked powers thus delegated; but in a few cases where the practice still obtains, it has been found to operate detrimentally to the purposes of the Act, and to introduce elements of confusion and uncertainty into its administration.

18. The evidence given on behalf of the Central Midwives Board was conclusive on the point. Mr. Duncan, the Secretary, stated that it had been an unmitigated

63.



66. evil, an opinion which he was able to illustrate by the state of things prevailing until the last few months in Kent, where the Board were confronted with 65 local supervising authorities in one county. Sir George Fordham, who represents the County Councils Association on the Board, recommended the repeal of this section, and Sir Shirley Murphy, the medical officer of health for the county of London, was strongly of opinion that in London the administration of the Act should be in the hands of the county council. A similar view was expressed by the county medical officer for Worcestershire.
- 2351-4.
- 4279.
- 3189.

19. It is obvious that, under conditions of extensive delegation, uniformity of aim and practice are unrealisable, while the difficulties of supply, distribution, and training are enormously augmented.

20. It is the emphatic opinion of the Committee that this power should be withdrawn, and that, in cases where it is still exercised, the delegation should be revoked.

21. The subjects that, in obedience to our order of reference, have engaged our closest attention are the supply of midwives, with the subsidiary matter of the cost of training, and the remuneration of medical practitioners summoned on the advice of midwives.

#### I.—SUPPLY OF MIDWIVES AND COST OF TRAINING.

22. The initial difficulty with which the Committee were confronted lay in the absence of any statistical information which was not open to large reserves. Neither the Midwives Board nor societies which have taken up the matter, such as the Association for Promoting the Training and Supply of Midwives and the Rural Midwives Association, could do more than offer estimates of the actual number of midwives available, based on data which were largely conjectural, while a still greater uncertainty appeared to prevail as to the alleged deficiency in the supply, which will be created by the operation of section 1 (2) of the Midwives Act upon the 1st of April 1910.

23. The total number of births in England and Wales in 1908 was 942,611. It is the general opinion that of these some 50 per cent. are attended by midwives. The proportion, however, varies greatly in different places. For instance, to quote a few of the figures supplied to us, the ratio is said to be :—

Appendix IX.	11·2 per cent. in Newcastle,
4192.	25 per cent. in the Administrative County of London,
3397-9.	35 per cent. in the Administrative County of the West Riding,
	39·5 per cent. in the Administrative County of Hertford,
4577.	49·9 per cent. in the Administrative County of Lancaster,
	52 per cent. in Liverpool,
	60·9 per cent. in Manchester,
6201.	62·5 per cent. in the Administrative County of Derby,
5959.	76·5 per cent. in Salford,
Appendix IX.	83·6 per cent. in Gloucester, and
	93 per cent. in St. Helens.

4592. In Lancashire the percentage was higher in the Urban Districts than in the Rural Districts, viz., 50·8 as against 30·9. Similarly, we are informed that in the seven most urban areas of Hertfordshire the percentage is 45·2, as against 34·4 in the seven most rural areas.

24. The following table, which has been revised by the Secretary of the Central Midwives Board, shows the state of the midwives roll on the 31st March in each of the years 1905 to 1909. Large deductions must, however, be made from the totals, especially in the "*bonâ fide*" class, as the number of deaths of midwives reported to the Board constitutes a comparatively small proportion of those that must have occurred.
- 242.



*Midwives Roll.*

—	31st March, 1905.	31st March, 1906.	31st March, 1907.	31st March, 1908.	31st March, 1909.
Number of midwives on the roll in virtue of <i>bonâ fide</i> practice (under section 2 of the Act).	12,521	12,427	12,232	11,913	11,636
Number of midwives on the roll in virtue of prior certification (under section 2 of the Act).	9,787	9,726	9,700	9,681	9,661
Number of midwives on the roll in virtue of passing the C.M.B. examination.	—	956	2,406	4,040	5,934
Total number of midwives on the roll.	22,308	23,109	24,338	25,634	27,234

25. In their Report for the year ended 31st March 1909 (Cd. 4725), the Central Midwives Board state that 13,348 midwives notified their intention of practising in 1908, as against 12,964 in 1907. The number of midwives actually practising is, however, probably greater than the number of notifications, owing to the neglect of some women to notify, and of some local authorities to make adequate returns to the Board. The Board themselves, in their previous Report (Cd. 4507), estimated the total at about 15,000.

26. Notwithstanding the large demand for midwives in Lancashire, which the facts in St. Helens and Salford disclose, Sir W. Sinclair gave it as his opinion that there are too many midwives in the County Palatine; so that the requirements of the situation have been more than met by the operation of ordinary laws, a circumstance which should inspire confidence in estimating how the larger needs of the whole country are to be supplied. In support of this argument we may quote the statement made by Mr. Sergeant on behalf of the Society of Medical Officers of Health. "The general impression of the members of my Society," he said, "is that the view as to the deficiency of midwives in 1910 has been very much exaggerated." Similar views were expressed by Miss Amy Hughes, who from her official position is able to speak with authority on this subject. She stated that she did not fear a shortage of midwives, and that, except in a few isolated districts, when the "handy women" drop out, there will be plenty of midwives to supply their places.

2066.

4586.

2022-6.

27. Our evidence, on the whole, confirms the conclusions set forth in the "Particulars of Administration by Local Supervising Authorities," published by the Central Midwives Board, and summarised in Appendix V. to this Report. Leaving out Wales, from which the figures are not complete owing to the indifference or neglect of the parties concerned, there seem to be some 15 counties, out of 50, in which a shortage is anticipated, though in all those of which we have evidence it will be confined to certain districts; while in 12 county boroughs out of 71 a deficiency is apprehended, but in their case the remedy should be easily applicable.

28. The question appears to be mainly one of distribution. The problem that has to be solved is, therefore, of a partial and sporadic character, and the Committee are impressed with the fact that the solution is to be found in intelligent and effective organisation, to which all the administrative entities interested should be expected to contribute.

29. It will be as well, in the first instance, to clear the ground of what in our opinion should not be done. The evidence we received on the point was all but unanimous in rejecting the suggestion that any postponement of that part of the Act which comes into operation on the 1st April, 1910, was expedient; to the retrograde and disastrous effects of such a step witnesses of every type and representative of every interest emphatically testified. For example, in the opinion of Miss Rosalind Paget, who appeared on behalf of the Incorporated Midwives Institute, and who sits on the Midwives Board as the nominee of Queen Victoria's Jubilee Institute, it would destroy the principal stimulus to activity upon which those engaged in organisation now rely;

577-8.



1873. Miss Amy Hughes declared "it would create chaos"; and Dr. Hope, of Liverpool,  
2988. thought "it would be a great mistake." In these opinions the Committee concur.

30. In respect to the cognate but subsidiary question as to whether in sparsely-peopled rural areas annual licences based upon a modified examination might not be issued to meet the deficiency, there was not quite the same unanimity. The suggestion that acting nurses with a certain amount of clinical experience should be given the preference in an experiment of this sort met with no favour from the ladies who spoke with most authority, such as Miss Paget, and Mrs. Wallace Bruce, the president of the executive committee of the Association for Promoting the Training and Supply of Midwives. They laid stress upon the confusion that would ensue from even this very partial adoption of two standards, and thought the danger of compromising the minimum of safety at present secured greater than any that would follow a liberal interpretation of the conditions laid down in section 1 (2). Miss Wilson and Sir W. Sinclair urged the necessity of a higher standard in rural than in urban areas.

4613. 31. In the view of the Society of Medical Officers of Health, "it is most inadvisable  
"that the local supervising authority should have power to grant to any suitable  
"uncertified woman a modified licence, renewable at short intervals, and applicable  
"only within a defined area around her own home (in a district where no certified  
6209, 6214. "midwife is available)." On the other hand, Dr. Barwise, the medical officer of  
6337. health for the county of Derby, and Mr. Kaye, the medical officer of health in the  
3448. West Riding, were of opinion that some such concession was necessary, though they  
admitted that this opinion was not shared by the great bulk of their colleagues, and  
even Mr. Kaye believes that a reasonable elasticity of interpretation would get over  
3433. his difficulty to a large extent.

32. Having regard to the general character of the evidence before them as to the means by which exceptional circumstances can be handled with the least disturbance of sound principles, the Committee are loth to recommend any departure from uniform practice in this connection, particularly as they understand that the Midwives Board are not convinced of its necessity. It would seem that the last-mentioned body have within their ordinary powers, as defined by section 3 of the Act, the opportunity to make such an exception if urged thereto by the authorities of any particular locality, and the Committee think it may well be left at this. The Board will, perhaps, also take into consideration the suggestion advocated by Dr. Hope that trained women who were qualified for enrolment under Section 2 of the Act, but had failed to apply before the 31st March, 1905, might be given another chance. The Society of Medical Officers of Health were also in favour of some such arrangement.

33. The Committee are alive to the fact, which was pointed out by several medical witnesses, that the words in section 1 (2) "otherwise than under the direction of a qualified medical practitioner" might be used in unscrupulous hands to foster the objectionable practice of "covering" the action of unqualified women by the assumption of a purely nominal responsibility on the part of the doctor; but they do not believe that such practices could become common without attracting public attention, and bringing the doctor concerned within the disciplinary powers of the General Medical Council, who, they are advised, would treat cases of the kind as examples of "infamous conduct in a professional respect," in the same way as they at present deal with the employment of unqualified assistants.

34. The difficulty of replacing the unqualified woman by a superior order of practitioner is not unfortunately altogether a question of supply, as, apart from the feeling of medical men in the matter, the reluctance of a certain class of the poor themselves has to be overcome; we were told that in many cases they prefer the old type of attendant, who is probably well known to them and is usually more helpful in the house, although she is often uncleanly and inexpert. Sometimes, too, the preference may be due to her companionable, not to say convivial, qualities, and occasionally, but we hope rarely, to the more sinister reason, as a medical officer put it, that she is believed to enjoy "a lot of churchyard luck." In commenting upon this, the witness said "they do not want the children to live."

35. We have referred to the problem as mainly one of distribution, and we are glad to be supported by the opinion of Mrs. Heywood Johnstone, who, in the result of independent investigations of great value, states that "it is very much more a



matter of distribution than supply." Miss Trendell's experience as inspector of midwives and county superintendent in Herefordshire led her to a similar conclusion. Mr. Kaye, speaking with a full knowledge of the widely differing conditions to be met with in the vast area of the West Riding, said much the same thing. In answer to a query what was wanted, he declared "organisation and distribution, absolutely, pure and simple." So also Mr. Parker Young: "that is the only question."

5120-1.

3496.

6737.

36. In our judgment the evidence of Miss Amy Hughes and Miss K. Stephenson together indicate the lines upon which voluntary organisation to that end should be conducted.

37. It is essential that such organisation should be based upon principles adaptable to every need within its sphere of influence. Taking the county area as being the most suitable, we recommend that the constitution of a county association should follow these lines:—

- (1) The encouragement of all district nursing, upon either of the two methods generally in force throughout the country, viz., the district visiting system and the cottage resident system. The choice of system to be left to the discretion of the particular locality requiring assistance.
- (2) The recognition and supply of three grades of nurses, all of whom should be certified midwives, viz.:—
  - (a) highly trained, fully certificated district nurses;
  - (b) nurses with not less than twelve months' general and midwifery training, willing to work upon either the visiting or resident system;
  - (c) trained and certified midwives.
- (3) The formation, where practicable, of county training homes.
- (4) The establishment of one or more emergency homes from which midwives can be sent for short periods of time to special districts requiring help.
- (5) Affiliation to a central organisation in London for mutual co-operation and assistance, especially for the supply and training of candidates, and increased facilities in borrowing and lending nurses.
- (6) Co-operation between the local supervising authority and the voluntary nursing association with regard to the inspection of midwives.
- (7) The funds of the association to be supplied as follows:—
  - (a) by voluntary subscriptions;
  - (b) by grants to local associations from boards of guardians;
  - (c) by grants from the county council for training in midwifery;
  - (d) by fees paid for the services of the nurses.

38. The combination of rural midwifery with district nursing is now generally recognised as not only practicable but expedient. With some exceptions of an unconvincing character, the evidence was conclusive on this point. A considerable part of district nursing deals with non-infectious cases, and these, of course, present no difficulty; but in others modern methods of disinfection, if intelligently pursued and effectually enforced in accordance with the requirements of the medical officer of health and the local supervising authority, are so complete as to render isolation and kindred measures of precaution superfluous. The thoroughly trained district nurse who will understand and practise asepsis is, therefore, the best-equipped agent to undertake the care of lying-in women, if she has qualified herself to become a certified midwife, and it is obvious that she can obtain this qualification much more easily than one without her advantages. It should, of course, be clearly understood that, whenever a district nurse attends a septic case, she should be careful to observe the Rules of the Central Midwives Board (such as E. 5 in the last issue) with regard to disinfection.

39. The facilities which the law affords to boards of guardians to contribute to the support of district nursing associations in return for services rendered,—powers which we understand are found to be both advantageous and economical,—thus become indirectly ancillary to the subsidising of midwifery; this may be of material help in the solution of the problem as to how midwives are to be maintained in areas which do not supply a large number of births; and the Committee think it would be desirable that the attention of boards of guardians should be called to their powers in this respect and to the advantages which both the poor under their



charge and the community generally would derive from a liberal exercise of such powers.

347-51.  
375-80.  
499-502.

40. There is one peculiarity, often overlooked, in maternity cases which renders them far more easy to deal with than morbid conditions of a fortuitous or, at least, unforeseen character. Whereas no one can predict when accident or zymotic disease may render the services of a nurse wanted in any particular house, every normal maternity case gives due notice of its approach, and by grafting the methods of the Cottage Benefit Nursing Association, which were so sympathetically expounded to us by Miss Broadwood, upon the ordinary practice of district nursing associations it should not be impossible, with a little intelligent anticipation, to provide adequately for cases that may occur in the most remote spots.

41. Maternity clubs organised on the basis of insurance against the risks and charges of child-bearing might, too, with a little trouble, be made supplementary to the financial resources of these associations.

42. The Committee believe that, if these principles are applied with prudence and forethought, and acted upon with a sincere desire to co-ordinate effort and make the best of existing material, the cost would not be beyond the resources of any locality and at least worth the results obtained.

43. The subsidiary question of the cost of training, so far as it is germane to considerations arising out of our terms of reference, appears limited to its bearing upon supply, including a determination of the point whether full use has been made of existing material in, and through the medium of, institutions connected with the poor law.

1168-72.  
3625-31.  
3651-2.  
3902.  
3913.  
4461.  
6865.  
6937-8.

44. It is undoubtedly a prevalent impression among those responsible for poor law institutions that there has been a tendency on the part of the Central Midwives Board to look upon the training afforded at such institutions with suspicion, and that the Board have not always given adequate consideration to applications from such institutions or their medical officers for recognition as training schools or as approved teachers. The evidence given by Mr. Parker Young, one of the members of the Central Midwives Board, seems to point to the conclusion that there was some foundation for this impression, but the Committee are convinced that, whatever the views of the Central Midwives Board in their early days may have been, their present wish is to utilise such establishments for the training of midwives to the fullest possible extent.

988.  
2164.  
5366-7.  
6863.

45. We have had evidence from several witnesses that women who have been trained as general nurses make the best class of midwife. This constitutes, in the opinion of the Committee, an important reason why the use of poor law institutions for the training of midwives should be encouraged and, if possible, developed. The success of poor law candidates in the examinations held by the Central Midwives Board bears testimony to the quality of their training. Mr. Parker Young furnished the Committee with figures which show that of the candidates from poor law institutions only 13.5 per cent. had failed, as against 19.5 per cent. of failures among other candidates.

102-5.  
1208-10.

46. At the same time, it has been brought to our notice that there exists a certain amount of confusion in the minds of poor law authorities as to the possibility of affording midwifery training to their nurses, if the institution is not recognised as a training school. The Rules of the Central Midwives Board provide for two ways in which an institution can be utilised for the teaching of midwifery. The first is by the recognition of the institution itself as a training school; the other, by the approval of a medical officer as a teacher. The first method obviates the necessity for the approval of individual officers as teachers, and is rightly only applicable to the larger institutions.

47. In some cases, the small number of births in the institution has been the cause of its non-recognition as a training school, and the Committee agree that the Central Midwives Board are justified in refusing recognition to any institution in which the material is not sufficient for the training of more than two or three candidates per annum. But we think that it should be brought to the notice of the guardians that practically the same result would be attained if the medical officer were approved by the Central Midwives Board as a teacher.



48. It is the view of the Central Midwives Board, supported by expert opinion, that, to secure the most effective training, the full number of cases should be taken continuously by each pupil in a comparatively limited period of time. 259-60.

49. Suggestions have been made, in the course of our investigations, for the increase of the amount of material available for the training of midwives in the smaller workhouses and infirmaries, by allowing the nurses in training to attend extern cases under the supervision of the medical officer. The Committee had evidence from Mr. Joseph Brown, who appeared on behalf of the Poor Law Unions Association, that such an arrangement is, in fact, in force in the Dewsbury Union, with apparently no unsatisfactory results. Its general adoption would undoubtedly extend the number of training centres in districts where they are most wanted, and would thus be of assistance in promoting the supply of midwives, with the advantage of extern in addition to institutional experience. In view of the administrative questions involved, the Committee hesitate to express an opinion as to the general practicability of this arrangement, but would commend to the favourable consideration of the Local Government Board any proposals to this end which may be made by boards of guardians. 1195.  
1216.  
1242-8.

50. The expediency of the further utilisation of the maternity wards in poor law institutions for the purpose of teaching midwifery should be impressed upon boards of guardians, and this might be borne in mind by the Local Government Board in their arrangements for inspection.

51. The cost of midwifery training has increased considerably since the operation of the Act. A valuable paper handed in by Sir Shirley Murphy shows that, in London, the fees charged, except under special conditions, vary in the different institutions from 14*l.* 14*s.* to 35*l.*, while by other witnesses it was clearly shown that the inclusive cost usually amounts to between 20*l.* and 30*l.* This is a prohibitive fee, in ordinary circumstances, for working class women intending subsequently to practise in rural districts, where it is impossible for midwives, as such, to make a living. The supply in these districts is maintained by midwifery scholarships granted by the education committees of county councils, and by free training given by voluntarily supported nursing associations to candidates who are willing, after the completion of their training, to work in a selected area for a given period of time, at a comparatively low salary. 4226.  
365-6.  
571-2.  
751-6.  
1816.  
3638.  
5011.

52. The Committee are of opinion that every legal facility should be given to local supervising authorities to contribute, where necessary, towards the expense of training midwives for work in their districts. It appears that at present the only way in which this can be done is by recourse to the funds for higher education, under section 2 of the Education Act, 1902. The Committee agree with the Resolution of the County Councils Association that the powers of county councils should be extended so as to enable them to charge expenditure for this purpose on the county fund. Sir George Fordham, who appeared on behalf of the Association, did not personally support this recommendation, but several witnesses expressed themselves strongly in favour of such an extension of powers. 2307.  
2315.

53. Divergent opinions have been expressed by witnesses before the Committee as to the sufficiency of the present standard fixed by the Central Midwives Board for the curriculum and examination of midwives. This matter is, in our opinion, properly one for determination from time to time by the Board, and we do not consider it would be within our province to make any precise recommendations on the subject. But, while it is necessary to maintain a proper standard of training and examination, regard must be had to the needs of the country in the matter of supply, and under existing conditions nothing further should be required than what we understand to be the present aim of the Central Midwives Board,—that those who receive their certificates should be safe and competent midwives. No evidence has been forthcoming to show any lack of skill in the women thus certified by examination, and any raising of the standard would necessarily increase the cost of training and might impair the adequate maintenance of supply.

54. As a means of reducing training expenses without lowering the standard, we would recommend that there should be some increase in the number of examining centres, and that the written examinations should, wherever a sufficient need for



such facility appears to exist, be conducted, under proper conditions and safeguards, through the medium of papers sent down by the Central Midwives Board in sealed packets.

## II.—REMUNERATION OF MEDICAL MEN SUMMONED ON THE ADVICE OF MIDWIVES.

55. It did not escape notice, when the Midwives Bill was before Parliament in 1900, that difficulty in this connection might arise, and Mr. Cohen moved an amendment to section 8, imposing on the local supervising authority the duty to appoint and pay the fees of medical men, to whom the midwife could apply in cases of abnormal labour, &c., and recover the cost when the patient was considered to be in a position to pay. The point does not appear to have been raised again in 1902, when the Bill finally became law.

56. When the Rules of the Central Midwives Board were under the consideration of the Privy Council, Sir W. Power, at that time Medical Officer of the Local Government Board, called attention to the omissions of the Act in this respect, and the Rules had not been six months in operation before the Midwives Board passed a resolution in favour of the amendment of the law, and asked, in the meantime, for the issue by the Local Government Board (if they had the power) of an Order providing that the notice of the necessity of medical help issued by the midwife in accordance with the provisions of the Rules of the Board should have the same legal effect as an order by the relieving officer to the poor law doctor of the parish. The Local Government Board thought that this proposal was open to grave objection.

Appendix II.  
(Enclosure  
No. 1).

57. In connection with some later correspondence on the subject, the Local Government Board gave it as their opinion that, although the provisions of section 133 of the Public Health Act, 1875, might possibly be available if a town council or other local authority for the execution of that Act were willing to pay for the medical assistance required, the use of that enactment for this purpose was not, as a general rule, desirable. We have had it in evidence that some councils, notably those of the cities of Liverpool and Manchester, have made arrangements, either under this section or otherwise, which have proved acceptable to the medical profession.

2914-6.  
5889.

58. In May, 1906, the General Medical Council passed a resolution urging on the Government that provision should be made by law for the payment of medical men, and similar resolutions were subsequently passed by the Royal College of Surgeons and the Society of Apothecaries of London.

Appendix II.  
(Enclosure  
No. 2).

59. Finally, in result of the widely expressed feeling on the subject, the Local Government Board issued a circular (covering the Rules of the Central Midwives Board) to boards of guardians throughout the country calling their attention to the powers they possessed under section 2 of the Poor Law Amendment Act, 1848, and suggesting "that medical men and certified midwives practising in the poor law union should be informed that in cases arising under Rule 18 the guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the section and pay a reasonable remuneration to the medical man called in."

60. In February, 1908, this circular was communicated by the Privy Council Office to about 21,000 general practitioners, and, so far as the fact is of any importance, the Department has received complaints from only a few medical men that they are unable to obtain payment. This circumstance, however, affords no proof of the acquiescence of the profession at large in the state of things created by the Act and the result of the efforts made to remedy it. On the contrary, the evidence laid before us goes to show that the absence of general provision for the payment of medical fees has been a serious obstacle to the realisation of the full intention of the Act.

52.  
795.  
2101.  
4285.  
6694.

4568-70.  
5859.

61. In June, 1908, the Central Midwives Board submitted to the Privy Council a "Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances." Confirmatory evidence was given before us by several witnesses. Medical men, who have not received payment on a previous occasion when called in on the advice of a midwife, have refused on a second occasion to attend unless assured of their fee. Moreover, the call may be in the middle of the night. The doctor may be tired or expecting other calls



in his private practice, and the distance may be far to go. Even without any such definite refusal, medical men may often, therefore, have declined to attend until application had first been made to the parish doctor, who perhaps lives far away or may be out when the message reaches his house. In some cases the messenger may have to visit the houses of several medical men before he is able to find one willing to answer the call; when the doctor finally arrives, the condition of the mother or child may have become more serious or may even have ended in death.

1602.  
5855.

62. Official witnesses like Mr. Duncan, medical officers of health engaged in the administration of the Act, and registered practitioners who appeared on behalf of the profession at large, with one voice condemned the uncertainty and inequity of the present system. In the words of the medical officer of the London County Council, "there is the very greatest need of a precise and definite arrangement by which a midwife can get medical aid in necessary cases." In London it was not until the Act had been in operation five years that any general arrangements were made; but these included considerable differences in the practice of the administering authority. Thus, fourteen boards of guardians are willing to consider the payment of a fee to any medical practitioner if the case is urgent, but in four districts the poor law medical officer must first be sent for. Twelve boards of guardians are willing to consider the payment of a fee to their own district medical officer when called in by midwives in cases of emergency. Five boards of guardians have made no arrangements. Elsewhere the variation in the practice of boards of guardians appears to be even greater, and we were informed that of 33 unions in the West Riding, with a population of one-and-a-half millions, only nine had made arrangements.

4248.

4267.

4268.

3589.

63. Various expedients have, according to the evidence, been resorted to with the view of obviating or diminishing the evil: in some instances there has been no demand by the doctors that their fees should be guaranteed—they have attended the cases and taken their chance of payment; in others, the nursing associations have made themselves responsible for the doctor's fee, the midwife they employ being instructed to enclose a guinea when the doctor is summoned, which the association proceed to recover from such patients as are able to pay. In a provincial town, where this practice obtains, we were informed that the association had only lost 3*l.* in five years, though in the last year under review the doctor had to be sent for 64 times. "There is usually an understanding that, when the patient has to pay the doctor, the midwife's fee is returned."

5073-4.

604.

4776.

4828.

64. A midwife practising in Southwark stated that she had been paying the doctors' fees herself for some time. Mr. Parker Young mentioned two similar cases which had come to his knowledge during the week preceding his appearance before us: two certified midwives, both practising in London, had informed him "that they had to pay the general practitioner, whom they called in, out of their own pocket, but they found that it was a losing game, and they gave it up." Mr. J. H. Taylor, who practises in Salford, also had heard of midwives offering to share their own small fee with a doctor; "but most doctors," he thought, "would refuse to deprive the midwife in such a way."

5398.

6712.

5967.

65. It is at least testimony to the value attached by the best class of midwife to the support of the doctor that this should be done. Incidentally, the Southwark midwife alluded to above held that, as time went on, the profession was likely to appeal to an increasingly high class of woman. "They are," she said, "of a higher and improving class now." Similarly, one of our medical witnesses referred to the change in the estimation and quality of midwives which the Act had effected "by raising them into a profession" and giving them "a public title."

5469.

1579-81.

66. What may be called the official view of the medical profession was laid before us through the medium of four gentlemen deputed by the British Medical Association, viz., Mr. Smith Whitaker, the Medical Secretary, Mr. J. H. Taylor, Mr. Flemming, and Dr. McManus, general practitioners in Salford, Bradford-on-Avon, and Wandsworth respectively, the last named being one of the direct representatives on the General Medical Council. Similar evidence was given by Dr. Hugh Woods, General Secretary of the London and Counties Medical Protection Society.

67. The evidence of all these gentlemen was substantially in accord, and Mr. Smith Whitaker's statements may therefore be taken as expressing the views of the profession at large. It is satisfactory to note in this connection the assurance that the



5563. British Medical Association, as the body representing organised medical opinion, "are  
5624. "in no way hostile to the Midwives Act," and "would certainly discountenance any  
"refusal to attend simply because a midwife had previously been in attendance."

5534. 68. Mr. Smith Whitaker thus formulated the ideas of the British Medical Association:—

"First, we submit that it is the duty of the State, or the general community, and not of the medical profession, to make provision whereby medical assistance, if required, may be rendered without delay to every parturient woman or newly-born infant, and to bear any financial risk involved. Secondly, that the only system whereby this can be secured is that the State should guarantee the payment of the fee to the doctor, and should recover it from the patient, when this is desirable or possible, in the same manner as municipal authorities have, in many instances, recovered from patients admitted to local isolation hospitals the cost of their maintenance therein, and boards of guardians have recovered relief obtained 'upon loan.' Thirdly, that the matter should be dealt with through the local health authority, and not through the poor law, as it is undertaken more in the interests of the public than in the interests of the individual." But on this last point, Mr. Smith Whitaker admitted, there were dissentient opinions.

5569. 69. Without seeking to justify the violent language or callous action of certain  
5629-32. practitioners, upon which the Committee have no wish to lay undue stress, Mr. Smith Whitaker testified to the prevalence of widespread irritation which had resulted in a growing reluctance to recognise the special obligations created by the Act. The form of summons first adopted was, in his opinion, largely responsible for the original trouble, as it appeared mandatory on the part of the midwife, and had fostered the impression that the medical profession was being forced to undertake liabilities, which properly devolved on the community. "A man will attend without a fee if  
5569. "he is to do it as a voluntary agent, but he resents being put under pressure," and  
5586. this resentment is, we are told, aggravated by the loss of patients which compliance  
5587. with the demands under the Act not infrequently entails, besides the waste of time  
5855. and expenditure of force involved in attendance upon cases *ex hypothesi* serious, without the prospect of any remuneration.

Appendix III. 70. Dr. Newsholme also lays stress on the importance of the matter. In paragraph 4 of his memorandum he states that "chronic invalidity or partial incapacity occasionally result from the midwife not calling in medical aid when—  
"ever, and as soon as, this is required. The exact machinery by which this object  
"is to be attained need not be considered by me; but the general principle required  
"by the interests of public health is that medical aid must be available promptly and  
"without any preliminary conditions for every parturient woman attended by a  
"midwife, the conditions of payment, if any, to be settled after the attendance has  
"been given."

71. Under this weight of evidence the Committee are unanimously of opinion that the Act should be amended by giving the practitioner summoned by a midwife in cases of emergency a secure expectation of payment.

72. The further questions remain to be answered, in whom the duty to pay the fees should be vested, by whom the fees payable should be fixed, and on what scale.

Appendix II. 73. We have already touched upon the applicability of section 133 of the Public  
(Enclosure No. 1). Health Act, 1875, to the purpose, "if," in the words of the Local Government Board, "a town council or other local authority for the execution of that Act are willing to  
"pay for the medical assistance required." The evidence at least shows that in some cases it has been done very efficiently, and both without friction and at small cost to the community.

74. It is clear, however, that county councils, although the local supervising authorities under the Act, are not in most cases, owing to the very wide area over which their administration extends, the best authority for the purpose of such payments. They have no machinery for determining the capacity of the people to pay. There is also, perhaps, a balance of convenience against entrusting the duty to the various public health authorities in rural districts. No argument to the contrary can be drawn from the existence of the power to recover fees under section 132 of the Public Health Act, 1875, or the Isolation Hospitals Act, 1893. For one reason or



another—mainly perhaps owing to a desire not to deter patients from using the hospitals—this power appears to be generally in abeyance throughout the country.

1156.

75. The Committee are not insensible to the important part the Act plays as an instrument of public health, nor to the prejudice that attaches in certain quarters to the action of the poor law authority in connection with such matters, but looking to the large number of cases that must arise, when the determination of the ultimate source whence the fee is to be derived will be mixed up with questions touching the capacity of the patient or her relatives to pay, they think it would be inexpedient to divorce the duty to pay in the first instance from the authority primarily invested with the functions of public assistance.

76. It may be stated at this point that the view here expressed accords with the recommendations of the Royal Commission on the Poor Laws and Relief of Distress (Report, part V. chapter 3), and is in agreement with that of the Local Government Board, who, in a communication they were good enough to address to us, suggested that, if it should appear to the Committee to be desirable that the payment of the medical man's fee should be guaranteed in every case, the local authority charged with the administration of poor law relief should be made the authority responsible.

Appendix II.  
(section II.)

77. We think, therefore, that, in every case in which the payment of the doctor's fee is to be guaranteed, the local authority charged with the administration of the poor law should be made the authority responsible, and should be empowered, when it sees fit, to charge the fee paid as "relief on loan" to the patient. For administrative purposes, and with a view to checking the possibility of collusion between doctors and midwives, a quarterly return of cases, in which payments have been made, should be sent to the local supervising authority.

78. We also think that, in accordance with the prevailing tone of the evidence, the fee should be fixed by Order of the Local Government Board on a systematic basis, having due regard to local conditions. It must be borne in mind, however, that cases requiring the attendance of a medical practitioner according to the Rules of the Central Midwives Board (E. 18 *seq.*) fall into two groups:—(a) emergencies requiring immediate attendance at any hour of the day or night; (b) other occasions not of immediate urgency. Mr. Smith Whitaker, representing the British Medical Association, gave it as his opinion that the guarantee of payment from public funds should be limited to the first-named group, and this view accords with the provisions of the existing statute under which such payment can be made (11 & 12 Vict. c. 110. s. 2). But there should be no great difficulty for the authorities concerned to schedule in the regulations the conditions which should be deemed to come within the category of emergency. And if to the conditions under the heading "labour" in the present Rules of the Central Midwives Board were added others, such as loss of blood during pregnancy, secondary post-partum hæmorrhage, or septicæmia during the lying-in period, and any inflammation of the child's eyes, it may fairly be held that the requirement for a guarantee of payment would be adequately met.

5642-6.

79. The opinions of witnesses varied greatly as to the amount which should be paid, but it appears that, where the plan of one fee calculated on a mean scale for cases of varying complexity has been tried, it has worked successfully. In Liverpool a uniform fee of one guinea is stated to have given general satisfaction. We think that the system of a uniform fee has much practical advantage, and we recommend it for adoption. We consider that the fee should cover any after-attendance on the part of the medical practitioner, but it would probably be requisite to make some allowance for mileage in scattered rural districts. For group (b),—that is for conditions not of immediate urgency,—the ordinary provision of medical relief by the poor law authority would be available.

2914-7.

5809.  
6782-4.

80. It would be expedient to provide that, in applying to the local authority, the doctor should state that he has been unable to obtain payment of the fee from the patient or her representative; both Mr. J. Smith Whitaker and Dr. Hugh Woods appear to recognise the fairness of some such stipulation. With a view to facilitating the attendance of the doctor, it would be well to arrange for the preparation of lists of local practitioners willing to respond to a midwife's call, as suggested by several witnesses.

5718-9.  
1694.  
529.  
911-2.  
1725.  
5919.  
6641.



## III.

81. It remains to enumerate and discuss the various suggestions that have been made for the amendment of the Act in minor particulars, or for some modification of the administrative practice thereunder.

## (A.) AMENDMENT OF THE ACT.

92-4.  
endix VI. (1). 82. Proposals were made by the Board itself, though not, we understand, unanimously, for an increase of six to its numbers, by which an additional representative would be given to the medical corporations and the Midwives Institute, and nominees added from the Society of Medical Officers of Health and the Association of Municipal Corporations. Sir George Fordham would like the County Councils Association to have another representative and, by the terms of the Draft Bill handed in, appears to wish for two further nominees of the Lord President. Mr. Joseph Brown, though 1203-4. he asked for a representative of the Poor Law Unions Association, would apparently be content with a nominee of the Local Government Board; similar recommendations were also made by other witnesses who appeared in connection with poor law institutions. It was further suggested by Mr. Smith Whitaker, on behalf of the British Medical Association, that there should be a representative of the general medical practitioners on the Board, a view that was subsequently endorsed by Mr. Parker Young, on the ground that, with adequate representation, the superiority of their claims to act as examiners for the Board would more readily be recognised.

3766-9.  
3906-7. 83. In view of these opinions, the Committee, while considering that the constitution of the Board has not been proved inadequate to the duties it has been called upon to perform, are inclined to recommend some addition to its numbers. This, in their judgment, might best be done by giving to the Society of Medical Officers of Health and the British Medical Association—which numbers over 21,000 members—the right to nominate a member each, in consideration of which increase to the medical element on the Board, the Committee think the nominee of the Midwives Institute might for the future be a certified midwife. We further recommend the appointment of a member by the Local Government Board, and that the Lord President should in future appoint three members instead of two. In view of these changes, the representation of the Royal British Nurses Association should be discontinued. As the Lord President's appointments would be made at intervals of three years, this arrangement would enable him to consider the special needs and varying circumstances of the time being, and would give the necessary elasticity which would be wanting in too stereotyped a constitution. If this plan were followed, the strength of the Board would be raised to twelve. As further modifications might from time to time become desirable, the Committee recommend the adoption of the convenient machinery provided for the case of the General Medical Council in section 10 of the Medical Act, 1886, under which—subject to proper safeguards—such changes can be effected by Order in Council.

1078.  
3075. 84. It was suggested by certain witnesses that the local supervising authorities should be entrusted with further disciplinary powers over midwives. At present they are empowered to suspend a midwife from practice, but the power is limited to cases where “such suspension appears necessary in order to prevent the spread of infection.” There is reason to believe that this provision has been in some cases interpreted somewhat widely, and that the power of suspension has been used for disciplinary or, at least, cautionary purposes. Any stretching of a power of this kind, especially if it vary in different districts according to the interpretation placed upon the Act, is open to serious objection. It is necessary that the limits within which a local authority may suspend a midwife from practice should be carefully and exactly defined. We are of opinion that the existing provisions empowering a local supervising authority to suspend a midwife in connection with infection should be amended, so as to limit the suspension to actual cases of infection and to the time necessary, in the circumstances of the case, to remove all risk of infection. A wider power of suspension might then be given, to cover all cases of breach of the Central Midwives Board's Rules or of the provisions of the Act. The exercise of this new power should be restricted to such cases as are submitted by the authority to the Central Midwives Board, or are prosecuted before a Court. The authority should be required to proceed forthwith to submit or to prosecute accordingly, and the suspension should last only until the case is decided. A power of suspension in lieu of, or as a

284-7.  
4034-44. 3978-81.  
4541.  
4652-4.



preliminary to, striking off the roll should also be conferred on the Central Midwives Board.

85. One of the witnesses, Mr. Parker Young, an original member of the Central Midwives Board, pointed out the expense to which a midwife was liable when she appeared before the Board in her own defence. We think that cases of hardship may occur, and that the Board should at their discretion have power to pay the whole or part of such expenses.

6754-5.  
6895-904.  
6923-8.

Appendix VI. (9)

86. In view of the practical difficulties which have been reported to us by several witnesses, in connection with the continuance in practice of a midwife whose name has been removed from the roll, we consider that the control over dangerous or unsatisfactory women might be strengthened by providing that a woman, on the removal of her name from the roll, should be required under penalty to surrender her certificate. We think further that such a woman should be prohibited from attending professionally on a lying-in woman in any capacity.

1111-8.  
3135-6.  
3265-7.  
3523.  
3978.  
4015-9.

87. The consideration of the financial aspects of the Board's position brought us to the conclusion that section 5 requires amendment. Mr. Duncan and Sir G. Fordham laid stress upon the cumbrousness and inequity of the present system under which any balance against the Board is apportioned 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 practise. It has been found that this notification is very irregular in practice, and it is difficult, therefore, to ascertain the figures, while the system obviously differentiates unfavourably against the more efficiently administered areas. We think, therefore, that population should be substituted as the basis for the apportionment of the balance. The approximate effect of such a change is illustrated in Appendix VII.

85-91.  
2268-80.

88. The evidence given on behalf of the Midwives Board did not include any confident estimate of means by which its resources could be increased. On the other hand, both Sir G. Fordham and Mr. Parker Young advocated the payment of the expenses of members in respect of their attendance at meetings of the Board or of its Committees, and a similar proposal was submitted by the Board [Appendix VI.]. Sir G. Fordham went a little further than the Board or Mr. Parker Young, and suggested that a fee of two guineas should be paid for attendance.

2282-3.  
6722-7.

2281-4.  
2302-4.  
2404-15.

89. There are obvious grounds for not placing members of the Board who live some distance away at a disadvantage in the discharge of their duties, and the Committee would, therefore, recommend the payment to members of such reasonable travelling expenses as may be allowed by the Board.

90. The evidence of Mr. Duncan went to show that the wastage from year to year was far greater than the roll indicated. "A great many of the local supervising authorities never report deaths," he said, with the result that the roll is very far from the clean state required to give it unimpeachable weight. It was suggested to the witness and to Sir George Fordham that this might be obviated by enforcing upon every midwife who desires to keep her name upon the roll the payment of a small annual fee; a proposal which has a parallel in a provision inserted in the Nurses Registration Bill last year and met with no objection.

242.

243-8.  
2256-61.

91. We do not recommend the imposition of any such charge on midwives, but we feel strongly that some change in the present arrangement, in order to make the roll accurate, is necessary for administrative purposes. In the analogous case of the Medical Register, such accuracy is ensured by the issue to every registered medical practitioner, once in every five years, of a registered communication to which he is bound to reply if his name is to continue on the Register. In the case of midwives, use might be made of the local supervising authorities, who have already, under section 8 (6) of the Act, the duty "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." This duty they have hitherto been little able to carry out through lack of information. We recommend, therefore, that it be made the duty of every midwife, whether intending to practise or not, to notify her address, within the first month of the year, to the local supervising authority of the district in which she resides; any change of address during the year to be notified to the authority at once, and, in the case of a woman commencing a new practice, the notification to be made



at the time of such commencement. It should be the duty of the local supervising authority, within the first fortnight of every year, to forward to every midwife resident within their area a form on which she should notify her name and address, the number and date of her certificate, and her intention or non-intention to practise as a midwife. The form should show plainly that failure to return it would result in the removal of the midwife's name from the roll, to which it would only be restored on payment of a fee. The local supervising authority should forthwith furnish the Central Midwives Board with a list of all midwives, whether practising as such or not, from whom they have received notifications. Provision should further be made that, if any local supervising authority make default in this matter, it shall be competent to the Central Midwives Board, in addition to any remedy by way of mandamus or otherwise, to act in their stead and to take any steps that may be practicable to rectify the roll as regards the area of that authority, and to charge the expense on the defaulting authority.

92. The problem of local finance has been touched in earlier paragraphs in this Report. It is clear from the Committee's conclusions that there is no need for anything in the nature of a State subvention to meet conditions of special emergency, but with a view to facilitate local aid, contributions towards the training of midwives might, as we have previously suggested, properly be charged to the general county fund, instead of being debited to that at the disposal of the Education Committee.

Par. 52.

93. In order to bring within the scope of the disciplinary restrictions of the Act all certified persons who habitually attend women in labour in any given area, it might be as well to make some change in the provisions of section 10 of the Act as regards notification of practice. It is found that many certified women escape these restrictions by not giving notice of their intention to practise, and by claiming merely to act as monthly nurses under a doctor. By the means suggested, abuses which either exist or are apprehended may adequately be dealt with.

94. In the memorandum submitted by Sir Shirley Murphy on behalf of the Midwives Act committee of the London County Council, the need is shown for the exercise of some control over lying-in homes conducted for gain, of which there are said to be no less than 122 in London. Mr. Sergeant, though he could not speak from personal experience, had no doubt that, both in Lancashire and elsewhere, there were many cases in which women were confined in the houses of midwives, and he was instructed by the Society of Medical Officers of Health to recommend that such houses should be specially registered, as the provisions of the Lying-in Hospitals Act [13 Geo. III. cap. 82.] do not appear to apply to them. We think this suggestion worthy of consideration, and, in any case, the powers of the local supervising authority might with advantage be extended so as to include the inspection of the work of certified midwives in such homes, whether kept by them or not.

Appendix X.

4600-3.

4305-7.

4615-7.

95. With a view to facilitate the Board's procedure in framing and modifying their Rules, it would be expedient to substitute the "Executive Committee" for the "English Branch Council" (section 17) as the body through which the General Medical Council act under section 3.

96. It should be made a statutory duty of the Board, as suggested by Sir G. Fordham, to submit to the Privy Council an annual report of their proceedings. Moreover, the Committee note that the Housing, Town Planning, &c. Bill, 1909, introduced by His Majesty's Government, provides by clause 67 for the appointment by every county council of a whole-time medical officer of health. With this fact in view, in order that local supervising authorities may profit by each other's experience, and that the Central Midwives Board may be properly informed of the working of the Act throughout the country, the Committee are strongly of opinion that county medical officers should, not later than the 25th March in every year, make a report to their authorities (who should submit copies to the Privy Council, the Local Government Board, and the Central Midwives Board) on the administration of the Act during the previous year, including a statement of such facts and an opinion on such matters as the Central Midwives Board may require. A digest and comparison of these reports should be included in the Board's annual report, which should be placed on sale. By these means the objects indicated in paragraphs 3 and 4 of Dr. Newsholme's memorandum may be greatly assisted.

Appendix III.



## (B.)—MODIFICATION OF ADMINISTRATIVE PRACTICE.

97. With a view to the more effectual prevention of blindness arising from ophthalmia neonatorum, the consequences of which to the community, in the loss of individual effectiveness and the imposition of a heavy financial burden, were graphically depicted by Mr. Sydney Stephenson, the Rules of the Board should, in our judgment, be strengthened, as he suggested, by making it the duty of the midwife to advise those responsible to summon medical help whenever she notices symptoms indicative of danger. We consider, moreover, that special attention should be given to this subject both in the curriculum for the training of midwives and in the Board's examinations. It will be noticed that, in Dr. Newsholme's judgment, the machinery of the Midwives Act appears to offer the most hopeful means towards the prevention of this scourge. 6025.  
6034. Appendix III., par. 7.

98. Mr. Schröder, deputy coroner for Central London, believed that many lives might be saved and inquests avoided, if the Rule requiring medical aid in the case of dangerous feebleness were supplemented by the addition of the words "especially in the case of prematurely born children." 6487.  
6489.

99. The suggestion that the Central Midwives Board should inspect arrangements of local supervising authorities with regard to midwives engaged in training candidates does not seem to us feasible, and we do not think that any general inspection of the work of these authorities should be added to the duties of the Board. We would, however, suggest that the operation of the Act be included in the report on the general sanitary condition of any district that may be the subject of inquiry by the Local Government Board, and there would further be advantage in some such investigation as that mentioned at the end of paragraph 2 of Dr. Newsholme's memorandum. 5766-71.  
5811. Appendix III.

100. We have already mentioned the propriety of adding, when possible, to the number of examination centres, and of conducting, so far as practicable, the written examination locally. In order to obviate the effects of nervousness in candidates, the employment of women as examiners is, with good reason we think, advocated, and we consider it desirable that general practitioners who have had the necessary training and experience should be included. Par. 54.  
74-6.  
4946-50.  
5431.  
6415.  
6221-5.  
6681.  
6929-32.

101. It should not be forgotten that to women drawn from an ill-instructed and inarticulate class an examination presents very formidable difficulties, which can only be got over by meeting them on the basis of simple terms and a restricted vocabulary. Uneducated women from rural districts, we were told, though difficult to teach, may make good midwives. 434.  
3464-70.  
6203-16.  
5417.

102. With a view to facilitating the admission to the roll of adequately trained women, we think that the Central Midwives Board might, in the exercise of their powers, consider the propriety of accepting, whenever possible, in whole or in part, the examination of bodies outside England and Wales, who, in the judgment of the Board, maintain a proper standard of qualification.

103. We failed to elicit, in the result of personal inquiries addressed to the midwives examined, that they suffered from any substantial grievances, though there was some complaint of the minuteness of the instructions under which they acted and the charges involved. In order to diminish these, we think it would be reasonable that stamped forms should be furnished for all compulsory notifications required by the local supervising authority or the Central Midwives Board, and any books used might be provided free by the authority. 5172-3.  
Appendix VI. (12).  
288.  
5110-12.  
5228-40.  
Appendix XIII. (5)

104. Although it is not, perhaps, directly germane to the purposes of this inquiry, we should like to mention with approval the efforts that have been made in some quarters to identify midwives' functions with the interests of public health: thus, in Rotherham, where they are used as a kind of assistant female health visitor, they are encouraged to check infant mortality by the payment of prizes if the children live; while in Liverpool, besides being invited to report ophthalmic cases, they are supplied with post-cards to report insanitary conditions in houses where they attend. It was in recognition of such efforts that Dr. Handford described the midwife's influence as valuable "to a certain extent" for inculcating sanitary principles. While we do not think that any steps that can properly be taken by midwives in this direction should be regarded as in any way superseding the necessity for supervision and inspection by the sanitary authorities themselves, we commend to the consideration of the public 2506.  
2587.  
2900-1.  
2933.  
4095-7.



Appendix III. bodies concerned the recommendations made by Dr. Newsholme in paragraphs 6 and 8 of his memorandum.

3065.  
4200.  
4354.  
3361.  
Appendix III., par. 6. 105. The Notification of Births Act was declared by one or two witnesses to have proved a valuable supplement to the Midwives Act as an instrument of public health, and its adoption in rural districts was advocated by Mr. Fosbroke as a means to that end. We think that the authorities concerned would do well to extend the adoption of the Notification of Births Act throughout the kingdom. The usefulness of the Act would be increased, if it were amended so as to require the name of the person actually in attendance at the birth to be stated in the form of notification. We are glad to be supported in this opinion by Dr. Newsholme.

6165-70.  
Appendix III., par. 7. 106. We should be glad, in accordance with Mr. Stephenson's suggestion, to see ophthalmia neonatorum made notifiable under the Infectious Disease (Notification) Acts. Dr. Newsholme also in his memorandum asks that steps should be taken to "render more operative the prompt and complete notification to the supervising authority of all cases of inflammation of the eyes."

1420-8.  
2320-6.  
2714-5.  
7007-15.  
Appendix XIV. 2135-9. 107. Some evidence was laid before us in favour of the appointment of salaried midwives by the poor law authority, on the model of the Irish Dispensary system, in explanation of which the Local Government Board of Ireland were good enough to furnish us with a memorandum (Appendix IV.). Mrs. Wallace Bruce, Sir G. Fordham, Mrs. Heywood Johnstone and Mr. Dodd spoke in favour of the appointment of district midwives by boards of guardians, and such a system is strongly advocated in the memorandum submitted by Miss A. M. Alexander, a member of the Kensington board of guardians. (Sir William Sinclair favoured an analogous system under the administration of county councils.) We do not recommend this system as generally applicable to, or desirable for, this country, but would prefer to see an extended utilisation of voluntary agencies by the public relief authority. It is only where such arrangements cannot be made that we should be disposed to encourage the appointment of district midwives by boards of guardians. We understand that the Local Government Board would not require any additional powers to enable them to authorise such appointments wherever they are considered desirable.

108. A judicious move in this direction would diminish the general strain upon supply, and tend to surmount the difficulty of adapting that supply to the exigencies of areas below the average standard of competence.

2746-7.  
2831-42.  
3343.  
3561-9. 109. In the result of a representation made by the Committee to the Privy Council Office in the early stages of this inquiry, the Registrar-General was asked to add a column in the Register of Births for the insertion of the name and status of the person who in each case actually delivered the mother. This was recommended to us by several witnesses as the best means of fixing responsibility on the individual midwife and maintaining her practice on the highest level of performance.

503-4.  
6515. 110. An amendment of the law, outside the scope of the Midwives Act, by which it should be necessary to register still-births, would contribute to the maintenance of a high standard of professional competence among midwives by assisting the local supervising authority to identify cases of neglect or malpractice. The change has been recommended by other Committees,—on the last occasion by that on Physical Deterioration upon the ground of the light likely thereby to be thrown on the causes of infant mortality,—and it received strong support from one or two witnesses at this enquiry.

#### IV.—SUMMARY OF RECOMMENDATIONS.

111. The following is a summary of the Committee's principal recommendations:—

##### (a) SUPPLY AND TRAINING OF MIDWIVES.

Par. 29. (1) The Committee deprecate any postponement of the date (31st March 1910) after which uncertified women will, under section 1 (2) of the Act, be prohibited from attending habitually and for gain women in childbirth, except under the direction of a medical practitioner, or in cases of emergency.

Par. 32. (2) With regard to the suggestion that in sparsely peopled rural areas annual licences to practise, based upon a modified examination, might, if a serious deficiency occurred, be issued to uncertified women, the Committee, while loth to recommend



any departure from uniformity, think that the matter may be left to the discretion which the Central Midwives Board are empowered to exercise in regulating the conditions of admission to the roll.

(3) The Board might properly consider the expediency of giving another opportunity of enrolment to such trained women as were qualified for admission under section 2 of the Act, but failed to apply before the appointed day (31st March 1905). Par. 32.

(4) The Committee, regarding the provision and maintenance of an adequate supply of midwives mainly as a question of organisation and distribution, are of opinion that there is no need of any subvention from the State. Pars. 28 and 35.  
Par. 92.

(5) The organisation and distribution of the supply should be undertaken by the co-ordinated action of local authorities and voluntary agencies. Pars. 28, 36, and 37.

(6) As the most suitable machinery for giving effect to this recommendation, the Committee advocate the establishment of county nursing associations throughout the country, working in co-operation with the local supervising authorities, and affiliated, wherever possible, to some central body such as Queen Victoria's Jubilee Institute. Par. 37.

(7) The details of method will necessarily vary in different districts, but the Committee are of opinion that, in general, the formation of county training homes, and of emergency homes, from which midwives can be drafted temporarily to places where their services are required, will be found a hopeful basis of organisation. Par. 37.

(8) The powers of county councils should be extended so as to enable them to charge upon the county fund contributions in aid of the training of midwives for work in their areas. Pars. 52 and 92.

(9) Boards of guardians should be encouraged to exercise their powers to subscribe to the support of nursing associations in return for services rendered. Par. 39.

(10) The general introduction into this country of the Irish dispensary midwives system appears to be unnecessary; but, in places where arrangements cannot be made for the utilisation of voluntary agencies, it might be advisable that boards of guardians should be authorised to appoint district midwives. Par. 107.

(11) The Committee consider that in rural districts the practice of midwifery might, with safety and advantage, be combined with district nursing, provided that the requirements of the medical officer of health and the Rules of the Central Midwives Board are carefully observed. In certain areas the system of cottage resident nurses would be found suitable. Par. 38.  
Par. 40.

(12) The possibility in some cases of combining with the functions of a district nurse-midwife the duties of health visitor and, perhaps, also of school nurse should be borne in mind by local authorities. Par. 104.

(13) The Committee desire to lay stress on the importance of fostering any provident arrangements by which the classes among whom midwives work could insure, through maternity clubs or otherwise, against the expenses incident to childbirth. Par. 41.

(14) All possible facilities should be given by the various authorities concerned for the utilisation of poor law institutions as training centres. The suggestion, that the material available for this purpose might be increased by permitting nurses in workhouses and infirmaries to attend extern maternity cases, is commended to the consideration of the Local Government Board. Pars. 44-50.

(15) In fixing the standard of training and examination, the Central Midwives Board should, subject to the requirements of safety, have due regard to the needs of the country with respect to supply. The present standard is understood to aim only at ensuring that the women certified thereunder shall be safe and competent midwives, and in existing circumstances the Committee consider that it should not be raised. Par. 53.

(16) An increase in the number of examination centres is recommended with a view to a reduction in the cost of training. Par. 54.

(17) On general grounds, the Committee desire to call attention to the expediency of employing as examiners general medical practitioners who have had the necessary training and experience. Par. 100.

(18) A more extended use of women as examiners might tend to give greater confidence to nervous candidates. Par. 100.

(19) In this connection the importance should not be overlooked of framing the examination questions in simple language, with a view to adapting them, so far as Par. 101.



possible, to the educational level and restricted vocabulary of the class of women likely to present themselves from rural districts.

Par. 102. (20) The Central Midwives Board might consider the propriety of accepting, either wholly or partly, in lieu of their own examination, the certificates of examining bodies outside England and Wales, who maintain an adequate standard of qualification.

(b) REMUNERATION OF MEDICAL MEN SUMMONED ON THE ADVICE OF MIDWIVES.

Par. 71. (1) A secure expectation of payment should be given to a medical practitioner summoned on the advice of a midwife in a case of emergency.

Par. 77. (2) The poor law authority should be responsible for the payment, and should be empowered to charge the fee paid as "relief on loan" to the patient.

Par. 77. (3) A quarterly return of cases in which payments have been made should be sent by the guardians to the local supervising authority.

Par. 78. (4) The scale of fees should be fixed by Order of the Local Government Board on a systematic basis, having due regard to local conditions.

Par. 78. (5) The conditions which should be deemed to come within the category of emergency should be scheduled in the regulations. The Committee suggest that, in addition to cases comprised under the heading of "labour" in the Rules of the Central Midwives Board, loss of blood during pregnancy, secondary post-partum hæmorrhage, or septicæmia during the lying-in period, and any inflammation of the child's eyes should be included.

Par. 79. (6) In emergency cases, the system of a uniform fee, which should cover any ordinary after-attendance, is recommended for adoption, with the addition, perhaps, in scattered rural areas, of some allowance for "mileage."

Par. 80. (7) The medical practitioner, in applying to the public authority, should be required to state that he has been unable to obtain payment of his fee from the patient or her representatives.

Par. 80. (8) A list of practitioners willing to respond to a midwife's call should be prepared and circulated in every area.

Par. 79. (9) For cases not scheduled as emergencies, the ordinary machinery of poor-law medical relief would usually be sufficient.

(c) DELEGATION OF THEIR POWERS BY COUNTY COUNCILS.

Par. 20. The power of delegation to district councils under section 9 of the Act should be withdrawn; and, in cases where it is still exercised, the delegation should be revoked.

(d) MISCELLANEOUS.

(1) *Constitution of the Central Midwives Board.*

Par. 83. (i) The number of members should be increased from nine to twelve, by giving an additional nominee to the Lord President of the Council, and a representative each to the Local Government Board, the British Medical Association, and the Society of Medical Officers of Health. The member appointed by the Incorporated Midwives Institute should in future be a certified midwife, instead of a medical practitioner, and the representation of the Royal British Nurses Association should be discontinued.

Par. 83. (ii) Following the model, and subject to the safeguards, provided by Section 10 of the Medical Act, 1886, His Majesty in Council should be empowered to consider and, if approved, give effect by Order to any representations received hereafter from the Central Midwives Board for further changes in its constitution.

(2) *Finances of the Central Midwives Board.*

Par. 87. (i) Section 5 of the Act should be amended by providing that any balance shown against the Central Midwives Board in their annual financial statement should, after approval by the Privy Council, be apportioned among the local supervising authorities on the basis of population according to the most recent census returns, instead of on the basis of the number of midwives who have notified their intention to practise.



(ii) The Committee recommend that the members of the Central Midwives Board should be paid, in respect of their attendances, such reasonable travelling expenses as may be allowed by the Board. Par. 89.

### (3) *Midwives Roll.*

(i) With a view to ensuring the accuracy of the roll, every midwife, whether intending to practise or not, should be required to notify annually, in the month of January, her address to the local supervising authority of the district in which she resides; any change of address during the year to be notified immediately, and, in the case of a woman commencing a new practice, the notification to be made at the date of such commencement. Par. 91.

(ii) The local supervising authority should within the first fortnight of the year send to every midwife in their area a form on which, in addition to the notification of her name and address and the number and date of her certificate, she should have to state whether she intends to practise or not. Par. 91.

(iii) It should be made clear in the form of notification that, unless it be duly returned, the midwife's name would be removed from the roll, and would not be restored without the payment of a fee. Par. 91.

(iv) A list of all midwives from whom notifications have been received should forthwith be transmitted by the local supervising authority to the Central Midwives Board. Par. 91.

(v) The Board should be empowered to act in the place of any local supervising authority making default in this matter, and to charge them with the expense incurred. Par. 91.

### (4) *Disciplinary Functions.*

(i) The existing power, vested in local supervising authorities under section 8 (3) of the Act, to suspend a midwife from practice in order to prevent the spread of infection, should be limited strictly to actual cases of infection and to the time necessary to remove all risk of infection. Par. 84.

(ii) Local supervising authorities should further be empowered to suspend a midwife for any breach of the provisions of the Act or of the Rules of the Central Midwives Board, pending the prosecution of the woman before a court or the adjudication of the case by the Board. Par. 84.

(iii) This power of disciplinary suspension should only be exercisable when the authority proceed forthwith to prosecute the woman or to submit her case to the Board. Par. 84.

(iv) A power of suspension in lieu of, or as a preliminary to, striking off the roll should be conferred on the Central Midwives Board. Par. 84.

(v) The Board should, at their discretion, have the power to pay the whole or part of the expenses of a midwife who has been required to appear before them in her own defence. Par. 85.

(vi) When a woman's name has been removed from the roll, she should be required, under penalty, to surrender her certificate without delay, and she should thereafter be prohibited from attending professionally on a lying-in woman in any capacity. Par. 86.

(vii) In order to prevent any evasion of the disciplinary restrictions of the Act by certified women, who abstain from giving notice of intention to practise, and claim merely to be acting as monthly nurses under a doctor, an amendment of the provisions of section 10 is recommended. Par. 93.

### (5) *Private Lying-in Homes.*

The suggestion that lying-in homes conducted for gain should be specially registered seems worthy of consideration, and the Committee think that the powers of local supervising authorities should be extended, so as to include the inspection of the work of certified midwives in such homes, whether kept by them or not. Par. 94.



(6) *Prematurely-born Children.*

- Par. 98. The Rule of the Central Midwives Board, requiring midwives to ask for medical aid in cases of "dangerous feebleness" of the child, might be strengthened by the insertion of an explicit reference to premature births.

(7) *Ophthalmia neonatorum.*

- Par. 97. (i) The Board should also prescribe that medical help should be summoned whenever a midwife notices symptoms in the mother or child indicating any risk of ophthalmia neonatorum.
- Par. 106. (ii) This disease might with advantage be made notifiable under the Infectious Disease (Notification) Acts by inclusion in the list of the diseases specified in section 6 of the Act of 1889.

(8) *Notification of Births Act.*

- Pars. 105 and 109. The general adoption of the Notification of Births Act, 1907, throughout the kingdom is recommended as a valuable supplement to the operation of the Midwives Act. Failing this, the addition of a column in the Register of Births, for entry of the name and status of the person who actually delivered the mother, would probably help to promote efficiency and check abuses in the practice of midwives. It would be desirable that such particulars should be required in all notifications under the Act of 1907, and, if necessary, the Act should be amended in this sense.

(9) *Still-births.*

- Par. 110. Statutory provision should be made for the registration of still-births.

(10) *Inquiries by the Local Government Board into the effects and working of the Act.*

- Par. 99. (i) The medical staff of the Local Government Board might with advantage investigate the relation between the administration of the Act and the rate of puerperal mortality in different areas.
- Par. 99. (ii) The Committee also suggest that the working of the Act should be reported upon whenever a special inquiry into the general sanitary condition of any district is instituted by the Department.

(11) *Minor Amendments of the Act.*

- Par. 96. (i) It should be made the duty of the Central Midwives Board to present to the Privy Council an annual report of their proceedings.
- Par. 96. (ii) The medical officers of counties and county boroughs should be required to report annually to their authorities on the administration of the Act in their areas; copies of these reports should be forwarded to the Privy Council, the Local Government Board, and the Central Midwives Board, who should include a digest in their own report.
- Par. 103. (iii) Midwives should be supplied with stamped forms for all notifications which they are, or may be, required to make to the local supervising authorities or the Central Midwives Board, and any books prescribed for their use should be provided gratuitously by the authority.
- Par. 95. (iv) For the purposes of section 3 of the Act, the General Medical Council should be empowered to act through their Executive Committee, instead of through the English Branch Council.

## V.—CONCLUSION.

112. The Committee believe that, if these recommendations, none of which present any considerable difficulty, are adopted in a spirit of sympathy with the objects of the Act, they will go far to dissipate the prejudice that attaches to it in certain quarters, and materially reduce any obstacles to its operative success, now attributable to lack of information, obscurity of purpose, or administrative apathy.



113. While acknowledging the assistance we have received from the whole body of witnesses, we desire particularly to record our sense of obligation to Monsieur Henri Monod, Dr. Münsterberg, Dr. Wehmer, Frau Olga Gebauer, and Heer J. F. L. Blankenberg for the interesting information which they have so kindly placed at our disposal with regard to the arrangements for midwifery attendance on poor persons in France, Germany, and the Netherlands respectively. The communications which we have received from them will be found in Appendix XV.—

114. Finally, we cannot conclude our labours without the most cordial recognition of the debt we owe to the Joint Secretaries, Messrs. H. J. Stanley and F. J. Welch, for their invaluable aid. The work of the Committee has been much lightened by their patience, accuracy and devotion.

We have the honour to be,

My Lord,

Your Lordship's obedient servants,

ALMERIC W. FITZROY.

GEORGINA F. HOBHOUSE.

F. H. CHAMPNEYS.

J. S. DAVY.

ARTHUR DOWNES.

FRANCIS E. FREMANTLE.

JOHN PEDDER.

H. J. STANLEY, }  
F. J. WELCH, } *Joint Secretaries.*

10th August 1909.

Part I.— General Statistics.				Part II.— Detailed Statistics.			
Year.	Population.	Births.	Deaths.	Year.	Population.	Births.	Deaths.
1891	1,000,000	100,000	10,000	1891	1,000,000	100,000	10,000
1892	1,000,000	100,000	10,000	1892	1,000,000	100,000	10,000
1893	1,000,000	100,000	10,000	1893	1,000,000	100,000	10,000
1894	1,000,000	100,000	10,000	1894	1,000,000	100,000	10,000
1895	1,000,000	100,000	10,000	1895	1,000,000	100,000	10,000
1896	1,000,000	100,000	10,000	1896	1,000,000	100,000	10,000
1897	1,000,000	100,000	10,000	1897	1,000,000	100,000	10,000
1898	1,000,000	100,000	10,000	1898	1,000,000	100,000	10,000
1899	1,000,000	100,000	10,000	1899	1,000,000	100,000	10,000
1900	1,000,000	100,000	10,000	1900	1,000,000	100,000	10,000
1901	1,000,000	100,000	10,000	1901	1,000,000	100,000	10,000
1902	1,000,000	100,000	10,000	1902	1,000,000	100,000	10,000
1903	1,000,000	100,000	10,000	1903	1,000,000	100,000	10,000
1904	1,000,000	100,000	10,000	1904	1,000,000	100,000	10,000
1905	1,000,000	100,000	10,000	1905	1,000,000	100,000	10,000
1906	1,000,000	100,000	10,000	1906	1,000,000	100,000	10,000
1907	1,000,000	100,000	10,000	1907	1,000,000	100,000	10,000
1908	1,000,000	100,000	10,000	1908	1,000,000	100,000	10,000
1909	1,000,000	100,000	10,000	1909	1,000,000	100,000	10,000



## APPENDICES.

## APPENDIX I.

## STATISTICAL INFORMATION with regard to the MORTALITY from PUERPERAL SEPSIS and ACCIDENTS of CHILDBIRTH.

The following statistical tables have been prepared from the information contained in the Annual Reports of the Registrar-General.

Table A. shows the number of deaths of mothers in England and Wales from puerperal sepsis, and the annual death-rates per million females living, for the period of 20 years ended 1907.

Table B. shows the rate of this mortality calculated in the proportion to 1,000 births.

Table C. shows the death-rates from puerperal sepsis and accidents of childbirth per 1,000 births, for the 10 separate years, 1897 to 1906, for the 10 years as an aggregate, and for the year 1907, over the

whole of England and Wales and in the respective Registration Counties.

"Puerperal sepsis" includes puerperal septicaemia, puerperal septic intoxication, puerperal pyæmia, phlegmasia alba dolens, and puerperal fever not otherwise defined.

"Accidents of childbirth" includes abortion, miscarriage, puerperal mania, puerperal convulsions, placenta prævia, flooding, and "other accidents of pregnancy and childbirth."

The Diagrams A., B., and C. correspond with Tables A., B., and C. respectively.

## I.

TABLE A.

STATEMENT showing, in respect of the years 1888 to 1907 inclusive, the NUMBER of DEATHS of FEMALES in ENGLAND and WALES from PUERPERAL SEPSIS, and the ANNUAL DEATH-RATES per Million FEMALES LIVING.

Year.	Deaths from Puerperal Sepsis.	
	Number.	Rate per Million Females Living.
1888 - -	2,457	169
1889 - -	1,909	130
1890 - -	2,016	136
1891 - -	2,069	138
1892 - -	2,439	160
1893 - -	3,094	202
1894 - -	2,257	145
1895 - -	1,927	123
1896 - -	2,123	133
1897 - -	1,898	118
1898 - -	1,767	109
1899 - -	1,973	120
1900 - -	2,017	121
1901 - -	2,079	122
1902 - -	2,003	118
.....		
1903 - -	1,668	97
1904 - -	1,654	94
1905 - -	1,734	98
1906 - -	1,640	93
1907 - -	1,465	81

TABLE B.

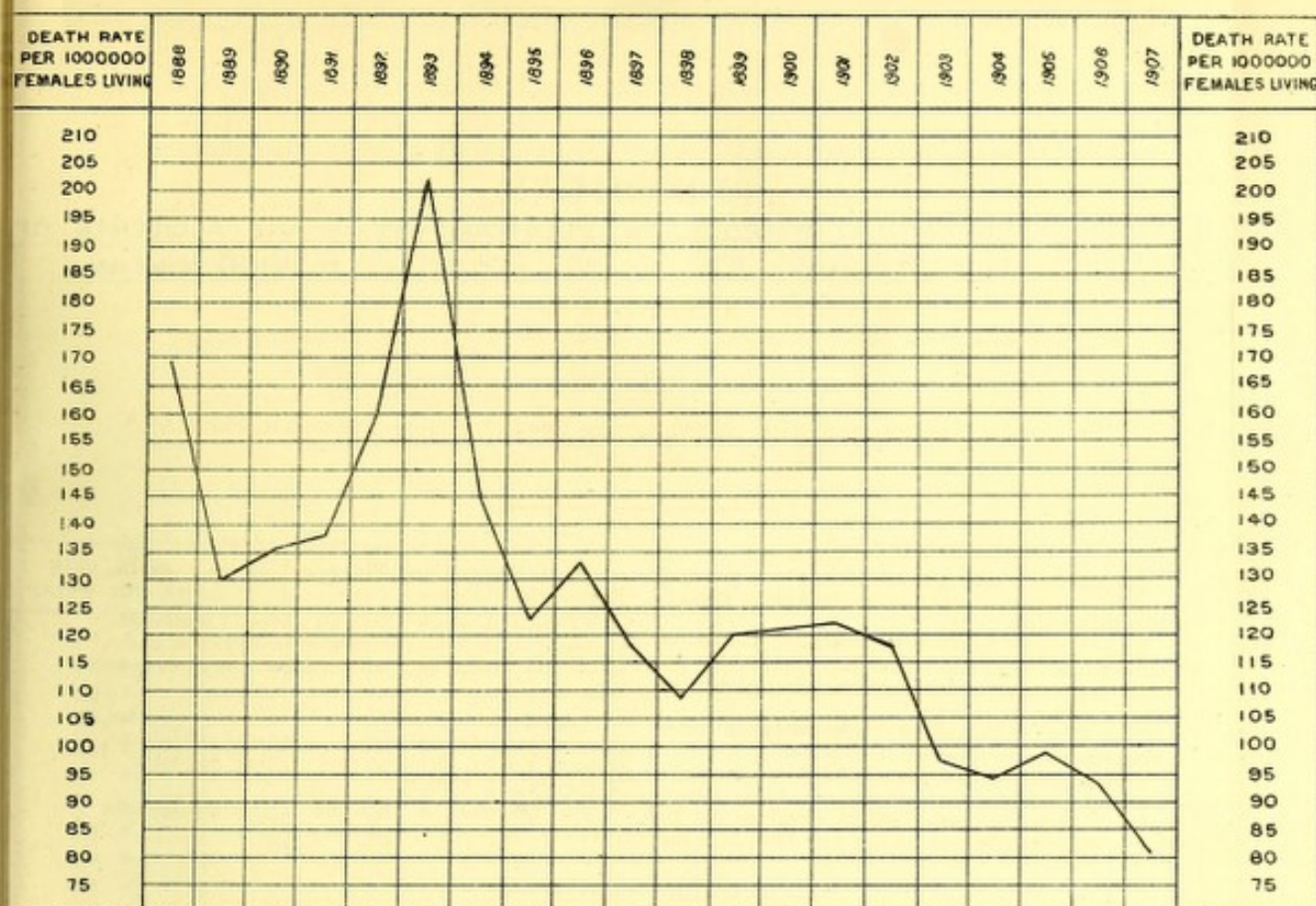
RATE of MORTALITY from PUERPERAL SEPSIS in ENGLAND and WALES, calculated in the proportion to 1,000 BIRTHS.

Year.	Number of Births.	Deaths from Puerperal Sepsis.	
		Number.	Rate per 1,000 Births.
1888 - -	879,868	2,457	2.792
1889 - -	885,944	1,909	2.154
1890 - -	869,937	2,016	2.317
1891 - -	914,157	2,069	2.263
1892 - -	897,957	2,439	2.716
1893 - -	914,572	3,094	3.383
1894 - -	890,289	2,257	2.535
1895 - -	922,291	1,927	2.089
1896 - -	915,331	2,123	2.319
1897 - -	921,683	1,898	2.059
1898 - -	923,165	1,767	1.914
1899 - -	928,646	1,973	2.124
1900 - -	927,062	2,017	2.175
1901 - -	929,807	2,079	2.235
1902 - -	940,509	2,003	2.129
.....			
1903 - -	948,271	1,668	1.759
1904 - -	945,389	1,654	1.749
1905 - -	929,293	1,734	1.865
1906 - -	935,081	1,640	1.753
1907 - -	918,042	1,465	1.595



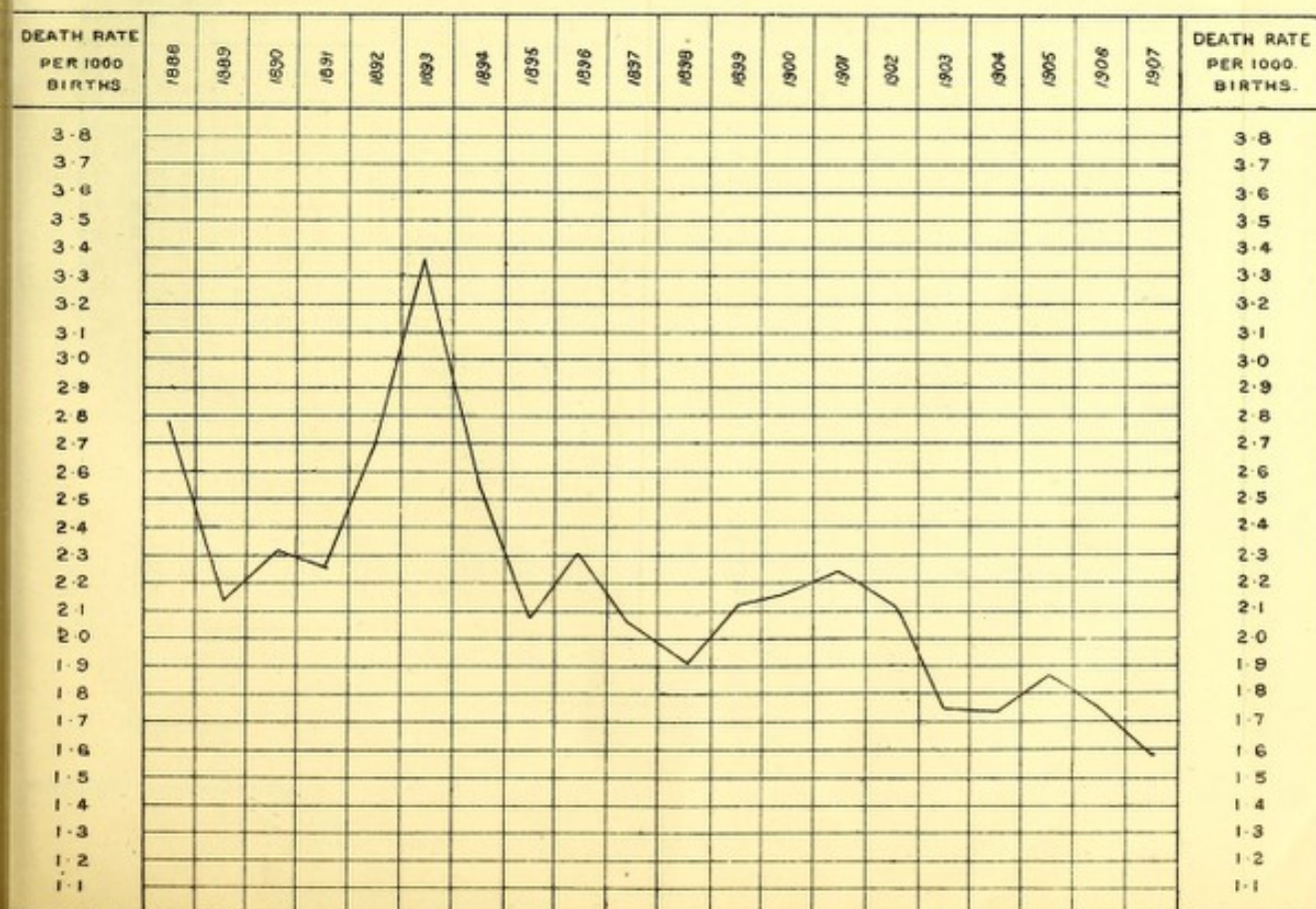
**DIAGRAM A.**

**DEATH RATES FROM PUERPERAL SEPSIS IN ENGLAND & WALES 1888 TO 1907,  
PER 1000000 FEMALES LIVING.**



**DIAGRAM B.**

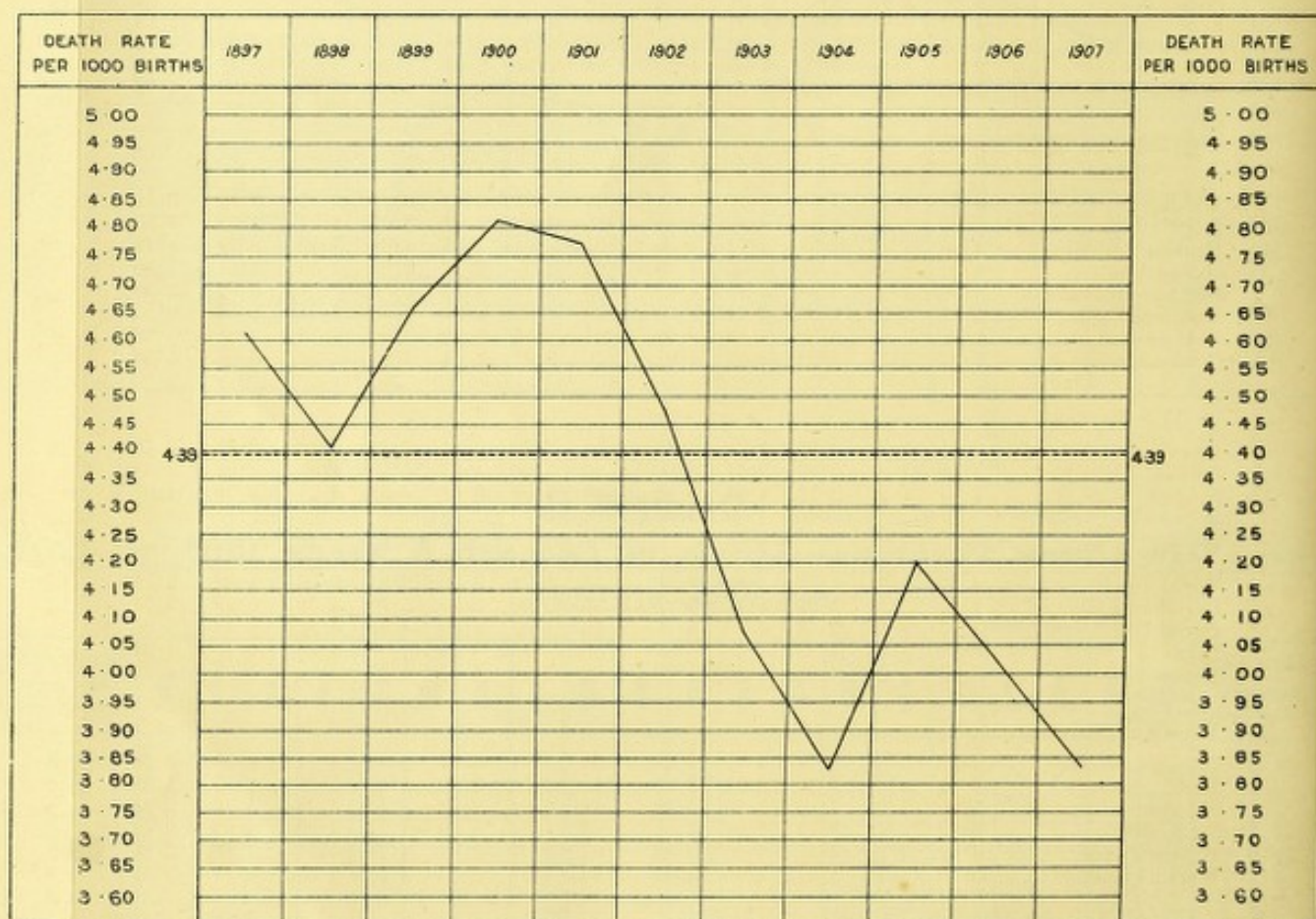
**DEATH RATES FROM PUERPERAL SEPSIS IN ENGLAND & WALES 1888 TO 1907,  
PER 1000 BIRTHS.**





# DIAGRAM C.

DEATH RATES IN ENGLAND & WALES FROM PUERPERAL SEPSIS AND ACCIDENTS OF  
CHILD BIRTH FOR THE YEARS 1897 TO 1907, INCLUSIVE; TO 1000 BIRTHS.



*Note. The dotted line shows the average death-rate (4.39) for the ten years 1897-1906.*





TABLE C.

DEATH-RATES FROM PUERPERAL SEPSIS AND ACCIDENTS OF CHILDBIRTH, IN ENGLAND AND WALES,  
to 1,000 BIRTHS.

Registration County.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	10 years 1897- 1906.	1907.
England and Wales .	4·61	4·41	4·66	4·81	4·73	4·47	4·07	3·88	4·20	4·02	4·39	3·83
I.—LONDON.												
London .	3·58	2·98	3·40	3·28	3·38	3·36	2·97	3·01	3·03	3·07	3·21	2·92
II.—SOUTH EASTERN.												
Surrey .	3·87	3·69	4·51	4·01	2·99	3·26	3·87	2·95	2·79	3·19	3·51	3·04
Kent .	4·72	3·84	3·61	4·03	3·52	3·88	3·53	2·90	3·95	3·40	3·74	2·15
Sussex .	4·14	4·43	3·61	5·29	3·42	4·50	4·05	3·26	3·68	3·53	3·99	3·02
Hampshire .	3·45	4·13	3·53	3·80	4·09	2·84	2·51	2·87	3·72	3·54	3·45	3·12
Berkshire .	5·70	3·98	4·63	3·45	4·46	4·24	2·88	3·87	4·09	6·13	4·34	4·78
III.—SOUTH MID- LAND.												
Middlesex .	3·35	3·48	3·60	3·47	3·45	3·04	3·06	2·84	3·01	2·63	3·19	3·12
Hertfordshire .	3·68	2·99	4·91	3·91	4·42	3·15	2·66	2·71	2·67	4·64	3·57	3·50
Buckinghamshire .	4·40	4·14	4·56	4·13	4·00	2·91	3·01	3·05	4·08	3·49	3·78	1·41
Oxfordshire .	4·22	2·80	4·40	5·00	4·33	5·24	2·35	2·93	2·81	2·56	3·66	4·59
Northamptonshire .	4·30	4·21	3·98	3·48	4·19	4·05	4·17	4·43	2·82	3·54	3·92	2·86
Huntingdonshire .	1·61	5·01	1·65	3·44	5·08	2·68	0·88	0·88	5·56	2·64	2·94	0·93
Bedfordshire .	6·32	3·84	3·70	3·89	3·98	3·41	2·45	3·39	3·66	3·73	3·84	3·88
Cambridgeshire .	5·97	3·56	4·22	4·60	4·01	2·66	3·98	2·64	4·08	2·88	3·86	5·50
IV.—EASTERN.												
Essex .	3·01	3·08	3·62	3·34	3·41	3·19	3·33	2·85	3·11	3·12	3·21	2·76
Suffolk .	3·30	4·05	3·99	3·64	3·80	3·20	3·30	4·21	4·78	4·96	3·92	2·38
Norfolk .	4·84	4·46	3·72	4·07	3·41	3·68	4·02	3·61	3·91	4·21	3·99	4·07
V.—SOUTH WESTERN.												
Wiltshire .	4·37	3·55	6·25	4·89	5·30	4·35	4·71	3·30	5·91	3·56	4·62	3·25
Dorsetshire .	4·91	3·50	3·95	4·43	5·25	4·55	2·30	3·85	2·74	4·38	3·99	3·77
Devonshire .	4·17	4·56	4·54	4·66	5·17	4·66	4·67	3·30	4·61	4·16	4·45	4·06
Cornwall .	3·27	4·28	4·49	5·29	3·86	6·36	4·43	3·24	5·00	4·36	4·46	4·97
Somersetshire .	3·68	4·20	4·39	4·26	4·84	2·78	3·18	4·67	4·31	2·95	3·93	3·34
VI.—WEST MIDLAND.												
Gloucestershire .	2·92	3·96	5·31	4·79	4·26	4·30	3·41	3·91	3·85	4·21	4·09	3·34
Herefordshire .	6·74	6·04	5·70	3·82	2·65	5·70	4·11	3·10	5·15	5·65	4·87	5·29
Shropshire .	5·79	4·35	4·02	3·30	4·12	3·48	3·64	2·62	3·44	3·24	3·80	3·36
Staffordshire .	5·19	4·85	5·11	5·91	5·00	3·83	4·46	4·09	4·24	4·23	4·69	3·62
Worcestershire .	4·02	3·72	4·56	5·95	3·83	4·01	3·91	2·61	4·24	4·71	4·16	2·86
Warwickshire .	3·70	4·48	4·41	4·89	4·47	3·63	4·54	3·60	3·27	4·35	4·13	3·53
VII.—NORTH MIDLAND.												
Leicestershire .	4·61	3·50	4·12	4·44	3·87	2·95	4·11	3·11	4·03	3·41	3·82	3·11
Rutlandshire .	—	6·52	4·09	2·19	8·42	4·42	4·78	2·29	2·25	2·19	3·72	—
Lincolnshire .	3·68	4·47	4·95	4·94	5·90	4·82	4·20	3·22	3·31	3·41	4·29	3·67
Nottinghamshire .	3·89	5·04	5·05	5·11	4·99	4·22	4·87	3·62	4·10	4·84	4·57	4·25
Derbyshire .	5·32	4·66	4·43	5·74	5·40	4·84	3·90	4·71	4·30	3·88	4·72	3·17
VIII.—NORTH WESTERN.												
Cheshire .	5·18	4·71	6·32	6·39	5·19	5·58	4·50	5·40	5·08	3·46	5·18	4·28
Lancashire .	5·56	5·20	5·66	5·34	5·69	5·00	4·57	4·63	5·51	4·65	5·18	4·59
IX.—YORKSHIRE.												
West Riding .	5·31	5·16	5·11	5·15	5·79	5·50	4·55	4·91	4·57	4·98	5·10	4·84
East Riding (with York).	4·20	4·33	4·03	4·16	4·21	6·83	3·62	2·90	3·97	4·23	4·25	4·37
North Riding .	4·94	3·39	4·54	5·84	3·23	4·21	6·03	3·97	3·65	3·81	4·36	3·80



Registration County.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	10 years 1897- 1906.	1907.
England and Wales -	4.61	4.41	4.66	4.81	4.73	4.47	4.07	3.88	4.20	4.02	4.39	3.83
X.—NORTHERN.												
Durham -	4.60	4.97	5.05	4.77	5.62	5.34	4.08	4.24	4.49	4.18	4.73	4.14
Northumberland -	5.60	4.47	4.76	5.09	4.73	4.57	4.57	4.03	4.20	3.12	4.51	3.45
Cumberland -	5.58	3.58	5.09	6.98	5.28	7.63	4.05	4.83	5.51	5.26	5.38	4.66
Westmorland -	8.55	5.19	3.91	4.13	7.56	2.84	7.67	7.74	5.11	2.88	5.56	8.68
XI.—WELSH.												
Monmouthshire -	6.38	5.05	5.24	8.70	5.99	6.20	5.57	3.90	6.04	5.35	5.84	4.44
South Wales -	5.74	6.93	5.93	7.28	7.82	6.99	—	—	5.23	4.85	6.16	5.52
Glamorganshire -	—	—	—	—	—	—	5.54	4.94	5.29	4.94	6.12	5.44
Carmarthenshire -	—	—	—	—	—	—	5.71	6.59	4.70	4.48	6.22	3.94
Pembrokeshire -	—	—	—	—	—	—	5.05	7.76	5.04	4.31	6.24	8.25
Cardiganshire -	—	—	—	—	—	—	6.14	4.65	7.68	4.84	7.28	5.65
Brecknockshire -	—	—	—	—	—	—	2.49	9.58	3.94	4.63	6.41	8.49
Radnorshire -	—	—	—	—	—	—	3.88	7.89	2.00	5.05	3.69	2.30
North Wales -	7.27	6.34	6.96	6.52	4.93	6.89	—	—	6.36	5.23	6.29	6.12
Montgomeryshire -	—	—	—	—	—	—	5.86	5.92	6.43	4.01	6.15	6.62
Flintshire -	—	—	—	—	—	—	8.76	3.46	6.11	3.32	5.33	8.03
Denbighshire -	—	—	—	—	—	—	9.47	5.99	6.14	6.38	7.05	6.85
Merionethshire -	—	—	—	—	—	—	6.91	2.47	6.28	8.53	7.61	4.33
Carnarvonshire -	—	—	—	—	—	—	5.38	5.02	7.15	4.49	5.56	6.05
Anglesey -	—	—	—	—	—	—	5.39	7.93	4.75	3.57	5.00	1.27

## APPENDIX II.

## MEMORANDUM submitted by the LOCAL GOVERNMENT BOARD for the INFORMATION and CONSIDERATION of the MIDWIVES ACT COMMITTEE.

## I.—The Supply of Midwives and the Cost of Training.

In reply to a question in the House of Commons on the 21st November 1906, the President of the Local Government Board said:—"It would seem to the Local Government Board to be competent for a county council to incur expenditure for this purpose (the training of midwives) in exercise of the powers conferred on them by section 2 of the Education Act, 1902, if, after consultation with the Board of Education, it appeared to them desirable to do so. But they are not aware of any legal authority which would enable a county council to incur any such expenditure apart from these powers."

Following this, early in 1907, the County Councils Association asked the Board to promote a Bill to enable county councils to charge any sum expended on the training of midwives upon the county fund. Towards the end of 1907, the Rural Midwives Association asked the President to receive a deputation of members of their own and other kindred associations, who wished to urge the deficiency in the supply of midwives, and the need for State aid towards the training of suitable women to supply the demand. The Board have received similar representations from several county councils.

Bound up with this question is one which intimately concerns the Local Government Board, as the central authority for the administration of the poor law, viz., the utilisation of the lying-in wards in workhouses and poor law infirmaries for the purpose of teaching and training midwives. The Select Committee on the Midwives Registration Bill, 1892, made the following statement in their report:—"There is a wide field for training in midwifery now unused, connected with parish infirmaries"; and the Select Committee on Compulsory Registration of Midwives (1893) reported that "greater facilities for the study of midwifery

"should be provided in workhouses and lying-in hospitals."

Whatever may be the facts as to the alleged deficiency in the supply of midwives, which will be created by the operation of section 1 (2) of the Midwives Act—and on this question the Board do not express any opinion—it seems desirable that every poor law establishment, which is in a position to teach and train midwives—if it be only one or two a year—should be enabled and encouraged to do so. It is, the Board believe, generally recognised that the best midwives are those who qualify in midwifery after a course of training in general nursing; and it is, as a rule, midwives of this class who are trained in poor law establishments. But it appears to the Board that the effect of the action of the Central Midwives Board has been to discourage the supply of trained midwives from poor law institutions; and that, instead of there being "greater facilities for the study of midwifery in workhouses," there are to-day fewer poor law institutions available for teaching purposes than before the passing of the Midwives Act. And this has already had a detrimental effect in some unions upon the poor law nursing service. The possibility of gaining a qualification in midwifery, in addition to general training in nursing, has in the past attracted to the poor law service a better class of woman as probationer nurses than would otherwise have been the case, similar opportunities not being available at ordinary hospitals.

In regard to this question of the usefulness of poor law infirmaries for the purposes of midwifery training, attention may be drawn to the proposal of the General Medical Council to utilise these establishments in London for affording such training to medical students, and to the report which was made in connection with that proposal by the Special Commissioner of the "British Medical Journal," and which was published in the issue of 16th November 1907.



The Board would be glad if the Committee would consider whether it is not desirable that it should be left to the Board to determine what poor law institutions should be approved as training schools for midwives, and which medical officers, in the smaller establishments, should be recognised as "teachers"; and they would remind the Committee of the words used by Lord Crewe, then Lord President of the Council, in reply to a deputation which he received on the 22nd March 1907: "The Local Government Board is responsible for its every act to Parliament, and everybody who took exception to anything done by them had a simple and easy means of calling them to account." ("Times," 23rd March 1907.) The Board are convinced that this will be the most satisfactory method of putting an end to what has been an undoubted source of friction in the past. The effect would not be in any way to lower the standard of training set up by the Central Midwives Board. It is admitted that midwifery practice in poor law institutions has always been attended by satisfactory results, if the lowness of the death-rate is any criterion; the pupils who would be trained would, as a rule, be fully trained nurses, and they would still have to satisfy the requirements and pass the tests of the Central Midwives Board. As reference to the circular which the Local Government Board addressed to boards of guardians on the 29th July 1907\* will show, they have suggested the advisability of the adoption, in midwifery practice in all poor law establishments, of the Rules of the Central Midwives Board, with such modifications as the circumstances may render necessary; further, when a certified midwife is allowed to act as a midwife in a workhouse or infirmary, they insist that "all requirements of the Central Midwives Board, as laid down in their Rules in force for the time being, should be strictly observed, so far as they are applicable to such an establishment."

The Board desire to draw the attention of the Committee to the provisions of clauses 11 and 12 of the Nurses Registration Bill, 1908—as it left the House of Lords—as affording a useful precedent for any further legislation on the subject.

## II.—The Remuneration of Medical Men summoned on the Advice of Midwives under the Rules in pursuance of the Act.

The views of the Board on this question are stated in a letter which they addressed to the Clerk of the Council on the 2nd of April 1906; and in the latter part of the circular of the 29th July 1907, before referred to. Copies of both documents are appended.†

The Committee will doubtless receive evidence as to the extent to which boards of guardians have acted upon the suggestions contained in the Board's circular, but since its issue the Board have received very few concrete complaints of difficulties, and in the majority of such cases the complaints have proved to be without real foundation. In several instances it was found on investigation that the patients, or their relatives, were themselves willing and able to pay the doctor's fee; in one case it was found that the medical man who complained had made no application to the guardians, who would have been prepared to pay if upon inquiry the family had been found to be too poor to bear the expense. In two or three instances, guardians have paid the medical man's fee after the Board had reminded them of their power to do so under the Statute 11 & 12 Vict. c. 110, to which the circular draws attention. One defect in regard to payments under this Statute is that guardians have no legal powers of recovering any part of such payments; the payments cannot be granted as "relief on loan." The Board would suggest that, if it should appear to the Committee to be desirable that the payment of the medical man's fee should be guaranteed in every case, the local authority charged with the administration of poor law relief should be made the authority responsible, and should be empowered to charge the fee paid as "relief on loan" to the patient.

Local Government Board,  
19th April 1909.

## Enclosure No. 1.

(Copy.)

76,156. B. 1905.

Local Government Board,  
Whitehall, S.W.

2nd April 1906.

SIR,

I AM directed by the Local Government Board to state that they have had under consideration the question of the payment of medical practitioners called in by midwives, under Rule E. 17 of the Rules of the Central Midwives Board, in difficult cases.

It appears to the Board that, at present, there is no legal provision under which the payment of the medical man called in by a midwife can be guaranteed. In the cases of poor persons entitled to receive medical relief at the hands of the guardians, provision for the attendance, if necessary, of the district medical officer might be made beforehand, by application to the relieving officer for an order. The Board are of opinion that in any such case, even if an order had not been previously obtained, and although some medical man other than the district medical officer were called in, it would be competent to the guardians, if they thought proper, to pay for the medical assistance under the provisions of section 2 of the Poor Law Amendment Act, 1848, mentioned in the Board's letter to Dr. J. H. Taylor, of Salford, to which you have referred.

The Board are unable to concur in the suggestion that the notice of necessity for medical help issued by a midwife should have the same legal effect as an order by a relieving officer to the district medical officer. The Board consider that there are grave objections to conferring upon midwives powers to grant relief, either absolutely or on loan.

Further, with regard to section 133 of the Public Health Act, 1875, although, as stated in the Board's letter to Dr. Taylor, it seems to them that the provisions of that section might possibly be available if a town council or other local authority for the execution of that Act are willing to pay for the medical assistance required, the Board are of opinion that it is not desirable, as a general rule, that payments to medical men in such cases should be made under this section. Apart from the question of the intention of the legislature in framing this enactment, it seems to the Board that any payment made by a public authority to a medical man called in by a midwife would, in fact, be in the nature of relief to the poor, and that from every point of view it is better that such relief at the expense of the rates should only be administered by the authority empowered by law to do so, viz., the guardians of the poor.

I am, Sir,

Your obedient servant,

(Signed) NOEL T. KERSHAW,  
Assistant Secretary.

The Clerk of the Council,  
Privy Council Office,  
Whitehall, S.W.

## Enclosure No. 2.

Midwives Act, 1902.

## Rules of the Central Midwives Board.

Local Government Board,  
Whitehall, S.W.

29th July 1907.

SIR,

I AM directed by the Local Government Board to draw the attention of the guardians to section E. of the new Rules of the Central Midwives Board, recently approved by the Privy Council for the period ending the 30th of September 1909, a copy of which is enclosed.

## Midwifery Practice in Poor Law Establishments.

It will be observed from Rule No. 25 that nothing in section E. applies to "certified midwives exercising their calling in workhouses or poor law infirmaries under the supervision of a duly appointed medical officer." The Central Midwives Board have by Rule 24 provided that certain of the Rules shall not apply to midwives exercising their calling under the supervision of a duly appointed medical officer within hospitals approved by them, and in addition to these

\* Enclosure No. 2.

† Enclosures Nos. 1 and 2.



there are others which would not be appropriate in the case of a midwifery nurse in a poor law establishment under the supervision of a medical officer. At the same time, the Board consider that the Rules are valuable as an indication of the precautions which are necessary, in the opinion of the highest authorities, to secure the safety and well-being of women during and after confinement; and the Board think it advisable that they should be adopted in midwifery practice in all poor law establishments with such modifications as the circumstances may render necessary.

*Appointment of Midwives in Workhouses and Infirmarys.*

In this connection, the Board have had under consideration the arrangements for the attendance upon midwifery cases in workhouses and infirmarys.

The Orders in force in the several poor law unions contemplate that the medical officer of the workhouse or infirmary, as the case may be, will be responsible for all cases of child birth occurring in the institution, and the Board have objected to the appointment of midwives who should take sole charge of women in labour. It appears to them, however, that, having regard to the fact that the Midwives Act, 1902, has now been for some time in operation, the objections which they have entertained to the employment by guardians of midwives acting in that capacity in responsible charge of women in labour have ceased to be generally applicable. Where, therefore, guardians desire to appoint midwives for the indoor poor, the Board would be prepared to consider applications for the purpose, and to issue any Order which may be necessary to enable effect to be given to the proposal. It must, however, be understood that in all such cases the Board will require that the midwife shall not only be a certified midwife (*i.e.*, a person whose name is on the roll of Midwives), but shall have passed an examination held by the Central Midwives Board, or shall hold one of the certificates specified in section 2 of the Midwives Act. It will also be necessary, when a certified midwife is thus employed in a workhouse or infirmary, that the medical officer should be at once sent for in all cases of difficulty (*see* Nos. 18 and 19 of the enclosed Rules), and that all other requirements of the Central Midwives Board, as laid down in their Rules in force for the time being, should be strictly observed, so far as they are applicable to such an establishment, including the keeping of a register of cases similar in effect to that prescribed by Rule 22. The Board may add that, in those cases where the medical officer of the workhouse is entitled to fees under Article 182 of the General Consolidated Order (or other similar article in the Order in force in the poor law union) for midwifery cases attended by him, it will be desirable that it should be ascertained, before any proposal is submitted to the Board, that he would be willing to consent to the new arrangement.

*Payments to Medical Practitioners called in on the Advice of Midwives.*

The Board desire to take this opportunity of bringing under the notice of the guardians their views on a

question which, as their correspondence shows, has been a source of considerable difficulty to boards of guardians and other local authorities. The Board refer to the question of the payment for medical assistance in those cases where, under No. 18 of the enclosed Rules, a midwife has advised that such assistance should be obtained.

With regard to this matter the Board may refer to the provisions in Articles 182 and 183 of the General Consolidated Order, where these or similar Articles in other Orders are in force, and also to the enactment in section 2 of the Poor Law Amendment Act, 1848 (11 & 12 Vict. c. 110).

If, where the Articles referred to are in force, the district medical officer attends in cases of the kind above mentioned, he will be entitled to the payments for which the Articles provide, should the woman be actually in receipt of relief, or should the guardians subsequently decide that she was in a destitute condition, although no order for his attendance was given by a person legally qualified to make such order. Moreover, the section alluded to empowers the guardians "if they think proper, to pay for any medical or other assistance which shall be rendered to any poor person on the happening of any accident, bodily casualty, or sudden illness, although no order shall have been given for the same by them or any of their officers, or by the overseers," and the Board are advised that, under this enactment, it is competent to the guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon a poor person in case of difficulty.

The Board would suggest that medical men and certified midwives practising in the poor law union should be informed that, in cases arising under Rule 18, the guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the section, and to pay a reasonable remuneration to the medical man called in. Any such payments should be on a definite scale which should be suitable to the local circumstances and to the services rendered, and which should be duly notified to the local medical practitioners.

It appears to the Board that the exercise by boards of guardians in a careful but liberal spirit of their powers under the enactment quoted will furnish a satisfactory solution of the problem to which they have referred, and that no reasonable ground of complaint should remain either to the public or to the medical profession. Moreover, general action on the part of boards of guardians in the direction indicated would tend to the preservation of two most important principles which are in danger of being overlooked; first, the responsibility of the husband or natural guardian of the patient to provide for her necessities, and secondly, the right of the guardians to determine who, by reason of poverty, is entitled to medical assistance at the expense of the rates.

I am, Sir,

Your obedient servant,

S. B. PROVIS,

The Clerk to the Guardians.

Secretary.

### APPENDIX III.

#### MEMORANDUM by the MEDICAL OFFICER of the LOCAL GOVERNMENT BOARD on the MIDWIVES ACT, and on the EVIDENCE given before the MIDWIVES ACT COMMITTEE in its relation to PUBLIC HEALTH.

1. The safe delivery of women in childbirth is a matter of national importance. It has become increasingly so in view of the facts that between 1876-80 and 1907 the birth-rate in England and Wales has declined 25½ per cent., while during the same period, with the exception of some decline in the last three or four years, the rate of infant mortality has remained almost stationary.

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.

2. The great importance of the public health aspect of midwifery is further illustrated by the statistical tables appended to the report of the Committee.\*

Puerperal sepsis, as measured by the deaths from this cause per 1,000 births, has declined from 2.15 in 1889 to 1.59 in 1907. The Midwives Act came into operation in 1903, and the death rate from this cause was as low as 1.91 in 1898; it is therefore an open question as to what proportion of the decline shown in Table B. of Appendix I. is due to natural variations, and what proportion to the administration of the Midwives Act. There can be no reasonable doubt that this administration has borne a share in the improvement.

Table C. of the same Appendix,\* which gives the deaths from sepsis and from accidents of childbirth per 1,000 births, is very instructive. The differences in various counties are most marked; and it is a pity that no evidence is available correlating these differences with the midwifery arrangements in the same counties.

The counties with the highest and the lowest death rates from puerperal sepsis and accidents of childbirth per 1,000 births are the following:—

*Order in 1907.*

Westmorland	8.7
North Wales	6.1
South Wales	5.5
Cambridgeshire	5.5
Herefordshire	5.3
Cornwall	5.0
Berkshire	4.8
West Riding	4.8
Cumberland	4.7
Oxfordshire	4.6
Lancashire	4.6
Monmouthshire	4.4

London	2.9
Essex	2.8
Suffolk	2.4
Kent	2.2
Buckinghamshire	1.4
Hunts	0.9

*Order in 10 years 1897-1906.*

North Wales	6.3
South Wales	6.2
Monmouthshire	5.8
Westmorland	5.6
Cumberland	5.4
Cheshire	5.2
Lancashire	5.2
West Riding	5.1
Derbyshire	4.7
Durham	4.7
Nottinghamshire	4.6
Northumberland	4.5

Essex	3.2
Middlesex	3.2
London	3.2
Hunts	2.9

No complete explanation is at present practicable of the differences, for instance, between London and Cumberland, or between Essex and Wales. The figures for the West Riding and Lancashire do not appear to favour the idea that in all towns prompt and efficient

midwifery is more readily available than in chiefly rural counties. The figures set out above need to be supplemented by further figures (e.g., those of notifications of puerperal fever, of the number of still-births notified by midwives in each county) and by investigation of administration in the chief counties before inferences can be drawn. Such an investigation would be appropriate to be undertaken by the medical staff of the Local Government Board.

3. The Memorandum as to Annual Reports of Medical Officers of Health issued by the Medical Officer of the Local Government Board indicates the desirability of each medical officer of health furnishing information in his annual report as to the administration of the Midwives Act. It is desirable not only that exact information should be given in each annual report as to the working of the Midwives Act, but that the administration of the Act should, as indicated above, be investigated comparatively for each county and county borough, and the influence of this administration on the public health determined.

4. Any such investigation will to some extent leave unrevealed the mischief to mothers which, apart from immediate puerperal troubles, is caused by unskilful midwifery. Chronic invalidity or partial incapacity occasionally results from the midwife not calling in medical aid whenever, and as soon as, this is required. The exact machinery by which this object is to be attained need not be considered by me; but the general principle required by the interests of public health is that medical aid must be available promptly and without any preliminary conditions for every parturient woman attended by a midwife, the conditions of payment, if any, to be settled after the attendance has been given.

5. I have not seen in the evidence before the Committee any reference to the great importance of each midwife being trained in infantile hygiene, though I assume that this forms part of the syllabus of the Midwives Board. The adoption of the Notification of Births Act, 1907, has been associated with the employment of an increasing number of health visitors, who are chiefly employed in visiting recent mothers and in giving them appropriate instruction. It has been urged in evidence that these officers should not visit the mother and child until the midwife has left on, or about, the tenth day. Whether this demarcation should be maintained or not will depend greatly on the quality of the training of midwives. The future health of the child is largely determined by what the midwife does and advises during these ten days.

6. It is unfortunate that, under present conditions, midwives and health visitors act in all areas, except county boroughs and a few counties, under different authorities. There is much scope for arrangements for active co-operation between the two sets of officers. Thus, arrangements should be made for the medical officer of the county council being supplied by the local medical officer of health with weekly lists of notifications of births and of the midwife attending each case, as he can thus learn whether there has been an excessive number of still-births in the practice of a particular midwife. This might advantageously be followed by systematic county investigations of infant mortality, the county medical officer of health being supplied also by the local medical officer of health or by the registrar of deaths with returns of deaths of infants. The county medical officer of health should similarly be supplied with lists of notifications of puerperal fever. These recommendations are at present limited by the adoptive character of the Notification of Births Act. I agree with the recommendation that there would be advantage in an amendment of this Act, requiring the name of the person actually in attendance at the birth to be stated in the notification certificate. If the work of the midwife and of the health visitor can be actively co-ordinated, and the work of the latter linked on to that of the school nurse, a complete chain of such supervision of the personal hygiene of children as is needed will have been secured.

7. The prevention of ophthalmia neonatorum is an important matter, on which I am at present reporting to the Local Government Board. The machinery of the Midwives Act appears to offer the most hopeful means to this end.

\* Appendix I.



It appears extremely desirable that recommendations should be made to the Central Midwives Board, and if necessary to the local supervising authorities, which would render more operative the prompt and complete notification to the supervising authority of all cases of inflammation of the eyes. My own inquiries appear to indicate that relatively few of such cases are notified and that there is delay in notifying. The instance of Liverpool indicates what can be done under stricter administration: and it is a matter of urgent importance that other supervising authorities should be brought up to this standard.

Notification without immediate treatment is of limited value, and the means for securing prompt treatment need to be improved.

8. For scattered country districts it will, I hope, be found practicable to combine in one person the duties

now discharged by two or three. The main present obstacle to this means of economy and efficiency is the complexity of local authorities. The difficulty under (6) would be met by the village midwife being also the health visitor. It would be most advantageous if the intelligent midwife could continue, under the general direction of the medical officer of health, to advise as to the means for preserving the health of the baby brought by her into the world. The duties of midwife and of district nurse, whether under a voluntary association or under the board of guardians, may also be combined, or these with the duties of school nurse.

(Signed) ARTHUR NEWSHOLME.

Local Government Board,  
16th July 1909.

## APPENDIX IV.

### I.

#### MEMORANDUM BY THE LOCAL GOVERNMENT BOARD, IRELAND, ON THE IRISH DISPENSARY MIDWIVES SYSTEM.

Midwives are appointed to dispensary districts in Ireland under the Poor Relief (I.) Act, 1851, commonly called the Medical Charities Act, which Act also authorises the appointment of dispensary medical officers and compounders of medicines. The whole country had been divided into unions under the Irish Poor Relief Act of 1838; and, in pursuance of section VI. of the Act of 1851, the unions were subdivided into dispensary districts of suitable extent and population, of which there are now 740.

The appointment of the medical officer for each dispensary district, or two or more if required, was obligatory upon boards of guardians, but the value of a midwife's services was not then so generally recognised, and it is only in recent years that guardians came to look upon trained midwives as essential for the needs of mothers and infants. Numerous appointments have been made, and at present there are over 660 midwives acting in the 740 dispensary districts. These midwives have been trained at their own expense, and it may be remarked that there is no lack of suitable candidates for vacancies as they occur.

The Act of 1851 conferred the right to free medical advice and medicine upon the sick poor. The medical officer is the principal agent in each dispensary district in the work of affording medical relief, and his services are procurable by the sick poor on tickets issued by the guardians of the union, the relieving officer or officers acting in the dispensary district, and local wardens appointed by the guardians for the express purpose of issuing tickets. The midwife's services are available for midwifery cases (including cases of abortion and miscarriage) occurring among the poor of the dispensary district, and may be procured either on orders from the medical officer, or on tickets E<sup>2</sup>. (see form of ticket at page 43 of Dispensary Rules), addressed to herself and issued by the persons who are empowered to issue tickets to the medical officer.

Poor persons, and not merely the "destitute," are entitled to the gratuitous services of the medical officer and the midwife. The statute does not furnish any definition whereby to determine who is to be regarded as a "poor person," and leaves each individual case to the issuer of the ticket to decide this very important question at his discretion, subject to the power of the board of guardians as a body to cancel the ticket if they consider the recipient not to be a fit object.

The midwife is appointed by the board of guardians with the sanction of the Local Government Board, and must possess as a qualification a certificate of proficiency in midwifery granted to her by the authorities of a

recognised\* lying-in hospital on examination after a six months' course of hospital training, or her name must be on the roll of the Central Midwives Board. Her qualifications and duties are set out extensively in Articles 18, 19, and 20 of the Dispensary Rules.

The following are the recognised lying-in hospitals in Ireland whose certificates to midwives are accepted:—

1. The Coombe Lying-in Hospital, Dublin.
2. The Rotunda Lying-in Hospital, Dublin.
3. The National Lying-in Hospital, Holles St., Dublin.
4. Sir Patrick Dun's Hospital, Dublin.
5. The Cork Maternity, Cork.
6. The Cork Lying-in Hospital, Cork.
7. The Bedford Row Lying-in Hospital, Limerick.
8. The Maternity Hospital, Belfast.
9. The Belfast Union Infirmary.

It will be observed, on referring to Article 20 of the Rules, that in a midwifery case the ticket may be issued at the option of the patient, either for the medical officer or the midwife, and that either officer, on his or her authority, can then requisition the other's services, without extra fee. The medical officer is paid a fixed annual salary for his attendance upon the sick poor, and similarly the midwife for her services in the dispensary midwifery cases; and both officers are prohibited from accepting fees or gratuities for their services from the dispensary patients, but may engage in private practice, provided that the poor have the first claim on their services.

Outside the dispensary midwives system, there are large numbers of qualified midwives engaged in private practice, principally in cities and towns. In addition there is a class of unqualified women, known as "handy women," who act as midwives and obtain considerable practice, especially in rural districts; they are a survival since the period when there were no trained midwives available. No central authority has been established by law to exercise supervision over private midwives, or to check the practice of the unqualified. Cases have occasionally come under our notice where unqualified midwives, owing to their negligence and want of skill, caused injury and probably even the death of their patients. Criminal prosecutions were instituted by

\* At the recognised lying-in hospitals, except the Belfast Union Infirmary, the course of instruction and training for midwives extends over six months, and the certificates are then granted on passing satisfactory examinations. The Belfast Union Infirmary is a training school for medical and surgical nurses, some of whom receive, in addition, a three months' course in midwifery, and obtain the certificate of the Central Midwives Board.



Government in at least two of these cases against the unqualified midwives, at the instance of the Local Government Board. In the last case tried, the judge advised the jury to acquit the accused, as he thought the poor old woman had acted to the best of her skill and given value for her small fee.

A private midwife is not empowered to summon the dispensary medical officer to her assistance, or to call in a private practitioner at the expense of the rates.

Local Government Board, Dublin,  
9th March 1909.

## II.

*In reply to an inquiry as to the approximate income which a dispensary midwife in Ireland might normally expect to earn, the following information was supplied by Dr. Stafford, the Medical Commissioner on the Irish Local Government Board:—*

The average salary paid to dispensary midwives is now about 30*l.* a year. In addition to salary, many of the boards of guardians grant a fee of from 2*s.* 6*d.* to

5*s.* for each midwifery case attended upon a visiting ticket, and in some few unions an allowance of from 5*l.* to 10*l.* a year is given for car hire. In many places the midwives obtain free apartments in the dispensaries and small sums extra for acting as caretakers. Under these diverse conditions, it is not easy to say what the position is worth on an average; it varies so much with local circumstances.

We have absolutely no reliable data upon which to form an estimate as to the amount of the remuneration the dispensary midwives derive from their private practice. The result in each instance would depend upon the particular dispensary district, whether it was urban or rural and of large or small extent, and more especially whether it was a rich or a poor locality. A good deal too depends upon the midwife herself and the competition against her for the private practice. I think it might, however, be safely laid down that as a rule the midwife makes as much as her official salary, or possibly more, from private practice.

(Signed) T. J. STAFFORD.  
23rd March 1909.

## APPENDIX V.

### APPENDIX A. TO MR. G. W. DUNCAN'S EVIDENCE.\*

SUMMARY OF INFORMATION FURNISHED TO THE CENTRAL MIDWIVES BOARD, BY THE LOCAL SUPERVISING AUTHORITIES WITH REFERENCE TO THE SUPPLY OF MIDWIVES IN 1910.

Question.—“Do you anticipate a serious shortage of practising midwives in 1910?”

#### COUNTIES.

##### Reply:—

Beds	-	No.
Berks	-	No.
Bucks	-	Yes.
Cambs.	-	—
Cheshire	-	No.
Cornwall	-	Yes.
Cumberland	-	Yes.
Derby	-	In rural districts.
Devon	-	General impression is, that there will be.
Dorset	-	—
Durham	-	Not very serious.
Essex	-	No.
Gloucester	-	No.
Hants	-	It has been generally stated that there will be, but there has been little opportunity of obtaining an estimate.
Hereford	-	It is feared there will be a shortage.
Herts	-	Shortage in some places.
Hunts	-	Yes.
Isle of Ely	-	It does not seem probable.
Isle of Wight	-	It is not thought so.
Kent	-	In some districts.
Lancaster	-	No information as to serious shortage.
Leicester	-	In some districts.
Lincoln:		
Holland	-	No.
Kesteven	-	—
Lindsey	-	Yes.
London	-	No.
Middlesex	-	No.
Monmouth	-	No.
Norfolk	-	Yes.
Northampton	-	No.
Northumberland	-	It is improbable.
Notts	-	No.
Oxford	-	Yes.
Peterborough,		
Soke of	-	No.
Salop	-	Not generally, but in certain thinly populated districts.

#### COUNTIES.

Somerset	-	No.
Stafford	-	It is hoped not.
Suffolk, East	-	Yes.
West	-	No.
Surrey	-	—
Sussex, East	-	In some of the rural districts.
West	-	—
Warwick	-	A shortage is anticipated.
Westmorland	-	No.
Wilts	-	No.
Worcester	-	No.
York:		
East Riding	-	—
North Riding	-	A certain shortage, but not serious.
West Riding	-	In some districts.
Anglesey	-	—
Brecknock	-	—
Cardigan	-	No.
Carmarthen	-	Not aware of it.
Carnarvon	-	—
Denbigh	-	In rural districts probably.
Flint	-	—
Glamorgan	-	No.
Merioneth	-	Apparently yes.
Montgomery	-	Yes.
Pembroke	-	—
Radnor	-	—

#### ANALYSIS OF REPLIES.

“Yes.”	“No.”
Bucks.	Beds.
Cornwall.	Berks.
Cumberland.	Cheshire.
Hunts.	Essex.
Lincoln (Lindsey).	Gloucester.
Norfolk.	Lincoln (Holland).
Oxon.	London.
East Suffolk.	Middlesex.
Merioneth.	Monmouth.
Montgomery.	Northampton.
10.	Notts.
	Soke of Peterborough.
	Rutland.
	Somerset.
	West Suffolk.
	Westmorland.
	Wilts.
	Worcester.
	Cardigan.
	Glamorgan.
	20.

\* This return, as originally handed in by Mr. Duncan, related only to the counties; in its present form it has been extended by the addition of similar information with regard to the county boroughs; and, in view of the discussion in Questions Nos. 27 to 37, the classification of the “results” has been re-arranged.



## ANALYSIS OF REPLIES—cont.

"Feared or anticipated." "Not anticipated."

Devon.	Isle of Ely.
Hants.	Isle of Wight.
Hereford.	Lancaster.
Warwick.	Northumberland.
4.	Stafford.
	Cardiff.
	6.

"In some districts." "Not serious."

Derby.	Durham.
Herts.	York, North Riding.
Kent.	2.
Leicester.	
Salop.	
East Sussex.	
York, West Riding.	
Denbigh.	
8.	

## Result for Counties.

"Yes" . . . . . 10	"No" . . . . . 20
"Feared or anticipated" . . . . . 4	"Not anticipated" . . . . . 6
	"Not serious" . . . . . 2
	— 28
	"In some districts" . . . . . 8
14	36

## COUNTY BOROUGH.

## Reply:—

Barrow-in-Furness . . . . . No.	
Bath . . . . . No.	
Birkenhead . . . . . No.	
Birmingham . . . . . No.	
Blackburn . . . . . No.	
Blackpool . . . . . No.	
Bolton . . . . . No.	
Bootle . . . . . "I cannot say."	
Bournemouth . . . . . No.	
Bradford . . . . . No.	
Brighton . . . . . No.	
Bristol . . . . . No.	
Burnley . . . . . There will be a shortage.	
Burton-upon-Trent . . . . . No.	
Bury . . . . . No.	
Canterbury . . . . . No.	
Chester . . . . . No.	
Coventry . . . . . No.	
Croydon . . . . . Every probability of a shortage.	
Derby . . . . . No.	
Devonport . . . . . No.	
Dudley . . . . . There is a serious shortage of trained women, and this is increasing.	
Exeter . . . . . No.	
Gateshead . . . . . No.	
Gloucester . . . . . No.	
Great Yarmouth . . . . . Yes.	
Grimsby . . . . . No.	
Halifax . . . . . Yes.	
Hanley . . . . . No.	
Hastings . . . . . Yes.	

## COUNTY BOROUGH—cont.

## Reply:—

Huddersfield . . . . . No.	
Ipswich . . . . . No.	
Kingston-upon-Hull . . . . . No.	
Leeds . . . . . No.	
Leicester . . . . . No.	
Lincoln . . . . . Anticipated.	
Liverpool . . . . . No.	
Manchester . . . . . A shortage, but not so serious as is anticipated in rural districts.	
Middlesbrough . . . . . A shortage.	
Newcastle-upon-Tyne . . . . . Yes.	
Newport (Mon.) . . . . . No.	
Northampton . . . . . Probably.	
Norwich . . . . . Not serious.	
Nottingham . . . . . Yes.	
Oldham . . . . . No.	
Oxford . . . . . No.	
Plymouth . . . . . No.	
Portsmouth . . . . . No.	
Preston . . . . . No.	
Reading . . . . . No.	
Rochdale . . . . . No.	
Rotherham . . . . . No.	
St. Helens . . . . . No.	
Salford . . . . . No.	
Sheffield . . . . . No.	
Smethwick . . . . . Probably.	
Southampton . . . . . Yes.	
Southport . . . . . No.	
South Shields . . . . . Yes.	
Stockport . . . . . Not serious.	
Sunderland . . . . . Yes.	
Tynemouth . . . . . —	
Walsall . . . . . No.	
Warrington . . . . . No.	
West Bromwich . . . . . No.	
West Ham . . . . . No.	
West Hartlepool . . . . . Yes.	
Wigan . . . . . No.	
Wolverhampton . . . . . No.	
Worcester . . . . . No.	
York . . . . . No.	

Cardiff . . . . . —	
Merthyr Tydfil . . . . . In the comparatively near future.	
Swansea . . . . . No.	

## Results for County Boroughs.

"Yes" . . . . . 13	"No" . . . . . 51
"Anticipated" or "probable" . . . . . 4	"Not serious" . . . . . —
17	54

## Summary of Results for Counties and County Boroughs.

"Yes" . . . . . 23	"No" . . . . . 71
"Anticipated" or "probable" . . . . . 8	"Not anticipated" . . . . . 6
"feared" . . . . . 8	"Not serious" . . . . . 5
	— 82
	"In some districts" . . . . . 8
31	90

## APPENDIX VI.

## APPENDIX B. TO MR. G. W. DUNCAN'S EVIDENCE.

RECOMMENDATIONS of the CENTRAL MIDWIVES BOARD, forwarded to the Privy Council in July 1907.

1. That it is desirable that the Central Midwives Board be enlarged by the addition of one member to be nominated by the Incorporated Society of Medical Officers of Health, one member to be nominated by the Association of Municipal Corporations; three medical practitioners, one to be appointed by the Royal College

of Physicians of London, one by the Royal College of Surgeons of England, and one by the Society of Apothecaries of London; and two persons to be appointed for terms of three years by the Incorporated Midwives Institute, in substitution for the representation given to that body by section 3(1) of the Midwives Act, 1902.



2. That appointments of members of the Board under section 3 (1) should be for a period of three years.

3. That the Board should have the power of suspension, as well as of removal from the roll.

4.—(a) That the Board should be entitled to retain a sufficient sum of money in hand before apportioning any deficiency arising on the working of the year.

(b) That the attention of the Privy Council be called to the difficulties that are likely to arise in the apportionment of the charges under section 5 of the Act among the several counties and county boroughs.

5. That the power of delegation of its duties by a county council under section 9 of the Act should be withdrawn as from the first day of January after the date of the passing of an Act.

6. That section 11 of the Act should be amended by substituting "person" for "woman," and by inserting "or assists" after "attempts."

7. That provision should be made for the payment out of public funds of reasonable fees to medical

practitioners sent for in emergencies in accordance with the Rules of the Board, with power to recover such fees from the patient or other person responsible, in suitable cases.

8. That the Board should have power to defray the travelling expenses of its members when travelling to or from a meeting of the Board or of one of its committees.

9. That the Board should have power to defray, at its discretion, the reasonable travelling expenses of a midwife cited to appear before it.

10. That it should be made clear that the suspension provided for in section 8 (3) of the Act is for the protection of patients, and is not necessarily punitive.

11. That the registrars of births and deaths should be required to notify to the Board all deaths of midwives registered by them.

12. That the local supervising authorities should defray the expense of postage of notifications made obligatory on midwives under the Act and Rules.

## APPENDIX VII.

### APPENDIX C. TO MR. G. W. DUNCAN'S EVIDENCE.\*

#### APPORTIONMENT of CONTRIBUTIONS leviable by the CENTRAL MIDWIVES BOARD from the LOCAL SUPERVISING AUTHORITIES to meet estimated DEFICIT.

(A) As provided by Section 5 of the Midwives Act, 1902.			(B) On the Basis of Population (as recommended by the Central Midwives Board).	
Counties.	No. of Practising Midwives.	Amounts* (at 3s. 2d. per Midwife).	Population.	Amounts (at 1s. 3d. per 1,000).
<i>England.</i>		£ s. d.		£ s. d.
Bedford . . . . .	26	4 2 4	171,707	10 14 8
Berks . . . . .	114	18 1 0	180,354	11 5 5
Buckingham . . . . .	95	15 0 10	197,046	12 6 4
Cambridge . . . . .	70	11 1 8	120,264	7 10 4
Isle of Ely . . . . .	Nil	—	64,495	4 0 7
Chester . . . . .	473	74 17 10	593,885	37 2 4
Cornwall . . . . .	176	27 17 4	322,334	20 2 11
Cumberland . . . . .	84	13 6 0	266,933	16 13 8
Derby . . . . .	400	63 6 8	484,846	30 6 1
Devon . . . . .	241	38 3 2	436,938	27 6 2
Dorset . . . . .	48	7 12 0	202,063	12 12 7
Durham . . . . .	189	29 18 6	768,024	48 0 0
Essex . . . . .	207	32 15 6	816,640	51 0 9
Gloucester . . . . .	171	27 1 6	321,442	20 1 10
Hereford . . . . .	168	26 12 0	114,125	7 2 8
Hertford . . . . .	108	17 2 0	258,423	16 3 0
Huntingdon . . . . .	6	0 19 0	54,125	3 7 8
Kent . . . . .	357	56 10 6	936,240	58 10 4
Lancaster . . . . .	971	153 14 10	1,616,194	101 0 3
Leicester . . . . .	125	19 15 10	225,911	14 2 5
Lincoln:				
Parts of Holland . . . . .	1	0 3 2	77,610	4 17 0
Parts of Kesteven . . . . .	15	2 7 6	103,962	6 9 11
Parts of Lindsey . . . . .	12	1 18 0	206,528	12 18 2
London . . . . .	490	77 11 8	4,536,429	283 10 6
Middlesex . . . . .	210	33 5 0	792,314	49 10 5
Monmouth . . . . .	159	25 3 6	230,806	14 8 6
Norfolk . . . . .	93	14 14 6	313,504	19 11 11
Northampton . . . . .	128	20 5 4	207,485	12 19 4
Soke of Peterboro' . . . . .	2	0 6 4	41,122	2 11 5
Northumberland . . . . .	94	14 17 8	304,730	19 0 11
Nottingham . . . . .	183	28 19 6	274,716	17 3 5
Oxford . . . . .	97	15 7 2	137,124	8 11 5
Rutland . . . . .	Nil	—	19,709	1 4 8
Salop . . . . .	235	37 4 2	239,783	14 19 9
Somerset . . . . .	219	34 13 6	385,111	24 1 5
Southampton . . . . .	137	21 13 10	363,658	22 14 7
Isle of Wight . . . . .	27	4 5 6	82,418	5 3 0
Stafford . . . . .	694	109 17 8	823,976	51 10 0
Carried forward . . . . .	6,825	1,080 12 6	17,292,974	1,080 16 4

\* The amounts shown in the third column of this Return are those substituted by Sir G. Fordham, Treasurer of the Central Midwives Board, for the figures originally supplied by Mr. Duncan. (See Question No. 2274.)



APPORTIONMENT OF CONTRIBUTIONS, &c.—*continued.*

(A) As provided by Section 5 of the Midwives Act, 1902.			(B) On the Basis of Population (as recommended by the Central Midwives Board).	
Counties.	No. of Practising Midwives.	Amounts* (at 3s. 2d. per Midwife).	Population.	Amounts (at 1s. 3d. per 1,000).
		£ s. d.		£ s. d.
Brought forward	6,825	1,080 12 6	17,292,974	1,080 16 4
Suffolk, East	71	11 4 10	189,170	11 16 6
" West	78	12 7 0	117,553	7 6 11
Surrey	199	31 10 2	519,766	32 9 9
Sussex, East	180	28 10 0	261,696	16 7 1
" West	100	15 16 8	151,553	9 9 5
Warwick	285	45 2 6	347,722	21 14 8
Westmorland	17	2 13 10	64,409	4 0 6
Wilts	266	42 2 4	271,394	16 19 3
Worcester	215	34 0 10	358,377	22 8 0
York, East Riding	21	3 6 6	144,748	9 0 11
" North Riding	76	12 0 8	286,036	17 17 6
" West Riding	790	125 1 8	1,389,176	86 16 6
<i>Wales.</i>				
Anglesey	1	0 3 2	50,606	3 3 3
Brecknock	32	5 1 4	54,213	3 7 9
Cardigan	3	0 9 6	61,078	3 16 4
Carmarthen	8	1 5 4	135,328	8 9 2
Carnarvon	25	3 19 2	125,649	7 17 1
Denbigh	74	11 14 4	131,582	8 4 6
Flint	21	3 6 6	81,485	5 1 10
Glamorgan	626	99 2 4	601,061	37 11 4
Merioneth	8	1 5 4	48,852	3 1 1
Montgomery	81	12 16 6	54,901	3 8 8
Pembroke	47	7 8 10	87,894	5 9 10
Radnor	25	3 19 2	23,281	1 9 1
Totals for Counties	10,074	1,595 1 0	22,850,504	1,428 3 3

(A) As provided by Section 5 of the Midwives Act, 1902.			(B) On the Basis of Population (as recommended by the Central Midwives Board).	
County Boroughs.	No. of Practising Midwives.	Amounts (at 3s. 2d. per Midwife).	Population.	Amounts (at 1s. 3d. per 1,000).
		£ s. d.		£ s. d.
<i>England.</i>				
Barrow-in-Furness	10	1 11 8	57,586	3 12 0
Bath	28	4 8 8	49,839	3 2 4
Birkenhead	34	5 7 8	110,915	6 18 8
Birmingham	220	34 16 8	522,204	32 12 9
Blackburn	61	9 13 2	129,216	8 1 6
Blackpool	21	3 6 6	47,348	2 19 2
Bolton	51	8 1 6	168,215	10 10 3
Bootle	25	3 19 2	60,235	3 15 3
Bournemouth	20	3 3 4	59,762	3 14 9
Bradford	70	11 1 8	279,767	17 9 9
Brighton	45	7 2 6	123,478	7 14 4
Bristol	80	12 13 4	339,042	21 3 10
Burnley	16	2 10 8	97,043	6 1 4
Burton-on-Trent	29	4 11 10	50,386	3 3 0
Bury	23	3 12 10	58,029	3 12 6
Canterbury	3	0 9 6	24,899	1 11 1
Chester	17	2 13 10	38,309	2 7 11
Coventry	24	3 16 0	69,978	4 7 6
Croydon	28	4 8 8	133,895	8 7 4
Derby	58	9 3 8	114,848	7 3 7
Devonport	29	4 11 10	70,437	4 8 1
Dudley	1	0 3 2	48,733	3 0 11
Exeter	16	2 10 8	47,185	2 19 0
Gateshead	20	3 3 4	109,888	6 17 4
Gloucester	34	5 7 8	47,955	2 19 11
Great Yarmouth	6	0 19 0	51,316	3 4 2
Grimsby	23	3 12 10	63,138	3 18 11
Halifax	31	4 18 2	104,944	6 11 2
Hanley	32	5 1 4	62,226	3 17 9
Hastings	12	1 18 0	65,528	4 1 11
Huddersfield	19	3 0 2	95,047	5 18 10
Ipswich	12	1 18 0	66,630	4 3 3
Kingston-upon-Hull	50	7 18 4	240,259	15 0 4
Leeds	74	11 14 4	428,968	26 16 3
Leicester	41	6 9 10	211,579	13 4 6
Lincoln	6	0 19 0	48,784	3 1 0
Carried forward	1,269	200 18 6	4,297,611	268 12 2

\* The amounts shown in the third column of this Return are those substituted by Sir G. Fordham, Treasurer of the Central Midwives Board, for the figures originally supplied by Mr. Duncan. (See Question No. 2274.)



APPORTIONMENT OF CONTRIBUTIONS, &c.—*continued.*

(A) As provided by Section 5 of the Midwives Act, 1902.			(B) On the Basis of Population (as recommended by the Central Midwives Board).	
County Boroughs.	No. of Practising Midwives.	Amounts* (at 3s. 2d. per Midwife).	Population.	Amounts (at 1s. 3d. per 1,000).
		£ s. d.		£ s. d.
Brought forward	1,269	200 18 6	4,297,611	268 12 2
Liverpool -	165	26 2 6	704,134	44 0 2
Manchester -	151	23 18 2	606,824	37 18 6
Middlesbrough -	22	3 9 8	91,302	5 14 2
Newcastle-on-Tyne -	33	5 4 6	247,023	15 8 9
Newport (Mon.) -	54	8 11 0	67,270	4 4 1
Northampton -	2	0 6 4	87,021	5 8 9
Norwich -	9	1 8 6	111,733	6 19 8
Nottingham -	42	6 13 0	239,743	14 19 8
Oldham -	75	11 17 6	137,246	8 11 7
Oxford -	29	4 11 10	49,336	3 1 8
Plymouth -	43	6 16 2	107,636	6 14 6
Portsmouth -	44	6 19 4	188,923	11 16 2
Preston -	49	7 15 2	112,989	7 1 3
Reading -	17	2 13 10	72,217	4 10 3
Rochdale -	46	7 5 8	83,114	5 3 11
Rotherham -	17	2 13 10	54,349	3 7 11
St. Helens -	48	7 12 0	84,410	5 5 6
Salford -	53	8 7 10	220,957	13 16 3
Sheffield -	40	6 6 8	409,070	25 11 4
Smethwick -	39	6 3 6	54,539	3 8 2
Southampton -	33	5 4 6	104,824	6 11 0
Southport -	14	2 4 4	48,083	3 0 1
South Shields -	29	4 11 10	100,858	6 6 1
Stockport -	71	11 4 10	92,832	5 16 0
Sunderland -	28	4 8 8	146,077	9 2 7
Tynemouth -	8	1 5 4	51,366	3 4 3
Walsall -	43	6 16 2	86,430	5 8 0
Warrington -	26	4 2 4	64,242	4 0 4
West Bromwich -	31	4 18 2	65,175	4 1 6
West Ham -	32	5 1 4	267,358	16 14 2
West Hartlepool -	13	2 1 2	62,627	3 18 3
Wigan -	53	8 7 10	82,428	5 3 0
Wolverhampton -	37	5 17 2	94,187	5 17 9
Worcester -	15	2 7 6	46,624	2 18 3
York -	22	3 9 8	77,914	4 17 5
<i>Wales.</i>				
Cardiff -	112	17 14 8	164,333	10 5 5
Swansea -	76	12 0 8	94,537	5 18 2
Totals for County Boroughs.	2,890	457 11 8	9,677,342	604 16 8

## Summary.

(A) As provided by Section 5 of the Midwives Act, 1902.			(B) On the Basis of Population (as recommended by the Central Midwives Board).	
England and Wales.	No. of Practising Midwives.	Amounts. (at 3s. 2d. per Midwife).	Population.	Amounts (at 1s. 3d. per 1,000).
		£ s. d.		£ s. d.
Counties -	10,074	1,595 1 0	22,850,504	1,428 3 3
County Boroughs -	2,890	457 11 8	9,677,342	604 16 8
Totals -	12,964	2,052 12 8	32,527,846	2,032 19 11

## APPENDIX VIII.

The following two drafts of Bills were put in by Sir George Fordham. (See Question No. 2449.)

A copy of the first draft (A.) was forwarded by him to the Clerk of the Council in April 1907; the second draft (B.) is substantially identical with a draft submitted to the Privy Council Office by the Central Midwives Board in August 1908:—

(A.)  
[7 Edw. 7.] *Midwives.*

A Bill to amend the Law with regard to Midwives.  
Whereas it is expedient to amend the Midwives Act, 1902 (hereinafter referred to as the principal Act):

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:—

1. *Penalty for employing Substitute.*—Any woman certified under the principal Act employing an uncertificated person as her substitute shall be liable on summary conviction to a fine not exceeding ten pounds.

\* The amounts shown in the third column of this Return are those substituted by Sir G. Fordham, Treasurer of the Central Midwives Board, for the figures originally supplied by Mr. Duncan. (See Question No. 2274.)



2.—*Increase in Membership of Board and Extension of Terms of Office.*—(1) From and after the passing of this Act the Central Midwives Board shall, when complete, consist of eleven persons, namely, of the nine persons appointed under the principal Act, and two other persons to be appointed for terms of three years by the Lord President of the Council, the first of such appointments being for the period ending on the thirty-first day of March one thousand nine hundred and nine.

(2) The four persons appointed under section three, subsection one of the principal Act, who hold office at the passing of this Act, shall be continued in office until the thirty-first day of March one thousand nine hundred and nine, and thereafter shall be appointed for terms of three years.

3. *Extension of Powers of Board.*—The duties and powers of the Board shall include:—

- i. The framing of rules regulating the procedure upon the removal from the roll of the name of any midwife, whether at her own request, or upon a charge of disobeying the rules and regulations of the Board, or of other misconduct.
- ii. The suspending any midwife from practice for a period to be fixed by the Board, as the decision, or part of the decision of the Board upon the hearing and determination of any such charge.
- iii. The removal from the roll of the name of any midwife at her own request.

4. *Penalty for acting while suspended from Practice.*—Any woman who, while suspended from practice, either by decision of the Board, or by order of any local supervising authority, made under section eight of the principal Act, and in either case duly notified to her, acts in the manner forbidden by section one, subsections one, two, or four, as the case may be, of the principal Act, as amended by this Act, shall incur the penalties provided in the said subsections, as amended, respectively, and shall be liable upon summary conviction accordingly, in like manner as if she were not certified under the principal Act.

5. *Provision for Working Balance.*—Before arriving at the balance against the Board shown by the annual statement, to be submitted by the Board to the Privy Council under section five of the principal Act, a sum by way of reserve to meet the current expenses of the Board, of such amount, not exceeding one thousand pounds, as the Privy Council may from time to time fix, shall be set apart, and the balance then shown against the Board (if any), if approved by the Privy Council, shall be the balance referred to in the said section to be apportioned by the Board between the councils of the several counties and county boroughs.

6. *Withdrawal of Power of Delegation to District Councils.*—All delegations by county councils of the powers or duties conferred or imposed upon them by or in pursuance of section nine of the principal Act are, as from the first day of January one thousand nine hundred and eight hereby revoked and determined, but without prejudice to anything done, or to be done, prior to such date under any such delegation.

7. *Remuneration and Expenses of Members of the Board.*—The members of the Board shall be paid, as part of the general expenses of the Board, such fees (if any), in respect of their attendances at the meetings of the Board and of its committees, and such reasonable sums to meet travelling and out-of-pocket expenses incurred by them in respect of such attendances as may be from time to time fixed by the Privy Council with the assent of the Commissioners of His Majesty's Treasury.

8.—*Repeals.*—(1) The enactments specified in the schedule to this Act are hereby repealed to the extent mentioned in the third column thereof.

(2) The repeal of any enactment by this Act shall not affect—

- (a) The past operation of any enactment so repealed, or anything done or suffered under any enactment so repealed; or

(b) Any right or liability acquired or incurred under any enactment so repealed.

9. *Construction of Act.*—This Act and the principal Act shall be construed together as one Act.

10. *Short Titles.*—This Act may be cited as the Midwives Act, 1907; and the principal Act and this Act may be cited together as the Midwives Acts, 1902 and 1907.

#### SCHEDULE.

##### Enactments repealed.

Session and Chapter.	Short Title.	Extent of Repeal.
2 Edw. 7. c. 17.	The Midwives Act, 1902.	Section two. Section three, from "After" "two years" to "annually," and from "(d) regulating" to "the passing" "of this Act." Section five, the words "or certificate" and "by" "midwives in practice at" "the passing of this Act" "and." Section eight, subsection three, all words after "Act"; and subsection seven, the whole. Section nine. Section ten, from "or to" "the body" to "Act."

#### B.

[9 Edw. 7.]

##### Midwives.

A Bill to amend the Law with regard to the Expenses of the Central Midwives Board.

Whereas it is expedient to amend section five of the Midwives Act, 1902 (hereinafter referred to as the principal Act):

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:—

1. *Provision for Working Balance.*—Before arriving at the balance against the Board shown by the annual statement, to be submitted to the Privy Council under section five of the principal Act, a sum by way of reserve to meet the current expenses of the Board, of such amount, not exceeding two thousand pounds, as the Privy Council may from time to time fix, shall be set apart, and the balance then shown against the Board (if any), if approved by the Privy Council, shall be the balance referred to in the said section to be apportioned by the Board between the councils of the several counties and county boroughs.

2. *Alteration of the Basis of Apportionment of Expenses.*—Section five of the principal Act shall be amended by the substitution of the words "population" "according to the census for the time being last" "published at the date of such approval," for the words "number of midwives who have given notice" "during the year of their intention to practise," and the latter words are hereby repealed.

3. *Construction of Act.*—This Act and the principal Act shall be construed together as one Act.

4. *Short Titles.*—This Act may be cited as the Midwives Act, 1909; and the principal Act and this Act may be cited together as the Midwives Acts, 1902 and 1909.



## APPENDIX IX.

## ASSOCIATION OF MUNICIPAL CORPORATIONS.

DETAILS of RETURNS<sup>\*</sup> in support of the EVIDENCE of Mr. FRANK B. HARRIS before the Departmental Committee on the Working of the Midwives Act, 1902.

## COUNTY BOROUGH.

1. Name or County Borough.	2. The Number of Certified Midwives in each Borough.		3. The Number of Midwives (if any) devoting their whole Time to Midwifery.	4. The Annual Number of Births in each Borough.			5. The Fees charged by Midwives in each case.	6. If Medical Men called in under the Rules, who is to pay the Fees? Are the Local Authority prepared to pay and collect the Fees, if possible, from the Patients where able to pay?	7. To meet the probable Shortage of Trained and Registered Midwives after 1st April 1910, would the Local Authority be willing to defray or contribute to the Cost of training suitable Women?
	(a.) The Number certified by Examina- tion.	(b.) The Number in practice when the Act came into operation, but not qualified by Examination (see Section 2 of the Act).		(a.) The Annual Number of Births in each Borough.	(b.) Total Annual Number of Cases (if known) attended by Midwives.	(c.) Average Number per Midwife practising.			
Barrow-in-Furness	6	4	10	1,806	About half	180	5s. to 10s.	No arrangements made	No. No probability of shortage.
Bath	6	16	3	997	607	27.6	7s. 6d. to 10s.	No arrangements made	No. No probability of shortage.
Birmingham	26	183	209	15,619	9,137	43	5s. to 15s. 6d.	Yes	No. No probability of shortage.
Blackburn	16	41	41	3,415	1,836	—	2s. 6d. to 10s.	No.	No. No probability of shortage.
Blackpool	8	17	20	1,048	557	28	10s. 6d. to 2l. 2s.	No arrangements made	No. No probability of shortage.
Bolton	21	38	56	4,571	2,771	50	5s. to 10s. 6d.	Patients	No. No probability of shortage.
Booth	15	3	13	2,182	1,171	78	7s. 6d. to 15s.	No	No. No probability of shortage.
Boston†	0	2	0	483	Not known	Not known	Not known	No	No. No probability of shortage.
Bournemouth	9	12	9	1,120	465	22	10s. to 20s.	Patients	No. No probability of shortage.
Bradford	7	61	57	5,998	2,212	39	8s. 6d. to 10s. 6d.	Yes	No. No probability of shortage.
Brighton	30	18	48	2,808	Not known	Not known	10s. 6d. upwards	No arrangements	No. No probability of shortage.
Burnley	3	42	29	2,825	722	24	7s. 6d. to 12s. 6d.	Yes, provisionally	No. No probability of shortage.
Burton-on-Trent	6	22	7	1,188	Half	—	5s. to 10s.	Patient	No. No probability of shortage.
Bury	3	18	6	1,377	Not known	Not known	10s. 6d. to 15s.	Patient	No. No probability of shortage.
Carlisle	34	83	108	5,172	2,974	—	7s. 6d. to 1l. 1s.	Yes	Yes.
Chester	Not known	Not known	Not known	981	Not known	—	7s. 6d. to 15s.	No arrangements	No. No probability of shortage.
Coventry	12	15	27	2,630	1,911	70	7s. 6d. to 15s.	Patient. No	No. No probability of shortage.
Croydon	9	18	26	4,017	585 in 9 months	—	10s. to 15s.	No arrangements	No. No probability of shortage.
Derby	26	31	50	3,321	1,659	47.4	About 10s.	No arrangements	No. No probability of shortage.
Devonport	14	9	23	2,065	Not known	Not known	10s. 6d. to 2l. 2s.	Patient. No	No. No probability of shortage.
Dudley	1	18	14	1,500	Not known	Not known	5s. to 10s.	No	No. No probability of shortage.
Exeter	8	8	5	1,131	720	45	5s. to 12s. 6d.	No	No. No probability of shortage.
Gloucester	4	16	5	1,372	1,064	56	5s. to 15s.	No	No. No probability of shortage.

\* Practically all the figures in these returns are for the year 1908. In a very few cases they are for 1907.

† Not a county borough.



## COUNTY BOROUGH—continued.

Name of County Borough.	1. The Number of Certified Midwives in each Borough.		2. The Number of Midwives actually practising.	3. The Number of Midwives (if any) devoting their whole Time to Midwifery.	4.			5. The Fees charged by Midwives in each Case.	6. If Medical Men called in under the Rules, who are to pay the Fees? Are the Local Authority prepared to pay and collect the Fees, if possible, from the Patients where able to pay?	7. To meet the probable Shortage of Trained and Registered Midwives after 1st April 1910, would the Local Authority be willing to defray or contribute to the Cost of training suitable Women?
	(a.) The Number certified by Examination.	(b.) The Number in Practice when the Act came into operation, but not qualified by Examination (see Section 2 of the Act).			(a.) The Annual Number of Births in each Borough.	(b.) Total Annual Number of Cases (if known) attended by Midwives.	(c.) Average Number per Midwife practising.			
Grimby -	5	19	22	22	2,119	Not known	Not known	10s. 6d. to 15s. -	No arrangements	Not considered.
Halifax -	0	25	25	0	1,850	745	50	7s. 6d. to 10s. -	No arrangements	No probability.
Hanley -	2	35	27	0	2,248	Not known	Not known	5s. to 15s. -	Patient -	Not considered.
Hastings -	6	2	8	4	1,058	Not known	Not known	Not known	No arrangements	Not considered.
Ipswich -	7	—	9	35	1,883	894	99	7s. 6d. to 10s. 6d.	Patient or guardians	No.
Kingston-upon-Hull -	15	37	51	35	8,167	3,943	77.3	5s. to 15s. -	Patient or guardians	Not considered.
Leeds -	80	78	143	24	12,007	8,126	49	7s. 6d. to 10s. 6d.	No	No.
Leicester -	13	27	40	40	6,000	Not known	Not known	10s. to 12s. 6d.	No arrangement	No.
Liverpool -	276	41	173	—	23,891	13,423	78	5s. to 15s. -	Yes -	No probability.
Manchester -	100	74	147	50	19,290	11,498	36	7s. 6d. to 11. 1s.	Corporation. No	Not considered.
Merthyr Tydvil -	53	19	59	59	2,276	—	20	7s. 6d. to 10s. 6d.	Patients. No	Not considered.
Middlesbrough -	2	18	65	None	3,006	1,267	20	5s. to 10s. -	No	No.
Newcastle-on-Tyne -	11	20	31	31	8,382	939	30.3	7s. 6d. to 12s. 6d.	Guardians -	Not considered.
Newport -	12	42	48	22	2,417	1,615	30.5	5s. to 15s. -	Patient -	Not considered.
Northampton -	5	8	11	11	2,043	Not known	Not known	5s. to 7s. 6d. -	Patient. No	Corporation already contribute to training institution.
Nottingham -	30	36	39	—	7,057	3,093	79	5s. to 15s. 6d. -	No	No.
Norwich -	10	1	11	8	3,000	4 to 3	140 to 170	Usually 10s. 6d.	Guardians	Not considered.
Oldham -	17	67	77	77	4,059	2,373	31	10s. to 12s. 6d. -	Guardians	Not considered.
Oxford -	29	24	30	13	1,186	500	16.8	7s. 6d. to 15s. -	Patient. No	No probability.
Preston -	9	49	54	Not known	3,309	Not known	Not known	7s. 6d. to 15s. -	No	No.
Plymouth -	30	31	23	12	2,712	1,000	—	5s. to 12s. 6d. -	Patient. No	Not considered.
Portsmouth -	25	24	49	20	6,110	Not known	Not known	7s. 6d. to 21s. -	Guardians	Not considered.
St. Helens -	22	28	45	45	3,209	2,984	—	15s. first, 10s. 6d. second and others.	Yes -	No need.
Sheffield -	46	29	75	75	About 14,000	About half	—	5s. to 15s. -	Guardians	No probability.
Southampton -	12	17	30	3	2,757	1,581	54.5	10s. upwards -	No arrangements	Not considered.
Southport -	13	Not known	21	Not known	919	308	14.7	10s. 6d. to 12s. 6d.	Guardians	No probability.
South Shields -	0	29	29	1 or 2	3,481	1,326	46	7s. 6d. to 10s. 6d.	—	—
Stockport -	23	46	69	69	2,860	1,768	26	7s. 6d. to 15s. -	Parents. Doubtful	Doubtful.
Sunderland -	4	29	28	21	Average 5,300	60 to 70 per cent.	—	5s. to 7s. 6d. -	No	No.



	Swansea	Tynemouth	Walsall	Warrington	West Ham	West Hartlepool	Wolverhampton	Worcester	York
14	65	79	77	3,299	6 months 1,137	6 months 14.4	5s. to 21s.	Patients	No probability.
-	9	9	8	1,896	437	38.5	2s. 6d. to 7s. 6d.	-	-
-	46	42	25	2,889	1,469	35	7s. 6d. to 15s.	Patient.	-
-	21	29	29	2,369	Not known	Not known	5s. to 10s. 6d.	No	No.
-	164	62	62	About 9,000	Not known	80	5s. to 15s.	No arrangements	Not considered.
-	15	14	1	2,070	Not known	Not known	7s. 6d. to 10s.	No arrangements	Not considered.
-	33	38	5	2,712	Four-fifths	-	5s. to 10s. 6d.	Guardians.	No probability.
-	9	15	Nearly all	1,180	836	55	5s. to 25s.	Patient	Not considered.
-	41	33	28	2,192	1,000	30	-	-	-

## SUMMARY OF COUNTY BOROUGH.

Analysis of Column 6. Col. 5.—Fees range from 2s. 6d. to 21s. Probable average 10s. 6d.

15 no arrangements.  
6 willing to pay.  
22 not willing.

17 suggest patients should pay.  
8 suggest guardians should pay.

Analysis of Column 7. 1 already contributes indirectly.  
17 No.

## NON-COUNTY BOROUGH.

Name of Non-County Borough.	1. The Number of Certified Midwives in each Borough.		2. The Number of Midwives actually practising.	3. The Number of Midwives (if any) devoting their whole Time to Midwifery.	(a.) The Annual Number of Births in each Borough.	(b.) Total Annual Number of Cases (if known) attended by Midwives.	(c.) Average Number per Midwife practising.	5. The Fees charged by Midwives in each Case.	6. If Medical Men called in under the Rules, who is to pay the Fees? Are the Local Authority prepared to pay and collect the Fees, if possible, from the Patients where able to pay?	7. To meet the probable Shortage of Trained and Registered Midwives after 1st April 1916, would the Local Authority be willing to defray or contribute to the Cost of training suitable Women?	8. Are Non-County Boroughs favourable to a delegation of the Powers of County Councils (under Section 9) in respect of Cases within their Boroughs?
	(a.) The Number certified by Examination.	(b.) The Number in Practice when the Act came into operation, but not qualified by Examination (see Section 2 of the Act).									
Abingdon	2	1	1	1	160	Not known	Not known	5s. 10s. 6d.	No arrangement - Patient, Yes	No - Yes	Yes. Yes.
Bacup	2	6	8	1	535	Not known	Not known	-	-	-	-
Barnstaple	-	-	-	-	-	-	-	-	-	-	-
Basingstoke	-	-	-	-	-	-	-	-	-	-	-
Batley	-	-	-	-	-	-	-	-	-	-	-
Beverley	1	Numerous	3	3	366	Not known	Not known	5s. to 7s. 6d. 6s. upwards	Guardians. No	Not considered	No.
Bewdley	1	2	2	None	72	Not known	Not known	10s. 6d. to 1l.	No arrangements - Patient	No - Yes	No.
Bodmin	1	3	3	3	Not known	Not known	Not known	10s. to 8 guineas per month.	Patient, No	Yes	Yes.
Brecon	3	4	10 about	7	129	70 per cent.	-	-	-	-	-
Bridgewater	-	-	-	-	442	-	-	-	-	-	-
Bridlington	1	0	0	0	300 average	0	-	7s. 6d.	No	Yes	Yes.
Brighouse	-	11	11	1	500 average	300	-	5s. to 10s. 6d.	Guardians. No	No - Yes	No.
Bury St. Edmunds	4	2	3	2	360	264	52.5	-	-	No necessity	Powers handed back to C.C.







	1	2	3	2	227	170	8s. to 1l.	Patients or guar- dians. No.	No	No.
Hertford	-	-	-	-	227	170	-	-	-	-
Heywood	3	13	14	All	571	70 to 75 per cent.	6s. to 15s.	Not considered	No probability	-
Hornsey	-	-	6	-	1,500	31	10s. 6d.	Patients or guar- dians.	-	-
Hove	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	Yes.
Huntington	2	0	2	2	80	-	-	No decision	No decision	No decision.
Hyde	0	30	30	0	750	550	5s. to 12s. 6d.	No	Cannot say	Cannot say.
Keighley	0	19	17	0	1,000	One-third	5s. to 10s.	Guardians	Yes	Yes.
Kidderminster	18	-	18	-	624	-	10s. 6d. to 1l. 1s.	No	No	No.
Launceston	0	0	0	-	70	-	10s.	No decision	No decision	No decision.
Leigh	No information to give.	-	-	-	-	-	-	No	No	No.
Longton	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	-
Loughborough	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	-
Lowestoft	2	5	6	2	927	301	3s. 6d. to 10s. 6d.	Patient or guar- dians.	No	Yes.
Ludlow	1	2	3	-	127	124	5s. to 10s.	-	-	-
Luton	7	10	7	7	1,292	249	7s. 6d. to 15s.	Yes	No decision	Yes.
Lydd	0	7	7	0	63	0	10s. to 15s.	-	No	County Council have taken back powers.
Macclesfield	6	7	13	12	700	660	7s. 6d. to 15s.	Patient or guar- dians.	No probability	Yes.
Maidstone	7	12	22	3	881	450	10s. 6d. to 15s.	No decision	No probability	Yes.
Margate	1	6	6	0	420	-	5s. to 10s.	Yes	No probability	Yes.
Middleton	-	13	12	0	629	-	-	Patient	No	Yes.
Monmouth	2	6	8	0	100	-	5s. to 1l. 1s.	Guardians	Doubtful	Yes.
Mossley	3	4	5	4	323	262	10s. 6d. to 12s. 6d.	-	-	-
Neath	2	9	11	2	500 average	Nearly all	10s. 6d. to 1l.	No allegation	Doubtful	Probably.
Newbury	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	-
Newcastle-under-Lyne	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	-
Newport	1	6	1	0	264	-	-	Patient or guar- dians. No.	No need	Yes.
New Romney	Nil.	-	-	-	-	-	-	-	-	-
Peterborough	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	-
Pudsey	1	3	2	1	282	-	7s. 6d.	Not settled	No decision	No decision.
Ramsgate	No return—County Council have not dele- gated powers.	-	-	-	603	-	-	No	No	Yes.
Rawtenstall	4	23	18	733	Not known	Not known	7s. 6d.	No	No	No.
Richmond	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	No.
Ripon	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	No.
Rochester	6	11	15	3	833	About 400	10s. to 15s.	No arrangements	No	County Council have taken back powers.
Royal Leamington Spa	8	15	19	19	428	-	5s. to 12s. 6d.	Not considered	Yes	Yes.
Rye	No return—County Council have not delegated powers.	-	-	-	-	-	-	-	-	-
St. Albans	10	4	7	0	348	246	7s. 6d. to 1l.	No	No	No.
St. Ives	1	0	5	1	50 to 70	-	Up to 3l. 3s.	No arrangements	No decision	No.



## NON-COUNTY BOROUGH—continued.

Name of Non-County Borough.	The Number of Certified Midwives in each Borough.		The Number of Midwives actually practising.	The Number of Midwives (if any) devoting their whole Time to Midwifery.	(a.) The Annual Number of Births in each Borough.	(b.) Total Annual Number of Cases (if known) attended by Midwives.	(c.) Average Number per Midwife practising.	The Fees charged by Midwives in each Case.	If Medical Men called in under the Rules, who is to pay the Fees? Are the Local Authority prepared to pay and collect the Fees, if possible, from the Patients where able to pay?	To meet the probable Shortage of Trained Midwives after 1st April 1910, would the Local Authority be willing to defray or contribute to the Cost of training suitable Women?	Are Non-county Boroughs favourable to a delegation of the Powers of County Councils (under Section 9) in respect of Cases within their Borough?
	(a.) The Number certified by Examination.	(b.) The Number in Practice when the Act came into operation, but not qualified by Examination (see Section 2 of the Act).									
Saffron Walden	No return—County Council have not delegated powers.										
Scarborough	No return—County Council have not delegated powers.				688	587	—	5s. to 10s.	Arrangement with guardians.	—	Yes.
Shrewsbury	3	20	20	—			36	5s. to 15s.	No arrangement.	No	—
Snethwick	1	—	39	1	2,043	1,400	—	—	No decision.	No decision.	No decision.
Southend-on-Sea	3	2	5	5	1,098	—	—	—	No decision.	No	No.
Southwold	No midwives practising.										
Stalybridge	2	14	16	16	700	550	—	From 10s. 6d.	No	No	No.
Stockton-on-Tees	No return—County Council have not delegated powers.										
Stoke-upon-Trent	No return—County Council have not delegated powers.										
Stratford-upon-Avon	No return—County Council have not delegated powers.										
Tunbridge Wells	8	9	12	7	615	293	—	5s. to 15s.	Guardians	—	Yes, but C.C. have taken back powers.
Wakefield	0	12	12	All	1,050	50 to 60 per cent.	—	10s. 6d.	Guardians	—	Yes.
Wednesbury	No return—County Council have not delegated powers.								Patient	Not considered.	Not considered.
Wells	No return—County Council have not delegated powers.										
Wenlock	2	10	12	—	372 (1907)	283 (1908)	—	—	No arrangements.	Cannot say.	Cannot say.
Widnes	9	13	—	—	About 100	—	—	5s. to 10s. 6d.	Guardians	No	Cannot say.
Wimbleton	28	9	13	8	1,144	350	—	7s. 6d. to 15s.	Refer to C.C.	Refer to C.C.	Yes.
Woodstock	1	6	4	1	29	—	—	Nothing to 2s. 6d.	No	Cannot say.	No.
Wrexham	8	6	12	All	About 500	—	—	5s. to 10s.	No decision	No	No.
Yeovil	—	—	—	—	310	—	—	5s. to 21s.	—	No decision.	No decision.

## SUMMARY OF NON-COUNTY BOROUGH.

Col. 5.—Fees 5s. to 21s. Average, say 10s. 6d.

Analysis of Column 7.

7 Yes.

32 No.

20 doubtful.

6 do not anticipate shortage.

Analysis of Column 6.

21 no arrangements made.

3 willing to pay.

21 not willing.

18 suggest patient.

14 suggest guardians.

Analysis of Column 8.

34 Yes.

16 No.

5 County Council taken back powers.

13 doubtful.



## APPENDIX X.

## LYING-IN HOMES.

## I.

MEMORANDUM forwarded by Sir SHIRLEY F. MURPHY on behalf of the MIDWIVES ACT COMMITTEE of the LONDON COUNTY COUNCIL.

In September 1906 the Midwives Act Committee of the London County Council had under consideration the question whether some power of control should be exercised over lying-in homes which were carried on for gain. As many as 122 of these homes were known to exist in London, the majority of them having come under the cognizance of the Council through its administration of the Infant Life Protection Act; of these homes 47 were found to be kept by certified midwives. A number of these homes were visited by Dr. Wanklyn of the Council's public health department and his report contains the following paragraph:—"Speaking generally, of no house can it be said that special preparation is made for the reception of pregnant women; all the rooms which I saw were domestic, so to speak, instead of being fitted as for a surgical operation. In the majority of cases the rooms were, if not dirty in the ordinary sense, untidy and littered with an abundance of clothes, furniture or ornaments which makes the removal of dust almost impossible. There was no provision for the reception of the patient; this takes place in the room in which she is confined; her luggage, boots and clothes and personal effects generally remain in this room during her confinement. In very few houses is there a bathroom; in many the w.c. is at a distance from the patient's room—one or two floors below it—and the necessary utensils are usually kept in the confinement room. In some houses the midwife sleeps either in the same bed with the recently confined mother or in another bed in the same room; the infant is in some cases kept in bed with the mother, in others provided with a separate box or cot. Arrangements for waiting on the patients are obviously incomplete, and in one patient's room which I saw were unemptied slops (a stool) which, there was reason to believe, had been left in the room for a considerable time."

Mr. Brown and Mr. Newland, Inspectors under the Infant Life Protection Act, have informed the Council's medical officer that before the Midwives Act was passed, there were probably over 300 of these homes in London. From these homes there was formerly a good deal of traffic in infants, but this has been greatly reduced, and there is reason to infer that this has resulted from the making of Rule E. 11 by the Central Midwives Board.

The following explanation has been given of this decrease:—

The rule provides that the midwife shall be responsible for the cleanliness, and give directions for securing the comfort and proper dieting of the mother and child for a period of ten days after the birth. During this period the mother's affection for the child becomes developed, and thus she is unwilling to part with it at all if it is not separated from her more immediately after birth. The women who kept these homes, whether certified midwives or not, regarded this rule as applying to them, and they found that in practice it prevented them from carrying on the trade of acting as agents in the transfer of the child from the mother to the person who adopted it. From 5*l.* to 35*l.* or more was charged for the adoption of an infant, and these women retained a proportion of this sum for themselves. Thus, recently a woman in Paddington received 6*l.* from the mother for disposing of her infant. She transferred the child to another woman to whom she paid 2*l.*, and kept 4*l.* herself, which she spent on a holiday at Brighton. It was not in many instances worth while keeping these homes unless the profits of traffic in infants could be combined with the profit derived from attendance on the patient, the charge for the actual board of the lying-in woman being only 5*s.* per week before the confinement, if the patient gives assistance in the house, and 25*s.* per week during the lying-in period. The doctor's fee, if one is employed, has to be paid by the patient in addition. The number of homes now kept by women who are not certified midwives is estimated to be about 40, the number kept by certified midwives being probably about 30.

Neither the system of registration of birth, nor of notification of birth, is believed to be adequate to supply information as to the existence of these homes, as the requirements of the Registration and Notification of Births Acts can be evaded. It is desirable that the existence of these homes should be brought to the knowledge of the Council, who should be empowered to see that they are suitable for the purpose for which they are used, and who would be able to utilise their powers of inspection to gain information as to the disposal of infants born in them.

## II.

EXTRACT from a MEMORANDUM to the MEDICAL OFFICER of HEALTH from the CHIEF OFFICER, PUBLIC CONTROL DEPARTMENT, LONDON COUNTY COUNCIL, dated 17th July 1909.

CHILDREN ACT, 1908.

Public Health Department,  
8, St. Martin's Place, W.C.

I BEG to inform you that one of the Council's infant protection visitors on the 6th instant called upon a Mrs. B. at . . . who had notified the reception of a nurse infant named L.M. under the above Act. This infant is reported to have been born on the 9th ultimo at . . . a lying-in home kept by a Nurse X., and to have been handed to the nurse

mother the same day. Nurse X. visited the foster mother's daily to attend to the infant.

A further case was reported on the 7th instant by a visitor where an infant named T., born on the 3rd instant, at the same lying-in home, was handed over to a nurse mother, named Mrs. W. of . . . eight hours after birth. In this case Mrs. W. had to take the infant to the lying-in home every morning for treatment.

I send you this information as I understand that Nurse X. is a registered midwife.



## APPENDIX XI.

REPORT handed in by Mr. SYDNEY STEPHENSON.

(See Questions Nos. 6176 and 6193.)

## THE WORK OF THE OPHTHALMIA WARD IN ST. PAUL'S HOSPITAL, LIVERPOOL.

By A. NIMMO WALKER, B.A., M.B., B.C. (Cantab.), Hon. Surgeon to St. Paul's Hospital and to the School for the Indigent Blind, Liverpool.

This ward, which is believed to be the first of its kind, is the realisation of a scheme which the writer first proposed in March 1907 (*Brit. Med. Jour.*, April 5th, 1907), and which he elaborated in a paper read before the North of England Union of Institutions, Societies, and Agencies for the Blind, at Liverpool, in December 1907 (*Lancet*, May 2nd, 1908). The essence of the scheme consists of the immediate treatment of infants attacked with purulent ophthalmia, either in the special ward, whither the infant with its mother is removed by ambulance, or, failing removal, in the out-patient department.

Early knowledge is obtained of the occurrence of every case of ophthalmia in the practice of the midwives of Liverpool by the health authorities, who, under the Midwives Act, 1902, enforce what is practically compulsory notification by their instructions that any abnormal symptom in mother or child must be notified immediately to the health department, under penalty of suspension or report to the Central Midwives Board for neglect of this regulation.

It is evident, however, that notification would be useless without treatment. Here voluntary effort takes up the work by the provision of treatment at St. Paul's Hospital.

The method of procedure is as follows:—As soon as a midwife discovers any sign of inflammation in an infant's eyes, she notifies the case to the health authority. The lady inspector visits the case, and sees that proper arrangements are made for the treatment, either by the calling in of a doctor, or, if the parents are too poor, by the taking of the case to hospital. There it is seen by one of the surgeons, and, if necessary, detained while the health authorities are asked by telephone to send an ambulance to bring the mother; as a rule, the mother is willing to come, and she and her child are put in the special ward. If, however, the mother is unable to come, or the ward is full, arrangements are made for the child to be brought several times daily to the out-patient department, and instructions also are given for the treatment at home. This is recognised to be less satisfactory than in-patient treatment, but it is often necessitated by the present small size of the ward (four beds and four cots). It is hoped, however, that a special department will be provided shortly, with out-patient dressing room, and with a ward of at least ten beds and ten cots.

The midwives, with few exceptions, have shown themselves eager to notify these cases and to bring them to hospital, and the doctors, also, working in the poor districts, are glad to avail themselves of the special facilities for treatment afforded by the ward.

The scheme has been under trial for almost eighteen months, and it is possible now to make some definite statements.

In the first place, an answer can be given to the only serious objection that has been urged against the scheme: viz., that it is unsafe to move mothers so soon after childbirth. Thirty-eight mothers have been admitted and five only have given trouble. Two had slight mastitis; one had bronchitis for two days after having been out of hospital for the afternoon; one was admitted with foul lochia, which cleared up in a short time with douching; and one had abdominal pain with rise of temperature two days after admission (fourteenth day after birth of child) which was quickly cured by castor oil, poultices, and douching. The last case was the only one which could be ascribed in any way to the removal of the patient, and it was probably due to constipation.

Secondly, there is no doubt, in the writer's mind, that cases of ophthalmia neonatorum can be treated more successfully as in-patients than as out-patients. Several cases which were transferred to the out-patient department too soon, owing to pressure on beds, became worse, and had to be re-admitted. One particularly disastrous case will be related later.

Thirdly, the duration of the disease varies directly, and the chance of recovery inversely, with the length of time which has elapsed between the onset and the admission to hospital.

The statistics for the year 1908 are:—

Cases.	Both eyes saved.	One eye saved.	Blind.	No record.
75	57	7	7	4

Of the cases which became blind, five had both eyes sloughing on first attendance at the hospital. Of the other two, one was admitted quite early in the disease, but the baby appeared to have no powers of resistance, and treatment was of no avail. It died from enteritis a month after discharge.

The other case illustrates the necessity for ample bed accommodation. The child was admitted early, did well, and was transferred, as the bed was wanted for a more urgent case, to the out-patient department, with eyes open and discharge slight, but still present. In spite of warning, the mother ceased to bring the child after a few days, and it was not seen until it was brought by a neighbour. The lids then were swollen and tightly closed, and the eyes had not been touched for two days, owing to the mother having "cramps in the stomach." The cornea were already sloughing, and, in spite of immediate admission, the eyes were lost.

A comparison between the state of the eyes on admission and the final result shows the efficiency of hospital treatment:—

—	Eyes.	Cornea intact.	Cornea slightly affected.	Cornea severely affected.	No Record.
Condition on 1st visit.	150	126	7	17	0
Final result	150	116	6	20	8

Of the four cases where a final result could not be recorded, owing to the parents having ceased to attend, and being untraceable, it is probable from the last notes taken that six eyes were intact, one slightly and one severely damaged.

A further analysis of these figures shows a remarkable improvement in the second half-year compared with the first:—

—	Eyes.	Cornea affected on 1st Visit.	Cornea permanently injured.	No Record.	Average Duration of Disease before 1st Visit.
1st half-year	66	13	14	8	23.6 days
2nd half-year	84	11	10	8	6.7 days

This improvement is coincident with the diminution in the duration of the disease before the child is brought to hospital, which, as the figures show, fell from an average of 23.6 days in the first half-year to 6.7 days in the second.



This diminution is due to the interest which has been aroused in Liverpool, and to the efforts which are being made to educate the midwives in this subject.

At the invitation of Dr. Briggs, professor of midwifery in the University of Liverpool, the writer gave a lecture on ophthalmia neonatorum as part of the course of lectures to the Liverpool Association of Certified Midwives, and he hopes that, with increased accommodation, arrangements may be made for midwife pupils to attend the practice of the ward for a short time.

Chief credit, however, for the improvement in results must be given to Sister Alston, in charge of the department, and to the other nurses, who have all shown the greatest enthusiasm and care in carrying out all details, however tedious, of treatment; and to Mrs. Adrian, lady inspector of midwives, who has sent the majority of cases, and has often brought them herself.

An important development is now taking place, in that midwives are beginning to send cases even before there is any sign of inflammation, if from the condition of the mother they suspect danger.

A film is taken in these, as in all other, cases, the eyes are thoroughly irrigated with sodium bicarbonate lotion, and 20 per cent. argyrol is instilled. Orders are

given for the child to be brought back on the following day, when if there are no signs of inflammation and the film is negative, the child is considered safe; but if the film is positive, or there are signs of inflammation, treatment is continued, and the child admitted to hospital if necessary.

This method of prophylaxis is more scientific than the indiscriminate use by midwives of antiseptic drops, which, in their hands, may be a source rather of danger than of safety.

In regard to treatment, this ward affords excellent opportunities for the study of different methods; and the writer is engaged at present in clinical and bacteriological investigations which are outside the scope of this article, but which he hopes to publish later.

In conclusion, he feels that it may be claimed:—  
1. That the year's working has shown the scheme to be practicable. 2. That the co-operation of the health authority with a charitable special hospital is the best method of dealing with this disease, as the combination is obtained of special experience in the collection and removal of cases with special experience in their treatment.

## APPENDIX XII.

### MEDICAL ATTENDANCE UPON MIDWIVES' PATIENTS AND OBSTRUCTIVE CONDUCT OF A MIDWIFE towards the LOCAL SUPERVISING AUTHORITY at NEWPORT (Monmouthshire).

STATEMENT submitted by Dr. J. HOWARD JONES, executive officer to the County Borough of Newport local supervising authority, and medical officer of health, &c.

#### I.

SIR,

As requested, I beg to supply particulars with reference to medical attendance upon midwives' patients at Newport from 1905 to 1908 inclusive.

The Rules of the Central Midwives Board prescribe that midwives must send for medical assistance whenever the condition of the mother or infant indicates medical assistance to be necessary.

As your Committee are aware, there is no provision in the Midwives Act, 1902, for the payment of the medical attendant.

The rule obtaining among medical men generally is to attend to such calls when sent for.

In order to obtain definite data respecting the amount of such work done without payment by medical men at Newport, a copy of the enclosed circular\* was recently sent to the 22 medical practitioners at Newport who had been sent for by midwives under the Rules of the Central Midwives Board.

Replies were received from twenty-one. The data received from one practitioner were incomplete and are therefore not included.

The twenty practitioners whose records are given attended 559 cases; an average of 27.9 patients each. Many of these were difficult instrumental labours, while some were minor complaints of the mother or infant.

In 279 of these cases no payment whatever was received for the services rendered, *i.e.*, in 49.9 per cent. of the cases. In 62 instances part fees were obtained, varying from 2s. 6d. to 10s. 6d. generally, *i.e.*, in 11 per cent. of the cases; whilst fees were paid in full in 218 instances, or in 39 per cent. of the cases.

The seven medical men with over 40 cases each attended 405 cases, and in 215 of these (53 per cent.) no fees were received for the services rendered, and in 23 others only part fees were obtained.

One practitioner was sent for in 123 instances, and in 58 of these there were no fees paid.

Another practitioner received payment in 20 per cent. of his cases only.

If the fees were computed at 11.1s. per case, the amount of fees earned by the medical men concerned and not received was 293l. 19s. This amount does not include the cases in which part fees were paid only.

The "notices" sent by midwives to medical men are treated as urgent, and are attended to without reference to payment in the great majority of cases.

As it is unreasonable to expect medical men to give such services gratuitously, some arrangement should be made for the payment of fees where the patients cannot afford to do so.

Our experience of the Act points to the necessity for preventing midwives, if possible, instructing their patients to refuse admission and information to the officials of the local supervising authority when making inquiries respecting the conditions obtaining during confinement and the puerperium.

The Notification of Births Act provides us with early information of all births. The health visitor or inspector of midwives visits selected houses as soon as possible afterwards, for the promotion of infant hygiene more especially. Such visits are of great assistance to mothers and infants; and many cases of ophthalmia have thus been discovered in the earliest stages, and better arrangements for their treatment have been made, with satisfactory results; mothers have also had supervision and assistance in many cases, as one of the health visitors is an official of the "School for Mothers."

One midwife, however, greatly resents such supervision; and during 1908 the health visitor was refused admission and information on the alleged advice of the midwife in 25 instances. Such conduct interferes with the administration not only of the work of the health department, but also of the Midwives Act.

Provision should therefore be made to guard against any interference by midwives with the work of officials, either directly or indirectly.

I have, &c.,

(Signed) J. HOWARD JONES.

H. J. Stanley, Esq.,

Secretary to the Departmental Committee on the Midwives Act.

\* Printed at the end of this letter.



## Enclosure in No. I.

Health Department, Town Hall,  
Newport, Mon.,  
26th February 1909.

Re Suggested Amendments in the Midwives  
Act, 1902.

DEAR SIR,

As you are, no doubt, aware, a Departmental Committee is now sitting with the object of inquiring into the working of the Midwives Act, and considering suggestions for improving the same.

Very serious complaints have been made respecting the amount of emergency work done by members of the medical profession without payment in cases where they have been sent for by midwives, as prescribed by the Rules of the Central Midwives Board.

I am anxious to obtain definite facts as to the amount of unpaid work done in Newport since the Act came into force, and therefore beg to enclose details of the cases in which midwives have sent for you, and trust you will be good enough to fill up the blank spaces and return the form to me at your earliest convenience. The detailed information will, of course,

be treated as strictly confidential. Only summaries will be made use of for statistical purposes.

Thanking you in anticipation,

Yours faithfully,  
(Signed) J. HOWARD JONES.

## II.

Health Department, Town Hall,  
Newport, Mon.,  
26th May 1909.

DEAR SIR,

IN reply to yours of the 25th instant, with reference to my statement for the Midwives Act Committee, I beg to state that I am convinced that the medical men did employ the usual means for collecting the moneys due to them; that the board of guardians have not made any arrangements for the payment of such fees; and that the borough council have not considered it their duty to take over the responsibility of payment of medical fees for attendance upon the poor.

Yours faithfully,  
(Signed) J. HOWARD JONES.

H. J. Stanley, Esq.,  
Secretary, Midwives Act Committee,  
Whitehall, S.W.

## APPENDIX XIII.

## MEMORANDUM submitted by Mrs. LAWSON on behalf of the NATIONAL ASSOCIATION OF MIDWIVES.

In reference to the questions relating to the working of the Midwives Act, I wish to urge that the Committee deputed to inquire into the subject should give serious attention to the following points:—

(1) The recognition of the urgent need for midwives to receive a more adequate training than that at present accorded to them, especially in reference to (a) post-partum hæmorrhage and (b) the diagnosing of infantile diseases, *i.e.*, pemphigus.

(a) *Post-partum Hæmorrhage*.—There is too little stress laid upon the seriousness of the uterus being allowed to fill after the birth of the placenta. It is within my own knowledge that women have been known to bleed nearly to death through the uterus relaxing, and if death has not actually occurred, many women have been permanently injured. It may be claimed that medical help can be obtained, but I maintain that serious injury results to the patient while waiting for help to arrive.

In severe cases of post-partum hæmorrhage, a doctor could not possibly arrive in time, unless he chanced to be in the house.

I claim that lack of clear definite training on this subject handicaps a midwife in the proper discharge of her duty and involves serious risk of either permanent injury or death to the patient.

(b) *Pemphigus*.—In a recent case of pemphigus the midwife had no knowledge of the nature of the disease, and before she was acquainted as to its contagious nature had, in her practice, conveyed it to two other cases. Three lives were lost as a result.

(2) The conferring of this wider knowledge, with its greater responsibility, would draw a greater number of intelligent women into the midwifery profession.

This would also help to increase the supply in the country districts. A midwife by being qualified to attend the more abnormal cases would secure a larger practice. With this greater certainty of gaining a livelihood more midwives would be attracted to the rural districts.

(3) That any amendment of the Act should recognise the claim of midwives for direct representation on the Central Midwives Board. Dr. Stanley Atkinson, M.B., J.P., in the "Midwives Record" for December 1908, says:—

"The certified midwife, as such, cannot now voice her feelings from a seat at the table of the Central Midwives Board. At present she is indirectly represented by nominees of two nursing associations, and by a registered medical practitioner, the nominee of the Incorporated Midwives

Institute. This indirect representation is part of the scheme of the Midwives Act. Constitutionally this is wrong. In a free country it is axiomatic that those persons who have to be regulated should have some opportunity of assisting in the formation, and in the administration of the rules. This was the experience of the General Medical Council, whereon originally no direct representative sat; and it must be so with the Central Midwives Board, if only certified midwives . . . insist on their fundamental professional rights."

I claim that the presence of a working midwife on the Central Midwives Board would be invaluable. Her experience and detailed knowledge of the many difficulties which confront a midwife in the discharging of her daily round of duties (with which only a midwife in constant practice can be familiar)—things small, perhaps, in themselves, but often important enough to affect materially the summing up of evidence—would be at the disposal of the committee, and midwives generally would have greater confidence that these points were not overlooked.

(4) That the practice of keeping a midwife waiting from the time of her suspension till the monthly meeting of the Central Midwives Board results often in much hardship and injustice to the midwife. Suspension means immediate stoppage of income; this bears hardly on the poorer midwife if she must wait two, three, or four weeks before her case can be heard. Again, the long waiting means loss of practice, which affects a midwife whether she be well or poorly off. I claim that her case should be heard at the earliest possible date after suspension, and that special meetings of the Central Midwives Board should be called for the purpose.

(5) That in all cases of compulsory notification of sending for medical help, stamped forms should be supplied, as it is often difficult for the poorer midwife to pay these charges, and this is therefore sometimes a temptation to her to evade notifying the local supervising authority.

(6) That health visitors should be strictly forbidden to visit a patient during the ten days that the midwife is, under penalty, responsible for the mother and child.

(Signed) MARGARET LAWSON,  
President of the National Association  
of Midwives.

9, Albert Square, Manchester,  
June 12, 1909.



## APPENDIX XIV.

MEMORANDUM submitted by Miss A. M. ALEXANDER, Chairman of the Committee appointed by the Kensington Board of Guardians to consider and report as to the advisability—

- (1) of engaging midwives to attend the out-door poor who receive midwifery orders; and
- (2) of revising the fees to be paid to district medical officers for attendance on similar cases.

At present, owing to the passing of the Midwives Act, certain changes have taken place which affect the consideration of the subject of midwifery under the poor law. In the first place, the Local Government Board has, by its circular letter of July 29th, 1907, withdrawn the objections previously held "to the employment by boards of guardians of midwives acting in that capacity in responsible charge of women in labour" in institutions.

The Local Government Board has also suggested that guardians should pay the fees of medical men who are called to the assistance of midwives when the patient is too poor to do so. The Kensington board are acting upon this suggestion under rules which have been drawn up and are now in force.

With regard to the nursing of lying-in women, the committee of the Kensington board which is considering the subject is fully and entirely satisfied with the existing arrangements in the maternity wards in the Kensington infirmary. They are indeed most anxious to induce women to enter these wards for their confinement, and great efforts have been made, with this end in view—and with partial success—to restrict the giving of outdoor midwifery orders. Owing, however, partly to the position of the infirmary, which is at some distance from the poorer part of the parish, and partly to the fact that the lowest class of people prefer the squalor and dirt of "furnished rooms," and an absolute freedom from all constraint and discipline, to order and cleanliness, it is in practice found that "urgent" midwifery orders cannot be entirely withheld.

It is at least as important that mothers and their infants should receive skilled and careful nursing in their own homes as that they should receive them in the wards of the infirmary. The daily visits to mothers of a trained nurse should do much to educate, and so to lessen the rate of infant mortality. There is great need in the very poor districts of North Kensington for some arrangement which will ensure that a certain standard of personal cleanliness and general hygiene should be maintained with regard to women for whom the guardians are in any way responsible at the time of their confinement. Under existing conditions, no standard of the kind can be enforced, however much the guardians and the district medical officers may desire it. The Queen's Nursing Association, to which the Kensington board subscribes, unfortunately does not undertake the care of normal confinement cases.

The guardians have made special inquiries through their woman relieving officer, and find that the neighbours who are usually present at confinements in those cases which receive outdoor midwifery orders are unskilled and generally incompetent. In many cases it is admitted that these women receive some payment from the patients, but the facility with which urgent midwifery orders can be obtained, and the fact that the women do not call themselves midwives, leaves them outside the jurisdiction of the local supervising authority. These women often belong to a very low class, and their influence is in many cases distinctly harmful. Instances have come to the knowledge of the guardians in which young unmarried girls have been persuaded by them to refuse to enter the infirmary, and in which "urgent" orders for midwifery attendance are demanded from the district medical officers under conditions as to housing, sanitation and surroundings which are most unsuitable and demoralising. An instance has occurred quite lately in which a woman was brought into the infirmary and reported to be "epileptic and filthy on admission." This person had promised to nurse a woman who received an outdoor midwifery order. In another case the district medical

officer reported that the entire absence of nursing preparations, provision of clothing, &c., was a matter to which he wished to call the attention of the guardians.

With regard to the employment of midwives to attend the outdoor poor—in view of the fact that many patients in poor law institutions are now in charge of midwives, and also that large numbers amongst the respectable and independent working-classes are satisfied to employ them, it seems that the same provision should meet the needs of those who receive outdoor poor law relief.

It is likely that there will be an increasing demand for payment from public bodies for medical attendance given at the request of midwives under the Act, and if the payments made by boards of guardians for such attendance should not sufficiently compensate district medical officers for loss of existing fees, it would not be difficult to come to some agreement satisfactory to the medical men themselves. The cases which they would surrender can hardly be remunerative at present, and often involve serious loss of time and much trouble.

It would be a great help to the committee of which I am chairman, if it could know whether it is likely that the Local Government Board would be prepared to sanction the employment of midwives to attend the outdoor poor. I need hardly add that the guardians of Kensington would, I know, take great pains to satisfy both the Local Government Board and themselves that such midwives were women of entirely reliable character, who could be depended upon to carry out their work conscientiously and in the best interests of the patients.

I feel certain that there is no other way in which proper nursing care can be provided for the class under consideration. I also feel confident that if the plan were adopted its indirect results would be—

That more unmarried girls would be induced to enter the maternity wards of the infirmary.

That married women would obtain more help from charities, such as is given by the outdoor midwives attached to Queen Charlotte's Hospital, two of whom work in the parish and attend poor women gratuitously.

That those who could afford it would make greater effort to provide for their own attendance, and that thus the spirit of independence would be fostered.

To sum up, what I put forward for consideration is:—

1. That the position of a patient under a midwifery order should be assimilated, so far as possible, to that which is already secured to her under the regulations of the Central Midwives Board without such an order. This would mean that a midwifery order would entitle the patient to the services of a midwife responsible to the guardians, with the assistance of the district medical officer if, under these regulations, the midwife requires it, but not otherwise. This would, I believe, be a great improvement on the present practice, which provides for a doctor in all cases and a midwife in none, although the doctor is only sometimes necessary, and the midwife is really always necessary.
2. I urge, as a special advantage of this proposal, that it would take the poor law cases out of the hands of the incompetent and often disreputable women who now attend them, to the detriment, morally as well as physically, of the patient, and the discredit of the poor law administration.



3. I do not think that the result would be to increase midwifery orders. The guardians would indeed feel less repugnance to granting them, but the alternative of the maternity ward would, I believe, be far more readily accepted if the inducements to apply for midwifery orders, which the present system offers, were removed.

It may be said that this matter is not for the Departmental Committee, but for the Local Government Board. But it is practically certain that the Board would defer consideration of it until after the Committee have reported, and I therefore bring it before the Committee, in case they should see their way to support my views in dealing with the poor law aspect of the questions referred to them.

(Signed) AGNES MARY ALEXANDER.  
24th June 1909.

*Enclosure.*

KENSINGTON BOARD OF GUARDIANS.

*Regulations with reference to Midwives, adopted by the Board on the 7th January 1909.*

That registered midwives practising in this district be informed through the London County Council that in any case where the services of a medical practitioner are necessary and the patient is obviously too poor to pay, the guardians will be prepared to pay the fee in cases of proved emergency and destitution.

That the following be the approved definition of emergency and destitution:—

*Emergency.*—The case will only be accepted as falling under this head provided the "form of sending for help" under the regulations of the Central Midwives Board, is marked *urgent* by the midwife.

*Destitution.*—As applied to medical relief, this means inability to provide necessary medical assistance.

That before any claim is allowed the guardians must be assured by the doctor that he has applied to the person legally responsible for the fee. (The guardians reserve an absolute discretion to allow or disallow any claim.)

That in no case will the guardians pay part of the fee.

That when a claim is allowed by the guardians, the fee payable to the doctor will be an inclusive fee of one guinea.\*

That the doctor, if he relies on the guardians for the payment of his fee, must give notice of his claim to the clerk to the guardians within seven days of the time when he was first called in.

By Order. W. R. STEPHENS,  
Clerk to the Guardians.

Guardians' Offices,  
Marloes Road,  
Kensington, W.  
7th January 1909.

\* In those cases in which the *district* medical officer is called, he receives the usual fee, generally two pounds.

## APPENDIX XV.

### MIDWIFERY ATTENDANCE ON POOR PERSONS IN FRANCE, GERMANY, and THE NETHERLANDS.

#### I.

LIST of QUESTIONS addressed by Dr. DOWNES on behalf of the Committee to Monsieur HENRI MONOD of Paris, Dr. MÜNSTERBERG of Berlin, and Heer BLANKENBERG of Amsterdam.

1. What are the general arrangements in [France], [Germany], [the Netherlands], whereby poor women usually obtain midwifery attendance—

- (a) in the large towns,  
(b) in rural districts?

*Note.*—When the attendance is given at public cost, please furnish particulars of the arrangements whereby the woman obtains it; and state by whom the attendance is rendered.

2. Can the woman, or her husband, insure in any way against the expenses attending her lying-in?

3. Is there any service of midwives wholly or partly maintained by, or subsidised from, public funds?

- (a) If so, from what funds?  
(b) And by what public authority are the funds controlled?

4. Is there any legal obligation on a midwife to call in a medical man to her assistance in difficult cases?

If so,

- (a) Would the midwife apply in such cases to any medical practitioner she or her patient might select, or are practitioners officially appointed for the purpose?  
(b) Is there any established scale of payments to medical practitioners for such assistance? If so, please state it.  
(c) To whom would the medical practitioner apply in the first instance for payment?  
(d) Are there any arrangements for the payment of the medical practitioners from public funds, in default of payment from the patient or her friends?  
(e) In the case of officially appointed practitioners (if any), are they paid an inclusive salary, or a fee for each case attended?

5. Can you give any information as to the length of training which midwives are required to undergo before being allowed to practise?

6. Is public aid given towards the cost of such training? If so, to what extent and by what authority is the aid administered?

#### II.

#### ANSWERS RECEIVED TO THE ABOVE QUESTIONS.

##### A.

(Translation.)

29, Rue de Rémusat, Paris.

6th June 1909.

DEAR SIR,  
I have received your letter of yesterday's date. Unfortunately I am not in a position to answer it. I left the public service several years ago, and since that time some improvements have been effected in the administration of a certain number of *bureaux de bienfaisance*. The only statement which I can make is that in France we have not yet got any special law regulating the points raised in your questions. Child-birth is not differentiated from disease, and the law applicable to it is that of 1895, the operation of which I explained to the Royal Commission on the Poor Laws and Relief of Distress.\*

I am, &c.

(Signed) HENRI MONOD.

##### B.

(Translation.)

3 Tauenzienstrasse, Berlin, W.

19th July 1909.

DEAR SIR,  
My friend, Town Councillor Dr. Münsterberg, has forwarded to me your letter of the 5th June 1909, with reference to midwives for the poor, and his own answer. I transmit to you herewith his reply, to which

\* See Volume I, page 576, of the Appendix to the Commission's Report.



I have appended a few notes, as well as a memorandum by Frau Gebauer, who has done such distinguished work and has rendered such valuable service in establishing the whole system of midwives' associations in Germany. I am also enclosing a few printed circulars and articles contributed to the press by that lady,\* as well as a proof of one of my own writings.†

I am, &c.

(Signed) Dr. WEHMER.

Enclosure No. 1.

MEMORANDUM BY TOWN COUNCILLOR  
DR. MÜNSTERBERG.

(Translation.)

Berlin, 24th June 1909.

In Germany, under section 30 of the Industrial Code, all persons who desire to practise as midwives require a certificate issued, in virtue of examination, by the competent authority, and are subject to penalties if they practise without such certificate. The standard of qualification required for the examination is left to the discretion of the different Federal States of the Empire. A course of training as a probationer in one of the institutions maintained by the State, or in a duly recognised private institution, is an invariable condition precedent to the grant of a certificate. The training ends with an examination, after which the women who have passed receive their certificates and are sworn in as midwives.‡ In Prussia midwives are required to present themselves every three years for a supplementary examination by the medical officer. They are, moreover, in their practice, permanently subjected to the supervision of the medical officer, and are bound for this purpose to report themselves to him, and to submit their certificates, as well as to keep a register, in the form of a diary, of the deliveries which they have conducted. In the event of any irregularity or misconduct, their certificates can be

withdrawn.§ In Germany, therefore, a woman who has not been duly enrolled by examination is debarred from acting as a midwife, although unfortunately it is necessary to add that persons who have been convicted of misconduct or who have not been certified, frequently act in various ways, particularly in connection with illegal practices.

The cost of training is borne partly by the institutions and partly by the pupils,|| and ranges between 2*l.* 10*s.* and 30*l.* in the different institutions. In 1907, 925 pupils were trained in 27 training schools; in 357 cases the expenses were paid by the local authorities, and in 568 by the pupils themselves. In the same year the number of practising midwives in Prussia was 20,878.

An official scale of fees is fixed for the services of midwives, ranging between 1*s.* 6*d.* and 12*s.* In rural areas, midwives are appointed, generally for a fairly large district or group of parishes, who for a fixed remuneration are required to attend all women in their district. The income earned by rural district midwives averages from 15*l.* to 20*l.* a year; this can only be described as inadequate, and frequently results in a defective supply of midwives and in quackery.

Gratuitous attendance in child-birth is granted on the same conditions as gratuitous attendance in illness, that is to say, in cases in which provision cannot be made for it out of the patient's own resources. In urban areas the poor law authority provide the services of a midwife gratuitously for all impoverished lying-in women. The poor law authorities, especially in towns, pay the midwives for this attendance on a fixed scale,¶ ranging from 6*s.* to 12*s.* for each case, and covering the actual conduct of the delivery and what is known as the after-attendance. There are no special funds to meet the expenditures on midwives, and the charges are defrayed out of the general funds available for the relief of the poor.

Midwives are required by the official regulations to obtain medical assistance without delay in cases of danger. Every poor law authority appoints, for the purposes of medical relief, a number of doctors whose duty it is to attend the sick poor. The instructions received by these medical officers determine the duration and extent of their services. They contain regulations as to the time during which the medical officer has to be at the disposal of the sick, the medicaments which he is to prescribe, the consultation of specialists, and so forth. The medical officers likewise receive a fixed sum, the amount of which is determined by the poor law authority, in payment for their services. In the great majority of towns, the poor have to apply to the doctors designated and appointed by the authority. The system of free choice of the doctor, the advantages and disadvantages of which are the subject of lively discussion in professional circles, has hitherto only been introduced in a few comparatively small towns, for instance, at Ludwigshafen, Pankow near Berlin, Rheidt, Siegen, and Stoppenberg, and, of the larger towns, only at Strassburg in Alsace. In some other towns, however (viz., at Bremen, Dessau, Meiningen, and Worms), a system of free choice has been introduced in a modified form, whereby the patients are allowed to choose among a small number of appointed medical officers. Further particulars with regard to the operation of the system of free choice of the poor law doctor is contained in chapter 9 of Fürst's book on "the position and duties of the doctor in the poor law service," as well as in Stern's Report on "the functions of poor law doctors," published in 1900 by the German Society for Sick Nursing and Charitable Relief.

No system of insurance against the expenses incident to child-birth has as yet been established in

\* Among much interesting matter contained in these documents, attention may be called to a statement made in the "Allgemeine Deutsche Hebammen-Zeitung" of the 4th July 1909, on the authority of Professor Dr. Franz, of Jena, that 90 per cent. of the deliveries in Germany are conducted by midwives. In spite of this circumstance, it appears that in Germany midwives are as a rule unable to earn an adequate living wage. Figures are quoted for 1902 showing that, in Prussia, of 19,665 midwives, 18·6 per cent. earned a total income of 10*l.* or under; 51·2 per cent. earned 20*l.* or under; and 72·7 per cent. earned 30*l.* or under. 8,123 of these women were in private practice, and 11,542 were employed as district midwives. Of the latter category, 81·9 per cent. earned a total income not exceeding 30*l.* In October 1908, however, a Ministerial Order was issued providing for the payment of State subventions to local authorities appointing district midwives, subject *inter alia* to the conditions that such women are to be guaranteed a minimum income ranging from 18*l.* to 25*l.*, according to local circumstances, that they are to be supplied gratuitously with the necessary instruments and disinfectants, that they are to receive compensation for loss of employment when not caused by any fault of their own, particularly for suspension imposed to prevent the spread of infection, and that allowances or pensions are to be payable in the event of incapacity by sickness, accident, or old age. In the Grand Duchy of Hesse the following particulars were ascertained with regard to 352 midwives who came up for supplementary training during the period from 1902 to 1908:—The total income earned in 20 cases did not exceed 2*l.* 10*s.*; in 93 cases it did not exceed 5*l.*; in 160 cases it did not exceed 12*l.* 10*s.*; in 57 cases it did not exceed 25*l.*; and it exceeded 25*l.* in only 22 cases. 87 of these women are said to have attended less than 10 confinements each a year; 120 attended from 10 to 24 confinements; 56 attended from 25 to 49, and only 15 attended 50 and over.

† This treatise is unfortunately too long for reproduction here. On the points directly under consideration by the Committee, Dr. Münsterberg's memorandum, with which it is in substantial agreement, will probably be found sufficiently explicit.

‡ Note by Dr. Wehmer:—The certificate only entitles the woman to practise in the particular Federal State in which it has been obtained, and not in the other Federal States of the Empire. In the event of a midwife desiring to move to another Federal State, she is required by the constituted authority of that State to pass a further examination.

u 2200.

§ Note by Dr. Wehmer:—The withdrawal of the certificate is effected administratively by proceedings instituted before the administrative tribunals (viz., District Boards and the Supreme Administrative Court).

|| Note by Dr. Wehmer:—In some cases the cost is borne by the authorities of urban and rural districts (corresponding to the English parish councils), who in return impose on the midwife the duty of serving for a certain number of years in a given locality as a district midwife on payment of a lump sum of small amount as salary, and of attending the confinements of the poor without further remuneration.

¶ Note by Dr. Wehmer:—In so far as these women, particularly in rural areas, are not paid an annual salary.



Germany. A nucleus exists in the system of insurance against sickness, under which women in industrial employment, who are required to insure, receive for six weeks an allowance equivalent to one half of the loss of earnings. The question is fully discussed in Salomon's treatise on maternity insurance, published in 1908 by the German Society for Sick Nursing and Charitable Relief.

With reference to the general question, we are forwarding, under separate cover, two pamphlets, which deal with the subject in detail. It should, however, be noted that neither of them is of very recent date, and that their object is not so much to describe existing conditions, as to discuss a reform of the system and circumstances governing the practice of midwives.

#### Enclosure No. 2.

(Translation.)

MEMORANDUM by FRAU OLGA GEBAUER, Superintendent of the Union of German Midwives' Associations, formerly Head Midwife under Professor Dr. CARL SCHROEDER, Berlin.

#### Fees payable to German Midwives.

(a.)

In the kingdom of Prussia the remuneration of midwives for attendance on poor persons, who are in

receipt of relief from the authority of an urban or rural area, is regulated by the law of the 10th May 1908, under which the lowest rates in the scale of fees fixed therein are payable for such attendance.

At present the provisions of the law have not yet come into universal operation, as the authorities have not cancelled their old agreements with the midwives, although the law explicitly prescribes such cancellation. It will still be some time before midwives enter on the full enjoyment of their legal rights throughout Prussia. In places where associations of midwives have been established and are conducted on sensible lines, the rights of individual midwives are now enforced.

In Prussia the scale of fees varies greatly, and consequently there is much diversity in the remuneration of maternity attendance on the poor in different urban and rural areas. In the municipal area of Berlin, a midwife receives 7s. 6d. for an attendance of not more than 12 hours at the confinement of a poor person, 1s. 6d. for disinfectants, and 6s. for six visits at 1s. each, a total of 15s. If the mother and child require further attendance by the midwife, she has to pay as many visits as the poor law medical officer may direct.

#### (b) Scale of Fees in Prussia on the 1st October 1908.

Province.	Attendance at a Pauper Confinement, and subsequent Visits.	Attendance, not exceeding 12 hours, at a Delivery.	Every subsequent hour.	Attendance, not exceeding 12 hours, at an Abnormal Delivery.	One Visit before the Birth, and One after (as required by the Regulations).	Each further Visit, if desired.	A Day and Night Attendance.
Brandenburg, administrative district of Potsdam. (In the towns an increment of 25 per cent. is payable).	10s.	5s. to 15s.	6d. to 9d.	7s. 6d. to 1l.	6d. to 1s.	1s. to 1s. 6d. Double at night.	4s. to 8s.
Municipal district of Berlin, Charlottenburg, &c.	15s. (including 6 visits).	7s. 6d. to 1l. 10s.	6d. to 2s.	12s. to 2l. 5s.	1s. to 2s.	1s. to 5s. Double at night.	10s. to 15s.
Saxony (Prussian province), administrative district of Magdeburg.	10s.	6s. to 1l. 10s.	7d. to 1s. 6d.	7s. 6d. to 2l.	7d. to 1s. 6d.	7d. to 1s. 6d. Double at night.	4s. to 10s.
Hanover, administrative district of Hanover.	6s. 7d. for each visit.	6s. to 1l. 5s.	6d. to 1s.	7s. 6d. to 1l. 10s.	7d. to 1s. 2½d.	1s. to 2s. Double at night.	5s. to 10s.
Westphalia, administrative district of Arnsberg.	10s.	6s. to 12s.	7d. to 1s. 2½d.	8s. to 15s.	6d. to 2s.	1s. to 4s. Double at night.	4s. to 6s.
Province of the Rhine, administrative district of Düsseldorf.	9s.	8s. to 1l. 5s.	6d. to 1s.	12s. to 1l. 10s.	9d. to 1s.	1s. to 2s. Double at night.	5s. to 10s.
Hesse-Nassau, administrative district of Wiesbaden.	15s.	10s. to 2l. ; 1l. to 2l. 10s., if subsequent visits are not desired.	1s. to 3s.	15s. to 2l. 10s. ; 1l. 10s. to 3l., if subsequent visits are not desired.	1s. to 3s.	1s. to 3s. Double at night.	15s. to 1l. 10s.
Pomerania, administrative district of Stettin.	10s.	7s. to 1l.	6d. to 1s.	10s. to 1l. 5s.	9d. to 1s. 6d.	1s. to 2s. Double at night.	7s. to 12s.
Posen, administrative district of Posen.	At the lowest rate in the scale.	5s. to 15s. (rural). 5s. to 1l. (urban).	6d. to 1s. (rural). 6d. to 2s. (urban).	7s. 6d. to 1l. (rural). 7s. 6d. to 1l. 10s. (urban).	6d. to 1s. 6d. (rural). 6d. to 3s. (urban).	1s. to 2s. (rural). 1s. to 3s. (urban). Double at night.	4s. to 8s. (rural). 4s. to 12s. (urban).
Silesia	10s. (Brieg and Breslau).	5s. to 1l.	6d. to 1s.	—	6d. to 1s.	1s. to 2s. Double at night.	5s. to 10s.
Schleswig-Holstein	10s. (Kiel).	6s. to 1l. 5s.	6d. to 1s.	8s. to 1l. 10s.	6d. to 2s.	1s. to 2s. 2s. to 3s. at night.	5s. to 10s.
West Prussia (Province), administrative district of Dantzig.	7s. (including 6 visits).	6 hours' attendance : 3s. to 15s. (rural). 4s. to 1l. (urban).	6d. to 1s. 6d.	5s. to 1l. 5s.	6d. to 2s.	1s. to 2s. Double at night.	4s. to 8s.
East Prussia (Province)	5s.	5s. to 15s.	6d. to 1s.	7s. 6d. to 1l. 5s.	6d. to 1s. 6d.	1s. to 2s. Double at night.	4s. to 12s.



In rural districts the authorities provide disinfectants gratuitously. Many of them pay an annual retaining fee ranging from 1*l.* to 10*l.* for the conduct of deliveries of the poor. New agreements will shortly be made with the appointed midwives; these agreements, in accordance with a Ministerial Order of the 5th October 1898, are to guarantee a minimum income. . . . The whole organisation of

the profession of midwife is at present in a transitional state, of which the result cannot be predicted. The midwives of Prussia, as, indeed, all German midwives generally, are endeavouring to secure the adoption of the form of agreement approved by the Union of German midwives on the 18th June, 1909 (a copy of which is enclosed).\*

(c) *Scale of Fees in other German States.*

In the following States, with the exception of Hesse, as also in the smaller German States, new scales will presumably soon be introduced:—

Bavaria (Order dated 4th June 1899).	12 hours' attendance at birth, 5 <i>s.</i> to 15 <i>s.</i>	Every subsequent hour, 6 <i>d.</i> to 1 <i>s.</i>	Attendance at birth of twins, 7 <i>s.</i> 6 <i>d.</i> to 1 <i>l.</i> 2 <i>s.</i> 6 <i>d.</i>	Every visit before and after birth, 6 <i>d.</i> to 1 <i>s.</i> (double at night).	Attendance on a pauper case (with visits), 15 <i>s.</i> ; 15 <i>s.</i> to 1 <i>l.</i> 3 <i>s.</i> in the Palatinate.	—
Saxony (Order of 1892).	Easy, normal delivery, 6 <i>s.</i> to 12 <i>s.</i>	—	Birth of twins, 7 <i>s.</i> to 12 <i>s.</i> ; attendance at birth exceeding 24 hours, 6 <i>s.</i> to 15 <i>s.</i>	Every obligatory visit, 7 <i>d.</i> to 1 <i>s.</i> 2½ <i>d.</i> ; 1 <i>s.</i> 2½ <i>d.</i> to 2 <i>s.</i> 6 <i>d.</i> at night.	Pauper case, with visits (urban), 15 <i>s.</i>	Day and night attendance, 5 <i>s.</i> to 10 <i>s.</i>
Württemberg (Order dated 1st May 1899).	Easy delivery, 5 <i>s.</i> to 15 <i>s.</i>	Looking after patient for a week, 3 <i>s.</i> to 6 <i>s.</i>	Difficult and protracted deliveries, 10 <i>s.</i> to 1 <i>l.</i>	—	Pauper cases, 10 <i>s.</i> ; in rural areas an annual retaining salary of 7 <i>l.</i> 10 <i>s.</i> to 15 <i>l.</i>	—
Hesse (Order of 1898).	Easy delivery, 5 <i>s.</i> to 15 <i>s.</i>	—	Protracted delivery, 8 <i>s.</i> to 1 <i>l.</i> 5 <i>s.</i>	Every obligatory visit during the first 10 days, 6 <i>d.</i> to 1 <i>s.</i> (double at night).	Optional visits, 9 <i>d.</i> to 1 <i>s.</i> 6 <i>d.</i>	Day and night attendance, 4 <i>s.</i> to 8 <i>s.</i>

C.

(Copy.)

95, Vondelstraat, Amsterdam,

14th June 1909.

DEAR SIR,

Enclosed I have the pleasure to send you the reply to the different questions you asked in your favour of 5th inst., together with the form containing these questions.

I have no objection whatever to your printing these replies in the Report to be issued, but kindly ask to state that I owe these replies to the kindness of Mr. P. J. Barnouw, M.D., of this place, an expert in this subject.

I am, &c.

(Signed) J. F. L. BLANKENBERG.

Enclosure.

MIDWIFERY ATTENDANCE ON POOR PERSONS.

Answer to the Questions put by Dr. Arthur Downes.

To 1. In all communities of the Netherlands poor people can have medical assistance without any charge. They have to apply for it to the municipality.

In the towns, and a good many of the villages, the lying-in attendance on poor women is given by midwives, who have to call in medical assistance in difficult cases.

In places where there is no midwife, the medical man who is charged with attendance on the poor, has also to give his assistance in lying-in cases.

To 2. Families, to whom medical attendance is allowed without charge, never have to pay for assistance at a confinement. In the greater number of the communities this assistance also is given without any charge to women who do not belong to families entitled to permanent gratuitous medical attendance.

In the greater number of the villages, and in all towns, work-people who do not belong to the very poor usually insure to meet the cost of medical assistance, very often including that at the confinement.

In some places there are special clubs for insuring against the expenses of the confinement, but these are very rare.

To 3. As has already been said in the answer to the first question, you will find in every community one or more midwives paid by the municipality for giving assistance to poor women. They are controlled by the municipal authorities, in the larger towns by a special medical service.

To 4. Yes.

(a) Ordinarily they have to call for the medical man, who has the care of the poor in the district. In some communities (Amsterdam), they have the choice among a certain number of practitioners, who are authorised to give their attendance, and are paid by the community for each case at a fixed rate.

(b) In some places (answer to 4 (a)).

(c) To the person or corporation who has called him in.

(d) No.

(e) Usually they are paid by a fixed yearly salary (answer to the second question).

To 5. The training lasts two years. Before being admitted as pupils at one of the schools (Amsterdam and Rotterdam), the candidates, who must be from 20 to 26 years of age, have to pass an examination. After training they have to furnish evidence of having given assistance in 10 lying-in cases, and to pass another examination, before being allowed to practise.

To 6. About 30 pupils are admitted annually. No charge whatever is made, all the costs being paid by the Government. They are, however, bound to stay for two years at the disposition of the Government. By paying 200 francs they may redeem this obligation.

\* The draft agreement provides, *inter alia*, that the authority appointing a midwife shall guarantee her a minimum income of 25*l.* (for not more than 30 cases), or 50*l.* (for not more than 60 cases); the authority to undertake the collection of fees which the midwife has been unable to recover; women whose guaranteed minimum income does not exceed 25*l.* to be provided with a residence; instruments, books, &c., and disinfectants to be supplied gratuitously; the disinfection of a midwife, her clothes, house, &c., to be undertaken free of charge; compensation to be paid for loss of work through suspension for prevention of infection, and allowances and travelling expenses in respect of attendance for supplementary examination or training; half the premium for insurance against sickness or old age to be charged on public funds.







MIDWIVES ACT COMMITTEE.

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## CONTENTS.

LIST OF WITNESSES - . . . . .	Page iii
MINUTES OF EVIDENCE - . . . . .	1
INDEX TO EVIDENCE AND APPENDICES - . . . .	236

---

## CONTENTS OF VOLUME I.

TABLE OF CONTENTS.
CONSTITUTION OF COMMITTEE.
TERMS OF REFERENCE.
REPORT.
APPENDICES.

---



# LIST OF WITNESSES.

Name.	Description.	Bodies represented.	Day.	Page.
BARWISE, Dr. Sidney	M.D. (Lond.) ; M.R.C.S. (Eng.) ; D.P.H. (Camb.) ; B.Sc. (Birmingham) ; County Medical Officer, Derbyshire.	Public Health Committee of the Derbyshire County Council ; and the Midland Medical Union.	11	209
BROADWOOD, Miss Bertha M.	Honorary Secretary and Director of the Cottage Benefit Nursing Association.	Cottage Benefit Nursing Association.	2	12
BROWN, Mr. Joseph	President of the Poor Law Unions Association for England and Wales ; Member and ex-Chairman of the Dewsbury Board of Guardians.	Poor Law Unions Association for England and Wales.	3	39
BRUCE, Mrs. Wallace	Chairman of the Executive Committee of the Association for Promoting the Training and Supply of Midwives.	Association for Promoting the Training and Supply of Midwives.	3	44
DODD, Mr. John Theodore	M.A. (Oxon.) ; Barrister-at-Law ; Member of the Oxford City Council and Board of Guardians.	- - - -	12	231
DUNCAN, Mr. G. W.	Barrister-at-Law ; Secretary of the Central Midwives Board.	Central Midwives Board	1	1
FLEMMING, Mr. C. E. S.	M.R.C.S. ; L.R.C.P. ; General Medical Practitioner, Bradford-on-Avon.	British Medical Association	10	195
FORDHAM, Sir H. George	Barrister-at-Law ; Chairman of the Cambridgeshire County Council and of the Education Committee ; Member of the Royston Board of Guardians ; Representative of the County Councils Association on the Central Midwives Board, and Honorary Treasurer of the Board.	County Councils Association.	5	76
FOSBROKE, Mr. G. H.	M.R.C.S. ; L.S.A. ; D.P.H. (Camb.) ; County Medical Officer, Worcestershire.	Midwives Act Committee of the Worcestershire County Council.	6	103
GREGORY, Miss Alice	Certified Midwife ; Founder and District Superintendent of the Training School for District Midwives, Woolwich ; Vice-Chairman of the Midwives Act Committee of the London County Council.	- - - -	9	176
HANDFORD, Dr. Henry	M.D. (Edin.) ; F.R.C.P. (Lond.) ; D.P.H. (Camb.) ; County Medical Officer, Nottinghamshire.	Health Committee of the Nottinghamshire County Council.	7	129
HARRIS, Mr. Frank B.	Solicitor ; Deputy Town Clerk, Nottingham.	Association of Municipal Corporations.	3	35
HOPE, Dr. E. W.	M.D. ; D.Sc. (Edin.) ; L.R.C.P. ; Professor of Public Health at the University of Liverpool ; Medical Officer of Health, City of Liverpool.	Health Committee, City of Liverpool.	6	95
HUGHES, Miss Amy	Certified Midwife ; General Superintendent of Queen Victoria's Jubilee Institute for Nurses.	Queen Victoria's Jubilee Institute for Nurses.	4	58
JOHNSTONE, Mrs. Heywood	President of the Rural Midwives Association.	Rural Midwives Association.	5	89
KAYE, Mr. J. R.	M.B. ; C.M. (Glasg.) ; D.P.H. (Camb.) ; Secretary to the Medical County Officers Association ; Secretary to the Yorkshire Branch of the Society of Medical Officers of Health ; County Medical Officer, West Riding of Yorkshire.	Sanitary Committee of the West Riding County Council.	6	111



Name.	Description.	Bodies represented.	Day.	Page.
McMANUS, Dr. L. S.	M.D. ; M.Ch. (R.U.I.) ; Member of the General Medical Council (Direct Representative) ; General Medical Practitioner, Battersea.	British Medical Association.	10	196
MESSENGER, Mrs. S. A.	Certified Midwife	- - - -	9	179
MILES, Mrs. Elizabeth	Certified Midwife ; District Midwife to the Hertford and Bengoe Nursing Association.	- - - -	9	172
MURPHY, Sir Shirley F.	M.R.C.S. ; L.S.A. ; Medical Officer of Health, County of London.	London County Council	8	139
PAGET, Miss Rosalind	Certified Midwife ; Honorary Treasurer of the Incorporated Midwives Institute ; Representative of Queen Victoria's Jubilee Institute for Nurses on the Central Midwives Board.	Incorporated Midwives Institute.	2	18
PARSONS, Dr. C. T.	M.D. (Lond.) ; Honorary Secretary of the Infirmary Medical Superintendents' Society ; Medical Superintendent, Fulham Infirmary.	Infirmary Medical Superintendents' Society.	7	125
RIVERS-WILLSON, Dr. A.	Ph.D. ; L.S.A. ; General Medical Practitioner, Oxford.	<i>Nominated by the Society of Apothecaries of London.</i>	12	220
ROBINSON, Dr. Alfred	M.D. (Durh.) ; M.R.C.S. ; L.S.A. ; L.S.Sc. ; Medical Officer of Health, Rotherham.	Health Committee of the County Borough Council, Rotherham.	5	84
SCHRÖDER, Mr. Walter	Deputy Coroner for Central London ; Honorary Secretary to the Coroners' Society.	- - - -	11	218
SERGEANT, Mr. Edward	M.R.C.S. ; L.R.C.P. ; L.S.Sc. ; President of the Society of Medical Officers of Health ; County Medical Officer, Lancashire.	Society of Medical Officers of Health ; and Midwives Act Committee of the Lancashire County Council.	8	151
SINCLAIR, Sir William J.	M.D. (Aberd.) ; M.R.C.P. ; Professor of Obstetrics and Gynaecology, Victoria University, Manchester ; Member of the Central Midwives Board (appointed by the Lord President of the Council).	- - - -	4	68
STEPHENSON, Miss K.	Honorary Secretary of the Wiltshire County Nursing Association.	- - - -	9	162
STEPHENSON, Mr. Sydney	M.B. ; F.R.C.S. (Edin.) ; Ophthalmic Surgeon to Queen Charlotte's Hospital, London, &c. ; Chairman of the Committee on Ophthalmia Neonatorum of the British Medical Association.	- - - -	11	203
SWINTON, Mrs. Frances	Certified Midwife ; Matron of the St. George's Union Branch Workhouse, Buckingham Palace Road.	National Association of Workhouse Masters and Matrons.	8	149
TAYLOR, Mr. J. H.	M.A. (Camb.) ; M.B. (Vict.) ; Honorary Secretary of the Salford Division of the British Medical Association, and of the Medical Guild of Manchester ; General Medical Practitioner, Salford.	British Medical Association.	10	198
TRENDELL, Miss Lilian K.	Certified Midwife ; lately Inspector of Midwives for the County Council, and County Superintendent of the County Nursing Association, Herefordshire.	- - - -	9	169
WESLEY, Miss E. A.	Certified Midwife ; Matron of the St. George's-in-the-East Infirmary.	Poor Law Infirmary Matrons' Association.	7	121
WHITAKER, Mr. J. Smith	M.R.C.S. ; L.R.C.P. ; Medical Secretary of the British Medical Association.	British Medical Association.	10	182



Name.	Description.	Bodies represented.	Day.	Page.
WILSON, Miss J. - -	President of the Incorporated Midwives Institute; ex-Member of the Central Midwives Board.	- - - -	3	28
WOODS, Dr. Hugh - -	M.D.; B.Ch.; M.A.O. (Dub.); D.P.H. (Ireland); General Secretary of the London and Counties Medical Protection Society, Limited.	London and Counties Medical Protection Society, Limited.	4	51
YOUNG, Mr. E. Parker -	M.R.C.S.; L.S.A.; Representative of the Society of Apothecaries on the Central Midwives Board; General Medical Practitioner, Paddington.	<i>Nominated by the Society of Apothecaries of London.</i>	12	225



Year	Month	Withdrawal	Remarks
1911	5	London and London Extension	Withdrawal of the London and London Extension
1911	5	London and London Extension	Withdrawal of the London and London Extension
1911	5	London and London Extension	Withdrawal of the London and London Extension



## MINUTES OF EVIDENCE

TAKEN BEFORE THE

### DEPARTMENTAL COMMITTEE

APPOINTED BY THE

### LORD PRESIDENT OF THE COUNCIL

To consider the Working of the Midwives Act, and in particular with reference to the Supply of Midwives and the Cost of Training, the Remuneration of Medical Men summoned on the Advice of Midwives under the Rules in pursuance of the Act, and the Delegation of their Powers by County Councils under the Act.

Held at the Privy Council Office, Whitehall, S.W.

### FIRST DAY.

Wednesday, 20th January 1909.

PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman.*)

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.  
Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries.*)  
Mr. F. J. WELCH }

Mr. G. W. DUNCAN called and examined.

1. (*Chairman.*) You are the Secretary of the Central Midwives Board?—I am.

2. So far as I can gather from the précis that you have been kind enough to let us have, your evidence is substantially identical with the report of the Central Midwives Board which it is proposed to lay before Parliament in due course\*?—In portions it is.

3. But is it not almost substantially the same?—No. There is additional matter in the proof.

4. Will you describe the general operation of the Central Midwives Board to the Committee?—There are three committees of the Board, the important one being the Standing Committee which consists of all the members of the Board. There is a Penal Cases Committee for dealing with the penal work of the Board; that is to say, for preparing it before it goes before the Board itself.

5. How many members are there on that committee?—That committee consists of four members. There is also a Finance Committee consisting of four members.

Ordinary meetings of the Board are held once a month and special meetings as required. The Press are admitted to the meetings of the Board.

6. Which are held once a month?—Yes; the ordinary meetings.

7. They do not attend the committee meetings?—No.

8. You know nothing as to the cost of training?—No; we have nothing to do with that at the office.

9. Of course you have been brought in connection with it by the applications from institutions who desire recognition?—Yes, as regards the training; but we have nothing to do with the cost.

10. How do you proceed with regard to these applications?—We have certain forms of application containing questions which have to be answered by the applicants as to the nature of the institution, the number of beds and number of cases, and who the medical superintendent is, their methods of training and so on; and similar questions adapted to the case of medical practitioners who are applying to be recognised as teachers, and of midwives who apply to be approved for the purpose of supervising the practical training.

\* Now published as a Parliamentary Paper: Report on the Work of the Central Midwives Board from its formation to 31st March 1908. [Cd. 4507.]



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

These forms are sent in and considered by the Board on the report of the Standing Committee. The work is really done in the Standing Committee.

11. Do you inspect any of these institutions?—We used to do so.

12. Then you do not do so now?—It has not been done lately.

13. You have found it is unnecessary?—The applications from institutions are so few nowadays.

14. You have exhausted the number, I suppose?—It appears to be practically so.

15. What number have you on your lists of training schools, teachers, &c.?—There are 74 training schools, including three in India; there are 99 recognised teachers and 122 approved midwives. This includes the British Isles. There are several in Ireland. I believe there are seven in Ireland, and about the same number in Scotland—outside the operation of the Act.

16. Is the recognition of an institution the only way in which it can be utilised for training midwives?—No. If the medical officer attached to the institution is recognised as a teacher, the training proceeds in exactly the same way as if the institution itself were recognised. Of the three certificates of training which have to be presented by a candidate, the two relating to practical cases can be signed by any registered medical practitioner. The certificate of instruction relating to the three months' course of lectures can only be signed by a recognised teacher. So if the medical officer is recognised, except for the name of the thing, the position as regards the training is exactly the same.

17. What is the value of what you call the name of the thing?—It appears to be purely sentimental, but of course, purely sentimental considerations sometimes have monetary value. It is stated that an institution recognised by the Board is in a better position to get a good class of probationer nurses.

18. Because in other cases the approval of the midwife and the medical practitioner is purely personal?—Yes.

19. The credit of the institution is not by any means emphasised?—Well, I think I ought to qualify my answer by saying that a medical officer attached to an institution has a better chance of getting recognised as a teacher if he applies, because he has got a class *ad hoc*. We have a good many applications which the Board do not consider as seriously meant, but something in the nature of an advertisement.

20. But, with regard to applications from individuals connected with the institution, does the character of the institution affect the recognition in any sense?—Oh, distinctly.

21. Though the institution itself, if it applied, might not secure recognition, yet, at the same time, this is an element in the consideration of the question?—Oh, distinctly so.

22. (Dr. Champneys.) Do you remember any case in which a member of a recognised institution has asked for recognition individually and apart from the institution?—No; not of a recognised institution.

23. (Chairman.) No, no. But you still consider the character of the institution?—Yes, if it is an unrecognised institution and the medical officer applies.

24. (Mr. Fremantle.) Might I ask one question on this point: amongst the 74 recognised training schools there are three in India. The Midwives Act, section 17, says that this Act shall not extend to Scotland and Ireland. I presume it only extends to England?—England and Wales.

25. Then I should like to know in what capacity the Central Midwives Board have three training schools in India and others in Ireland?—The examinations are held only in England, but candidates come from the Colonies and all parts of the world. The certificate of the Central Midwives Board has a definite capital value.

26. Therefore you feel that it is competent to the Central Midwives Board to approve or disapprove of training schools in other parts of the Empire, or any other part of the world?—Yes. No question has ever been raised about that.

27. (Chairman.) Well now, in regard to the returns which the Board have obtained from the

different supervising authorities, as to the alleged shortage of practising midwives that is anticipated on the 1st April 1910, you have definite views as to the extent of that shortage, I understand?—Yes, I have analysed the returns.

28. But before we come to that, you are inclined, on the first blush, to say that the replies you have received are about equally divided upon the point?—That is so.

29. But is it so? From this document\* which, I believe, is issued on the authority of the Central Midwives Board, I have summarised what is given therein. I have left out Wales, because, after all, I think Wales in this matter is a negligible quantity. Wales, to begin with, appears to have avoided provision in order to avoid payment. Taking England, I find that in the counties there is only a shortage indicated in 15 out of 50, and, taking the county boroughs, there is only a shortage in 12 out of 71, which is hardly consistent with what you are saying?—The question is with reference to a serious shortage.

30. Then, as people say that the shortage is merely to be found in certain districts, I think you must eliminate all that?—I think it may be taken that it is only in the rural districts that there is likely to be a serious shortage.

31. But it is only in some rural districts?—That is so.

31A. Have the Midwives Board considered any means by which, short of legislation, that shortage may be met?

(Mr. Fremantle.) May I ask a question as regards the actual fact of the shortage?

(Chairman.) There are no actual facts; you will find that the return does not bear that out.

32. (Mr. Fremantle.) What I wanted to know was this: this question, I suppose, was asked of local supervising authorities?—It was.

33. And therefore the reply came from the clerks to the local supervising authorities?—Or the county medical officers.

34. Therefore you do not know whether that reply was simply the opinion of the clerk on his own authority, or whether it was the direct opinion of the medical officer of health?—I do not know of any case, excepting one in my own county of Surrey. I have spoken to Dr. Seaton, the county medical officer, on several occasions, and he has kindly lent me a map. I think if a similar map had been prepared for every county in England, it would have really given us some definite information. The map which I hold in my hand is one of the county of Surrey, and shows the parochial boundaries. It is not complete yet. There are still about 30 parishes to be inspected and surveyed, but the superintendent of the county nursing association has been round, in conjunction with the medical officer sometimes, and sometimes alone, and this map shows every parish in which there is a nursing association. It shows the certified midwives, and gives all the names. It also shows the uncertified midwives in each parish, so far as it has gone.

35. (Chairman.) You mean the people whose practice will come to an end on the 31st of March of next year?—Yes. It shows the number of them so far as the information goes. I think that more than three-quarters of the county has been inspected and surveyed. There are 76 uncertified women practising, with a total number of about 800 cases per annum. That is all on their own statement. There are only about ten cases apiece. So far as regards the county of Surrey, definite information will be forthcoming. Dr. Seaton says, in March. If this could only be done everywhere, it would be of great value.

(Mr. Fremantle.) That is all I wanted to ask. I am not at all sure that these answers give us reliable facts.

(Chairman.) No; but I think they probably take a more gloomy view of things than the actual facts warrant.

\* Particulars of Administration of Midwives Act, 1902, by Local Supervising Authorities (Central Midwives Board No. 2), published by Spottiswoode & Co., 1908.



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

(Mr. Fremantle.) They are mere rumour in many cases. Do you not think so, Mr. Duncan?

(The Witness.) No doubt.

(Mrs. Hobhouse.) I think they are optimistic.

(Dr. Champneys.) I notice also in Appendix A,\* Mr. Duncan sums up the results. I should have put some of the figures in a different way. Ten answer "Yes," eight answer "In some districts," two answer "Not serious"; I should have taken the eight and the two out.

(The Witness.) It is very difficult to do this scientifically.

36. You are putting it in the worst possible form?—Because I found that my own information was against that of the opinions expressed by people who know better than I do, and I did not want to exaggerate in the sense of making it out better than it was.

37. (Mr. Pedder.) Did any of the authorities give a basis for their answer?—No. This is the only basis I have got. They merely answered the question.

38. (Chairman.) To resume my examination—I was going to ask you, as to your point with regard to the existence of a shortage, whether you have at all considered any methods short of legislation, which might be adopted in order to meet it?—Not short of legislation; a Government grant has been suggested.

39. Then the Board have not considered the subject of some modified examination applying to rural districts alone?—Yes; that suggestion has been made to them by one or two county councils, Leicestershire and Derbyshire in particular, and I think Gloucestershire also. The Board have considered it on several occasions, and their answer has been that they regret they are unable to take any steps to lower the standard of the examination, which at present is only fixed at the safety point. No woman is rejected unless in the opinion of the examiner she is likely to be a danger in her practice.

40. You have to consider the fact that there are a large number of persons who were *bonâ fide* midwives at the date of the passing of the Act, and who are still in practice, and it surely might be possible by administrative methods to bring on to the roll persons vastly superior to them, who, however, do not conform to the ideal standard which the Board have very properly placed before themselves. It is a practical question?—In the opinion of the Board, the examination is only fixed at the point at which to prevent a dangerous woman coming on the roll.

41. But legislation having sanctioned the admission to the roll of women whom, *ex hypothesi*, you would think to be dangerous, the point is whether the Board, by administrative methods, could not provide for something between those persons and the fully qualified midwife, who at any rate would be better than none at all. That you might have to face?—*Ex hypothesi*, the woman you would be taking on must be a dangerous one, as the Board provide for the admission of all non-dangerous women.

42. By the Act, a great many women were brought on to the roll, and a great number of them are still in practice; and my point is this: is it not better, by some administrative steps on the part of the Board, to introduce on the roll persons between them and the fully qualified midwife, rather than face the risk of going without any qualified person at all on the 31st March, 1910?—You mean by lowering the standard of the examination.

43. No, I do not mean that at all, but in rural districts, for a certain time, introducing persons to the roll upon a modified examination in respect of which you may require just as much practical experience of midwifery as in the case of your fully qualified persons?—Well, that is a policy which the Board have hitherto not seen their way to recommend.

44. But the point is whether it would not be wise for the Board to consider the possibility of some such step?—It is hardly a question for me to answer.

45. But your information to the Committee is that they have refused to consider that?—They have refused to take any step which would lower the standard of examination.

46. That seems to beg the question altogether. It would not lower the standard of the examination in the least degree, but it might tend to provide, in certain districts where there is a great risk of shortage, persons who would bridge over the gap?—It would introduce two classes of midwives.

47. You have got two classes already, the *bonâ fide* and the qualified?—Parliament is responsible for that.

48. Quite so; but, of course, it is open to the Midwives Board to set up a standard higher than was contemplated by Parliament, but the question is, is it wise to do so?—The Board have considered the specific question as to whether there should be two classes of midwives.

49. It is only a temporary thing; you seem not to realise the force of that suggestion. The alternative to it, of course, is to suspend the operation of the Act in certain districts, which would have the effect of creating a temporary discrepancy of standard of a far wider description than what I suggest might be introduced by administrative methods?—Well, expressing my own idea, I think the amendment of section 1, subsection 2, of the Act in the direction of extending the period after the 1st April 1910, would be disastrous.

50. Just so; and I suggest to you a middle course which you apparently think the Midwives Board would hesitate to adopt, because it might compromise their ideal standard of examination?—You have introduced a new factor which has not been considered by the Board, and that is, the question of its temporary character. Hitherto, the Board have only been asked to constitute two classes of midwives by a modified examination for rural districts.

51. It occurred to me that it might be advisable to suspend in regard to such persons, the condition imposed by rule B (1) (b), and introduce a later provision in your rules, subsection 1 (5), that in rural districts a parish nurse who has acted in that capacity for two years might be accepted as a candidate upon the production of a certificate, signed by two persons acceptable to the Board, that she has, under proper medical supervision, attended and watched the progress of not fewer than ten labours and fulfilled certain other practical conditions, and that in her case the Board would be content with a modified examination?—Well, that is a proposal which has never been considered by the Board, and which has never been made to them.

52. Then we come to the much debated point of the omission of any specific provision in the Midwives Act for the payment of medical practitioners. In your opinion has that seriously impeded the effectiveness of the Act?—It has very much indeed. The relations between midwives and doctors in some places have been such that a doctor has refused to go to a patient when summoned on the advice of a midwife.

53. And the Local Government Board's circular of July 1907 has not materially got over that difficulty?—In parts of the country it undoubtedly has, but the weak point is that it is left to the discretion of the guardians to adopt it.

54. Are you aware that you have reported to the Privy Council Office some cases of authorities having declined to pay doctors' fees and so on, and that we found that no application had been made to the authority?—There was one case which came from Wandsworth.

55. There are several cases?—I am not aware of that at all.

56. There are several cases which have been reported to the Privy Council Office by the Midwives Board in which it was said that the payment of these fees had been refused, and where we understand no application had been made by the persons concerned?—There was a case in which the doctor himself wrote to the Privy Council.

57. In your judgment the circular of the Local Government Board has, to a large extent, failed to secure its object?—In places it has, because in some places it has not been adopted. That is as far as the Board are able to judge, but we have not got precise data.

\* Appendix V. (Vol. I.).



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

58. And this has led to rather momentous decisions on the part of medical practitioners in some cases?—Yes. In some cases they have declined to attend. They have met and passed resolutions to that effect.

59. What, in your judgment, would be the best way of dealing with the difficulty?—That is a very difficult question, but the simple way would be to make the Local Government Board's circular compulsory.

60. Do you not think it would be better that payment should be made by the local health authority?—I think the objection to that—I do not know whether I am correct or not—would be that it would rather infringe on the department of the Local Government Board.

61. I do not know why it should?—In the case of the district medical officers it would bring the health authorities into direct relation with the pauper class.

62. Not necessarily at all. Surely it would be possible for the health authority in the first instance to pay and to recover, as the case might be, from the parents or from the destitution authority?—Then another difficulty is that the county council is not the health authority; it would be the district council.

(Mr. Fremantle.) You mean by the health authority, the district council?

(Chairman.) Yes.

(Mr. Fremantle.) They are not the local supervising authorities.

(Chairman.) No; but neither is the destitution authority.

(Witness.) So far as the Board are concerned, that would be a very good solution, I think.

63. As to the power of delegation conferred on county councils by section 9 of the Act, what is your opinion about that?—That has been an unmitigated evil.

64. Has it been made use of only to a very limited extent?—It has. There were ten counties, I think, to begin with, and there will be only five after the 1st of April.

65. It is reduced by 50 per cent.?—Yes, and I hope it will be still further reduced. The remaining counties are small ones.

66. Can you give an example of the difficulty arising?—There is the county of Kent, which had no county medical officer until the last few months. They delegated their powers, and the Board were confronted with 65 local supervising authorities in the one county. Many of them are small rural districts where everything was left to the medical officer. He had, I dare say, a dozen or more parishes to look after, and the clerk undoubtedly held other appointments, such as clerk to the guardians or magistrates' clerk, and he did not trouble in the least about the Midwives Act. The result was that nothing was done. But now things are quite different. They have got an active county medical officer who has succeeded in persuading the county council to revoke the delegation, and no doubt things will go on well now.

67. You think delegation is an evil?—It is undoubtedly.

68. Will you explain the system of examination adopted by the Board?—The examinations are held six times a year—every two months—in London; and three times a year—every four months—in Birmingham, Bristol, Manchester and Newcastle-on-Tyne. The numbers of candidates are continually increasing. Each examination shows an increase over the corresponding period of last year. We have an examination coming on now in about a fortnight, and there will be about 500 candidates, which is the usual thing.

69. Can you describe the character of the examination?—There is a three hours' paper, and then a few days later each candidate is orally examined for about a quarter of an hour by two examiners.

70. Of course, no examiner can examine his own pupils?—No.

71. What is the principle of rejection?—Well, the principle of rejection is that nobody is rejected who is not likely to be dangerous. It is not done by a system of percentages or anything like that. The oral examination is the important part, and the examiners satisfy

themselves as to whether the candidate is likely to be a danger or not.

72. Can you give any figures showing that the percentage of failures is a diminishing quantity?—I find from April 1st, 1905, to March 31st, 1906, that the percentage of failure was 24, and the following year, ending March 31st, 1907, it was 22·8, and for the year ended March 31st, 1908, it was 18·2. It is continually decreasing.

73. The profits of the examination account are not considerable, I presume?—No. There are no real profits because of establishment expenses.

74. (Mr. Fremantle.) May I ask a question with regard to the subject of examination? Have the Central Midwives Board ever considered the question of having women examiners in certain ratio, and especially midwife examiners, or have they decided simply to have medical examiners, as such, in the ordinary ratio of the sexes in the medical profession?—The question was first raised when the examination scheme was being considered, as to whether there should be midwife examiners who were not medically qualified. The Board decided that there should not be such examiners. As a fact, already there are three women examiners, qualified medical women, in London.

75. Out of some 50?—The total number of examiners is 50—in London 24 and 3 women.

76. Three out of the whole 50?—Yes, three out of the whole 50.

77. (Chairman.) Would you give the Committee some account of the exercise of the Board's penal jurisdiction?—When a local supervising authority finds a *prima facie* case of malpractice, negligence, or misconduct, and reports it to the Board, the matter goes to the Penal Cases Committee, and they have legal advice on the subject and employ a solicitor to ascertain whether there is evidence which can be relied on—because a great deal of evidence which is placed before the committee is merely hearsay evidence—to justify them in initiating proceedings to remove a woman from the roll. The Penal Cases Committee consider the case and report to the Board, and the Board either decide that she shall be summoned in accordance with the rules of procedure to show cause why her name should not be removed, or censure her, or dismiss the case. When a woman is summoned, the case is heard at a special meeting, and she is allowed to be defended by counsel, or a solicitor, or a friend, and she has the opportunity of cross-examining any witness.

78. Is any evidence given on oath?—No evidence is given on oath. The case is then dealt with either by removing her name from the roll or dismissing the case, or cautioning her, or censuring her, and in many cases where she is censured or cautioned, the Board ask the supervising authority to report further in three months' time. The fact of holding that period over her head has had a very good effect.

79. How many cases have you had?—The total number of cases up to the end of last year was 301.

80. How have they been dealt with?—In 179 cases the woman's name has been removed from the roll; in 58 cases the woman has been censured; in 44 cases the woman has been cautioned; and in 20 cases the Board has taken no action.

81. And do you believe that the administration of the penal powers has had a salutary effect?—Undoubtedly it has. Some counties are very active and others are very inactive.

82. Have there been many appeals?—There has only been one appeal.

83. What was the result of that?—The appeal was dismissed with costs. It was made on the ground that the Board had acted on evidence which was not legal evidence; and the Lord Chief Justice found the Board perfectly justified.

84. The Board have formulated a series of proposals for the amendment of the Act, I understand?—Yes, they have. A list of suggested amendments was sent to the Privy Council, I think, in July 1907.\*

\* Appendix VI. (Vol. I.).



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

85. The question that you attach very great importance to is that dealing with the excess of expenditure under section 5?—Yes, that is a practically unworkable section.

86. And your proposition is that the apportionment should be based upon the population rather than upon the number of midwives employed?—Yes; I am fortified in that opinion by letters from some of the local supervising authorities, who point out that the active authorities who take some trouble to get a complete list and send it to the Board are likely to be penalised by the inactive ones who take no trouble.

87. That is the case with the Welsh counties?—Yes.

88. And the general impression produced by the figures you have tabulated\* is, that the effect of the changes which you suggest would be to reduce the burden in more populous districts and distribute it more generally over the less populous districts?—Yes, the less active districts.

89. I presume the most populous districts are the most active. Take Lancashire and the West Riding, for instance, and also Staffordshire, which are the only three districts in your return which would be liable for more than 100l.?—And London, of course.

90. They would all have their quota materially reduced?—Well, in London it would be increased, because there are proportionately few midwives in London.

91. But the other three would have it reduced?—Yes.

92. Then there are certain minor suggestions included, which I do not think I need go into now. But I just wanted to ask you a question or two, as I am now referring to Appendix B.† One of the proposals is to increase the number of the Midwives Board rather materially?—I think I am justified in saying that that was not carried unanimously, but it was carried.

93. The effect of it would be to increase the number of the Midwives Board from 9 to 12?—I think even more than that; I think 14 or 15.

94. That would have the effect of diminishing the proportion of medical practitioners on the Board, and increasing the number of ladies, would it not? We may assume, I suppose, that the substitution of two persons to be appointed for three years by the Incorporated Midwives Institute instead of one registered practitioner would lead to two women being appointed?—Two midwives instead of one doctor. I see on reading this resolution carefully that the Board is to be enlarged by the addition of all these people. There will be an increase of six which would make the total number 15.

95. (Mrs. Hobhouse.) You say as regards the training schools that there are several in addition to those formally recognised. Can you tell me at all how many there are?—You mean the institutions in which, though they are not themselves recognised, the medical officers are? I cannot tell you offhand, but there are a considerable number.

96. Can it be taken for granted that the difference between the number of the recognised schools and the number of recognised midwives and teachers would give the figure approximately?—I do not quite follow your question.

97. There are 74 recognised training schools, there are 99 recognised teachers and 122 approved midwives: would those 99 recognised teachers and the 122 approved midwives all be persons who are teaching at institutions outside recognised schools?—The midwives?

98. Yes, and the teachers?—Yes, all of them. If an institution is recognised, the medical officer is not. The Board say "it is superfluous; you are *ex officio* qualified."

99. In such cases, is the medical officer never recognised?—Never. On the recognition of his institution his own name is removed from the list. So these are all additional to any institution. You see, there are 74 recognised training schools and 99 recognised teachers; that means there are at least 173 recognised teachers counting the training school medical officers.

100. Then you have practically more teaching outside recognised schools than you have inside?—Yes.

101. Do the Board make it a *sine qua non* that any recognised school takes in-patients?—No.

102. Are any of the poor law infirmaries teaching with recognised teachers and recognised midwives?—Yes.

103. Although not formally recognised, they are being used as training schools?—In a considerable number of cases the medical officer has been recognised where an institution itself has not been recognised.

104. And the midwife?—No; the midwife has not because she is unnecessary; there is the medical officer.

105. You are using a good number of poor law infirmaries as training schools not recognised?—Yes.

106. As regards your figures before the Committee in Appendix A. to your evidence,\* in the counties where you say that no shortage is anticipated, are your conclusions based entirely upon the answers to the question in the last column of the Board's published return of "Particulars of Administration"?—Yes.

107. Entirely?—Entirely. The Board ask the local supervising authority as the official body with which they have connection.

108. The Board did not go into figures at all?—They did not ask for the information on which the local authority made their answer, or how the answer was arrived at.

109. Therefore they took it simply from the direct answer to that one question?—That is so.

110. They did not go into the population either of the counties or boroughs, or into the number of *bona fide* midwives that are stated to be working as compared with the number of certified women?—I do not know what the local supervising authorities did in arriving at the conclusions they have indicated, but the Board asked a question and the answer is recorded in that document. That is the whole sum of the information the Board have.

111. But the Board, in arriving at their conclusion that the shortage is not so great as anticipated, did not at all scrutinise the figures given in the column showing the proportion of certified and *bona fide* midwives?—But they are all certified. *Bona fide* midwives are certified.

112. Yes, but the *bona fide* midwives die out?—The Board asked a question of the local supervising authorities and they have recorded the answer in that book.

113. The column giving the number of certified midwives and the number of *bona fide* midwives surely will be something to go upon as to whether the question in the last column is answered intelligently or not?—Well, it is rather a difficult question, because there is a widespread idea that the *bona fide* women go off the roll on the 1st of April 1910. Of course they do not.

114. Exactly; but they do die out?—Unless you knew the ages of the respective women it would be very difficult to form any conclusion.

115. But ultimately they must die out?—Yes.

116. And they have to be replaced by trained women, the training of whom costs a good deal?—Yes, that is true.

117. For instance, in Monmouthshire, the figures given there show that there are 206 midwives certified, and as regards the question of the proportion of *bona fide* women, the answer is "all of them"?—Yes. That I know from my own knowledge is not correct. But that is the return made.

118. And yet they say no shortage is anticipated. You cannot be certain therefore as to the answers?—Well, the *bona fide* women cannot all die in a minute.

119. Quite so. Then as regards the examinations, have you had any applications from recognised schools that the written examinations should be done in the schools and not in the examination centres?—There have been one or two—very few.

120. Have the Board considered that at all?—Yes they considered that very carefully to begin with. It was the system of the London Obstetrical Society,

\* Appendix V. (Vol. I.).

† "Do you anticipate a serious shortage of practising midwives in 1910?"

\* Appendix VII. (Vol. I.). † Appendix VI. (Vol. I.).



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

and the Board purposely departed from it and appointed certain centres.

121. Then as regards your penal jurisdiction; could you tell me whether there is any regulation with reference to how long the midwife's register of cases should be preserved? She must keep a register of cases, and surely in finding evidence as to malpractice or neglect, it would be helpful to know her past work. Therefore, is there not any regulation which makes her keep her register for a certain number of years?—There is no regulation of that sort, and very few of them have managed to fill up the register yet. It is a very big book and the general complaint is that they do not make any entries in it at all. I do not think that is a practical difficulty so far. The difficulty is that they will not keep the register at all.

122. Therefore the register is no use?—They will not make any entries in it.

123. You stated that it was sometimes very difficult to obtain evidence of neglect?—That arises principally from the fact that the patients will make statements, which I dare say are perfectly true, to the local supervising authority, but they will not come to the Board and repeat them or make a statutory declaration. A midwife gets hold of the woman in a good many cases, and persuades her not to do so. We often get letters from patients contradicting everything they have said before.

124. You have not found the registers to be of much help?—They are helpful in cases where a woman is charged with not sending for medical aid, or with sending for the doctor without notifying the local authority. Then a register is useful. Then there are questions of still-birth. She is bound to enter whether a child is born alive or dead.

125. But you have not found that the register has been useful in tracing cases of, we will say, an abnormal number of still-births with one midwife, which would probably mean that she was not efficient?—Yes. There have been cases in which it has been useful. The Board never see the register unless the woman attends before them in a penal case. The local supervising authority inspect the register from time to time, and they are the people who will be able to tell you anything about that. I only see it when it is sent up and the woman is being tried.

126. (Mr. Davy.) Do the Central Midwives Board collect statistics as to the number of puerperal cases as they occur in the country?—No.

127. You are not in communication with the medical officers of health in that matter?—Not in that particular matter.

128. Have you, for instance, any information which will tell you whether puerperal diseases are increasing or decreasing?—No; the only way we hear of puerperal fever is in the practice of a midwife who is reported as having an undue percentage.

129. I read in Mrs. Heywood Johnstone's book\* that the number of cases in England from 1901 to 1906 has steadily decreased year by year from 2,079 to 1,640. Do you know where she gets those figures from?—No, I do not.

130. Have you any information as to the prevalence of ophthalmia neonatorum?—No, I have no statistics on the point at all. We only get individual cases reported to us.

131. Have you any statistics as to the number of births in the United Kingdom?—No, we have no means of arriving at it.

132. You have no statistical information whatever?—Except on matters relating definitely to the business of the Board.

133. That would be the number of births attended by midwives?—No, the local supervising authority no doubt would be able to tell of their own cases.

134. Short of any information in the Registrar-General's Office, one would have to apply to the supervising authority?—Yes, as regards their own area.

135. It never has been furnished to the Central Midwives Board?—No.

136. Now, when you get an application to certify a hospital as a training school, or for the recognition of practitioners as teachers, does not one of your medical inspectors investigate each case?—Not now, they used to.

137. Did they report in writing?—Yes.

138. Have those reports been kept?—Yes.

139. And they are in your possession?—Yes.

140. Then what sub-committee decides on those cases?—The Standing Committee. These cases come before the Standing Committee.

141. The Standing Committee being composed of how many people?—All the members of the Board.

142. As a matter of practice, did the same members of the Board deal with those cases on each occasion?—Certain members of the Board are more regular attendants than others.

143. I notice that you say in your précis that the practice of the Board has been to approve an institution as a recognised school of training only when its status is such that it may be taken for granted that none but competent officers of all kinds would be appointed to it. In former cases, you have not considered poor law infirmaries on the basis of their status?—Applications for recognition have been before us.

144. Is it not a fact that you have a special regulation for poor law institutions as to the annual number of deliveries?—No.

145. Not 75 births?—No.

146. So the poor law institutions have been treated in exactly the same way as others?—Exactly. I ought to say that the Board did pass a resolution as to the minimum of 75 deliveries, applying it not only to the poor law institutions but all institutions. It was intimated to them by the Privy Council that if it were to be acted upon as a Rule it would require to be approved by the Privy Council. It was dropped.

147. So that large poor law institutions are considered in exactly the same way as others?—Yes.

148. Do you have any teachers who are not connected with any institution at all?—Yes. That is absolutely necessary in the country.

149. On what ground do you give them their certificates as teachers?—On the ground that there is a want of training in that particular part of the country. These women cannot all afford to go into an institution for three months.

150. Do you examine them in any way?—We do not examine the teacher; we know his qualifications. He has to fill up a form.

151. (Dr. Champneys.) And in that form he gives his experience?—Yes, as to whether he has done any teaching or examining.

152. (Mr. Davy.) In considering whether an institution should be certified as a training home, do you consider the structure of it at all?—That was done, but it is not done now.

153. I was going to ask you what authority you had under the Act to consider the structure?—There is no specific authority.

154. Then do I understand that the practice of the Midwives Board has changed in that respect?—It has.

155. So that you do not consider structure—as indeed you hardly could in certifying institutions where they have no structure at all. At Plaistow, for instance, it is all out-door.

(Mr. Fremantle.) At Plaistow they have a structure; I have seen it.

156. (Mr. Davy.) I am quoting from the Parliamentary Return?—That is a very large out-door training place.

157. That disposes of any claim on the part of the Midwives Board to inspect poor law institutions?—There never has been a claim. I think there is a misapprehension about that. Wherever it has been done, it has been done with the consent of the guardians, and of the medical officer.

158. Then I understand that in all respects poor law institutions are treated like hospitals?—In every respect.

\* "The Supply of Midwives to meet the need in 1910," Published by Charpentier & Co., Portsmouth, 1908.



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

159. Well now, with regard to the Local Government Board's circular as to payment, you suggest that it should be compulsory on the guardians to exercise their powers. Are you aware of any legal power that either the Local Government Board or anyone else has to make the guardians comply?—No; I presume it would require legislation.

160. That is to say that by legislation the guardians should be compelled to pay the doctor's fee?—In cases where the patient was unable to do so.

161. Who is to judge of that inability?—The guardians would pay in the first instance, and recover from the patients if possible.

162. Would they have to pay in every case, or only in those cases where they were satisfied of inability?—If the patient did not pay.

163. The guardians would be compelled to pay?—No, the guardians would judge.

164. Then what is the use of saying it is compulsory on them to pay if they had to judge when it was proper to pay?—Of course, it is compulsory in pauper cases.

165. Then they would have to decide whether it was a pauper case?—Yes.

166. Is it compulsory on the guardians to pay now in all pauper cases?—Not without the relieving officer's order.

167. Then, does the suggestion come to this: that the lying-in woman could choose whether she would be attended by a poor law medical officer or by an outside practitioner, and if she elected in favour of the outside practitioner, the guardians should pay?—No; the guardians might make a rule that only their own district medical officer should be summoned.

168. You see the objection which is put by many people is that this makes the guardians merely a debt collector for the medical practitioner?—Yes, I see that difficulty; but the worst of this question is that there are difficulties in every direction.

169. Supposing you made such a regulation in the case of midwifery, why only for midwifery? Attendance in midwifery is not the only necessity of life?—That is the only point with which the Central Midwives Board are concerned.

170. Perhaps you see that difficulty too—of drawing a distinction between midwifery and everything else?

(Chairman.) In this case there is a statutory obligation to call in a doctor.

171. (Mr. Davy.) In other cases there might be a common law obligation?—I cannot say that it is a point I have considered, or which the Board have considered.

172. Then you have referred to a case where the medical practitioners have declined to attend. Can you tell me where that was?—In several cases it has been reported to me, but the most important case was at St. George's-in-the-East.

173. Was that with regard to all the medical practitioners in the district?—I am informed by a member of the Board, a medical gentleman who lived on the spot, that it included practically all the doctors attending that class of case.

174. But it is rather a large order, so to speak, is it not, that medical men should say that they will not attend unless they are guaranteed payment?—Unless they are guaranteed a guinea by the guardians or the Midwives Board.

175. Do you know if there is any printed report of that meeting?—I know that the secretary of the meeting, who is a medical man, sent it to me.

176. Through whose hands did you get it?—I got it from one of the doctors himself, who was appointed honorary secretary to this meeting, which was attended by a considerable number of the medical practitioners of St. George's-in-the-East.

177. Is that the only case you can give?—That is the only one I can give from memory. I know there are others.

178. (Dr. Champneys.) Was a list of those cases compiled?—Yes. It was sent to the Privy Council.

179. (Mr. Davy.) One would rather like to get the observations of the doctors or their secretary on what they really meant?—They sent a copy of the resolution. I remember that they said that after November 1st,

1907, they would not attend any case in the Union of St. George's-in-the-East unless either the guardians or the Central Midwives Board would guarantee them a fee of a guinea.

180. Do you know, as a matter of fact, what they did do?—No; I have no further information.

181. With regard to these penal proceedings, as you call them, what is the usual offence?—The usual offence is probably that the patient has contracted puerperal fever because of the dirtiness and inattention of the midwife.

182. Do you deal with cases like drunkenness?—Yes. There are a certain number of those cases where a woman has been found drunk on duty.

183. (Dr. Downes.) Your powers as to regulating the condition of admission to the roll of midwives, and the course of training, are derived from section 3 of the Act, I think?—Yes.

184. And you have power to frame rules for that purpose?—Yes.

185. Drawing your attention to Rule 1 in section C of your Rules, I do not quite understand the wording of a paragraph which, perhaps, I may read: "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." Do you interpret that passage which I have just read as meaning that the poor law institution should be recognised by your Board?—No.

186. Then, under your own Rules, there is no specific direction that a poor law institution should be recognised by your Board for the purposes of this Act?—No; there is no specific direction. The point about that rule is that in the case of a midwife, who is the chief midwife, matron, or superintendent nurse of a poor law institution, she can dispense with the special approval of the Board which is necessary in other cases.

187. You have a further power under the concluding two lines of the same section of Rule C. 1, namely: "or by a midwife certified under the Midwives Act and approved by the Board for the purpose"?—Yes; that is what we call the "approved midwife." In the case of a poor law institution, it is not necessary if she is a matron or superintendent nurse.

188. Then that institution would be free from the necessity of recognition?—As regards the practical work. That does not apply to the three months' training and lectures referred to in sub-section 3.

189. The exemption relates only to the requirements of paragraphs (1) and (2) of Rule 1?—Yes.

190. If that is so, you are only concerned in the case of such institutions with the matter of lectures?—Exactly. In relation to poor law institutions that is the whole point of contact with the Board, the only point in which the approval of the Board is necessary.

191. Now, as regards lectures, would the structure of the institution have anything to do with the quality of the lecture?—I do not suppose it would, but that is not a point which is taken into consideration by the Board now.

192. I think you told us that the Midwives Board have rather changed their practice with regard to the recognition of poor law institutions?—Yes. In regard to the question of structure, which applies not only to poor law institutions, but to others, the Board do not consider that now, except as regards sanitation.

193. (Mr. Davy.) Then there is some slight misunderstanding. I understood you to say that you did not regard structure?—Well, I ought to have distinguished between sanitary considerations and structural.



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

194. Supposing that a woman was delivered in an insanitary cottage, would you consider that an attendance?—Yes. But that is not a question of recognising an institution.

195. That would be one of those cases you mentioned where you approved the teacher but not the institution. You would approve a medical officer as a teacher?—No. I think we must be talking about different things.

196. You mentioned the word "insanitary." I understood you to say you had ceased to regard structure?—The Board does not take structure into consideration.

197. Yet you mentioned the word "insanitary." I put it to you that the sanitation of the cottage might be a condition affecting the work of the midwife who was attending in that cottage?—Well, in one case it is a question of the approval of an institution, and in the other it is not.

198. Approval as what?—As a training school.

199. Not as an institution, but merely *ad hoc* as a training school. What is the practice of the Midwives Board? At first, I understood that you did not take into regard sanitation or structure at all?—The Board do not inspect any institution now. They did as a fact the other day inspect the Middlesex Hospital, on their own application, with the consent of the hospital staff. We asked a well-known medical practitioner in London to go and look at it, and he did so and reported on it. That is the only instance of an inspection by the Board in the last two or three years.

200. Forgive me for appearing to be rather long-winded on this matter, but I think it is rather important. What is the exact procedure? The institution would apply to you for sanction as a training school. What do you do then? Do you merely consider the number of cases which are lying-in there, or do you consider the structure of the building?—No, we do not consider the structure of the building.

201. Simply the number of cases?—Not simply the number of cases. We consider the number of beds and the number of cases. Structural considerations come in to this extent. One of the questions asked is, "What are the arrangements for nursing a case of 'sepsis'?" but no inspection takes place.

202. Are you satisfied with their account of what means they have of nursing a case of sepsis?—We get their answer, and we may not be satisfied with their answer when we have got it, but we do not send an inspector.

203. (Dr. Downes.) Have you at any time made it a condition of recognition of a poor law institution that it should be inspected on your behalf?—Never.

204. Under what circumstances have poor law institutions been inspected and reports made to your Board?—The procedure has been to write to the guardians in the first instance, and to the medical officer, to ask them if they have any objection. The answer has invariably been "No, we have no objection, and we like it." Then the inspector, who was a qualified lady practitioner, would go down and inspect and report to the Board.

205. What use would be made of that report?—It would be before the Board when the application for recognition as a training school was considered.

206. Then it does influence the conclusion of the Board?—No doubt. It is not done now.

207. It was the practice at one time?—Yes.

208. Why has it been discontinued?—The Board considered the matter, and they came to the conclusion that the question of structure was not one that properly entered into consideration.

209. Looking at the legal aspect of the matter, do you consider that it would be *ultra vires* for them to inspect the structure of a poor law institution?—Not by consent, and it has never been done otherwise.

210. I mean, to make that a condition?—The Board never did that.

211. Let me put to you the concrete case of the Whitechapel Infirmary. Is it not a fact that the guardians applied to you for recognition?—Yes.

212. What took place in that case?—The Board declined to grant the application.

213. On what ground did they decline?—I think it was structural, speaking from memory.

214. So there was a case of structural rejection. Who reported to your Board on that case?—Well, I am not quite sure whether it was reported on at all. It is difficult to carry all the details of these matters in my mind. I can, of course, find out. If anyone inspected at all, it would be a Miss Clapham, the medically qualified inspector of the Central Midwives Board.

215. Has the Whitechapel institution been recognised since?—Yes.

216. Was there any considerable delay in that recognition?—It was refused in the first instance, and then the second application was made, and it was granted.

217. Were the grounds of the refusal communicated to the applicants?—No; the Board never did that.

218. (Mr. Davy.) Did you have any written report about Whitechapel?—I think not. I am under the impression we did not send an inspector to Whitechapel, but I can ascertain that.

219. (Dr. Downes.) The report was made by Dr. Wanklyn of the London County Council, as a matter of fact?—He did inspect some of the London poor law institutions, I know.

220. The point I want is, whether in the cases where the application has been rejected the reasons have been communicated to the applicants?—No, I think not; certainly not as a general practice. There may have been one or two instances.

221. Do you think it desirable that that should be done?—That is not a question I can answer.

222. You are not aware of the grounds on which your Board gave their decision?—No.

223. Now, can you tell us how many poor law institutions are included in your 74 recognised training schools at the present time?—I should like to supply the figures to you; I have not got them with me to-day.

224. And possibly you can state how many recognised teachers are attached to these institutions?—I will send that to you.

225. Perhaps the Witness will kindly put that in his evidence?—Yes, I will send it to the Secretary.\*

226. Now, in recognising a teacher, you told Mr. Davy that the want of teachers in a particular part of the country was the guiding principle?—It is a factor.

227. Looking through your list of teachers, I find two in Lupus Street alone?—In London there are a good many doctors who devote themselves, and did before the passing of this Act, to coaching candidates for examination.

228. And you regarded Lupus Street as a district of particular dearth?—No; that, of course, did not apply to London.

229. With reference to the treatment of poor law institutions, could you put in your evidence the exact resolution which was passed by the Central Midwives Board with regard to the 75 deliveries per annum?—Yes.

230. Because my information is that it ran as follows: "That no poor law institution be approved 'unless the average number of deliveries reaches 75 per annum'?"—That is so; but the next week another resolution was passed applying the requirement to all institutions. It was never acted upon for poor law institutions alone.

231. (Chairman.) For how long was it acted upon at all?—I forget the date of the resolution, but it was not acted upon after the Privy Council Office called our attention to it.

232. Not for long?—No, it was dropped.

233. (Dr. Downes.) Did your Board consider a proposal in 1906, that "in future as a rule a number of 'not less than 60 cases of labour annually be essential' for an application to be approved from a doctor 'desiring to teach pupils in an infirmary or work-house, which is too small to be a recognised school'?"—I really do not remember that as a resolution.

234. You will be able, from your minutes, to tell us if that was so?—Yes.

\* See page 12, Addendum to the witness's evidence.



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

235. Could you also tell us whether any similar proposal was applied to any institutions that were not poor law institutions?—I am sure that all institutions were treated in the same way.

236. Would you give us an instance then where a similar proposal for institutions not of a poor law character was considered? You will observe that this proposal was limited to infirmaries and workhouses?—Yes.\*

236A. You were asked some questions as to the stringency of the examination, and to the suggestions that have been made for reducing that stringency. Apart from the examination, have your Board considered the conditions of admission to the examination, and whether it is possible they may be relaxed in any way?—As regards the training of women?

237. Yes?—Yes; I think that was part of the Derbyshire proposal.

238. What conclusion did your Board come to?—They have treated it as part of the whole question of admission to the roll, as they did not wish to lower the standard.

239. Have you any statistics giving the numbers of women who were certified by the London Obstetrical Society and similar societies before the Central Midwives Board was set up?—No, I have not. I dare say they could be obtained.

240. Can you tell us what the London Obstetrical Society's requirements for admission to the examination were?—Well, I fancy that they were much the same as those of the Central Midwives Board, except that they only required five cases of personal delivery instead of twenty. That is the main difference. The other differences, I think, were small.

241. That is a very considerable difference?—Yes. It of course limits the number of pupils that can be trained by a certain number of cases of delivery.

242. Have you any estimate as to what number of women would be necessary to replace the actual wastage?—No; that we cannot get at, because a great many of the local supervising authorities never report deaths, and, in fact, never report anything. The number of deaths, obviously, is much greater than is reported.

243. One of your suggestions for legislation† is that registrars of births and deaths shall be required to notify to the Board all deaths of midwives registered by them. Have the Midwives Board considered the possibility of establishing a yearly registration of midwives, subject to payment of a small fee?—No, that has not been considered.

244. Should you regard it as practicable that the women who desire to practise should be registered annually, and pay a shilling, or something of that kind?—Pay to the Board, or to the local supervising authority?

245. Well, that would be immaterial perhaps?—That matter has not been considered.

246. Your object, of course, is to keep your register clean?—Yes.

247. Would not some suggestion of that sort meet your purpose?—No; because, you see, a great many women do not mean to practise as midwives at all, and never give notice of their intention to practise. They drop out of sight. Their names remain on the roll, but the local supervising authorities are not responsible for women who do not notify them, and I am afraid the roll contains a great many names of people who are dead.

248. But if they found it was necessary to be registered annually, those who meant to practise could do it?—Yes.

249. Are you acquainted with the Bill that was passed through the House of Lords in the last Session for the registration of nurses?—Yes, I have read it. It has not been before the Board in any way.

250. I have a note of sections 10, 11, and 12. There is a proviso under section 10: "No rules made under this section shall have effect until the same shall have been approved by the Privy Council, and

"the Privy Council may approve the rules either without or subject to such modifications as the Privy Council think proper." Should you see any objection to a provision of that sort being added to the legislation affecting the Central Midwives Board?—That is not a point which has been considered by the Board.

251. Was this Bill considered by your Board at all?—No.

252. And, of course, you could only give your own individual opinion about it?—That is all.

253. (Dr. Champneys.) Would you tell us what the functions of the Standing Committee are? What was the reason for their appointment?—The main reason for their appointment was the fact that the Press were admitted to all meetings of the Board, and there were so many personal questions coming before the Board that it was absolutely impossible to discuss them in the presence of the Press, and moreover, it is cumbrous to invite the Press to leave the room whenever those points arise. The Standing Committee was established for this purpose.

254. With regard to the structure of the Middlesex Hospital, for instance, would the question of a lying-in ward being near to a septic ward influence the feeling of the Board?—That is one of the questions that always is considered by the Board because it is in the form of application.

255. The reason why the inspection of poor law institutions was dropped was, I think you have told us, because of the Privy Council?—Yes. It was suggested by the Privy Council that purely structural matters ought not to enter into consideration.

256. With regard to Whitechapel, were not the bare facts these: that Whitechapel, having been rejected on structural grounds, a great point was made, and a further application was made to the Board emphasising the excellent results obtained in the infirmary; and was it not the case that one member of the Board (I think myself) moved the rescission of that resolution on those grounds?—Yes, I think it was.

257. Can you tell us the reason why grounds are not given by the Board for refusal of recognition?—Well, if reasons were given, such a course would lead to endless correspondence probably, and the Board always consider this matter carefully. They take into consideration all the questions put before them. It was decided that their practice should be not to give reasons.

258. Is it not also the case that various members of the Board vote for various reasons and that the reasons are not formulated?—That is so. Probably different members of the Board would give different reasons for their votes.

259. With regard to the minimum number of labours, what was the object of that resolution?—As far as I recollect, the object was that there should be a sufficient number of labours in the institution to maintain a sufficiently large class of instruction, inasmuch as instruction by class is a much better thing than the instruction of one pupil at a time—perhaps one annually.

260. Was it not also the reason of the Board that there must be a continuity of cases to enable satisfactory instruction to be given? One case a month, for instance, could not be utilised very well?—Yes, there was that reason also.

261. Would you tell us, please, with regard to the question which was just asked about the number of cases other than poor law institutions, have the Board ever had any institutions brought before them for recognition, such as a lying-in hospital, which had less than 60 labours a year?—I do not recollect now; I should not like to say off-hand.

262. Does any lying-in hospital you know of have less than 60 a year?—No, not that I know of. Of course, there are many institutions which call themselves hospitals.

263. I mean any of the lying-in hospitals that have received recognition?—None have less.

264. (Mr. Pedder.) As regards the question of medical fees, was the case of the doctors of St. George's-

\* See page 12, Addendum to the witness's evidence.

† Appendix VI. (Vol. I.).



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

in-the-East the only one that came before the Board?—No.

265. You had others in similar terms?—Yes; this was the most important one, because it was communicated by the doctors themselves. The others were cases reported by midwives.

266. Do you know whether the fee is the point, or whether the objection goes further? I think there was some reference in letters to "The Times" of a general refusal by doctors to "follow midwives"?—I think the fee is the point. That has always been the complaint. If the fee were assured, they would attend. I think they want a guinea in each case, and in some cases two guineas.

267. You said you had recommended the abolition of the delegation of functions.\* You would not abolish that altogether, would you?—Yes, certainly.

268. Would you prevent the county council from delegating to a committee of themselves under section 8 of the Act?—No; I mean the delegation to the district council under section 9.

269. Would you abolish it, for instance, in the case of a large borough, not a county borough, within the county?—I would not allow that delegation. I would not allow the county council to delegate to a borough; I mean to a borough under 50,000 in population.

270. You would have the county council, pure and simple?—Yes. The larger the area, the better it is administered, in my experience.

271. You referred to the examinations in London and also to those in the provinces. Are they held three times annually in each of the four towns?—Yes, in each of the four; they are simultaneous.

272. Do you ever get misconduct reported otherwise than from the local supervising authorities?—It might be reported in the first instance by somebody else, but it is always referred to the local supervising authority.

273. So everything you hear of is included in the 301 cases which, you stated, have been reported to the Board?—If a coroner reports a woman direct, the report is sent on to the local supervising authority.

274. Do they always pursue the matter?—Not always.

275. Would all the cases get as far as the Board?—The local supervising authority would report to the Board, and would say "we do not find a *prima facie* case."

276. They would always reply in some form?—Always.

277. As to the oath in the hearing of penal cases, have you found any necessity for administering the oath?—Well, we consider we have no power. I think it would be desirable.

278. It has not been considered by the Board?—No. My individual opinion is that it would be a distinctly good thing.

279. You would like to have it?—Personally I should. It has not been considered by the Board. I think that the Lord Chief Justice considered that we might have the power.

280. (Chairman.) Did the Lord Chief Justice say you might have the power?—He said that he was not at all persuaded that the Board had not the power. It surprised me when I heard him say that.

281. (Mr. Pedder.) But, from your experience, would you be disposed to advise that you wanted it?—It is not a matter that I should press at all strongly. It would, nevertheless, be a good thing. The class of witness we have appearing before us very often thinks there is no particular harm in telling a lie so long as it is not on oath.

282. There is a very small point about the authentication of Rules approved by the Privy Council. What is the difficulty? You said a copy of the Rules purporting to be approved by the Privy Council should be made evidence. Is that not evidence under the Documentary Evidence Acts already?—I have not looked it up.

(Chairman.) I should say that any attested copy of an Order in or of Council is admitted as evidence

always. All you have got to do is to have an attested copy of your Rules, and that is evidence.

(Witness.) But the difficulty would be that I should have to go and put them in.

(Chairman.) You would have to ask for an attested copy from the Privy Council Office.

(Witness.) It is not only with regard to the Rules, but there is also the question of the name being on the roll. I had to go and spend a couple of days in the Potteries once, to prove that a woman whose name appeared on the current roll had, in fact, been struck off. The Rules were held by one of the judges on circuit in Liverpool not to be evidence.

(Chairman.) Without an attestation, that is so. You would have to get an attestation.

283. (Mr. Pedder.) You recommend\* that in section 11 of the Act the words "or assist" should be put in?—They are unnecessary, I think; "aiding and abetting" would be enough without the word "assist."

284. You say it should be made clear that suspension is not punitive.\* What is the point there?—Well, the object of the suspension is to prevent the spread of infection; but it is used, I believe, nevertheless, by some local supervising authorities as punitive.

285. And could you prevent it?—I do not think we could.

(Chairman.) But you are asking for power of suspension?

286. (Dr. Champneys.) It was put before us the other day. Do you remember the resolution?—We were asked by the county council for West Sussex to frame a rule that any woman having been in contact with a puerperal fever case should be suspended from practice for a month. The Board considered it and sent an answer to say that it was undesirable because suspension without adequate disinfection was useless; and adequate disinfection rendered any lengthened suspension unnecessary, and that the suspension ought not as a rule to be longer than 24 hours because that would give time enough for disinfection.

287. (Mr. Pedder.) Then all you want is that it should be made plain that "suspension" does not mean the same as "punishment" or removal from the roll?—I do not think that particular proposal is essential. I think the important point is the financial one. That is the most important point of all.

288. With regard to the recommendation dealing with the local supervising authority defraying the cost of postage,\* why, if it were done in this case, should it not be done in many other cases?—Midwives are bound by the Rules to make these notifications.

289. (Mr. Fremantle.) As regards the removal of the midwives from the roll, you have not mentioned what I think is given in the Report† which has been circulated to us, that it has been found convenient sometimes to give power to the midwives to resign. Is that so?—Yes.

290. That has been really a very effective way of removing some of the older midwives?—Yes.

291. Enabling them, with considerable pressure behind the scenes, to resign?—Yes.

292. Do you require any further powers in that direction or are your powers at present quite sufficient? Under what power do you allow them to resign?—We cannot compel them to resign. If they surrender their certificate and apply for the removal of their name voluntarily, it is done.

293. Apparently you have no power under the Act to remove names in such cases?—That is a question which we asked the Privy Council, and the answer was that we had power under the words at the end of section 3.

294. There was a difficulty about a particular case in Hertfordshire where, first of all, we were not able to get the midwife leave to resign, but after a time it was carried through. Do you remember that particular case?—Yes, I think I do.

295. But then apparently there was some ruling by the Privy Council on the subject, and I want to

\* See Appendix VI. (Vol. I.).

† Report on the Work of the Central Midwives Board from its formation to 31st March 1908. [Cd. 4507.]



20 January 1909.]

Mr. G. W. DUNCAN.

[Continued.]

know whether that ruling is sufficient or whether you want some further ruling?—No. I do not think so. We got power to accept voluntary resignations. Of course that cannot be compulsory. I do not see that we want any more power.

296. Then you think you require no further powers?—On the matter of voluntary resignation we do not. In the question of penal removal from the roll we do. A lot of women who have been removed still retain their certificates.

297. As regards this roll, Dr. Downes asked you some questions. I want to ask you a further one. If it were to be made a more practical and useful thing than it is at the present moment, would it be possible to arrange by some amendment of section 6 of the Act, that you could issue a roll revised every year, with extra entries showing the area in which each midwife is practising and under what supervising authority she was originally registered?—No, that would be quite beyond the resources of the Board. It would require a large staff to do that. There is always this difficulty, and that is that the postal address is not necessarily the address of the local supervising authority.

298. I understand from you that it is merely a pecuniary matter, as you can obtain the facts from the local supervising authority? They can give you the facts?—That is just what all of them do not do.

299. To arrive at what I suggest, it would be necessary for the local supervising authority to give you such information, but you say it would also entail increased expenditure for clerical work?—Yes; then of course it could be done. It would be a very difficult thing, but it could be done.

300. A previous question\* was asked as to your knowledge of the spread of puerperal fever and other such matters of general interest in connection with midwifery and the Midwives Act; do you recognise that you have any duties or powers to keep in touch at all with the scientific effects of the Act?—No, I do not think that arises directly under the Act at all.

301. I mean, it would not come under your duties or powers to get information on the subject of puerperal fever and so on?—I do not think it arises under the duties of the Board.

302. I cannot understand that it does from the Act. Then is it the opinion of the Board that any further powers of supervision over the local authorities should be conferred on them?—Not supervision.

303. Supervision of their work. Do any of them report to you?—They do; the active ones do report.

304. That is purely voluntary, I suppose?—Yes.

305. You have absolutely no knowledge at all of the work of the local supervising authorities?—Only what they choose to tell us.

306. No other Government Department has any knowledge of the action of the local supervising authorities, so far as you are aware?—So far as I know, my answer is in the negative.

307. You have no knowledge of their action, except when they are kind enough to answer your questions?—The Local Government Board no doubt get reports from the sanitary authorities. Whether they deal specifically with the Midwives Act at all I do not know.

308. Have the Midwives Board ever considered the question as to whether they should, for instance, have compulsory reports sent them every year of the administration of the Act by the local supervising authorities?—No. We get them in all the instances where the counties are doing their duty under the Act, and they would not be of any value at all in the other counties.

309. Turning to the point about the medical men refusing to go in response to appeals from the midwife, among the cases have you had the instance of the Waltham and Cheshunt Medical Society?—I do not remember it.

310. That is one out of several and, of course, there are many of them. The last point I wanted to ask a question about was this: there is considerable

distinction made in the revised Rules between the practice of the poor law institutions and the practice outside poor law institutions. Is it the opinion of the Board, so far as you are aware, that any difficulty has arisen in carrying out the Midwives Act in general, owing to the fact that they have no official cognisance of the practice of poor law institutions, or control of poor law institutions?—The Board have never desired to control the poor law institutions.

311. Or midwifery in the Poor Law institutions?—No, except as regards prescribing the conditions of training.

312. (Dr. Downes.) I have here, Mr. Duncan, a copy of a paper called "Nursing Notes," which is the journal of the Incorporated Midwives Institute and Trained Nurses Club, and the Workhouse Infirmary Nursing Association. I will omit the name, but I will read the advertisement: "6th July 1907. Announcement: 'Dr. ....' s midwifery classes, established 1895. 'Ladies thoroughly and quickly trained for the C.M.B. Examination; practical work in large districts; new classes are formed every month; nurses can attend when off duty; more than 360 people have been trained successfully; special coaching classes begin a fortnight before each examination, open to all candidates; lectures can be had by correspondence; apply.....' Has the attention of your Board been drawn to that advertisement?—Yes. I sent to the advertiser and told him that was not allowed.

313. (Chairman.) Since the date of that issue?—Yes. I told him I would not accept any candidate from him, as it was not permitted.

314. (Dr. Downes.) But he is not the only one?—He is the only one who has been brought under the notice of the Board. If there are any other cases brought before the notice of the Board they will be dealt with.

315. Was that action taken by yourself on your own authority, or under instructions from the Board?—It seemed to be an urgent thing, and I consulted the Chairman. It was afterwards approved by the Board.

316. Taking the list of the last examination, I see that of 168 candidates only 7 are stated to have come from poor law institutions and about 50 from private tuition. Is that correct?—The total number is 168.

317. Seven of them purport to come from poor law institutions, and about 50 roughly from private tuition. Have you any reason to doubt the accuracy of that report?—I have no doubt it is taken from the official list, which I have. But I do not quite follow your figures about 7 and 50.

318. The total number is 168?—That is right, I know.

319. Then according to the report, 7 only purport to come from poor law institutions?—I daresay under the heading of private tuition you would find others where the medical officer himself is approved and not the institution.

320. You think there may be some there?—I think there probably are.

321. But why should they come in that way and not under a recognised institution?—Because the name of the institution only appears when it is a recognised training school; otherwise it is under private tuition.

322. (Mr. Pedder.) In the papers a few days ago there was a report of a prosecution. Who was the defendant? Was he an approved teacher?—No. He was a general practitioner in Bradford.

323. (Chairman.) He gave a certificate in ignorance, I think?—So the magistrate held.

324. (Mr. Pedder.) What did the case come under?—It was under section 2 of the Act. He certified that this woman had been in practice since 1899, whereas she had been in prison for three years, and had twice been tried for murder, due to abortion.

325. (Mrs. Hobhouse.) I see that in your list in Appendix C.\* the number of practising midwives does not

\* Question No. 126.

\* Appendix VII. (Vol. I.).



20 January 1909.]

MR. G. W. DUNCAN.

[Continued.]

tally with the number given in this book\* of a later date?—The figures in Appendix C. are taken from the official return made to me under section 8 (5) of the Act. The return ought to have been made in the month of

\* "Particulars of Administration of Midwives Act, 1902, by Local Supervising Authorities." (Central Midwives Board, No. 2), published by Spottiswoode & Co., 1908.

The witness withdrew.

### ADDENDUM TO MR. G. W. DUNCAN'S EVIDENCE.

#### 1. NUMBER OF RECOGNISED POOR LAW INSTITUTIONS AND RECOGNISED POOR LAW TEACHERS.

Of 59 recognised training schools in England and Wales, 24 are poor law institutions.

Of 93 recognised teachers in England and Wales, 29 are the medical officers of poor law institutions.

The full course of training required by the Rules of the Board can, therefore, be carried on in 53 poor law institutions in England and Wales, while in all of them the practical training required can be given.

#### 2. RESTRICTION AS TO APPLICATIONS OF POOR LAW TEACHERS.

I find that in May 1906, the Board adopted a rule of practice requiring a minimum number of 60 cases per annum in the case of an applicant for recognition as a teacher who is attached to a poor law institution.

This rule was abrogated in the following year on an intimation being received from the Privy Council that it should have been made the subject of a regulation to be approved by the Privy Council.

January last year, but after some difficulty I got the figures in eventually. The figures in "Particulars of Administration" are founded on another and later return, but the former is the official return for the purposes of section 5 of the Act. The one was made under the provisions of the Act; the other was voluntary and made at a different period of the year. That would account for the difference.

It has never been acted on since, and at the last meeting of the Board the medical officer of a poor law institution having only 25 cases per annum was recognised as a teacher.

In no instance have the Board recognised as a training school any non-poor law institution with less than 75 cases per annum, nor any medical officer attached to a non-poor law institution having less than 60 cases.

#### 3. NUMBER OF APPLICATIONS FROM NON-POOR LAW INSTITUTIONS FOR RECOGNITION AS TRAINING SCHOOLS, WHICH HAVE BEEN REFUSED BY THE CENTRAL MIDWIVES BOARD BECAUSE THE INSTITUTION APPLYING HAD NOT A MINIMUM OF 75 CASES PER ANNUM.

1904 . . . . .	10
1905 . . . . .	5
1906 . . . . .	1
1907 . . . . .	4
1908 . . . . .	1
Total . . . . .	21

## SECOND DAY.

Thursday, 4th February 1909.

#### PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HORHOUSE.  
Dr. F. H. CHAMPNEYS.  
Dr. A. H. DOWNES.

Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Miss BERTHA M. BROADWOOD called and examined.

326. (*Chairman*.) You appear as the representative of the Cottage Benefit Nursing Association, of which you are honorary secretary and director?—Yes.

327. Is that a society which has any considerable sphere of operations?—Yes, we have branches in 32 counties in England and Wales, and several in Scotland. There are altogether about 200 associations working on similar lines.

328. Do you maintain yourselves quite independently of other nursing associations?—Yes.

329. Do you not think that is rather a disadvantage?—I do not know what you mean; it is best to be independent.

330. Are there not county nursing associations in a great many counties?—Yes, but of much later date than ours.

331. But you go on working independently of them?—Yes, more or less, unless we combine.

332. But do you think it is wise to do so, or do you think overlapping is good?—No, but they do overlap us.

333. But a body that comes into existence as a county association probably acts with more authority

than any other?—There are various reasons why we have done as we do.

334. Do you not think it would be as well that you should associate yourselves with the county associations?—Yes, but there are several reasons against it, and I can give an instance against it if you like.

335. No, I do not think we will trouble about that. In your judgment there will be what you call in your précis of evidence a "terrible shortage" of midwives when the Act comes into full force after March 1910?—Yes.

336. When you say that do you mean in certain localities or generally?—Generally.

337. Have you seen the figures presented on the authority of the Central Midwives Board?—Yes, the figures given to me last year were that only 55 per cent. of the women who had recently passed—that is, in the October of 1907—intended to practise as midwives.

338. But that is not altogether the question, if that 55 per cent. happened to be sufficient to meet actual requirements?—But I do not think it was.



4 February 1909.]

Miss B. M. BROADWOOD.

[Continued.]

339. But have you looked at the figures published on the authority of the Central Midwives Board?—I have not seen any recent figures.

340. Then you are not aware that in their judgment only 15 counties out of 50 in England and Wales are likely to show any shortage, and only 12 county boroughs out of 71?—Where I think the shortage will appear is among the very poor employing their neighbours.

341. But you state that, in your judgment, in certain counties there will be a shortage which will be felt generally?—Yes. I base this opinion upon information and statistics published by the Rural Midwives Association and the Association for Promoting the Training and Supply of Midwives, to the Council of both of which I have the honour to belong.

342. You mention that, in your judgment, in Somerset, Dorset, Wiltshire, Gloucestershire, and Oxfordshire, for instance, it will be felt?—I do not go so far as to say that I think there will be a shortage there, but I say that in those cases the women have been accustomed to employ their neighbours to an immense extent. Those are the hilly parts of the country.

343. But there is no reason why, even under that provision of the Act which comes into force on the 1st of April 1910, that should not still be done whenever there is any emergency?—I do not quite follow you.

344. You know what the provision of the Act is?—Yes, I know that perfectly.

345. The Act states that from and after the 1st day of April 1910 no woman shall "habitually and for gain" attend women in childbirth otherwise than under "the direction of a qualified medical practitioner, unless" she be certified under this Act, "and that would not interfere with a woman coming in as a neighbour in a case of emergency, which is specially provided for in the section. "Habitually" and "for gain" go together, and so long as she does not act habitually and for gain, she is always at the call of a neighbour and entitled to receive remuneration if it is merely an occasional attendance to meet a case of special urgency?—But that is not generally understood, and the women are frightened.

346. But it is one of the objects of all legislation to get over feminine timidity?—Yes, but I do not advocate more midwives at all. I am rather the other way.

347. Of course you hold that the great difficulty lies in the fact that in some of these thinly peopled districts it is almost impossible for a midwife to live on her practice alone?—She cannot.

348. But you do not hold the opinion that the practice of midwifery ought not to be accompanied by general nursing?—No.

349. That is a way out of the difficulty?—Yes, if the women are trained.

350. General nurses have been trained in midwifery to meet the difficulty?—Yes, and that is what we have maintained so very much under the Cottage Benefit Nursing Association from the first.

351. You attempt to combine the two?—Yes, and they are combined. I was very much found fault with when I started the system years ago, but I took counsel with leading medical men on it.

352. For instance, in so important an institution as Queen Victoria's Jubilee Institute, Miss Hughes, the General Superintendent, has expressed the opinion that the two should combine?—Yes, but that is only recently, since she has seen what good work the Cottage Benefit Nursing Association have done—because Queen Victoria's Jubilee Institute has taken a great deal from us.

353. You think the greatest evasion of the Act is likely to take place in the slums of the big cities?—Yes.

354. But in many parts of the country the working classes really prefer employing a doctor with a woman under him?—Yes.

355. Of course there is nothing to prevent any woman acting under a doctor?—No.

356. But you do not think that such an arrangement is likely to give rise to an evasion of the objects

of the Act, do you?—Amongst the very poorest I am afraid there will be a little evasion.

357. But not evasion of serious character?—No, except perhaps in the slums.

358. You do not think doctors generally would employ an unqualified woman and merely cover her attendance by a nominal attendance on their part?—No, but they are very jealous of the midwives—extremely so. They do not want them. There are very few parts of the country where that is not the case, except in the hilly places, where they are glad to be saved the long drives up hill.

359. They do not want to be called up in the middle of the night?—No, and when our associations are started we always consult the local practitioner on the question of having midwives.

360. You do your utmost to work in co-operation with the doctors?—Yes, entirely so. Our nurses do monthly nursing, and sometimes they are trained as midwives, but are only so employed where it is considered advisable by the doctor that there should be a midwife.

361. You do not advocate any State maintenance of them, do you?—No, certainly not. That would so very much injure the doctors.

362. Would you object to any power directly authorising county councils to provide for the training of midwives up to a certain point?—No, but it would be unwise to enforce the penal clauses of the Act in rural districts until a better supply of midwives and monthly nurses is provided, by grants and the encouragement of training for cottage nursing in rural districts; such grants need only amount to 10*l.* each if paid for the encouragement of training in cottage monthly nursing; I mean, they need only amount to 10*l.* if paid for a pupil who contributes 3*l.* and agrees to remain for four years with the nursing institution which has paid the balance of the cost of her training.

363. You suggest that such grants should come from the county council?—Yes.

364. And that they should make it a condition of contribution that a person enjoying the benefit of such a grant should give a certain number of years' service to the county?—Yes, and a certain amount of money.

365. Those are the two conditions—first, that she should contribute something herself, and further, that she should give some bond that her services should be at the disposal of the county authority for a term of years?—Yes, but not necessarily at the entire disposal of the county authority. 10*l.* is not half the cost of the training. The training costs 26*l.*, everything included.

366. Do you think that is the average cost of the training?—I think so. The demand for maternity nurses is very great indeed, and if county councils, instead of giving 25*l.* or 26*l.* to one institution, would say to two or three, "We will give you each " 10*l.* on condition that you will find a woman contributing 3*l.*, and you contribute the rest," that would do.

367. Then the county council should contribute the 10*l.*?—Yes.

368. As a sort of scholarship?—Yes, that would be a way of making the money go further. At present some county councils give a certain number of grants to one nursing association every year towards training, but I do not think that institutions should be pauperised. They ought all to do something. In the slums and in factory districts, training homes should be established where the doctors could obtain nurses for their patients; these training homes for nurses (of which I have had a good deal of experience) can be made very nearly self-supporting by the fees that are taken for the nursing which is conducted there by the midwife, the assistant midwives, the general nurse, and the pupils. These homes might be encouraged by the remission of rates and King's taxes.

369. Would that be sufficient, do you think?—If those homes were conducted on the lines, for instance, of the Kingswood Nursing Home, near Bristol, they would be almost entirely self-supporting.

370. Are there many of them in existence now?—There are three around Plaistow, one was instituted near Edmonton, and others at Leytonstone, Waltham-



4 February 1909.]

Miss B. M. BROADWOOD.

[Continued.]

stow, Kingswood, Swindon, and at Govan near Glasgow.

371. But they are not very numerous, I understand?—They are spreading very much—they are so successful.

372. Do you promote them?—Very much so. I originated that system of training in 1890, at Plaistow, through Sister Katherine Twining.

373. (Mrs. Hobhouse.) I understand your association deals with rural districts?—Entirely so, if you call Camberley rural—or half-rural districts. Our system works very well in Camberley, and in quite rural districts like Ockley.

374. When did you first start?—In 1883.

375. Can you tell me the class of women that you usually train?—Entirely the working class.

376. Do you find it better for the purposes of rural district work that the women should be trained in hospitals or district work?—I have found it impossible to train them in hospitals, for the reason that they become so accustomed to very interesting surgical cases and also to the very latest appliances. St. Bartholomew's was opened to us, but Miss Stewart, the matron, advised that we should not take advantage of it.

377. You find district training the only training suitable for rural work?—Yes.

378. And it was because you found a difficulty in procuring this district training that you instituted training homes so far as possible?—Yes.

379. You find that by training these women for rural work you confer at the same time a benefit upon the poorer and more congested districts in the towns?—Yes, very much so.

380. Therefore you really work for the very poorest in the towns as well as for the poorest in the country?—Yes, and in conjunction with the doctors.

381. Can you tell me at all how many midwives you have trained?—I really could not quite say, but I think it is not a very large number—through our central office only something like 30. But the Camberley and some other branches of the Cottage Benefit Nursing Association send nurses into training independently of the office. I prefer that our nurses should not be midwives, but certificated, carefully trained, monthly nurses.

382. You cannot really give any accurate statistics?—No. I did not know I should be asked to do so, or I should have looked them up.

383. Many midwives have been trained by affiliated associations and not through the central office?—Yes.

384. But you cannot give those figures, can you?—No, but I could obtain them for you.

385. You cannot at all judge, then, whether these women can pass the present examination more easily than the examination under the London Obstetrical Society?—It is very difficult, certainly, but they do pass it. Out of seven we sent up the year before last, six passed at the first, and the seventh at the second examination. This last year eight were sent up through the office and eleven by branches, and all passed.

386. You cannot say the percentage of those who have failed year by year, can you?—It is very small. If they fail the first time we coach them up again and they generally pass the second examination.

387. Then upon what ground do you make the statement that they fail more frequently now than before?—They have been discouraged from coming forward, though I do not say that those candidates that we get hold of have failed. We have to coach them up more than formerly, if they are to be midwives.

388. Then have you some system of supplying, in the very thinly populated rural districts, nurses for emergencies from central homes?—Yes.

389. Some grouping system?—Yes. We interchange. The associations are formed into groups conveniently arranged, and there is a group secretary. If one association is short of nurses owing to a great run of cases of illness and births, they apply to the group secretary and borrow a supplementary nurse—because one finds, just as one does in a group, that there may be more sickness in the district of one association than there is in others. It varies, but there is a certain average.

390. Have you found any difficulty in regard to the locomotion of the nurse to the patient in such circumstances?—No. There is a little difficulty, perhaps, in getting the nurse to the patient, but once she is there she remains. They are resident nurses, and they remain till the case is over. Then again we have now a home at Hale that was given to us for emergency nurses.

391. With how many nurses?—There we are working up to 40. We have now got over 30.

392. Do most of those hold Central Midwives Board certificates?—No, not most, but a good many. Personally I am against their becoming certificated midwives until they have proved their excellence as monthly nurses.

393. Have you not found that your affiliated associations apply for midwifery training more now than they used to?—Yes.

394. Then why is not the supply of these maternity nurses increasing?—People misapprehended the Act. They thought that after the penal clause came in the neighbour would be strictly forbidden from helping in any circumstances, and that has been the misapprehension, as I think it still is, among the cottagers themselves.

395. (Dr. Downes.) You say that it is almost impossible to live by the practice of midwifery alone?—Yes.

396. Can you say what would be the cost of maintenance for a midwife maintaining herself entirely by that occupation?—50*l.* A working-class woman cannot maintain herself under 50*l.*

397. You think 50*l.* would represent about the average for the country districts?—Yes. That is to say, an assured income of 50*l.* That would represent 100 cases at 10*s.* a week—which she cannot get in a sparsely-inhabited district like the Cotswolds and other places.

398. In your association do you combine ordinary nursing with midwifery?—Yes.

399. Has any question been raised under Rule E. 16 of the regulations of the Central Midwives Board?—I am not quite sure that I recollect what that is.

400. It is that "No midwife shall follow any occupation that is in its nature liable to be a source of infection, or shall, except under the circumstances hereinafter mentioned, undertake the duty of laying out the dead." Has any question been raised on that?—Not with us. But I think, with due deference to the Central Midwives Board, that the tendency has been far too much to insist that the midwives should be midwives only. The late Sir Michael Foster was quite of the other way of thinking.

401. Anyway, the supervising authorities have not taken exception under that rule, have they?—No, not in our working experience.

402. Have you had any experience of ill effects from the combination of the two kinds of nursing?—No, none whatever; because when we send a nurse to any septic case, or to an infectious case, we always leave it to the doctor to decide how and when she should again take up maternity work. We throw the whole of the responsibility upon the doctors.

403. I believe it is part of your system that the doctor should be associated with the midwife?—Yes; that is to say, many of our associations train their nurses as midwives without ever employing them as midwives, because they find that the doctors do not approve of it. They do not want the practice taken out of their hands. I myself think that the doctors are responsible for the general health of the community.

404. I suppose your experience extends over a good many years?—Yes, 27 years now.

405. Then you have had experience both of the London Obstetrical Society and the Central Midwives Board qualifications?—Yes.

406. What is your experience of women having the London Obstetrical Society qualification?—They were very good, and I know as a fact that if they could explain in plain English what they were to do in certain circumstances they were allowed to pass, whereas now the tendency is that they must be up in all technical non-English terms.



4 February 1909.]

Miss B. M. BROADWOOD.

[Continued.]

407. Do you think any practical advantage is gained by such a requirement as that?—No.

408. Then do I take it that your experience of London Obstetrical Society women was that they were good midwives?—Yes, perfectly good.

409. Of course, you are aware that under the London Obstetrical Society conditions a woman need only deliver five cases herself?—Yes.

410. Now, I think, she has to deliver 20?—Yes.

411. That makes it four times as difficult for the woman to qualify for the examination?—Yes, and that also is another thing that discourages the working-class woman who trains herself. She cannot afford the time and the expense. She is the woman that is wanted, but unless she is taken up by an institution, and her training is given to her, she can hardly afford both the time and the money.

412. Now, referring to paragraph 3 of your précis of evidence, you say, "The poorest classes will be the 'greatest sufferers in the coming crisis. Those who cannot afford a doctor's fees, and who are debarred by the evading by-laws of poor law guardians from the free services of the parish doctor save for the 'birth generally of their sixth child.' Would you explain what is meant there?—Under the old poor law, I understand, as it has been explained to me, it was intended that every poor woman should be able to call in a doctor when her children were born, and the guardians, out of ideas of economy, have limited this provision very generally to the sixth child.

413. Are you aware of any actual examples of their limiting poor law relief in that way?—There is the Dorking Union, and Horsham Union. It is a distinct evasion of the old Poor Law Act, as I understand. I was told so.

414. You recognise that such a by-law, if it existed, would be an evasion of the statute?—Yes.

415. Then it could hardly be a valid by-law if it is an evasion of the law?—I cannot quite tell you how they managed it, but it has been managed.

416. I need hardly tell you that no such condition of relief could be imposed legally, and that the guardians are bound to relieve each case on its merits, without reference to it being the first, second, third, fourth, or fifth child?—But the relief is limited, as a fact. If you inquire you will find evidence. I inquired as to Horsham and Dorking, and I found it was so.

417. Have they got a printed by-law to that effect?—I could not tell you.

418. We might inquire into that?—Yes, I think it is worth inquiring into. It came up the other day, at Edmonton also. The doctors and a guardian were chaffing each other about it.\*

\* In view of this statement, the following memorandum was communicated by Mr. J. S. Davy:—

In Miss Broadwood's evidence she states that "the poorest classes . . . are debarred by the evading by-laws of 'poor law guardians from the free services of the parish doctor save for the birth generally of their sixth child.'"

The Local Government Board have no knowledge of any such practice on the part of boards of guardians; but as Miss Broadwood named three unions in this connection, viz., Dorking, Edmonton, and Horsham, I caused inquiries to be made in those unions by the Board's General Inspectors, with the following results:—

**Dorking Union.**—The guardians have made no rules or by-laws (written or unwritten) respecting the giving of midwifery orders. When applications for such orders are made to the guardians, the full circumstances of the case are carefully considered and dealt with on their merits.

**Horsham Union.**—In every application for a midwifery order all the circumstances are taken into account; every case is considered on its merits. The relieving officer in the largest district of the union makes the following statement:—  
"Four midwifery orders were given during the last 10 months in my district and none refused. One was given to a man with 6 children, one with 4 children, one with 1 child and one to a single woman."

**Edmonton Union.**—It does not appear to be the practice of the guardians of the Edmonton Union to discourage the granting of midwifery orders in the case of a first or second child.

During the last quarter (Michaelmas to Christmas) 1908, and up to date in the present quarter (Lady Day 1909),

[Continued in next column.]

419. Then you make some practical suggestions for the detection of cases of evasion of the provisions of the Act, and you suggest that there should be an additional column or space in the register of births to show by whom the person was delivered?—Yes; I think that would act as a very useful check, and it would also enable the officers of health to get out true statistics, because if it were found that the number of mothers and babies dying was very large, the health officers of the district might very easily detect who was doing bad work.

420. Then a further practical recommendation you make is that some medical practitioner should be retained at a small fee to attend a midwifery case, if needed. By whom should he be retained?—If you will allow me here to say so, I am myself very much impressed by the dangerous and confusing subdivision of responsibility between the midwife and the doctor whom, under certain circumstances, she is bound to call in, and the lady or midwife employed at considerable expense by the county council to superintend the acting midwife. I think that the superintendence is of importance, but that it should be made constant; and I think that it would be better for mothers, practitioners, and working-class midwives if the law insisted that a doctor should be retained at a small fee (say of 5s. 6d.) to superintend, and attend when required. Then the further sum to complete his full fee for actual attendance, if he is retained at 5s. 6d., should be 15s. 6d., so that if he were called in he would in all get his guinea. If he was retained for 10s. 6d., he would have another 31s. 6d. if called in, or two guineas in all.

421. Upon whom would you place the responsibility of retaining the medical practitioner?—Upon the father.

422. I suppose you recognise that there may be difficulties in getting such a regulation carried out?—There might be difficulties.

423. Then your next suggestion is that there should be a yearly licence in the form of a case-book, and you say that the superintendence and control of midwives requires to be made less costly and more effective and automatic, and that it would be made so by a yearly licence. Do you mean they should be registered for a year, and for a small fee?—Yes, every year. Each midwife should be obliged to use a case-book, the cover of which should have on its inner surface a licence form and spaces requiring a 2s. 6d. stamp, to be issued by the health officer or his deputies at the commencement of each year of the midwife's practice. Then if you obliged the midwife for each case she attends to obtain the testimony of the doctor retained as to how she had managed the case, that might be done by putting a "W" for well, an "I" for indifferently, and a "B" for bad, and you would keep her under the doctor's control.

424. Then there is one suggestion you make to the effect that in the case of the woman's training having been paid for by the committee, the certificate should be handed to the committee who paid for it, and not to the woman?—Yes.

96 orders in all have been given, and in no instance has an order been refused. In two cases the order has been given "on loan."

The details of the orders granted during the above period are as follows:—

To single women . . . . .	8 orders.
To married women with no children . . . . .	14 "
" " " one child . . . . .	9 "
" " " two children . . . . .	15 "
" " " three children . . . . .	17 "
" " " four children . . . . .	14 "
" " " five children . . . . .	12 "
" " " six children . . . . .	2 "
" " " seven and upwards . . . . .	5 "
	96 "

In nearly one-third (31) of the cases orders have been granted to persons with either no children, or with not more than one child, while in practically one-half of the cases the family numbered from two to three children.

(Sgd.) J. S. DAVY.

Local Government Board,  
12th March 1909.



4 February 1909.]

Miss B. M. BROADWOOD.

[Continued.]

425. Your object would be to retain her services under that particular committee for a time?—Yes, to retain her services for a time, and in certain circumstances to report her. We have had a case lately in which there has been a strong suspicion that the nurse who obtained her certificate a year ago is a totally unfit person to act. Both the doctor and the matron of a home where she has been strongly suspect that she takes drugs. We have the certificate at the office, and what ought we to do? Should we give it back to the woman who is asking for it, or report her to the Central Midwives Board on insufficient evidence, or what are we to do?

426. I suppose this occurs: that a considerable sum is paid for the training of the woman, and she may leave the country or get married, and so her services would be lost to the country?—Yes.

427. You want to meet that difficulty?—Yes. We want no pupil to come on false pretences.

428. (*Dr. Champneys.*) You said that St. Bartholomew's Hospital offered opportunities for training in midwifery?—No, for cottage nursing. Mrs. Hobbhouse asked why we did not send them to the hospitals; but as a fact the very first training that we ever gave to cottage nurses was at the City of London Lying-in Hospital.

429. You say that the present examination of the Central Midwives Board is more difficult than the old examination, but have you any evidence of that?—I have the evidence of the lady midwives who train our nurses.

430. Who have trained for both examinations?—Yes.

431. You also say that the rejections of your candidates are very few?—They are very few, because our Association does not go in for training a very great number. But even the percentage is small.

432. Then it is the impression of these ladies?—I think they find it more difficult to coach the candidates.

433. But if they pass them all, or nearly all, how can they say it is more difficult?—They find they want much more coaching.

434. Do you not think it is a good thing they should have more teaching?—They all say the book-learning part is much too difficult for most working-class women.

435. But do you not think it is a good thing they should have more teaching?—I do not think the technical terms do more than puzzle them in after years, when they have forgotten their meaning.

436. Then you say they are discouraged?—Yes, we have known many of them to be so.

437. Because they are frightened?—Yes.

438. What are they frightened of?—Of the book-learning.

439. What book-learning do you refer to?—They have to learn these technical terms, and to have them very much at the tip of their tongues.

440. What evidence have you that they have to learn those terms?—The evidence of the midwives who teach them.

441. Have you examined the examination papers of the Central Midwives Board?—No.

442. They are here, and I shall ask the Chairman to allow you to look through them and say what the terms are that you object to?—Very well.

443. The whole of the examination papers are here that have been set since the establishment of the Central Midwives Board. Are you aware also that at the end of the book of Rules you will find a glossary, I think, of all the terms used? It is on page 41.—Yes.

444. Perhaps you will look at that when you look at the examination papers, and say which of them you think is not explicit. I will not ask you about that now, but perhaps you might come in afterwards and explain that?—Yes.

445. Then as to rejections, you say they must be up in all the technical un-English terms?—Yes.

446. What evidence have you that they must be up in them? I suppose you mean that if they are not up in the Latin names they are rejected?—So I was given to understand, but I ought perhaps not to have spoken so strongly about it, because I have not had any experience myself. I only go by what I am told by the

midwives who are training for us and have been training previously. They say it is much more difficult now.

447. I quite understand that contention, but it is said they are rejected, as I understand, because they do not know the Latin names. Now have you any evidence that any woman has been rejected for not knowing a Latin or un-English name?—I do not know that I have.

448. The examiners examine them to see whether they should pass or be rejected?—Yes.

449. Have you any evidence as to the reasons for the examiners rejecting them or passing them?—No, I cannot say I have.

450. Are you aware that no woman is ever rejected on her paper alone?—No, and I do not think the teaching midwives are aware of that either.

451. But that is so. Now with regard to this last question of all, about retaining the certificate. Has it been a practice to retain the certificate?—No, because we have not felt legally entitled to do so. But you see what the position is: the certificate is left at our office till the midwife nurse leaves the Association, and are we to give it up if the nurse is, in our estimation, disqualified, or what ought we to do? It is a very difficult thing. This very afternoon I am going round to the Board to ask what we are to do in such cases.

452. (*Mr. Pedder.*) You say there will be a terrible shortage of midwives, but do you base that on any statistics or calculations?—No, I do not think I do. I think I base it just on what I have heard stated with regard to Staffordshire and other crowded districts through the Rural Midwives Association and the Association for Promoting the Training and Supply of Midwives.

453. By what is the shortage occasioned? Is it by the neighbours ceasing to act?—Yes, and the *bond fide* midwives dropping out gradually.

454. But they will not go out immediately?—No, but a great many ought to go out.

455. You wish to extend the midwives' services to the furthest possible limit and to exclude the neighbours?—No. I wish to do this—in the slums I wish to bring superior teaching midwives to the people, followed by their pupils, who will become monthly nurses.

456. So that you would consider it a shortage as long as the neighbours had to act, because of there not being a midwife?—Yes.

457. And you would educate all country people to employ a midwife instead of a neighbour?—No, but to employ doctors where they could, with good monthly nurses.

458. But take the case of a rural district where nobody thinks of employing anybody at all except a neighbour, what do you wish to do there?—There you must have a midwife. In Somersetshire there is that difficulty. Our Association have branches there, and we know that they never did employ a doctor by any chance.

459. You consider it a shortage until you have some trained person?—Yes, and from all I hear said, the neighbours feel that they dare not attend at present. They are frightened. If they find nobody comes down upon them, I am afraid there will be what you may call a wholesale evasion, for they cannot afford to give their services for nothing.

460. But in some country districts they do?—No, that is a mistake entirely.

461. But I know one country district in which it is done. I have known some such cases myself?—Are you quite sure they did not get their shilling a day?

462. There was no shilling to get in the cases I am thinking of.—I am told they do generally get it.

463. I could put my finger on one or two cases where I am pretty sure there was no payment at all.—Yes, but as a rule neighbours do not act without payment.

464. They get something?—A shilling a day, or so, and their food.

465. (*Mr. Fremantle.*) And a bottle of whisky thrown in at the end?—Yes, or a bottle of gin at the beginning.

466. (*Mr. Pedder.*) Your nurses do the attendance for 10 days, do they?—For longer; for several weeks often.



4 February 1909.]

Miss B. M. BROADWOOD.

[Continued.]

467. And they do the work about the house?—Yes. We put our fees so low that people can afford to keep our nurses for three or four weeks.

468. That is, to look after the mother and the house?—Yes, and do the cooking.

469. Do you refuse to send out your nurses except with a doctor?—Yes, unless they are midwives.

470. But you will send out a midwife by herself?—Yes, but otherwise we refuse entirely to send them out without a doctor for maternity cases.

471. To that extent you oust, or may oust, the doctor?—We are careful in this way: we have a sliding scale of fees; people pay a subscription and a small fee, and it is only to the poorest classes subscribing 2s. a week that the midwife is allowed to go at all without the doctor; in every case we consult the feelings of the doctors, for it is very essential that they should be considered.

472. Then you suggest there should be a yearly licence; would you enforce that by prohibiting practice as a midwife unless the woman had taken out her new annual licence?—Yes, and we should be able to locate them everywhere.

473. By that means you would get a clean register of actually practising midwives?—Yes; and you would also get this, that the midwife would be bound to keep her case-book signed, and you would know what she was doing.

474. You mean she would not get her new licence unless her case-book was right?—Yes.

475. That would require new legislation?—Yes, but it is most important.

476. (Chairman.) Would you make that fee as high as 2s. 6d.?—Yes, because she gets 10s. a case.

477. But is that not excessive?—I am not afraid of making it too high.

478. (Mr. Pedder.) What is the fee for?—It is to meet various expenses of supervision. Working-class midwives require very much supervision, and you cannot supervise without money.

479. I did not quite understand what was your objection to the practice of the county councils giving solid grants for the training of a midwife?—I do not object.

480. As against your system of spreading it, I mean?—It is rather favouring one institution or one branch of it at the expense of others, and also it limits the number that can be trained. My experience is that many branches (judging by our own Association) can afford to pay 13l. that cannot afford to pay 26l.

481. But if a county council gives one branch, say, 26l., instead of one midwife using that, why should not that branch split it into two if it wants to distribute the money?—They are not allowed to. Grants are given for scholarships at present. Grants are only given by some county councils, and they have rather to wink at a doubtfully legal construction of the law, I believe. Grants are given under the head of scholarships for technical education by which no trade may be taught for profit.

482. (Mr. Fremantle.) In paragraph 16 of your précis of evidence you talk about the superintendence and control of midwives requiring to be made less costly and more effective and automatic. Now, I do not quite understand what that means. How would you propose to make it less costly? Will you explain that?—At present many county councils are employing lady superintendents at 80l. or more a year. The lady superintendent spends another 26l. in travelling about the district. She may have 100 midwives to visit, but it is only for a very short time. She does not follow them.

483. What is for a very short time?—Her visit or interview with the midwife.

484. It only lasts a very short time?—Yes, and she does not follow her in her work. She only discusses cases with her, as I understand.

485. Is that so always—that she never follows her cases?—I am not quite certain. I was talking to a superintendent who came down to Edmonton the other day, and she said, "I never go to the cases."

486. You mean it is difficult for her to do so?—It is difficult. Take Cambridgeshire. Now, that is a

large county, and there is one superintendent, so that it is impossible for her really to control the midwives,—see her report to the county council,—and I think that automatic control by a yearly licence and under a regulation requiring the midwife to have a doctor's signature for the case as to how the case is managed is extremely important so far as working-class midwives are concerned.

487. Then I understand you wish to do away with the system of inspection by *ad hoc* inspectors?—Yes, and I would put it into the health officer's hands. The health officer should issue the licences, and it would be for him to superintend the women.

488. The district medical officer of health, or the county medical officer?—The county medical officer in the first instance, and then his subordinates, the district medical officers of health.

489. But the county medical officer has no subordinates?—Does he not delegate some of his duties?

490. No, though perhaps he wishes he could. But of course if he himself undertakes it, it is simply a case of his doing it because he is not allowed any assistance?—Yes; and one person cannot do it; it is impossible.

491. That leaves us much as we were?—Surely you would be in a better position if you insisted on a case-book and insisted on its being signed by some doctor who is retained?

492. Then you wish to have the superintendence in each case by a doctor?—Yes, a local doctor.

493. That is, rather than have the superintendents from the centre?—Yes.

494. Then, in that case, the woman would not be acting as a midwife, but under the responsibility of the doctor?—Yes.

495. Therefore she really would not come under the Midwives Act?—No; but then is it not very dangerous to leave working-class midwives absolutely as independent as they are? That is what occurs to me.

496. What I want to ask you is this: How does your practical proposal differ from section 1, subsection 2, of the Midwives Act, which says that "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." If you are proposing that every woman ought to practise under the direction of a qualified medical practitioner, then you are practically recommending the abolition of midwives and of the Midwives Act, and proposing that every woman shall work under a qualified practitioner. Is that not your proposal?—Not entirely. My proposal would be to leave all teaching and superintending midwives as now, but with regard to all working-class midwives, I propose that, if the law should say that some medical practitioner shall be retained, the position of the poor woman would be that she and her husband would have to find, say, 5s. 6d. as the retaining fee; but calling in a midwife who would do the job for 10s., they would get the whole job done for 15s.—a week's wage—instead of one or two guineas, and if all went well, as in the majority of cases the doctor would not be called in to assist.

497. He would simply examine the woman afterwards?—Yes.

498. As to what has happened, you mean?—Yes, he would just pay one visit for his 5s. 6d.

499. Another thing I wanted to ask you about was as regards the system that I believe you are in favour of, by which the midwives live in the houses of the patients and do their general household work for them?—Yes, I am in favour of that.

500. Do you propose that in all circumstances you should obtain women to do that, or do you consider that it is only advisable in certain circumstances?—In rural districts no other sort of nurse is very welcome.

501. Are you aware that criticisms have been made against that system, firstly, from the point of view of cleanliness, and secondly, on the score of morality?—I am perfectly aware that it has been criticised.

502. According to your experience, is that criticism at all justified?—Not if the system is carried on under a committee with one member of that committee respon-



4 February 1909.]

Miss B. M. BROADWOOD.

[Continued.]

sible for every case that is nursed, and the nurse is well looked after.

503. (Chairman.) Just one question in reference to your suggestion as to the improvement of the system of registration of births. Should you, with a view to

The witness withdrew.

(After a short interval Miss BROADWOOD was recalled and examined by Dr. CHAMPNEYS as follows.)

505. (Dr. Champneys.) Would you point out anything you have found in regard to technical terms?—Yes. I would like to point out that in this book of twenty examination papers I find only four that do not contain from one to four un-English terms not explained in the glossary on page 41 of the book of Rules of the Central Midwives Board. I have marked them all. Most of these have good old English equivalents.

506. May I look at that?—Yes, do, please (*handing same*). That is a stumbling block, and I should like very much if you would ask the ladies about it who have informed me that it is a stumbling block, such as

The witness withdrew.

#### ADDENDUM TO MISS BERTHA M. BROADWOOD'S EVIDENCE.

I wish to point out that my suggestions as to the control of midwives by means of a yearly licence-book and inspection by doctors relate solely to the *working-class midwife-nurse*, who is very likely to be tempted to eke out her living by practices like those of the *sage-femme diplômée* of France, unless she is trained in the elements of general nursing and is working under the local medical practitioners, who would thus have her under their close supervision in cases of general illness, and, in consequence, would have knowledge of her general ability and character.

For a midwife of superior class and education, I would suggest that the Central Midwives Board should expect her to have delivered 40 cases herself, before the examination, and, further, to qualify as capable of instructing working-class women by simple lectures and clinical demonstrations to be either "maternity (monthly) nurses" or "midwife-nurses." Let the test be that she shall have worked under, and gained the recommendation of, the matron or lady superintendent of some recognised home or centre for cottage or district midwife nurses and for maternity (monthly) nurses, and let her be distinguished as a "superintendent midwife." She too should be bound to take out a yearly licence (5s.) for practising and teaching, and to keep a record book reporting to the county authority or health officer, every year, the number of maternity nurses, midwife nurses, and superintendent midwives she has trained successfully, and should receive a small capitation grant of 2s. 6d. for each. (This might come out of the yearly licence money.)

The home or centre should further be freed from

checking unauthorised persons from practising midwifery, support the propriety of registering stillbirths?—Yes.

504. You know they are not registered?—Yes. I should support that very strongly indeed.

Mrs. Messenger and Miss Webster, of Chelsea, and Miss Ellis and Miss Boast, of Enfield, and Miss Hall, who has a district connected with the York Road Lying-in Hospital. All are superior teaching midwives.

507. But what are these things that you object to?—I have marked them all. I know enough to know that most of these un-English words have English equivalents. I merely mention the matter because it is a distinct discouragement to a certain number of country women who would make very good practical midwives.

The witness withdrew.

rates or taxes so long as it is an authorised place of instruction in maternity nursing.

I suggest that all "maternity (monthly) nurses" should also be required to take out a yearly licence case-book (1s. 6d. fee).

These suggestions would require an amendment of the Act, unless county councils and the Central Midwives Board are able to agree between themselves to institute them experimentally by by-laws.

The changes I earnestly desire are—

1. Alteration in the registration of births.
2. Imposition of yearly licence, for every grade of maternity nurse or midwife.
  - (a) Superintendent midwives to pay a licence fee of 5s. a year, and to receive a capitation grant of 2s. 6d. for each successful pupil.
  - (b) Midwife-nurses to pay a licence fee of 2s. 6d. a year.
  - (c) Maternity (monthly) nurses to pay a licence fee of 1s. 6d. a year.
3. Remission of rates and taxes to training homes or centres; the loss to public funds thereby might partly be met out of licence fees.
4. Encouragement by loans from county councils for the establishment of training homes and centres in city slums and factory districts. This form of encouragement would be far better in my opinion than 10l. scholarship grants towards the training of midwives or maternity nurses.

(Signed) BERTHA M. BROADWOOD.

Miss ROSALIND PAGET called and examined.

508. (Chairman.) I believe you are here as representing the Incorporated Midwives Institute, of which you are honorary treasurer?—Yes.

509. You have been a member for some years?—I have been honorary treasurer for 17 years of the Midwives Institute, and I was one of the founders of it.

510. I believe you are a certified midwife by examination?—Yes.

511. And a member of the Central Midwives Board?—Yes.

512. How far does the Midwives Institute represent the whole body of midwives?—It represents the select part of it—not the rank and file—very well.

513. The aristocracy of midwifery?—Yes.

514. But numerically, I mean—how many midwives are members of the Institute, putting it shortly?—We have a membership of 1,040, but not all are certified midwives on the roll.

515. How many are certified?—About 600 or 700. Not more than that, I think.

516. It is only a small proportion of registered midwives who speak through you?—Yes, a very small proportion. I think I have handed you the prospectus of the institute, which shows how exceedingly representative it is of all the interests of midwives.

517. Yes, you have. Your present concern is chiefly with the training, organisation, and protection of the certified midwives?—Yes.

518. So that though numerically you do not represent all midwives, still you act in their interest?—Yes, precisely—we try to.

519. When you say, as you do in your précis, that your scholarship fund is 800l., do you mean to say you have that annually to make use of?—Not annually; it has amounted to that sum.

520. When you say 430l. has been expended, do you mean the fund has been denuded to the extent of 430l.?—Yes.



4 February 1909.]

Miss R. PAGET.

[Continued.]

521. And therefore you have only 370*l.* in your hands?—Yes; the money was given to train midwives before 1910.

522. What conditions do you impose on members of the institute?—They must be certified midwives and of good character.

523. I presume that every certified midwife has a good character?—We take good care that she has it if she comes to us.

524. But have you any special means of investigating character?—Yes, members are usually proposed by one member and seconded by another member of the institute.

525. It is like a club?—Yes.

526. And do you blackball occasionally?—Yes, certainly, if necessary.

527. Are you in a position to judge of a candidate's character from what happens to be matter of general knowledge?—I should say so, because we have three references with each, for which we personally apply—not testimonials—and members would be struck off subsequently if they proved not to be of good character.

528. In your judgment the maintenance of a midwife presents more difficulty than the initial training?—That is our experience.

529. You mean, to provide her with sufficient income while in practice?—Yes, with a living wage.

530. Do you see any way in which that can be done except by allowing her to undertake general nursing?—I think in the sparsely populated parts of the country it is the best solution, but not in towns.

531. That is the solution which the secretary of Queen Victoria's Jubilee Institute has put forward?—Yes, and I belong to that institution. I was their first inspector.

532. You consider that it is in rural districts that the shortage is likely to occur?—Certainly I do.

533. You believe that in large towns the ordinary law of supply and demand will meet the difficulty?—Yes. Then also the borough councils have greater powers than the county councils.

534. Their energies are more concentrated on the area they are administering?—I daresay.

535. But so far as your opportunities of observation go it is already the case, is it not, that trained attendance is increasing?—I gather so from our statistics.

536. It is not very largely so according to those figures?—It is not decreasing.

537. No, but may I ask what the figures are based upon. I am referring to page 4 of your précis, where you say that, in 1904, 58 per cent. of cases were attended by midwives, and 57 per cent. in 1908?—Yes. Those figures are taken from the reports made to Queen Victoria's Jubilee Institute concerning 59,191 cases.

538. You gather from them that the attendance of doctors at childbirth is increasing rather than diminishing?—Yes; and certainly the attendance of trained persons.

539. But you do not lay too much stress upon it?—There has been an enormous increase in the number of cases attended by our certified midwives, either as midwives or under the doctors.

540. When you say in your précis that doctors are absent in 31 per cent. of the cases, do you mean cases in which the doctor should attend?—Yes, cases in which he was engaged to attend, and therefore it is very important that the attendant under the doctor in rural districts should be a certified midwife.

541. Is he absent by accident or design?—I could not say; sometimes by arrangement.

542. (*Dr. Doucens.*) What do you mean by arrangement?—He says to the midwife, "Do not send for me unless you really want me."

543. (*Chairman.*) But he would come if he were really wanted, would he not?—I daresay.

544. Do you mean those figures to be a reflection upon the medical profession or not?—No, I merely give the figures. I merely state the facts in the rural districts.

545. You consider that the doctor is more often sent for under the Midwives Act than he used to be before?—Yes, about half as often again.

546. And therefore, provided he is paid, he has no reason to feel aggrieved?—No, he ought to be very well satisfied with the result of the Act.

547. You think that fact is not very generally known?—If it were it might prevent some of the boycott of the midwife.

548. Will you explain what you mean by boycott. I suppose you say that with every sense of responsibility, because you go on in your précis to level a very serious charge against the members of what I have reason to believe is an honourable profession, when you say that they employ "in preference," in order to carry out this boycott, "the untrained, and often dangerously dirty, "uncertified women"?—Yes.

549. Those are very strong expressions?—Yes.

550. I presume you are prepared to substantiate them?—I have reports from the Midwives Institute and Queen Victoria's Jubilee Institute, that where the doctor might employ a certified woman he seems to prefer to employ an untrained woman rather than one of us. That is what the certified midwives say.

551. But have they any warrant for saying so?—Why should they say it if they have not? They only state it as a fact.

552. You mean cases in which the doctor is taking charge?—Yes, and in which he is employing such women as his monthly nurses.

553. But he may think the patient is not wealthy enough to pay both the doctor and trained midwife?—In these cases the monthly nurse is not an expensive item, because she is often employed by a voluntary association.

554. But are the women employed generally trained midwives?—A great many of them are on the midwives' roll.

555. But not universally so?—I could not answer that. I am speaking only of certified midwives.

556. But doctors employ a great number of nurses?—Yes.

557. And rightly so, even if they are not certified midwives?—Yes.

558. Some time ago I think you were kind enough to favour the Privy Council Office with a scheme for meeting the shortage of midwives?—From where?

559. This is it. It is signed by you and it was sent here on March the 21st of last year?—From where, may I ask?

560. It is called a memorandum of a proposed scheme?—May I see it, because I have forgotten it?

561. Certainly. (*Memorandum handed to witness.*) You sent it from the Central Midwives Board?—I cannot remember when this was sent exactly.

562. But it is dated?—Yes, certainly, and it is my writing.

563. You do not dispute the authenticity of it, do you?—Would you mind giving me the date?

564. The date is on it. It is dated the 21st March?—Yes, I am perfectly willing to acknowledge it, but I have forgotten under what circumstances it would reach you.

565. But that represents your views?—I should think it does, but I could not say unless I read it straight through again.

566. It is rather fuller than the scheme you have propounded in your notes of evidence?—Yes.

567. You look to co-operation between county authorities and voluntary effort?—Yes, that seems to be the way to meet the case.

568. But do you think the county councils require additional powers?—Yes.

569. That is, in order to subsidise such concentrated effort?—Yes, and for the payment of doctors also.

570. That is a different question, and that arises under a different head?—Yes.

571. What do you consider the average cost of training a midwife?—I should say about 20*l.*

572. That would be the average?—Yes, but sometimes it varies. It ranges from 10*l.* in some cheap places to 35*l.* or more.

573. Do you think that a woman, supplementing her remuneration as midwife with what she might obtain as general nurse, should in ordinary circum-



4 February 1909.]

Miss R. PAGET.

[Continued.]

stances be able to make a living in rural districts?—It seems so.

574. Considering the facilities for getting about, such as bicycles?—Yes, I think so. It seems so from reports we have received.

575. Therefore, you do not think there ought to be any very great difficulty in meeting the deficiency?—There will be a certain amount of shortage, there is no doubt whatever, I think.

576. Yes, but you do not think it will be of a very serious character, do you?—No, I think we ought to be able to meet it by co-operation.

577. You do not think there is any call for an extension by legislation of the period within which the Act comes into full operation?—No.

578. You think that section 1 (2) of the Act is really the only thing that stimulates activity?—Yes, I think so.

579. And that by postponing its operation you would merely withdraw the stimulus at present existing to activity both local and general?—Yes, I think so.

580. But have you considered the propriety of any temporary modification of the existing rules in rural districts, with a view to meeting the difficulty?—I have contemplated that.

581. Do you think there would be any serious objection to it as a temporary measure?—Yes, I think there would.

582. Why?—There seem to be more arguments on the other side.

583. Why?—For the same reason as in the other case—that it would be putting off the evil day only.

584. But if the shortage on the 1st April 1910 is, as you anticipate, serious in certain areas, you will have to confront the alternative of having no trained attendance at all; and would it not be better to avoid that contingency by providing temporarily a midwife who though, perhaps from your view not ideally trained, would still be vastly superior to the *bonâ fide* midwives who were introduced *en bloc* six or seven years ago?—I have not seen any scheme of that kind.

585. But do you not think in the case of persons who have been acting as nurses, and who therefore have picked up a certain amount of clinical experience, that some modified examination, with some attendance upon puerperal labour, &c. might be accepted for the Midwives Board certificate in rural districts for a time?—I think it would be exceedingly dangerous to the lives of the mothers.

586. But we have to remember that the lives of the mothers are already *ex hypothesi* in the hands of persons who have no training at all?—But we want to stop that.

587. Quite so, but you may diminish your prospect of stopping it by bringing about a state of things in which these unfortunate women will have no attendance at all?—They would be attended in an emergency by the old women, just as before.

588. But surely a person who has been admitted temporarily on to the roll, with a modified examination, but still with a large stock of what I will call clinical experience, would be better than that old woman?—No, I am afraid I disagree with you—I do not think so.

589. Why?—Because you would be giving a hallmark to untrained women.

590. No, it is merely an expedient?—But is it true that there will be that difficulty?

591. But I am putting the question on the assumption that there will be?—I think it will be much better for the counties to face their difficulty and do their best.

592. But you cannot employ trained women if there are none?—But if you hold out an inducement they will come.

593. But a provision of this sort, which is only to take effect for a short time, would have the effect of a stimulus?—I think it would confuse everybody very much indeed to have a second certificate.

594. Do you think so?—It seems to me to be so.

595. But the Central Midwives Board have adopted that already in making a distinction between midwives introduced on to the roll by examination and those who are not?—A matter of regret to very many of us.

596. But still the question is whether something of that sort is not necessary in order to meet exceptional cases, and whether by the application of a high *a priori* doctrine such as yours you would do as much good as by facing the facts as they exist?—I have had a good deal to do with the facts as they exist.

597-8. But you are rather disposed to blink the facts as they exist?—No. I feel there are very great difficulties.

599. Quite so, and I suggest an expedient by which some qualified help will be got, whether it reaches your ideal or not, and that an intermediate class of women should be trained to take the places of persons wholly unqualified?—I do not think that by saying they are qualified you will make them more qualified.

600. No, but they will be better than persons not qualified at all?—How would you qualify them?

601. You would admit them on a modified examination, and therefore, instead of dangerous persons who had passed no test of competence at all, you would be using women with long practice as nurses in the parish—persons who had acquired in the course of their clinical experience many, or some, at any rate, of the practical qualifications that a midwife should possess?—I think it would be better that these women should continue to work under doctors.

602. But where they cannot, what then?—But there are doctors everywhere.

603. But the question is whether the patients can afford to pay both?—Then, if not, they will probably not pay either.

604. Now to pass to the question of the doctors' fees, it will be perhaps convenient that the whole of what you have to say in your *précis* upon doctors' fees should be put on to the minutes as your evidence upon that point. That is to say, from page 11 to page 17 of the document I have here, and it will be more convenient that it should be put in *en bloc*?—Yes. I say:

"On this question the Midwives Institute has considerable evidence. Complaints have been levelled in the past at the Midwives Institute that they emphasise too much the importance of the midwife sending for medical help. The Midwives Institute always worked in sympathy with the Obstetrical Society which did such excellent work for the improvement of midwives and paved the way for the present examinations. The medical men of that society, and the many practitioners with whom the Midwives Institute has been brought into contact during the years previous to the passing of the Act constantly reiterated, 'Give us a trained midwife who knows when to send for the doctor.' The Midwives Institute's years of work have been constantly directed towards providing this trained midwife who knows when to send for the doctor, and we have so created her that in many cases she refuses to work as a midwife unless she is sure she can obtain medical aid for her patient when required. We are face to face with this Gilbertian position, that having at the demand of the medical profession provided this trained woman who will send for them, when she does send they will not go. The medical profession has never agreed on any scheme for payment. While each Bill was being drafted they were asked to suggest clauses dealing with the matter, but they could never agree to one. The General Medical Council gave a good deal of time to debate on the subject but with no result. As the medical profession could not agree it was impossible for laymen to deal with the matter. The result is the present impasse—a condition of affairs which is throwing much of the midwifery of the country not into the doctor's hands, but into the hands of the unregistered, untrained woman. Figures prove that a doctor is now sent for by a midwife almost twice as often as before the passing of the Act.

"The following information as to the payment of the doctor is obtained from the reports of the inspectors and superintendents of the Queen's Institute. The fee charged by the doctor when engaged beforehand ranges from 10s. 6d. to three guineas. In by far the larger number of districts the fee is one guinea, and in cases where the people belong to a club the fee seems to be 10s. to 15s. With very few exceptions this fee has to be paid whether the doctor is present or not. In a



4 February 1909.]

Miss R. PAGET.

[Continued.]

very few cases no fee is charged, and in some districts, in Sussex, Warwick, and Hereford, a part or half fee is charged when the doctor is not present. In some cases no extra charge is made for abnormal cases.

"In answer to the question whether the nurse's services were given gratuitously when a doctor was engaged, we find that in the larger number of cases some charge is made for monthly nursing. In regard to what fee is charged by the doctor when he is summoned to an urgent case where a midwife is in attendance, the usual fee seems to be one or two guineas; in Sussex, Devon, and Surrey from 10s.; in only one district is no fee charged. Northants 7s. 6d. to 30s., and others 15s. In one district (Winchester) the fee rises to three guineas.

"When the midwife requires the aid of a doctor during the puerperium in most instances what is described as the usual sick fee (2s. 6d. to 5s.) is charged; in a few instances this charge seems to be from 10s. to 42s., but we think this must be in operation cases.

"For the year 1906, in answer to the question as to who pays the doctor when sent for by a midwife, in nearly all cases the patient is held responsible for the fee. In some of the districts in Winchester, Yorkshire and Sussex, the association pays, and in some places the association pays half the fee. The usual fee that is paid by the patient to the association for the midwife is from 2s. 6d. to 15s.; in Yorkshire it is 5s. to 30s., in Hereford 5s. to 21s., and in Sussex 1s. 6d. to 7s. 6d., if engaged beforehand. When the patient cannot pay for medical assistance, in some cases the parish doctor attends and the nurse is not charged for; in others the provident system obtains, or the doctor is paid for by the association and the nurse attends without charge.

"For the year 1907, a report from Lincolnshire seems to corroborate a report that has been brought before the Central Midwives Board to the effect that the doctors are threatening to charge a fee of two guineas if sent for by a midwife. This is done presumably with the object of making people engage them beforehand at their ordinary fee of one guinea. In many cases this now seems to be an established fact. In ten districts where the doctor's fee, if engaged beforehand, is one guinea, he charges two guineas if the midwife sends for him; in two cases where it is 10s. 6d., he charges a guinea; in three cases where it is 15s., he charges a guinea. In many cases where the doctor charges a sliding scale when engaged beforehand, he charges his highest fee if sent for by a midwife.

"In 1908 the reports show little change. In a district in Somersetshire the doctors charge double fees if not engaged beforehand; in some districts a fee of two guineas is guaranteed by the District Nursing Association. A report from Cornwall states: 'Several doctors in different parts charge double fees when called in by a midwife in cases of difficulty; in three parts of the county the doctors are threatening to refuse to go to the assistance of midwives unless the committees agree to their terms.' A report from the North states: 'The doctors mostly like the nurse to help them and save them sitting up at night, but they are most jealous about the nurse acting as a midwife, i.e., taking the fee.' In the country the midwife as a rule has to rely on one or two doctors only, and if they unanimously combine to boycott her she is placed in a very difficult position. In some cases the doctor's fee for taking the confinement himself is one guinea, but if he goes to the assistance of a midwife he charges double fees. In one county the doctor charges three guineas. The condition of affairs in Cumberland is interesting: Total cases attended or nursed by certified midwives, 811. Number of times midwife engaged, 33; number of times doctor engaged (midwife nursing under him), 778; number of times doctor absent in above, 300; and in the cases in which he was present, 458, there were 150 cases of forceps, 32 per cent. In this county the county council contemplates training no more midwives as the doctors will not allow them to practise. In large towns there is not so much difficulty; in destitute cases the parish doctor can be obtained, and when an ordinary fee can be paid there is always some doctor who is willing to attend.

"The following statistics are supplied by the Midwives Institute. In a series of 116 cases in which doctors were sent for (7 to 8 per cent. of the total cases attended), reported by 17 midwives, the doctors' fees were one guinea in half the cases, and half a guinea in the rest; visits were charged at 2s. 6d. Five midwives reported 'fees paid by the midwife'; four midwives reported 'fees paid by charitable associations'; seven midwives reported 'fees paid by patient.' Three midwives report that they never have any difficulty in getting a doctor. In the case of one training home, the nurse takes a guinea in her bag to ensure the attendance of a doctor if required. In 14 cases, the doctor sent for refused to come. The number of times in which in London the midwife pays the fee seems from later information to be increasing; in many cases, both in London and in the country, when a doctor is called in, the midwife receives no fee for the case.

"Borough councils being, unlike county councils, able to pay the doctor, have in many cases made excellent arrangements: St. Helens (Lancs.) is a good example. Under this scheme the council of the county borough of St. Helens is 'prepared to make certain payments to medical practitioners called in under Sections E. 18 and E. 19 of the rules framed by the Central Midwives Board, under Section 3 (1) of the Midwives Act, 1902 (2 Edward VII. c. 17).' Such payments to be made 'only on the written application of the medical practitioner after consideration and investigation by the health committee of the council. In determining which cases shall come under this scheme the health committee will take under consideration (1) nature of case; (2) inability of medical man to recover his fee.' 'The expenses of medical attendance will be paid only when there is great urgency, and under Section E. the cases of urgency will include: 19 (1), the whole sub-section; 19 (2b), when there is loss of blood; 19 (3), the whole sub-section; 19 (4), secondary post-partum hemorrhage; 19 (5) dangerous feebleness of the child. But all other cases when there is undoubted urgency and danger to either mother or child will be included, whether mentioned in the foregoing list or not. The medical practitioner is required to take reasonable means to secure his fee before applying to the health committee. The fee will be paid only on the written declaration of the medical attendant that he has been unable to obtain the whole or any part of it from the patient, and shall be wholly or partly repayable by the medical attendant to the council if subsequently whole or part payment be made by or on behalf of the patient. The medical attendant shall also be required to give a description of the case and the treatment adopted, on a prescribed form. The fee for attendance in all cases of urgency and danger to either the mother or the child shall be on the scale of 5s. for a visit, or one guinea when operative interference is required and has been carried out. The fees are not cumulative, and the fee in any one case shall not exceed 5s. when operative interference is not required, and one guinea when an operation has been required and carried out. Any claim for an additional fee must be made in writing, and will be considered by the health committee on its merits.' Nothing in this scheme binds the health committee of the council 'to pay the fees of any medical attendant in cases which they, after investigation, shall for any reason whatsoever deem unsuitable,' the health committee reserving to themselves the right of withdrawal or amendment of the scheme."

605. In regard to the greater part of this statement, the figures you give were obtained through the superintendents of Queen Victoria's Jubilee Institute?—Yes.

606. You put that in as a statement of your views on the burning question of doctors' fees?—Yes.

607. These facts are, I presume, vouched for on the responsibility of the body to whom they were addressed?—They have come in from individual inspectors and superintendents.

608. Queen Victoria's Jubilee Institute takes the responsibility for them?—They receive reports from their inspectors and superintendents as to the condition of things obtaining in the country.



4 February 1909.]

MISS R. PAGET.

[Continued.]

609. You are alive to the fact that the general inference to be gathered from this memorandum of your evidence is not altogether to the credit of the medical profession?—I think it varies very much in different places.

610. But still, how far do you think this revolt of the medical profession against attending such cases is general?—I think it is a political and not a personal revolt on the part of medical men. The medical man is as good and honourable a man as ever.

611. Would you kindly define the expression "political"?—I mean medical politics. I do not mean anything in connection with imperial politics.

612. You mean it is a trade union move?—Yes, practically.

613. Or a professional union move?—I know that there are great authorities sitting at this table, and I do not like to suggest anything on the subject of the medical profession at all.

614. The members of the medical profession here will be only too delighted to hear your criticisms, I am sure. Then I think I should like to ask you some questions as to the letters that I find towards the end of your précis. They are the same, I think, that the Central Midwives Board have made themselves responsible for in the document addressed to the Privy Council?—Yes.

615. You furnished the Central Midwives Board with these particulars?—Yes, I did.

616. I will take only one. There is a footnote to the effect that the writer of the above letter is known to members of the Central Midwives Board and can be produced if necessary?—Yes.

617. That is in regard to a woman wishing to establish a midwife's practice in a certain area?—Yes.

618. Where she was exposed to something in the shape of a boycott?—Yes.

619. Could you tell us in what part of England that occurred?—Yes, I could.

620. Where?—In Hertfordshire.

621. Could you state the name of the place?—I think I could supply it.

622. It is somewhat important that we should have these statements verified, if they are capable of verification?—Yes. I think it is shown that it is a political agitation.

(Mr. Fremantle.) The circumstances of the case referred to are known to me.

623. (Chairman.) For the next case chapter and verse is given, the authority being the inspector of midwives in Norfolk. That is on page 15 of the Central Midwives Board's paper.\* The issue of it was that the committee passed a resolution to be sent on to all the boards of guardians in the county, asking them to undertake to pay doctors' fees when called in by a certain midwife. That suggestion was referred to the sanitary committee, but do you know if any action has been taken?—No, I do not know.

624. What is the date?—It was printed in "Nursing Notes" in May 1908, so that it would be some time before that date.

625. At least a year must have elapsed, but you are not in a position to say whether any action has been taken?—No.

626. How would you deal with this difficulty as to the payment of doctors' fees, so as to meet the point?—I feel that the doctors have a right to be paid.

627. But how do you propose they should be paid; have you got any suggestion to make on that point, and as to who should pay?—I think, though the patients cannot always pay, very often they can pay a great deal more than people think,—at any rate a moderate fee.

628. That is true, but the question is one of urgency, and very often you cannot go into the competence of the patient or her representatives to pay, but you have to decide there and then who is to pay when a doctor

is summoned?—That is so, and I have suggested a scheme.

629. Would you kindly explain it?—I think the county councils, as the authorities under the Act, should be empowered to deal with the question; a list should be drawn up of medical men in the county, willing to respond to the call of midwives, and in each case the county should be the unit.

630. Employing the medical officer of health?—No; I should ask for volunteers. There is a great feeling among medical men that family practice should not be interfered with, and, therefore, they are against the interference of the medical officer of health or any official. That was an argument used at the General Medical Council meeting when they discussed the question, and they would not agree to put anything into the Act. The question of family practice loomed exceedingly large.

631. Where a patient has a family practitioner, I presume he would be employed?—The poor have no family practitioners. Then if there are volunteers from among the medical men in the county, they would be paid a certain fee to attend midwives' cases.

632. You suggest that they should organise a band of volunteers to attend cases?—Yes.

633. How would the midwife know?—She should have a list sent her, or it should be put on the parish notice board, or the church door, or wherever the notices are put up. I give an example of a scheme. It is the system of the Royal Maternity Charity in the county of London. They attend cases all over the county of London. A certain contract price is agreed on for the payment of the doctor, and they go whenever the midwife sends for them, and they and the midwives send a report, so that there is a check on any irregularities of either party.

634. Who would pay them in the first instance?—The county council, in the first instance, I think.

635. With power of recovery from the patient?—Yes, certainly.

636. Or, in the case of poor patients, with power of recovery from the destitution authority?—I should think so.

637. Do you think that would work?—I should think it might, but I do not know, of course. The county council is the body on which the Act turns. I mean it is the body named in the Act for the management of its working. The reason for my suggestion is, that the county council has access, through the inspectors of midwives, to all the midwives' books and their cases, and receives notice of every case in which midwives send for a doctor.

638. Do you refer to the inspectors of midwives in rural areas?—Yes.

639. You do not think it would be better to place them under the medical officer of health?—In cases where that has been done, the Act has become a dead letter. I will not say that is so in all counties, but it is so in some.

640. (Mrs. Hobhouse.) Can you tell me whether the Midwives Institute had any official connection with the London Obstetrical Society?—No official connection.

641. It had nothing to do with the examinations?—Nothing whatever; they used to let us have the list of their candidates, but that was a kindness on their part.

642. They did not consult you as regards the examination, or anything of that sort?—No, certainly not. We occasionally criticised them, but that is all.

643. Have you heard from members of your Institute whether there is any difference as regards the present examination? Whether it is more difficult in theory, or whether more practical work is required than under the London Obstetrical Society?—The London Obstetrical Society's examination was exceedingly uncertain. For three or four years they gave us simple examinations for the monthly nurse, and then for a year or two they set very hard examinations indeed. It was uncertain, and the examination took its tone from the various distinguished men who were chairmen of the board at the time. I conclude that was the reason. The London Obstetrical Society did what nobody else did—that is, they provided a voluntary examination for

\* Central Midwives Board: Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances. Printed by Spottiswoode & Co., 1908.

† See page 13 of the above-mentioned memorandum.



4 February 1909.]

Miss R. PAGET.

[Continued.]

people who wished to be examined, and they did an enormous amount of good work.

644. What do you mean by "voluntary"?—These women went voluntarily to the London Obstetrical Society and paid their money after having a certificate from their own lying-in hospital.

645. In what way was that a good thing?—It was a good thing, because it was the only independent examination to show what the midwife's qualification was. A good long time ago the London Obstetrical Society qualification became the qualification for all boards of guardians.

646. But surely that voluntary examination is unnecessary now, because the Central Midwives Board is the only examining body?—It does not exist now.

647. I thought you meant to imply that it did?—No. They paved the way for the present examination of the Central Midwives Board.

648. You cannot then tell at all whether the examination is now more difficult or less difficult?—Sometimes it is more difficult and sometimes it is less difficult. I think on the whole it is less difficult. It is more even. It devotes attention rather to making a safe midwife of the woman. I think some people who now pass the Central Midwives Board examination would have had no chance before.

649. Has the cost of training increased?—Yes, it has. The training is much more thorough—both in theory and practice.

650. But the cost of training has considerably increased?—Yes, because the London Obstetrical Society practically demanded very little in the way of training. But their practice varied in regard to that. In the first years of the London Obstetrical Society they required 25 attendances, and they altered that to 20, and then they required no theoretical teaching at all. Then after that it became five deliveries and 20 attendances, and that was not very satisfactory as far as I remember. I know we sent in a petition about it.

651. (Dr. Downes.) What do you mean by the word "conduction" in your précis?—By conduction I mean a case in which one person would conduct.

652. (Chairman.) That is the conduct of the case?—Yes.

653. (Dr. Downes.) The personal conduct of the case?—Yes, deliveries.

654. (Mrs. Hobhouse.) Under the London Obstetrical Society I understand five deliveries and 15 attendances were all that was required?—Yes.

655. But under the present system what is required?—Twenty deliveries.

656. Is that by a late resolution?—No, I think it has been so from the very first with the Central Midwives Board. It was laid down at first, and some people thought it ought to have been a good many more.

657. Could you tell me the conditions of the scholarships which you mentioned as to the Midwives Institute?—Candidates have to promise to work for two years as district midwives among the poor.

658. You pay the whole cost?—Yes, for a good many, and in other cases we have assisted in the payment for lectures. In fact we have helped people to get their diploma and go and practise.

659. You have found a great number of women wishing to go in for training who cannot afford to pay for it?—Yes, our object was to provide a few more trained midwives by 1910. They must work among the poor.

660. From what you say in your précis as to the supply of midwives I gather that the evidence is not given by the Midwives Institute, but by Queen Victoria's Jubilee Institute?—Yes, that is so as to a good deal of it, but it is from my own experience also.

661. It does not come directly from the Midwives Institute, but from Queen Victoria's Jubilee Institute?—No, except on the question of scholarships.

662. Then what connection has Queen Victoria's Jubilee Institute with the Midwives Institute?—None, except that we train a good many midwives for them, and we have given 200*l.* worth of scholarships. When we trained these women for ourselves we could not get them places, and we had, I think, only four of our scholarship women able to maintain themselves, and

those were in large towns, one only being in the country, and she had a home. We found that others drifted to the county associations, either the Queen's or others.

663. Do you train them for county associations other than those affiliated to Queen Victoria's Jubilee Institute?—Our midwives engaged with associations, and we found they were nearly all affiliated to Queen Victoria's Jubilee Institute. We now have given Queen Victoria's Jubilee Institute 200*l.*, and they select the candidates, which we thought was better.

664. You do not hold the scholarships any more?—Yes, we have still 400*l.* left, I think, or perhaps 300*l.*, and we should give them to anyone whom we thought suitable for the work.

665. Is it your opinion that the county associations cannot afford to maintain their nurses if the training is paid for?—I do not quite understand the question.

666. You say the difficulty is the maintenance after the midwife is trained?—Yes.

667. It is the habit of the county associations both to train and maintain their nurses, is it not?—Yes.

668. Do you consider that if the training fee was paid they would still be unable to maintain their nurses without an extra grant?—I think they could maintain a good many, but whether they could maintain a sufficient number I do not know. But there are districts where there are no county associations, and it was those that I was thinking about. I think the organisation of county associations, working hand in hand with the Authority under the Act, would be the solution. There are many counties, but not more than 30 counties have associations, I think.

669. But they are springing up everywhere?—Yes.

670. Wales is very bad, is it not, in that respect?—Wales is beginning to wake up, and it needs it I quite agree.

671. I understand you consider that any money coming from the Exchequer or the county council grant should be given to maintenance and not to training?—I should not like to say entirely so. It ought to be given where it is most wanted. If it is maintenance it should be given to maintenance, and if it is training it should be given to training.

672. You see no difficulty in giving a grant for maintenance in view of its effect on the medical profession?—I see what you mean, but there are also doctors paid by the State, and so why should not the midwives be paid? Medical officers of health and county medical officers are paid, and there is all the inspection of children, which cannot be done without a fee, and why should not the midwife be paid? The question of the mothers is surely more important than the question of the health of school children.

673. But you do not fear that a grant for maintenance will perhaps accentuate the boycott which you have mentioned?—I think the time has long gone past for paying any attention to that. The thing has got to be looked at imperially, from the point of view of the good of the mother, and quite irrespective of the question of the doctor, or the midwife, or anybody else. It is the future race that has to be considered.

674. (Dr. Downes.) Setting aside the question of the examinations, is it not a fact that the avenue to the examination of the Central Midwives Board is more difficult than it was in the days of the London Obstetrical Society?—I think it is perhaps.

675. I think the fact that you have just given us that a candidate must have conducted 20 deliveries as against five shows that?—Yes.

676. That is a multiplication by four?—Yes.

677. And you have told us that this was a sudden change, that is to say it was introduced by the Central Midwives Board at once?—Yes.

678. There was no intermediate stage?—No, I think not, but there were two years of grace in which midwives might register.

679. But the change from one examination to the other was as I have said?—Yes, certainly.

680. Now does that not mathematically work out rather like this—that, given a certain quantity of material or number of cases, you could on the London Obstetrical Society standard of five personal deliveries



4 February 1909.]

Miss R. PAGET.

[Continued.]

pass four times as many women into the profession as under the Central Midwives Board?—Yes, quite so.

681. So that you would under the one system get 100 women into the profession, while under the other you would only get 25?—Yes.

682. Do you consider that a preferable condition of things; that is, that there should be a limited number, having regard to the shortage of midwives?—I consider that there should be a minimum of qualification. It is to be remembered that the London Obstetrical Society changed suddenly from 20 to 5, so that the Central Midwives Board simply reverted to the original number. It was 25 when I trained and went up to the London Obstetrical Society,—that is five more than it is now.

683. But may I remind you of a document which was signed by yourself and by Miss Wilson, who is president of the Incorporated Midwives Institute, and also by the master of Queen Victoria's Jubilee Institute for Nurses, and the secretary and general superintendent of the Institute for Nurses, addressed to the president and council of the Obstetrical Society of London, on March 24th, 1905, in which you say, among other things, that you desire to express your "appreciation of the great services your society has rendered to the public in organising and carrying on for a period of 33 years a system of voluntary examinations for midwives which has formed a standard of competence of the greatest value"?—Yes.

684. Then how do you reconcile that with the statement that the present condition is the minimum of efficiency?—I do not quite see your point; I signed that, and with all my heart I thank them for what they did, because there was nobody else to do anything of the sort. You might say that there was a much longer period in these 33 years during which 20 cases and 25 cases were the standard than the period of 5 cases and 20 cases. That was quite a late development of the London Obstetrical Society.

685. My point is that you tell us that 20 deliveries constitute a minimum of efficiency. That I understand to be, in so many words, what you have told us?—Yes, I am quite willing to say that, but I would rather that 50 was a minimum. That is my personal opinion.

686. You take then a rather extreme view?—Perhaps.

687. But you signed that document, and that depended only on five deliveries?—Yes, but at one time the standard was 25.

688. Have you any experience of the work of the London Obstetrical Society women?—Yes, a very great deal, because the London Obstetrical Society qualification was the qualification for membership of the Midwives Institute before the Central Midwives Board came into existence.

689. Can you produce any statistics which would show us that these women were not efficient, taking them as a whole?—No, certainly not, but I know that a great number of them felt that they would have liked a good deal more training.

690. To get back to what we started with, looking at the shortage of midwives, do I understand that you would prefer to have 25 with the Central Midwives Board's certificate to 100 with the London Obstetrical Society's certificate, because that is really what it comes to?—I think it would be a better beginning, but I should prefer to have 100 with the Central Midwives Board certificate.

691. But if there were 100 women to be delivered and only 25 to attend to them, that would leave 75 unattended, and would you not rather take the 100 women with the London Obstetrical Society's certificate, who would be capable of going over the whole ground?—No, I do not think so. You are arguing, I think, from only a theoretical statement.

692. I am putting it on an arithmetical basis?—Yes, and I am not an arithmetician, but only a practical midwife.

693. But you admit that through the Central Midwives Board examination only a limited number of women can be qualified as compared with the 100 under the London Obstetrical Society?—No, I do not think

so. I think we are in fact qualifying a great many more.

694. But I do not mean that. I mean, taking the relative proportions of deliveries which you consider to be necessary, obviously if you require the woman personally to deliver four times as many cases under the Central Midwives Board as under the London Obstetrical Society you are quadrupling the difficulty of her coming to the examination?—Yes.

695. The result would be that under the new system you would have only one-fourth of the number that you would have had under the old, assuming the number of women willing to be qualified is equal?—Yes.

696. Then do I understand you to say that you would prefer to see a smaller number of qualified midwives and a number of mothers going unattended to a larger number of women attending to all cases?—I think it is our duty to provide a safe midwife with the minimum qualification.

697. If you see any objection to my way of putting it, kindly state your objection. Do you see any objection to the arithmetical way of putting the argument?—Yes, I do rather, because I do not see what one can say to it.

698. I do not admit that?—I would answer the question if I could, but I do not know how. I do not want any woman to be attended by anyone who is not a safe midwife.

699. (Chairman.) You prefer that she should be unattended unless she is ideally attended?—Twenty cases is not ideal.

700. I mean as far as the present-day standard goes?—I would rather she should be attended by a monthly nurse and a doctor. I should not like to call a person a midwife without a safe standard.

701. (Dr. Doune.) Are you anxious to see the field of supply extended?—Yes, I think so.

702. Have you any objection to the poor law maternity practice as a field of supply?—None whatever.

703. In connection with Queen Victoria's Jubilee Institute, have you any information to give us as to what would be a living wage for a midwife maintaining herself?—We send out our fully trained Queen's nurses, but we do not allow them to go out under 30l. or 32l. a year salary and all found. Of course a midwife who goes out, and has only six months' or nine months' experience, goes for very much less. It varies according to whether or not their training has been paid for. I myself believe personally that under 70l. or 80l. it is not possible for a woman to live and practise midwifery.

704. In what sort of district would that be?—In a country district.

705. Would the cost of living be more in the towns?—They generally get more money in the towns. I know there are plenty of midwife nurses who are having from 70l. upwards, but Mrs. Hobhouse will be able to tell you those figures a great deal better than I can.

706. (Mrs. Hobhouse.) Many of them get a good deal less than that?—But the training has to be considered, if it has been paid for.

707. (Dr. Doune.) Have you any objection in country districts, where midwifery cases would be comparatively few, to a midwife combining other nursing duties under proper regulations?—I have had reports, and at one time I began by being rather anxious on the subject, but no harm whatever has happened. That is with regard to non-infectious cases.

708. What provision would you introduce to prevent a midwife attending upon maternity cases when she comes from infectious cases?—There should be efficient supervision. I do not think untrained persons should supervise fully trained nurses and midwives. In most county associations they feel that, and that is why they are so successful, because they provide for efficient inspection.

709. Do you think the authority would be sufficiently ubiquitous to provide that supervision?—Yes.

710-11. Is there not a danger, under your scheme of official supervision, that a great deal of delay might occur before the midwife was suspended in cases in



4 February 1909.]

Miss R. PAGET.

[Continued.]

which suspension was necessary?—I do not understand exactly what you are referring to.

712. I am asking your views as to the possibility in country districts of a midwife undertaking ordinary nursing duties?—All the women in these 59,191 cases are undertaking nursing duties, with very few exceptions, as well as the other duties.

713. But that is not my point. I gather you would rather depend on supervising nurses than upon the doctor for regulating the time during which the nurses should abstain from taking midwifery cases?—The county medical officer is the supervising authority generally.

714. But he might be miles away. I am putting the case of a parish, and while the nurse may be nursing Tommy Jones he may suddenly develop scarlet fever, and the county medical officer may be miles away, and know nothing about it, but the person attending does. Who is to regulate the practice of the nurse?—The midwife knows exactly what she has got to do, and she knows she must disinfect herself according to the rules, if she has been in contact with any infection.

715. But how would you know that Tommy Jones has got scarlet fever?—I thought you said the doctor said so.

716. No. I want to know how, under your scheme, the doctor would be made aware?—They are nursing under the doctor entirely for sick-nursing; they are not nursing under anybody else—the nurse works under the doctor. A midwife works without a doctor in normal confinement cases, and in abnormal cases with a doctor.

717. Do you encourage your midwives to work under doctors?—Yes, certainly. The doctors like a good monthly nurse very much, and certainly I should encourage it.

718. Now, taking your figures on page 4 of your précis, you tell us that in 1904 and 1908 respectively the doctors were engaged to attend in 41 and 42 per cent. of cases, and were absent in 31 and 30 per cent.?

—Yes.

719. What is that 30 per cent. of?—Of the doctor's own cases.

720. That is to say, of the 42 per cent. of the total?

—Yes, it is 30 per cent. of the cases in which doctors were engaged.

721. Now, is it not a common practice for a medical man who is engaged beforehand to go if required, and if not required possibly to charge half the fee. You give an example in your own evidence?—Yes, there are some examples of that.

722. You say in some districts of Sussex, and so on, half the fee is charged when the doctor is not present?

—Yes; he remits some of his fee.

723. Some of the cases in which he did not attend may be due to his not being wanted?—But if the doctor is engaged it means he is supposed to attend.

724. May not the doctor have what might be regarded as a sort of retaining fee?—Yes, they have in some cases.

725. In perfectly normal cases the midwife does not send for him; that is a common occurrence, is it not?

—Yes, I should think fairly so.

726. And is it not a fact that in such a case the doctor may take only part of his fee instead of the whole fee?—I think in some cases they do.

727. I only suggest that as possibly accounting for some of the 30 per cent.?—Why I put down this 30 per cent. is because I wish to emphasise the fact that the doctors' monthly nurses in the country ought to be certified midwives, as they so often have to attend normal labour without the doctor.

728. I have to look at these figures in regard to the rather bitter way in which you have spoken of the medical profession?—I am sorry if I seem to have spoken bitterly of them. Personally I have the deepest admiration for the medical profession.

729. On page 5, to which the chairman has already called your attention, you say that in some counties the medical profession are "employing in preference the untrained, and often dangerously dirty, uncertified women"?—Yes.

730. You depended for that statement on certain reports?—Yes.

731. What are those reports?—The reports are from various counties for 1908, and it is on those reports that I base that evidence.

732. What are those reports?—The reports of Queen Victoria's Jubilee Institute, and reports of midwifery cases under village nurses, and from the Midwives Institute.

733. (Chairman.) Then it is hearsay evidence you are quoting?—Evidence must be hearsay to begin with.

734. It should be verified?—I could very easily verify it for you.

735. (Dr. Downes.) Have you verified it?—I have tried to, but I do not know that I have done so in regard to all cases.

736. But you come to us and make that statement and you tell us it depends on reports, but the reports here are only hearsay evidence?—But I am talking of reports on midwifery cases that I have received from the Institute, and others. There is plenty of evidence which I can give.

737. (Chairman.) But you have not given it?—Then will you strike that out of my evidence, because it is not germane to the subject. It does not bear really on the subject at all.

738. (Dr. Downes.) No, I am quite content with the evidence as it stands, and I do not wish to have it altered. The next point is that you suggest that the payment of doctors' fees when necessary shall come from the county council?—Yes.

739. The payment of the fee would be in the nature of assistance to the person who should properly pay?—Yes.

740. You would admit the husband would be the proper man to pay as a rule?—Yes.

741. If paid by the county council what power would the county council have of checking fraud? They have no officers to inquire into the circumstances dealt with; whose business would it be to do so?—They have inspectors of midwives, and they have access to the midwives' books, and they would see whether the midwife was sending for the doctor. If you found a midwife was sending a great many times too often in collusion with the doctor, or the doctor was being employed a great deal oftener than he ought to be, you would have the proof on the midwife's books, and you should have the report from the doctor.

742. But my point was as to the means of preventing payment being made for persons who could afford to pay themselves. You have told us a good many of these people could pay and should pay?—Yes.

743. But how would the county council get the machinery to see whether a man is in a position to pay or not?—I think they might make the machinery if they have not already got it. I think it might perfectly well be arranged for. I think the ratepayers would see that they did arrange for it somehow or other, if the scheme came forward.

744. Would not it be a matter for the authority charged with the regulation of public assistance under control?—Of course I think it would be better if there were co-operation between all the authorities.

745. Then with regard to the cost of training, how many candidates have you trained from the Midwives Institute?—Do you mean for the Central Midwives Board examination?

746. Yes?—95 I think it is, or 94, but not paid for. But we have classes of instruction there, and I sent round the papers.

747. (Chairman.) You have paid for some yourself, I think?—Yes.

748. You spent 430*l.*, I understand?—Yes.

749. (Dr. Downes.) How many did you train for that 430*l.*?—Fourteen, and some were assisted.

750. That works out to 30*l.* a head then?—Yes. I should think it is very likely that. One cost 35*l.* or 36*l.*; we have not trained all our scholars at the Midwives Institute.

751. But the average is about 30*l.*?—Yes.

752. How much would go to the hospital?—Which hospital?



4 February 1909.]

Miss R. PAGET.

[Continued.]

753. Wherever the woman is trained?—In regard to the cases in which we have paid, the larger sum. We have trained one at Queen Charlotte's and one at Glasgow.

754. But I only want to know how this 30*l.*, which is the average amount, would be made up?—But it is not the average. The average is about 22*l.* Those 14 cases have been trained at the rate of 22*l.*

755. I think if you divide 430*l.* by 14 it comes out at about 30*l.*?—But we might have failures amongst those, and we have assisted others. I could easily send you in our bank book about that.

756. I do not think you follow my point. I only want to analyse the cost of the training?—Analysing the cost of the training, we find that it is about 22*l.* on the average.

757. Does that include the maintenance of the candidate while being trained?—Yes.

758. Nothing extra?—Maintenance and theoretical teaching.

759. Is there any uniform or anything to be found?—No, and she finds her own laundry. In the case of Queen Victoria's Jubilee Institute the laundry has been found for them.

760. Only 55 per cent. of the candidates intend to practise as midwives even when they offer themselves for examination?—Yes, so it is reported. There are the hospital trained nurses who do not practise but go in for private nursing.

761. Cannot you make it a condition of training that they should practise?—Do you mean a condition for examination by the Central Midwives Board?

762. Yes?—No, I do not think you could do that, quite.

763. But in some cases it might be done?—They may get tired of private nursing and wish to practise.

764. What is the average number of failures?—Do you mean at the examinations?

765. Yes?—I think it has been once as low as 17 per cent., and it has been up to 25 per cent., the average being about 20 or 22, I think.

766. Is there much variation in the percentage of failures with the different trainers?—A good deal.

767. What does it range from?—I have got it down here. It ranges from no failures at all to 60 per cent. of failures.

768. Do the Central Midwives Board review the results of the examinations in regard to the candidates coming from different trainers?—I do not know how much the Board review it, but the facts are reported.

769. That is to say, if a trainer were repeatedly sending up candidates who were failing, the Board would review the licence given to that trainer?—I do not know whether that has ever been done.

770. Have you any means of reviewing your list of approved lecturers or trainers?—You mean at the Central Midwives Board?

771. I do.—Yes, they are reviewed every year, but of course when a training school is approved, it is approved.

772. "Nursing Notes" is, I think, the journal of your Institute, is it not?—Yes.

773. I have drawn Mr. Duncan's attention to an advertisement in the number for July 1907, which I daresay is familiar to you, as the case of a doctor who coaches\*?—I do not know anything about the advertisements.

774. But he says lectures can be had by correspondence?—Yes, but I do not know anything about that.

775. That appears in the number for July 1907, and in February 1908 I see an advertisement saying "Coaching can be had by correspondence," and there are other advertisements of a similar type?—Yes.

776. Considering what you have told us of the high standard which you would like to see maintained for candidates for midwifery, how do you reconcile the encouragement of training of that sort?—Coaching by correspondence, do you mean?

777. Yes.—Why should not anybody be coached by correspondence if they wish to be?

778. Do you generally approve of it?—May they not be coached by correspondence when they have got their training?

779. There may be different views about that, but can you draw a line as to where coaching by correspondence begins and where it ends?—They could not be admitted at the examination merely on coaching by correspondence.

780. Does your certificate include coaching simply by correspondence, the man never having seen the candidate?—There was a case in which a man wrote up to the Central Midwives Board to ask if he was permitted to teach a pupil by correspondence, and he was told he was not permitted, and I think that was the end of him.

781. How do you check him?—How do you stop any false certificates being issued. It is a very difficult matter. There was a doctor up just lately in a case where false certificates were given; the midwife has gone to prison, but the doctor did not, as the magistrate said he had been acting from the best motives.

782. The coach in question still advertises in January 1909, I see?—Does he say "by correspondence only"?

783. He does not announce that, or it would be rather a simple case to deal with; but how can you check it?—If he does that and says that the pupil has attended lectures from him, of course he is making a fearfully false statement.

784. But for a number of years I see that in your journal he has continued to advertise, and you do not disapprove of it?—Everybody coaches, and why should we disapprove of it? I do not know that I specially approve of that particular advertisement, if it is the one I think it is, but why should not people coach by correspondence? If a midwife is in a lonely country district preparing at a poor law institution and wants to improve herself after having gone through her course of training, I think it is most commendable of her.

785. I put the question to you because it is urged that the Central Midwives Board have declined to recognise medical men in the poor law service who are qualified men?—I have got a long list of poor law medical men who are approved. In addition, might I say, talking about poor law places, that there are a great many approved by the Central Midwives Board. There are 24 poor law teachers who have sent up from one to 16 pupils, and there are also 14 poor law teachers who have never sent up a pupil.

786. (*Dr. Champneys.*) With regard to the difficulty of examinations, you attend the examinations yourself, do you not?—I do very often.

787. Do you generally attend them?—Yes, generally.

788. And you watch the way in which the questions are asked?—Yes.

789. Do you think that the examinations are more difficult than is necessary to provide safe midwives?—I should not have said so.

790. Is it your opinion that the midwife inspectors in the country should be abolished?—No.

791. You think that they perform a very useful service?—Yes, I think so.

792. In some cases I believe the Central Midwives Board has either censured or cautioned a midwife and asked for a report in three months, and it is your experience that those reports have resulted in improvement in the midwife's practice?—Yes, distinctly.

793. As to the examination, are you aware whether any woman is ever rejected for not knowing the technical Latin terms?—I believe not, from what I have heard.

794. As to the questions that are asked in the oral examination, are they above the standard, according to your experience, that is required to make a midwife safe?—I should say not as a rule, but of course examiners vary a great deal, and the questions vary a little.

795. From your knowledge of the difficulty that sometimes arises between doctors and midwives, is it your opinion from your experience of the Midwives Institute that, if the doctors were paid, all objections and all difficulties would be removed, or might there still remain some difficulty in consequence of the

\* Question No. 312.



4 February 1909.]

Miss R. PAGET.

[Continued.]

competition of midwives?—I am afraid I cannot quite answer that. I think the fee has a great deal to do with it. But I should like to take this opportunity, as it has been said that I have spoken with bitterness of doctors in my evidence, of saying that there is also a great deal of kindness on the part of doctors to midwives. I have come across that also, and many doctors have attended without getting any payment from anybody. A great many midwives pay the doctors themselves, but a good many doctors come without payment.

796. Is it your experience, so far as your judgment goes, that 20 labours is the lowest number that is sufficient to qualify a woman to be a safe practitioner?—I should say so most distinctly.

797. What do you say about the five cases of the London Obstetrical Society?—We were exceedingly sorry when that was instituted.

798. Is it your opinion that, if the standard of the present examination of the Central Midwives Board were reduced, you would have women passing whom it would not be safe to allow to practise?—I should think so. I have said in my précis that the Central Midwives Board should keep a very tight hand on the examiners in order to see that they do not frighten or bully uneducated women, and, so long as they are told not to discard women simply through mis-spelling Latin names and so on, I think the examination is a fair one.

799. Does the Central Midwives Board keep a tight hand on the examiners?—That is a matter for the medical department of the board; I should think it did.

800. Are you present at the meetings of the board?—I am not present at the setting of questions or anything of that kind. I have nothing to do with the examiners beyond hearing them examine.

801. That is the point. Do any members of the board come down and watch the examination to see that the standard is kept right?—Yes, I feel certain that the medical members attend very well.

802. With regard to the certificate, Form V., about which Dr. Downes asked some questions just now, the certificate is to the effect that so and so "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 15 lectures, and has shown that she possesses sufficient elementary education to enable her to read and to take notes of cases." Is it your recollection that that rule was altered principally to eliminate the possibility of preparing for the examination by correspondence only?—Yes, I think I remember that that was so, because there were these special cases, and I believe it is the case that Dr. Downes was alluding to, because in reference to that particular advertisement which advertises correspondence I think there was a letter from the same person that came up to the Central Midwives Board.

803. (Mr. Pedder.) Does your Institute desire to include as many midwives as possible; that is, do you want members?—Certainly we do.

804. What is the inducement to join the Institute for the midwife in the country who is practising on her own account?—It is the same inducement that makes other people join guilds and co-operative societies, and so on. I am sorry to say the midwives in the country have not seen the advantage of joining.

805. Your membership is not so large as you would like?—No, but of course we are growing.

806. Does the Institute set itself to increase the supply of trained midwives?—Yes.

807. Do you go in for any propaganda in getting women to come in for training and become midwives?—No, not specially I think, but we should certainly encourage them. But we have no special propaganda. The system is that midwives demand something from us and we do it.

808. What do they demand?—A certain number of women say they want to train, and we provide training.

809. Assuming that there is to be a shortage of midwives as estimated, in a year's time, you cannot

take any active steps to deal with it?—Not except by scholarships. We are spending that money in training midwives for work in country districts.

810. You hold yourselves out to give scholarships to people who come forward?—Yes.

811. Then when the midwife has got her certificate, you encourage her to join your Institute?—Yes.

812. For what purpose?—I mean what good does that do you?—She pays 5s. a year.

813. You get some funds?—Yes, because we could not get on without. We have nothing else of our own.

814. And that helps the movement?—Yes.

815. You draw a distinction between the town and the country as to a midwife supporting herself?—Yes.

816. Why is that?—Because there are so many more births in towns to be attended.

817. It is also a different class of work and not only a difference in numbers?—Yes.

818. In the country the midwife at times, if not always, would attend to the house?—No, not always.

819. At times she would?—There are times, certainly, in very lonely districts when she has to go and reside in the house, but it is a very expensive way of working.

820. In towns that is not so?—No.

821. She takes cases without keeping the house going?—Yes.

822. In the country if the midwife has to be nurse as well, how does that fall in with the possibility of her looking after the house?—In that case she would not do it, and she would not hold herself out to do it. She would reside in the village and do the nursing and the midwifery cases there. She cannot be cook and scullery maid, and that sort of thing. It would be a very expensive and extravagant way of doing that work. In such cases you would be using a sharp steel instrument to poke the fire with, which is an expensive way of doing it.

823. Taking the woman who is a midwife and is willing to work about the house, she cannot support herself as nurse?—She finds it very difficult to do it.

824. She could not do it, could she, with two or three weeks to each case?—She would have to be supported by some association.

825. She could not support herself?—No, and she would often have to live in the house, which may be very undesirable.

826. Have you thought at all of any means of improving the present system of registration of midwives, such as a system of annual licences?—Practically they are licensed; they have to notify every year.

827. But they do not—there is no obligation on them to do it?—No.

828. They are told to, but they do not, and that is the end of it?—That is so, but a great many do notify.

829. But have you thought of the possibility of requiring midwives every year before practising at all to take out a new licence, or go through some such formality?—But that is the law; they must notify.

830. It is the law at the present time that she has to notify?—Yes, or she does not practise. She is not allowed to. January 1st is the date. They object to it very much, but they do it.

831. What is the penalty?—They cannot practise without notification, or they are brought before the Central Midwives Board and prosecuted by the Local Supervising Authority.

832. So that the annual licence has no merits?—I do not think they would conform to it any more than under the present system.

833. In one place in your evidence you speak of paying the midwife for attending at an inquest?—Yes.

834. You say that prior to the Midwives Act the London County Council granted a fee of 5s. to midwives, then uncertified: what is the case now?—They get 1s. now.

835. Since being certified they get 1s.?—Yes, and it is a little hard on these women, because they go and lose hours and hours.

836. Why has the change been made?—I do not know.

\* Central Midwives Board: Rules (printed by Spottiswoode & Co., 1907), page 36.



4 February 1909.]

Miss R. PAGET.

[Continued.]

837. (*Mr. Fremantle.*) You have said you had no objection to poor law midwifery practice, I think, in answer to one of Dr. Downes' questions?—I have no objection to midwives training under the poor law.

838. Why did the Central Midwives Board exempt from section E of their Rules the nurses who were working in poor law institutions when they did not also exempt those on Army Medical and other services?—Thereby hangs a tale. They were exempted in the first instance when the first Rules were drawn up, because the whole country was clamouring for the Rules, and we thought we had better accept what was suggested to us and have the Rules. On the second occasion I think there was six months of correspondence on the subject between the departments.

839. Do you mean to say the poor law side of the Local Government Board withstood your Rules?—Yes. They insisted on the exemption of poor law midwives. That is by section E 25 of the present Rules.

840. It came from the Local Government Board?—Yes, and we regretted it very much.

The witness withdrew.

### THIRD DAY.

Wednesday, 17th February 1909.

#### PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.

Dr. F. H. CHAMPNEYS.

Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.

Mr. F. E. FREMANTLE.

Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Miss WILSON called and examined.

845. (*Chairman.*) You are the President of the Incorporated Midwives Institute, and, until recently, were a member of the Central Midwives Board?—Yes.

846. I do not propose to go into the preliminary points as to training which I find in your précis, as I think, except so far as training bears upon supply, the discussion of such points is only academically interesting; but I should like to hear your opinion as to whether full use for training has been made of institutions under the poor law?—I suppose you have the list of training schools approved by the Central Midwives Board, and I conclude, therefore, you mean those that are not on that list.

847. What I want to know is whether you think full use has been made of the institutions under the poor law for training?—Yes, I do.

848. You do not think that any conditions have been applied to the recognition of such institutions which have been too onerous or exacting?—No.

849. Do you think that in administering the law the relation between the conditions of training and of supply have invariably been borne in mind?—Yes, with a due regard to efficiency.

850. It all depends upon what is meant by "efficiency." Should there not be a correlation between standards and supply? Surely the supply is of most importance in the first instance?—Yes, but it must be remembered that the Local Government Board exempted their midwives from all the rules of practice.

851. No; they undertook to enforce them on their own account?—Not by an Order. It was by a circular, and circulars are not Orders.

852. But, in the case of a Government Department, a circular would be sufficient?—The circular was of a later date.

841. As to your general experience as regards the poor, do you think poor mothers object to going into workhouse for their confinement, or what is their attitude towards the workhouse as a place for confinement?—They object very much indeed. Of course they ought to object, and they do object very much. It is very often rather a different class of case that goes into the workhouse. The workhouse also does not always supply the very best material for training, but that is by the way.

842. For what reason do the women object to the workhouse?—They object because of the stigma on the child, and also because of the company in which they find themselves. With a respectable married woman that is the case.

843. However, you find those very serious drawbacks to the use of the workhouse as a maternity hospital?—Yes, I should think so. It is so in a great many places.

844. (*Dr. Downes.*) Do you speak from your own experience now?—Yes, and as a district nurse certainly, because I come across people who have to avail themselves of this poor law service.

853. You say you have opinions as to methods which might form a workable basis for training on a wider scale. That is, I suppose, with a view to improving the supply?—Yes.

854. Will you kindly state them as briefly as you can?—Certainly. I think homes under the municipal corporations might be formed in all large centres such as Portsmouth. They would be useful not only for training, which is a very essential point, but for receiving serious cases.

855. You mean they would become lying-in institutions?—Yes.

856. Have the municipal bodies power to do that?—I understand they have not from the reply given to the medical officer of health for the borough of Portsmouth, who drew up two schemes—one for a rather large and one for a rather small institution—on those lines. The Local Government Board did not think that they came under their rules, because confinements do not come under the heading of "disease."

857. As these municipal bodies audit their own accounts, would there be much difficulty in their doing what they like in regard to that?—They were refused the right by the Local Government Board, whose reply was so decidedly discouraging that they gave up the scheme. But that is one method which I think it might be useful to encourage.

858. What would be the cost, do you think, to the midwife who underwent training under such conditions?—It would be extremely small.

859. Less than what is said to be the average now—22l.?—Yes, decidedly. The full figures for the two schemes are in that report which I have referred to.

860. Have you a copy of the report?—The report can easily be obtained from the Central Midwives



17 February 1909.]

MISS WILSON.

[Continued.]

Board. It is the report of the Medical Officer of Health for the Borough of Portsmouth, 1906. It gives all the details of both the schemes, and the reply of the Local Government Board.

861. That is the principal expedient that you suggest?—No, it is only one of the expedients.

862. Is it the principal one?—I stated it first as it was first in my paper of notes.

863. You speak in your précis of voluntary homes?—I think it would be very useful if voluntary homes were encouraged too, as they are in some places, as we of course all admit.

864. That is for the assistance of the same class?—Yes, but it is under a slightly different arrangement. The whole expense of a scheme would be more or less guaranteed in the case of a municipal home, but in voluntary homes the expenses are a very anxious question. The public, generally speaking, are not interested in midwives, but rather in nurses.

865. I suppose that cottage hospitals, so far as they are available, might be utilised to that end?—I do not know whether the subscribers would agree to such a scheme or not, but of course the staff of a cottage hospital is very small. It has been done certainly at Swanage, Dorset, with the district midwife attached to the cottage hospital, but it was more or less an accidental arrangement.

866. What other forms of assistance do you suggest?—I am afraid that we, like other people, want a little money.

867. Do you think that county councils should be empowered to spend money for this purpose?—I do. I hope before very long the public will take more interest in the question. At present they only take a slight interest in this question of training and supply. The subject is, of course, a very difficult one, and requires infinite thought and care, but, in my opinion, you want a combination of forces. First of all, you want a background of funds, which might either be supplied by the county council—I know they would require special powers for the purpose, and it is a question whether any help could be given by the Exchequer—or I think that there might be voluntary funds raised in many cases.

868. Through the medium of county associations, which are already charged with nursing?—No. Of course the county associations are doing useful work, but are much hampered and extremely uncertain, simply because of the difficulty as to funds. A midwife cannot sustain herself on 10 or 12 cases a year. It is impossible.

869. If the midwife were employed also in general nursing, would it be impracticable?—She is employed in general nursing; and, as you know, in the country districts illness is very unfrequent.

870. Then she is free to attend puerperal cases?—She is free to attend general cases, but her work as nurse and midwife is extremely limited in those places to which I refer.

871. Is there not other work which she might very often take up in the intervals of her general work?—There are many places which cannot have a nursing association, owing to the distance of cases and the lack of demand for a nurse.

872. If it is a question of sparsely distributed populations, the nurse can work over a larger area?—Quite so; but the sparsely populated places are exactly the places where a midwife is needed.

873. And there the births are fewer in number?—But the fact that they are fewer in number affords no reason why they should be less ably attended to.

874. *De minimis non curat lex*. You cannot provide a highly trained midwife for every small place?—But I certainly think you might provide a minimum supply of midwives, because these are the very parts in which the midwife will be very far separated from medical aid. She may have ten cases a year, but it will be very hard for her to get a doctor for them in emergencies, so she should be skilled in midwifery.

875. That is why you think that a rural midwife really requires more training than one employed in urban districts?—Certainly.

876. You think that, partly because, in your judgment, they are often faced by more serious emergencies than town midwives, owing to their distance from the doctor?—They must grapple with the case more rapidly and with more efficiency.

877. May we not set off against that the fact that labour generally is much more easy with a vigorous and healthy population than it is with the stunted and physically deteriorated population of the towns? Surely the average woman in the rural districts has a much easier time in labour owing to her greater robustness, her better physical surroundings, the better air that she breathes, and so forth?—I do not think you can quite count on that. Because you may have, for instance, a case of *placenta prævia*, which may not be at all a simple case.

878. But the general conditions under which women go through the period of labour in the country are surely much more healthy and much more propitious to easy confinement than in a town?—More easy than in a factory town, but still there are a great many disturbing conditions.

879. What do you think is the smallest number of cases upon which a midwife can support her existence in rural districts?—I know of some women in Shropshire who have only ten cases a year, but who attend to general nursing as well. They do not entirely maintain themselves, I should add.

880. How many midwifery cases did they have?—They had about ten a year. That I know in two cases.

881. What fees did they have for that?—5s. to 7s. 6d.

882. But surely, if they have means of locomotion, such as a bicycle, they might take many more cases than that?—The geographical condition of a district makes a very great difference in regard to locomotion; and Shropshire is in many parts very hilly. In the parts that I am particularly speaking of, near Wellington, the doctors are very distant. In one part it is as far as 9 miles to the nearest doctor.

883. Is not Wellington a colliery district?—Yes, but I am speaking of the countryside, and there is a great distinction between the two sides of Wellington. This side is distinctly country. Private help has been given in those cases, to the extent of a few pounds, to help the women.

884. When you were talking about what the county councils might do, you have not overlooked what they are doing?—By no means.

885. Is it your opinion that their powers should be extended, when you can testify to the admirable example which some have set?—Yes, certainly. Because their action is now mainly confined to inspection and to reporting to the Central Midwives Board.

886. You mean their direct contribution to the supply of midwives is not so considerable as it might be?—Many of them—I might quote East Sussex as an example—cannot get any reply when they advertise scholarships for midwives. The women say they cannot earn a living.

887. That is not a country which is difficult to get about in, or thinly populated?—It is not very thickly populated as regards practice for midwives.

888. You mean to say there are fewer people calling in midwives?—There are more doctors employed, I think.

889. Have you formed any opinion as to the number of persons who are now practising as midwives who will be withdrawn from that practice on the 1st April 1910?—No.

890.—Do the Midwives Institute, of which you are President, know anything about it?—No.

891. Have they made any effort to obtain any information?—No, it would be quite outside their work.

892. As you are interested in the supply of midwives, I should have thought, for the purposes of information, it would have been useful to have made some efforts?—I think a large body, such as a county council, could do useful work in asking what midwives are not on the roll.

893. An institution of the type to which you belong might have interested itself in seeking such information?



17 February 1909.]

Miss WILSON.

[Continued.]

—I am afraid we are only concerned with midwives who have been trained.

894. We had a lady here the other day who spoke on behalf of your Institute; she told us that one of the main objects of the Institute was to add to the supply of midwives. Having regard to this shortage, about which it is alleged we shall have so much difficulty in 15 months' time, it might have been thought to be part of the functions of such a body as yours, or, at all events, a useful adjunct to its functions, to have equipped itself with some information on the subject; but you do not seem to think so?—I am sorry to say that, even if I thought so, our funds would not be sufficient for an inquiry of such dimensions.

895. We want to know how many women who are practising at the present moment will be debarred from practising on the 1st April 1910; we want facts as to that rather than opinion?—You want information as to women who are not certificated—not even registered as *bona fide* midwives?

896. We thought that, for your own purposes, you might have obtained some information on the subject?—We certainly could not afford to make such an inquiry.

897. If you are in touch with bodies interested in the question, I should have thought that your agency might have been furnished with some information; but you have not thought it worth while to obtain such information?—It is not a question of its being worth while, but I do not think it comes within our scope.

898. It would appear that the scope of your body is in practice a little indefinite or indeterminate?—Not at all; the memorandum of association is very clear as to the scope.

899. I will now pass to the question of the fees paid to the medical practitioners. Do you think that one of the difficulties which stands in the way of the successful operation of the Midwives Act is the jealousy between the medical practitioner and the midwife?—I sent one letter—I do not know whether it was circulated among members of the Committee—from the county of Cumberland on the subject. It was in reply to a circular which was sent out in the spring, asking county councils exactly what they felt on the question of shortage. It was not signed by myself alone, but by representatives of other bodies which were engaged in training and supply. We felt we ought to go to the county councils first, as the bodies entrusted with working the Act, and we sent a circular asking what their views were.

900. Did you send it, or did the Midwives Board?—No, the Midwives Board had nothing to do with it. The bodies that signed it were Queen Victoria's Jubilee Institute, Miss Gregory's Home for Mothers at Woolwich, the Midwives Institute, the Rural Midwives Association, and I think there was one more. It was a printed circular, of course, and it was sent in order to obtain opinions. We felt it would be right for us to know what the county councils said on the subject.

901. What replies were there to that?—About half the county councils answered.

902. Stating what they were doing?—No; stating the difficulties which existed, especially the difficulties in extremely thinly populated parts of England and Wales.

903. On the question of doctors' fees?—No, it covers the whole question. The county councils were asked what they thought best to be done, and half the county councils of England and Wales answered. The circular was sent to the chairmen of the county councils, the medical officers, and to the clerks, and about half replied; while a few sent up resolutions that they wanted an Exchequer grant. Among the answers was one of a good deal of importance from the county of Cumberland.

904. Will you state briefly what the answer was?—The answer is from the clerk, and is as follows: "I am directed to inform you that your circular letter addressed to the county council, and dated 25th June, was submitted to my committee at their quarterly meeting yesterday, and carefully considered, but in view of the importance of the matter it was decided to adjourn it until further consideration; and in the meantime the county medical officer of

health was directed to make inquiries as to the number of women who are at present uncertified, and are yet assisting at childbirth, and who will, therefore, cease to be able to do so after 1910. The difficulty in this county is the attitude of the medical profession towards midwives, and it was yesterday felt at the meeting that it was a waste of money for this county council to take any steps with regard to training and supplying midwives until the medical profession adopted a different attitude towards their work. For some considerable time there has been friction between the medical profession as a whole and the nursing association, with regard to nurses acting as midwives without a doctor being present, and it has now become a sort of boycott for any nurse who acts in such a way. In fact, no nurse belonging to the Cumberland nursing association is allowed to act without a doctor, and Lady Mabel Howard said yesterday she did not think there was the least use our joining with any other association, and certainly it would only be a waste of money to train any more women until these sort of things are altered. I understand that a similar state of things prevails in Northumberland and Cornwall. Can you give me any information on the subject, and if so, what attitude is adopted in these counties with regard to your circular letter?"

905. You do not mean to imply that that state of things is at all general?—No; but I think it is an important letter.

906. You think that medical opinion on the whole has changed?—I think it is gradually changing, but slowly, and in some counties the difficulty is still very great.

907. I suppose you would like to see some change made in the law, by which simple machinery should be provided for the compulsory payment of doctors' fees, with the power of recovery afterwards?—Yes; an amending Act, which should be carefully drawn up, would be the only satisfactory way of dealing with the matter.

908. What body do you think should be entrusted with paying, in the first instance?—The county council.

909. But the county council is some distance off?—Yes.

910. It cannot deal with the cases at the moment?—But it can delegate some of the local duties to committees.

911. Under section 8?—Yes, certainly they can do so. The county council, by advertising for young medical men to take up such work, would be performing a very useful function, I think. There are many young medical men who have only just recently begun to practise, who would not mind very much losing a night's sleep in going to a midwifery case.

912. You mean to say the county council should have young medical men in every area willing to take these cases; that they should guarantee payment in the first instance, and that the question of the recovery of the amount should be considered later?—Yes, certainly.

913. (Mrs. Hobhouse.) As regards rural midwives, we have had evidence before us to the effect that women trained in districts rather than hospitals are more fit for rural nursing; do you agree with that?—I think that all midwives are better for having a short time in an institution. I simply state that as my experience.

914. By a "short time" do you mean full training?—Not full training by any means; but at least a month, and even in a small institution if a large one is not available, because they get an idea there how well things can be managed.

915. When you say "an institution," you mean any place that takes in-patients?—Yes, even a few patients.

916. Could you explain what are the drawbacks to both forms of institution to which you refer in your précis?—There are special drawbacks in small institutions, because they depend to a very large extent on the fees that pupils pay. Pupils are taken and trained, and if they are not suitable in a month or three weeks' time, the matron tells them they are not suitable for



17 February 1909.]

MISS WILSON.

[Continued.]

the work, and they are sent away. The whole institution is relying on subscriptions, and largely on pupils' fees.

917. As I understand, it is the custom in all training institutions that if the pupil is unsuitable she may be turned out, or if she breaks down in health; but her full fees are paid all the same?—I do not understand the question. All institutions, both large and small, are touched by that difficulty. Unlike institutions abroad, they have no help of any kind, except subscriptions and pupils' fees; and there is therefore more difficulty in sending a pupil away if she is not suitable for the work.

918. But is it not your experience that the fee is paid whether the pupil remains her full time of training or not?—I have heard many complaints after the pupils have left training; but my own experience does not bear out what you suggest.

919. I see you are of opinion that in rural districts midwives should be trained for a longer period than those who work in towns?—Yes.

920. Therefore it would increase the expense of training, would it not?—Yes. Of course, my point is that life, maternal and infantile, is infinitely important; and all countries which are at all advanced train longer for country work than for town work.

921. But if you increase the cost of training, do you not necessarily decrease the supply?—My whole argument is that, if you require more help in this matter, it cannot be entirely voluntary, as it is now.

922. Do you consider that it is better to have no midwife at all than to have one who has not received a very efficient training, superior to that given in the towns?—I should want all midwives to be what I call "safe" midwives—able to undertake a normal case; to send for medical help as soon as required, and in a case of absolute necessity, where medical help is unattainable, to act promptly and well.

923. Would you define the word "safe" differently in urban and rural districts?—Slightly differently.

924. You would increase the cost of training for rural midwives?—I should wish to. I think it is very unlikely it will be so increased; but that would be my individual wish.

925. And you would, therefore, decrease the supply of rural midwives?—Not necessarily; if the county council have the duty, it is quite within their powers to increase the supply.

926. You quote, as examples of efficient county council administration, Lancashire, Staffordshire, and East Sussex. Could you tell me in what particular point you consider their efficiency superior to that of other counties?—I place Staffordshire first. Staffordshire is peculiarly fortunate in its medical officer of health, and there are two inspectors, one for the north of the county and the other for the south—one of whom is a medical woman, who deals with all cases of puerperal fever immediately.

927. Therefore you quote them as having efficient inspection?—I have been allowed to go over the books of registration by the county medical officer of health, and they are beautifully kept. All information is absolutely available at the moment, and the executive officers are very careful in writing to and, if possible, interviewing a midwife before they send up even a *prima facie* case to the Central Midwives Board.

928. Are you aware that the proportion of certificated midwives in Staffordshire is a good deal lower than in most other counties?—I am quite aware of that.

929. Therefore you consider a county's administration efficient when it has a small number of trained women?—No, I was not dealing with the question of the number of trained or untrained women, because in the rural districts of Staffordshire they cling a good deal to the untrained. I was dealing rather with the general organisation of the county.

930. Do you consider that efficient organisation is better than an adequate supply of trained women?—I do not think that we can compare the two questions. Staffordshire is making the very best of extremely bad materials.

931. Will you explain why you cannot compare the two?—The county nursing association in Staffordshire is not particularly well supported. At present the county councils have no power to help to maintain midwives. Staffordshire gives good opportunities for training. I do not know what else a county council can do. They can, of course, prevent uncertificated practice.

932. May I ask for a direct answer to my question, which is, whether you consider the supply of midwives is immaterial in comparison with the organisation?—I think it would be almost impossible to give you a direct reply to that question.

933. I notice with regard to some of the other counties which you quoted, it is the same—that the proportion of the *bona fide* midwives is larger than the proportion of certificated women?—These counties send up more penal cases. There were more cases sent up from Staffordshire to the Central Midwives Board as *prima facie* cases of misconduct and otherwise than from the other counties. That shows that they are doing their very best to counteract the defective supply.

934. It seems also to show that they have more *bona fide* women, and that, instead of getting an efficient supply, they are busy organising and not supplying?—I think, if you compare what they are doing in the way of training with what is done by others, you would not expect them to do more. They can only prevent women calling themselves midwives till 1910.

935. But after 1910 these counties will be left with practically no midwives to cope with the work, as the *bona fide* women die out. Do you call that efficient organisation?—The *bona fide* women will be a long time in dying out; they will be able to practise for years to come. It is only the absolutely uncertificated women who will drop out. You see there are 26,000 women, some of whom were allowed to come in by an act of grace; and there are 15,000 practising—a very large proportion—who are untrained. They will continue to work in such counties as Staffordshire and Lancashire; but they will have the advantage of good organisation and supervision, so that any of their minor offences will be looked into promptly; which is, I think, most important.

936. (Mr. Dary.) You have told us you think the poor law institutions are now utilised for training to their full extent?—Yes.

937. On what grounds did the Central Midwives Board refuse to recognise certain poor law institutions. Was it on the ground of want of size, or want of efficient management?—In order to answer that you would have to go into every case.

938. I only asked generally; was it size, or was it because you did not approve of the wards?—To put it quite generally, it was because of the limited number of cases.

939. Did the other consideration come in at all—the management of the institutions?—Yes, the management of the institutions came in occasionally, where we found that the general nursing and the maternity nursing were done together.

940. Do you think it was essential that those institutions should be sanitarily perfect in order to give good training. Could you train a midwife efficiently in a pretty poor institution?—Yes, with careful organisation, and a competent person in charge.

941. As to size, I understood that the Midwives Board have abandoned their regulation that there should be 75 cases?—Quite so.

942. You advocate small homes, do you not?—I would like small homes, if possible, all over the country.

943. Do you think there would be 75 cases or even 60, in those small homes?—No, not so many as that. But you would get the pupils trained more quickly, because they would not only attend cases at the homes but would also do district work; the two would be combined. They could not possibly be trained in the home alone. That was never contemplated.

944. You advocate, as I understand, the provision of lying-in hospitals by municipalities?—Small lying-in homes rather than hospitals.



17 February 1909.]

Miss WILSON.

[Continued.]

945. Of the size of the home proposed for Portsmouth?—I thought the second proposal of the medical officer of Portsmouth was a reasonable one, and well worked out.

946. That you approved of?—I did.

947. And that would be paid for out of the municipal rates?—That was the intention.

948. Would you advocate that the town councils should also be in charge of the out-door lying-in cases?—They could, of course, organise the out-door cases so far as they pleased. The out-door cases are a very important part of the scheme, and there is no reason why they should not organise that part with the help of local doctors.

949. The town council would pay the fees?—I think they would not pay the fees.

950. I thought you advocated that?—No, not for out-door cases.

951. You say the distribution of midwives is quite chaotic. Would you appoint a midwife to a district?—Yes, I should take the population as a rough basis, and appoint so many midwives to a district.

952. Your proposal is to subsidise midwives?—Yes, not to subsidise the mother, except in really destitute cases, but to subsidise the midwife. That would be my idea.

953. And, in order to get a proper organisation of midwives, you would appoint midwives for the district?—Yes.

954. Would you allow that midwife to do district nursing as well?—Yes. It is not ideal, but I think it is the only plan practicable at present in England and Wales.

955. You would advocate that the county council should distinguish as between her nursing and her midwifery work?—I should wish the funds to be absolutely distinct; if the county council were given powers for subsidising the midwife, so as to provide a nucleus of her income, I think that would be as much as the county council could be expected to do; and then I should hope that local efforts might make up the balance.

956. You are not at present proposing that district nursing should be paid for by the county council?—I am not proposing that. I am considering solely the question of midwives.

957. Then it follows more or less, that the payment of the midwife would have to be allocated between the nursing work and the midwifery work?—Yes, certainly. She would have to send up her returns of midwifery cases.

958. Then you also advocate the payment of young doctors, who would not mind being called up at night?—My experience is that young doctors do not mind it so much as older doctors, who have a big practice; and they would be quite free not to answer the county council's advertisements.

959. Would you subsidise doctors for attendance on disease?—No.

960. You think that midwifery stands entirely by itself?—We are dealing with the Midwives Act. Midwifery does stand by itself; and my scheme, as regards the county councils, only relates to midwives.

961. That is to say, you confine yourself to this Act?—I confine myself to this Act, though I do not blind myself to the fact that midwives would be doing other work besides.

962. As a general principle, can you draw a distinction between midwifery and other cases?—Midwifery (at least, normal midwifery) is not considered sickness.

963. Would you draw a distinction between cases of lying-in and cases of ordinary illness?—Such a distinction would surely be quite easy to make. A midwife has to keep a register.

964. I am only asking whether you draw such a distinction as a matter of principle?—I think it is a very different matter.

965. Have you any idea of the number of deaths from what the Registrar-General calls puerperal sepsis?—The last year I have available is 1907.

966. Have you got the death rate per million?—No, I do not think so. He did not return them in that

form. Taken in connection with the slackening of the birth rate, there is, I think, a diminution. For 1907, the number of deaths attributable to diseases incidental to pregnancy and childbirth, including puerperal sepsis, was 3,520.

967. That is only an aggregate figure; I want the ratio?—I have not worked out the ratio. I can only give you the aggregate figure.

968. Will you take it from me that the number of deaths from puerperal sepsis, as defined by the Registrar-General, was in the last five years under 100 per million women living?—I will take it from you. But again I would refer to the fact that in the last decennial period the birth rate was lower than in any other; and, of course, if there were fewer children born, there would be fewer puerperal cases. I think that ought to be taken into account.

969. (Dr. Champneys.) In your précis you say that country midwives should have at least two months' extra training in order that educational deficiencies should be removed, and that they should be encouraged to answer examination papers in writing during the latter part of their training, so that they may become used to paper work and have any bad spelling corrected before they appear for the final examination. In your opinion, are women rejected at the examination for bad spelling?—No, I have been at a great many of the examinations of the Central Midwives Board, and candidates were not rejected for bad spelling; but I think they are very conscious of it themselves, and it makes them nervous. They are not rejected on that ground, but their practical knowledge and paper work are taken together.

970. (Dr. Downes.) When you say that full use has been made of poor law places for the training of midwives, have you acquainted yourself with the amount of material which is available in those poor law places? Putting it concretely, can you tell us the number of births yearly in poor law institutions?—I am afraid my figures on that point are rather out of date, because I have not been able to prepare myself as well as I should like. I have the returns for 1905 of live births. In poor law institutions serving populations of 100,000, it was under 3,000.

971. Where did you get that return from?—I got the original return from a friend of mine, and it has been printed in a paper called "The Hospital."

972. Is it an official document?—I got it as an official document, and it was published later on in "The Hospital." I have no later figures than for 1905.

973. Are you aware of a return that was got out in 1881 by the Local Government Board?—1881 is even further back. I would have not have thought of referring to it in my evidence before the Committee.

974. Is there any reason why the number of births in the institutions should now be materially different?—The birth rate is much smaller.

975. In institutions?—Everywhere.

976. Would you be surprised to hear that in the 10 years ending 1881 there were nearly 90,000?—No, I should not be surprised.

977. If there are, let us say, 9,000 births a year, will you tell me how many women are now trained in poor law places only?—If my figures are quite correct, and I think they are, for they have not been challenged, there are under 3,000 births in workhouses and in infirmaries serving populations of 100,000, excluding London.

978. Can you tell us how many women have been actually trained in poor law places under the regulations of the Midwives Board?—No, I have not got the figures of the numbers trained.

979. Have you compared that number with the number formerly trained for the London Obstetrical Society's examination?—No, the conditions now laid down are quite different.

980. If you have not got all those facts, why do you tell us that full use has been made of poor law institutions?—Because I have gone over the figures of the percentages of failures and of those who passed.

981. You cannot tell me how many women, in proportion to the number in the poor law institutions, have been sent up for examination, and yet you say



17 February 1909.]

Miss WILSON.

[Continued.]

full use has been made of poor law institutions. I ask you how you reconcile those answers?—I reconcile those answers in this way, that 14 doctors employed by boards of guardians approved of by the Central Midwives Board never send up any pupils at all.

982. That is not quite an answer to my question. You told us, I think, that you objected to small institutions, because they were too dependent upon the fees that were paid. Would you apply that to poor law institutions?—Poor law institutions generally train some years in general nursing, and give midwifery training afterwards.

983. Therefore, that objection would not apply to poor law institutions?—No. May I add something? The Poor Law, of course, unlike any societies or homes that train for midwifery and would insist on the midwives remaining to attend the poor, cannot insist on any midwife trained by the Poor Law remaining after her training is over. She is a free agent. She is not like a person trained in a home or by a society, who is bound to work, say, for two years. At present the Poor Law does not bind anyone beyond the completion of her course of training; she can then go to any other work she likes. The two cases, I think, are hardly comparable.

984. How does the Poor Law retain the services of its probationary nurses for three years?—By appointing them at the beginning for that period.

985. Why could it not do the same with pupils trained in midwifery?—It might do so. But I think they would be unwilling to bind themselves after three years' general training.

986. Are ordinary probationers unwilling to remain there for the three years?—In the hospitals they train in general nursing.

987. But does not the Poor Law train in general nursing?—The Poor Law trains in general nursing, but it does not at present appoint any of its pupils afterwards.

988. Do you regard training in general nursing as advantageous for a midwife?—I think they are better trained, if it can be arranged.

989. And can the voluntary maternity homes train in general nursing, as the Poor Law can train in general nursing?—No, they can only undertake maternity training.

990. Therefore they cannot give the general training, which you admit to be a good training?—No, but of course they reduce their fees considerably to all general trained nurses.

991. You told us that in the Rules of the Midwives Board the poor law places were exempted. Is it not the fact that in the first instance hospitals also were exempted, and not merely poor law places?—No, the hospitals were never exempted.

992. Have you a copy of the original Rules?—Yes, but not here.

993. Are you perfectly certain that exemption was limited to poor law places only, and that hospitals were not included in the first issue of the Rules?—I do not think so at all. Unfortunately, I have not brought my copy, so I am unable to speak definitely; but I have no recollection of hospitals being exempted. It would be absurd to exempt hospitals.

994. Do you regard all those Rules as useful for institutions?—Yes, with the exceptions that have been very carefully made.

995. Was that exemption made in the first instance in those Rules of which I am speaking?—There were certain exceptions made. I think there were a few more added.

996. In the second edition some Rules were starred as not applicable to hospitals; but were they starred in the first edition?—They were starred. I am not sure they were all starred. I think we made a difference in the last edition. But some were starred from the beginning. Of course the point was that no doctor connected with an institution would care to have some of his cases reported.

997. I think you have said that the Local Government Board have by circular been pressing on the local authorities the desirability of carrying out the Midwives Board's Rules in poor law institutions?—Yes, certainly,

the desirability. That, of course, cannot be carried out always.

998. Why not?—Because, in the first place, if I may venture to say so to you, even an Order is not always carried out in a small workhouse by a non-resident medical officer.

999. You are aware that the Local Government Board possess considerable power over the officers of poor law institutions?—Considerable power, but you have very great difficulty with some of the guardians.

1000. Are you aware that, if a midwife be found habitually disregarding the elementary principles of those Rules, she would be liable to dismissal, and that the Local Government Board could enforce that dismissal?—Yes, she might be.

1001. Those are considerable powers, are they not?—They have not yet been used. I cannot go into the future.

1002. When you say they have not been used, are you perfectly certain of that?—I am perfectly certain that, so far as I know, nothing but a circular has been issued.

1003. (Mr. Darcy.) Do you allege that there has been a habitual disregard of that circular?—No. I have no knowledge that there has been a habitual disregard.

1004. Have you knowledge of disregard in any one case?—In one case, certainly, I have.

1005. In more than one?—Yes.

1006. (Dr. Downes.) You advocate the formation of homes under municipal bodies?—Yes.

1007. Why do you desire to have them under municipal authorities?—Because I think the pauperisation of the poor as regards midwifery is a great danger. The more self-respecting do not like what they call "the parish doctor" at all, or "the parish." We know that there are very few parish midwives.

1008. You refer to the stigma of pauperisation?—That is so. We have tried hard for many years to foster the dislike of being pauperised.

1009. Would you accept this definition of pauperisation by a Committee of the House of Commons as "the stigma of dependence upon persons who have compulsorily to contribute funds for the support of recipients of relief"?—It is a definition, I know, but the poor are only affected indirectly by all rating and taxation.

1010. Somebody has compulsorily to contribute to the funds which afford this assistance?—They are all well aware of that.

1011. Will you tell me what the difference is between a municipal body finding the funds, and the poor law authorities finding the funds, as regards the definition of a stigma?—Because hitherto there has been a strong feeling against what they regard as living on the earnings of your neighbour. One person might be paying small rates and taxes, and another might not be paying any at all.

1012. But your neighbour has to contribute to the municipal funds just as much as to the poor law funds?—Yes, but there is a very strong feeling against help from the poor rate.

1013. It is rather useful that there should be?—I think the feeling has been growing. The Poor Law has done admirable work in the past 100 years, but there is a growing feeling that people do not want parish relief.

1014. (Chairman.) But you think State relief is a different thing?—Relief given by the State, and distributed by the councils and partly by voluntary societies. This would give what I think so essential in these cases—some elasticity.

1015. (Dr. Downes.) You think that municipal relief is a different thing from poor law relief?—You are dealing now with the small municipal homes which the medical officer suggested at Portsmouth?

1016. I am referring to what you mentioned on page 1 of your précis?—The small municipal homes?

1017. You do not say "small"?—The scheme is quite small.

1018. How do you keep them small?—If I remember properly, there are not more than 10 beds. The figures are very clearly drawn up in that scheme.



17 February 1909.]

Miss WILSON.

[Continued.]

1019. Further on you tell us that some maintenance must be promised to midwives. By whom should that maintenance be promised?—Might I answer your question in this way? My experience abroad has shown me that it has been done for years in other countries with very good effect. The State helps to train the midwife. She herself, as a rule, pays for her keep.

1020. We are not speaking, at present, of what happens abroad? By whom in this country should that maintenance be promised?—I think the best authority to promise the backbone of maintenance—10*l.* to 20*l.* a year—would be the county councils—the bodies entrusted with the working of the Act.

1021. That is to say, the county council should subsidise the nurse by maintaining her?—By maintaining her in part—not wholly—giving her a part of her livelihood.

1022. I understand you to tell us you would not advocate that a county council should pay fees for outdoor cases?—I do not think that would be desirable at all. The county council's duties would cease if they gave a small maintenance grant to the midwife.

1023. But you would advocate, as I understand, the appointment of special medical men—young doctors paid by the county council?—Strongly.

1024. What would be the position of the ordinary practitioner then? You have the county council subsidising on the one hand a midwife, and on the other hand a doctor, who would both compete with the ordinary practitioner. Have you considered the position of the ordinary practitioner?—I have fully considered it. It is an extremely difficult position.

1025. Do you think that would be a fair position for the ordinary practitioners?—As far as my experience goes, I think that there would be friction, but there is friction now; and the younger men who answered such an advertisement as I suggested would be in no different case from other medical men who answer other advertisements of county councils. You must remember that those men are only to be called in in cases of emergency; and emergencies are not very frequent.

1026. You have told us, with regard to Cumberland, that no nurse is allowed to act without a doctor under the present conditions there?—So I understand from the clerk of the county council.

1027. Do you know what his observation meant about no nurse belonging to the Cumberland nursing association being allowed to act without a doctor?—She is not allowed to undertake a case as a midwife.

1028. Does that mean unless there is a doctor in reserve?—Yes, the doctor must be engaged. The doctors are protecting their rights in Cumberland, clearly.

1029. In itself, is it not a desirable thing that there should be a doctor to whom the nurse can turn if she wants it?—It is not a desirable thing from the point of view of the county council paying a fairly large sum for training midwives.

1030. But is it not a desirable thing in itself that the midwife should have a medical man in reserve?—Certainly, yes, but not on the Cumberland system, that is making the midwife act as a monthly nurse. Many women prefer to have a woman attending them in childbirth: there are 50 per cent. of births attended by women. The mothers prefer it, and as they prefer it, I think women should be allowed to choose whether they desire a skilled midwife or a doctor.

1031. You referred in your evidence to two other counties. You spoke of Shropshire as an example of special difficulties with regard to midwives?—Yes.

1032. Are you aware that on the average of 10 years the mortality in childbirth in Shropshire is less than the average of the whole country?—Yes, I am quite aware of that fact.

1033. That in England and Wales the mortality is 4·8 and in Shropshire it is 4·4 per 1,000 births?—Naturally; there are no factories.

1034. You also gave us the example of Stafford as an example of great efficiency?—Efficiency as regards organisation, I said.

1035. Notwithstanding that, are you aware that the mortality of Shropshire is less than the mortality of Stafford?—Yes, naturally; you must expect that, if you go to a pottery country and see the conditions under which the women have to work.

1036. With reference to the question put to you before, I have now the first edition of the Rules; will you kindly read that last Rule, E. 21?—"Nothing in this section (E.) shall apply to certified Midwives exercising their calling in Hospitals, Workhouses, or Poor Law Infirmarys under the supervision of a duly appointed medical officer." That entirely points to the poor law.

1037. It is "hospitals, workhouses, or poor law infirmarys." You denied that women practising in hospitals were exempted from the operation of the Rules in this section?—I think if you will read the section you will see what the opinion of the Central Midwives Board was.

1038. (Mr. Fremantle.) In your précis of evidence you say: "From careful study, the county authorities which are at all vigorously working the Act are well able to obtain information (and do in many of them issue quarterly or annual reports) on all these questions." Will you suggest some method by which the county councils vigorously working the Act should be able to obtain information as regards the absolute shortage in 1910?—I think it is very desirable, because the questions are not very clearly answered in the Central Midwives Board's "Particulars of Administration."

1039. There are various bases of the answers, but I want to know whether you can suggest a method by which we may obtain definite information on that point?—I think communication between the district medical officers and county medical officers would be helpful, and that all inquiries by inspectors, where there are inspectors, are very useful. I am afraid that written communications receive very little attention.

1040. To what point are we to ask the district medical officers or the lady inspectors to call attention?—As to the point whether women who are now practising and who are uncertified, or who belong to the *bona fide* class, many of whom are nearing 70, are disposed to go on.

1041. Of course they could find out the *bona fide* women because they are registered; but as regards those who are unregistered, do you think the district medical officers of health would be able to supply us with any information?—I think they do come in touch with them a great deal, and also the doctors who are working generally.

1042. The general practitioners?—Yes. They very often still employ uncertified women.

1043. In reference to your suggestion about the appointment of young medical men by the county councils, do you mean that men should be appointed from outside to come and reside in the county, and receive a salary, merely for the purpose of being called in by midwives under section E. 18 of the Rules?—No. But the county councils should advertise that they are willing, under certain conditions, to employ the services of medical men in the county in different districts.

1044. Men already in practice?—Men already in practice in the county.

1045. And then pay them a particular fee?—Yes. That, of course, is a matter for the doctors and the county councils to settle.

1046. To the exclusion of any other general practitioner?—Yes, because then they would be responsible. Of course, they could pass on their duty, if they were not able to discharge it, to another. If they were out at night, or anything of that kind, they could pass on that duty.

1047. Should we not then be involved in the same difficulty as at present, when in case of emergency the midwife has to call in advice, and the parish doctor is not available; would she not have equal difficulty in securing the attendance of this particular young medical man who is the offspring of the county council?—Yes, but he will be available in her district, and if the case is an extremely urgent one she must send for another medical man. I am excluding, of



17 February 1909.]

Miss WILSON.

[Continued.]

course, cases where people have doctors of their own to attend them regularly, and also one must, I think, exclude cases of extreme urgency, where it is a matter of life and death in a few moments. But, taking the average case where a medical man is wanted, she would have a doctor to apply to.

1048. And they should send for these duly appointed men rather than for the parish medical officer?—Yes, exactly.

1049. As regards these districts you have mentioned, where there are scattered populations, where you say it would be impossible for a midwife to make her living because there are very few births in the year, have you heard of the suggestion that special licences should be given to uncertified women to continue their work in such districts?—I have heard that suggestion.

1050. It is a suggestion made by one or two men of high authority?—Yes, I think it has been made by the county medical officer of Derbyshire. We have heard it from him at the Midwives Board.

1051. It has been suggested that for very sparsely scattered populations a system of licences should be arranged for uncertified women to continue midwifery practice. What is your opinion of that suggestion?—The suggestion is that the entirely uncertified and untrained woman should go on, only that she should have a licence.

1052. Yes, in order to meet the present difficulty?—I think that would be disastrous in every way.

1053. What do you consider the alternative for these sparsely scattered populations?—As I said before, I am afraid that, unfortunately, it is the usual story of a little money.

1054. You suggest a subsidy?—A State subsidy simply to make a midwife feel that she will not be starved.

1055. As the Midwives Institute must be well aware, there are black sheep in every flock, and the great difficulty with the authorities is, of course, to get rid of those black sheep—the miscreant midwives. Have you any suggestion of better machinery by which we may be able to remove midwives when they are found to be miscreants?—Do you mean as regards general conduct or professional conduct?

1056. As regards general conduct, we will say?—That is a difficulty, I think, in country districts. I know how exceedingly hard it is, as many doctors and other public men will not sign an affidavit at the end. They are willing to say at first that the midwife has behaved very badly, and is a very wicked woman or a very undesirable woman, but they will not sign an affidavit; and the inspector in a large district cannot possibly see when a midwife is misbehaving. I think that misbehaviour should be at once reported to the county medical officer—it generally comes first to the ears of the inspector—and if he wrote at once to the midwife a very strong letter, and then, if the misconduct was again repeated, insisted on her attendance at the town hall or other public building, that would be very useful. I know it helps sometimes. But as you say, black sheep are to be found in all flocks.

1057. You are aware, are you not, that those difficulties generally come to a head only when they have been going on for some time; and when the local association decides to get rid of the nurse, she often has left the district, and you cannot get her to attend?—Yes, that is so.

1058. That is a practical difficulty; and I wanted to know whether you, as the President of the Midwives Institute, had any suggestion which would have the effect of preventing such a woman from cropping up

The witness withdrew.

Mr. FRANK B. HARRIS called and examined.

1069. (Chairman). You have come here as a representative of the Association of Municipal Corporations?—Yes.

1070. Being deputy town clerk of Nottingham?—Yes.

1071. In your judgment the Act has worked fairly satisfactorily?—Yes, so far as we can judge. It has not been brought very much before the Association.

again under another authority?—I think the present plan about the register of cases is extremely wrong. I think the register should be retained. I do not think a woman has any right to leave her district and take her register with her; and, if she had not her register of cases, it would be a point for the county authorities to notice. She very often can go to another place, show her register, proving the number of cases she has taken, and with certain people who do not understand, this almost amounts to the production of a certificate. Such a register ought to be retained by the authorities.

1059. You suggest that the register should belong to the local authority, and that the unauthorised removal of it should be larceny?—Certainly. It would help the local supervising authorities immensely if this were insisted upon.

1060. A question has been raised as regards monthly nurses acting practically as midwives, when theoretically medical men are engaged to attend the case. Do you consider that this system might in present circumstances be continued for a time, or do you think that it should be insisted on that either a qualified doctor or a qualified midwife should always, except in extreme emergencies, be present at the birth?—1910 will answer the question as regards the qualified midwife, unless the Act is extended.

1061. We are talking about the amendment of the Act?—If it should not be extended, no case can be delivered by a woman who is not a qualified midwife—that is, by a woman who is not on the roll.

1062. You do not take my point. As you know, a large number of births are attended theoretically by a doctor, but, practically speaking, by a monthly nurse acting as a midwife?—Yes.

1063. Do you consider that is a serious danger, and one which can be practically tackled at the present time?—I think it is a serious danger, because the woman is not trained to do the work which she has undertaken. Either a doctor or a midwife should be responsible in 1910, or whatever time the Act is extended to.

1064. There is no question that the doctor is responsible?—Yes, he is responsible; but the woman who is perhaps taking the actual case may be untrained. She may have had some experience, but she is not trained to take the case. The transition period has gone on rather long.

1065. You have no collective evidence on the subject of the danger of those cases taken by monthly nurses acting as midwives?—I have heard a good deal at the Midwives Institute of the difficulties when a doctor arrives extremely late and a midwife has practically taken the case. Then, of course, the doctor takes charge. It cannot always be helped—it is inevitable in a doctor's busy life—but there may be danger, and I have heard from individual women that there has been.

1066. (Dr. Champneys.) With regard to this subsidising of young doctors in country districts, would you not give the practitioners within the district the choice of acceding to the request?—Yes, an advertisement would give a wide choice.

1067. You would not confine it especially to young doctors?—No; but so many doctors say that it is not worth their while going out at night without a certain fee.

1068. Therefore you would leave it open to anybody?—Yes; I think such an advertisement always leaves it open to anybody. An open advertisement in the papers is, I think, perhaps the best way of settling any such difficulty.



17 February 1909.]

Mr. F. B. HARRIS.

[Continued.]

by the Association. It was referred to a committee, but unless we sent out circulars to the whole of the authorities it would be impossible to obtain the information.

1074. I should have thought that the Association might have already obtained the information?—No, I do not think the working of the Act has ever been considered since the Act was passed.

1075. So that you are not prepared to give us the considered judgment of the Association upon these points?—No, I do not think any representative of the Association would be able to do that. I have only been dealing with local cases. The only point I have heard discussed is the last point I mentioned, and I might suggest that, if you wish to obtain such information, the only way to do it would be to send out a circular clearly indicating the nature of the information desired.

1076. I should like to know if the Association of Municipal Corporations, on behalf of the corporations they represent, would view with favour some municipal effort in the way of assisting the training of midwives?—That is a point I cannot discuss, because certainly it has never been mentioned at any meeting of the Association, and I cannot tell you what the opinion would be.

1077. As to the payment of doctors' fees—which has been rather a burning question—the Association have no wish to take any collective responsibility in expressing an opinion?—I should not like to say. They have not discussed it; it has not been considered at all.

1078. What in your judgment would be the best way of dealing with the question of discipline?—I think that practically the only way is by entrusting the necessary powers to the local authority.

1079. What authority would you entrust with the duty?—The municipal authority acting through the health committee, as it does in almost every big town; and I suppose county authorities would act through their sanitary committees.

1080. You think in each case it should be the county authorities?—I might explain, with reference to our own town, for instance, that all matters of this kind are referred to the health committee. The health committee is a competent committee with about 16 members on it.

1081. Any outsiders?—No, no outsiders. That committee has always two or three magistrate members, and often as many as four or five medical men. For instance, the committee previous to the new one appointed in November had four medical men of very good position in the town as members, independently of the medical officer of health. They formed a very competent sub-committee to deal with all matters under this Act, and all matters of a disciplinary nature were referred to them. They were capable of judging. Three of them were magistrates as well as medical men. They had all held the position of sheriff in the town, and they were as competent a sub-committee as you could obtain. On some of the county committees you find very capable men sitting.

1082. It is such a body as you would like to see entrusted with the exercise of the disciplinary powers of the Central Midwives' Board, for instance?—I think so; either they or the local Bench. It is very rarely that there are not one or two magistrates of good position on the committee.

1083. You think it is very inconvenient, and does not tend to the maintenance of discipline, that these cases should in the first instance go before the Midwives Board itself?—No. I think it practically means that the work has to be done over again. It means that the local authority have, first of all, to hold a court of inquiry, and the cases are gone through, and I think the Board might always leave it to them, exactly as the judges leave a great many matters to local authorities under the Public Health Act.

1084. You would like them to be a court of first instance in dealing with these cases, with an appeal to the Central Midwives Board?—Yes.

1085. If a woman wishes to take the case to the Midwives Board she should have the right to do so?—Yes. The position in the town in this. You have this

competent committee, and a town like Nottingham is in a position to engage a competent lady inspector. We have an exceedingly good lady inspector at Nottingham. She goes into the whole case; takes a great deal of personal interest in the matter, and gets up all the details of the case. She is on the staff of the medical officer of health, and he goes through the facts again, and, if necessary, makes personal inquiries, and sees the midwife. Then she is brought before the sub-committee, and has full opportunity of stating her case before any action is taken.

1086. You would like to see such committees of municipal corporations entrusted with the disciplinary powers exercised at present by the Midwives Board?—Yes. I know from representatives of other districts that they think the labour of proving the cases in London is so very great that they hesitate in bringing them up.

1087. And therefore the interests of discipline are not served?—No. It takes a good deal of time. You take a number of competent officials away. If the midwives' business were their only business, it would be a different thing; but these people are engaged all day long in multifarious duties, and it is a great slice out of their time for one small item.

1088. As regards delegation, you are aware that sections 8 and 9 of the Act confer powers of a completely different kind?—Yes.

1089. In your précis you classed them both in the same category, as if you wished to preserve them both. But I do not know whether you are aware that a good deal of evidence exists in favour of removing the power of delegation to the small local authorities which is conferred upon the county councils by section 9?—I cannot very well speak as to that. Speaking from a common-sense point of view, I should not have thought a central body like a county council could have dealt with cases occurring over a very large area.

1090. They can under section 8 appoint local sub-committees directly responsible to them; but if they delegate to the district councils the chain of responsibility is broken?—I do not quite see the distinction. They delegate to local authorities, and then those local authorities have as a rule competent committees. If not, they must appoint a local committee in that district.

1091. I believe the experience is that the district councils, if the work is delegated to them, do not do it?—It is quite possible. Of course I do not assume that the smaller local authorities have as competent a staff as the larger places. That is quite clear. You do not have men of equal position and education. On the other hand, they have very few cases to deal with. It is in the large populous centres that you find the midwives principally.

1092. You think that there is some flaw in the method of dealing with registered midwives in cases where they are acting nominally under the supervision of doctors, and therefore are relieved from all inspection?—Yes.

1093. Whereas the responsibility of the doctor is very often merely a nominal one?—Yes.

1094. Have you any suggestion as to how that difficulty might be overcome?—It is very difficult to say. It would mean practically that all nurses engaged under a doctor should be registered as midwives.

1095. You are referring, I understand, to some registered midwives escaping the discipline that the rest of the midwives are subject to, because they work under doctors, who are only nominally responsible for them?—No, I mean women who are called nurses but act as midwives.

1096. You say in your précis that "many registered midwives are now ostensibly working as monthly nurses under the direction of medical men"?—Yes. There are cases as well of women who are acting really as midwives but are only called nurses.

1097. That is a different thing. I understood you to mean registered midwives often escape discipline, to which they would otherwise be subject, by this nominal responsibility of medical men, who are practically without control in the least degree?—The medical man in charge of a case leaves it to them. He is the man



17 February 1909.]

Mr. F. B. HARRIS.

[Continued.]

responsible, and we get no notification of any kind. I do not see any way out of that difficulty.

1098. (Mrs. Hobhouse.) I see it is stated in the "Particulars of Administration" of the Central Midwives Board that considerable shortage is expected in Nottingham in 1910?—Yes.

1099. Can you tell me whether the midwives there are practising as individuals, earning their own living, or are they supported by an association?—There is no association so far as I am aware.

1100. They are all earning their own living?—They are earning their own living, not from that alone, but from other work. A great many of them are engaged in other work.

1101. Nursing work?—Nursing work, and perhaps working in factories and that sort of thing. Some of them have very few cases in the course of the year. One came before us a little while ago, and I do not suppose she had above 20 cases in the year. A good many of them are of the old type.

1102. What are called "*bona fide*" midwives?—Yes.

1103. How many trained women are there in the town?—I did not bring the statistics of Nottingham. I thought it was more a question of general principles; but if you would like any statistics I can get them for you.\*

1104. (Mr. Davy.) Can you tell us roughly whether there are 100 or 1,000?—I cannot tell you at all. The medical officer of health keeps all the details, and I only went into general principles. I know the great difficulty is the question of remuneration. The people among whom the midwives work are miserably poor; the fact of their employing midwives points to that. If they had sufficient funds they would employ a doctor. Some of the women are of the very poorest type, and often very dirty in their habits, and I do not see how to get rid of that difficulty, unless some means are provided of paying fees.

1105. (Mrs. Hobhouse.) The county council gives scholarships for midwives?—Yes.

1106. Are not those scholarships used for women in Nottingham?—Not in the city. They confine them entirely to the county.

1107. Are they entirely confined to the small rural villages?—I have no knowledge of any county work at all.

1108. (Mr. Davy.) Have you had a large number of cases where you have had to hold inquiries as to midwives?—Not a very large number. I have not perhaps had a dozen during the past year.

1109. What would be the kind of charge against them?—Cases of dirty linen, dirty clothing, neglecting to disinfect themselves and their instruments; attending infectious cases while engaged in midwifery work, and so forth.

1110. And what do the Central Midwives Board do? Strike them off the rolls?—They hear the cases. We have to find a *prima facie* case, and then it is reported to the Board, and the Board then summon the midwife and witnesses to London, and they hear the case and exercise their own discretion as to whether she is a fit person. We have felt at times aggrieved at the decision of the Board, because in cases where our local authority were perfectly certain that the midwife was an utterly impossible person the Board have retained her. For instance, there was a case of a woman exceedingly drunken—found in a drunken state while attending to her patient. We thought it was a case in which the woman should be removed at once, but the Board did not see fit to remove her.

1111. Have you had any cases where sentence of removal was passed?—One woman.

1112. What happened to that woman?—She probably had other work; I should say the bulk of these women are not engaged in this work alone.

1113. Did this woman give it up?—Ostensibly she gave it up. In such cases we find they do go on with

the work; and under the Act, they are not liable unless they describe themselves as midwives. If they do not profess to act as midwives they can go on.

1114. So you can have a person warned off by the Central Board and still practising in Nottingham?—Yes.

1115. In the case you referred to, the woman did not again hold herself out as practising as a midwife?—No. It is exactly the same as the case of a man who calls himself an "American dentist," who can still practise dentistry in England although he is not registered.

1116. Have you any suggestion for tightening up that procedure?—I think any amendment to the Act should provide that a woman acting as midwife should be liable to penalties whether she so describes herself or not.

1117. (Chairman.) That will be the case in 1910?—I was dealing with cases between now and 1910.

1118. (Mr. Davy.) Would you have a woman who had been warned off dealt with specially under the Act? Would you have a greater penalty or greater precautions against her practising?—I think so. If they have once been struck off the roll, I think there should be a greater penalty than if they had never acted at all.

1119. (Dr. Champneys.) With regard to the question of discipline by the local authorities, have you thought about the idea of uniformity between one local authority and another? There might be considerable differences in the degree of leniency or strictness between one authority and another?—That would be so, no doubt, according to the character of your local authority. But that is precisely what happens in all public health matters, and the thousand and one things that are left to local authorities.

1120. But do you think it is desirable that there should be a difference of standard in different parts of the country?—I do not think it is desirable, but I think it is unavoidable. With human nature as it is you cannot get two bodies constituted alike.

1121. But you are suggesting that the present machinery should be changed, so that each local authority should deal with these disciplinary cases, independently of the Central Midwives Board?—I think it is desirable that they should be left to the local authorities.

1122. But you say that there would be differences of administration, and you think that is not advisable, and yet you think it is desirable that it should take place. I do not quite understand you?—I do not say that there would be differences of administration, but there would be a difference of attitude in the way in which different local authorities would look at things, just as you get differences of attitude on a magisterial bench or anywhere else. But I think, if it were left to the larger local authorities, you would get fairly uniform action.

1123. But you said just now there would be differences?—Not such radical differences as to render it impracticable.

1124. What cases should, in your idea, be referred to the Central Midwives Board, supposing the local authority had the powers you suggest?—I do not suggest that any cases should be referred to the Board except as to a court of appeal. I suggest that the Board should issue definite regulations under which the midwives should work, and that then competent local authorities, such as the county boroughs or the county councils, should be competent to deal with such cases themselves, leaving the midwife a right of appeal.

1125. You talk about the expense and difficulty of the midwives coming up to London. Are you aware what proportion of the women who are summoned do, as a matter of fact, come up to London?—No, I do not know at all.

1126. Have you anything to say about the disadvantage of the case being heard in the absence of the midwife?—I think evidence taken on affidavit is very unsatisfactory, because I do not believe in any case being tried unless the defendant and the witnesses can be present. I have seen so much in the course

\* Statistical information on this and other points with regard to county boroughs and non-county boroughs was subsequently forwarded by the witness, on behalf of the Association of Municipal Corporations, and is printed in Appendix IX. (Vol. I.)



17 February 1909.]

Mr. F. B. HARRIS.

[Continued.]

of inquiries in court to show how little value can be attached to affidavit evidence. To judge a case properly and fairly you must see the witnesses and the defendant. That is the advantage which a local authority have. The local authority know the circumstances; they know the type of people; and they have the advantage of seeing the defendant, and they have the advantage of the presence of their trained inspector.

1127. Do you not think injustice might sometimes be done by knowing too much about the person, and that the offence with which she is charged might not be proved, and yet a vague want of character might subject her to a penalty?—I do not think so. I think the men who sit on the committees are competent and right-minded men. I would put it in this way. If you go by the principles of the courts of law, the rule there invariably is that the local authorities shall be judges of fact in all these local matters. They have the whole facts before them, and the people before them, and they should decide. Judges will not upset the decisions of local authorities if they can help it, as they say they are on the spot, and must of necessity know more about it.

1128. With regard to the question of drunkenness of midwives, what does your body consider sufficient to justify a charge of drunkenness which should result in a woman's removal from the roll?—When we find, as in the case I just now referred to, a woman actually drunk and almost helpless in attendance on a case.

1129. Are you aware of any case in which the Central Midwives Board found drunkenness on duty proved and yet declined to act?—So the medical officer of health told me.

1130. That is a different thing.—All that work is carried out by the medical officer of health. The medical officer of health attended in London.

1131. You may take it from me that no such case has ever occurred. As to midwives attending as monthly nurses nominally, and not entering the cases in their register, even though they happened to be there and delivered the woman, do you think that all midwives who as a matter of fact do deliver a woman, whether engaged as a monthly nurse or midwife, should enter the case in their register and be under the discipline of the Board?—I think they should.

1132. (*Dr. Doucens.*) There is a statement which you have made in your précis which I should like to be a little more clear about. You say some notice should be taken of the fact that many registered midwives are now ostensibly working as monthly nurses under the direction of medical men, but nevertheless, taking entire charge of the cases they are thus supposed to be only nursing. Is that your own personal statement, or is it the statement of the Association of Municipal Corporations?—It is a statement of the Nottingham medical officer.

1133. I understand you are representing the Association of Municipal Corporations?—Yes.

1134. Is this statement which I have just read to you a statement which they desired to be put before this Committee?—No. It was not mentioned to the Association. I think I said before, that it would be impossible for me to obtain any collective views on the part of the Association.

1135. I wanted to know what your statement was based upon?—It is based upon local knowledge.

1136. Will you tell me precisely what is meant by it. Do you mean that you have medical men in Nottingham who are lending their names to midwives, to enable those midwives to escape the provisions of the Act, and are lending their names without rendering any service whatever?—No, I mean that the medical men are called in. They put the nurse in charge, and then, after that, the matter is left entirely to the nurse. The doctor does not go to the case again.

1137. Does not that come within section 1 of the Act, subsection 2; viz., that, when the Act obtains full power after the 1st of April next year, no woman shall habitually and for gain attend a woman in childbirth otherwise than under the direction of a properly registered medical practitioner?—I was speaking of the operation of the Act at present.

1138. What is your point?—My point is that until this Act comes into full force we do not get complete notification. I understood you were asking as to the working of the Act in the past.

1139. But what is your point in drawing attention to this?—The point is that at present we do not get notification; that is all.

1140. Is it illegal?—I do not think it is illegal.

1141. Then you desire to have the law altered?—There might be some amendment in the meantime. If not, until the Act comes into full operation that difficulty will exist.

1142. First of all, do I understand you are not making any charge against the reputation and *bona fides* of the medical men?—No, not at all.

1143. I am glad to have that cleared up. But then why do you want the law altered in that respect?—Because we do not get notification.

1144. It is in order that you might have notification?—Yes.

1145. Of what?—As to the working of the midwife.

1146. If the midwife does not come under your jurisdiction, why should you want notification?—She is still acting as midwife.

1147. No, she is acting under the direction of a medical man?—Presumably, but not actually.

1148. Then we come back to this: what do you mean by "presumably but not actually"? You are either making a very serious charge against the medical men in Nottingham, or what you say has very little meaning in it. First of all, you tell me that you desire to make no imputation against the medical men, and then you qualify your answer a little later on in a way which implies that there is some imputation?—I do not put it in the way of imputation. I put it simply in the way of practice. A medical man takes the case, and, when he has attended the patient, he leaves her to the nurse, and then the nurse takes charge of the whole case.

1149. Do you know whether he gives directions to the person acting as nurse?—We cannot know that. All I know personally of the cases is that the medical officer of health has reported such cases from time to time to the health committee.

1150. Then, at the best, what you are telling us is hearsay; you do not know it of your own knowledge?—I cannot know it of my own knowledge. I am not a medical man. My knowledge is to a great extent second-hand, except as regards the inquiries in the case of midwives which have come under my notice; I have seen the midwives and acted as legal adviser to the committee.

1151. (*Mr. Pedder.*) Your Association includes non-county boroughs as well as county boroughs?—Yes, all boroughs.

1152. Do you know whether the non-county boroughs have any desire to be local supervising authorities?—No, I cannot say that. The Act has been so little mentioned and discussed that I really cannot tell you the general views of the Association on it. I was requested to attend here and assist the Committee with any information I could give it. It was put rather in that way—that as you had asked them to send a representative, I was nominated to attend here.

1153. So that you cannot speak for the non-county boroughs?—No. The only point I have really heard discussed was the question of disciplinary proceedings.

1154. That is as to the local supervising bodies?—Yes. There are one or two small boroughs represented on the committee; but nothing was said in particular except as to that one point.

1155. (*Mr. Fremantle.*) You say with respect to the remuneration of medical men summoned to attend cases and to advise midwives, the course that would no doubt meet with the approval of medical men would be that their fees should be guaranteed by the local authorities who should collect moneys due from patients when they are able to pay. Then you refer rather adversely to that suggestion. Is it not true that the local authorities already undertake the expense of infectious cases in hospitals, and have the power of collecting the moneys due from patients when they are able to pay?—Yes, under the Public Health Act.



17 February 1909.]

Mr. F. B. HARRIS.

[Continued.]

1156. Therefore, this would be a very comparable case?—Yes, precisely. I had that in my mind when I mentioned it. The reason that the recovery has dropped out there is because of the difficulty of enforcing it. There is another difficult point, that, as the law stands, you could only recover from the patient under the Public Health Act. But in any case, whether it were the patient or her friends, as a rule the people are so poor that it would be very difficult to get any repayment, and we have practically dropped it, and I think throughout the country it has become a dead letter. But this case would be different. It would throw the responsibility upon us that we should have to provide the fees.

1157. You would have to provide the doctors' fees instead of having to provide payment for the upkeep of the hospital?—That is so.

1158. (Mr. Dargy.) It is section 132 of the Public Health Act which has reference to the recovery of expenses?—I think it is.

1159. Do I gather from you that you never proceed under that section in cases treated in your isolation hospitals?—We do not, unless they are well-to-do

The witness withdrew.

Mr. JOSEPH BROWN called and examined.

1162. (Chairman.) You are here as President of the Poor Law Unions Association for England and Wales?—That is so.

1163. What exactly is the constitution of that body?—It is constituted by Act of Parliament. At least, the Act of Parliament was passed in order to enable the unions throughout England and Wales to become associated, on the payment of a fee as provided by the Act, for mutual conference and assistance.

1164. It is a sort of Parliament of the boards of guardians, then?—That is so. It now represents 450 of the boards in England and Wales.

1165. It may be said to cover the whole of the country, then, so far as responsibility is concerned?—It does, practically. It absolutely covers the populous parts.

1166. And the question of nursing has engaged its attention lately to a large extent?—It has to a very large extent, among other things, since 1905. Prior to that there were other issues which were perhaps more prominently before the Association, but since 1905 the question of nursing has held the field.

1167. And large sums of money have been provided for certain purposes?—The boards of guardians, especially the largest boards in association with us, have spent very largely on the matter. They have taken up the question of nursing scientifically, and many of the boards have desired to keep their places in a thoroughly practical fashion, and that is the ground that has induced them to seek recognition on the part of the Midwives Board, because they feel that no poor law nurse could be efficient who had not a training in midwifery, and an outside nurse could not undertake poor law nursing effectively because of the special difference that there is between the classes of patients concerned.

1168. In your judgment have the Midwives Board made full use of the facilities that you think exist in poor law institutions for training midwives?—We think not.

1169. Will you explain your point of view upon that particular question?—The Midwives Board appear to the Association to have restricted unduly and unnecessarily in various ways the number of pupils that could be trained, and from the beginning they have, as we have thought, treated very cavalierly applications coming from boards who desire to have their institutions recognised and who were prepared to undertake any labour or expense involved.

1170. When you say they acted cavalierly, do you mean they snubbed you?—We so regarded it. I have here quite a number of the letters which have passed between us and the Midwives Board, which, if the Committee care to have, I shall be very glad to put in.

1171. Do you mean to say you have not been treated as you think with proper encouragement?—That is so.

people. As a general rule the persons are all poor people. But we get instances of a better class of people coming into the hospital for the sake of avoiding inconvenience at home.

1160. There is the trouble of the limitation of recovery to six months?—Yes. I can get the secretary to send you particulars if you will indicate what direction you wish the inquiry to take.

1161. Would you mind writing to us and telling us how many midwives there are practising in Nottingham?—I will do so. Then as to the fees, that struck me as an important point. I look upon it as very important with regard to the shortage; because if you are to have the better type of woman—better educated and better qualified—the question of fees will become very important; because, unless the remuneration can be made adequate, you will not get women of that type coming in, and the result will be you will get a much greater shortage; because unless the work is made remunerative you will not get these women in. A good many of the better class women would, I believe, come in, and would like to undertake the work, if some means could be found to remunerate them adequately.

1172. But not, I hope, with scant courtesy?—I do not lodge any complaint, but there has been no undue manifestation of courtesy in the matter, certainly—not to put it too pointedly.

1173. Can you specify any particular grievance from which candidates from poor law institutions suffer?—The principal grievance that I have heard mentioned has been as to the paucity of centres for examination.

1174. That is largely a question of expense from the point of view of the Midwives Board?—I cannot say how that may be; but there may be something in that point of view. In addition to the fact of the paucity of provision for examination centres, there is also the fact that the examination is unduly protracted, and complaint has been made to us of the delay between the oral and the written examinations. Some of the candidates have come to the conclusion, rightly or wrongly (probably wrongly), that it has been done on purpose to limit the number and make it as expensive as possible to stay during the examination.

1175. You mean to say they are detained in whatever centre is selected for examination an unnecessarily long time?—That is the complaint that has been made to me by several.

1176. And that has restricted the number of persons presenting themselves for examination?—Undoubtedly. They cannot face the expense. In fact, it is not only the expense, but every nurse is not able to keep away from her work the length of time required.

1177. And you suggest some more convenient arrangement might be made to obviate these disadvantages?—The centres ought to be multiplied and brought within the reach of any populous district. It appears to us that there will be an absolute paucity of midwives, especially in agricultural areas.

1178. How many centres are there at present?—I think five.

1179. It would be useful to have them on record?—They are London, Birmingham, Bristol, Manchester, and Newcastle.

1180. There is not a centre in the West Riding?—There is not one in all Yorkshire, even.

1181. You are of opinion that, besides the difficulty that you have just now dealt with, the conditions attached to the recognition of training schools also create difficulty?—May I point out that there are large areas of country where it would be impossible to have a training school under the present conditions.

1182. But surely there are persons who can train midwifery candidates?—That is the modification they have made, I admit; but even those modified provisions will not probably be available in large tracts of agricultural districts, and it is quite certain to my mind that you will never be able to get people in the populous districts to go and reside for any length of time in these rural districts.



17 February 1909.]

Mr. J. BROWN.

[Continued.]

1183. Not with a view to taking advantage of the opportunities of practice there?—I think that there ought to be facilities, and I think if the matter were in the hands of the Local Government Board, they would be able to provide the facilities for training for rural as well as for urban districts. I do not mean to say that every union ought to be allowed to train. I may mention Driffield in Yorkshire; there is a union, somewhat populous, right in the midst of a large area, and I think it would be possible to make suitable provision for the training of midwives in that institution.

1184. You appear to think that there is some rule of the Midwives Board fixing the minimum number of maternity cases which stands in the way of the recognition of an institution?—I have been given to understand that that has been modified somewhat, but they put it down at 75 originally.

1185. Quite so, but that has never been acted upon, or was only acted upon for a short time?—This correspondence which we have had will show that it has been operative with regard to a great many applications that have been made.

1186. But it is no longer so, you admit?—I admit I have heard that it is not; that is all I know.

1187. You do not know it authoritatively?—I do not know; I have no authoritative information on the point.

1188. The fact that there may be some error on that point rather modifies, I presume, the opinion that your executive form that the situation is a serious one and full of menace to the proper equipment of our poor law hospitals and infirmaries in the immediate future?—In the direction I have already indicated, because, unless they can be trained in greater numbers than the old arrangement would permit, there would be large tracts of country which would not be able to get the services of a midwife at all. They would become more expensive than the services of a regular medical man, because the cost of travelling from the place where the midwife would be to the place where she was wanted would amount to more than the medical fee.

1189. Have you any view as to the supply of midwives?—In what direction?

1190. We are told that when section 1 (2) of the Act comes into operation on the 1st April 1910, the shortage of midwives will be very serious in certain parts of the country. From your experience, and from your knowledge, do you think that that difficulty will be very general?—I am essentially a layman in that respect. I wish you would call my colleague, Dr. Rhodes, who is thoroughly posted in all the professional aspects of this question. I would suggest you should call him, and get the facts from him as to that, for they would be, I think, most valuable to the Committee.

1191. You cannot offer any yourself?—I should not like to offer any information upon that point. But it seems to me that section 1 (2) must be very largely restrictive in what I may call the less populous parts of the country.

1192. In the thinly-peopled parts of the country you mean there would be a difficulty?—I do.

1193. You have not considered how that difficulty may be most readily got over?—Yes, I have. In my own mind I have gone into it, although I am only a layman.

1194. I would like the expression of your opinion?—That is one of the grounds on which, as an Association, we should like the Local Government Board to take the question up.

1195. You think that by a more adequate or complete use of poor law institutions that difficulty would most readily be got over?—I do, without detriment to the efficiency of the midwife so trained. I may venture to say, although I see the Local Government Board is somewhat represented here, that we have, without real authority, undertaken to train our nurses by letting them go out to cases outside our institution, in order that they may get the number of cases required to qualify them for examination. That is the Dewsbury Union.

1196. You do not hold any opinion about the standard of examination, as to whether it is too high or not?—No.

1197. You do not wish to lower it?—No, I should not.

1198. Do you think it is high enough?—I do not know enough about that to offer an opinion; but I should not like to see it a low one; I should not like to see the standard lowered by any means.

1199. Would you think the present standard is adequate?—So far as I have any knowledge on the point.

1200. Then you have one suggestion to make as to the proper consideration in future of the claims of poor law institutions—and that is, that they should be represented on the Midwives Board?—I think it would be very desirable that they should—on many grounds. In the first place, there must be more maternity cases under the poor law than there would be in all other public institutions combined, and we are most intimately connected with the working of the Act, even outside those cases that occur in our institutions. That is to say, the guardians, as guardians, are concerned in the supply of midwives to the poor people outside the workhouse as well as those inside the workhouse, and I have found already that the working of the regulations by which the guardians are permitted to pay for the services of a doctor called in by a midwife is very imperfectly understood. We had a case a week or two ago—the only case in fact which has ever come before our board—in the nature of a claim for a doctor's attendance upon a poor person in our union, and the family very strongly resented our making any inquiry as to the condition of the patient, that is, as to the financial condition and surroundings; and we found out, when we came to make inquiry, that the woman had engaged this doctor some time before, and that she had no idea whatever that the doctor was going to get anything from the guardians, and both she and her husband resented the idea of the guardians having anything to pay in connection with it. The doctor had been called in, so we were told, and we were applied to by the doctor for a fee.

1201. Without having ascertained whether the persons who called him in were willing to pay, or not?—The woman told our officer that she had engaged the doctor before the time of trouble came.

1202. (Mr. Davy.) Did the doctor get paid by the patient as well?—He did not get paid by us, so I hope he got paid by the patient.

1203. (Chairman.) And you think a representative of the poor law institutions upon the Midwives Board would be very useful?—Would be very useful in that direction among others.

1204. You do not think a representative of the Local Government Board would suit you better?—No, I am not going to offer an opinion upon that point. There was a time when I had a much lower opinion of the Local Government Board than I have to-day. I am bound to say I have every confidence in their management now, but I think the unions at large would feel greater confidence if they had a representative of the unions on the Central Midwives Board. I do not see why they should not be represented quite as much as any other institution that is now being represented on it, because they are more intimately concerned and, I think, able to give greater assistance in the working of the Act. You were asking just now about the courtesy with which they replied to us. In many instances our boards have simply been told that their application has been refused, and no reason assigned. As an instance of that, I may mention this: the Stockport Guardians wrote to know why their application had been refused, and I have just had put into my hands by the secretary of our Association one of the letters from the Central Midwives Board addressed to the Stockport Guardians. One of the paragraphs simply says this: "I am directed to inform you that the decision was arrived at after a full consideration of all the circumstances of the case, and the Board regrets that it is unable to comply with your request as it is contrary to its practice to give reasons for its decisions."

1205. That perhaps is more a proof of its discretion than of its want of courtesy?—That may be, possibly, but it certainly accords a little bit with the feeling of



17 February 1909.]

Mr. J. BROWN.

[Continued.]

uneasiness on the part of many of the boards who have received similar replies.

1206. (*Mrs. Hobhouse.*) You say that a good number of applications from poor law infirmaries for recognition as training schools have been refused by the Central Midwives Board?—Yes, 27 such applications have been refused.

1207. Have there been many applications refused from midwives for recognition as teaching midwives?—Of that I have no knowledge; I do not know of any.

1208. You are aware that is the way the Board usually arrange in such institutions—that the institution itself is not recognised, but the teacher is recognised?—In the cases to which I refer, 27 in number, the boards of guardians have applied to be recognised and in some instances—I believe in five of them, our own union among the number—the Board have recognised the medical officer of the workhouse as a teacher under the Act. But you see that hardly meets the necessity; at any rate we do not feel that it meets it satisfactorily.

1209. What is your reason for thinking it unsatisfactory?—If the institution were recognised it would give the guardians a better chance of obtaining good applications for probationer nurses. The fact that they are not recognised stamps the institution as being of a secondary or inferior character; and that is not fair to us. That is one very palpable reason.

1210. Are you aware of many medical men who on application for approval as teachers have been refused?—I do not know of any.

1211. You do not know of any midwives?—Again, I should like my friend, Dr. Rhodes, called. He could answer these questions, because he is posted in the matter thoroughly—much better than I am.

1212. Have you found any difficulty that you are aware of in obtaining for your poor law infirmaries nurses who hold the Central Midwives Board certificate?—We have not, because we have three qualified midwives on our staff of nurses now. Those hold the London Obstetrical Society's certificate.

1213. Has such a want been felt by the Poor Law Unions Association?—I have not heard of cases to that effect. You see the Act does not come into full operation for another year yet, and that probably will account for the fact that in these matters of detail complaints have not reached us at headquarters.

1214. But if there is a shortage of supply of midwives it will render the difficulty of training your probationers infinitely greater?—It would.

1215. Can you tell me, approximately, the number of births that take place in poor law infirmaries in the country during a year?—I am afraid I have not got that figure with me, but I could easily have it ascertained.

1216. You said just now that you have allowed your midwives in Dewsbury to work in the district?—We want our probationer nurses from our infirmary to qualify and they must have attended 20 cases and nursed the 20 cases; and we have gone a little beyond our authority in allowing those nurses to go outside to a sufficient number of cases for them to qualify for examination during the year.

1217. But they have to work under somebody?—They work under the medical officer of the infirmary, who is a teacher recognised by the Midwives Board.

1218. Do you allow them to go to any case, or only to pauper cases?—We leave that to the medical officer. He selects the suitable cases for the nurses to attend, and arranges for the number of cases in order to qualify the nurses. You see our anxiety is very largely bound up in the fact that we want suitable young ladies to apply for the position of probationer nurse. If we cannot complete their training for them, we shall not get the best; we shall only get the inferior; and that is why we have done it.

1219. Do the patients pay anything for their services?—Nothing; there is no payment allowed to anyone in connection with it.

1220. (*Mr. Davy.*) Is there any payment to the medical officer?—There is no payment to anyone; so that the Local Government Board should not have a

chance to find fault with us when they get to know all about it.

1221. (*Mrs. Hobhouse.*) Do you know whether a similar arrangement exists in many other unions?—I do not know of another that has done it. We have struck out a course for ourselves in that respect, solely to meet the requirements of the Midwives Board.

1222. When the probationers have completed their training as nurses, do you give them this additional training on the understanding that they serve you for longer?—No, they enter into an engagement with us to serve for three years at a salary rising from 15*l.* to 25*l.*

1223. You have found that your class of probationer, therefore, is better with this advantage offered to them?—Yes.

1224. How many years have you been training them in this way?—I suppose about 15.

1225. Can you tell me about how many you have trained?—I should think going on to 50.

1226. Have you had any failures to pass the examination?—Only one, though there has been more or less success attending the passing of some of them; they have not all been brilliant.

1227. (*Mr. Davy.*) Can you give us a list of the poor law infirmaries whose applications having been made were refused?—Yes. Blackburn, Bradford, Bolton, Bristol, Carlisle, Chesterfield, Derby, Ecclesall Bierlow, Gateshead, Kingston, Lambeth, Dewsbury, Merthyr Tydfil, Paddington, Stockport, Sunderland, Wakefield, Walsall, Wigan, Willesden, and others. That list is made up to January of last year.

1228. Do I take it that your grievance about the Central Midwives Board is that you were entitled to know upon what ground they refused these applications?—That is not the main ground of our objection.

1229. You talked about discourtesy?—There has certainly been discourtesy in the way in which the Central Midwives Board have replied to many of the boards of guardians who have asked in what direction the Board needed further provision to be made. They asked that question, with a view to making such provision. But, instead of getting any reply that they should do this or that, the Board simply say, "we can give you no reason."

1230. In substance, guardians thought they were entitled to know the ground of refusal, and that it was for the public welfare that they should know the ground?—That is so; they desired to know, in order that they might remedy the deficiency of which the Midwives Board complained.

1231. How large is the Dewsbury workhouse?—800 inmates, or thereabouts. We have 300 beds in the infirmary.

1232. Do you know how many nurses you have?—We have 25 now, and we shall have 30 within six weeks from now, because we are just putting in another pavilion.

1233. Is there a proper nursing home?—We are seeing the Local Government Board about a nursing home to-morrow; we hope to have it before the year is out.

1234. Apart from sentiment, can you tell me what precise difference it would make to you if you were recognised as a training school instead of merely the medical officer being recognised?—I have already intimated the ground on which I should expect advantage.

1235. You think that the probationers would like it better?—We should get a better class of probationers.

1236. What ground have you for saying that?—Only the experience of a lifetime. I know what difficulty we had in getting probationer nurses at the first, simply because we did not have a resident medical officer. We had to go to the Local Government Board and arrange that our nurses, when trained, should never be refused an appointment on the ground that there had not been a resident medical officer. Up to that time we could not get applications.

1237. But now you get applications?—Yes, we get them now.



17 February 1909.]

Mr. J. BROWN.

[Continued.]

1238. Were there not other reasons at that time which made your applications fewer?—Not that we knew of.

1239. There was a great shortage at the time of the war, was there not?—I am speaking now of a time before the war.

1240. Have you any difficulty now in getting applicants for appointment as a probationer?—We get from these young women when they come all sorts of inquiries before they will sign the agreement between themselves and the Board for the three years' service: they want to know all about the place.

1241. You find they are a very much better class of young women than they used to be?—Yes, we pride ourselves that our staff of 25 nurses are really good.

1242. With reference to the scheme that you referred to for allowing your probationer nurses to attend outside cases, is that arrangement willingly agreed to by the medical officer?—Yes, it was his own suggestion. The nurses asked him for an opportunity to qualify, and he said this was the only way, and then he came and mentioned it to us.

1243. Does that, as a matter of fact, give them an opportunity of qualifying?—Undoubtedly.

1244. That is to say, the difficulty, so far as you are concerned, is removed?—By that process it is, pending what the Local Government Board will say to us by-and-by about it.

1245. Do you know as a matter of fact whether the medical officer selects the cases from his own patients, or from among the pauper patients?—Not from among the pauper patients; he has no authority outside among the paupers.

1246. He is not a district medical officer?—He is not a district medical officer; he is medical officer of the workhouse only; and I know that some of the cases that the nurses have attended have been cases belonging to other practitioners with whom he has made the arrangement—near to the workhouse.

1247. If they happen to be district medical officers they might be pauper patients?—Those with whom he made the arrangement were not district medical officers.

1248. As a matter of fact, all these probationers are now at work among private cases?—All of them.

1249. I did not quite follow your scheme with regard to Driffield. Do you mean to say a somewhat large workhouse in a rural union like that might be turned into a training college, and nurses brought in from other workhouses to receive their training?—No; nurses from the neighbourhood; so that they might eventually settle down as midwives in that neighbourhood.

1250. You mean that a number of cases in the workhouse infirmary should be made available as a training for pupils?—I merely mentioned Driffield, because that occurred to me as being a largish union in the middle of an agricultural area.

1251. It is a very typical area?—Yes, and it is the needs of that area that I desire to see met. It seems to me that an arrangement of that sort might, if the Local Government Board approved, be very satisfactory, both in its present working and in its subsequent action upon the neighbourhood.

1252. Did your Association or your board of guardians receive any formal announcement as to the removal of the restriction as to numbers by the Central Midwives Board?—None whatever. We have never received any intimation. As I have said, I have only heard it casually, and I absolutely do not know what number they do insist upon to-day.

1253. (*Dr. Champneys.*) You say that the Central Midwives Board, in your opinion, have restricted unnecessarily the training of midwives. Could you tell me in what way they have restricted it, except by, as you say, refusing to recognise certain institutions?—In the number of cases that they insisted upon, which is a greater number than the London Obstetrical Society required. It seems a very considerable increase, and it is a number that could not be provided in many of the districts.

1254. You think the number insisted upon is too high?—I do think so.

1255. What number do you think sufficient?—Our executive, when they considered this question, had the advantage of Dr. Rhodes' advice, and he considered that seven cases would be sufficient.

1256. He thinks seven is enough?—That is what he said then.

1257. Your opinion is that a woman who knows nothing at all about midwifery, could learn her whole duty with regard to these dangerous cases in rural districts on seven cases?—No.

1258. Would you like your daughter to be attended by a person of that experience in an emergency like flooding, or anything of that sort?—It does not follow at all that she has only had experience of seven cases; because the seven cases are seven cases in which she has herself delivered, and she must have been present at a great many more; and I should say that, after she had had the charge of seven, the eighth should stand a better chance than any of the seven.

1259. You said that the Central Midwives Board had treated you cavalierly, and you read a letter in which they formulated the reasons why they could not answer your question. Have you any example of discourtesy which you would be able to read to us?—No, the letter I have already read is simply a type of the others.

1260. There is nothing worse than that?—No, there is nothing worse than that.

1261. I should like very much to have the worst case read to us now. If you find something even more impolite than that, I shall be very glad to hear it?—It is very difficult for me to go through all these letters and to say which is the worst. I am quite willing to put them all in.

1262. You have told us that you have been treated cavalierly, and you read a letter?—I read that as a type of a great many others.

1263. You think it is as good as any of them?—I think it is bad enough.

1264. Now, as to the paucity of centres; have you ever made any representation to the Central Midwives Board that there should be more centres of examination?—Our Association have not, because we have been seeking from the beginning—at any rate, for this last three years—to induce the Local Government Board to take this matter into their own hands. The Midwives Board arrangement, we think, might very well satisfy the rest of the country; but we think that there ought to be special provisions for the poor law institutions.

1265. My question was whether any representation has been made to the Central Midwives Board that the centres should be multiplied?—No, we have made no intimation of that sort. We have put our efforts in the other direction up to now.

1266. The training in the rural districts may be carried out, may it not, by an approved midwife?—I do not know what the arrangement of the Midwives Board may be in that direction.

1267. Did you not say your contention was that a large district in Yorkshire is neglected as regards training because the institution has not been approved? But are you aware of any midwives in your neighbourhood who have applied for recognition and approval as teachers to sign the schedule, and who have been refused?—Naturally I could not know that, but what I have said is correct. I had no official notice that the rule requiring 75 deliveries per annum had been abandoned and another number substituted. I said that, according to that rule, no district outside a very populous one could possess a training institution. That is one ground on which I want the Local Government Board to take the matter entirely into their own hands.

1268. I do not understand your reason. What have the 75 cases in an institution to do with the training of a midwife in a rural district?—I have no knowledge of what the Midwives Board claim with regard to training outside an institution. They tell us in reply to our applications that they can recognise no infirmary and no hospital in which there are less than 75 births.

1269. I am not talking about an institution at all. You say that the large districts in Yorkshire are rendered incapable of utilisation for training, and I



17 February 1909.]

Mr. J. BROWN.

[Continued.]

ask you whether you know that any midwives in the district have applied for recognition, and have been refused because the midwives cannot be certified under those circumstances?—I think we are somewhat at cross-purposes. I have viewed this question solely from the standpoint of the guardians.

1270. You say it refers to a district, and you have nothing to do with a district?—We could not take the midwife from the rural district around us. We want our own nurses to be trained.

1271. Your contention was that a district in Yorkshire was not utilised for training. But a district in Yorkshire can be utilised for training in other ways—that is to say, a midwife living in a district among the people can be recognised as a teacher to sign the schedule, and the pupil can be trained. Now you say there is an interval between the written examination and the oral?—I am told it sometimes extends to four or five days.

1272. You think if some arrangement could be made by which the interval could be avoided, or some other arrangement by which the woman would not be called up twice, that would make a great deal of difference?—It would make a very appreciable concession towards meeting the necessities of the case.

1273. With regard to asking for reasons and being refused, I suppose that on your board of guardians you sometimes come to conclusions which are communicated to the applicant?—Yes.

1274. Do you put it to the vote to each member as to what reason shall be formulated and entered upon the minutes as being the reason why this, that, or the other answer is given?—If we were giving a decision as the result of lack in any direction, we should take care to point out what was lacking, in order to give the person an opportunity of remedying it.

1275. How can you answer for all the other members of the board as to why they vote one way or the other?—I could not answer for the way in which members vote: I can only answer for the way in which the board would transact its business.

1276. How many confinements a year are there in Dewsbury?—We have about 30.

1277. That is a little oftener than one a fortnight?—Yes, it would be rather oftener than that on an average. We have 10 beds in our maternity ward. I have never known them all full, but we average about 30, some years more, and some years less.

1278. (Dr. Downes.) You give your nurses a general training in nursing in Dewsbury, do you not?—Yes.

1279. So that the midwifery training which they get would be additional to the general training in ordinary principles of nursing?—That is so.

1280. Which would give them a larger experience than if they came for midwifery training alone?—Yes, and give them a better chance too in the future.

1281. Is it the experience of your Association that the training of probationers has tended to improve the standard and character of the nursing?—Unquestionably. That has been the experience of all the guardians that I have talked with upon the subject.

1282. Should you anticipate that the systematic training of midwives would tend to raise the standard of your lying-in wards?—I should expect so. That is what the guardians were hoping for at all events.

1283. Have you any evidence as to the number of nurses who were formerly sent up to the London Obstetrical Society's examination from poor law institutions?—I have no information on the point.

1284. Do you know whether there are any statistics available in your Association as to that?—I dare say Dr. Rhodes would have all those facts. I have no doubt he would be well posted in it, because he has made that a hobby, but I have not.

1285. When you said that a large district was left without the means of training, were you not referring to the poor law institutions within that district?—I was, solely.

1286. I think possibly one of my colleagues thought you were referring to the whole district generally?—I was solely referring to the poor law institutions; I cannot speak for any other.

1287. Of course, an outside midwife practising in the district would not ordinarily come within the institution?—The guardians would hesitate to employ her, I am sure.

1288. At present it is the duty of the district medical officer to attend the outdoor cases of midwifery for which he receives orders?—That is so.

1289. Are you aware of any case within the knowledge of your Association where the guardians have desired to appoint a midwife to take outside cases?—I have never heard of one.

1290. When the application of guardians for the recognition of their institution has been refused, what has been their object in seeking to know the reason of the refusal?—In order that they might remedy the defect.

1291. It was not in order to enter into contentious points?—No, certainly not. They were simply anxious, if possible, to remove the objection, and to qualify for recognition.

1292. And I suppose it would have served your purpose if it had been possible for the information to be communicated to you unofficially?—It would hardly have served our purpose in the direction of making the workhouse infirmary a desirable place for young ladies to come to for training.

1293. You hardly understand me. Assume that there is something that ought to be remedied, and that the Central Midwives Board felt a difficulty in communicating to you officially what their grounds were for refusing recognition, you would, I take it, be quite content if you got an unofficial intimation?—Quite so. The unofficial would be quite as good as the official intimation in that case.

1294. Your sole object was to put things straight?—That is so.

1295. (Mr. Pedder.) Is your Dewsbury institution recognised?—It is not.

1296. Never has been?—Recognition has been refused.

1297. But now you say you have got a good class of probationers?—Because the medical officer is recognised as a teacher, although the institution itself is not recognised as a training school.

1298. It is, in fact, attracting the right kind of women?—We are getting good applications now.

1299. Have your Association done anything on the general question of fees for medical practitioners?—No.

1300. They have not organised any rules, or anything on the lines of the Local Government Board circular?—No; it is not in the power of the Association to do it. At the most, they can only make recommendations on a matter of that sort.

1301. When a circular of the Local Government Board like that goes out, would not your Association take it up and endeavour to get unions to adopt it?—If it were at all misunderstood in the country, we should send out a circular explaining it; and if there were any definite course we desired to see adopted, we should recommend its adoption.

1302. It has been represented to us that some unions have neglected to act on that circular. If that came to your knowledge, would you endeavour to remedy that sort of thing?—No such complaint has reached us as yet; but if it came to our knowledge we should deal with it.

1303. What do you do in Dewsbury with regard to this question?—Through the Press we have intimated that in any case where a medical man is called in under such circumstances, the case being suitable, the guardians will immediately undertake the responsibility.

1304. You have a general rule that a poor patient may be attended by any medical practitioner, and if she is really poor the fee will be paid by you?—That is so. We have passed a resolution to that effect.

1305. Without any restriction?—Without any restriction; any medical man may be called in.

1306. And the guardians pay the fee on proof of poverty?—That is so. By formal resolution, we have adopted that as the course of procedure.



17 February 1909.]

Mr. J. BROWN.

[Continued.]

1307. Have you really paid any such fees?—I do not remember one. The only application that I remember was the one of which I have spoken. There may have been others, but I do not know of any.

1308. Have you had brought to your notice any cases of difficulty in getting a doctor?—None whatever.

1309. So that this rule of yours was not made to meet an actual difficulty, it was on general principles?—It was; when the circular came from the Local Government Board we adopted the suggestion it made.

1310. (Chairman.) Do you not think that your Association would have discharged a useful function if, upon the issue of the Local Government Board circular, they had pressed upon the various boards of guardians, who are your constituents, that they would do well to give effect to that circular in the most encouraging manner that they could?—I think we have done something very similar to that.

1311. (Mr. Davy.) You do not necessarily agree with the Local Government Board always, I suppose?—I find that I do not often disagree with them.

1312. But you might find yourself in disagreement?—It is quite possible that we might, and if we did, we should not hesitate to intimate it to them.

1313. As self-governing communities you would fight?—We should expostulate before we should fight.

1314. (Chairman.) I have no doubt you would be very outspoken on the point, if you disagreed with the Local Government Board, but I am justified in inferring that on this point you were in agreement with the Local Government Board?—In thorough agreement.

1315. Therefore, I wanted to know whether you had thought it any part of your duty, as an association representing boards of guardians, to impress upon boards of guardians all and singular the desirability of giving effect so far as possible to the circular of the Local Government Board?—We have, through our annual report which we issue every November; the question would come up among the new regulations of the year; and, if my memory serves me rightly, we therein expressed our opinion that the circular should meet with a ready response.

The witness withdrew.

Mrs. WALLACE BRUCE called and examined.

1323. (Chairman.) You preside over the Executive Committee of the Association for Promoting the Training and Supply of Midwives?—Yes.

1324. How long has that body been in existence?—Since 1903. It was in existence practically for about 10 years before that; but, after the passing of the Act, it was re-organised.

1325. It assumed its present title concurrently with the passing of the Act?—In the following year.

1326. Has it any number of branches, or is it merely a central association?—It is simply a central association with two small affiliated branches, but they work very independently.

1327. Do you confine yourself to giving advice?—We train midwives.

1328. Have you any revenue for that purpose?—Only voluntary subscriptions.

1329. What do they amount to?—400*l.* or 500*l.* a year.

1330. What number of midwives do you train annually?—About 14. We have trained 72 altogether, including those we have at present in training. The greater part of our work consists in collecting information.

1331. The whole of your revenue is not spent upon training midwives?—No.

1332. From whom do you collect information?—From the counties, and in every way we can.

1333. You ought to be in possession of a considerable amount of statistical information?—Yes.

1334. Section 1 (2) of the Midwives Act comes into operation on the 1st April 1910. Have you any idea how many women, who now habitually and for gain

1316. But that response has in a great many cases not been given?—I have never heard of a board refusing.

1317. We have been told that in a great many cases the boards of guardians have refused to pay the doctor's fee?—Dewsbury might be represented as having refused to pay in the case that I named to you.

1318. (Mr. Pedder.) The refusal which the Chairman means, I think, was to make any arrangements at all?—We have, as I say, passed formal resolutions, and sent intimations through the Press.

1319. (Mr. Fremantle.) In your précis you suggest that the poor law authorities should have a representative on the Central Midwives Board, do you not?—Yes.

1320. At the present moment the midwives working in poor law institutions are exempt from some of the most important rules of the Central Midwives Board, are they not?—I was not aware of that.

1321. If you had a poor law representative would you advise that such midwives should be subject to the Rules?—I should want to know what those Rules were before I could give an answer. I do not happen to know what those Rules are, and I could not answer without knowing. But I think it would be very undesirable that a public body should be subject to the supervision and dictation of an irresponsible authority which is not a Government department, such as the Midwives Board. That is my personal feeling on the matter; but I do not know the regulations to which you refer, and, therefore, I cannot speak at the moment as to the desirability of having them applied to midwives in the employment of the guardians.

1322. Then your idea of having a poor law representative is only in order that he may help the Central Midwives Board to come to a right decision as regards the fitness of the poor law institutions for training schools?—I presume such representation is desirable on a body having some powers of control. We do not suggest that the nurses trained in poor law institutions should be exempt from the midwives' examination. We suggest that they should be subject to the Midwives Board examination, like all the rest, and it seems to me that, if there are any institutions which have a claim to be represented, poor law institutions have a larger claim than any other.

attend women in child-birth otherwise than under the direction of a qualified medical practitioner, will be disqualified, according to the strict letter of the law, from doing so? Do you know what shortage will have to be supplied?—We have a certain amount of information, but the fact that unqualified women do not come under supervision or regulation at all prevents the information being complete.

1335. Have you ever applied to persons who are at all likely or willing to collect information for you?—I have a note that in Berkshire there are about 90 women practising who are not on the Roll. That you will find at page 7 of the Report of Inquiry which we published some time ago. Miss E. Renaud, Superintendent of Midwives for Newcastle-on-Tyne, remarks: "I have names and addresses of about 100 handy women who in 1910 will be compelled to cease to practise."

1336. Does that mean in Newcastle itself, or in Northumberland?—Having regard to the number she mentions, 100, I should hardly think she means in Newcastle itself; but I could easily let you know whether she meant Newcastle or the whole county.

1337. Those will still be qualified to go on under the direction of a qualified medical practitioner, however nominal the work of the doctor is?—Yes, the law will not touch them in that case.

1338. Have you gone into the question of the difficulty of women living by midwifery alone in the rural districts?—Yes. May I, on the question of Newcastle midwives, go back for a moment? Miss Renaud says that among those 100 "one is 72 years of age who attends her next door neighbour, but can go no further." Obviously she will not go on much longer either under



17 February 1909.]

MRS. WALLACE BRUCE.

[Continued.]

or without a doctor. Then another "is 55 years of age but looks 70; is in ill health, stubborn, ignorant, and will never improve." Another is "a good clean woman who would do well; her health failing—just had an operation for a malignant growth (heart), and cannot work." These she sends as typical instances of handy women. Practically those extreme cases do not count. Then again, the medical officer of health for Nottinghamshire, Dr. Handford, (July 1908), does not anticipate any very serious shortage in 1910, "but the gradual replacement of the *bona fide* certified midwives by properly trained women is a work which is greatly required, but is proceeding much too slowly." The inspector of midwives for Nottingham says, "there will be much more work for the registered midwife here in 1910, as there are many 'handy women' still doing the work, and until they cease doing the work it is impossible to say how many more midwives will be needed."

1339. She does not say how many of these women there are?—No. The medical officer of health for South Shields gives 30 or 40 as the number of unqualified women practising. In Somersetshire there are 140 elderly women who will soon cease to practise.

1340. Except so far as they are covered by medical responsibility?—Quite so. At present, I take it, they are acting on their own account.

1341. They will father themselves on the responsibility of some doctor?—If the medical men choose to countenance them.

1342. The question is rather, is it not, one of providing for the case of women who want attendance?—Generally speaking, that is so.

1343. Surely it is better that they should be attended by a woman of this sort under some kind of responsibility on the part of a doctor, than not at all?—Except that one does long for the suppression of these women altogether.

1344. Yes; but one has to think of who are to take their places. From an ideal standpoint, I quite agree with you; but we have, as practical men and women, to think of who will take the places of these women supposing that they are absolutely precluded from practising after a given date?—Their nursing is as terrible as their midwifery.

1345. I daresay it is in a good many instances, but they appear to serve a certain want?—It was with the idea of their suppression that the Act was passed.

1346. But one must always aim at the result by a gradual rather than by a summary process?—Miss du Sautoy, inspector of midwives for Somersetshire, says: "I know of many districts where there is no trained midwife. . . . I also have the names of 30 women who are not on the Roll, and who are practising." In Suffolk the inspector says: "There are large areas in East Suffolk too poor to support a nurse and midwife, where uncertified women still practise." Dr. Kaye, of the West Riding of Yorkshire, says: "I estimate that there must be a very large number of 'uncertified women taking an active interest in confinements, and even regularly attending without the presence of a doctor.'"

1347. Putting it as briefly as you can, what do you say will be the situation on the 1st April 1910?—I think it will gradually get worse.

1348. Why do you think it will gradually get worse?—Because I think a good number of *bona fide* midwives now on the Roll will gradually come off.

1349. A lady who occupied that chair not long ago, Miss Wilson, seemed to think that it was not an altogether warrantable assumption that the *bona fide* midwives would drop off so quickly; she seemed to think that some time would elapse before the list was denuded to such a point as that?—A great many are of considerable age, and had been in practice some time before the passing of the Act.

1350. The Act has only been in existence for seven years?—A great number had been in practice long before that. Broadly speaking, they are women of fully matured years, and not being trained, they have a difficulty in complying with the regulations. A great many are dropping off.

1351. In the course of the six years during which the Midwives Board has been in existence under Dr. Champneys' administration, have they not already dropped off?—Many of the *bona fide* midwives have dropped off, and the process will continue.

1352. Surely those who have managed to keep their names on the Roll for the last six years might be expected, so long as physical force endures, to continue to practise?—They are getting older every year.

1353. Of course, age with its infirmities comes, or they may take to drink, or something like that, and then they are no longer able to do their work?—There is a great need for the training of a large number.

1354. No doubt; but have you any clear idea how that is to be effected; as to how you are to supply the deficiency when or before it arises?—I want to show how impossible we have found it for midwives to make a living in the rural districts; and that fact we consider is the great obstacle which prevents women from coming forward for training.

1355. Do you not think that that could largely be got over by associating midwifery practice with such general nursing as is compatible with it?—It is difficult.

1356. Is there any fundamental objection to it?—Medical men differ very much on the question of safety.

1357. I am not talking about infectious cases; though surely modern means of disinfecting are so effective that, with proper precautions and a little time being allowed to elapse, a person might pass from an infectious case to one that is not infectious?—Yes, if a nurse is fully trained. But what you say pre-supposes a fully-trained nurse.

1358. Would it not encourage them if the fact were impressed upon them that, by qualifying themselves for general nursing as well as for midwifery, a living would become practicable?—Yes, but then you have to depend upon voluntary societies, such as the Queen's Jubilee Institute, employing them.

1359. They are very willing, are they not, to take the duty, and these county associations, which are getting very general, will be prepared to second them?—Yes, they are general, but they do not cover the ground by any means.

1360. But they are increasing?—Yes, they are increasing.

1361. Your suggestion that an increase in the period of training is desirable would rather tend, for the present at any rate, to discourage persons from presenting themselves as candidates?—With reference to the time for training, three months is mentioned in the Rules, and that is what the promoters of the Act considered sufficient time. We do not find it so.

1362. Public influence will correct that in due course, and we shall find deficiencies can be met by practical methods?—Three months is really the time of midwifery training, and if a woman has that she goes forth as a midwife and cannot make a living.

1363. Suppose the three months' midwifery training is grafted upon considerable clinical experience as a nurse, then surely it is better than without that experience?—That would meet the case very much, only those conditions do not exist at present.

1364. By encouraging nurses who are maintained by all these associations to obtain a midwifery qualification, should we not get what we want?—That may be so.

1365. But you would not be disposed to go further and accept the suggestion that the Midwives Board should adopt a modified examination in the case of persons who have been nursing in rural districts for, say, two years?—I should certainly not accept the suggestion of a modified examination in midwifery, because I think the present standard of the Midwives Board examination is quite a minimum.

1366. I quite recognise your remark that it is a minimum in the case of persons who come and submit themselves to the test without any experience as a nurse; but would you not agree that, with a view of getting over this shortage, a temporary expedient might be adopted, under which the Midwives Board might grant, to persons who had been in practice two



17 February 1909.]

Mrs. WALLACE BRUCE.

[Continued.]

years as nurses, certificates to practise as midwives in rural districts, after an examination somewhat modified as compared with the test applied in ordinary cases?—No, I certainly should not. I think the three months' actual midwifery is an absolute minimum.

1367. As the three months' midwifery practice is considered sufficient in the case of a person who comes without any previous training as a nurse, I would ask you whether, as a temporary expedient to get over this difficulty, any persons who have come up to the examination with, say, two years' experience as a nurse might not be permitted in the areas in which they serve as nurses to practise midwifery after a modified examination?—I quite understand the case put, but I say emphatically not.

1368. You clearly see the point?—Perfectly, but I say "no." They must have a certain knowledge of midwifery, whether they have any previous knowledge of nursing or not. My Association most strongly hold to that.

1369. They would object to any modification?—Certainly.

1370. But for all that you do not approve of any suggestion for extending the time limit within which the Act is to come into full operation?—No, decidedly not. Take the case of a district without a midwife; then it would be an emergency, and anyone would have to act.

1371. You agree that the Act would have to be interpreted with a certain amount of liberty and indulgence?—I do, but at the same time I think that it ought to be absolutely illegal after 1910 for a woman to practise as she does now.

1372. If the emergency occurred, she would have to act, and if she acted a good many times the Act would have to be interpreted to admit of that?—But you would have the Act at your back to exert pressure upon her. I have a great deal of information about not being able to get nurses in a rural district. The fact is that the demand has not created a supply, and we do not at present see a possibility of its doing so.

1373. Is it not for these nursing associations, acting in concert with other institutions, to bring about the requisite state of things?—It is all voluntary effort and voluntary money.

1374. But still, after all, there are a great many people in the rural districts who have nothing whatever to do, and work of this kind would enable their lives to be made more useful?—Those who want to carry out the Act feel that more uniform action should be taken, and a uniform scheme proposed.

1375. But surely there is sufficient capable material in the rural districts of England to organise and carry out work of this sort?—Do you mean material for carrying out the work of organisation or for performing the actual duties of midwives?

1376. I referred to an organisation for the purpose of encouraging persons to come forward who are capable of qualifying?—Encouraging them to come forward means offering them a salary. Some districts do not have either the organising people, or the money, or the enterprise.

1377. There are county associations in various parts of England?—They work admirably; but, even in the best counties, they still admit that there are big districts which are not properly supplied. Would it help you if I gave you some definite facts which we have collected?

1378. Do, please.—From information we have collected, we find that, from 30 counties in England and Wales, 24 authorities (medical officers of health and others) consider that under existing conditions, midwives cannot earn a living in the rural districts. Miss Annie Wilson, the Cambridgeshire inspector, in her report to the county council at the end of 1907, states as her opinion that "there is not a living to be made" in any group of villages which could be undertaken by "any woman even with a bicycle." "Few candidates for training would care to sign an agreement to reside in any special district for a number of years if they knew that their yearly income might be 9*l.* or 10*l.* at the most." In Devonshire, the Honble. Lady Acland says: "It would be impossible for rural midwives to

"support themselves on their earnings." Devonshire has a very active nursing association and a great many public-spirited and, I think, fairly wealthy people, but still there are 205 parishes where no midwife is notified. Many of the women now on the register are gradually dropping off owing to finding themselves unable to comply with the regulations of the Board. These are the *bona fide* midwives. With no training it is very difficult to carry out the regulations. The majority of the patients pay 3*s.* 6*d.* and never more than 5*s.*; and a midwife working for herself, even with a large number of cases, cannot afford to attend them more than at the time of delivery and perhaps once after, and therefore, they cannot fulfil the conditions of the Act, which necessitate 10 days' nursing. In Dorsetshire, the medical officer says: "The fees are so small for attending cases that, unless outside help is forthcoming, women would not be able to earn a living at midwifery." In Essex, Dr. Thresh, medical officer of health, said in July 1908: "The county council is offering scholarships, but there are very few suitable women willing to accept them, as they cannot possibly make a living in our rural districts by midwifery." With regard to that question of scholarships, the clerk of the Leicestershire county council told me that they give scholarships and bind the women to work for two years within the county, but they found the women broke the agreement, simply because they could not earn enough; and they go off to the towns. It is no use to fine them because they cannot pay the fine. In Gloucestershire, Dr. Martin, medical officer of health, considers that unless the midwife had some other occupation or a home from which she could work, "it is probable she would have to be paid a retaining allowance, as the fees obtainable would not be sufficient to keep her."

1379. I suppose in many cases she may be a married woman? Therefore what she gets from the practice of midwifery may be merely supplemental to the income which she and her husband get?—If that is so, it meets the case.

1380. There is no reason why a midwife should not be a married woman?—No, the two conditions are quite compatible. Those used to be the women who practised; but now, under the Act, they are afraid to come forward for training.

1381. Why are they afraid to come forward?—They are very humble women who, as a rule, are frightened.

1382. Do they think that the Midwives Board are such a body of ogres that they dare not present themselves to them?—The experience of my Association shows that comparatively humble women can and do pass the examination for midwives. At the same time it is known now as a profession that requires training.

1383. Would the scruples of these women be got over, if they were shown that the thing was not so formidable as they consider it?—Yes. But naturally a married woman very often has family claims, so that she cannot leave home. It is difficult to get a woman away from home for three or four months. Before the Act passed there were no conditions.

1384. In many places she could get her training, could she not?—No, practically not.

1385. If she is near a centre?—If she is near a centre, yes; but in country districts she is not so placed.

1386. But teachers surely are recognised in the country districts very often?—But she must come where she can attend 20 labours and she must attend at least 15 lectures within three months. She practically must leave her home and come to a town. I think that the approved teachers are mostly to be found in the towns. Miss Burnside, the inspector for Hertfordshire, says: "The total earnings of the midwives during 1907 give them an average of 4*s.* 4½*d.* per week each; subtracting the earnings of the three women who do make a livelihood, the remainder earn an average of 3*s.* per week. These figures bring home the fact most forcibly, that a woman cannot possibly make a livelihood out of midwifery alone in an agricultural district; and it is only by dint of very hard work that a living is to be made in the small towns, as the fees in the urban district of this county



17 February 1909.]

MRS. WALLACE BRUCE.

[Continued.]

"only average 10s. 3 $\frac{1}{2}$ d. per case, and in the rural districts 7s. 7 $\frac{1}{2}$ d. per case. Added to this, in many cases the fees are never paid; one midwife for instance, having lost as much as 7l. last year out of a possible 39l." In Kent, the medical officer for Chatham, says in April 1908: "Unless a woman has some other source of income, the fees are not large enough to encourage her to go through the prescribed training." The Monmouthshire inspector considers that in the sparsely populated agricultural districts, it would be quite impossible for a woman to gain a living wholly depending upon midwifery. In Norfolk, the inspector of midwives says: "Many women earn only 3l. to 6l. per annum. So at least 20l. per annum as a supplementary living grant would be required; 150 midwives are required for the county, of which number they are 60 short." In Somersetshire, the same thing. Many parishes have less than 20 births a year, making it impossible for a midwife to earn a living, even if two or three parishes were grouped together. In Suffolk, the inspector of midwives says: "There are only three towns in Suffolk, namely, Ipswich, Bury St. Edmunds and Lowestoft, where midwives could support themselves out of midwifery cases alone; and there are large areas in East Suffolk too poor to support a nurse and midwife, where uncertificated women still practise." Free training has been offered to women from a voluntary fund of 700l., but women do not come forward readily, realising how little is to be made by midwifery in the rural districts. In Warwickshire, Dr. A. Bostock Hill, medical officer of health, says: "The crux of the whole question is how to find means of living for midwives in the rural districts. The difficulty is purely a rural one not existing in the urban districts." The medical officer for Wiltshire, in his report on the working of the Midwives Act, says: "The present fee of 10s. per case only meant 16l. 15s. each, divided among the practising midwives in the county; so it would be cruel to induce a larger number of women to go into the work unless some means could be found of subsidising them in thinly populated districts." Practically there is a consensus of opinion upon that.

1387. I do not think we need multiply evidence of that sort; but can you tell me how you collected this information?—By writing to the medical officers and the chairmen of the county councils.

1388. You did not use any voluntary nursing associations—or county nursing associations?—I am not prepared to say exactly. I think we did. I think we used any means of information available. We did not confine ourselves to one source, certainly.

1389. There are a considerable number of midwives nursing now in rural districts. Could you tell me how they are at present earning their living?—The great difficulty is that so many are humble women who are not at all up to the standard we wish.

1390. But as to the trained ones?—The trained ones are crying aloud with distress at the situation. Those who are in the employment of the county associations and others are all right, but our experience is that many of them are lamentably poorly paid—a pittance.

1391. Shortly, the result of your inquiries would show that practically all the trained women in the districts are supported by the associations?—Yes, and the associations or committees are forming themselves with a view to employing trained advice, but they do not offer enough to live upon. That has occurred again and again.

1392. What do you consider a minimum wage?—I think that, for a woman in that profession her salary ought to be 30l. at least.

1393. Besides board and lodging?—Yes, that is only a servant's wage after all. If it is inclusive, 60l. or 70l. should be the minimum.

1394. In the majority of the nursing associations, the fee for their training has been paid for them, has it not?—Some associations pay for the training. The midwife is very often given a small salary in consideration of that.

1395. The majority of the nursing associations pay for the expense of the training, and for that the nurse

is therefore willing to serve at a wage that is really below what she should properly earn?—Quite so. But that naturally only lasts for a year or two. After that she must make a proper revenue. She cannot go on for the rest of her career on that.

1396. Then she drifts to the town?—That is the tendency. There she thinks she can make a living or go to high-class work.

1397. (Mrs. Hobhouse.) I rather gather from what you say in your précis, that you base your conclusion as to shortage upon the number of *bonâ fide* midwives in contradistinction to the number of trained midwives in the different localities; is that so?—Yes, because the places of all the *bonâ fide* women will have to be supplied by trained women.

1398. Your Association consider that is a satisfactory proof of shortage?—Shortage must inevitably come in that way.

1399. You give a certain number of counties where the proportion of *bonâ fide* midwives is greatly in excess of the trained midwives. Could you let me have the full number?—Yes, we have information as to a certain number of counties. The latest information I have is this report of the Central Midwives Board. I can give you a list of the most striking ones. For instance, in Cheshire, out of 473 practising, 112 are trained and 361 are *bonâ fide*. Those are the figures for 1907. I have no later figures than those.

1400. Have your committee at all considered the conclusions of the Central Midwives Board as regards those figures: I refer to the conclusions in the Preface, in which it says that there will not be the anticipated shortage?—Yes; the information we have received shows that in some counties there will be a considerable shortage. In a good many they do not anticipate any sudden shortage; but they all think there will be a growing shortage, because of the number of *bonâ fide* midwives who must inevitably be replaced by trained women.

1401. I gather that your Association consider that the shortage will be more serious than the Central Midwives Board anticipate?—I think we do, on the whole. Some of the counties will feel it more than others. I think we lay more stress on the increasing shortage.

1402. Can you tell me the total number of midwives that you have trained from the beginning of your Association; that is, who have passed the examination?—The total number, of course, is small, 72—five being still in training.

1403. Have you found any difficulty in obtaining candidates?—Latterly we have experienced very considerable difficulty indeed. We would train many more if we had candidates.

1404. You consider the difficulty is simply the question of livelihood?—Practically so. A great many come to us thinking they will make a living; and, in answer to their inquiries, we have to admit the difficulties, and then they retire. We have had this year upwards of 500 applications from women, of whom we have only trained about 27; part of the applicants—indeed the great majority—are unsuitable, but a great many say: "If you cannot show us that we are going to make a living we will not take it up." We could train a great many more if suitable women could be tempted forward by the knowledge that there is a career.

1405. Do you undertake to provide them with posts after they are trained?—We undertake to do our utmost, but we are not an employing society.

1406. But any woman coming to you for training is practically sure of getting remunerative employment afterwards?—Practically. But we do not guarantee them employment. We promise to do our best, and we practically can pass them on.

1407. You do not find the expense of the training is any deterrent to candidates coming forward?—They cannot afford it themselves.

1408. Therefore it is a deterrent to them?—Yes, absolutely. If they could afford it, they would not come to us. They come to us for assistance.

1409. The expense, therefore, is a deterrent throughout the country?—Yes.



17 February 1909.]

Mrs. WALLACE BRUCE.

[Continued.]

1410. And yet you advise rather longer and better training for the midwives. Surely that would decrease the supply?—So many people think they can squeeze themselves through in three months. It is just that sort of prevalent idea which we want to discourage. Also, I very much wish that a greater number of what I call humble women, lower class women, who would live in their homes in their villages, would undertake it. But they cannot get through in the three months.

1411. There are training homes which will take them for considerably longer than three months?—Yes. The fact of the matter is that several different bodies represent to us that the standard is too high and that women of that class cannot pass the examination. Our contention is that they can, if they are given time. They cannot do it in the shortest time; but if they are given a longer time, they can.

1412. Women up to 40, as a rule, can; but not over?—I was not referring to the question of age, but to the question of education. Our experience is most definitely that lower middle class women, with sufficient education to read and write fairly, can and do pass.

1413. Therefore, the sole deterrent to their coming forward is, in the first place, the expense of the training?—Yes.

1414. And, secondly, the impossibility of obtaining a livelihood?—Yes, and the expense and the time away from home.

1415. You say you have some suggestion as regards the appointment of midwives in country districts?—Yes.

1416. Have you found that these lower middle class women, as you call them, are better trained in the hospitals or in districts?—The ideal thing is a certain amount both of hospital and district training. We find that district training is best, because of the conditions under which the women work afterwards.

1417. Have you found a difficulty in obtaining training vacancies in district homes?—We train for the most part at the East Ham Branch of the Plaistow Maternity Charity.

1418. You practically do not train anywhere else?—In several other places. We train a good many at the East-end Mothers' Home, but mainly at East Ham.

1419. Do you find any difficulty in obtaining training vacancies for your pupils?—They have to make application long beforehand, but we have not been hindered by that difficulty.

1420. Because you have your own training home?—If we could train as many candidates as we wish, I suppose we should be hindered, but, practically, we have not been much hindered at present. The suggestions I have to make for the placing of rural midwives in rural districts are: (1) That any authority dealing in future with out-door medical relief shall be under the same obligation to appoint district nurses, qualified as midwives, as boards of guardians are now under in respect of the appointment of district medical officers. (2) That such district nurse-midwife be free to follow private practice, or to work under an association as a nurse or midwife, so far as is consistent with the due discharge of her duties under the public authority. These recommendations have been framed to meet the requirements of the rural rather than urban districts. May I just say a few words, Mr. Chairman, with regard to these suggestions?

1421. (Chairman.) Certainly.—We have come to the conclusion, from the evidence I have laid before you, that these suggestions might form a practical basis for the provision of midwives in districts which now seem in danger of being entirely unprovided. We were rather forced to this conclusion because we find that it is absolutely essential that the provision of at least one midwife in each defined district of each county must be compulsory.

1422. (Mrs. Hobhouse.) Does that mean the rural district?—Yes. We do not wish any part of the country to be left absolutely without any midwife.

1423. When you say "a defined district," do you mean a parish?—What is at present called a parish—we do not know what it will be called in the future. In every district, we say, there should be at least

one midwife. That should be compulsory, and not optional.

1424. Paid for by the district council?—By the body that has the duty of medical relief of the poor for the future. The precise form the suggestion should take has been arrived at after long discussion, and with some very acute dissensions; but the Association now put them forward as a basis for future action, fully conscious that the details will require most careful consideration. The main principle is that the provision of midwives must be compulsory and not optional. I should like also to say that the Association hold most strongly to the views expressed on March 30th, 1907, when we organised a deputation to the Privy Council Office against some suggested alterations in the Rules of the Central Midwives Board. In supporting the suggestions I have put forward, we should strongly resist any scheme which would exempt midwives appointed as we have suggested from the provisions of the Act or the Rules of the Central Midwives Board, or from the supervision and control of the local supervising authorities as constituted under the Act.

1425. Then your idea is that it should be compulsory on boards of guardians to supply a midwife for every parish within their area?—Yes. "The authority," as we call it, "dealing in future with out-door medical relief, shall be under the same obligation to appoint district nurses qualified as midwives as boards of guardians are now under with respect to the appointment of district medical officers."

1426. It would be compulsory that they should, if necessary, train them as well as maintain them?—Under the Act they must, of course, be trained. Whether they train them, or whether they appoint midwives trained by other people, is another matter?

1427. The probability is that there would not be a sufficient number of trained midwives; and, therefore, in order to meet the demand the authority would have both to train and maintain?—The midwives would have to be trained in accordance with the Act; they would have to take the 20 cases. Whether they were trained by the medical relief authority or by private societies they would be midwives under the Act.

1428. Is that not a very heavy obligation to impose upon boards of guardians?—They will have to be under the same obligation with regard to midwives that they are now under with regard to medical officers.

1429. (Mr. Davy.) Is your Association a voluntary association?—Yes.

1430. With voluntarily subscribed funds?—Yes.

1431. Have you got plenty of money?—Not nearly so much as we should like.

1432. But you have enough to carry on?—To carry on, yes.

1433. Are you an old association?—We have been in existence as we are now for five years; we came into existence soon after the passing of the Act, in consequence of the passing of the Act.

1434. Have you got offices?—Yes, in Dacre House, Dean Farrar Street; in fact, the Association have done a great deal of secretarial work.

1435. Is your committee nominated by the subscribers, or co-opted?—We have a large council from which the executive committee is appointed.

1436. Do you give definite grants to definite individuals for the purpose of training?—Yes. Women apply to us, and we give them forms to fill up.

1437. And you make them a grant?—We make them a grant, after most strict enquiry.

1438. I suppose what is in your mind with regard to that recommendation of yours is that if boards of guardians or any analogous body had to appoint midwives they would have to pay the midwives, and then the supply of midwives would be provided for?—Yes. I understand parish medical officers are now paid for the cases they take under the poor law.

1439. The parish medical officer is never a whole-time officer. Would you make your midwife a whole-time midwife?—No; we contemplate she would be free to follow private practice or to work under an association.

1440. That is to say, your proposal is that the local governing body shall subsidise a midwife or subsidise a



17 February 1909.]

MRS. WALLACE BRUCE.

[Continued.]

private nurse if she will do midwife's work?—Yes; they would practically guarantee a living wage.

1441. You do not contemplate the authority providing a whole-time midwife, or a whole-time nurse?—No, certainly not. But we do contemplate, in districts where there is no living to be gained, that they should subsidise sufficiently to enable a midwife to make a living.

1442. May I ask you whether that living is to be guaranteed with a view to securing a supply of midwives, or is it to meet the need which the poor now have?—It is in order to secure a midwife in districts where at present there is none, where voluntary effort has apparently failed, or there is no living to be gained.

1443. Because voluntary effort has failed you wish to put it on the public authority?—Yes.

1444. Have you considered the advisability of putting it on nursing associations?—Yes. With nursing associations it is optional.

1445. Voluntary contributions do not give you, you think, the same sense of security as contributions from rates do?—And they do not exist in certain districts. Besides, you cannot say to a voluntary association, "You shall do this, that, or the other." We should heartily prefer to keep to the voluntary system, but it has apparently broken down.

1446. In your judgment has it broken down?—It has broken down, inasmuch as large districts, and even whole counties, are without organisation.

1447. (Dr. Downes.) Have you had any failures among the women you have sent up to the Central Midwives Board examinations, and do you know the percentage of failures you have had?—Out of 72 women four failed entirely. In the case of two of these, we had broken our rule and did not interview the women, but had trained them for other associations. Five, all uneducated women, succeeded on a second attempt.

1448. What was the average cost of training?—As a rule, our training for the four months cost 21l.

1449. That was for midwifery training only?—Yes.

1450. Can you bind these women to serve you for any length of time?—We do. We bind them to work as district midwives among the poor for at least two years.

1451. And what proportion of them keep that pledge?—One or two have failed through illness; but practically not a large proportion of them have failed.

1452. With regard to your scheme, what would be the relation to the district medical officer of the nurse appointed as you propose? Would she be, in any way, correlated with him in duties?—No, I imagine not, because midwives, as a rule, act where a doctor is not called in. We take it she would be supervised and controlled under the Act as it at present stands by the supervising authorities.

1453. You would have her in no relation whatever to the district medical officer?—No. She would be responsible solely to the supervising authority.

1454. Have you considered what area she would be able to cover in a country district? Or what population she might be expected to serve?—No. That would be one of the things to consider when you come to details. The aim would be to depend in each county upon the local conditions.

1455. Have you considered what would be the probable cost of the subsidy which would be given to her?—We imagine that in districts where she could get a fair amount of private practice, it would be much smaller than in districts where she would not. We should hope also that the same midwife might be often employed by the county nursing association, or other voluntary association.

1456. Are you able to suggest any definite figure as an estimate?—No.

1457. I think you said there were some dissentients to the scheme?—Yes.

1458. Can you tell us what their grounds of dissent were?—The ground of their dissent was a fear that under these suggestions midwives would be exempted from the rules of the local supervising authority and of the Act, and also that the training might possibly be inferior, that a different standard of training might be introduced. Those were the grounds.

1459. Was the scheme considered by any members of the medical profession?—It was considered by the advisory committee, at which Lord Balfour of Burleigh presided.

1460. The medical members of your advisory committee are, I think, chiefly officials?—Yes, it was a small meeting of the committee, but the recommendation passed through the committee, and the executive of the council decided that I was to bring it before this Committee to-day.

1461. (Mr. Pedder.) I think you collect your money in London by a system of local committees?—Yes, largely.

1462. Does any similar system obtain in the provinces?—No.

1463. Do you work over the borders at all?—In London entirely. We have a certain number of country subscribers; but we have no system, as we have in London, of collecting funds.

1464. Do you go in for any propaganda in the provinces as to the need of midwives and the need of persons to come forward as midwives?—Yes, we have urged that constantly in season and out of season, through all the counties wherever we have had an opportunity.

1465. Through what machinery?—Mainly through the county councils. We have written constantly to the clerks, chairmen, medical officers and so on.

1466. Saying that you are prepared to train?—Yes, we made a definite offer in this plan we call our "method of work."

One of our chief methods is "to communicate with county medical officers, nursing and other

"associations, as to the needs of each county, present

"and prospective; and the best method of grouping

"villages in order that no one should be beyond the

"reach of a midwife's services. (A) If assistance is

"needed, the Association will co-operate with the local

"authorities in training suitable women to return to

"work in their own districts. If the women cannot

"themselves afford the cost of training, and there is

"not sufficient local help, the Association may supple-

"ment, or, if necessary, pay the entire expense of such

"training. In neighbourhoods where it is not possible

"for a midwife beginning practice to earn a living, the

"Association is prepared, after due consultation with

"local bodies, to make grants towards maintenance

"until a living is assured or adequate local support

"is organised. (B) The Association is prepared to

"recommend midwives to any districts where no local

"woman is available. The Association advises and

"makes all arrangements for training women in any

"of the schools, London or provincial, recognised by

"the Central Midwives Board. All correspondence

"and applications for information, &c., to be addressed

"to the Secretary, Association for Promoting the

"Training and Supply of Midwives, Daer House,

"Dean Farrar Street, Westminster, London, S.W.

"Donations are earnestly requested for the Midwives

"Training Fund; also annual subscriptions of any

"amount." I may say that the women we have

trained have come from all over the country. They

are not London women at all.

1467. And go back to their districts?—We practically do not train London women, because London can take care of itself.

1468. You do not train locally; you train people from the provinces in London, and they go back to the provinces?—Yes.

1469. How many weeks does it take to train?—We always make 16 weeks a minimum—longer if possible.

1470. Do you follow your trained women back into their work when they go?—Yes, we try to keep in touch with them, and we do so with practically all of them.

1471. Is your experience satisfactory?—Yes, highly satisfactory.

1472. They get a living, and they behave well?—They behave well; but whether they get a living is uncertain unless they are employed by an association.

1473. What happens when they do not get a living?—It is difficult.

1474. But the effect is satisfactory in regard to the personal character of the women?—Yes.



17 February 1909.]

MRS. WALLACE BRUCE.

[Continued.]

1475. Do you know cases of your trained women who have failed or are failing to support themselves?—Yes, generally speaking, every woman who has gone out to make a living alone has had to be placed with an association who can maintain her at a salary.

1476. You do not yourselves pay for the maintenance of a midwife?—No. In one or two cases we have given them amounts of ten shillings a week and so on, and we are doing that now; we are prepared to do it as a small subsidy while they are working up a private practice. That is one of the ways in which we offer help. We have not done much in this way yet, but we shall be glad to do it.

1477. That is an extension of your work?—Yes.

1478. Do you collaborate with other associations, or do you act very much alone?—We have very successful training schools started in Newport, Monmouthshire, as the result of our advice, speeches, work and so on. In the same way at Leicester, in consequence of a meeting we addressed and the interest we aroused, a maternity hospital has been started and a certain amount of training has been done.

1479. Those are little offshoots, so to speak, of your London system?—Yes. A most admirable hospital has been arranged and equipped at Leicester, and we hope in time it will train teachers.

1480. In regard to the women that you train, are any large proportion of them nurses to start with?—No.

1481. Do they come merely as midwives or nurses or both?—As both. I have made a note of all the cases. I have here the exact figures. Forty-three have been trained for midwifery only.

1482. They have been trained in midwifery and nothing else—they had not been trained previously?—Of those, seventeen had some general training as nurses previous to their midwifery training, and twelve had experience in general nursing previous to their midwifery training.

1483. Do you take the candidates indiscriminately, whether trained as nurses or not?—Yes.

1484. And you do the midwifery part of the training?—Yes.

1485. You have been enquiring in the provinces as to the numbers of uncertified acting midwives?—Yes.

1486. What sort of sources did you go to for your information?—The county nursing associations and superintendents and medical officers.

1487. I understand you to say you have found some difficulty in obtaining information as to the number of uncertified handy women?—Yes, because the fact that they do not come under the law in any way makes it impossible for us to have any accurate knowledge of them, or of how many there are.

1488. Do you suppose there is any tendency on their part to conceal themselves?—Yes.

1489. We want to get information as to the number of uncertified people. The shortage very largely depends upon that—upon the number who are acting and who will have to stop acting; and the difficulty is to see who is to give us the information?—As to the absolutely uncertified it is impossible, because really no one has any accurate knowledge of them, or as to how many there are. But it is highly necessary that they should be stopped.

1490. We want to find out how many will be stopped; therefore we want to know how many are acting now?—Beyond these few figures which I have been able to give you, we cannot tell you more.

1492. You cannot suggest a better way of getting the information?—No, I cannot; and our inquiries have been fairly wide.

1493. And you have finally come to the view that you cannot say how many people are acting in the background?—Yes; there is a very strong feeling of fear, for they know it is illegal.

1494. (Chairman.) Or is going to be?—They know it is strongly deprecated now, and they try to hide it in every way.

1495. (Mr. Fremantle.) I want to understand a suggestion of yours, because it is a very practical one.

Do you suggest that guardians should appoint these district nurse-midwives, but that the local supervising authorities, who are the county councils, should control them?—Yes. We do not call them "the guardians," because we do not know what the future authority may be.

1496. Whatever the future authority is, you suggest that one authority should appoint, and another authority should supervise. Which authority would dismiss?—I suppose the appointing authority, on due cause being shown by the supervising authority.

1497. That introduces a difficulty, does it not?—Yes, it does, I admit. We strongly deprecate any alteration in the supervision and control.

1498. Is that system founded on the precedent of the Irish dispensary midwives system?—That is a sort of idea in the background.

1499. There is one difficulty I see in your system. You have experienced in your society, have you not, considerable difficulty in getting candidates for training?—Yes.

1500. Something like 500 applicants a year, and only about 70 have been trained?—Yes.

1501. And yet now you want to supply this considerable shortage all over the country by appointing a district nurse-midwife for every parish in the whole country?—Yes.

1502. What salary or what terms do you think would be necessary to attract the women?—Our idea was that the appointments would be like those of parish doctors, who, I understand, have a certain small salary in proportion to the private practice they can obtain. That is our idea; it would vary according to the locality.

1503. But you do not imagine there will be difficulty in getting candidates for these positions?—No, I imagine not.

1504. Then, I suppose, you imagine that you are going to give rather high salaries?—I do not think they will be in a position to command high salaries. They will want a living wage.

1505. High as compared with what?—Compared with what they can earn now, alone.

1506. Compared with what is now considered the average cost—of an average nurse—40*l.* to 60*l.* a year?—Not high compared with that, but we hope it will be made up to that.

1507. You think at that salary, 40*l.* to 60*l.* a year, inclusive of all charges, you will probably be able to get a sufficient number of women to enable the local authorities to carry out a compulsory measure of this sort?—Yes.

1508. (Chairman.) Does your scheme contemplate the payment of any fee for attendance on the part of the patients, or is this attendance to be of an eleemosynary character?—No; those she attends for the guardians, so to call them, would, of course, be recipients of out-door relief.

1509. That you admit?—Yes; from those she attends on her own account, as private patients, she would take whatever she could get.

1510. (Mr. Fremantle.) Following up my last questions about the difficulty of getting candidates for these positions, I rather differ from you as to the difficulty in getting women of the class you want. Do you think you will be able to get the class of women who now go into the teaching profession, or are you going to continue with the original class of village woman?—I think a class above that. If the income is made up to 60*l.* or 70*l.* inclusive, we shall get a better class than the old village woman of the "Gamp" type.

1511. You think you will be able to get a class to compare with the class who at present go into the teaching profession?—Yes, I should imagine so.

1512. (Mr. Darg.) When you said a midwife in every parish, you meant every parish or combination of parishes?—Yes, I am afraid I ought to have said union or district, or group of parishes that a midwife could cover.

The witness withdrew.



## FOURTH DAY.

Wednesday, 24th February 1909.

PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.

Dr. F. H. CHAMPNEYS.

Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.

Mr. F. E. FREMANTLE.

Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Dr. HUGH WOODS called and examined.

1513. (*Chairman*.) You are the General Secretary of the London and Counties Medical Protection Society?—Yes.

1514. I presume it is the pecuniary interests of the medical profession which this society has been brought into existence to protect?—Yes, that is its general idea, but it is not only financial.

1515. In what other respect do you seek to afford protection?—Character.

1516. Are the characters of medical practitioners particularly liable to assault?—Yes, most of our time is taken up in defending men against charges affecting their character very seriously.

1517. Not from a pecuniary point of view only?—We have regard to the general interests of the profession, and of course the financial interests too.

1518. You approach the general interests of the profession from a different standpoint from that of the British Medical Association?—Generally we are very much in harmony with them.

1519. Then your attendance here to-day involves rather a duplication of the same view?—We have made special enquiries that they have not made, and we have gone into the one specific point in regard to the payment of doctors called in by midwives.

1520. How have you ascertained that nearly half the cases, or more than half the cases, in which doctors have been called in to assist in emergencies have been cases in which no payment has been given?—We issued a circular to all members and to a number of others, and we received replies from a good many doctors all over the country. A great many did not reply, but of those that did reply we found that, out of 256 summoned to assist midwives, 116 received payment and 140 received no payment whatever.

1521. But did they make any effort to obtain it?—I think so.

1522. I ask that because cases have been brought to the notice of the Privy Council Office where complaint of that sort has been made, and on investigation it has been proved that no application for payment had ever been made?—I am afraid a doctor very often knows where it is useless to make application. There are a large number of people that he knows he could not compel to pay.

1523. But has he applied to the local authority—to the board of guardians?—Since the inquiries that were made some little time ago the guardians are making payment much more than they did.

1524. Therefore you do not wish to press that point of view very strongly?—I think it is nearly as bad, but not quite so bad, as before. It is very much improved.

1525. You think it is very much improved?—I think so, though I have not got the statistics to show how it stands exactly.

1526. You have come to the conclusion that, unless some great change takes place, the women in whose behalf doctors are called in will have to go without attendance at all?—Doctors have plainly said so in very strong language.

1527. Do you justify them in their attitude?—Yes, I think a doctor should not attend unless he is paid.

1528. But surely every doctor has a certain amount of unremunerative practice, has he not?—Far too much. I do not think a doctor ought to have any. I do not think doctors should be called in without being paid, even if the public have to pay the doctor.

1529. It is not a question of people not paying, but of the doctors taking steps to secure payment from those who can pay. That is the more important point?—Yes.

1530. Would you then go so far, pursuing that same line of thought, as to agree with the doctor, who, when told that in the event of doctors not attending mothers might die, is reported to have replied: "Let them; we shall sooner get rid of the midwives"?—I will tell you my opinion on that subject. I am quite as humane a man as anyone else, and I have attended a great many cases, and I would not advise anything inhuman, but I do say I believe more harm would ultimately result from doctors doing their work without being paid than if they from the first said, "We will not do it without payment," and thereupon the Government stepped in and by one means or another provided medical attendance. If we keep on with a half-and-half system as at present, there will be a constant muddle, which will result in deaths fifty times more than otherwise would be the case.

1531. You do not think the action of the medical profession in obedience to the instincts of humanity is more likely to secure favourable attention to their claims than acting inhumanly?—No.

1532. I think you have made a miscalculation there. What has been generally the tenor of the replies of the boards of guardians to your application, and what is the information you have obtained?—From the replies of the boards of guardians it appeared that in a great number of cases there were no midwives, and a certain number of boards of guardians declined to accept the responsibility of dealing at all with the matter of providing medical assistance for midwives. Of those boards of guardians which have made some provision, a considerable number have come to the conclusion that their own medical officers could give the help needed, and they have arranged to pay their own medical officers the same fees that they already received when attending confinement cases under a midwifery order from the relieving officer, provided that inability to pay for such attendance was made out satisfactorily.

1533. How has that system worked, do you know?—I think it is undesirable in most districts. I think probably there are districts in which it works all right, but the awkward position is that these emergencies are exceedingly sudden, and when the medical officer is sent for he is often not available, and, of course, in some cases his deputy cannot come. Then there is a very large amount of unpleasant delay over it. If the medical officer is not there they go on to another doctor, who says it is a case for the poor law medical officer. If they say, "We cannot find him," he says, "Go and look for him." That is the result, and it is not satisfactory, and it is not safe for the woman.

1534. You therefore think that payment should be made compulsory upon the local authority?—Yes. I do not think our Society is very much agreed as to



24 February 1909.]

Dr. H. Woods.

[Continued.]

which would be the best authority. The general feeling is against the boards of guardians doing it at all.

1535. But supposing the views in the Report of the recent Royal Commission were adopted, and boards of guardians were replaced by public assistance authorities on a larger scale, should you think that they would be proper authorities for this purpose?—Yes, I think so.

1536. What fees do you think ought to be paid? Have you come to any conclusion as to that?—I think no fee should be lower than one guinea.

1537. What would that cover?—Cases where there is nothing exceptional.

1538. But he would not be called in except in emergency cases?—Two guineas, which is the poor law fee, should be the lowest in such cases.

1539. Is that to cover all the attendance that the case might require?—In ordinary practice the confinement fee covers attendance for about 10 days, where there is nothing exceptional.

1540. The fee should cover that?—It should cover a certain length of time—a week to 10 days, I should think.

1541. But I suppose in the medical profession fees are universally graduated in accordance with the presumed means of the patient?—Yes.

1542. I have some knowledge of what those are in rural districts, and I have always understood from practitioners there that they charge the rich people about four or five times as much as their attendance really justifies, in order to accommodate their fees to the lower scale obtaining in the poorer classes of society?—Yes, and two guineas very often would not compensate a medical man for attendance in some cases where he is perhaps detained away the whole of the night, or two or three days, as I have often been myself.

1543. Is that a frequent occurrence?—In the case of midwives sending for the doctor, they do not send unless there is something very substantially wrong.

1544. But supposing there was an enactment providing for the payment of these fees, what do you say about the possibility of the doctor and the midwife acting in collusion, because there is some risk of that?—There is a possibility.

1545. You would not put it higher than that?—There are black sheep in every profession, but I think the Midwives Board could do a great deal in that way.

1546. But how would they become cognisant of such cases?—Evidence would gradually collect showing that a midwife was practically working with a particular doctor and sending for him when she ought to have sent for someone else. But it would be difficult, I admit.

1547. Do you think that it would be a matter of common knowledge?—It would be difficult to know.

1548. Therefore there is a considerable risk?—I do not think considerable, but I think there is some risk; and if anything could be done to prevent it the profession would be only too glad that it should be done.

1549. You think it is a thing which, if brought to the knowledge of the General Medical Council, would be a serious thing for the doctor?—Yes, but it would be difficult to prove those cases.

1550. But would you think it infamous conduct in a professional respect?—Yes, and the General Medical Council would deal very strongly with it.

1551. Would you state what you hold to be the three points that the Council of your Society most strongly urges?—First and foremost, that it should be understood that no doctor should be expected to attend on the summons of a midwife unless he chooses to undertake such work, and to accept the fee guaranteed by the authority providing for such attendance. There are a number of doctors throughout the country who simply do not take midwifery work, and many doctors, especially as they get on in life, say they will not work at night. They do not need to do so, and they refuse. Those men should not be in the position that, if they are called up at night by notice from a midwife, they should be held up as having been inhuman because they do not go. I think there should be no attempt to put any compulsion of any kind on a doctor to under-

take midwifery work at the fees arranged by the public authority unless he chooses to undertake it. But of course the majority would undertake it if the fee was anything like reasonable. Then, secondly, the fees of doctors summoned by midwives should be paid to them in all cases, without requiring any proof of the poverty of the patients, any necessary enquiry being made by the acting authority, who should pay the fees of the medical practitioners without demur, and then take such steps as they might think fit to recover the fees when the patients are able to pay. In a case like that, when the fees are fixed, as I presume they will be, as low as will be at all satisfactory to the doctors, it is extremely unfair that they should be put in the position of making enquiries as to the pecuniary position of the people and putting pressure upon them. Some of the members of the boards of guardians expect the doctor to send a collector round and worry the people for a certain space of time, and all that kind of thing. That is very intolerable, and I think it should not be put upon the doctor. If the doctor likes to say, "they cannot pay," I think the authority should pay the fee to the doctor, and then recover it for themselves if they think fit. Of course, if the local authority find difficulty, the doctor will find ten times more difficulty.

1552. Then there is a third point that your Council wish to urge?—The third point is that when a doctor is summoned by a midwife to operate or attend on a woman in a serious emergency, he should be the judge as to whether or not he should visit the patient again, and, if so, how often, and that for such visits over and above those covered by the confinement fee the doctors should be entitled to reasonable fees in addition to the fee for the operation or attendance.

1553. That would be a matter of arrangement, I presume, with the authority responsible for the patient?—Yes, quite so.

1554. Then is there anything else you wish to say about that?—The importance of that is that in actual practice what you very often find is this, that a midwife sends for the doctor, and as soon as he has given an opinion, or got her out of the existing difficulty, there is a tendency on her part to want to get that doctor out of the house as fast as she can. She never likes calling him, because it is an admission there is something she was not able to do that he was able to do, and she is jealous.

1555. But she does not pretend to have the knowledge and the skill of the doctor?—No, but I do not think I blame her for it. It would be the same as between the doctor and the consulting physician, to some extent. The doctor is called in to do, say, some operation in connection with the confinement, and he then goes away, and only a week afterwards he hears that the woman has died under very awkward circumstances, and there is an inquest, and he is perhaps landed in a very unpleasant position because he has done the operation and has not attended her afterwards, and the woman has been neglected. He should hardly be held responsible, but it becomes a very serious matter for him.

1556. We have heard of a good many instances of doctors nominally undertaking cases and then leaving the responsibility entirely in the hands of the women who are acting nominally on their behalf, but who really act upon their own responsibility. Do you consider that a proper thing to do?—No, and I think if anything of that sort is proved it should be dealt with severely.

1557. We are given to understand it is general?—I do not think it is general. I hear of most things of that kind that go on, and some cases have turned out not to be proved at all. But where I have heard of anything of that kind the slightest hint that it is known or noticed is quite enough to stop it. I have never had occasion to do more than write a letter warning them about it. Of course our Society take very strong action in bringing before the Medical Council anything of that kind. I do not think there is much of it, but there is always the fear of it.

1558. (Mrs. Hobhouse.) Regarding these statistics as to payment of the doctor, they only include the time after the passing of the Midwives Act, do they



24 February 1909.]

Dr. H. WOODS.

[Continued.]

not?—I hope so. Whether the doctors were accurate or not I could not be sure. They were told what we wanted replies upon, but it is possible there may be a little error in that respect.

1559. Did you make enquiry with regard to the certificated woman or registered woman?—No, there was no distinction made in that way, I think.

1560. Did your society make any enquiry previous to the passing of the Midwives Act as to the number of cases in which a doctor had been called in?—No.

1561. You have no idea then whether the number of cases in which a doctor has been called in by a midwife has increased or decreased?—No, I could not say about that.

1562. You can give us no evidence at all on that point?—No.

1563. You have said in regard to the third recommendation of your Council that the fee charged shall be for the one visit, and that there should be an extra fee for such visits over and above that covered by the confinement fee—you say the doctor should be entitled to reasonable fees in addition to that fee?—Yes. That is rather vaguely expressed. What it should be is a fee in addition to the confinement fee, which is an understood fee in almost all cases, and which covers the regular period of about 7 to 10 days.

1564. But that is surely in direct contradiction to your statement on page 3 of your précis, where you say that the London and Counties Medical Protection Society are of opinion that a fee of one guinea is the lowest that should be paid to, or received by, a medical practitioner for attendance on a confinement case, and that not less than two guineas should be paid in cases of special difficulty. Then you say, "The above Council" was also of opinion that the fee paid should be fixed "to include a few subsequent visits"?—Yes; that means that it should be like the ordinary confinement fee—that it should be fixed to cover 7 to 10 days, as is usual in a confinement.

1565. On the one hand you advise a fixed fee, and on the other hand you advise an extra fee. Is there any reason for that apparent contradiction?—But that is the usual custom. The doctor always arranges, where there is an engagement beforehand, for a definite sum, and more is never charged unless some difficulty arises. I think the Law Courts would always uphold an extra charge if some unexpected difficulty arose, or some difficult operation had to be performed, say, during the following seven days. In that case the doctor is quite entitled to a fee for the extra work, and he could recover it in the Law Courts.

1566. Then I understand you to say it is the practice for the doctor when engaged for a confinement, and the confinement proves a dangerous one, to increase his fee?—Yes, if there is any special work. He has power to do it, and can enforce it legally if there is something substantial. But doctors as a rule interpret that very widely. They do not want to make it too narrow. Of course, in some cases there may be extremely difficult confinements, confinements requiring an operation that could not possibly be covered by the other fee.

1567. You say he has the power to recover an additional fee?—Yes.

1568. But is it the custom?—Yes.

1569. And is it very generally done?—Yes, in, as I say, serious matters. A doctor as a rule tries as far as possible to avoid it, because the public do not very well understand it. It would be better if, in making these engagements, doctors always specifically stated that the agreed fee was only to cover something like an ordinary case.

1570. Have you any statistics which show the average fee that medical practitioners charge to the poorest of their patients for a normal confinement?—It is very hard to get statistics as to fees, because, as a rule, the men who charge very low fees would be the last men to tell; but about a guinea is the ordinary fee. In some districts fees go down to 15s. and 10s. 6d., but the men who take such fees are looked upon with suspicion, as a rule, by their fellow practitioners.

1571. That is for the poorest of their patients?—Yes.

1572. And the fee includes the 10 days' after-attendance?—Yes, from a week to 10 days. But sometimes they only attend two or three days.

1573. (Mr. Davy.) What does an ordinary club doctor charge for a confinement case?—A guinea, but it varies. I think some clubs make it a little lower, but, of course, in the case of clubs it is a sort of extra fee. They are supposed to attend the patient under ordinary circumstances, and this is a sort of extra fee for an emergency. But a guinea is about the usual fee. Occasionally some charge more, but they cut the fees down as low as they can.

1574. I know some clubs charge 10s.?—Yes, that is so.

1575. You say that in some unions there are no midwives. Do you mean by that, no certified midwives?—That is what we heard from the unions. I should like, if you care to have them, to leave with you the original letters received from the boards of guardians, and also, if they are treated perfectly confidentially, there would be no harm in your seeing the doctors' letters.

1576. (Chairman.) In reply to your inquiries?—Yes. You would see then the feeling of the doctors. There is, I am told, a little strong language reported in some of the documents before this Committee, though I do not think the language is so strong as it is in some letters I have received.

1577. (Mr. Davy.) I do not think you have quite answered my question, but I gather from you that it is not clear whether they mean that there are no certified midwives, or no midwives at all?—The doctors ought to know, but I would not be positive whether they do or not.

1578. Have you any definition as to what a midwife is?—A midwife is a woman who attends a confinement without a doctor. Before the passing of the Midwives Act you could not insult a monthly nurse more than by calling her a midwife.

1579. Why?—Because midwives were then looked upon as very rough and low class women.

1580. A monthly nurse objected to it?—Yes, till the passing of the Midwives Act, which, of course, very much altered the position. Before that the name was not liked.

1581. Tell me how the Act has altered the position?—It has raised midwives into a profession, and they have a public title, and many of them are highly trained women in their line, whereas before the Act they were often women absolutely devoid of all knowledge of anything, and many of them absolutely common women and only fit to clean a doorstep.

1582. Do you mean the women who made midwifery a profession?—Yes; they pursued their calling among the very poorest people who did not care to get the poor law doctor.

1583. What is your definition of a monthly nurse?—A nurse who attends confinements with a doctor.

1584. (Dr. Champneys.) You say that up to the passing of the Midwives Act the word "midwife" was rather a term of opprobrium?—Yes.

1585. Was that so whatever the midwife was, and wherever she had been trained, and whatever her qualifications had been?—No, but speaking from my own knowledge I should say there really were very few midwives at one time who were highly trained.

1586. There were a certain number, were there not?—Perhaps they did not so often require a doctor, and we did not see them. But I could hardly say, except as to those I did see.

1587. Then I may take it that your statement is rather a large one, and if I were to press you on it, you probably would limit it to a certain extent. You do not mean to say it applies to all midwives before the passing of the Act?—In my own inexperienced days sometimes I have greatly offended a nurse by calling her a midwife. I very soon found it did not pay to do it, because they did not like the title, but they do now, of course.

1588. It is all changed in that respect?—Yes.



24 February 1909.]

Dr. H. Woods.

[Continued.]

1589. I think you have had one of these papers\* before you?—Yes.

1590. Have you read it?—Yes.

1591. On page 13 there is a letter as to the boycotting of midwives. Do you think there is any objection to the correctness of the word "boycott" there?—I do not quite understand the question.

1592. Do you consider that in certain districts at any rate the medical men were justly said to have been boycotting the midwives?—Yes, I think so, by refusing to attend cases of which midwives are in charge.

1593. You agree?—Yes.

1594. You accept that word?—Yes, I think so.

1595. I need not ask your opinion as to the reply of the doctor, "Let them die, and we shall all the sooner get rid of the midwives"?—I think that underneath it, although it is very unfortunately expressed, there is a meaning that I cordially endorse.

1596. What is the meaning you cordially endorse?—That by the doctor setting down his foot, but with every care to avoid harm resulting from it, and refusing to be called by midwives without payment, an end will sooner be put to an impossible position that will be disastrous to the women all through the country.

1597. Now, taking your proviso that they take care that no harm should result, would you mind looking at page 15. Here is a case in Norfolk in which a woman sent for the doctor first of all and asked him to attend her in her coming confinement, and he declined for a special reason, no doubt because he had not been paid on the previous occasion. When the confinement took place the doctor was sent for by the midwife at 8 o'clock, but refused to come, and then at half-past 11, when he refused again. At 2.30 the doctor was sent for again, and still he did not come, though the woman was in great danger; then at 4 o'clock the midwife, finding the patient was sinking fast, sent again for the medical man, and he arrived at 4 o'clock, but the patient expired at 4.30. Do you consider that in that case the proviso that no harm should result applied?—I should be very slow to give an opinion in a case like that referred to without careful inquiry.

1598. But, taking the facts to be correct, what do you say?—I should wish to know whether the condition of the patient had been carefully explained to the doctor, but I know from constant experience one does not get that. I once had a person calmly waiting in my room for me, and when I came down I found he wanted me to see a man who had cut his throat. People are very careless in regard to these things.

1599. We are not trying the doctors here, but this is a very serious state of things, is it not?—If the doctor knew the circumstances he should have gone, but the difficulty is that it is almost impossible to know them, because the most urgent messages constantly refer to the most trivial cases.

1600. Would your Society approve the refusal of a doctor to go to a person who is really bleeding to death, or something of that sort?—No.

1601. You think that is not advisable?—No, certainly not. In any case where they think there is substantial danger, they ought to go.

1602. On page 16 there is another case where the husband went for eight doctors, and could not get one?—There, again, I say it all depends on circumstances. If there is nothing to show it is a serious case, each man is entitled to act as he may think best.

1603. (Mr. Davy.) But *ex hypothesi* it is a serious case, because otherwise the midwife would not have sent for the doctor?—As a rule, the cases in which doctors were sent for were serious. I was surprised to find how few trivial cases there were in which a midwife did send for a doctor. The cases read something like this: long labour with abnormally large child that died; eight days *in utero*. Then, long labour again, ruptured perineum. There are a great many difficult labour cases. Then there is ruptured perineum again, and a number of cases refer to instrumental help, and there

are cases of hæmorrhage, and, again, cases of ruptured perineum. The midwives do not appear in many cases to have sent for the doctor where there was an absolutely trivial condition of the patient.

1604. (Dr. Champneys.) Of course, therefore, you would not agree that all the patients should die in order to prevent the employment of midwives?—No. That line of action should only be used as a last resort.

1605. (Chairman.) Do you think, in the last resort, the doctor's fee is more important than the life of the woman?—No, but I think it is quite easy, as happened in a motor car case the other day, to do more harm than good by trying to do good. In trying to save the life of one child the driver of the motor car ran into half a dozen. In trying to save the life of one woman, you may make an arrangement which will kill women by the thousand.

1606. (Dr. Champneys.) I do not understand how, by your plan, the doctors will be compelled to go in these cases?—No power in earth or heaven will make them go on working permanently at such work as midwifery work unless they are paid, and if we keep up the system which was in vogue when our enquiries were made, doctors will not attend these cases, and if they take such steps that the public authority have to intervene, then the present state of things will be put an end to, and the sooner it is put an end to the better. It is only a matter of time for it to be put an end to.

1607. (Mr. Davy.) Have you considered the position of the poor law medical officer in respect of these cases?—Yes. The poor law payment is far too small in a great many cases. It is fixed as low as 10s. in many cases, and a doctor cannot be expected, for a fee of 10s., to perform a difficult operation in a midwifery case. But, of course, there is a two-guinea fee as well in certain circumstances.

1608. The Midwives Act has not created midwifery, has it?—No.

1609. Women were confined for some time before the Midwives Act was passed?—Yes, quite so.

1610. And the medical officer had to attend them?—Yes.

1611. And the medical officer accepts his work?—There is no trouble in regard to that.

1612. He is a free agent to take it or refuse it?—Yes.

1613. (Dr. Downes.) You say in your précis that replies were received from a considerable number of boards of guardians, and abstracts of their replies have already been supplied to this Committee. Is that so?—Yes, but I found I made a mistake in that. I sent them to the Royal Commission on the Poor Law and Relief of Distress, and if this Committee would like an abstract I will hand in a copy (*handing in same*).

1614. I thought we had not seen them?—That is a copy only corrected in proof.

1615. Do those abstracts inform us as to whom the practitioners applied to for the fees?—Are you referring to the replies from the boards of guardians?

1616. I understand that you sent out inquiries to a large number of medical practitioners, and you found that in considerably more than half the cases the practitioners summoned by midwives to assist them in emergencies received no payment whatever?—Yes.

1617. Then I ask you whether you know to whom the practitioners applied for their fees in those cases?—They applied to anybody that was likely to pay them. In some cases they applied to the boards of guardians, but they did not often do so at that time, because it was rather before the time of the Local Government Board's circular. I think the guardians are paying oftener now than before.

1618. But it appears to me rather material to that point to know a little more of the circumstances as to whom the application was made. What do you say with regard to that?—I think usually they tried to get it from the patients themselves.

1619. I am afraid it is no new thing for a doctor to be unable to get payment?—No. I think you may take it that the bulk of these payments, as it says here I think, were chiefly from the patients themselves.

\* Central Midwives Board. Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances. Printed by Spottiswoode & Co., 1908.



24 February 1909.]

Dr. H. WOODS.

[Continued.]

1620. In that case you could hardly blame the guardians?—The doctors did not apply to them, because at that time they knew they would not get it. The doctors in a district know whether the guardians will pay or not.

1621. That relates rather to a previous time?—Yes, but in many districts they still refuse altogether to pay.

1622. Then you are acquainted, I daresay, with the circular of the Local Government Board that was issued to boards of guardians drawing attention to the Act of 1848?—Yes.

1623. Has that altered the situation in any degree?—I think it caused a great many boards of guardians to undertake the work. But they have done it in a very unsatisfactory way; there is no uniformity in the way in which they have dealt with it, and some of the methods adopted are absolutely impossible. For instance, sometimes the procedure is that the husband of the woman who has been attended has to attend before the board of guardians in order to get the doctor's fee, and he simply will not attend, and the fee is not paid. That is simply trifling with the matter.

1624. There has been a want of uniformity in the action of boards of guardians?—Yes.

1625. But taking the provision of the Act of 1848 in itself, have you any views as to that?—I think the provision of the Act in that respect is larger and much wider in its scope, and that it never was meant to apply to these particular cases at all; but it is a great pity it is not more widely used than it is.

1626. But the midwives' cases are held to come within its scope, I understand?—Yes.

1627. Has that been questioned?—No, I think they do come within it. But that was not contemplated, I think, when the Act was passed. A great many boards of guardians would laugh if you were to apply to them for a fee.

1628. Now, if things were as they should be, should you regard it as desirable that the woman should retain a doctor beforehand?—It is always much safer for her to do so.

1629. That is an object that should be promoted as far as possible?—I think so, decidedly.

1630. In such cases, although the woman may be delivered by a midwife, yet they know that the doctor of the family may be summoned if there is any difficulty?—I do not think that is so often.

1631. Not often?—No. I understand you to mean a doctor engaged to attend provisionally on the midwife.

1632. That is not often done?—I do not think so.

1633. Should you think it a desirable arrangement that the doctor should be engaged provisionally?—It would require a specific scale of fees to be arranged for that purpose. The law is, that if a doctor is engaged to attend a midwifery case, and is not summoned at the time, he is entitled to his full fee, because he has held himself in readiness. Any doctor knows it entails very considerable discomfort to hold oneself in readiness personally to attend the case in question. You know a confinement is due to-day, perhaps, and you do not like to go 20 miles away to another case.

1634. Would it not be desirable for the profession to reconsider their position in this matter, and to adopt a scale by which they would be paid, say, half the usual fee if not required to attend?—Yes, it would be very desirable. It would be very much better.

1635. If that were done it would tend to encourage people to engage doctors beforehand?—Yes.

1636. (Chairman.) If they do not arrive in time are they to be entitled to their full fee?—I have heard cases tried in the county courts, and some judges have held that they are not so entitled, and some have held that they are. It is an extremely awkward legal point. I do not think it has been fought out in the High Court. I think where a doctor has done all that he reasonably can do he would be entitled to the fee, but if there is any evidence to show that he did not come as quickly as he could, he perhaps would not get his fee.

1637. (Dr. Downes.) Would it not be desirable that women should be encouraged, and as far as possible pressed, to make beforehand such an arrangement as I

have suggested?—I think decidedly so. But some people are absolutely careless in that respect, and make no provision whatever.

1638. Would you agree that the responsibility should be on the natural guardian of the woman to see that provision is made beforehand, wherever possible?—Yes.

1639. That is to say, that the husband should have to make suitable provision for medical attendance where necessary?—Yes.

1640. Now I come to another difficult question as to medical attendance, and that is the question of the after-attendance. I think we are all agreed that provision should be made for the attendance of medical men in cases of emergency, whether it is a cut artery, or the case of an ordinary street accident, or a woman in the extremity of labour?—Yes.

1641. But now arises the question as to who is to continue the attendance?—Yes.

1642. What would be your view as to that, or have your Society expressed any view on the point?—I do not think so, but I think the general rule would apply that the doctor who is called in on an emergency should communicate with the family doctor. The usual thing that happens in midwifery cases is that, when the family doctor is away from home, and the case has come on, the people in the house are told to send for the neighbouring doctor, who comes, and afterwards writes to the family doctor to say that he has done so, after which the family doctor takes the case in hand. In that case the etiquette of the profession is that the fee is divided, one half going to each doctor, and I do not think you can improve on that.

1643. That would be the ordinary practice?—Yes, that would be the ordinary practice.

1644. But assuming that there is no regular practitioner who attends the woman ordinarily, then the medical view would be that the practitioner called in should follow the case through?—Yes.

1645. That would be the medical view?—Yes, and from the point of view of the doctor's own interests also it should be so. From the point of view of our Society it is to his interest also that, if a doctor attends a midwifery case which is one of difficulty, it should be dealt with in that way, because if a doctor makes one visit only and the case afterwards goes to the midwife completely, it would be to the interest of the midwife to say that she had done everything she ought to have done, and that the doctor was to blame. Over and above that, a jury in such a case might say to the doctor, "Why did you leave it to the midwife? It was your business to go on attending it whether you were paid or not," and the doctor would be liable.

1646. Would you go far as to say that the after-attendance should be compulsorily contingent on the acceptance of the fee?—Yes, I think it would be better so.

1647. That is to say, the fee must include the complete attendance?—Yes. But, of course, a difficulty comes in in regard to cases where a midwife sends for a doctor, which turn out absolutely trivial. There is that difficulty, and there might be some provision made for that.

1648. (Chairman.) But such cases are very rare, are they not?—I think so, but in serious cases the doctor should attend in his own interest, and in the interests of the profession, and the interests of everybody.

1649. (Dr. Downes.) I think you told us that in cases of substantial danger, it would be the duty of the doctor to come from ordinary motives of humanity?—Yes.

1650. Do you know whether in the form which the midwife is supposed to fill up under the Rules of the Central Midwives Board, they always give sufficient particulars of the nature of the case? That is the form (*handing same to the witness*)?—Yes.

1651. Have you any representations as to whether that is duly complied with?—I do not think I have ever heard very much the other way. I think, as a matter of fact, it would be almost certain that from the properly trained woman you would get a reasonably proper account of what they wanted the doctor for, but



24 February 1909.]

Dr. H. Woods.

[Continued.]

from some of those who are merely registered as being in practice, you would get an absolutely illegible and unintelligible account.

1652. Possibly that will improve as time goes on?—Yes, no doubt.

1653. It is preferable that the doctor should know, so far as possible, all about it?—Yes.

1654. I notice in this case to which Dr. Champneys drew your attention, that the information is not very complete. Take the Norfolk case on page 15. We are only told that the midwife found that the patient was developing dangerous symptoms, but there is nothing to show the actual terms of the message that went to the doctor?—No, that is what strikes me, and I know by personal experience that messages are generally, in regard to urgency, in inverse ratio to the importance of the case.

1655. Unless we have the whole facts before us it would be difficult to judge one way or the other?—Quite so.

1656. (Mr. Pedder.) Can you tell me how many members of the profession are represented by your Society?—About 4,500.

1657. What proportion of the profession is that altogether?—I think there are about 25,000 altogether.

1658. You do not speak for the 25,000 others?—No, but still I think we are a perfectly fair sample.

1659. You refer to a circular having been sent out by your Society to a large number of medical men. Can you state the approximate number?—Probably 4,000, or nearly 4,000, I should say.

1660. Then you say that in considerably more than half the cases medical practitioners received no payment whatever. But what is one-half the cases, and how many cases have you got?—Take it at 256 of the fully analysed cases.

1661. But you say there are 4,000 enquiries?—Yes.

1662. Does 256 represent half the answers you have got, or what does it represent?—We have at any rate analysed that number.

1663. You got about 500 answers, or cases dealt with in the answers?—I could not say positively as to more than 256. I should not like to say anything about the others.

1664. But you say "considerably more than half the cases" in the précis of your evidence. What is half the cases; would you also say 256?—256 is the number of cases of which I have the analysis here. The number that were paid was 116, and the number who received no payment whatever was 140. The payment divided over the whole set worked out at 9s.

1665. Then 4,000 was the number of enquiries, and you got 140 cases in which there was no payment?—Yes.

1666. That is not a very large proportion?—It is very difficult to get replies on these matters.

1667. People who did not get any payment would certainly reply. Over what period were those cases spread—over several years, I suppose?—We asked them to give it only for the time subsequent to the passing of the Midwives Act.

1668. But still it was for several years?—Yes. 1907 was the time.

1669. Four or five years?—Yes. The number of cases in which medical men have been called in by midwives has been not so very large.

1670. What did you say was the average payment calculated from a large number of cases?—There were 256 cases.

1671. It was not more than 9s. for each case?—That is so.

1672. That includes the blanks, does it?—It is the whole. 116 were paid, and 140 received nothing, and that works out roughly at 9s. The curious thing is that certain doctors (it must have depended on the district from which the case came) seem to have been paid a guinea quite steadily. The figures are 10s. 6d., 15s., 15s., 4s., one guinea, nothing, nothing, 15s., nothing, nothing, nothing, nothing, a guinea, query—that means it had not been paid, but might be—2s., 21s.; then nothing, then 21s., 22s., 21s., 21s., 21s., 21s., steadily; then nothing, nothing, 21s., 21s. It goes on in that kind of way, and you constantly find that certain

men get absolutely nothing in a long series of cases, and other men get paid in every case, but I think it partly depends on the district. But many men told me the simple reason was: "We would not come unless paid, and therefore they do not send to us when they are not going to pay."

1673. On the figures you give us I do not think we can say more than that occasionally, or, might we say often, doctors do not get paid?—Yes. In more than half the cases of the men referred to. It is a very serious matter for the doctors; it disorganises their practice.

1674. How do you draw a distinction between midwifery cases and other cases?—By the length of time they take. We are tied up. To give an example out of my own experience, I was sent for to help a midwife in a difficult case. I had to use instruments, and I was detained there, and could not go away, but had to stay there. In the meantime a very well-to-do patient of mine met with an accident, and I could not go to attend on him, and lost the patient and the heavy fee. The midwife at the end of that case offered me 5s.

1675. What is the distinction between that case and the case, say, of a serious accident which might take you many hours to put right? You might lose your other patient just as well in that case?—In the case of an accident the doctor usually takes care to see that the police authorise his attendance, and they have to pay. But in such cases, again, a doctor who is humane is very apt to suffer, as he will be constantly called by irresponsible persons.

1676. So you do not distinguish between midwifery cases and serious accident cases?—Not except that a doctor, by taking proper precautions in the case of serious accidents, can go to the police for his fee. A policeman is sure to be near, in town at any rate, and the doctor can ask him whether or not he is to attend to the case.

1677. Getting away from the policeman, and coming to the case of an accident in a private house, what is the distinction then?—Of course a number of people do not pay, but you have a legal right to recover the fee.

1678. On what principle then do you demand payment of the doctor from public funds in a midwifery case, and not in the case of a serious accident?—Of course, in the case of a serious accident the pauper certainly can send for the poor law medical officer.

1679. And so he can for the midwifery case?—Yes, he can. I do not say the public ought not to make provision for payment in all cases.

1680. It comes to this, then, that you want the local authority to collect your debts in any case?—I think you will find that on the Continent there is a regular system for providing for the ordinary street accident at any rate, and really it might be more advantageous if there was some arrangement of the kind here.

1681. You say in your first suggestion: "It should be clearly understood that no doctor shall be expected to attend on the summons of a midwife unless he chooses to undertake such work"?—Yes.

1682. Who expects him to attend?—The case has been put forward as if a doctor were bound in ordinary humanity to attend to the summons of the midwife.

1683. But, of course, as I think you said just now, everybody would attend if the fee were sufficient?—No, I did not say that. I think there are a number of old practitioners who would refuse to attend cases, even where they could get 10 to 12 guineas. They have given it up.

1684. Then there is no harm done?—No, but they ought not to be in such a position that a midwife's order should be looked upon as an order that they ought to obey.

1685. How are you to prevent that? Are you to say the midwife's order shall operate in certain cases only?—I think there should be a list of doctors who would attend, and that the list should be supplied to the midwives.



24 February 1909.]

Dr. H. WOODS.

[Continued.]

1686. That is a wider question, rather, is it not?—I think it would be desirable to make that arrangement. If a doctor were found to be an unfit man he could be struck off the list. There is room for enquiry in that respect, I think.

1687. Is the objection to follow the midwife purely a question of fee, or is there any other objection? Is it purely a question of fee, putting it quite broadly?—I do not quite know what you mean.

1688. Would the boycott of midwives be raised if a man were guaranteed his fee?—I think doctors would always attend the summons from a midwife if the fees were guaranteed.

1689. So that it is purely a question of the fee?—Yes.

1690. I think we heard in Cumberland there was a general feeling against the doctor following the midwife, quite apart from that?—I think personally there was very strong feeling in the medical profession against the Midwives Act.

1691. (Chairman.) It is not to the credit of the profession if it was so?—The profession has yielded to the law. The Midwives Act is law now, and our only desire is to make it work. But you must not blame us for not liking it.

1692. (Mr. Pedder.) Then in your second suggestion you seem to imply that the doctor ought not to make any effort to recover his own fee?—I think he will naturally, if he can, get it from the people themselves.

1693. But we must have it distinct one way or the other?—I think so—that is what I want.

1694. You do not want him to make any attempt to recover it, but that he should go straight to the authority?—Yes, without being compelled even to ask for it. But there would be no harm in asking for it if he likes. If the people decline to pay, the doctor should go to the authority. Or, say, if the fee had not been paid at the end of 7 or 10 days, or whatever period is fixed, or if by the end of the time when it is usually paid it had not been paid, he should be entitled to recover it from the authority.

1695. That is almost an invitation to the patient not to pay?—No, not if the local authority would take the trouble to act in a few cases and stop it; for the public would be greatly afraid of being proceeded against by a local authority—far more so than by a local doctor.

1696. Can you tell me what you mean by saying that the doctor should be the judge as to whether or not he should visit the patient again? I gather from your answers that you refer to the time after the ordinary period of attendance?—Yes. I mean that the midwife should not be able to say to him, "Now, doctor, I shall not require you any more." There is a tendency to do that, but I should let the doctor say, "I will attend," notwithstanding that.

1697. That is inside the ordinary period?—Yes. He may be called in and do an instrumental delivery, and the midwife may say, "Thank you very much, but I need not call you any more." But I think he should attend as long as he thinks necessary.

1698. His fee covers the whole period, does it?—Yes.

1699. If he thinks it necessary to attend he should do so whether the midwife says "yes" or "no," you think?—Yes, and if he is engaged, of course, the midwife will not object.

1700. But I have been rather confused by your answer, because you say you mean that in the ordinary period of attendance covered by his fee he is to be the judge of how many visits he should pay. But that is not what you say in your précis?—Of course during the ordinary period he would presumably use his own judgment.

1701. Exactly. Therefore I imagine you refer to something outside the ordinary period, and I should be glad if the point could be made clear?—Outside the period I think he should be the judge as to whether he should attend again or not.

1702. Outside the period when he has done the ordinary attendance included in his ordinary fee?—

Yes, or some provision should be made for the case to be taken over by someone else, because it would be in some cases quite wrong to leave the case at the end of the ordinary period.

1703. Would not the doctor visit again after the end of the ordinary period if he thought it necessary?—There would be the great fear that, at the end of the time when his confinement fee would have expired, there would be no possibility of getting any further fee, and that would put a premium on his saying, "you can go to the poor law doctor."

1704. Then you want to extend the public payment of the doctors' fees far beyond the ordinary average duration of the cases, and you want it to go into general practice almost?—It is a difficult point, I will admit, but I think it would be better that the man who has been in attendance should not be thrown over, or if he is thrown over, he ought to meet in consultation the next doctor who takes the case on.

1705. But we do not understand that a doctor will leave a case at a critical moment because the precise period covered by his fee has run out?—If he does not, the same objectionable state of affairs comes in that we are speaking of, I think. A doctor being put on his humanity would go on working for nothing, which, to my mind, has always ended in disaster, and always will. The doctors would go on doing their best discontentedly, and very often doing it badly.

1706. In that case you want payment by the public authority to run on till the doctor says he has had enough?—It is difficult to deal with. I am not clear as to how it could be arranged.

1707. (Mr. Davy.) I should like to put a rather wider question than the question of the interest of the medical profession, and it is this. Do you think it desirable, in the interests of public morality, that men should be encouraged to make no provision for their wives' confinements?—No.

1708. But you see what you propose leads to that, do you not?—If the authority—the board of guardians, or whatever it is—did not take strong measures, of course it might do so; but if they use their power to make the people pay so much a week afterwards, it would be better.

1709. A man can foresee this particular calamity for some time, can he not?—Yes.

1710. About a penny a day during that time would cover the doctor's guinea?—Yes, and most of them could quite well do it.

1711. Do you think that in the position of things that you contemplate, persons would be more inclined to make provision beforehand than at present?—I think they would if the public authority would act, because the poorer people are afraid of public bodies. If the public authority were to send round afterwards and make enquiries, the poor would not like it.

1712. (Mr. Freeman.) I want quite to understand this useful analogy about street accidents and the police. Are the fees for medical attendance in cases of street accidents assured by the police?—If the police call the doctor; otherwise, if the doctor goes to the case for some humane reason he very often loses his fee.

1713. But the analogy so far as we are concerned ends with the police calling in the doctor, just as the midwife does?—Yes.

1714. Is payment made according to a definite scale?—Yes.

1715. Or does it depend on each case?—It is a fixed scale, a lower fee being paid for the day time, and a higher fee for the night time.

1716. Is that laid down for the whole country?—It is laid down for the whole country; but if a policeman calls a doctor to attend a confinement on a doorstep or in a tramcar, it has been proved that the doctor can recover from the police the full midwifery fee—as he could from another person who had called him in.

1717. How much is it?—Usually he does it for a guinea in a case like that, but he might recover a higher fee if it were shown to be reasonable.

1718. My next question relates to an alleged practice of some doctors in regard to attendances upon confinements. Do you say it is not the custom, and that in fact it is a rare occurrence, for a medical man to

\* See Questions Nos. 903 and 904.



24 February 1909.]

Dr. H. Woods.

[Continued.]

work with a monthly nurse, and to say to that monthly nurse, if he has complete confidence in her, "you need not call me so long as everything goes straight"—With regard to the monthly nurse, in a case where the doctor has been, in the usual manner, engaged to attend, it is a very common thing for a doctor to say to a nurse whom he trusts, "Do not worry me," but the doctor will try to be present at the time of the birth, because he is always blamed if not, and besides that, he runs a serious risk of losing a legal claim to his fee.

1719. You say every doctor will try to be present at the time of the birth?—Yes.

1720. And yet you say it is the usual thing to make arrangements not to be present?—By far the commonest arrangement is not to be sent for on what are commonly called false alarms. But I admit in country districts doctors do encourage nurses to conduct the confinement when people will allow them.

1721. In such cases, the only guarantee to the public that a woman is competent to know when it is necessary to call in the doctor, is the medical man's own opinion of her, is it not?—Yes, that is the only

The witness withdrew.

Miss AMY HUGHES called and examined.

1726. (Chairman.) Are you the General Superintendent of Queen Victoria's Jubilee Institute for Nurses?—Yes.

1727. Will you kindly state the object of the Institute?—It is to provide improved means for nursing the sick poor in their own homes, including attendance on women in childbirth.

1728. How far has the Institute gone in relation to district nursing?—That is increasing every year. We are constantly having new applications from new associations.

1729. What extent of the country do the operations of your Institute cover—is it one-half or one-third, or what?—We have 18 county nursing associations in England. We have no county nursing associations in Wales.

1730. You deal with 40 counties in England, or rather more than that if you take the different administrative counties?—We take them by one name only. In Lincolnshire there are three county councils, but we count all Lincolnshire as one, and Sussex as one, although there are two county councils there. In Yorkshire we have no county arrangement. Then we have, in every county but Northumberland, associations affiliated with us, either towns or single districts.

1731. In those cases where there is a county nursing association, do they cover the whole area of the county?—No; there are independent associations working also. All county associations are not affiliated with us.

1732. But how far does your Institute really come into touch with district associations and county associations generally?—With the larger proportion of them throughout the whole country. Would you like to look at this list of branches? It is only a proof, but the numbers are right. (Handing in same.)

1733. Do these district associations relate to parishes or larger areas?—They do not go by parishes, they include towns or villages. We do not have any conventional arrangement. We take a whole town or a district area, and so many nurses are placed there.

1734. In Cambridgeshire you mention the town of March. Does that mean a large area round the town or merely the town of March?—Some extent of country round it probably.

1735. But there is nothing in your list to indicate that?—There is no rule limiting the local area. It very much depends on what one nurse can do. If you look at Lancashire, you will see that we cover nearly the whole of the county with our associations.

1736. To what extent do your nurses undertake midwifery cases?—They take them wherever there is a request from the local association.

1737. Are all your members qualified midwives?—No, not all.

1738. What proportion of them are?—I could not tell you.

guarantee. I admit there are risks in leaving it to the nurse.

1722. Would you consider it a great hardship if the law were definitely to lay down that either a certified midwife, as the law understands the term, or a qualified man should be present at every confinement, except, of course, in cases of emergency?—I think that would be very desirable if it were possible.

1723. Very desirable that the law should lay it down?—Yes, if possible, but it might be extremely difficult, of course, to carry out.

1724. There are, of course, a certain number of medical men who have retired from practice, and a certain number who do not wish to be called out at night. Obviously that presents a difficulty in securing the attendance of any doctor the midwife may advise being sent for under the Rules of the Central Midwives Board?—Yes.

1725. Would medical men in practice object to the local supervising authority circulating among their midwives a list of all those medical men who were willing to be called out for the fee guaranteed by the authority?—No, I think there could be no objection to that.

1739. May I assume you are able to supply all the midwives that are wanted in connection with the county associations?—Yes; but there are a large number of nurses connected with us who are not under county associations.

1740. Where you work yourselves directly?—Yes, as Queen's Nurses without a county association.

1741. Under the central authority?—No, under the local association which is established where there is no county association, or where the county association is not affiliated with us.

1742. But are they independent in such cases?—Yes, sometimes. We have often had Queen's Nurses established before the county association had been formed.

1743. But when the county association is founded, do you not bring the nurse under its scope?—We should like to, but the local committees are independent, and sometimes there is a little feeling at first.

1744. Do you not try to bring about as much co-ordination as possible?—Yes; we have now made it compulsory, where there is a county association, that there must be affiliation to it first before single Queen's Nurses can be supplied.

1745. But could you not make a rule applicable in all cases?—Yes, now we do in rural districts, but we could not enforce such a rule for urban associations. We arrange to supply such associations with Queen's Nurses.

1746. And the local committees find the money?—Yes; you must give them some freedom or they would not like it.

1747. But still I should have thought they would be alive to the advantage of having one large homogeneous system in the country?—We are doing it in the counties now. Some counties are very new. In 1902 there were only five affiliated counties and now there are 18, and we have to respect local interests.

1748. Would you describe the two classes of nurses that you engage?—There is first the Queen's Nurse who must be a fully trained hospital nurse, with an approved certificate from some hospital or infirmary, and who has had in addition six months' district training, that is, trained experience in nursing the sick poor in their own homes, and the ordinary care of women after childbirth. They take the midwifery certificate if required, but many of them already possess it before coming to us.

1749. How many of them are certified midwives?—That is difficult to say. Since the Act came into force the number of women qualified as midwives for district work has been much larger than before. Then we have the Village Nurse, who is the woman who works in the rural districts, where it would be impossible to maintain Queen's Nurses; generally she is a woman selected by the county committee, and is very often



24 February 1909.]

Miss A. HUGHES.

[Continued.]

obliged to be a resident in the county, but this depends on the conditions laid down by the county council. Her training often is given by grants from the education committees of the county councils. These women are given a training in midwifery varying from nine to 12 months, and they also are given some general knowledge of nursing in order that they may be more useful in the villages.

1750. They are all qualified midwives, then?—It is essential that they should be.

1751. A much larger proportion of your nurses belong to that class, I suppose?—No, we have only between 500 and 600 Village Nurses, and there are 1,600 Queen's Nurses working.

1752. But I mean in the rural districts?—Yes, Village Nurses are more numerous in the rural districts.

1753. Is the system capable of further development?—Yes.

1754. What kind of propaganda do you carry on with a view to securing that development?—We give full information; also the inspectors, when going their rounds, and the nurses themselves do a good deal. The county superintendents and others may notice a district having its own nurses, which is not quite satisfactory, and it is suggested that they should join our organisation.

1755. That involves a great deal of correspondence?—Yes, a very great deal, and we always give information.

1756. Do you still advocate the formation of county associations?—Yes, we want it as much as possible.

1757. In order to get people to take the thing up?—Yes. If county associations do not affiliate with us at once, we hope they will do so in the future, but we are quite willing to give them all the help we can to get over their initial difficulties.

1758. (Mr. Fremantle.) You mean financially?—We have no funds to help financially.

1759. (Chairman.) You refer in your précis to a large number of cases in which nurses are engaged to act only as monthly nurses under the doctor, but in which they are called upon to act as midwives in his absence?—Yes.

1760. But is the doctor's absence designed or accidental?—I should not like to say.

1761. But that is rather a material point; and we should be obliged if you can give us any information?—Sometimes the doctor's absence is due to the fact that he serves a wide district, but it is very often because it is in the night that he is wanted.

1762. But does the doctor take his full fee in those cases where he does not attend?—Yes, he requires his fee.

1763. Is he paid in advance?—That is a condition which varies in different districts. We do not take any notice of arrangements the patient has made with the doctor. If the doctor is engaged by the patient, and a nurse engaged as a monthly nurse, the local committee would not interfere between the doctor and the patient.

1764. But the patient pays the monthly nurse?—Yes, in some cases; but often when the nurse takes a maternity case with the doctor, if the patient is very poor and has to pay the doctor, she is inclined to avoid paying the monthly nurse.

1765. How far does the patient contribute?—Nearly the whole of the associations employing Village Nurses are on the provident system.

1766. That is, a subscription is paid by the cottagers which entitles them upon any need arising to the services of the nurse?—Yes, and also a midwife.

1767. But is there any special subscription for the services of the midwife?—Yes; we ask associations to impose a minimum fee of 5s. A few associations have asked 3s., but we find the tendency is, now that there is more demand for the trained midwife, to raise the amount of the fee.

1768. Is it as low as 3s. sometimes?—Yes.

1769. But surely it is usual to provide a better fee, and therefore secure a better class of midwife, is it not?—Yes. We are now refusing to sanction anything less than 5s.

1770. Considering the amount of time during which a woman knows that this charge upon her family resources will occur and will have to be met, would it

not be very desirable that some arrangement should be made in villages or in districts whereby a fund created by means of a subscription throughout that period, would be available for the payment of all the charges connected with the woman's confinement?—We do that very largely; we encourage the establishment of maternity clubs, and give advice in this direction, but there again we cannot dictate to local committees.

1771. But do you find that the local people are willing to act on your suggestions?—They are, to a certain extent.

1772. But the women know probably for nine months that they will be liable for these charges, and it would be very much more advantageous to get them to make a small subscription during that period from week to week than allow them to rely on a general provident scheme based on the belief that they may never want a doctor or a nurse?—Yes.

1773. If you could work on their husband's feelings during those eight or nine months, a very considerable step would be taken?—Yes, and we are doing that, but in some districts there are doctors' clubs, and the people pay to them. It is not always a case of an isolated doctor and an isolated midwife.

1774. Is that a prevalent system?—In the industrial centres it is, that is, in mining and quarrying districts, and among the mill workers.

1775. Do you find there is any difficulty in providing the salary for your Village Nurses?—No, not at all; the Village Nurse's salary is low.

1776. It is 45l., which is the minimum apparently?—Yes, but there is no great difficulty in providing that as a rule, as the districts find they can pay a woman 14s. or 15s. a week.

1777. Is she allowed to take any outside practice?—No.

1778. Her services are at the entire disposal of the association?—Yes.

1779. But if she is idle and has not a case, should she not be allowed to take outside work if her services are wanted?—It would never do, because the poor people would be neglected.

1780. But the association would have the first call?—But these nurses are under an agreement to give their services in return for their training. They have been kept during the period of training.

1781. But would it not be well for her to supplement her resources, and possibly reduce the charge upon the association, if she were allowed to take private practice when she is not engaged upon any cases in connection with the association?—I think not.

1782. There must be a lot of time when she is absolutely idle?—I do not think there is so very much.

1783. But there must be some?—There is a good deal they can do at such times, such as looking after chronic cases, and there are the cases of the school children, which is a work that is growing. In the country districts there are the long distances to be considered. The nurse may have only two or three cases, but she may have to bicycle two or three miles backwards and forwards. I may say though, that the rules of most associations would allow of the nurse attending a farmer's wife, or even somebody in a better position, under the control of the committee.

1784. And would she then be allowed to take a fee for her services?—No, the fee would go to the association.

1785. In that way the cost of the nurse to the association would be reduced?—Yes, and we do that with our Queen's Nurses too in certain districts.

1786. In what form do you receive grants from the boards of guardians—under what conditions is it done?—The associations apply for a grant.

1787. Then they have a call upon you for the services of the nurses?—Yes, for all poor law cases.

1788. They do not make a payment of so much per case?—In one case they have been allowed to. There has been a recent decision as regards midwifery and maternity cases, under which, at Tiverton, sanction was given to 5s. a case being paid as an experiment.

1789. Do you believe your organisation would be able, if the necessary funds were at its disposal, to meet all the probable demands for midwives in the next few



24 February 1909.]

Miss A. HUGHES.

[Continued.]

years?—I do not say it would meet them all, because there are a great many independent associations that are doing good work in the same field.

1790. You would be able to fill up the gaps at any rate?—Absolutely so.

1791. You are confident of that?—Yes.

1792. Has the demand for midwives very largely increased as the result of the Act?—Very much so. Some county associations have been formed almost entirely on that account, and a large number of midwives have been taken on by our own associations.

1793. Do you think there are many women who will be debarred from practising after the 1st of April 1910, who are still in practice?—A great many, I am afraid, but not more in the country districts than in the more populous districts.

1794. And the places of those in the populous districts will be easier to fill?—Yes, but the numbers do not quite foretell the shortage accurately, because in the country districts a good many women who take three or four cases only will drop out, and one certified midwife will cover the ground at present occupied by several such women. They may be having only nine or ten cases a year, and one good midwife could take many more cases than that in the year.

1795. Can you furnish the Committee with any statistics as to the growth of the demand upon your Institute for nurses with midwifery training?—Yes. The following figures show how the demand on the Institute and its affiliated county associations for nurses with midwifery training has increased:—

Date.	No. of County Nursing Associations.	Total.	No. of Nurses.	
			Queen's.	Village, &c.
Jan. 1, 1902 .	5	146	19	127
Jan. 1, 1903 .	8	222	24	198
Jan. 1, 1904 .	9	255	42	213
Jan. 1, 1905 .	10	292	45	247
Jan. 1, 1906 .	12	365	54	311
Jan. 1, 1907 .	14	491	79	412
Jan. 1, 1908 .	18	656	112	544
Jan. 1, 1909 .	18	781	131	650

1796. You attribute this increase largely to the demand created by the Act?—Entirely.

1797. The Midwives Act has proved a very efficient weapon for good in that respect?—Yes, it has created the call, and we have had to meet it.

1798. It has helped you in regard to general nursing too?—Yes.

1799. And you have been grateful for it?—Yes; but the work has rather overwhelmed us, so that our gratitude has been somewhat tempered.

1800. It gives you an opportunity of showing your efficiency?—No, it shows our poverty.

1801. It shows your efficient work with small resources?—Yes.

1802. How far do you think your Institute might take the lead in organising any general fund for the

purpose of filling up the gaps and making the system as general as possible?—We should be very glad, I think, to do something in that direction, but I can hardly speak with authority on that point.

1803. Are you in touch with the Association of County Councils?—Yes; our county associations receive so many grants from them.

1804. That is, in the shape of grants from the county councils for training?—Yes.

1805. But are you in communication with the Association of County Councils, as representative of the whole body, with a view to uniformity of practice and the initiation of any general scheme?—No, we have had no direct communication with that Association. I think it would be desirable, but we have not been called upon to do that.

1806. You merely communicate with the local bodies, the county councils themselves?—Yes, the county nursing associations do, but the Institute has no official recognition of any kind.

1807. You are of opinion that a proper distribution would be a very important element in meeting the estimated shortage of midwives, whatever it may be?—Yes.

1808. In point of fact, with proper distribution a very much smaller number of qualified midwives would be required than the number of persons who probably will cease to practise next year?—Yes, that is so.

1809. But you have no actual statistics as to the number of these women?—No; it has been so difficult to get them. Our information is only general.

1810. Have you made any effort to obtain statistics?—Yes, we have tried to get the information, and we have received replies from various associations, which I have here. But it is difficult for independent bodies to be quite sure. There is no authority we can apply to. In Devonshire, for instance, the whole of the clergy were asked, but 54 failed to reply.

1811. Have you applied to the constabulary authorities to any extent?—No.

1812. Have you thought of doing so?—No. I did not know they would have the information.

1813. The chief constables would supply it, perhaps?—We will take a note of that.

1814. (Mr. Davy.) Have you ever tried the relieving officers?—We have not officially. I think our local county associations in some cases have applied to them, but even then it is a little difficult to ascertain whether a woman is really acting as a midwife or under a doctor. It is very difficult to get definite information about the women who are practising occasionally.

1815. (Chairman.) Does your Institute provide from headquarters any of the cost of the Village Nurses, or do you expect that to be found locally?—No; but we contribute a grant towards the county superintendent. We have a fund for that purpose, but I am sorry to say it is rapidly getting exhausted.

1816. Where do these Village Nurses and midwives get their training from as a rule?—From various centres. There is a list in my précis of evidence of the various places where the nurses have had their midwifery training. (The witness handed in the following statement.)

## COST OF TRAINING.

(A.) Midwifery and Village Nurse Training Homes affiliated to Queen Victoria's Jubilee Institute for Nurses.

Home.	Scale of Fees.	Character and Length of Training.
Cheltenham Victoria Nurses' Home .	11l. 11s. 0d. (to Institute pupils).	Midwifery, 4 months. Fully-trained nurses only.
Gloucester District Nursing Society .	15l. 15s. 0d. (to Institute pupils).	Midwifery, 4 months. Fully-trained nurses only.
Cardiff Branch of Q.V.J.I.N., Maternity Department.	14l. 14s. 0d. and 2l. 2s. 0d. for lectures.	3 months. Midwifery.
Darwen District Nursing Association .	15l. 15s. 0d. (to Institute pupils).	4 months. Midwifery.
Hastings District Nursing Association .	By arrangement.	—



24 February 1909.]

Miss A. HUGHES.

[Continued.]

Home.	Scale of Fees.	Character and Length of Training.
Plaistow Maternity Charity and District Nurses' Home.	21l. 0s. 0d. 26l. 0s. 0d. 33l. 0s. 0d. 39l. 0s. 0d. 20l. 0s. 0d.	4 months. Midwifery. 6 months. Midwifery. 9 months. General and midwifery. 12 months. General and midwifery. 6 months. General district nursing.
Tipton and Ocker Hill District Nursing Association, forming in connection with Staffordshire County Nursing Association as a training home for midwives and village nurses.	—	—
The Devon and Cornwall Training School and Home for Nurses, and the Three Towns Nursing Association.	21l. 0s. 0d. 18l. 18s. 0d. (for pupils for Devon and Cornwall.) 26l. 0s. 0d. 33l. 0s. 0d. 39l. 0s. 0d. 35l. 0s. 0d. (for pupils for Devon and Cornwall.)	4 months. Midwifery. 6 months. Midwifery. 9 months. Midwifery and general district nursing. 12 months. Midwifery and general district nursing.
Windsor, H.R.H. Princess Christian's Maternity Home.	11. 1s. 0d. a week, board, residence and tuition. 2l. 2s. 0d. for lectures.	Midwifery, usual 5 months.
Worcester City and County Nursing Institution.	15l. 15s. 0d. 21l. 0s. 0d. 34l. 0s. 0d.	4 months. Midwifery (nurses with previous training). 6 months. Midwifery (untrained nurses). 12 months (general and midwifery).

## (B) Other Associations to which Nurses have been sent for training as Midwives or Village Nurses.

Home.	Fees paid.	Character and Length of Training.
Birmingham Lying-in Charity -	15l. 15s. 0d. (in 1907.)	Midwifery.
Benevolent Institute, Chester -	15l. 15s. 0d.	Midwifery.
Brighton Lying-in Institution -	21l. 0s. 0d.	Midwifery.
Bristol Royal Infirmary -	15l. 15s. 0d.	Midwifery.
Clapham Maternity Hospital -	21l. 0s. 0d.	4 months. Midwifery.
East End Mothers' Home -	15l. 15s. 0d. 30l. 0s. 0d.	3 months. Midwifery (fully-trained nurse). Midwifery.
Essex County Cottage Nursing Association.	45l. 0s. 0d.	9 months. General and midwifery.
General Lying-in Hospital, York Road, London.	18l. 18s. 0d.	Midwifery.
Govan Cottage Training Home -	25l. 0s. 0d.	9 months. General and midwifery.
Ipswich Nurses' Home -	15l. 15s. 0d.	Midwifery.
Kingswood and District Nursing Association.	20l. 0s. 0d. 30l. 0s. 0d.	6 months. General and midwifery. 9 months. General and midwifery.
Maternity Nursing Association (Myddelton Square, London).	18l. 18s. 0d.	Midwifery.
Ormond Home, Chelsea -	20l. 8s. 0d.	4 months. Midwifery.
Royal Derbyshire Nursing Institute -	15l. 15s. 0d. 20l. 0s. 0d.	6 months. General and midwifery. 1 year general and midwifery (Derbyshire candidate).
St. James' Midwifery Home, Waltham-stow.	45l. 0s. 0d. 12l. 12s. 0d.	9 months. General and midwifery. Midwifery.
St. Mary's Home, Fulham -	18l. 18s. 0d.	4 months. Midwifery.
Watford Home, in connection with Herts County Nursing Association (forming with view to affiliation.)	—	Midwifery.
Winchester Maternity Society -	12l. 12s. 0d.	Midwifery.
Woolwich, Home for Mothers and Babies.	20l. 0s. 0d.	6 months. Midwifery.

The cost of the training of Queen's Nurses in midwifery has been met (1) from the funds of the Institute; (2) from scholarships awarded by the Midwives Institute to Queen's Nurses selected by the Institute.

1817. The cost of training varies very materially according to this list?—It does very much.

1818. Can you assign any reason for that?—No, it depends on local circumstances and local arrangements. We try to reduce the cost as much as possible.

1819. There should be uniformity, surely. It cannot be due entirely to local peculiarities, such as the cost of living, and so on?—It is partly that. For instance, midwifery training in some associations is worked in conjunction with the training of district



24 February 1909.]

Miss A. HUGHES.

[Continued.]

nurses, and the funds being combined, they are able to train their midwifery pupils more cheaply than at a place which takes midwifery pupils only.

1820. But you do not believe there will be any difficulty in getting suitable women provided training is forthcoming?—No, it is only in getting the suitable women within the hard and fast county council areas. For instance, in Lincolnshire they may not take women from the city of Lincoln, and in Hampshire they will not pay for the cost of a woman from Southampton. There may be suitable women, but they must live in the county area. Thus in Lincolnshire you may have two people waiting to be trained in Kesteven, which has used up its funds, but Holland cannot train them, though it has funds in hand.

1821. Is there any reason why that should not be remedied?—That is the business of the county councils, but if you could take all the suitable women generally, and put them into the counties, there would be no difficulties.

1822. But would it not be desirable to get into communication with the County Councils Association in such cases with a view of establishing co-operation between the different councils?—Yes. That would be a very valuable help.

1823. That is the object for which the County Councils Association exists, namely, to co-ordinate work of this kind among the various counties?—Yes.

1824. It is a pity that material should be lost merely because of the exhaustion of money available on one side or the other of a geographical line?—Yes.

1825. (Mr. Davy.) But these are quite distinct bodies, are they not?—Yes.

1826. They have got no financial relation with one another?—No, but it might be convenient for them to assist one another. I know they are distinct, and a county will not take women who live out of the county area to train. I did not mean Lincolnshire was an exception, but in that county there are three distinct councils; it is just the same thing in other counties.

1827. (Mrs. Hobhouse.) You merely apply that to the county council grant and not to the Institute, do you?—Yes, we train our own nurses.

1828. You train some of those out of your own funds, do you not?—Yes.

1829. Do the county associations train the nurses?—The central committees train them out of their own funds as well as out of the county council grants.

1830. Therefore your statement as regards the area applies only to those trained from county council grants?—Yes, exactly. I did not make it clear, perhaps.

1831. (Chairman.) How far do the Village Nurses contribute anything themselves to their training?—They contribute nothing as a rule.

1832. Would it not be possible to get anything from them?—I am afraid not, but I do not know positively. In most of the counties it is a condition of training that nurses should stay in the county for a certain time after the completion of the training. They have to give sureties for refunding any expenses incurred, if they break the agreement.

1833. You have given in your précis a statement of what has been done by the various counties affiliated to the Institute?—Yes. I say, "Grants and scholarships given by the county councils in counties in which there are county associations affiliated to the Institute, are as follows:—"

Berks	50 <i>l.</i> in 1907 and 1908	2 scholarships, 25 <i>l.</i> each, open to all nursing associations in the county; one year's training; association to pay balance.
Cheshire	200 <i>l.</i> a year (raised in 1908 from 150 <i>l.</i> )	To train nurses for county, candidates selected by county association, training for one year and to obtain C.M.B. Certificate.
Cornwall	150 <i>l.</i> a year	Towards training of village nurses by county association, to include midwifery training.
Cumberland	75 <i>l.</i> in 1908 100 <i>l.</i> a year	Special grant for midwifery training. To county association for training of Cumberland women as Village Nurses and certified midwives.
Derbyshire	150 <i>l.</i> a year	10 scholarships in midwifery, to candidates appointed by county council. Recipients agree to work in the county for 3 years.
Devonshire	150 <i>l.</i> in 1906 and again in 1908, now promised annually.	5 scholarships of 30 <i>l.</i> each, to be applied for expenses of training at Training Home at Three Towns or other approved Home.
Gloucestershire	100 <i>l.</i> a year	To train 4 midwives, candidates selected by county association, on condition that C.N.A. also train 4.
Hampshire	60 <i>l.</i> a year	4 scholarships of 15 <i>l.</i> each, towards the training of Hampshire women as Village Nurses.
Herefordshire	150 <i>l.</i> a year	For training of women of county, selected by C.N.A., as Village Nurses.
Kent	400 <i>l.</i> a year	200 <i>l.</i> for rural, 200 <i>l.</i> for urban candidates in midwifery, candidates selected by Kent C.N.A.
Lincs.		The 3 county councils give scholarships, 7 in all, to candidates born or resident in division of the county, selected by C.N.A.
Northants	50 <i>l.</i> a year	2 midwifery scholarships, 25 <i>l.</i> each.
Notts.	105 <i>l.</i> a year	For scholarships for training in midwifery and general nursing, candidates Notts. women, selected by C.N.A.
Salop	180 <i>l.</i> a year	To the county association for training midwives.
Somerset	150 <i>l.</i> a year	To the county association, for training 6 midwives.
Staffs.	300 <i>l.</i> a year	To the county association, for training 12 midwives.
Sussex (East)		Scholarships, 30 <i>l.</i> each, up to 150 <i>l.</i> a year for training women of the county as nurse-midwives.
Do. (West)		Grants, 15 <i>l.</i> each, to West Sussex women.
Worcester	200 <i>l.</i> (raised to this in 1908).	For training midwives selected by sub-committee of county council."

1834. It is not an exhaustive list, I see. It does not cover the whole country by any means?—No, these are the 18 affiliated counties.

1835. Within the areas referred to, does the county authority do as much as you think is expedient?—I know my committee would like a little more from them. In Berkshire they certainly would.

1836. I see Berkshire is less than some, and Hampshire too?—Yes.

1837. Do you think, on the whole, the county councils take the matter up keenly and do enough?—Yes, they have been most generous and good.

1838. So that you do not see any particular reason why county councils should have greater powers than



4 February 1909.]

Miss A. HUGHES.

[Continued.]

they have at present. Their powers are sufficient, provided they are ready to exercise them, is that so?—Yes, I think so.

1839. You do not think they want to be armed with additional powers?—I would like them to have the power to give more actual money.

1840. They can, of course, now only give the money from the educational grant?—Yes, and it would be very much better if they could be made the administrators of the money which may be given in the future.

1841. Do you mean by any central authority?—Yes.

1842. But do you think there is any great need for assistance from the central authority, that is to say, from the State?—If the money were administered by the county councils, and their action were, as you suggest, co-ordinated, it would be an immense advantage.

1843. But if the county councils exercised the full powers they have, the cost to each county council would not be very considerable, and all the work required would be done?—Not all the work. Some counties require more nurses to cover the ground, and if you raise the rates, it makes it more difficult for the philanthropic people to contribute their money. So that we could do with more money.

1844. There is no use going to the Treasury unless you have got a very strong case, and even then you are not always likely to be successful?—I am not urging it, but I say that if they had the power it would be better.

1845. But you do not trouble yourself with an appeal for public funds, that is, funds from the Treasury, for this purpose?—No. I say in my précis what the Institute would like with regard to the central authority.

1846. That is just it. I want to know how far your Institute identifies itself with the view that a Government grant is necessary?—The Institute will not commit itself.

1847. That is to say, it will not charge itself with that demand?—No.

1848. But when you say that careful inquiry has proved that it is not possible to meet all the applications owing to lack of funds, that is almost necessarily due to the fact that the county councils in many cases have not given you the help that they might have given?—For the Village Nurses, but not for the Queen's Nurses. In speaking of counties, I may say a great many Queen's Nurses do work in the counties.

1849. But they are surely rather too luxurious an article for general purposes, are they not?—No, certainly not, when there is a sufficient population. They bring to bear better knowledge and training. We have 124 in the county associations now working in single districts, and if you look at the list you will find those are single county nurses.

1850. But are they Queen's Nurses?—Yes, they are all Queen's Nurses, and you will see how they are scattered in the counties. A great many of them are required to do midwifery now.

1851. They are rather a heavy charge on the districts employing them, are they not?—They only get the ordinary fees of trained nurses.

1852. I see they cost 60*l.* to 100*l.*?—That is not very much.

1853. But that is not the point. The point is whether it is much for the rural district to provide?—It depends on the population. If the population is under 3,000 we do not expect them to be supported. In those districts where doctors may be miles away from people, it is necessary to have the best trained nurses for the cases.

1854. (*Mrs. Hobhouse.*) If the population of a district is not under 3,000, it is not regarded as a village area as a rule?—No.

1855. By villages you mean small country places?—Yes.

1856. (*Chairman.*) Now about the remuneration of the medical men; what is said by the Institute as to the deficiency or alleged deficiency of the Act in that

respect?—There has been a good deal of difficulty about it.

1857. Do you believe the attitude of the medical profession on the subject is as strong as we have been told it is?—They are not at all friendly.

1858. Is that unfriendliness increasing or diminishing?—It is increasing. I should like to say here that the difficulty is not only the professional one with regard to their midwifery practice being taken away from them, but in the real rural districts we very often find that there is a personal element which cannot be stated openly. There is personal friction between some members of the committee and the medical man, and that puts his back up, and he will not help the nursing association.

1859. Is that the case in the county of Cumberland?—No, that is an organised opposition. It has partly to do with the Border Association.

1860. The association of doctors, do you mean?—Yes.

1861. Why are they taking a more bitter attitude there than elsewhere?—It is simply that they feel that they do not want midwifery to be taken away from them. There are 34 districts where our nurses cannot act as midwives because of the doctors.

1862. In Cumberland, that is?—Yes, and in Lincolnshire there are 31 such districts.

1863. Who prevents the nurses from practising midwifery?—The doctors. The medical men will not give any response to a call from a midwife for medical assistance.

1864. Would that not get them into trouble?—No, because no medical man is obliged to attend such a case.

1865. But I mean at the bar of public opinion?—That is a difficult question, because we have instances where medical men have refused. They feel that they are not compelled to go to such cases. Speaking generally, they have been very good, and in very few cases have they absolutely refused.

1866. In your judgment, where the boards of guardians have used their powers, the difficulty has been solved, so that their powers are sufficient where they choose to exercise them?—Yes, but that has not been very long the case. We have had a good many recent difficulties.

1867. You are of opinion that the more the county councils do the work themselves the better?—Yes.

1868. You would like section 9 of the Midwives Act repealed?—Yes, certainly. We have instances of the way in which that section has worked, and we know how much better it is that the duties of the county council should not be delegated.

1869. In point of fact, they have resumed in some cases the direct administration of the Act?—Yes.

1870. You have no complaint to make of the examinations of the Central Midwives Board?—No, not at all. They are excellent.

1871. Do you think the fear of difficulties in that examination stands in the way of women presenting themselves for training?—Not at all. They know they have to undergo an examination.

1872. They are not afraid of it?—No, they know it is the price they must pay to obtain a means of livelihood.

1873. You have very strong views in deprecation of any extension of the time limit?—It would create chaos.

1874. It would be fatal?—Yes; everything is strung up and ready, and if the time were extended there would be difficulty.

1875. (*Mrs. Hobhouse.*) You state, in the first paragraph of your précis, the object of the Institute?—Yes.

1876. You say that "the object of Queen Victoria's Jubilee Institute is to provide improved means of nursing the sick poor in their own homes," and that "that has been carried out by the affiliation to the Institute of district nursing associations throughout the country who work in accordance with the conditions and principles which the experience of the Institute has found to be essential to the successful conduct of district nursing"?—Yes.



24 February 1909.]

Miss A. HUGHES.

[Continued.]

1877. Do you allow any elasticity in the different localities in regard to those principles?—Certainly. Every association that affiliates directly to us sends up a very full report of the conditions of the places, stating everything that they want. If there is any difference from the standard which we think undesirable, we write for an explanation, and we discuss it with them. In some cases it has been necessary, as we think that better arrangements could be made under the local conditions.

1878. Are you speaking of the county nursing associations?—I am speaking of the Queen's Nurses.

1879. Then may I take your answer to the question to be entirely relevant to the county associations?—The Village Nurses undertake responsibilities under the county associations, and there is the same elasticity provided the nurses are midwives and are under the supervision of the county superintendent. The localities make their own rules and they are approved by the county committee.

1880. And subsequently by the Institute?—They are not sent up to us. We never see the detailed rules of the local associations. We have simply the half-yearly report and the annual report sent up from the county nursing association.

1881. Do you include in your county associations (affiliated to them) those local associations who work upon a different system from that of the ordinary district nursing?—You mean the resident cottage nurses?

1882. Yes?—Yes, I think that in 16 out of our associations they work on those lines more or less. It has been found that such nurses are necessary in certain localities.

1883. You do not as a matter of principle try to press the district to adopt some other system where resident cottage nurses are found more suitable?—No, not when the district is really sure. I may say honestly we do not like the resident system with regard to labourers' cottages. When it comes to farmhouses and places that are better off, that is a different thing. But when there is no sleeping accommodation, or hardly any, for the nurse, we do beg that the point should not be pressed, and that they should not require a nurse to sleep in the cottage. But in scattered rural districts the nurses may have to be resident when they are miles away from any centre of population. But that is a matter to be decided by the local committee with the county associations.

1884. You leave it to them entirely?—Yes, we cannot interfere.

1885. Can you tell me the number of Queen's Nurses who hold the C.M.B. certificate? You have 650 Village Nurses, I understand?—Yes.

1886. And you have said you had 1,600 Queen's Nurses?—In England and Wales I could not tell you the number straight off, because we have a large number who hold the C.M.B. certificate, but who do not practise, they having taken the certificate at their own expense. They decline to practise midwifery when they come to us. We have not any definite figures, but there are 100 associations employing Queen's Nurses who hold the C.M.B. certificate and take midwifery outside the county associations altogether.

1887. You could not tell the whole number?—No. We began to get it, but it was very difficult. We have over 3,000 nurses altogether, and it is very difficult to say.

1888. I only wish to know approximately the number of acting midwives that are affiliated?—There are 100 associations having practising midwives on their staff.

1889. But if you cannot tell me how many of them there are, you cannot tell me how many of these associations undertake midwifery practice?—I could tell you where they are practising midwifery, but not all the number of the Queen's Nurses that possess the C.M.B. certificate; I do not know whether that would answer the question. At every one of those places there are nurses practising in midwifery, more or less.

1890. More or less?—Perhaps the whole of the staff, or sometimes one midwife on the staff, or one nurse-midwife working alone in a district.

1891. In your précis, you say that "given sufficient available funds it should be possible to supply the needs of these counties"?—Yes.

1892. That means the 18 counties, I suppose?—Yes, or more if they come to us.

1893. You are taking the returns from the county nursing associations?—Yes.

1894. It really applies to these 18 counties, I suppose?—Yes.

1895. Then you go on to say it is almost entirely owing to the lack of funds that you are unable to meet the number of applications for Queen's and Village Nurse-midwives?—Yes.

1896. And the lack of funds applies to the necessary training for candidates?—Yes.

1897. Do you mean to imply that, if you had sufficient money for the training of all the candidates required, the county nursing associations would be able to support and maintain those nurses?—I should say so—or do you mean supposing there is a given county which wanted a large number of midwives?

1898. Yes?—That is rather difficult for me to say, because I do not know the resources of each county, but, roughly speaking, as needs have become apparent the places have come forward and established a midwife and supported her, except in very sparsely populated districts.

1899. Roughly speaking, the county association funds are spent upon training?—Yes, and the local committees support the nurses.

1900. Therefore, if these funds collected by the county nursing associations were not at all applied for training purposes they would be able to apply the money for maintenance?—Yes.

1901. Approximately you think that would cover the necessary requirements?—Yes, it would make all the difference; if county associations could afford to give grants to the rural districts and subsidise them, there would be no difficulty arising.

1902. Therefore, should there be any grant given from the central authority, that grant should be applied for training purposes?—Yes.

1903. And not for maintenance?—No, not for maintenance. A grant for training would set free money now spent by the county association itself voluntarily.

1904. That would meet all the financial difficulty you speak of?—So far as one can judge at present, certainly.

1905. Then you speak also in your précis about assisting in the establishment of emergency homes for nurses?—Yes.

1906. Are such homes universal in those 18 counties?—They are beginning to provide them. They have found it necessary. The newly started ones have been the first to realise the need of it.

1907. About how many counties have them, or how many are without them?—I do not think there is one county absolutely without emergency nurses, but only about five or six have started the recognised home. The others have nurses whom they employ without having a proper home for them. They keep them and send them out for emergencies. They find it necessary.

1908. Is there any arrangement made as a rule in those emergency homes that a nurse should be only sent to cases within the county area, or do a certain number of counties amalgamate and interchange?—They have not done so yet.

1909. Would that be good?—It would be very valuable where they adjoin, or are close to, one another.

1910. Could you tell me whether the grants that you have mentioned as paid by the county councils to your affiliated associations are grants for training only, or whether they are grants in some instances towards supervision and inspection?—I do not think county councils have given any grants for supervision and inspection. It is for training only, in the way of scholarships. But they have appointed officials. For instance, Cumberland has appointed a school nurse, who also assists the county superintendent in some inspections. But they do not give grants for the maintenance



24 February 1909.]

Miss A. HUGHES.

[Continued.]

of inspection. That is done by the county committee. The grants are all spent on midwifery training.

1911. But does the county superintendent never receive part payment from the county council towards inspection?—When she is also inspector of midwives for them, but not as county superintendent by herself.

1912. Has the county superintendent in a certain number of instances been made county inspector?—Yes, in Gloucestershire and Herefordshire and Hampshire and Somerset. She keeps the county council work quite distinct and has to fulfil their conditions. She is their officer for that side of the work.

1913. Of the county council?—Yes. The county councils take no official recognition of her work as county superintendent, except that it is helpful to combine the two.

1914. The county council have to help in paying her salary?—Yes.

1915. She is not under the county nursing association?—She has to report on the county committee's nurses officially to the county council, but she also has to supervise a great many midwives besides who are not under the county committee, or who are not affiliated. I mean the midwives practising generally.

1916. Then you mention that the increase of training homes would be of very great assistance?—Yes.

1917. That is in the case of supply. Has it been a custom of your Institute to start homes of this sort?—No, they have been started locally. For instance, in the Three Towns, Plymouth, Stonehouse, and Devonport, there was a great need of district nursing, and a home was started to meet the necessities of the district nursing. Then it was found there was a great need of midwifery, as except by the Soldiers' and Sailors' Families Association there was no adequate supply, and the joint local committee decided not only to have district nurses but also to start a midwifery training school for Devon and Cornwall.

1918. The people who wish to start the training home get no help from the Institute, do they?—No, not now. We used to give help to the counties long ago when we had plenty of money, but we do not do it now. We only give the yearly contribution to the superintendent's salary.

1919. That is not within the Institute's scope at all?—No, not the support of training homes.

1920. Then as regards the affiliated county nursing associations, you exercise a certain amount of supervision over them from the central office, do you not?—Yes. The inspector visits them once a year.

1921. Are they supervised by the central committee, or is there a separate committee for the purpose?—Are you referring to the Institute?

1922. Yes?—No, it is all one committee. It is all part of the general work.

1923. There is no separate department for the rural work?—No.

1924. I mean in contradistinction to the urban?—No, but there used to be for three years. There was an attempt made with it, and then it was found better to let the inspectors in their different areas be responsible for the work of those county associations and report to headquarters.

1925. Therefore it is all worked together?—It is all worked together.

1926. (Mr. Dary.) When was your institution founded?—It was incorporated in 1889.

1927. Is there any other institution of the same sort in England?—No, not that I know of—not with a charter—but there are private ones.

1928. Is there a representative committee?—Yes, a council.

1929. How are they elected?—A certain number are appointed directly by the Queen. The rest are nominated by representative bodies and appointed by the Queen. Under the first charter the number was limited. Under the second charter power is given to add representative members. That is the list according to last year's report. We have not this year's report out yet.

1930. Is there any executive committee?—The council appoints committees for different subjects: Finance, Affiliation, Nursing, Executive, and Midwifery.

1931. Do you attend the committees?—Yes.

1932. Is the attendance pretty good?—Yes, very good.

1933. Do you ever get a change of personnel on the committee?—Yes, constantly. Every year some old members drop out, or we find it necessary to put on new ones.

1934. Do you find any difficulty in getting representatives?—No, the only trouble is to get people to attend in London.

1935. Have you got offices?—Yes.

1936. What rent do you pay for your offices?—300*l.* a year.

1937. And you have a staff of clerks?—Yes, and qualified nurse-assistants.

1938. And your secretary is paid?—Yes.

1939. Have you got accounts?—Yes.

1940. Are they audited?—Yes.

1941. May we have a copy of those accounts?—Yes, but they are only in proof for last year (*handing in accounts*).

1942. If you send one to the Secretary that will do.—Very well.

1943. How do you derive your funds?—The major portion is derived from interest on investments. First, there is the 70,000*l.* which Queen Victoria gave us when she instituted us.

1944. Is that invested?—Yes. Then we have 84,000*l.*, which was obtained in 1901 in memory of Queen Victoria, and in 1897 the Women's Memorial Fund was raised as a Diamond Jubilee offering, and we have about 2,000*l.* in annual subscriptions.

1945. But can you tell me roughly the amount of your total invested capital?—No, but I can give that in the information I supply afterwards.

1946. You have about 200,000*l.* altogether?—Yes, and 2,000*l.* in annual subscriptions.

1947. Where does that come from?—Nearly all over the country, by annual subscriptions. Then we have Queen Alexandra's Committee which was formed two years ago, I think it was, which raises also 2,000*l.*

1948. So that you have 4,000*l.* a year raised in that way?—Yes, and the interest on 200,000*l.* or thereabouts.

1949. Invested?—Yes.

1950. Do you have other subscriptions?—Yes, we get affiliation fees from our associations.

1951. Do you get any contributions from county councils?—No.

1952. So that that represents your whole income?—Yes.

1953. Now you are capable of considerable expansion, I gather?—Yes, very much.

1954. What are the conditions precedent of your further expansion?—More money, because we want more nurses.

1955. Do you think that you would have anything, or do you seek to have anything, to do with the Notification of Births Act?—Our nurses are already doing that work in certain districts where the Act has been adopted, and those local associations are receiving grants in some cases for their services.

1956. They are not paid according to the number of notifications, but they are general grants?—Yes, general grants.

1957. Do you have anything to do with health visitors?—One or two of our former nurses have taken on the work, but we have not taken health visiting on apart from general nursing. If the nurses do the work, it is done incidentally and not as by a paid health visitor.

1958. But generally, you mean to say you think that your Institute with more money and further resources would be capable of doing a great deal more work than you do?—Yes, certainly. We are going to have a great deal of the work connected with school nursing. In the provinces we are doing it, and money has been given by various education authorities direct to institutions to provide school nurses, and the children are nursed in their own homes by Queen's Nurses.

1959. You do not ask for a Treasury contribution?—No, not direct.

1960. Would that be because it would imply Treasury control?—Partly, and partly because the



24 February 1909.]

Miss A. HUGHES.

[Continued.]

work of the Queen's Institute is the organisation of associations and training of nurses, and it would prefer that the administration of such money should not be undertaken by its Council.

1961. There is nobody who actually competes in the work you are doing, is there?—No, not a big body, but there are some small institutions.

1962. What do you mean exactly by affiliation?—It means that the associations consent to accept certain conditions concerning the work, remuneration, and supervision of the nurses they employ. I am speaking now of Queen's Nurses, and not of the county associations.

1963. Of the nurses whom you supply?—Yes.

1964. I suppose you can at any time withdraw a Queen's Nurse?—Yes.

1965. What hold have you got on her?—One year's service after complete training in district work, and, if we give midwifery training also, another year, making two years altogether for both.

1966. But she is paid by the local committee, is she not?—Yes; she is paid by the committee to whom we recommend her; if she is not satisfactory they can desire her to be removed; after the year of agreement is expired, a month's notice is usually given on either side.

1967. Can you remove her?—No, not without their consent.

1968. Can you take away her status as Queen's Nurse?—Yes, we have that power if she is found after full investigation to be unsuitable. After a report from her own committee that she has behaved badly we have power to remove her name from the roll of Queen's Nurses.

1969. With regard to the Tiverton case mentioned by you, that was the case where the Local Government Board consented to a board of guardians paying a subscription to a county nursing association, was it not?—It was a local association affiliated to a county association.

1970. The subscription being based on the services rendered by the medical men, and the fees paid to them?—In this case the guardians at Tiverton were allowed to pay 5s. for each case attended by the nurse-midwife.

1971. The guardians are allowed to subscribe to the association, but not to pay the nurse?—Yes, that is so.

1973. There have been other cases of the same sort, have there not, for example at Battle?—I could not answer about Battle. Tiverton is the only one I know of officially.

1974. I see towards the end of your précis a statement that the committees of district nursing associations do not allow their nurses to undertake midwifery if there is determined opposition on the part of the local medical men?—Yes.

1975. What do you mean by determined opposition?—When a doctor puts his foot down and says he will not allow the nurse to act as a midwife.

1976. Is it a sort of notification to the district association that is wanted?—Yes. We always ask that district associations shall consult the local men, and if the medical men in the locality absolutely refuse to countenance the employment of midwives we wish the association not to press it.

1977. You say a large number of cases in which the doctors are engaged are left to the nurses alone in the doctors' absence?—Yes.

1978. What ground have you for saying that?—The reports returned by the county superintendents, who collect them monthly from the nurses of the affiliated association.

1979. Who are the county superintendents?—Queen's Nurses; we contribute part of their salary, but they are chosen and appointed by the county associations with the approval of the Institute.

1980. Your figures are these, that out of 25,308 cases during the last five years for which the nurse-midwife was engaged as monthly nurse, the doctor was not present at 7,503?—Yes.

1981. That is to say those are the cases in which the doctor was not present?—That is so.

1982. Those returns you get from the superintendents?—Yes. We have a form sent out, and they fill it up from the monthly returns.

1983. Would it be true to say you are in very close touch with nursing in all counties where you have midwives?—Yes.

1984. (*Dr. Champneys.*) I want to ask you one question about the payment by the boards of guardians. You say, you think it would remove the difficulties if they paid the doctor's fees?—Yes, it would be the solving of a great deal of the present difficulty.

1985. Of a great deal?—Yes.

1986. But still there would be a certain number of cases in which the people were not paupers?—Yes, certainly, and they ought to be pressed to pay.

1987. Would your suggestion be that the debt of the doctors should be collected and recovered again from the patient?—Yes.

1988. That is where patients can pay?—Yes. That has been suggested.

1989. Have you anything to say yourself about what has been called the boycott of midwives by doctors? Has it come to the notice of your institution very much?—Very much just lately. We have had several difficulties brought to our knowledge in which we have been asked for advice as to how to act.

1990. Do you think it is purely a matter of money, or do you think it is partly a matter of dislike of interference by midwives?—I think it is both. I do not think the money is actually of the greatest importance, except in some single districts where the doctor does depend on his midwifery fees. But I think it is partly due, as I have said before, to the personal element and friction entering into the rather narrow country life.

1991. You mean a particular midwife would not get on well with a particular doctor?—Yes, and it might be that a doctor does not work well with some members of the committee. In addition to the difficulty of the fee, there is an objection to be at the beck and call of the nurse whom the committee have established. That has a great deal to do with it. I would like it to be clearly understood that the majority of doctors are thoroughly in sympathy with and help our nurses immensely. In the whole of the reports from the counties they speak of how kind and helpful the doctors are. But in certain counties, though they act quite kindly about general nursing, they will not let the nurses practise as midwives, though they like them as monthly nurses.

1992. That is quite apart from any question of money, is it?—Yes, but the question of money sometimes enters into it, as I said before; I think—and this is a personal opinion—that in some cases the difficulty arises from the fact that the midwives can now come in legally and do this work which the doctors have always hitherto done. There is a little feeling of that sort amongst the older established country doctors.

1993. Then money is only partially a solution you think, and time is in favour of an understanding being arrived at?—Exactly.

1994. (*Dr. Downes.*) You have been asked about your funds. I suppose the return or report with which you are going to furnish us will show the expenditure as well as the income?—Yes.

1995. In the course of your evidence you have spoken of certain grants that you used to give, and you used the expression, "When we had plenty of money long ago." What has happened since then?—It only means that since the demand for Queen's Nurses with the midwife's certificate has become so great, we have had to spend a lot of money in that way, and we are no longer able to give money for grants to assist in starting associations as we used to do at the beginning. We have to spend it all in training, in the way originally intended. I wish we could give grants. We should like to subsidise very much.

1996. You have told us you have two classes of nurses?—Yes.

1997. Queen's Nurses and Village Nurses?—Yes.

1998. And you mentioned that in a few cases there is another class of resident cottage nurse which was employed by the affiliated associations?—Yes. All we ask is that those resident nurses should have the C.M.B.



24 February 1909.]

Miss A. HUGHES.

[Continued.]

certificate, and have the same provisions applied to them as to Village Nurses.

1999. In your conditions of affiliation do you prescribe any training for the resident cottage nurse?—No, we take her with the same training as the Village Nurse. In our conditions of affiliation we do not recognise a difference in the training between that of the Village Nurse and that of the cottage nurses. It is simply in the system of work.

2000. She is practically another form of the Village Nurse?—Yes.

2001. You tell us that your experience has shown that certain conditions and principles are essential to the successful conduct of district nursing?—Yes.

2002. Are these available in any printed form?—The conditions we lay down?

2003. Yes?—Yes, we can supply that.

2004. You have a copy of them; I should personally like to see it?—Certainly, I will send it in with the other papers.

2005. You suggested the formation of maternity clubs, I think, or you were in favour of there being such clubs?—Yes.

2006. How could they best be promoted, do you think? Have you any views upon it?—No, but I think it would be taken up in the way that blanket and other clubs in the village are—by whoever is most in touch with the people.

2007. In connection with any voluntary and charitable effort?—Yes.

2008. Then in relation to the medical profession I am sorry to hear you say their unfriendliness appeared to be increasing. Can you explain what you mean by that?—I think that many of them are afraid that midwives are going to be established, and that there will be an increasing demand upon them to reduce the fee for attendance. I think that has a good deal to do with it.

2009. They fear that the establishment of more midwives will mean that they will be competing with the doctors?—Yes, I suppose that is so. But we try to prevent our committees competing with medical men, though we do want midwives established. We want to get into places where there is a shortage of medical men, or where they do not attend all the lying-in cases. We wish to let such places have midwives.

2010. I do not know whether this list of subscriptions by boards of guardians was put in by you?—Yes. That is only a list of subscriptions to the associations affiliated to us.

2011. This is a return put in, I understand, showing the subscriptions, or grants, by boards of guardians to the affiliated associations?—Yes.

2012. It is a very long list, and the subscriptions range up to as much as 450*l.* in the year?—Yes, that is so, but there is a much larger list including all the associations not in affiliation to the Queen's Institute.

2013. Are those subscriptions increasing?—There is a decided tendency to increase them, but if there are a number of smaller parishes under boards of guardians, they are afraid to give to one, because they would have to give to all.

2014. Some of the places where the grant of the guardians is most needed may be the poorest districts, where the guardians are themselves poor?—Yes, and it is in those rural districts where we want it most, but the guardians are the poorest.

2015. I need hardly ask you what your view would be; I take it that the nurses should be provided on the voluntary basis and not on the official basis?—On the voluntary basis.

2016. And you think that the guardians should pay a *quid pro quo*?—Yes.

2017. (Mr. Davy.) The guardians have power to appoint district nurses of their own, have they not?—Yes.

2018. But instead of doing that, they find it more convenient to subscribe to some Village Nurse?—Yes, or Queen's Nurse.

2019. Do you find that this practice is steadily growing?—Yes.

2020. So that quite a considerable proportion of the income out of which expenses are paid comes from

the contributions of guardians?—Yes, many of them do it on quite a business footing. They wish to know how many cases the nurse attends, and the association has to keep a separate list of poor law cases. That is better, if I may say so, than the guardians appointing their own district nurses, because the district nurses have had the special training which nurses straight out of the infirmary have not.

2021. In a good many unions these outdoor nurses keep a sort of general eye on the outdoor paupers?—Yes. They are at the disposal of the union.

2022. (Mr. Pedder.) I think you said you did not fear a shortage of midwives?—No.

2023. That was in your 18 counties?—Yes.

2024. Not outside?—Yes, all over the country too.

2025. Why do you feel that?—We can speak definitely of the 18 counties; the conditions are mostly the same in other counties, though we have not exact statistics. We have knowledge of the conditions throughout the country from the affiliated associations employing Queen's Nurses.

2026. You think when the handy women drop out there will be plenty of women to supply their places?—Yes, except in a few isolated districts.

2027. Then you say you have no lack of candidates for training?—No, not for Queen's Nurses, nor as a rule for the Village Nurses.

2028. We heard there was a lack of people coming forward because they feared they would not earn their living?—That is independently. Under our system there are ready-made places.

2029. I am not quite sure whether you said your superior nurse goes to the ordinary cottage cases?—She takes all sorts of cases, but she does not live in the houses. She would work in the rural districts if funds were provided.

2030. In that respect how would she differ from the Village Nurse?—She is fully trained. She has had the full advantage of hospital training, but she does the same work.

2031. Are only the same fees charged as for the Village Nurse?—We do not charge fees at all, except on the provident system. We only charge for midwifery, and the fees are equal as regards that.

2032. So that the poorest cottage can at once have the very highest class of nurse?—Yes; that is what we should like, but there is not the money to maintain the highly trained nurse in many scattered rural districts.

2033. Do you impose any condition as regards a limit of wages in houses to which the midwife can go, I am thinking of the matter from the doctor's point of view?—No, we leave that to the local committees. We have no wish to settle such conditions at headquarters. In a provident club the scale is usually arranged by the rent paid or the wages received, but as a matter of policy that must be left to the local committees. We advise a wage limit on the provident system, and with the midwifery it is much the same.

2034. What is that?—Roughly, we limit the attendance of a midwife to women whose husbands earn 25*s.* to 2*l.* a week; over that we consider a doctor ought to be sent for.

2035. Nothing over 2*l.*—That is so, and in some districts even less than that, because the money earned does not always represent the same advantages. The husband may be living rent free, and have other privileges, but, I think, roughly speaking, that is the practice.

2036. So that that falls in with your general desire to work in accord with the medical men?—Yes.

2037. Then in Cumberland, where the medical men have taken a stand against you, you find your operations limited?—Yes; we can establish the nurses, but they cannot act as midwives.

2038. Would you have anything to say in favour of making the provident club system compulsory?—For midwifery do you mean?

2039. Yes.—People ought to be free. They ought to be educated, but not forced.

2040. Why do you object to compulsion?—Because I think you will do a great deal more without it. If it comes to forcing and punishment you will do harm. We want to educate, surely, and not to force people.



24 February 1909.]

Miss A. HUGHES.

[Continued.]

2041. But you are not educating them to be independent, supposing they do not subscribe to the provident fund, and the fee is paid for them?—But it would only be paid after suitable investigation.

2042. But supposing the guardians were to pay?—Then it would be after investigation, and the guardians would only pay under such conditions as would ensure poor law relief in any circumstances.

2043. Yes, but people ask for more than that. They ask for the midwife's fee and the doctor's fee to be paid fairly freely?—Is that not because they want to avoid sending more people on to the rates? It is only in emergencies; a woman has saved up the money for the midwife, and then something occurs which necessitates the doctor coming. We do not want the people to go on the rates.

2044. (Mr. Fremantle.) As to what you say in your précis, do you mean that monthly nurses should be qualified whether working under doctors or not?—All women nursing in that way ought to be qualified as midwives.

2045. Therefore, you would practically amend the Midwives Act by saying that either a medical man or a midwife must be present at every birth?—Yes, if that could be done it would be splendid.

2046. Further on in your précis, you mention that, when midwifery cases are undertaken, the minimum fee is 5s. Do you consider it is right that there should be a minimum fee of 5s., or do you consider it is advisable to try and raise the fee?—To try and raise the fee. We put that as the minimum fee at first, but in clubs it has been raised, and we would rather raise the amount that they ought to pay to 7s. 6d. or 10s.

2047. Do you think in ordinary circumstances in rural districts it is advisable to charge a minimum fee of 10s., or that it will be paid?—No, not always, but that must be judged by the local circumstances. Some local districts are so much poorer than others.

2048. (Chairman.) But in normal cases what do you say?—Yes, where a man has a fair wage. The question also depends on the size of the man's family.

2049. (Mr. Fremantle.) I have heard of a lady inspector of midwives giving it as her deliberate opinion that it is possible to charge half a guinea as the minimum fee, but you think that is going too far?—Yes.

2050. Anyhow at present it is going too far?—Yes. Labourers' wages vary so enormously.

2051. Then you refer to the combination of the occupations of midwife and district nurse as a practical solution of a difficult problem, and you mention the possibility of including also the school work?—Yes.

2052. That is work connected with the medical inspection of school children?—Yes.

2053. If that were a possibility, how would that affect the requirements of your training, which at present, I take it, is a minimum of nine months for your Village Nurse?—It would mean that those women who already do some general nursing would be given special training to carry out the instructions of the medical men for school cases.

The witness withdrew.

Sir WILLIAM SINCLAIR called and examined.

2064. (Chairman.) You have been the nominee of the Lord President of the Council upon the Central Midwives Board since its foundation?—I have.

2065. With regard to the supply of midwives, you have formed the opinion that the shortage has been exaggerated, I believe?—Yes, I certainly think so. My experience and intimate knowledge of them is only, of course, in regard to the North. In the towns in the north there are certainly too many of them.

2066. There are a good many midwives in Lancashire?—Yes, far too many.

2067. They cannot make a livelihood?—Most of them make less than a living.

2068. That is qualified midwives?—Yes. A large number are only *bona fide* midwives, but they are on the roll.

2054. You think that could still be done in the nine months?—We would prefer them to have 12 months' training.

2055. You say that this combination of functions would be likely to prove of great use and assistance in providing Village Nurses in districts where at present it is impossible to have them?—Yes, and the idea is being taken up largely.

2056. Now I want to ask you a question to clear up a point as to which I do not quite understand your answer. You say in your précis that there would appear to be no great difficulty in obtaining a larger number of suitable women for training for ordinary rural midwife's work. That is not the experience of everybody, but you think that is likely to be so in the near future?—Yes. As I said before, it is not the women who are lacking. It is the committees who are tied by the want of funds outside the county councils grants. Then, in the case of the county councils, the grants are almost entirely limited to the county area, and there are not enough women to be got from the rural areas. If the county committees themselves had more money to train the women, it would be different.

2057. You think that the attraction of being a Village Nurse-midwife at 40l. a year would be sufficient to draw the women?—Yes, because they are so glad to work in the county, not too far from home.

2058. But is that the experience of a good many training homes?—Yes. There are only one or two throughout the country who have had any difficulty in getting suitable women.

2059. Then do you look, as regards the future, towards keeping the same class of women socially as those who were doing this work before the Act and simply improving them? Do you think the work is passing, or likely to pass, into the hands of a higher social grade of women, or is it possible to improve the old brand of village midwife who lives in the village?—The old "Gamp"?

2060. Yes?—Yes, I should say it is possible, and I think their class is improving by modern education, and that the "Gamp" type will not exist at all presently. This generation will be better; it is not quite the lowest class or cottage type, but the daughters of the policeman or postman, and so on—they will be the Village Nurses of the county.

2061. You think a sufficient number will be forthcoming?—Yes.

2062. I did not quite understand what you said as regards the relative number of Queen's Nurses and Village Nurses engaged in rural districts. Have we got before us the facts as to the number of Queen's Nurses in rural districts, working as midwives or doing midwifery work?—I could get that information for you.

2063. Thank you. I think you find that, as a general rule, the reason why you do not have many Queen's Nurses employed in midwifery in villages is primarily a question of funds?—Yes, and also partly because the fully trained woman does not care for the isolated village life. She likes more interesting work, if I may say so.

2069. You think that is the case in the north of England, do you?—Yes.

2070. You are of opinion that they cannot make a living by midwifery practice alone?—No. Some of them do very well, but the average income is low.

2071. You do not think that is the case in the rural districts generally, do you?—I have no experience of the rural districts.

2072. You think that the highest class of midwife is required in the rural district, because she is more thrown upon her own resources in cases of emergency?—Yes, I think so.

2073. But then, are emergencies common in the rural districts?—They are in proportion to the number of cases.

2074. You think that is so?—Yes.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

2075. I ask that because I see you suggest in a later part of what you propose to say that, in the cotton areas and the coal mining areas, there are a great number of diseased and deformed pregnant women?—Yes.

2076. Which women are, I suppose, more likely to create emergencies than the healthy women in country areas?—Yes, that is so.

2077. Therefore, there is some little implied contradiction in your view?—Yes, that is so, I admit; only in thinking of these deformed and diseased cases among pregnant women, I had in my mind that they are in densely populated areas, and they can be attended to by doctors from the first or without loss of time.

2078. But still in ordinary circumstances the cases of emergency ought not to be very frequent in rural districts?—Not very frequent. They are not very frequent anywhere. They are a small percentage.

2079. You are quite in favour of the midwife being also qualified to act as district nurse?—Yes.

2080. In point of fact you think the difficulty of supply is to be got over by that means?—Yes, I think so. I think it is essential for a rural midwife that she should be qualified as a nurse.

2081. Then you go some considerable distance, do you not, when you say that you think that they should be subsidised by the local authority in the same way as the medical officers of health?—Yes.

2082. Would that not be a form of municipal socialism which would constitute a very considerable departure from present practice?—It is only in analogy with what has been done in the medical profession.

2083. I will leave Dr. Downes to question you on that point.—That analogy might be applied in these cases, I think.

2084. When you say, as you do in your précis, that the county councils should be entrusted with the duty of selecting and training midwives in order to prevent demoralising competition, what do you mean by demoralising competition?—A phase of demoralising competition which we know pretty well about at the present time is the temptation to the crime of procuring abortion.

2085. In order to supplement their resources, you mean?—Yes, that is one point.

2086. You mean you would make the county councils responsible for the moral character of the midwives?—If the county councils selected the women to be trained it would be better, because they have means of knowing about these women.

2087. What sort of evidence would they have about them, or would they ask for?—They would want to know something about their previous history, and the reasons why they want to be trained as midwives; if it was just the last resort because of the fear of poverty, or whether they had any wish or special fitness to do that kind of work.

2088. You think women so selected would be less open to demoralising suggestions?—I think that they would feel their responsibility more, and the woman would have her character to lose—which some of them have not now.

2089. Can they receive the technical training that you suggest in existing institutions?—Yes, at the centres of population. The great drawback at present is in the teaching of midwifery pupils in some work-houses.

2090. Do you think that is not satisfactory?—I think the clinical material is not good, that is to say, they only get the cases inside, whereas at Manchester and Liverpool lying-in hospitals, after they have had a certain amount of practice under guidance, they are able to do some useful work in the way of nursing. They get the class of case, that is to say, which they will have to attend ultimately in their practice. Indoor work is not a sufficient preparation for that, that is to say, work within the lying-in hospital, or within the wards of the workhouse hospital.

2091. But you are in favour of utilising the poor-houses and infirmaries to the fullest extent?—Yes, I think they might be developed. It is much more promising now. I think they might be developed into being training schools for midwives.

2240.

2092. Do you think that hitherto the Midwives Board have not availed themselves to the fullest extent of the resources of these establishments?—Yes, I think that they have fully. That is to say they have recognised the teaching in places where there was not sufficient material to train nurses.

2093. You mean where they did not recognise the institution itself?—Yes, they have recognised them. I might say, with all respect, that they have recognised too many workhouse hospitals. If they had recognised only the large ones it would have been better.

2094. But we had a gentleman here the other day who represented poor law authorities, and who complained very bitterly that the Midwives Board had declined recognition of a great many of these institutions, and further, had refused to give them any indication of what stood in the way of those institutions being recognised—institutions, I mean, that were ready to comply with the conditions laid down by the Midwives Board if they could only be informed as to what those conditions were?—From my knowledge of the proceedings of the Midwives Board I think that witness was mistaken.

2095. You think so?—I think that where there have been proper appliances, the requisite amount of material, and the proper staff for teaching and training, the Midwives Board have never refused information.

2096. But they have refused to give the reasons, I understand, for declining to recognise these institutions. I may say that the gentleman I am speaking of came from the north country, like yourself, Mr. Brown of Dewsbury, and he said that very positively?—It would mean just unpleasant correspondence.

2097. But when an institution describes itself as anxious to comply with the conditions that the Midwives Board think sufficient, is it not rather hard upon that institution to decline to give them any lead as to how they could qualify?—Take the case of the lying-in ward of a workhouse hospital, where they have an average of, say, 20 cases in a year, what is the use of professing to teach midwives there?

2098. That is so, if the number is as small as all that.—I believe in every case of refusal the number has been small. I would not like to say for certain, but I have an impression that in the cases in which the Midwives Board have refused to recognise a poor law infirmary it has been almost invariably on account of the small number of cases.

2099. But do you think, as a matter of policy, it has been wise in all cases to refuse information?—I would not like to say in all cases. I only know those cases with regard to which I have happened to take any special interest, but I know that in the early days when a correspondence was started it was simply exasperating, and did nobody any good.

2100. Then it is your considered view that the Midwives Board have availed themselves of poor law infirmaries to the fullest extent?—I think to the fullest justifiable extent, to the fullest useful extent in the interests of the teaching and training of midwives.

2101. Now a few questions upon the vexed point of the remuneration of medical men summoned for advice. Do you think that the absence of any provision in the Act has tended to obstruct the administration of the Act very gravely?—I think it has been the principal defect in the Act.

2102. Are you prepared to justify the attitude that has been taken by medical men generally on the matter?—There is a great difference of attitude. It depends on the local authority, and especially upon the boards of guardians.

2103. But do you think that what has been described to us as the boycotting of midwives is justifiable under any circumstances?—I was not aware that there was any boycotting.

2104. But there is a paper published upon the authority of your own Board, namely, this Memorandum\*

\* Central Midwives Board. Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances. Printed by Spottiswoode & Co., 1908.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

which I hold in my hand, which uses the expression, or at any rate, it sanctions the use of the expression, by publishing letters implying it. That is on page 13 of the Memorandum?—I remember one case where, I believe, the word was used, but it was an exaggeration.

2105. You will find the word "boycott" in dictionaries?—Yes, but it is liable to be abused.

2106. Most common terms are liable to be abused, I suppose?—I only remember one case where the doctors combined in London, but they seemed to have been very badly used before they did it.

2107. The doctors did?—Yes. My recollection is that about eight or nine men in one district combined and refused to attend cases after they had tried to get remuneration from one local authority or another.

2108. But had they made use of all the means by which they could have got it?—So it was said. In Salford, for example, they applied to the borough council, and were turned away with evasions.

2109. There has been some difference between Manchester and Salford as to how cases of this kind should be met, has there not?—The difference is very great. Manchester has solved the difficulty. Salford is still in it.

2110. Has Manchester solved it in accordance with the recommendations of the Local Government Board in their circular?—It has. They have applied all the powers they possessed.

2111. Are their legal powers not sufficient?—They are not sufficient, but they are used as a temporary measure, and what they have done is that they guarantee payment.

2112. That is whenever a doctor is called in upon an emergency?—Whenever a doctor is called in upon an emergency. There is a certain sliding scale of wages, taken along with the number of children in the family, and when a doctor applies for payment to the husband, if he does not get it he applies to the constituted authority; and to show, if it is not irrelevant, how patient the doctors have been, I have watched the number of cases increasing in which they were sent for by the midwives. The Midwives Act has been very well administered in Manchester in that direction, and the midwives must send for doctors in emergencies.

2113. But you do not think the power of the midwife to send for the doctor has been abused?—I am sure it is restricted to cases of emergency.

2114. Moreover, if a midwife uses the form of application provided by your Board, she has to state the ground of the emergency?—Yes.

2115. So that a doctor cannot say: "I was not aware this was a case of emergency," if he refuses to attend?—No.

2116. Being summoned to attend, he assumes it is a case of life and death, or might become so?—Just so.

2117. Therefore, would you support the attitude of the doctor who said: let the mothers die so long as the Midwives Act is discredited, and so long as we can get rid of the midwife?—There are very few who would say that, I think, but there are fools in the medical profession, as in every other.

2118. (Dr. Downes.) Were you speaking of Manchester when you said the doctors applied to the constituted authority?—Yes, that is so. Last year there were about 1,000 emergencies in Manchester, and the midwives attended about 60 per cent. of them. There were about 1,000 emergencies, and the doctors got about 250. That is all it cost the community in Manchester.

2119. But what do you call the "distinction authority"?—The "constituted authority," I said. I mean the Midwives Supervising Committee.

2120. Of what?—Of the city council of Manchester.

2121. It is a municipal body, and not a destitution board?—No. It is a municipal body with co-opted members.

2122. (Chairman.) It is a health authority, in fact?—It is a sub-committee of the health committee.

2123. You think that the mere fact of a woman employing a midwife alone in a case of childbirth should be taken as *prima facie* evidence of inability to meet the cost of the doctor?—Yes, on an emergency.

2124. Is that not rather an extreme view?—I would not say so. It might be extreme, but it is a perfectly clear and well-founded view.

2125. Is it not rather a question of custom whether women employ a midwife, or very often so?—I do not think so.

2126. I am told it is so in the rural districts, or very often so?—Not in Manchester.

2127. You think that the fact of a woman employing only a midwife in a case of childbirth shows such destitution that payment ought to be made by the destitution authority?—Yes. I have known all sorts of cases, and I have seen the homes, and I am sure that, in Manchester at any rate, they can often afford to pay a doctor's fee if it is a miserably small one, say half a guinea; if then women employ midwives it means that they cannot afford to pay for a doctor.

2128. Do you know that the majority report of the Poor Law Commission suggests means by which arrangements could be adopted for doing what you contemplate?—I can only speak of my impression with regard to the subject.

2129. Do you think that the public assistance authority which it is proposed to set up would be able to deal efficiently with all cases arising under the Midwives Act?—Yes, I think so.

2130. (Mrs. Hobhouse.) In your statement that there are too many midwives in Lancashire and the north of England, do you mean to imply that there are too many who can maintain themselves?—No. I say there are hardly any who can maintain themselves. It is quite an exceptional thing for a midwife to be able to maintain herself by her practice alone. In Manchester, for instance, there are 150 midwives practising, or a few less, you may say 140, and they get on an average about 70 cases each, at 7s. a case, which is the full fee. You see how little that is. Some make a very good living, but taking the average of the incomes of the midwives on the whole, that is not so.

2131. In what way are there too many?—If you take a large town the distances to be travelled are not very great. The women who engage midwives are resident in certain districts, that is the poorer, denser districts, so that the midwife who is summoned has not far to go. You sometimes find two or three midwives in one street. Now the number of cases only gives an average of so many to each midwife, and if you divide the number of cases available by the number of midwives you get an average of about 70 cases a year. It comes to about 70 cases.

2132. Then is it the question of maintenance that you refer to?—I am under the impression that there are too many midwives to make a living.

2133. If there were fewer midwives they would be able to maintain themselves?—They would be nearer to maintaining themselves, I believe. Fifty or sixty midwives, say, could do all the midwifery work among the poor in Manchester—that is, among the working classes who can pay them. Taking into consideration the district they live in, you know by the name of the district at once whether it is of the poorest class, or the medium poor, or the better class of working people, and I say if there were 50 or 60 midwives in Manchester they could do all the paying work.

2134. That applies to Manchester, but you say the north of England. Does that include the rural districts?—I do not profess to know that. I am merely speaking of Lancashire and Yorkshire, and my information, of course, is largely indirect only. I hear from doctors what is going on in their districts, and the same story is universal over Lancashire and Yorkshire, at least the populous part of the West Riding.

2135. You mean merely the West Riding of Yorkshire and Lancashire, and not the whole of the north of England?—Northumberland and Cumberland I do not know anything about. We speak of Lancashire as the north of England.

2136. Then your suggestion is that the midwife's appointment should be made official, just like that of the medical officer of health, and that she should be remunerated in whole or in part by the county council?—Yes.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

2137. Do you mean that she should be paid a salary, or according to the amount of work done?—I have not gone into details, but I have thought a good deal about it, and I think the sooner we can assimilate the arrangements in England to those of Germany the better; midwives are trained by the State in Germany, and at the hospital for maternity cases in Paris the training seems to me to be simply perfect. In Germany they are practically official persons, and they are inspected by the district medical officers.

2138. Then you would suggest that where a midwife can show that her practice does not bring in more than a certain amount annually she should be subsidised by the local authority?—Yes, I think so; but I think it would be better if every midwife had a sort of retaining fee, that is to say, if there were some fee, according to the population or the amount of work to be done; the distances she had to go over, and so on, should be taken into consideration, and I think that everybody in the county council area should contribute. Small towns know what is to be expected in the way of the number of cases and the distances that have to be travelled, and if a woman is to live in a respectable way she must be subsidised in those places.

2139. That would involve a considerable expenditure by the local authority, would it not?—It depends upon what is called considerable expenditure. I maintain that it is an advantage to the community and possibly a gain in money to save those poor women from injuries. For every woman who dies in child-bed, six or eight, or even more, are made invalids, and they become a burden upon their families, and the result is that they drift into the workhouse, or the husbands run away. Not all the expenditure, but a very large proportion of that expenditure of public money would be saved by taking better care of these women.

2140. The point is an economic one?—Yes.

2141. You said in answer to a question just now that you consider district training to be essential as part of the training for midwives?—Yes.

2142. Is that practised in France and Germany?—They have got such a vast amount of material there. Take the Midwives' Training Institution in Hanover, the *Hebammenlehranstalt*, and institutions like that in some of the towns in Germany.

2143. Then it is not really an essential part of the training?—In that respect there is a difference. They have so much more material for training, and they have clinical classes for instruction from a professor in midwifery, and not from a general practitioner who holds himself out as a teacher of midwifery and merely lectures. Then their training lasts from 6 to 9 or 12 months. In Russia it is even better training than in Germany. The training is so thorough and so prolonged that the pupils do not require the outside training I have referred to. Where the training is all inside for three months only, and there is an examination after mere coaching, it does not place the women in the same position as those who have to pass a test of general education before the six or nine months' training in midwifery.

2144. The object of district training would surely not be to increase the number of cases the pupils could deal with, but to habituate the woman to make the best she can out of bad surroundings?—There is something in both points. I think that if you took a workhouse hospital they could give cases to three or four of their pupils in the year, but these are all the cases they have. In the place I am thinking of it would be the easiest thing in the world to take a district so that pupils could go with the head midwife. They would see the kind of work they would have to become fit for, and they would get training in the kind of work that they would have to do as their professional work.

2145. That you think is most essential for, at all events, rural and district work?—I think it is essential for women who have received such teaching as ours—a minimum of three months without any test of education to start with. These women are not educated and they cannot generalise. They cannot read text-books. They think only about details, and unless they get together and talk over their work, the training is not

much good. A school with a dozen pupils is obviously a much better place for the training of a midwife, and the instruction is better than would be got by one going to an individual teacher and being coached. It is better to go to somebody who has seen cases and has some knowledge, than to go to a midwife who has been recognised by the Midwives Board to certify attendance.

2146. I gather that it would be advantageous in your opinion for municipalities to start small training homes such as you describe?—Yes, I think so. I do not think it would cost so very much to do it. At present you have so few schools scattered over the country, and the midwives' pupils are accustomed to think they should stay at home and get all their teaching in the neighbourhood, but I think it would be a very good thing indeed if they could have collective professional education. It would be a good thing to do as they do in Germany, where the pupils leave home and go to a centre such as Cologne, or Hanover, or Dresden, to be trained in the medical school for midwives.

2147. But they cannot get the training at home now?—Too many of them can. There is a small town in Lancashire, for example, where there is a teacher of midwifery. The teacher tries to get such pupils as are to be got; yet the distance by rail to the centre of a population of 250,000 is only a few miles. The pupils in the smaller town might take an hour to go to the teacher, but it would be better if the would-be midwife could go and associate with the other pupils.

2148. But these cases of private teaching are very few in comparison with the numbers who pass through the schools?—If you look at the number of women who are trained and coached by private teachers of midwifery in provincial England, you will find it is very considerable.

2149. Could you give those numbers?—I have not got them with me, though I have the lists.

2150. (*Dr. Champneys.*) With regard to the standard of the midwives' examination, do you think the standard is too high?—No, I do not think so. From what point of view do you put that question? From the point of view of the public interest I do not think it is too high.

2151. But I put it in another way. Do you think a less stringent examination would be safe? Do you think that women passing a less stringent examination would be safe to let loose on the public?—No. I think you might as well be back in the old, barbarous days. We are still the most backward people in Europe now in that respect, and that would be going back to our old position.

2152. Is it your experience, you having, as I know, seen the examinations and the papers and being well acquainted with them, that any undue stress is laid upon the knowledge of Latin and technical terms, or are they made as practical as possible?—No, the examination is very fair. I have been at the largest centre out of London, as you know, and I have listened to the examiners, and I have read all the examination papers, and I must say that I think the examination papers are very fair, and the method of conducting the oral examination too is very fair.

2153. (*Chairman.*) Do you think the centres of examination are sufficient?—On the margin of North Wales there is not any, and Leeds is the centre of a very large population.

2154. There is nothing of that kind in the West Riding at present, is there?—No. Then Birmingham has only recently been put on the list. I think perhaps the centres are too few.

2155. (*Dr. Champneys.*) You say in your *précis* that the Central Midwives Board should be required to cease recognising private teachers or coaches, and so on. Is that an opinion for the future or for the immediate present?—That is an opinion that I hold more strongly than most men, but it is because I think the sooner a beginning is made with German and French methods of working together in considerable numbers, the same as with medical students, the more efficient the training will be and the better for everybody concerned. I do think the number of private teachers is quite in excess of anything that can be justified.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

2156. But do you think it is possible at present to do without a certain modicum of private teaching?—I would not say that. I think perhaps until there are a larger number of lying-in hospitals up and down the country it is just as well to have some efficient men to teach privately. I daresay our arrangements will develop, but I should like to see things put on a footing in which development was possible.

2157. It is your experience, is it not, that at the Central Midwives Board, when these matters are considered, the question of the possibilities of training in the neighbourhood is always taken into consideration?—That is so, no doubt.

2158. With regard to the poor law institutions what you would like is to see the out-patient department develop in connection with them?—Yes, quite so.

2159. You think that if that were done there would be a possibility of utilising poor law institutions in that double way, which could not at present profitably be used in the single way with in-patients only?—Yes. I do not know if you remember it, but I made a great effort to get that arrangement applied to the Manchester workhouse at Crumpsall. There is a large working population there.

2160. Now with regard to the Chairman's question about the recognition of poor law institutions, and about reasons for non-recognition having been withheld, is it not the case that one difficulty the Central Board have felt in giving such an answer was that no note was ever taken as to what each person's reasons for voting were?—I cannot remember that now.

2161. Do you remember any case in which a definite request with a view to setting a house in order, so to speak, has been made, and it has been refused, either publicly or privately?—I only remember one, and I had an interest in it, and that is Chorlton, and they complied in every possible way there.

2162. Then it is your experience that information has been given?—Yes. I know that, in the case of Chorlton, an inspector was sent down, and the medical officer of health of Manchester went with a committee, and all the requirements were complied with, and the place was recognised.

2163. (Dr. Downes.) I see in your précis you say that the highest class of midwives is required in rural districts, and you give your reasons for that?—Yes.

2164. What do you mean by the highest class of midwives?—The highest class of midwife is the nurse who has been trained the usual time in a general hospital, and who has got a certificate as a trained nurse, and has passed the examination of a midwife.

2165. Of course to obtain the kind of midwife you mean would add a material amount to the cost of training?—Yes, to train from the start. It would take a long time, but there are a sufficient number of women now, or there are a very large number of women now, who are trained nurses, who are training for midwifery work in addition.

2166. You used the phrase "general hospital." Have you any reservation as to poor law hospitals?—No.

2167. Of course the cost of training in a poor law infirmary is practically nil?—I should say that the nurse who has been trained in a poor law infirmary in all departments, and who has then gone to the work of midwifery, and has passed the examination, would be as good a practitioner as any.

2168. And that class of nurse you want to see brought into the rural districts somehow or other?—Emergencies do not occur often. We speak of emergencies and the percentage of them, but every emergency of that kind is a matter of life and death in a rural district, and the well trained woman will not allow the more serious cases of miscarriage and obstruction, and difficulties of that kind, to occur without sending for assistance at once, whereas the untrained midwife sends as late as possible, if at all.

2169. But you used the expression that they are thrown more on their own resources in emergency, and I was going to ask you, did you, in saying that, contemplate that the midwives could undertake the treatment of emergencies?—No, but there might be a slight abnormality in labour which could be managed by such a woman, and some hæmorrhages must be,

2170. Now if you introduced that class (we all agree that it is most desirable to get the most efficient attendance) what would be the position of the general practitioner in a district, if there is brought into his area a subsidised practitioner, as I may call her, who goes beyond the ordinary midwife in the treatment of a case?—I am not prepared to prophesy as to the result on the country doctor, but I am sure in the larger communities it would make no difference. It would reduce the number of midwives, it would remove the miserable poverty of so many of the midwives, and take away from them the temptation to do a kind of work that midwives should not do. Where, for instance, midwives are employed in the laying-out of the dead, it makes them a danger to other patients.

2171. But I would remind you that this particular paragraph to which I am alluding refers to the rural districts, and it is the position of the practitioner there that I had in mind?—It would depend on the practitioner largely. I have an impression that the better sort of men would not object to the midwife's assistance. There is nothing in the Medical Acts against it. It is a new development, and the doctors could very well have a large amount of assistance from these midwives who would also be trained as nurses. Altogether, they would work it out between them to the best advantage of the community, and with a fair division of remuneration. I do not think it would injure the position of the doctor. I think it would make his life easier, and prevent a lot of these emergencies or accidents, as they are called, which occur owing to the doctor being in a different place when wanted, and owing to the considerable distances that he often has to travel.

2172. It has been suggested to us that the doctors already resent the appearance of the midwife of the common type in some of those districts?—I am sorry to hear it. I was told when last in London that doctors and midwives are on very bad terms all over the country, but I know that is not true. In Lancashire and the rural districts they are getting to understand one another very well. So I am told.

2173. However that may be, would you agree that the responsibility of providing for the attendance on a woman in her confinement should rest upon her natural guardian in the first instance?—Yes, certainly.

2174. Would you also agree that he should make that provision beforehand where he is in a position to do so?—I quite agree with that proposition, but I know as a matter of fact it is not done. Take a country place, and a house where the first confinement is expected, and the man is a labourer having regular wages, but still very poor. Between him and his wife they save a little to pay the doctor, but some difficulty arises or something goes wrong, the woman is an invalid for a time, and they get into debt; then it is simply impossible for him to make the necessary provision. It is no use saying there must be no increase of the family. They are impoverished, and they never recover. That is true of all districts, and it is certainly true of Lancashire. Then some young wife might go and engage a doctor, and he attends the confinement, and receives no payment whatever. The next time he naturally refuses to promise attendance, and then they send for a midwife; there is an emergency; they get into debt, so that they are always just on the verge of going on the parish.

2175. But would not the suggested arrangement of which midwives would be subsidised from public funds, and the further arrangement that the medical man may be called in on emergency, though he has not been engaged, and no arrangement has been made beforehand, rather tend to encourage people not to provide beforehand?—I do not think they need any encouragement beyond what I have referred to. The class of case to which I have referred is, I think, simply hopeless in that respect.

2176. What is the scale of income in Manchester that the city council pay upon?—I have not the figures here, but I could send them to you.

2177. I believe in Manchester the city council pay according to the scale of the man's wages?—Yes, taking that along with the number of children.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

2178. What machinery have the city council for inquiring into that?—There is the Midwives Supervising Committee, and they might make use of one of the provident societies. I fancy they very largely take the assurance of the wage earner, along with the appearance and locality of the house, and so on.

2179. But would it not be desirable that, if payment is to be made from public funds, it should be made by some body which has all the machinery for inquiring into the income and means of the family?—Yes, certainly. That is a strong argument in favour of the county council, I think.

2180. But the county council, as at present constituted, has not any machinery of that sort?—They have all over the country the power to make inquiry through various agencies. The police, for instance, can give information.

2181. But at the present time, of course, the authority for inquiring into the distribution of public assistance is the board of guardians?—Yes.

2182. What essential objection, assuming you have one, have you to the board of guardians undertaking this duty?—I might say my only objection is the suggestion of pauperism. That is also my objection to children being born in the workhouse. As things are now, if it were a municipalised hospital, or whatever you like to call it, then that objection would be removed, just as the objection is removed when a woman is confined in a recognised institution.

2183. (Chairman.) It is the way the thing is done, and not the thing itself?—It is very largely that, but as things are, there is a sort of public stigma attaching to the child among the neighbours and the people who know, and it never leaves the child; and it spoils the prospects of a boy, for instance.

2184. (Dr. Downes.) That is to say, it is the stigma of pauperism to which you object?—It is the stigma of pauperism that is the strongest objection, I think.

2185. Then I will put this question to you which I put to another witness. Here is a definition which a Select Committee of the House of Commons adopted as to that word stigma. They said: "The acceptance of 'poor law relief undoubtedly involves a stigma, viz., 'the stigma of dependence upon persons who have 'compulsorily to contribute to the funds for the 'support of recipients of such relief.' Would you accept that definition?—Yes; it is a very good one.

2186. What is the difference in the stigma if the money is paid by the municipality instead of by the guardians?—It may be very unreasonable, but there is the long history of the poor law institutions, and, whatever you say, people of the class in question, or those a little above them, treat with contempt those who have been in the workhouse. There is not the same feeling towards the very poor who get outdoor relief, just as in the case of the old-age pensions; but in the case of women who go into the workhouse to be confined and bring their babies back there is a stigma attaching to the family, and it attaches to the child, especially a male child.

2187. Are you aware that it is stated in the Report of the Poor Law Commission that there are cases in more than one union where respectable married women disguise the fact of their being married in order to come into the workhouse maternity ward?—I am not aware of it. I do not profess to have read the Report of the Commission. I have only dipped into the parts relative to this subject which I am interested in.

2188. Now I think you told us that full use had been made of poor law institutions. Can you tell us how many of the candidates who pass the Central Midwives Board examination come from poor law institutions—what proportion of them come?—No; I have taken no interest in that question. I am not an examiner, and I only see the report of the numbers who have passed and who have failed, and so on. I could get at it by analysing the figures, but I must say I have not taken sufficient interest in it. I have noticed now and again that the candidates sent up from a poor law infirmary have all passed, but there are very few from any one institution.

2189. But are you aware that there are a number of institutions under the poor law that formerly

trained nurses for the London Obstetrical Society's examination, which no longer send candidates up to your examination?—I do not know that, but I do not know anything about the Obstetrical Society's examination of former times. I have always protested against that kind of examination. I have not analysed the returns to learn the difference between the Central Midwives Board candidates and those for abolished examinations.

2190. If you already make full use of the poor law institutions it would follow, if that is really so, that the remaining institutions which you have not recognised, and the remaining teachers whom you have not recognised, are not available for your purposes. That would be the logical sequence of your answer, would it not?—To those that have applied and are not recognised, recognition would not, in my belief, have been any advantage. Their contributions are contingent. They might send one or two in a year, and they would be all the weaker sort of candidates and ill-equipped for the work. But lest you should suppose that I have any prejudice against that class of candidate, and against the recognition of the poor law infirmaries, I will say that it is not that. My only wish has been to see the most efficient training possible, and I say that the poor law training in hospitals, even without outdoor work, is better than training by private teachers in small towns. That is a much worse training than even the poor law training in small infirmaries.

2191. I am obliged to ask you these questions in view of the difficulty found in certain cases in getting poor law places recognised. In reply to Dr. Champneys, you told us that the Chorlton Poor Law Infirmary complied with the requirements on the information which was given to them through your Board?—Yes. But first of all there was the refusal to recognise them because of the position of the lying-in ward, and some defects in the construction of it. Then there was some unpleasantness, and what the sequence of events was I do not remember, but the Midwives Board, being anxious, as I believe, to be fair to the Chorlton Union authorities, sent an inspector to inquire. I remember distinctly having an objection to the inspector as a lady who had no qualification as inspector, that is to say, she was not a medical officer of health, and she had no such training. I do not know at whose suggestion it was done, probably it was at mine, but the Board invited the medical officer of health of Manchester to examine the parts of the workhouse intended to be devoted to lying-in work. He went and he made some suggestions. These changes were effected, and then there was no hesitation at all about recognising that infirmary. It was merely a question of position and structure.

2192. My particular point is that we have been led to understand that the Central Midwives Board do not give information as to the causes of their refusal, and that it would not be, in fact, practicable to give the reasons why a body has voted on a particular question, but in Chorlton, as I understand, it was done, and if in Chorlton why not in other cases?—I cannot answer that question.

2193. As regards Chorlton, you are clear that they complied with the requirements that were made?—Yes, I remember Chorlton, because I was interested in it.

2194. Did I gather from a previous reply of yours that you were in favour of instruction by classes where you have institutional training schools?—Yes, certainly. It is very much better to train in large classes, just the same as medical students are trained.

2195. Would you make the number of deliveries go further in that way, or would you still require the woman to conduct personally as many deliveries as are required by the Rules?—There are too few as it is. I think the number prescribed by the Rules is just as low as it could properly be with any expectation of efficient work. Twenty is a very small number. On the continental system the woman attends hundreds of cases.

2196. In your system of class instruction, what would be the proportion of cases for the woman to have had experience of?—She, individually, should have 20 at least. That is the irreducible minimum.

2197. But is she to deliver that 20?—Yes.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

2198. Or is she merely to be present?—She should be responsible for the confinement—for the delivery of the woman.

2199. How large would your class be?—I do not think classes of midwives should be large. It would be difficult to keep their attention. I think six or eight at the outside should be the number, or perhaps ten.

2200. Of that six or eight, who would be the one who would score by the particular delivery, so to speak?—There would not be six or eight women in the room at the time of delivery. There would be the head nurse and perhaps two pupils, one the pupil responsible, and another to learn something.

2201. Would those two pupils each count that as a delivery?—No, only the one responsible would do so. But the assistant would learn about as much as the one who manipulated.

2202. What are your classes of instruction more particularly? Will you explain them to us? What do you mean by the class and the instruction which you have referred to, because I understood that you dealt with classes of instruction in these training schools?—Yes, but you misunderstand me a little.

2203. Are there to be clinical demonstrations?—Yes, but I am in favour of bringing pupil midwives together in schools for them, so that they will get better training. The actual system of teaching is better, and the clinical teaching is more efficient. But an immense advantage to the pupils is the meeting together and associating and talking about their cases, just the same as you find in medical schools and hospitals.

2204. But I want you to state more clearly what you mean by the clinical demonstrations which would be given?—The clinical demonstration given would be just the same as in a lying-in hospital; that is to say, the vast majority of cases are normal cases. There is the head midwife, properly trained, who does her own work, which is a very essential point, and she has to be present to tell the pupils what they are seeing, and so on.

2205. How many pupils should be present at the clinical demonstration?—Very few.

2206. Could you fix a number? Would you limit it to two besides the midwife?—Yes, or you can have no clinical demonstration.

2207. I want to be quite clear about that, because the proportion of patients in lying-in hospitals developing feverishness subsequently is governed by the amount of manipulation and interference during parturition, is it not?—There must, of course, be proper supervision.

2208. Now you said that some women drift into the workhouse on account of accidents in child-birth, which might be avoidable if sufficient midwives were appointed. Were you speaking from actual statistics?—I cannot speak of the women who go to the workhouse in these circumstances, but only of the lying-in hospital. I have experience of the actual management only in connection with a lying-in hospital.

2209. You said that for one death in midwifery six or eight women were injured, and you told us that such women subsequently would go to the workhouse and become chargeable?—Yes.

2210. I only wanted to know in passing whether that was merely an opinion, or whether it was based on any actual definite knowledge, or statistics?—It is certainly based on definite knowledge. I have taken the liberty of stating it publicly, and I have had it put in print time after time, but in an unofficial form.

2211. But can you put it into concrete actual statistics?—No. The difficulty is with regard to the definition of morbidity, as it is termed, or puerperal illness. I see the effects of it in clinical work—they often ultimately drift to the hospitals for women after being inmates of a workhouse.

2212. What number of those cases that drift to the poor law institutions come to you?—For every woman who dies of real genuine puerperal fever, you have six or eight who are invalided to an important extent, and perhaps ten who are ailing and struggle on. There are no statistics, but I might quote the opinion, if you will allow me, of the inspector of midwives under the supervising committee in Manchester, who has had

considerable experience. I have spoken to her about this subject repeatedly, and she says she is quite sure that it would be better for the families that these poor women should die in child-bed than struggle on as they do, impoverishing their families.

2213. (Mr. Pedder.) I understand you to say that the excess of midwives in the north of England is in the urban districts?—Yes, it is the urban districts. There is not much rural country in Lancashire except in the north and on the borders of Yorkshire.

2214. You would cure the difficulty of excessive supply by getting authority to limit the supply of midwives?—Yes.

2215. But why midwives in particular? Is not the doctor's profession, for instance, also overcrowded?—Yes, and the lawyer's, and everything else, but here is an opportunity of doing something which is practicable.

2216. By making a new suggestion, and on new lines, as it were?—Yes. But it is not making a new suggestion. It is imitating an arrangement which has existed for nearly 150 years in other countries, where the need for raising the midwife into a different position altogether from any other profession has been recognised and carried out.

2217. Then there is the cognate point that you would make your local authority pay for the midwives pretty freely. Are you not afraid of the influence of that upon the parents in sapping their individuality?—There are other and much greater influences at work upon the parents than that.

2218. You would not suggest any scheme of compulsory insurance, on the lines of what obtains in Germany?—My opinion is not worth much on that point, but I should say that if I were made dictator for a few months I certainly should make them insure themselves in some form or other.

2219. You would make the parents insure compulsorily rather than have a municipal payment?—Yes, if it could be done. I am only thinking of the development of the Midwives Act.

2220. But that might be a development, that the midwives should be paid, not by the municipality, but out of an insurance fund to which the parent might contribute?—That is devoutly to be wished, however it is brought about. If a domestic servant goes into a hospital in Germany she is not in debt to anybody. She has paid her way.

2221. She has had to insure?—Yes.

2222. But does not your German precedent lead to that, rather than to the municipality paying?—I think the municipal payment would create less of a revolution, and it would be easier to introduce it to county councils and borough councils, than a new system altogether centralised. That is my opinion, but I cannot give evidence about that positively.

2223. I was thinking of the effect upon the individual in these cases?—I think that our plan would be more easily introduced, and supervision would be easier by the county council or borough council.

2224. To turn to another point, you say the municipal supply of midwives would prevent demoralising competition?—Yes.

2225. In that you include, I gather, the danger of procuring abortion?—Yes, but I do not wish to put that very strongly, because the evidence is not sufficient yet. But it appears occasionally, from the reports sent in to the Midwives Board, that there are certainly attempts to procure abortion.

2226. You are afraid of this growing?—Yes.

2227. But how would the original selection and supply of midwives by a municipal authority prevent the evil more than the existing system of supervision of free midwives?—But there is no supervision in many places.

2228. But the supervision could be made better. I do not see how your proposal would stop it?—If you make the midwife's position important she would be afraid of losing it.

2229. You propose making it an official position?—Yes; making it a position in which she can be sure of earning a living. If a woman is only making 10*l.* or 15*l.* a year she must do something else.

2230. And make anything she can?—Yes.



24 February 1909.]

Sir W. SINCLAIR.

[Continued.]

2231. (*Mr. Fremantle.*) How would your suggestion of compulsory insurance affect the facts, of which you must be very much aware, and which many people consider very serious, as regards the declining birth rate? If you are going further to tax motherhood by compulsory insurance in that kind of way, what effect do you think it would have?—I was not thinking of insuring for the contingencies of birth alone. There should be some sort of general insurance. Taking the illustration of the case of a servant girl, there should be insurance against any kind of illness that would necessitate medical attendance.

2232. In one of the questions put to you, you were asked whether you suggested that the county councils or the county boroughs should pay and collect the fees for medical assistance called in, and you were then asked whether there was any objection, and if so, what your objection was to the poor law authority collecting it, or whether your only objection was pauperism, and you said that was your only objection. Now I should like to ask you if there is not further the objection of dual control, on the one hand by the local supervising authority supervising the working of the Act, and on the other hand by another authority which should pay and collect medical fees. Do you not think that is an administrative difficulty?—It would be a difficulty which does not exist at the present time. There is no collecting of fees by the local authority except in two or three of the larger towns, and cases in which the patient is attended by doctors in emergency are not of the class that would go to the workhouse. There are fine differences between the social strata. In one street, apparently the same as the next, you will find that the women absolutely refuse to go to the workhouse to be confined, while in the next street there would be no such objection, and, as members of this Committee know, the people in the latter street would intrigue or tell lies for the purpose of getting admission. At present there is no clashing, if that is what you mean. The city authority makes itself responsible for the fees. That is a good example of what can be done, and it might be imitated in legislation. They make themselves responsible. There is a certain understanding about wages and the number of children, and so on, and then the doctor has to apply for his fee. The curious thing about it is the fact that the doctors in Manchester have not applied for one-fourth of the fees owing to them. They go to the cases, but they do not send in any request for payment.

2233. Therefore, you think it is an advantage that there should be, as at Manchester, one authority which should cover every feature of the working of the Act?—I have not given any consideration to that question of poor law relief. I have only, so far, had the opportunity of getting at the medical points, or at some points affecting the medical profession, in the Report of the recent Royal Commission, but my impression is that by abolishing the system of poor law relief in this connection a great deal of good could be done.

2234. There is a good deal of difference in this respect between the administration of Manchester and that of Salford, is there not?—Yes.

2235. What is the difference between the two systems? You have told us about the Manchester system; will you please now tell us about Salford?—In Salford, the town council will have nothing to do with the payment of medical men called in to assist midwives. The fact is that the Act is practically a dead letter in Salford so far as the local authority is concerned.

2236. And what is the result?—The result is that the doctors go to the cases. There is a very much

higher percentage of midwifery work in the Salford area than is done by the midwives than in Manchester. The doctor goes to a case if he is sent for, and I have never heard of one refusing even when he is quite sure he will not be paid. He applies to the council and is put off, and he applies to the board of guardians, and then he is told that they have district officials or poor law officials; but those men are too few in number—vastly too few, and so, of course, they often cannot be found if they are wanted. A doctor goes as substitute to an emergency case, but he knows he will get no fee.

2237. You think the difference is not only as regards the health of the woman, but as regards the injustice to the medical man?—I think it is essentially for the welfare of the mothers, that is to say, it is in the interests of the community, that the doctors should have no reason for not attending when they are summoned. In Salford the council and the guardians are going to the opposite extreme, but there the doctors do go all the same, notwithstanding their feeling of resentment.

2238. Then I want to ask another question as regards the wording of the Act. As you know, the Act says that after the 1st April 1910 no woman shall habitually and for gain attend women in child-birth, otherwise than under the direction of a qualified medical practitioner, unless she be certified under the Act. Do you think it would be advisable to insert the words "in the presence of a qualified medical practitioner," so as to ensure that a certified midwife or a qualified practitioner shall always be present except upon an emergency, or do you think that would be unnecessary, and that it is sufficient to leave it as it is now?—I see the difficulty of allowing any amount of liberty to the handy woman who attends cases. You see, she must not attend for gain, but the circumstances might be such that she would be sure to have her gain, and she would then attend; then you would have got back to the old miserable system under which the mother was allowed to die, and no jury would convict for manslaughter. Now the midwives are responsible and are on the roll, and they are supposed to be trained, and if they make a very serious mistake they can be convicted. In former days the juries always said, "Well, she did her best." I would not like to say that it ought to be penal for such a woman to attend, but habitually to attend would be a bad thing to allow in the case of these unqualified women. That is to say, if there was an emergency, they might be allowed to go, but if they went habitually, then I think they ought to be stopped by law.

2239. In other words, you would enact that either a registered practitioner or a certified midwife should, except in an emergency, be present at the birth?—Yes, exactly.

2240. We have not yet had any evidence on this point, but I should be glad if you could just briefly tell us what has been the general effect of the Midwives Act in regard to the number of cases of puerperal fever and accidents of childbirth. Do you consider that the operation of the Midwives Act has tended to reduce the number of such cases?—Yes, I have a very clear view that where the Act is properly administered, puerperal fever is diminishing.

2241. Due to the administration of the Act?—Due to its administration, I think. Take Manchester, for instance. I have reason to know the facts—not the statistics, but the facts—of the practice amongst the poor in Manchester for 20 years. I find now from the official reports that, under the present administration of the Act, puerperal fever in the practice of midwives is disappearing. There is less now than in the practice of the doctors.

The witness withdrew.



## FIFTH DAY.

Wednesday, 10th March 1909.

PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Sir H. GEORGE FORDHAM called and examined.

2242. (*Chairman*.) Will you please state your qualifications in connection with this question which enable you to give evidence on it?—Yes. I am the representative of the County Councils Association on the Central Midwives Board. I was appointed in December 1904, in succession to the late Mr. J. Heywood Johnstone, M.P., and was re-appointed for three years in March 1906; I was appointed Honorary Treasurer of the Board in 1906. I am also Chairman of the Cambridgeshire County Council and of the County Education Committee; a co-optative guardian of the Royston Poor Law Union (Hertfordshire and Cambridgeshire) and a barrister-at-law.

2243. So that you have had a many-sided experience of the question?—Undoubtedly.

2244. You have given special attention, I understand, to the administrative and financial side of it?—Yes.

2245. And you have formed very definite opinions as to the deficiencies of section 5 of the Act?—Yes.

2246. Would you explain your views on that point?—I have examined the situation that arises under that section in respect to the raising of the annual levy upon the areas of the several counties and county boroughs in England and Wales. That levy will have to be raised as soon as the funds accumulated by the Board from the fee of 10s. each, paid by the 22,308 midwives enrolled up to April 1st, 1905, are exhausted. These fees have produced a sum of 11,000*l.*, of which about 1,000*l.* now remains unexpended. The result will be that about the middle of the current year we shall have no funds in hand, and the Board will have to ask their bankers for an overdraft till a levy can be made.

2247. That is a defect, in your judgment, in the Act, namely, that the levy cannot be made till you have accumulated a large balance against you?—That is the enactment—that there must be a balance *against* the Board on the 31st December.

2248. What amendment of the Act would you propose to get over that difficulty?—The suggestion I make is that the Privy Council should be empowered by statute to allow a "rest" of a sum not exceeding 2,000*l.* before the balance against the Board is struck. I do not know whether that is clear, but I have drafted a clause to give statutory effect to this suggestion.\*

2249. In point of fact you wish to be able to make this levy when you have only a prospective deficiency and not an actual one?—Yes.

2250. Perhaps you had better explain exactly what you do propose to enact?—Perhaps I had better further explain what the situation is first.

2251. Please do so.—The balance now to the credit of the Board on the 31st December, including the residue of the accumulated sum I have mentioned, is 1,098*l.* 15*s.* 2*d.* That was the whole of the assets of the Board as certified by the auditor on the 31st December. In those circumstances, as the Act is at present, no levy can now be made. The statement of the receipts and

expenditure for the last year which I propose to put in is being printed, but I have a copy here. The figures show that when the revenue from the proceeds of sale, and the revenue from the dividends on investments are eliminated, there is a deficit for the year as between ordinary income and expenditure of 1,996*l.*

2252. That is the estimated deficit?—Yes, it is an estimate, but it is the deficit brought out by figures. It is an actual figure. Then I should say that as the penal work and the general work of the Board increase, the annual deficit may also be expected to increase somewhat.

2253. You do not think there will be any means of reducing the penal work of the Board?—That is another question.

2254. We had better touch on that later, perhaps?—Yes. I will assume that the work of the Board will continue as at present. We are now taking larger offices for a term of years, and that will involve a larger amount of rent, and we shall have to increase the staff of clerks.

2255. Have you considered any means by which the Board's revenue might possibly be increased?—No.

2256. You have not considered the expediency of providing for an annual payment by every certified midwife as a condition of her maintenance on the roll?—No, I have not.

2257. Do you remember that a provision of that sort was inserted into the Nurses Registration Bill?—I think I did notice it, but I have not considered the matter.

2258. It has been suggested that an annual payment of 1*s.* might very properly be exacted from every midwife whose name is on the roll, as a condition of its retention; and, further, that this would work usefully in keeping the local authority and the central authority advised as to the number of persons actually on the roll, who were willing and anxious to practise. If you have, say, 20,000 midwives on the roll, then those 20,000 shillings would be a material addition to the Board's revenue, would they not?—Yes, I suppose so, but the fee is a very small one.

2259. Of course, but then the argument would become a stronger one if you made the annual fee 2*s.* You would have 2,000*l.* a year?—I think there would be difficulties. There would be a difficulty in deciding whether women who had not paid the fee within a limited time should be struck off.

2260. There was a similar proposal in connection with the Nurses Registration Bill, and it was suggested that in case of non-payment the woman should be struck off the register after a certain time, but that her name could be restored to the roll on payment of a double fee?—Yes, but I do not know how this problem as to income affects the general question of the levy.

2261. Except that if you had a larger income the question of a levy might not arise, or it would be at any rate a very much smaller one?—The probability is that our income will be so small that the levy must be raised. I do not know whether it is suggested that the Board could be made self-supporting so that the levy could be dispensed with.

\* See Vol. I., Appendix VIII., Draft Bill (B), section 1.



10 March 1903.]

Sir H. G. FORDHAM.

[Continued.]

2262. No, I do not suggest that. You must have the levy in the last resort, no doubt?—Yes.

2263. Now will you explain, please, how you propose to deal with the problem of raising the levy?—As matters now stand, the normal income and expenditure of the Board show an annual deficiency, and the income will have to be increased in some way, by levy or by some other means, by at least 2,000*l.* a year. I would point out that if such a provision as I have suggested were now existent, having a prospective deficiency at the end of the year of something over 1,000*l.*, we should be able now to raise 901*l.* 4*s.* 10*d.*, which is the difference between 1098*l.* 15*s.* 2*d.* and 2,000*l.* That sum would raise our funds to the amount required, making, with the credit balance in hand, 2,000*l.* in all, and that would approximately carry the Board through the present financial year, but we might be 100*l.* to the bad next December. Assuming that we were actually 100*l.* to the bad next December, we should then be in a position to raise that sum together with the "rest," a total of 2,100*l.* Such an arrangement would keep us in funds in future years; so that the "rest" of 2,000*l.* would, so far as one can judge, solve the financial problem for the future.

2264. Are these your personal views, or the views of the Board at large?—These are the views I have worked out as treasurer. The Board have by resolution confirmed them, and support the idea of a "rest" of 2,000*l.* as being adequate to meet the financial situation. There is a resolution of the Board to that effect, but the details are my own. The alternative is that we should work every year with a more or less large overdraft; and I may point out that the Board have in fact no property, and therefore are not able to give security to the bankers for an advance, though the bankers might be willing to run the risk of advancing the money. As regards the current year, it will be necessary, I suppose, within a month or two to ask the Privy Council to obtain for the Board an advance from the Treasury.

2265. As was done when the Central Midwives Board first started?—Yes, and the difficulty will arise in about two months. But it depends a little, I think, upon how the income comes in from examination fees, as to when exactly we shall be out of funds.

2266. Is there any possibility of an increase of revenue from that source?—I think not. It is fixed by statute, I think. If not, it is fixed by the Rules.

2267. But will not the increased number of candidates make a difference? The more people you examine the less the expenses are in proportion to the fees?—There is not very much in that. There may be something, but I have not worked out that problem. The number of candidates now is large, and is increasing, and there is a small profit shown on this special account, but you have to make an appropriate allowance for office expenses.

2268. I understand that there are one or two points you wish to press on our consideration with regard to the levy as now provided for?—I want to ask the Committee to consider the possibility of making a change in the system of levy.

2269. Will you state what you think should be done?—The objections to the present system are, I think, before you, and Mr. Duncan may possibly have mentioned them. First, there is great difficulty and very much delay in obtaining returns of the notifications required by the Act, and as an illustration I might mention that, as late as July last, there were still outstanding some of the returns for 1907. There were seven district councils still in default in July of last year, though I believe the returns were at last got in. But, of course, until all these returns are made and completed there cannot, under the present law, be a basis for the levy. So that, if we had had to make a levy last year, it would have been August or September before it could be seen how to meet the deficit arising as early as the 1st of January, and there seems to be no possibility of applying any statutory remedy or of obtaining the complete returns by a mandamus in such cases. It would be very difficult to apply that remedy to the existing system. At the same time, if the returns were not complete before any apportionment of the levy was made, there would be difficulties with the local autho-

rities in regard to the question whether they could legally pay the money. County councils are under a very strict audit. The Local Government Board auditors are becoming extremely strict in all their requirements, and they would probably require somewhat strict evidence before passing a payment made under a demand from the Central Midwives Board, that it was in accordance with the law, and as to the foundation on which the claim was made; and I should imagine that the Local Government Board auditors would require some certificate or some evidence as to the basis of the apportionment.

2270. There would be no difficulty, I suppose, in furnishing them with that, would there?—I do not know how it would be done exactly, or as to whether a form of certificate might be settled in some way. But at present there is no indication of how it could be done.

2271. Do you wish to put forward any views as to the equity of a levy on the present basis?—That is the other and more important point perhaps. Tables have been prepared at my suggestion in the office of the Central Midwives Board.

2272. We have them here?—Yes, but I propose to put in what I think is a much better elaboration of it in one table.

2273. We have them printed like this, in parallel columns\* (*handing document to the witness*)?—But I want part of that suppressed. I make a different suggestion, because I want to bring out the same totals for the two different levies. I should say that it is clear, from the evidence we have, that the basis of the number of midwives who have given notice of intention to practise is a very inequitable one, and it seems to me to offer a direct premium to neglect of statutory duties by the local authorities under the Act. As it operates now, it would penalise those authorities who, by an efficient administration of the Act, are obtaining the proper number of notifications, whereas those authorities who either wholly neglect their duty or discharge it in a very perfunctory way would profit in this respect by having no notifications or very few, as they would have nothing or very little to pay under the levy. That I propose to point out in the table which I will put in. The table which I propose to submit shows in the first column the population in 1901, and then the number of notifications in the year 1907, which is the last year of which we can speak with certainty. Then the third and new column is the ratio of notifications to a population of 10,000. This is a new table which I thought would elucidate the matter more clearly than the old ones. This new column shows the ratio of the number of notifications to 10,000 of population, and I should like to say in passing that this ratio varies from as much as 15 in the county of Hereford, and 14·7 in the county of Montgomery, to nothing in the counties of the Isle of Ely and of Rutland. The county of London may be taken as being interesting to the Committee. For 10,000 of the population, there is only one notification of the midwives practising. The average of the counties and county boroughs, according to this column, is nearly four notifications for 10,000 of the population. Then there are two financial columns.

2274. You will put that paper in, I suppose?—Yes, I propose to put this in as it stands. (*The witness handed in the paper.*) There are two financial columns. There is the financial column showing the levy on the population basis, which would produce a sum of about 2,000*l.*; it does actually produce the sum of 2,032*l.* 19*s.* 11*d.* That is the levy on the basis of population for the year 1901. For the purposes of comparison I have altered the second column, that is the financial column on the basis of notification, and in order to produce a sum as near as possible to the aggregate of the levy on the population basis, I have taken 3*s.* 2*d.* per notification, whereas in the statement Mr. Duncan put in the rate was 3*s.*† That is a variation. It is worked out at 3*s.* 2*d.* per notification, and

\* Appendix VII. (Vol. I.).

† The figures in this column of Appendix VII. are now printed as amended by Sir G. Fordham.



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

we get a total of 2,052*l.*, which is as near as we can get to the total on the other basis. I do not know whether the Committee would like me to call attention to the more important features of this statement.

2275. Are they self-evident from the form of the paper?—Yes, I think they are.

2276. Then I think we need not trouble you to go into it. If you put in the paper I think that will be sufficient?—Very well.

2277. Then you do not anticipate that any objection will be raised by any of the supervising authorities to such a change in the basis of the levy?—I have taken a good deal of pains in this matter. The question has been discussed by the Central Midwives Board, and they have unanimously passed resolutions in favour of the population basis. I then brought the matter before the County Councils Association, as being their representative on the Central Midwives Board, and they sent it to their Parliamentary Committee, to which I explained the matter fully. The Executive Council of the Association, upon the report of this committee, concurred in thinking that the population basis was a perfectly sound one, and they support this proposal. You have the official support, therefore, as far as it can be obtained, of the county councils of England and Wales. Then the other bodies concerned are the county boroughs. I put the matter before the secretary of the Association of Municipal Corporations, which includes all the county boroughs and all other municipal corporations, I imagine. I laid the matter before them through their secretary, and I laid a draft bill, to give effect to my financial proposals, before them also, and the result of the correspondence is, I think I may say, semi-officially at all events, that they are not likely to raise any objection.

2278. Then we may say it is generally accepted by all concerned?—I may say the third party left is the county of London. The county of London is in the position of having a population of four and a half millions, and the number of notifications is 490. That gives one notification to every 10,000 of population, in round numbers.

2279. Under your proposal, London would be mulcted much more heavily, would it not?—Yes. On the population basis London would pay a sum of 283*l.* 10*s.* 6*d.*, but on the notification basis at 3*s.* 2*d.* per head, it would be only 77*l.* 11*s.* 8*d.* So that they would have to pay 200*l.* per year more, in round figures. I have had the matter brought to the notice of Mr. Hayes Fisher, the Chairman of the Finance Committee of the London County Council, and he has been good enough to go into it with the Comptroller and with the Medical Officer of Health, and so far as he is able to say (I do not know to what extent he can speak for the council), the London County Council would not offer opposition to the proposed change if they were satisfied that it is generally equitable from the point of view of the country at large. So that, so far as I have been able to judge, I have disarmed criticism with regard to this matter. Another point is the reduction of the amount payable in the counties that are efficient. I will take the county of Cheshire first, where there is a very large number of notifications, namely 473 to a population of just over half a million, working out at 8 to every 10,000 of population. Under the levy on a population basis they would pay 37*l.* 2*s.* 4*d.*, and on the present basis of notification, that is at 3*s.* 2*d.* per midwife, producing the same total, they would pay just double.

2280. Had we not better leave the figures to speak for themselves. They are sufficiently eloquent, I think?—If you please.

2281. Then, to pass on to another matter, you have a suggestion to make which will increase the pecuniary liabilities of the Midwives Board. You propose they should pay members fees for their attendances?—Yes.

2282. And also the travelling expenses; would that not materially increase the Board's liabilities?—Yes, and I could tell you how much it would probably increase them. Shall I take that point now?

2283. Yes, if you please?—I am of opinion that some provision should be made for the payment of fees

for attendance to the members of the Central Midwives Board, even if the amount allowed is only to cover the travelling and other out-of-pocket expenses of those members who reside at a distance from London.

2284. There would not be so much difficulty about that, but you go further?—I do not think it is very practicable to offer railway fares or out-of-pocket expenses only. It seems to me that it is important that some remuneration should be given for loss of time, because I might point out that a member coming from a distance from London might be more out of pocket than the amount of his travelling expenses. I might remind the Committee that, when the Board was first constituted, it consisted mainly of members who had taken a general interest in midwifery questions, and who were presumably willing to give time and attention to working out the reform of the profession under the Act. Then the work in the early stages of the Board's existence was specially attractive, and I want to impress upon the Committee that, as time goes on, those who took up the work as pioneers and reformers will drop out. Some have already gone, and it will become increasingly difficult to find suitable members, as the work will become much more of a routine character and of less interest.

2285. Could that not be met by a reduction of the quorum of four? That is a very large quorum for a board of nine members?—That is a very large quorum, I agree. I suppose it was fixed on account of the Board having to deal with penal cases.

2286. I do not know what it was fixed for, but do you not think it might be reduced to three with advantage?—I think it might be reduced to three with convenience.

2287. For convenience as well as advantage?—No, I should distinguish a little between advantage and convenience. The Board may be regarded as composed of different coteries. There are so many medical men and so many members representing the midwives, and they take somewhat distinctive views occasionally. You might have three lady members present forming a quorum who might take rather a narrow view of a special subject, and bind the Board in a particular way, say, in its penal action, with serious effect. I might remind the Committee that penal work is done in what I may call assizes; the members sit for one or two days.

2288. But would it not be possible so to constitute the committee dealing with penal cases as to provide a membership of an impartially balanced character?—That is a point that might be dealt with, perhaps, but it does not arise under the Act as it is.

2289. But surely that is a point of administration which the Board would see to for itself, would it not?—No, it is the Board itself which tries the cases.

2290. Yes, but when it takes penal cases, could it not be arranged so that a properly constituted court should sit, as they do in the Judicial Committee, which is a very large body; but the particular court dealing with any particular case is summoned *ad hoc*. Surely that would be possible with the Midwives Board, would it not? It is merely a question of administration, and within the powers of the Board to arrange for itself, is it not?—I do not think it is at present. Every member of the Board is entitled to take part in the hearing of penal cases.

2291. It would involve a certain amount of self-denial on the part of members of the Board, of which I have no doubt they are capable?—It would be very difficult to set up a quorum in the form you suggest, it seems to me. It does not suggest itself to me as a very good way of working.

2292. (Mr. Davy.) Would it not be better to have a judicial body of one person who was a trained lawyer, than to have a judicial body representing perhaps the special trade of the defendant?—I have in my précis at a later stage made a suggestion in that direction.

2293. (Chairman.) It might relieve itself in regard to its judicial character by paying attention only to particular cases?—I take it to be purely judicial when they have to hear cases upon evidence as to whether a woman has committed certain acts, or dealt in a particular way in her profession under various rules.



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

2294. Now I will come to another point. Supposing the power of delegation under section 9 is repealed, what would be your view as to entrusting penal cases in the first instance to the local supervising authority under section 8, with an appeal to the Board in all those cases where the demands of justice, in the view of the person tried, have not been met?—That is a matter I have not very fully considered.

2295. But you must admit it is very material to the work of the Board?—Yes.

2296. There would be reserved to the Board the final decision in all cases of importance?—One objection which strikes me, I think, in the first instance, is that the judicial authority would then be the county council, acting by a delegated committee.

2297. Yes?—Of course, the evidence of the prosecution, and everything that was brought together, against the accused person would be the work practically of the officers of that body, and the principal witnesses would be the officers. To a certain extent, of course, that occurs in London also, because the prosecution is conducted by the secretary of the Board, and the evidence is got up by its solicitor. But the Board do watch with great care the evidence that is given by official witnesses, not only because official witnesses are apt to take an official view, and a somewhat biased view sometimes, but also because it is important that in dealing with a great variety of cases on much the same lines and coming from all parts of the country, there should be a settled system of judicial work. The local committee might be somewhat inclined to be biased, and might be sometimes over-inclined to be influenced by its officials, and by evidence of a local character.

2298. Then the appeal to the Midwives Board would protect the accused in such cases?—They would have to allow an appeal, or re-hear the case on the facts.

2299. Yes, where the accused midwife chose to claim it, which I do not suppose would be very often?—No. I think it is a possible way of dealing with it. I do not think there is any very obvious objection, except what I have suggested as being rather a general one. Then, of course, it would be impossible to give that power so long as the power of delegation to a small body exists.

2300. I suggested that, I think?—Yes, but that is rather by the way. You put it forward as being likely to relieve the work of the Board to a sufficient extent, but it would not arise.

2301. That is an alternative view, I think?—I notice there are about 18 meetings of the Board in the year, and probably two of them were special meetings held on the same day as others, but we have 16 effective meetings, and that is practically 16 whole days' attendance.

2302. What sort of fee do you think might properly be charged?—I suggest two guineas.

2303. What charge do you calculate that would involve?—Assuming 16 meetings, and making no allowance for committee meetings, which would not be charged for, and allowing for an average attendance of seven, the charge would work out at 235*l.* 4*s.* a year. But what seems to me to be the danger, in a sense, is that, if no assistance is given in this way, people cannot be expected to come from a long distance, and the work of the Board must naturally fall into the hands of the men and women of London, or a small distance round it.

2304. Would that be a bad thing?—I think it would be a very bad thing, from the point of view of the country districts and provinces generally, that opinions on these matters should be centralised in London. The administrative work is extremely important, and it is most important that the country districts should be represented on the administrative side, and the provincial towns also. I suggest that the Privy Council should have a certain sum fixed as the fee to be paid, and a fee of two guineas might be allowed. I might remind the Committee, perhaps, that the General Medical Council have fixed, I believe, a fee of five guineas for every attendance.

2305. I do not know that that comparison is altogether a valuable one, as there is a distinction to be

drawn between the functions of the two bodies?—I believe I am right on that. Perhaps we need not discuss that, but I would rather put it so if the matter is comparable. Of course, a clause would have to be drafted.

2306. We have got one in the bill, I think, that you sent some time ago?—Yes.

2307. Then, with regard to the training of midwives, have your Association formed an opinion as to the desirability of a change in the law?—They passed the following resolution: "That legislation should be introduced to enable county councils to charge any sum for the training of midwives on the county fund, and to extend the powers of the county councils for this purpose." At present we can only charge it on the education fund, and on that part of it ear-marked for higher education.

2308. In your judgment that unnecessarily ties the hands of the county council?—It does not matter so much, except from the point of view of higher education itself. The fund available for higher education is shrinking, and is at the most a very small sum. We are limited to a rate of 2*d.* in the pound under Part II. of the Education Act, 1902, and there is a growing disinclination to make any rate for higher education, in view of the fact that the elementary education rate has increased.

2309. That would cause a shrinkage of the sum available for the training of midwives?—County councils are looking in every direction for economies; and higher education, and the development of secondary education and agricultural education are more important than the training of midwives, in the country's view. So that we ask in general that the charge should be on the county fund.

2310. You do not want to see the power of maintaining midwives granted to county councils?—That is another point.

2311. Are you in favour of that?—I am not, personally.

2312. Are your Association in favour of it?—I should give some power to maintain midwives, but not to the county council.

2313. Do you not think the question of maintenance might be met by arrangement? It has been the opinion of most of the competent witnesses that we have had before us that, if midwifery were combined with general nursing, the difficulty of maintenance would, with proper arrangements for the distribution of midwives or nurses, be got over?—Yes; there is no real difficulty about training midwives.

2314. Maintenance is surely a question of local organisation?—Yes; I might perhaps be allowed to state my personal view with regard to training.

2315. Certainly.—My personal view is that, unless it may be something exceptional in view of the emergency next year, it is no more a proper thing to charge the training of midwives on the public funds than it would be to make such a charge for the training of members of the medical profession. I cannot see any distinction.

2316. (*Mrs. Hobhouse.*) Does your reference to the public funds relate to the resolution passed by your Association as regards the county councils, or does it express your own personal view?—On general principles, the training of midwives should not be charged on any public fund.

2317. That includes any county council grant as well?—Yes. As matters stand, we want larger powers to provide for the burden, if it is to be a burden.

2318. Then, in your opinion, public money should not be used for training purposes after the next few years?—Yes.

2319. You think there would be a sufficient supply of midwives without public money being used?—I think there would be a supply to meet the demand, in the sense that the public will pay for midwifery in practice, and then there will be plenty of midwives to come forward.

2320. But it is your opinion that public bodies should have power to maintain?—Yes, I am in favour

\* See Appendix VIII. (Vol. I.).



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

of maintenance being associated with the poor law, and I was coming to that point.

2321. You think the poor law ought to be responsible for the maintenance of midwives?—My view is that the best system to adopt is to establish the midwife-nurse on the same footing as the medical officer under the poor law. That is a matter of arrangement in some cases. The whole of the medical officers of a district may exist almost entirely on the salary provided by the poor law, and in other cases the medical officer may be able to obtain considerable remuneration by private practice, besides what he receives from the poor law authorities.

2322. I gather, you would have one midwife to every board of guardians in the same way as the medical officer?—The provisions with regard to poor law medical officers enable boards of guardians to divide their unions into districts, and they appoint an officer for each district. The districts and appointments are both supervised by the Local Government Board. Similarly, you might divide the poor law unions into a number of districts, with a nurse to each of them, and probably within the thinly-populated districts the nurse would have to be subsidised, so that there should be a nurse-midwife to every 1,500 of population. My experience is that, in thinly-populated districts, a nurse is fully occupied in a village with a population of 1,300 to 1,400 people, and it costs, under a nursing association, about 50*l.* to 60*l.* a year to make all the arrangements.

2323. Would you put that charge upon the poor law authority?—No, I should not put any specific charge on the poor law authority. The poor law authority would offer a salary to the qualified midwife-nurse to settle in the district that they set up.

2324. Would not that take away all the *raison d'être* of the voluntary nursing associations if you were to give this work into the hands of the poor law authority?—It depends. I think it would not altogether be so if the poor law authority offered, say, 20*l.* in a district. The balance of remuneration would be met by voluntary effort to some extent.

2325. You think it would not decrease the amount of voluntary effort?—It would decrease the amount of subscriptions, of course, but some voluntary effort would still be necessary. If the boards of guardians were financially wise, they would probably offer something, say 20*l.*, and they would look to voluntary effort and the private practice of the midwife to keep her going. If they found 20*l.* was not enough, they would have to give a little more.

2326. Would you make it compulsory upon the poor law authority?—I would make it compulsory in the sense of following the present Poor Law Orders, which enable the board of guardians to divide their union into districts, for the purpose of appointing poor law medical officers. That becomes practically compulsory, because of the influence of the Local Government Board on the guardians. As to the supply of midwives, I have to submit the resolution of the Executive Council of the County Councils Association, passed in March 1908, saying, "That it is of urgent importance that the question of the supply of midwives in rural and working-class districts should be fully considered, but that the Council are of opinion that this is a matter primarily for the poor law authorities." That is the resolution which my evidence practically supports.

2327. Did the Council mean to imply that the supply should mean training or maintenance?—I think the idea was maintenance rather than training. But it was a general resolution, passed last March. They expressed their view then, and there was some discussion.

2328. That is, they wished to take the authority away from the county councils and give it to the poor law authority?—The county councils have no authority.

2329. On the question of education they have the authority for training?—They can appropriate a sum of money from the higher education fund, but that can hardly be said to be an authority. It is not indicated by any statute that they can train midwives. No duty has been imposed upon the county councils. Some grant small sums, and others do not.

2330. But you consider it advisable that the county council should still have the supervision of midwives?—Clearly.

2331. And you would only leave the poor law authorities the supply and maintenance?—Yes, but maintenance rather than supply.

2332. (Mr. Davy.) What are your views as to the payment of medical men?—That is the next matter I have put in my précis. It is a personal view. I do not consider it necessary to set up in a general manner a charge in public funds, in order to provide medical men with fees when they are called in by midwives in special cases. This is my personal view. I think it should be dealt with under the poor law, either as medical relief, by way of loan in some cases, or as a matter of private practice. From the general point of view, I think there is danger in setting up a system of fees for medical attendance.

2333. You mean it would still be poor law relief, though called by another name?—No, I mean that you are setting up a different class of relief in relieving people who are in no sense paupers.

2334. But still, you extend the area of chargeability on the rates?—If it is to be on the rates.

2335. If it is to be paid by the poor law authority, it will be paid out of the rates, will it not?—Yes.

2336. Do you think there is any serious danger of collusion between midwives and doctors?—I have no knowledge of that, but it strikes one as being possible. All midwives' cases might become medical cases at some stage, and two sets of fees might accumulate in that way. But I have no information, and I do not want to put it as against either profession, but it seems to me a thing that might occur.

2337. There would be the difficulty, would there not, that there would be no real control over the medical men and others?—That has impressed me very much. Of course, we have now a system such that, if the poor law medical officer is called in in an emergency upon notice by a midwife, he has to get a covering order from the relieving officer later, and there is no difficulty in ordinary cases in rural districts, so far as my experience goes. He gets his guinea in that way, or whatever it may be, in accordance with the scale fixed.

2338. What would you say to a system of paying these fees through nursing associations, the guardians subscribing to these nursing associations?—I have not thought of that. Nursing associations are, of course, on various footings, and they are entirely voluntary bodies, and it might not be well to allow public funds to be used in that way.

2339. Now, as regards your proposal that the Central Midwives Board should be under statutory obligation to publish an annual report, what do you say as to that?—That is, perhaps, only a detail, but it seems to me important that there should be a report. We have a report for the first five years, which has been printed.\*

2340. But it is important as bringing the Board into touch with the local authorities?—That is what I desire. The whole thing should be as much as possible before the public. It seems to me the Board have sufficient work to justify a report, and they should have statutory authority to publish it.

2341. What do you say about the constitution of the Board?—We ask that the administrative representation should be increased. That is the only point we would press.

2342. Do you think a collection of representatives or persons professionally interested is likely to make a good administrative body?—I do not know that it is likely. But of course I could form some opinion sitting at the Board. There are advantages and disadvantages in having collections of experts.

2343. Would you agree that a proper administrative body should represent the persons who pay the costs and the responsible departments of Government?—Yes, of course, that is so. The view we used to put forward as to administration was that you want the practical

\* Report on the work of the Central Midwives Board from its formation to 31st March 1908. [Cd. 4507.]



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

administration of a fund to be in the local administrative body. The County Councils Association ask for a second seat on the Central Midwives Board. Personally, I feel rather alone on the Board among a Board of nine, the other eight of whom being constituted as they are. The chairman of the Board appreciates my position, of course, and I do not want to say anything adverse to the Board, but that is a situation which weighs upon me a little.

2344. Do you think the Association of Municipal Corporations should have a representative?—It would be a very proper thing, I think.

2345. And conceivably, for instance, the Home Office or the Local Government Board might desire it?—Perhaps, in the same way as the Privy Council is represented, by appointment. I should prefer that they should nominate someone, not necessarily one of their officials. I am equally suspicious of officials as I am of experts; I am suspicious of both.

2346. Then with regard to the exercise of your penal and judicial powers, what do you say?—I simply put that in my *précis*, as I thought it might be worth considering. If the Board were enlarged and made up to, say 11, some statutory arrangement might be made to get the judicial work into the hands of a selected number.

2347. Or perhaps one person?—I am not in favour of one judge—not even a judge of the High Court.

2348. What amount of time do your judicial functions take up?—There are two stages. I have gone into this matter, and I am, to some extent, responsible for working out the whole of the arrangements in consultation with the President of the General Medical Council. The procedure is first for the local supervising authority to find a *prima facie* case for some definite offence, or for other information of a definite character to reach the Board, as for instance the verdict of a coroner's jury.

2349. Would you read depositions?—Yes. Where there are proceedings before a coroner or in the High Court, depositions are obtained. The matter is investigated in a preliminary way by the solicitor under the direction of the secretary, and the results of this investigation are brought before the Penal Cases Committee, which is a select committee of the Board. That committee goes into the facts, and makes a recommendation to the Board as to whether proceedings should be taken, that is to say, whether there is evidence on which proceedings are worth taking at all. It reports on every case, whether a recommendation is made to go on with it, or not. If the committee thinks it has not proper material to proceed on, the case will end there generally. If the committee thinks further evidence should be obtained, then it recommends the Board to refer the matter back. That is the second category of cases. A third category of cases is that in which the committee recommends the Board to cite the midwife before the Board. That is the second stage. The citations are then got out in the cases in which the Board decide that there should be proceedings. Finally, a special meeting of the Board is fixed for the hearing of cases, so that there are three distinct stages in the proceedings, and that involves a great deal of time.

2350. But my question was as to the number of cases. Is it large?—There have been four penal sittings in the year. That is to say, four days. The report, I think, states the number of cases heard.

2351. Then you are in favour of the repeal of the powers of delegation under section 9 of the Act?—Yes, clearly.

2352. Is that necessary, looking to the fact that it must be dying out?—It may be dying out in practice, but if the section is to be inoperative, it is best to remove it from the Statute Book.

2353. To whom is the delegation generally made?—The delegation, under the statute, is to the district councils and to nobody else, I think. I think I am right as to that. The district councils are, of course, large and small.

2354. In such cases are the delegated powers given to all the district councils?—I do not know about that.

I think not in every case. That is a question which the secretary of the Board might be able to answer. I have taken a good deal of trouble, and I have discussed the matter with members of the various county councils in order to get the delegation withdrawn.

2355. Have you any additional suggestions to make?—There are matters which I think might be brought to the attention of the Board. If any fresh arrangement is made with regard to the local supervising authority, it would be perhaps possible to consider what would be the direction to take in order to find the best method of discharging their duties—that is with a special committee and full power delegated to them.

2356. (Chairman.) Such delegation is provided for by section 8 of the present Act, is it not?—Yes, they may delegate.

2357. (Mr. Fremantle.) It is not compulsory?—It is not compulsory.

2358. (Chairman.) Would you compel county councils to delegate their powers to such committees?—I do not know whether I should go so far as absolute compulsion, but it is essential that there should be complete delegation of powers. Then I think it is important that there should be a medical staff for the particular purpose, whether it may be the medical officer for the county or not, and it is important that there should be medical women and inspectors of midwives. They are doing a very large amount of good in the country, not only by inspection, but by teaching among the women themselves in their homes.

2359. (Mr. Davy.) Then you suggest some further penalties?—Our Association have had their attention drawn to the fact that there is no penalty at present for the offence of employing an unqualified substitute. The only way the woman is penalised is by the fact that she is responsible to the Board and might be struck off the roll, but there is no penalty for the offence itself. Then I think it would be desirable that the matter should be made clear about the removal of midwives from the roll. There is no actual authority for removal, though Rules have been framed, and have been approved by the Privy Council.

2360. (Chairman.) But surely the Law Officers have dealt with that?—Not specifically.

2361. There is the opinion of the Law Officers, and is that not good enough, or do you include them in your distrust of officials and others?—If the Act is to be amended, I think something should be made clear in the sense of the opinion given. Then it is very important that penalties should be enacted to meet the case of a woman who acts as a midwife while suspended from practice.

2362. (Mr. Davy.) What sort of penalty would you have?—I think it should come under the general penalties fixed by the Act.

2363. I suppose you would exclude cases where a woman acts in a case of emergency?—If she is suspended and there is a danger to the community, as in the case of puerperal fever, there is no case in which she can be useful.

2364. But she may be suspended for other reasons?—A person can only be suspended for the purpose of preventing infection. I think the power of suspension should be extended; the local supervising authority should be empowered to suspend any midwife while she is under any serious charge, and it seems to me there are cases in which the Central Midwives Board would like to have power on the hearing of the cases to suspend a woman from practice for a limited period as part of the penalty on conviction of an offence.

2365. Have you any authority to pay interest on overdrafts?—There is no statutory authority. We have never had an overdraft that I know of. We have always had this large sum in hand invested, and we transfer to the bank from time to time from our investment fund to keep the bank in funds.

2366. I ask you that because you suggested an alternative system of a "rest," and overdrafts might conceivably be possible as the only alternative?—Yes, but what objection could there be to paying interest if we were able to find the money?



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

2367. I am afraid you would find a difficulty?—I do not see who could raise a difficulty. There is no Government audit.

2368. Who audits your accounts?—The auditors appointed by the Board.

2369. You have no public audit?—No, the statute provides for audit by some qualified person.

2370. (Chairman.) That is by section 5?—Yes.

2371. (Dr. Champneys.) With regard to the question of collusion, I ask you whether one way of avoiding collusion would be to say that a fee should not be recoverable by a medical man unless his summoning by the midwife was justified by the Rules of the Central Midwives Board. Is that what you mean rather?—I do not know that I quite follow your question.

2372. To prevent frivolous consultations it might be well that each consultation should be justified by a reference to the rule of the Central Midwives Board under which medical help should be called in?—I should fully investigate all cases.

2373. I would ask you to say how?—That is where my difficulty occurs. It seems to me you might very easily have a system under which doctors are called in unnecessarily, and there would be no way of investigating the problem.

2374. There is no authority to investigate the problem?—The only person would be the relieving officer, who is not an expert.

2375. Would the medical officer of health be the right person?—He would be the person called in probably, and if not he would be working against a colleague in the next village, who would be jealous.

2376. (Mr. Fremantle.) Should the medical officer of health be called in if not in general practice?—No. I was thinking rather of the district medical officer.

2377. (Dr. Champneys.) Would not the medical officer of health be the right person to decide it?—He would not have time to investigate the number of cases that occur.

2378. In your précis you say that it is desirable that the Board should be under a statutory obligation to prepare and publish an annual report of its proceedings to be submitted to all the local authorities. Ought not the word "submitted" to be "communicated"?—Yes.

2379. You do not mean that the report be submitted for the approval of local authorities?—No. "Communicated" is a better word, except that I think it would be proper that local authorities should have such a statement before them in justification of the levy which they will be asked to pay. The two hang together.

2380. Then about this statutory committee which you speak of. You say that it should consist of from five to seven members, with a permanent judicial chairman, and you mention that the Board should be enlarged so as to consist of perhaps 11 members. That would mean that the statutory committee would consist of 5 out of 11 members, or 7 out of 11 members. Would that not really amount to the practical exclusion of from four to six members of the Board?—I was rather thinking of the possibility of the enlargement of the Board to 15 members, or some such number. I merely wish to throw out that idea in view of a considerable enlargement, and not only with regard to the 11.

2381. (Chairman.) Do you advocate such a considerable enlargement?—No, I do not.

2382. (Mr. Pedder.) You lay stress on the judicial and penal aspect of some of your duties, but those words are rather invented, are they not?—I do not think invented words are improper words.

2383. But do they not rather lead to an impression, which is not to be got from the Act itself, that the removal of the midwife's name from the register is a punishment?—If it is not in the Act, it arises out of the general supervising authority.

2384. But there is a distinction in the Act between prosecution for offences and the action of the Midwives Board?—Yes.

2385. The latter only submits the midwife to further penal consequences if she practises?—Yes, but I do not

think I quite follow you. Do you quarrel with the phraseology?

2386. Yes, I rather had in my mind that you were exaggerating, if you will excuse the phrase, the judicial nature of the procedure before the Board?—Do you mean in practice or in my mind?

2387. In saying that there should be a statutory committee with a judicial chairman and so on?—I do not want to raise that idea here, but I am impressed with the importance of giving a judicial character to our proceedings.

2388. Then would you, for instance, wish to give a more judicial character to the proceedings of the Midwives Board in removing midwives from the roll than to the proceedings of the licensing authorities? The extinguishing of a licence, it has been decided, is not a judicial proceeding?—I do not know that that is a question I need answer.

2389. It is not a prosecution before the Board, and I want to suggest that the words "prosecution," "penal" and "judicial," give a slightly wrong turn to the nature of the proceedings. But you do not agree with that?—I do not agree. My recollection is that I talked the whole matter over with Sir Donald MacAlister with regard to the arrangements to be made, and I brought in the phraseology of the rules of the General Medical Council.

2390. Can the proceedings of the two bodies be compared?—It amounts to the same thing, I think. You can strike a medical practitioner off the register.

2391. Do they call their proceedings judicial and penal?—I did not bring the rules and regulations here.

2392. (Chairman.) They do not doubt sit in a very judicial way?—Yes, and we are subject to an appeal to the High Court, and we have had one appeal before them, and the Lord Chief Justice recognised the judicial character of our duties.

2393. But he also, if I recollect, remarked that there was quite as much administration as judgment in your proceedings?—His judgment can be cited. But the fact is that there is an appeal to the High Court sitting judicially as judges, and that gives the whole thing an absolutely judicial character.

2394. (Mr. Pedder.) I should argue the other way, namely that the special provision for an appeal would show that the Board's proceedings were not of a fully judicial character, for if they had been, there would have been no need for special provision as to appeal?—The appeal might be on the question whether we had taken evidence in a proper manner. One point which has been raised was whether we could take evidence on oath, and the Lord Chief Justice did not decide that point.

2395. (Mr. Dwyer.) Do you in practice administer the oath?—No, I do not think we have any power to do that. We have no specific power. We could not commit a person for refusing to give evidence or to take the oath, or deal with such a matter in any way.

2396. (Mr. Pedder.) Would you carry your judicial and penal theory so far as to refuse to remove a name from the roll on any ground insufficient to secure a conviction for a criminal offence?—No, I think not.

2397. Then it is something less than the ordinary?—Something less than that. Criminal lawyers lean very much to requiring strict evidence.

2398. I quite see the importance and the advantage of that and the importance of standing on legal evidence, but in an administrative matter it is not often found to be a disadvantage to be tightly bound by the law of evidence in criminal matters?—I quite agree, and we endeavour to strike a mean in our practice. We receive affidavits, or rather statutory declarations, and we import in that way a certain amount of hearsay evidence which would probably not be admissible in strict law, but we have endeavoured to meet the case so far as we possibly can.

2399. I would rather suggest that the importance of the administrative point of view is greater than the importance of keeping the thing strictly on a criminal basis?—I do not know that I quite follow your idea.

2400. Your point is, is it not, to keep a clean register of midwives? You do not want to punish a particular



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

woman?—I want to deal with each case on the facts presented to us in a fair way.

2401. But not entirely from a penal and judicial point of view. That you admitted, I think?—No, I do not know that I made the distinction that you put to me. When I get a case before me, I apply my mind to the case as if I were sitting at petty or quarter sessions.

2402. I suggest that you should apply your mind as though you were sitting at a licensing sessions, which you know as well as I do, or better, has its advantages in regard to administrative functions as against the strictly judicial functions of petty sessions?—That is to say, dealing with public questions without regard to the law attributable to the case. That would influence my mind a good deal.

2403. I should not put the position of a midwife on the roll as being of more importance than the possession of a licence?—I do not know about that.

2404. Now about the remuneration of members; you suggest a two-guinea fee for attendance, payable by the Board; would that be payable to all persons however far they came?—I think so.

2405. You think that is the fairest way?—Yes.

2406. The gentleman who comes from the north of England and the gentleman who lives in London are not equally paid for their work by a two-guinea fee, are they?—No.

2407. But you think that is the best way?—Yes.

2408. If you would merely pay the expenses, why should the London man get two guineas?—It is a mere matter of expediency. It does not solve the problem. If you think the members of the Board should be paid, then they should be paid a reasonable sum.

2409. But you do not pay the gentleman from the North at all in that case?—I do not think you meet the case by two guineas.

2410. You propose it as a general working rule which would be better than nothing?—Yes. It is a mere expedient.

2411. You do not like the idea of expenses only being paid?—No, I think not. It might be that it would be first-class railway fare and so much for lunch, but it would all have to be worked out every day, and some people would make a charge and others would not.

2412. Do you know where the fees paid to the members of the General Medical Council come from?—No, I do not. I should think they come out of the registration fees.

2413. (Mr. Fremantle.) Following up that point about the fees, why do you suggest a fee for members of the Central Midwives Board less than that paid to members of the General Medical Council, which is, I think, five guineas?—I have no feeling in the matter.

2414. But I suppose you had a reason for making it two guineas instead of five?—I thought that it would fairly cover the expenses of people coming from a distance—the extreme cases. I am not making any suggestion with regard to committee meetings, which would be equally numerous. If a member were to attend all the meetings of the Board and its committees, he would be attending nearly forty times in the year.

2415. Would it not be useful to follow a definite precedent, as you have done in connection with penal cases, namely the precedent of the General Medical Council, and charge the same fee, because you say the work is equal?—I say the general importance of the two matters is nearly the same. That is reckoning it from a public point of view. The purity of the one profession is almost as important as the purity of the other.

2416. You have spoken of the desirability of repealing the power of delegation, but supposing after you had repealed the power of delegation a county council should still refuse to act, would you suggest there should be any power for compelling them to take up the duties?—No, I do not think so.

2417. You would allow them as at present to go on and not carry out the Act?—That raises the whole question of the pressure of central government on local government.

2418. Is there not a precedent for compulsion as regards all the sanitary powers of the local authorities? In such matters definite pressure can be exerted upon them?—The cases do not appear to me to be quite parallel.

2419. In general, local authorities carry out provisions for the good of the health of the district under the Public Health Act of 1875?—Yes.

2420. You do not propose that there should be any definite supervision or local supervision under the Midwives Act comparable to that?—No. I think as time goes on there will be no difficulty.

2421. And meanwhile you do not think it matters very much as to their not carrying out the Act?—No, I do not say that. It is of the greatest importance, but I think the thing should be developed gradually.

2422. Why do you think that, while the Public Health Act is definitely administered under compulsory powers of supervision, the administration of the Midwives Act does not require any definite supervision over the local authorities?—The Public Health Act imposed specific duties on very small bodies, and it may apply in principle, but not in practice, to this case.

2423. You do not see any need for supervision of these local bodies? You think they should be allowed to carry on their duties under the Act without any further compulsion?—I think that is the proper view of the case, though there is something, of course, to be said for pressure.

2424. Now if you make an annual report on the administration of the Act, which would be, as you suggest, transmitted to the local supervising authorities, would you propose that it should be definitely made to some Government body, as most reports are?—I think it should be made to the Privy Council. We have drawn up a report of our own,\* as you will see, and I have had a good deal to do with that.

2425. You suggest the annual report should go to the Privy Council?—I should have thought so.

2426. Then also should it not go to the Central Midwives Board or the local supervising authorities?—The report I speak of is the report of the Central Midwives Board.

2427. But on page 8 of your précis you speak of the other?—No, I think not. The local supervising authorities make their own reports, but I have not dealt with that question.

2428. Then I misread your précis. Do you not think it would be advisable that the local supervising authorities should be compelled to make and publish an annual report on their administration of the Act, as the public health authorities have to do?—Of course from the point of view of the county councils there are very many items of administration to be dealt with, and it might involve us, if once we dropped into that view, in the publication of a dozen reports all to be laid before somebody or other, and I should not like to open that door.

2429. The county council have already to report on the whole of the public health of the district, as you know?—The medical officer of health of the council has to submit to them a report, but that is another thing.

2430. But you do not at present see any particular necessity for insisting upon local supervising authorities making annual reports as regards the administration of the Midwives Act?—No, I do not suggest anything. All committees which have delegated powers make reports, and their reports should all be brought together.

2431. You think it would be unnecessary and superfluous that annual reports should be required from local supervising authorities?—I think it would be a very dangerous precedent for obtaining reports on a vast number of matters which would involve a very serious amount of work. Supposing, for instance, we were asked to report to the Government on educational administration.

2432. But you are asked to report generally to them on educational administration, are you not?—We

\* Report on the work of the Central Midwives Board from its formation to 31st March 1908. [Cd. 4507].



10 March 1909.]

Sir H. G. FORDHAM.

[Continued.]

make no report to them; they may ask for information on special things, but there is no general report.

2433. How is the control of the Board of Education exerted otherwise?—Partly through inspectors and partly by threats to withdraw grants, and in various ways and by correspondence and interviews.

2434. On page 7 of your précis you say "their work"—that is, the work of the county and borough councils as local supervising authorities, I suppose—"in any case is more nearly connected with medical relief in some form or other than with public sanitation"?—By "their work" I refer to the work of midwives.

2435. Have you been officially connected with the administration of public sanitation?—No, I have not, and that is almost the only board I have not been on, but I know a good deal about it. I have never been on a district council.

2436. You are judging entirely from the point of view of your experience of other matters?—No, I do not say that. I know a good deal of what district councils do, or do not do.

2437. Yes, but not officially?—No, if you like, not officially. But there is not much difference.

2438. As regards the question of collusion between medical men and midwives, in your opinion would not some check over them be kept by the proper carrying out of the work of the local supervising authority?—The money would not be paid by them, and they would practically have no interest in controlling the payment. In practice I think you would find that that would be so. I suggest payment through the poor law authorities.

2439. But supposing the local supervising authority were given the power to pay medical men, do you not consider that the intimate knowledge that the local supervising authority should have of the work of every midwife ought to afford a complete check on collusion?—I should have thought not, because the matter would not come before the local supervising authority until there was a request made for payment. There would be no previous investigation. Some of the fees would come through the poor law in any case, through the relieving officer. The only person who really would be able to say at first hand what was going on would be the relieving officer.

2440. But do not the local supervising authority receive information as to every case in which a medical man is called in to assist a midwife under the Rules?—They ought to. They should receive notice of every case in which a midwife has advised that the assistance of a medical man is necessary, but it does not follow that medical help is actually obtained.

2441. Therefore if they carry out their duty,

The witness withdrew.

Dr. ALFRED ROBINSON called and examined.

2454. (Chairman.) You are the Medical Officer of Health for the county borough of Rotherham?—Yes.

2455. You have given a good deal of attention to the working of the Midwives Act?—I have for the last three years.

2456. And you are of opinion that it has had a very important effect in the reduction of infantile mortality?—I have found it so.

2457. And on the death rate from puerperal fever?—Yes.

2458. Could you give me any figures showing that?—I could give you the figures that I gave in my reports for 1908 and 1907. During the year 1907 the infantile mortality among the midwives' cases was at the rate of 101 per 1,000 births. The other infantile mortality was 194 per 1,000 births. During the year 1908 the infantile mortality among the midwives' cases was 92 per 1,000 births, and among the cases attended by other agencies, as I have called them, it was 195 per 1,000 births.

2459. You think that the difference will be more marked as time goes on?—I think it will be more marked. It is more marked during the year 1908 than it was in 1907.

would that not give them an accurate register of every instance of collusion?—They would have it on paper.

2442. Do you mean that the difficulty would be to draw the right conclusion from the known facts?—The difficulty, in a large county like the West Riding, or even in a small county like Cambridgeshire, would be that the acting officer would be a good way from the midwife in the case. He would not be in touch with the case.

2443. But if he is carrying out his duty under the local supervising authority, he will. He or the inspector of midwives has to be in actual touch with the midwife constantly?—Yes, but I do not know, of course, how far that is carried out. It is carried out very completely in some districts no doubt. It is partly a geographical question and partly a question of finance.

2444. One small point with regard to the proposal of the County Councils Association for apportioning the levy on the basis of population. What basis of population do you take?—The last census for the time being.

2445. That basis is to serve for the succeeding ten years?—That is a matter of finance merely. If you took the basis of the returns of births, it would not make any very great difference probably, but I have no other basis, which is at all stable, to suggest on which it could be dealt with as a matter of figures, without calculation.

2446. You feel that over a fairly wide area like that of the county it would be sufficiently accurate to be equitable?—I suppose so; the thing has been worked out.

2447. Have you, as the representative of the County Councils Association, considered the possibility of a midwife who is under suspension, and not more, promptly leaving the area of the local supervising authority that is cognisant of her supposed offence, and taking up work in another county, and so continuing her evil practices in one county after another?—No, I have not gone into that. That has been a matter which has been before the Central Midwives Board, but we have not considered it at the County Councils Association.

2448. Have you personally any proposal to suggest with a view to getting co-operation between the different authorities in order to prevent the practice I have referred to?—No, it has never presented itself to my mind at all. I think it is a question for medical officers of health more than for administrative bodies.

2449. (Chairman.) Have you got the draft bill to which you have referred in your précis? Is it identical with that sent to the Privy Council Office some time ago?—Here is the original draft which I can put in, or I will send you a copy of it (handing in same). This is the whole of it.\*

2460. But is the work of the midwives of Rotherham supplemented by the work of any supervising agency of a voluntary kind?—It is supplemented by the female health visitor, and by nine members of the voluntary health association that we have, who visit the cases after the midwife has ceased attending.

2461. Are the persons who represent the voluntary health association, and the health visitor informed before the woman actually needs a midwife that she is expecting a confinement?—Yes.

2462. They are thoroughly well equipped with information as to the probable needs of these women before the actual occasion arises?—Yes.

2463. So that they are able to follow the case from beginning to end?—Yes.

2464. Have you any further tables that you wish to submit in regard to the result of these combined operations?—I have these tables of 1908 and 1907.

2465. Those that you have just given us?—But in addition to that I have the percentage of children living attended by each midwife.

\* See Appendix VIII. (Vol. I.).



10 March 1909.]

Dr. A. ROBINSON.

[Continued.]

2466. Have you got those in a separate tabulated form that could be put in?—I have that information in my report.\*

2467. Would you then refer us to the pages of your report on which they are to be found?—On pages 53, 54, 55, and 56.

2468. Have you any difficulty in getting the voluntary aid required to deal adequately with cases of this kind?—No.

2469. Is your association formed upon the model of the Manchester and Salford Health Association?—It is more on the Huddersfield model.

2470. Will you proceed to tell us what is being done in Rotherham with a view to improving the methods employed by midwives?—These ladies are continually visiting the houses of these poorer people.

2471. Do you organise lectures?—I deliver lectures to the midwives periodically.

2472. Are those to whom you lecture fully trained midwives?—They are certified midwives.

2473. Then it is not in connection with the training that you give those lectures?—No.

2474. It is with a view to keeping the midwife *au fait* with her duties?—Yes, to keep her up to the mark.

2475. Do you think that your efforts have effect?—I think they have considerable effect.

2476. Are you inclined to think your midwives in Rotherham are more efficient than are to be found in most other places?—I think they have improved very much in the last three years.

2477. Is that owing to the vigilance with which their operations have been supervised?—Exactly.

2478. Do you think that is general, or do you think that Rotherham is exceptional?—I think in the larger towns it is general.

2479. You think it is?—Yes, but I do not think it is so in the rural districts.

2480. You think it is better under the county boroughs and the bigger municipal corporations?—Yes, the midwives are more under control.

2481. Have you a sufficient number of midwives in Rotherham for the duties they are called upon to perform?—We have 16 at the present time.

2482. Is that sufficient?—I think so.

2483. How many births are attended by them?—Between 900 and 1,000.

2484. You think you will not experience any difficulty in Rotherham next year?—I do not think we shall. Of course the older ones are gradually dying out.

2485. But I assume you have no difficulty in getting women to present themselves for training, so that the places of those who drop out will be taken by others of a more efficient type?—We shall have them in time, I expect.

2486. But is there any difficulty in that respect?—We are not getting any fresh ones.

2487. How is that?—I do not think that, for the first year, they can get sufficient to maintain themselves.

2488. But if vacancies in the existing ranks are made, as I presume they will be, will they be supplied, or do you think you will experience any difficulty in obtaining fresh hands when they are required?—I am afraid we shall.

2489. Why should you?—Because, when these old people die off, the new ones do not appear to me to be able to make a living for the first year or two.

2490. For the first year or two?—That is what I have found. The midwives recently qualified, I have found, do nothing in Rotherham, practically, for the first year.

2491. But if the old ones who are enjoying a considerable practice die out, surely there will be places open for them?—There will be, in time.

2492. There must be a little adjustment of conditions?—Yes.

2493. But you do not think there will be any serious difficulty?—I do not anticipate any serious difficulty.

2494. It is one that the supply can get over?—Yes, I expect so, in Rotherham.

2495. Do you find that the difficulty about the remuneration of the medical men who are called in by midwives has had any effect in hindering the employment of the midwife?—There was more difficulty two years ago.

2496. How has it been got over?—It has been got over by the payment being made by the guardians.

2497. The board of guardians have undertaken to pay?—They have undertaken to pay.

2498. Upon a scale which has been satisfactory to the medical men?—They are quite satisfied with the present scale, which is 10s. for any ordinary case, and 2l. for a difficult case.

2499. Then the board of guardians determine later whether or not it is a case for recovery from the husband or guardian?—Yes. They have not raised any difficulty of that sort up to the present time.

2500. Are you aware that they have recovered in many cases?—No; they have never claimed.

2501. But have they had to deal with a large number of such cases?—They have had a fair number, but not a very large number.

2502. Can you tell us at all how large it is?—I could not tell you the exact number, but there has been no difficulty.

2503. The Act has worked quite smoothly?—Yes.

2504. And you have noticed a considerable improvement in the homes of the poor owing to the influence of the midwives?—Yes, a very marked improvement.

2505. They do their utmost to raise the standard of sanitation in these homes that they attend?—I believe that is the reason that the infant mortality has been reduced. I cannot account for it in any other way.

2506. Have the midwives been enjoined by the local authority to use their influence in that direction, or have they done it voluntarily?—We have used them as a kind of assistant female health visitor, as it were. We have instructed them, and they have followed our instructions and done their best.

2507. And they do it cordially?—Yes; quite willingly.

2508. What is the remuneration of the midwife in Rotherham?—It varies from 5s. to the uncertified midwives, those who are not on the roll at all, who attend about 25 per cent. of the cases, and it goes up to 7s. 6d. or 10s. 6d. to the certified midwives.

2509. Now in reference to what you were saying just now as to these women who attend 25 per cent. of the cases, they will not be able to do so except under medical direction after the 1st of April 1910, and will it not be possible for you then to place midwives, trained during the twelve months that intervene, immediately they are qualified to practise?—If the people will have them, but these certificated midwives are always on the look out to get cases. They tout, and they go among the recently married people and get engagements beforehand, and some of them attend a very large number indeed.

2510. I mean there will be a demand for midwives created on the 1st of April 1910, if, as you say, 25 per cent. of the cases are now attended by persons who will then no longer be able to practise?—There will be a demand, but if the people will not have them, what then?

2511. But surely your health society will do something?—We do our best now.

2512. But surely you are opening the eyes of these persons to the coming change and preparing them for the employment of better agents, are you not?—We are trying our best, but it is very difficult to open the eyes of these people.

2513. Surely where you have got an organisation you do your best?—We do our best to get them to employ properly qualified women, but it is very difficult to persuade them to do it. They like the old-fashioned ones.

2514. But if they cannot get them, what then? Or do you think these women will still go on practising under the nominal cover of the medical men?—I am afraid they will. It seems to me that medical men work better with these unqualified women than they do with the qualified ones.

\* County Borough of Rotherham: Annual Report of the Health and Sanitary Circumstances of Rotherham for 1908.



10 March 1909.]

Dr. A. ROBINSON.

[Continued.]

2515. But having regard to the system you have in Rotherham, is that so there?—I am afraid there is a tendency that way, and I have always thought so.

2516. It will lessen in time, will it not?—It will lessen in time, no doubt.

2517. Have you any views as to improvement in the method of midwives' education; have you any recommendations to make in that regard?—With regard to the people that are selected to act?

2518. Just so, in order to equip midwives still better for the functions which they are called upon to discharge?—I think the local authorities should help to train them.

2519. You think they should?—Most decidedly.

2520. Have they sufficient powers now?—In Rotherham?

2521. Yes.—We were going to have a meeting on that question last week, but unfortunately the meeting was not held on account of one particular midwife against whom we had a *prima facie* case being ill. The meeting was adjourned, but I think that the probability is that the Corporation will do something in that way.

2522. Have they power, under the existing law, to do everything that is necessary?—If they had the spirit, they have the power, but it is the spirit they want.

2523. The spirit is wanting even in such an enlightened place as Rotherham?—I do not know that Rotherham is more enlightened than other towns, but we have an excellent town clerk, who takes a keen interest in all questions affecting public health.

2524. From the efficiency with which they administer this Act I should have thought that it would be admitted it was more enlightened?—I think that, with a little pressure, they will do what is necessary. But then you have always the medical men to contend with, who are very much opposed to the Midwives Act.

2525. Would you advocate the provision of municipal maternity homes?—No.

2526. Do you think the domiciliary treatment of these cases is quite sufficient?—I do.

2527. That is, if a sufficient supply of midwives is found?—Yes.

2528. Do you think that, when a midwife is once in practice, the remuneration is sufficient to provide her with a living?—Some of them make a very fair income.

2529. (Mrs. Hobhouse.) You have 16 certificated midwives in Rotherham now?—Yes.

2530. Are they all *bona fide* midwives?—Fourteen of our midwives were in practice before the Act, and two are qualified by examination.

2531. Fourteen *bona fide* midwives that is, and two trained?—Yes.

2532. Are they all of them working on their own account, and not in an association?—All on their own account.

2533. The trained women as well?—Yes.

2534. There is no voluntary association?—Not so far as their work is concerned.

2535. Is there a voluntary association in Rotherham for general nursing?—Not for midwifery.

2536. No, but is there for general district nursing?—Yes.

2537. But they do not deal with midwifery at all?—No.

2538. Could you tell me whether there is any arrangement in Rotherham for the training of the midwives? Is there a hospital in the town where they could be trained?—There is a workhouse hospital, the medical officer of which is an approved teacher under the Central Midwives Board.

2539. But they train for their own use, I suppose?—No, they train others as well.

2540. For what period do the pupils in midwifery attend there?—For the necessary number of cases.

2541. Will they take them in for a three or four months' course?—I think there is no definite arrangement made in that way, but Dr. Riddel, who is the certificated teacher, gets them in there to be present at confinements.

2542. Has he a class of his own?—Yes.

2543. Local women in Rotherham then could be trained if they wished?—They could be trained in that way, but there are difficulties in the way.

2544. What difficulties?—The board of guardians do not quite approve of these women coming in there for that purpose simply.

2545. You have said in answer to a question by the Chairman that you thought a maternity hospital would not be advisable in Rotherham, but would it not be helpful as a training centre?—I did not quite mean that it was not advisable, but I do not think it could be managed in Rotherham. I do not think it is big enough.

2546. What is the population of Rotherham?—65,000.

2547. Then the women of Rotherham have a difficulty in obtaining training as midwives?—Yes; on account of the difficulty in being able to attend the necessary number of cases under the approved teacher.

2548. The infirmary is not a recognised school, is it?—The workhouse infirmary is recognised by the Local Government Board as a school for the training of nurses, but the difficulty is that the guardians object to these outside women coming in just to attend cases.

2549. Can you tell me what charge they make?—Dr. Riddel makes a charge, but the guardians do not charge anything. Dr. Riddel charges a fee for his lectures. They pay five guineas. I do not know whether the fee has gone up or down, but I know he had great difficulty in getting the five guineas.

2550. Five guineas from each pupil?—From each pupil for the lectures.

2551. And the guardians charged nothing for the practical work?—No.

2552. Do you know what their reason is for objecting to the women coming there?—I think that the objection is that they do not like outside women coming into their hospital.

2553. How many have they trained in that way?—Since Dr. Riddel has been lecturing, do you mean?

2554. Yes?—I think he has had eight or ten. They have to come to Rotherham from a radius of 8 or 9 miles round. I should think he has had eight or ten in the last two or three years.

2555. That is very helpful, therefore, to the neighbourhood of Rotherham?—Yes, the neighbouring parishes have themselves paid fees for training, and these women have come into Rotherham sometimes from a distance of 4 or 5 miles to attend the necessary course of lectures.

2556. And for the practical work?—Yes.

2557. Do they live in the workhouse infirmary?—No, they do not.

2558. They come in daily?—Yes, but the main difficulty is the practical work. There is no difficulty with the lectures.

2559. They do not work a district at all from the workhouse infirmary?—No, they have not done so, at any rate.

2560. Do you know about the number of births in the infirmary yearly?—About 20 in the workhouse infirmary.

2561. Twenty yearly?—Yes.

2562. How do they manage to train 8 or 10 women on 20 births a year?—They have arranged to be called in to these cases when there was a case coming on.

2563. You say at the bottom of page 51 of your report for 1908, that the Midwives Committee of Rotherham Corporation agreed to pay a fee of one guinea to a medical man called in by the midwife, and over the page you say that the guardians give a fee of 10s. 6d. for ordinary cases and 2l. for difficult cases of confinement?—Yes. The first resolution was rescinded and the second resolution is now in operation. There has been no difficulty with the medical men since that last resolution was put in force. It was put in force towards the end of last year.

2564. (Dr. Champneys.) I did not quite catch what you thought would happen after April 1st, 1910, with regard to these unqualified women. These unqualified women, of course, will not be able, according to law, to practise as midwives any longer. Do you think that there will be any difficulty then about the proper midwives getting sufficient practice?—Yes.



10 March 1909.]

Dr. A. ROBINSON.

[Continued.]

2565. What do you think will happen with regard to the unqualified women? Do you think that in spite of the law they will still continue to practise?—I am afraid they will. I do not think there is any power to stop them.

2566. Of course they can be stopped under penalties?—Yes, quite so.

2567. But my point was this—that the Chairman asked you a similar question, and I did not quite understand how far the case was elucidated by your answers. If these women, for instance, are prosecuted one by one for practising contrary to the law, and there are qualified midwives who are waiting to come in, what would happen if the patients would refuse to call in the new proper midwife, and continue calling the others? There will not be any unqualified midwives then, because they will all be prosecuted, and the only midwives the people will be able to depend on will be the proper midwives. What do you think will happen supposing the law is rigidly administered?—Even if the law is rigidly administered, I do not think you will get a conviction. If a person is called in in that way in a hurry, I do not think any magistrate would convict if the midwife said she was called in in a case of emergency.

2568. Quite so. But supposing the woman attends, say, 20 midwifery cases in a year, do you think the magistrates would accept the fact that every one of them was a case of emergency without very good evidence?—But I do not anticipate that any woman will attend anything like that number.

2569. But taking the average practice of a midwife, how many cases do you suppose these women now practising as unqualified women attend in the year?—Five hundred, I should think.

2570. Then supposing the law is rigidly administered, they may attend 5 or 10, or, for the sake of argument, say, 20 cases as emergencies, but what about the rest? Will all the rest be unattended, or by whom will they be attended?—I should think in the course of time, as we impress upon the people, and the female health visitors impress upon the people, the necessity of calling in trained women, they will do so.

2571. But I am talking about the crisis, and I want very much to get your opinion about this, because you have, of course, great experience. On the 1st April 1910 the hour arrives. What will happen, say, in the autumn of 1910?—I think that in a town there will not be so much difficulty as there will be in the rural districts. I do not anticipate much difficulty in the borough of Rotherham, as I said to the Chairman, because in the last three years we have been impressing upon the people the necessity of having not the *bona fide* midwives, as they are called, but the properly trained ones.

2572. The *bona fide* women may practise—they are on the register?—They are on the register, but the majority of them are not at all satisfactory.

2573. What about the uncertified midwives—they will be cut off, will they not?—They will be cut off, and I have no doubt that after a few prosecutions people will not send for them.

2574. Then they will send for the proper ones?—I think they will in time.

2575. (Mr. Davy.) If they do send for the proper ones, the proper ones will have a better chance?—Most decidedly.

2576. And possibly that will attract others into the same business?—Yes.

2577. But is that not all provisional on the medical men taking rather a different attitude?—The medical men are opposed to these qualified midwives altogether. They much prefer to deal with the old "Gamps."

2578. Those who act as monthly nurses?—Yes.

2579. How is that difficulty to be got over?—I should say by subsidising suitable women, but I do not think you will ever get over the feeling of the medical men against midwives, because the younger medical men have to make their practice mostly from attending midwifery cases.

2580. What I want to get at is this. Is it altogether a matter of self-interest on the part of the medical men?—I am inclined to think it is as to a great part of it.

2581. Now just one word on your statistics as to infantile mortality. Does not two years form rather a narrow basis?—It is the same in both years, and I have seen quotations from other reports which are exactly the same.

2582. Do you produce reports which show that neither of those two years is abnormal?—I made a report in the year 1906.

2583. You have no reason to believe that those last returns are abnormal?—I do not think they are abnormal. I was surprised myself when I worked them out last year.

2584. They show a very considerable saving of lives?—Yes.

2585. That is, lives of people who would otherwise have died?—Presumably.

2586. Other than congenitally defective?—I do not think the congenitally defectives would make much difference.

2587. You attribute it entirely to better care?—I attribute it to the supervision of these midwives and the fact that they get prizes if the children live.

2588. Now in the borough of Rotherham you are advanced, are you not, in the matter of administration?—It is not often we are told that.

2589. You have health visitors?—Yes.

2590. And you have notification of births?—Yes.

2591. Then you have this voluntary association?—Yes.

2592. Is that common—do all town councils adopt the Notification of Births Act?—I believe many authorities adopt it, but I could not tell how many.

2593. Have you any suggestion to make which would better your machinery?—With regard to midwives?

2594. With regard to your sanitary arrangements?—We want some more female health visitors.

2595. Paid?—Yes, most decidedly. I think the voluntary health association are doing exactly what we do not want, by preventing us from having paid helpers.

2596. That is to say, the moderately good is the enemy of the very good?—Yes.

2597. (Mr. Pedder.) When you say in your report for 1908 that 25 per cent. of births are attended by medical men and 25 per cent. by unqualified women, are we to understand that 25 per cent. are not attended by doctors at all?—Yes.

2598. As to the 25 per cent. attended by medical men, what does that mean? Have they got women working under them?—They have a special class of their own, not midwives.

2599. Do you know at all what sort of women they are?—They are monthly nurses.

2600. How does the number attended by unqualified women, which is given as 25 per cent. in 1908, compare with 1907?—I should think it would be almost the same.

2601. So that in those two years you do not perceive an advance in the disuse of unqualified women?—No, I do not think that the cases attended by unqualified women are diminishing at all.

2602. So that it is possible there will be some friction after the 1st April 1910?—Yes, in regard to the 25 per cent., but I anticipate that, at the commencement, a certain number of these people who employ unqualified women will still have them, because they have a reputation for having a large amount of what we call in Yorkshire "churchyard luck."

2603. So that the unqualified woman will continue on her reputation until she is prosecuted?—That is what I mean. I do not think that that "churchyard luck" is a myth. I believe it is a perfectly true fact, and that some people employ these women because they think the children will not live.

2604. I did not quite appreciate that. Do you say "churchyard luck" means that the child is not going to live?—That is what I am told. It is a Yorkshire expression, but it is an expression that is generally used, and I think there is a great deal of truth in it.

2605. That is a very sinister saying, is it not, though no doubt it may be true?—It has been repeated to me by certain people, and by the visitors, that women



10 March 1909.]

Dr. A. ROBINSON.

[Continued.]

will have such and such a midwife to attend them, because she has a lot of "churchyard luck." That is the statement of members of the voluntary health association who go round visiting these people, and I am sure there is something in it.

2606. They do not want a skilful qualified woman?—They do not want the children to live.

2607. Can you say why there is such a very striking discrepancy in their practice as between different individuals out of your 16 or 18 midwives, for example, the women who attend 148 and 174 cases respectively and the women who attend a dozen or less?—I think that the 148 woman is a very good woman, and the 174 one is a very good, old-fashioned "Gamp" who has been there for years and years.

2608. And very popular?—She was a woman we had up before the Midwives Committee, or we were going to have her up, to report to the Midwives Board on, but she was so ill that she could not attend the meeting.

2609. She was one of the most popular, and you wanted to get rid of her?—That is so, and the unfortunate part of it is that this particular midwife has attended many of the wives of the committee members, and it is most difficult to get them to take any action.

2610. Are they going to deal with the matter?—Yes.

2611. Have you ever heard of any difficulty in regard to the fees of medical men called in by midwives?—No.

2612. I think you said the guardians pay without question?—Yes.

2613. And do not recover?—They do not recover. The question has never been raised.

2614. In those circumstances you have never had a refusal of a medical man to attend on being called in by a midwife?—Not since that resolution was passed, but before that we were frequently having complaints, and the medical men sent deputations to the Midwives Committee.

2615. Have you any reason to think that, now that the medical man can always get his fee, the midwife calls him more often than she otherwise would?—No, I do not think so, but the medical men go much more quickly.

2616. Is it any advantage to the midwife to call a medical man?—No, I do not think so.

2617. She would prefer to do the case herself?—I think she would now.

2618. (Mr. Fremantle.) It has been suggested in evidence to the Committee that to some extent medical men occasionally take cases in advance, but without any intention of being present at the birth, leaving it to the responsibility of the monthly nurse, in whom they feel confidence, to call them if there is anything exceptional. Now do you think that practice goes on to any extent in Rotherham?—I do not think it goes on now, but I think it used to.

2619. Do you consider it would come under the head of "covering an unqualified assistant"?—I would not go so far as that, I think. No, I do not think it would, I daresay the General Medical Council might. At present, as you know, the Act does not at all cover cases that are under the responsibility of medical men.

2620. Do you consider that it would be advisable to amend the Act in such a way as to insist that either a qualified midwife or a qualified medical man should attend every confinement?—I think it would be very desirable if you could do it.

2621. Do you think that you could do it by insisting on the registration or notification of the person conducting the confinement simultaneously with the registration or notification of the birth?—I should think so.

2622. Have you in Rotherham the Notification of Births Act actively in force?—Yes.

2623. Does that provide for the notification of the name of the person attending a confinement?—No, it does not.

2624. Do you consider that the Notification of Births Act is of value in connection with the supervision of the work of the midwives?—I think it will be when all births are notified, but last year there were between 200 and 300 births not notified. We prosecuted in about half-a-dozen cases, and got convictions, though there was no penalty, and we are proposing, at the

present time, to get a list of all the cases that were not notified during January and prosecute the whole number.

2625. How do you propose getting that list?—From the register of births.

2626. And comparing the two?—Yes. We know quite well in Rotherham which medical men in the district do not notify, and we are told of two medical men who will not notify.

2627. But under the Notification of Births Act it is not only the medical men but the other persons in attendance on the birth, is it not, who have to notify?—Yes, but we know that certain medical men in the borough have said that they absolutely refuse to notify. I sent one man 50 postcards, and he promptly put them on the back of the fire—stamped postcards, that is. But we shall probably prosecute that man, and very probably there will be a fine.

2628. Will you also prosecute the parents for equally failing to fulfil their duty?—No, we shall prosecute the medical man in that particular case, because we know exactly the district where he is practising and the reason that he has not given notification.

2629. But where there is an equal duty on the parent and on the medical man to notify, why are you going to prosecute only the one and not the other?—Because we think the medical man has told the parent not to notify.

2630. (Chairman.) Can you tell us what his reason is?—He does not approve of the notification of births. That is the only reason. There is no other.

2631. (Mr. Fremantle.) Will you tell us in what way you consider the notification of births will be useful to you, when it is complete, in supervising the work of the midwives?—Because we arrange to visit at the end of seven days every birth that is notified by a midwife. We do not attempt to visit or to take any steps with regard to a birth that is notified by a medical man.

2632. So that you mean it will complete your organisation for the work of the female health visitor?—Exactly, with the exception of cases that are attended by medical men. Medical men resent very much any interference whatsoever.

2633. On page 52 of your 1908 Report you use one phrase: "There can be no question that the Midwives' Act is emphatically a public health measure." Do you mean that in contrast to a measure of poor relief, or why do you say "emphatically a public health measure"?—Because I think we can trace these babies up from the very time of their birth.

2634. You were not contrasting it with medical relief?—No.

2635. But you were only thinking of it from a public health point of view as of very great importance?—I think it is of the very greatest importance.

2636. Because, you say, you can trace the child?—We can keep an eye upon the child practically from the moment it is born.

2637. Do you consider it also a public health measure from the point of view of its influence upon the mother too?—Yes.

2638. Have you considered it from the point of view of the influence that midwives will have in regard to recommending sanitary improvements in the home, as well as in regard to the direct effect of their advice upon the children and the mothers; I mean to say as regards general sanitation?—I think midwives are of great importance if they are managed in a reasonable way, and I believe that they help the female health visitor in giving her notice of the insanitary condition of the various houses to which they go.

2639. To what extent do they co-operate? You say somewhere in your report, "The work of the midwife" has been co-ordinated with that of the female health "visitor"—in what way is it co-ordinated?—The female health visitor is constantly in touch with these midwives, and she invites the midwife to give her notice of the insanitary condition of any property or any house, or of overcrowding, or dirt, or filth, or anything of that sort, in the house in which a confinement is likely to take place.



10 March 1909.]

Dr. A. ROBINSON.

[Continued.]

2640. Then do you think the midwife has any further influence directly in promoting health measures within the house?—I think she has a very large influence upon infantile mortality if she uses her opportunities properly.

2641. We have realised that you have taken an exceptional interest in connection with the working of this Act, and your borough of Rotherham has administered it with great keenness. Speaking as a medical officer of health, do you think it would be advisable that pressure should be brought to bear on authorities who are unwilling to administer the Act?—I do, most decidedly.

2642. Rather than that it should be left to public opinion gradually to enforce it?—Yes, I do. I think as much force as possible should be brought to bear.

2643. In what way would you suggest that definite pressure should be brought to bear on the local supervising authority to administer the Act properly?—The Government or some other high authority should do it.

2644. But you have not considered as to what

The witness withdrew.

Mrs. HEYWOOD JOHNSTONE called and examined.

2654. (Chairman.) You are the founder and President of the Rural Midwives Association, are you not?—Yes.

2655. Would you be so good as to describe to this Committee what your Association is?—It was started in order to try to get midwives placed in the rural districts.

2656. When did it come into being?—Almost immediately the Act was passed. I called a committee meeting in order to try to find out what the state of the country was, and the outcome of that was the training of midwives for rural districts—especially rural districts.

2657. And have you carried on that training to a very considerable extent?—Yes, through the Rural Midwives Association; I think 205 women have been trained.

2658. Your opportunities of training have been limited by your resources?—Yes, very much so.

2659. (Mr. Fremantle.) Do you mean that there are 205 women who have been sent up for examination?—Yes, but very very few have been plucked; I should think not half a dozen.

2660. (Chairman.) That number represents practically the number you have trained?—Yes.

2661. Do you derive your resources from voluntary subscriptions entirely?—The resources for keeping the offices up and defraying the general expenses have been raised by subscriptions. The training of the midwives has been paid for by people who were anxious to start midwives in the locality.

2662. That money has been drawn from local resources entirely?—Yes. If people required a midwife, we allowed them to have them at a fee less than the sum which it cost us. For instance, those who were subscribers would get training for 12*l*.

2663. What did it cost you?—We have been able to train them for 15*l*.

2664. That is the minimum?—Yes, that is certainly the minimum. I reckon that, in round figures, it would be about 18*l*. really.

2665. But in some cases you can do it for 15*l*.?—Yes, we can. I think it is rather more expensive now than it was when we started. The training is now, I think, more expensive.

2666. What does the course of training cover?—The keep of the probationer. She has no expenses except so much a week for washing—about eighteen pence.

2667. For how long?—It varies in different training centres, but generally they are trained four months. We very much deprecate three months only, though it is allowed.

2668. You do with as little as that?—You cannot make it longer, but you may make a double course. It takes from three to four months to do what the Central Midwives Board require in lectures, and so on.

department of the Government should do it, or how they should do it?—No, I have not.

2645. In your annual report I see you say a considerable improvement would be made on the Midwives Act if an annual report were made to the borough councils and copies of it were sent to the Local Government Board?—Yes, and the county council.

2646. That is complimentary?—Yes.

2647. It is not by Act?—No, it is not by Act.

2648. But why do you include in your own annual report those 10 pages on the administration of the Midwives Act?—Because I think it is a matter of extreme importance.

2649. To the public health pure and simple?—Yes.

2650. But are you compelled to do it?—No.

2651. Are you advised to do it?—No.

2652. By the Local Government Board, I mean?—The Local Government Board asked for remarks upon the administration of the Act.

2653. It is definitely specified among your duties that you have to report on the working of the Midwives Act as of importance to public health?—Yes.

2669. Do you give hospital training?—Not often, because it is very difficult to get it. We are quite convinced that if we cannot combine both, the district is best for training rural midwives. In fact, for rural training it is out and out the best.

2670. Your Association have been at some pains to collect statistics on the number of midwives in practice, I believe?—No, I did that entirely myself.

2671. That was your own effort?—Yes, entirely.

2672. But the results that you arrived at were to a large extent corroborated by the inquiries that the Central Midwives Board instituted?—Yes, there was really only a very slight difference in regard to the total. Neither of the results could be said to be exactly accurate.

2673. No, it is an approximate estimate, of course?—It is approximate. I include county boroughs. I began really with the area of the counties, and included them; but, so far as I can make out, the differences in the total are very slight indeed.

2674. In your judgment such shortage as it is estimated there is likely to be is more a matter of distribution than of supply?—Yes; I should say the majority of the counties are short in numbers, but it is very much more a matter of distribution than of supply; but there are some counties, especially in the large manufacturing centres, where the shortage runs to several hundreds.

2675. Therefore the difficulty is more easily got over there?—No, it is very difficult to get over it.

2676. But as a matter of distribution it is easier to deal with than supply?—No, because so many midwives will flock to the towns.

2677. But if they cannot make a living because of the number being in excess, surely they will go where there is more likelihood of being able to make a living?—No. They accumulate in the towns, but they will certainly not go to a country place where there are perhaps from 10 to 20 births in a year.

2678. But they might be employed over a wider area?—Of course I advocate their being employed over a wider area, but you will find, in a great many districts in England even, they could not in any way make it pay.

2679. But you would see no objection to their remuneration as midwives, I suppose, being supplemented by the remuneration from the practice of general nursing?—No, but even so it is very difficult. I was looking up the statistics of our West Sussex association, two or three days ago, and I calculated the number of midwives employed throughout that area, and it comes out at the rate of about three cases a year for each midwife.

2680. But on the 1st April 1910, will the demand for qualified midwives be so increased that the possibility of obtaining a livelihood will not present so great a



10 March 1909.]

Mrs. HEYWOOD JOHNSTONE.

[Continued.]

difficulty?—No doubt it will be increased, but I do not think it will be increased to that extent.

2681. Have you any idea of how many women, now acting as midwives, will then be supplanted by the operation of the law?—No, it is quite impossible to ascertain that. There is no ground to go on.

2682. Have you any conjectural estimate?—No, I have not. It is so difficult. I have asked doctors, and they tell me it is impossible to discover these women, and I suppose you can only discover that by the statistics of the birth-rate. But there again no register is kept of the qualified women who attend at present.

2683. But would it not be possible, through certain local agents, to ascertain in certain areas facts which might be approximately representative of the whole country?—I asked our own country doctor, and he told me it was impossible really to discover these women.

2684. Would not the relieving officer, or medical officer of health, do something?—No. I have tried very hard, and it is impossible. Perhaps one woman will only take two or three cases, because they only want it as an adjunct to poor law relief.

2685. Then that one could hardly be hit, because she could hardly be described as doing it habitually and for gain. It must be both for gain and habitual?—Yes, but because she does not do it habitually, it does not exempt her from doing it for gain.

2686. I think the reading of the Act would be that if she did it for gain, occasionally, she is not to be hit?—I do not know, of course.

2687. The two things are combined?—I do not think a lawyer will accept that.

2688. On the contrary, that is the legal interpretation of the Act?—No, I have always understood they draw the line at being paid for it.

2689. No, it is "habitually and for gain," and not "or for gain." The whole difference turns on that?—I do not think that is so.

2690. You seem to think that the number of *bona fide* midwives is likely to diminish rapidly in the near future?—I think so.

2691. But why do you think that? Why should they be likely to give up their present practice?—Where I have asked, I have found they are diminishing very rapidly. Some of them are frightened of the Act. They are afraid, for instance, that when they make mistakes and go wrong, they are liable to be punished by law.

2692. You think the disciplinary administration of the Midwives Board has had a very deterrent effect on the practice of these women?—I do not think it did at first, but it is gradually doing so more. Then most of these women are more or less aged, and they would naturally drop off.

2693. Do you mean the reputation of the Midwives Board for rigour is increasing?—No, I do not think so. I think the women are more alive to the fact that they are under the law.

2694. And they are not prepared to face the music?—No, but principally I should think it is the fact that these women are mostly over 50; they have taken it up when all other trades have failed; and are no good for anything else.

2695. Have you formed any opinion as to whether the resources for training midwives should be supplemented at all?—Yes, I do most decidedly think that it is absolutely necessary, if we are to supply the country, that we should have some assistance.

2696. But do you mean, by way of increasing the power of assisting training that the county councils at present enjoy?—Certainly; I should say a grant must come from the Government, but I should give it through the county councils.

2697. You think a State grant is necessary?—Absolutely necessary, if we are to meet the demand.

2698. But why should it not be met by the action of voluntary associations in conjunction with such powers of subsidy as the county councils already possess, or might be entrusted with?—I think the power the county councils possess is very limited, as you know.

2699. I know it is limited.—It is very limited. I have a list here which shows exactly what they give.

2700. But we have a list which shows that, where the county councils exercise their powers, a sufficient supply has been more or less provided?—No, not surely in one county. I think the highest amount that has been given is about 400*l.*, which represents the training of 20 women.

2701. That may be, but we have had evidence to show that, in a very great many counties, there is no deficiency and not likely to be one?—In many counties there is no deficiency, but not in the majority.

2702. There is not likely to be a deficiency in the future?—But you must recollect that where there is no deficiency there are always all these *bona fide* midwives and untrained women at work, who must shortly be supplanted; and just consider for one moment what these counties which are the very best are doing. They are doing their level best, and they cannot do more.

2703. But you cannot tell me exactly how many of these acting women are likely to be supplanted, and therefore it is impossible to say how many of the new ones will find places?—I cannot tell, but if you compare the birth-rate with the number of trained women in the county, there is a deficiency.

2704. But there may be a large number of cases for which it is possible to obtain doctors?—There may be, but, allowing for that, it still is so.

2705. In Sussex I am told, for instance, that a great number of cases are attended by doctors?—There are a great many attended by doctors, but still I can only repeat the remark that our own doctor made to us, and West Sussex is not the only place I have worked in. I said to the doctor, "at any rate, here we are well off; we have so many trained women"; and he said, "you have no idea what a number of these women there are."

2706. In other parts of the country there are provident clubs that provide for cases?—They do provide something.

2707. Do they not provide all the attendance required?—I do not think so.

2708. You may not have heard so?—Perhaps not. — 2709. But how would you propose that any State subsidy, supposing such a grant were made, should be administered?—I should have it given to the county councils to be administered through their delegated authorities.

2710. Do you mean some annual sum?—At any rate a present sum. I should prefer it to be annual, but the want will diminish as time goes on.

2711. Just so, and you think a vote of, say, 25,000*l.* might be of use, do you?—Yes, but my notion is that it would take about 80,000*l.* The amount I have put down here according to my statistics is 83,360*l.*, but since then it has rather decreased.

2712. Assuming you had such a foundation for assisting training, do you believe that you would get quite a sufficient number of candidates?—I think we should, because I observe that the candidates are coming forward much more freely than they were. I get a great many applications.

2713. You suggest that, if such a system were established, the women who are trained under it might, in accordance with the Irish practice, be bound to attend cases required under the poor law?—Yes, if they had remuneration.

2714. Do you know anything about the Irish dispensary system?—Yes, I do.

2715. Do you think it is a system that could with modifications be adopted generally in this country?—So far as my knowledge goes, I should say it might very usefully be adopted. I have found that the poor law authorities—that is, the guardians—are willing, as it is, to give a certain subsidy where they know there are acting midwives; but where that hits hard is in the places they are most required, because the rates prevent the guardians from being generous.

2716. Is that the case in Ireland?—No, I am speaking of English cases.

2717. Do you think that the examinations of the Central Midwives Board are quite up to the standard you wish to see adopted?—I should not wish them to be any more severe in any way at all.



10 March 1909.]

Mrs. HEYWOOD JOHNSTONE.

[Continued.]

2718. You think they are severe enough, do you?—Yes, I should say they are quite.

2719. Then in point of fact you are quite satisfied with them as they are?—Yes, I think I am.

2720. Do you think the written examination has any terrors for the women who offer themselves?—Yes, I most certainly think it has, because people in that class are not used to examinations.

2721. But do you not think that the terror created by this literary examination might be dissipated by a little explanation as to what it really means?—I think, even if they have it explained, it is always difficult for people to do that which they are not accustomed to, and in that class especially.

2722. Do you think they fail in the *videlicet* part owing to nervousness?—Yes, occasionally, but much less often now.

2723. You say in your *précis* that "the Committee of the Rural Midwives Association suggest that all recognised schools should be authorised to supervise the written examination papers set by the Central Midwives Board." May I ask what you mean by that?—I must honestly say that that is not my suggestion. It was the suggestion of the committee.

2724. And you do not agree with it?—I do not.

2725. Why do you not agree with it?—I apprehend the suggestion means that the examination paper should be sent down to the training centres, and it should be supervised by the trainers at the training institute. They could send them by post.

2726. You mean they could revise the papers?—No, I imagine they should supervise them.

2727. But do you mean supervise in the sense of revising them?—Yes, I suppose so. But I cannot tell, because I only know what was written, but I concluded that they might supervise them and send them up to be finally accepted by the Central Midwives Board.

2728. But would you suggest that any revision of the examination paper which this Association might wish to introduce should be accepted by the Central Midwives Board? Is that the idea, or is it merely a suggestion?—That I really honestly cannot tell.

2729. (*Dr. Champneys*.) Do you not agree that they should do what is called invigilating, that is to say have the written examination going on, say, in a school under supervision? Is that what you mean? You do not mean to say that they should criticise and cut examination papers about, do you?—I say that they should be sent down to the school, and they should write them under the supervision of the local trainer, and then the written papers should be sent to the Midwives Board.

2730. (*Chairman*.) Is that what you think is meant?—Yes. But I do not feel prepared to accept it, personally.

2731. But you think too long an interval elapses now between the written and the oral examinations?—Since I wrote that paper I have ascertained that the time between the two examinations is very much shorter than it used to be. It is only a matter of a few days, but even that is very inconvenient when the probationers come up from the other end of England; still it is very much less difficult than it used to be.

2732. Do you think that any reduction in the number of cases might be permitted?—I thoroughly disapprove of that personally.

2733. Do you not think that some diminution in the number of cases might be permitted if it were a question of admitting nurses of some experience to the roll of midwives?—It might be, but it would be very difficult to draw the line.

2734. But you will admit that, if it were practicable to draw the line, your objection to the proposal in principle would be very much diminished in the case of nurses who had some considerable experience, and who wanted to qualify for admission to the roll?—I do not think you will find many such cases.

2735. But assuming there were nurses who had been in practice for two or three or four years. What do you say then?—I am afraid I must answer in my own way, and say that I do not think there are a sufficient number of nurses to make it worth while making that suggestion.

2736. Possibly; but supposing there were a sufficient number willing to qualify as midwives, do you think that it would be a dangerous precedent to reduce the number of cases?—I think it would be very dangerous, because I think there are very very few nurses in that position. When you use the word "nurses" it begs the question, because a nurse may not necessarily ever have seen a midwifery case.

2737. But every nurse has had of necessity a good deal of clinical practice generally?—Yes, but not in maternity cases.

2738. No, but the conditions of nursing are very much the same in both, are they not?—Oh, no.

2739. But, surely. I must press that point as to the conditions of nursing being often very much the same, whether the cases are midwifery cases or not?—You might not say so, perhaps, if you saw the maternity cases.

2740. Yes, the maternity cases.—But there are schools and shoals of nurses who have never had any teaching whatever in maternity work.

2741. No, but persons of general experience as nurses might be admitted to the roll on a smaller number of cases than the class of person who has had no nursing experience at all. That is the point.—I do not think so. I think the two are absolutely distinct.

2742. How would you suggest that training centres should be more generally diffused throughout the country?—By starting them in the different towns. It would be absolutely easy to do so.

2743. Do you think that sufficient use has been made of poor law infirmaries for the purpose of training?—I have not a great deal of knowledge of that, and I must honestly confess that in one or two instances where I have employed the poor law infirmary, there has not been sufficient devotion to the subject. It has been too much mixed up with other work, but this could very easily be altered.

2744. Would you advocate granting powers to the municipal authorities to establish maternity homes, or do you prefer the domiciliary treatment of those cases?—I prefer the domiciliary treatment. I believe it answers very well, and I believe it is a known fact that it is much healthier, even in the slums.

2745. It tends, I suppose, to raise the standard of treatment, and the standard of life at home?—Yes; but I did not think of that. There is also the consideration that it essentially gives the probationer far more opportunity of learning how to treat the patient in her own home.

2746. You advocate, I understand, an addition to the information now given in the case of notification\* of births, so as to include the name of the midwife in attendance?—I think it would be very helpful indeed.

2747. With what object?—It would enable us to know, and to know definitely, how many births really were attended by these midwives, and it would therefore show us, in a measure, how far the Act was being evaded. That is one reason.

2748. You know that the effect of the Act has been, so far as one can judge from statistics, to diminish the number of cases of puerperal fever?—Yes. Except in one year, it has gone down.

2749. In every year since the Act has come into operation it has been less than 100 for every million of females living. You know that, do you not?—Yes, but I take the whole number.

2750. You know that whereas, in 1902, which was the year that the Act was passed, there were 118 cases of deaths from puerperal sepsis per million living females, it fell in the following year to 97, and in the last year for which we have statistics it only reached 91?—Yes, but I put down the whole number in England and Wales, and from 1901 to 1907 it had diminished from 2,077 to 1,465.

2751. Those are practically the same figures?—Yes.

2752. (*Mrs. Hobhouse*.) Will you tell the Committee whether the demand for trained midwives has increased in the country districts?—Yes, I think it has, very decidedly, in my small experience.

\* See Questions Nos. 2831-43.



10 March 1909.]

Mrs. HEYWOOD JOHNSTONE.

[Continued.]

2753. Since the foundation of the Association, that is?—Yes, and I think it has gone on gradually in the places which I know of.

2754. Therefore the increase of the voluntary associations throughout the country has been considerable?—Certainly. It has increased, I am sure, with very great rapidity. I am working now in Cornwall, and it is extraordinary how quickly it has been taken up. I think I have started four or five associations within the year.

2755. Do you find that the demand for general training for the midwife has also increased?—Yes, I do. Among the poor people themselves there is a very strong demand for general training accompanied by midwifery.

2756. That general training is provided by the Association, is it not?—The Rural Midwives Association do you mean?

2757. Yes.—It is not provided by them, for the simple reason that they have not the funds to do more than their proper work, but they are always willing to do it for those who are willing to pay for it.

2758. Can you tell us what number of women there are in training at the present moment under the Association?—No, I do not know the number at the present moment.

2759. They are not included in the 205, I think?—No, they are not. I am not sure how many we have in training at the present moment.

2760. You say that there is no shortage of candidates?—Not in my small experience. If I put one advertisement in a county newspaper I always get answers directly. Of course they require a good deal of sifting.

2761. Do you find that the class of candidate has improved at all within the last few years?—Generally I find I get rather a higher class than I exactly want. That is the difficulty.

2762. You get too good a class?—I am rather inclined to think so; because our essential rule is that the midwife should be in the cottages and helping in the mother's place, if required. I do not know whether I might just say one thing with regard to the assistance from the county council, although it is not in my précis.

2763. (Chairman.) Certainly.—I do not know, of course, if it would be possible, but in the event of any grant being given to the county councils, I think the distribution of it should be done through the delegated authorities, if possible, because they generally have some members on their committee with practical knowledge, and it would, therefore, be done much more wisely and, I think, impartially. I also should very much wish, if it were possible, to have some part of the grant administered by the poor law authorities, because they are willing to help. But in very poor places, where the help is most wanted, the high poor rates will not allow of their helping.

2764. (Mr. Dacy.) What do you mean by the delegated authorities; is it the rural district councils?—No, the Midwives Committee whom the county council appoint, and to whom they delegate their authority. They have power by the Act to delegate their authority to such a committee, and there are also a few instances where they delegate their authority to the sanitary and other committees.

2765. Then you suggest that the county council should do it by committee?—No, but that the county council, say, should hand it over to their delegated authority, and say, "Here is 1,000*l.*" or whatever it is, "will you distribute it as it is required in the county?" My reason for saying that is that the county councils themselves, especially the chairmen, are very often absolutely ignorant of the requirements of the Midwives Act.

2766. Possibly they are very busy?—Yes, but we are all very busy.

2767. Now, have you anything to say about the relations between medical men and midwives?—Yes, I can say a good deal about it. But I am in the fortunate position of almost invariably making friends with the doctors. I have got a doctor now who, though he fought me for all he knew over the question

of employing midwives, is now one of my closest supporters. I think there are several things which make the doctors fear the midwife, but, of course, they naturally fear losing any part of their pecuniary resources, and, I think, in some of these small places there are rather old-fashioned doctors sometimes, and they do not want any new-fangled notions. I really do think that is a factor in it.

2768. You mean as to excessive cleanliness, do you?—Yes, that is so. But as a matter of payment, I should be very glad to see it stated that the doctor should be paid, though I do not think the grievance is anything like what it sounds, because in cases where there is poor law relief, and even where there is not, they do get assistance through the guardians in individual cases.

2769. Do you find that boards of guardians pay those extra fees as a rule?—Yes, they have been most kind when I have applied for them.

2770. To persons other than poor law persons?—How do you mean?

2771. We are discussing now the fee paid to the medical man coming in at the request of the midwife. We have to consider how he should be paid.—But that is if he is not a poor law officer?

2772. Yes. Do you find that the boards of guardians pay him?—I do not know about the doctor, but in Cornwall and Sussex they give a grant to us as a nursing association, and we pay for the nursing of the cases.

2773. Would the guardians give a grant to you as an association?—Yes, and they do.

2774. And then you would pay it to the doctor?—I should pay it to the doctor, or use it in some other way. They do not limit me to giving it to the doctor.

2775. But I suppose practically all the medical men in cases like yours are medical officers, are they not?—Yes, I suppose they are. What I feel is that in the case of any other particular illness, like scarlet fever, or anything of that kind, if it arises, the doctor is sent for, and there is no arrangement made beforehand that he should be paid, and I do not see that he is worse off in this case of confinement. A doctor can, I think, although he is not a poor law officer, claim payment, if he has been called in in an emergency, provided that the case is a destitute one.

2776. Yes, he can claim payment, but the trouble is that occasionally he does not get payment, although he is claiming what the guardians should pay. But you tell me the guardians do in your experience pay in those cases somehow or other?—Not habitually, but they do in cases that I know of. But of course my experience is limited.

2777. They do in the majority, then?—Perhaps.

2778. (Dr. Champneys.) I see in your précis you say "Neither would I admit a second or lower class of midwife," and so on. Do you think that, in regard to the question which has been already raised, it would be safe to let a woman practise midwifery if she had attended any less number of cases than 20?—No, not as a rule—I do not think it would be safe. There are such a very great variety of cases, which she would not have an opportunity of seeing. Of course with 20 that may also be the case; but in a good training institution they always try to make it a good many more than 20.

2779. Quite so. I know it is so, and also if they can afford it, they make the training longer than three months, do they not?—Yes, in my training home it is four months. It is advisable that, after having passed, they should practise before they go out, and in my own training home I like them to go back free and work for another month, or two if they like.

2780. That is to say that, although three months is the minimum, you consider it a very short minimum, and it should be supplemented if possible before the midwife goes into practice?—Yes, especially in the case of a probationer from the cottage class.

2781. Is it your experience that in villages the women find that if they get, I will not call it an inferior midwife, but socially an inferior class of midwife, they are more useful in the house than those more highly trained?—Decidedly so.



10 March 1909.]

Mrs. HEYWOOD JOHNSTONE.

[Continued.]

2782. Have you any views as to the question of rural midwives nursing other cases, not infectious cases, but cases which they can nurse, of general medicine and surgery?—I would rather they were entirely midwives. But there are two distinct systems, and the system which is generally followed by the members of the Rural Midwives Association is a very safe one. When they go to a maternity case they stay with that case for a fortnight, and they do not do general work at the same time. In the district nursing they can go to cancers and all sorts of cases in the afternoon, and to maternity cases in the morning, and I think that is less safe.

2783. But supposing the cases are carefully selected, would not the danger be diminished?—Very much so; and I find that I have to do away with my theories in practice. It is impossible to do the work at present without mixing the two. Where you have a large association, and there are three or four nurses, naturally one or two of them generally take all the midwifery cases.

2784. Now with regard to the case of the written examination, I should very much like to know what your impression is as to the way in which candidates are passed or rejected; whether it is by adding up marks and saying they have not got so many marks, and, therefore, they are rejected, or in what way do you believe the award is arrived at by the examiners?—I cannot speak with very great certainty, but I am almost certain that they are given marks for their powers of answering.

2785. You mean by adding up 1, 2, 3, 4, and so on?—I do not mean they are given marks for special things, and I am told the examiners are most indulgent with women coming up from the country. In London they are.

2786. Is it your impression that marks 1, 2, 3, and 4 are given for the paper?—Yes.

2787. And so with the oral examination; and that these marks are added together, and the midwives who come below a certain number are rejected?—I believe so.

2788. May I tell you that that is not so. The examiners take the whole of the examination together. They have no marks numerically, at all.—Then has that always been so?

2789. Always.—Because I was thinking of a special case.

2790. That has always been so. I have organised the examination papers at the London examinations, and I have the provincial examiners up to London and send the London examiners down into the provinces, and so get the thing absolutely equal. That is to say, the point considered is, is this woman safe to practise or not, and there is no other criterion than that. Perhaps you will let that be known as far as you can?—I will; because I certainly thought that I knew to the contrary.

2791. But it is not so.—I thought so, because of a special case which came before me.

2792. It is not so, and it has never been so.—No.

2793. (Mr. Pedder.) This recommendation of yours that there should be a Government grant is with reference to the further improvement of midwives, is it not?—Yes.

2794. It has no special reference to the crisis of 1910?—Not only for 1910; the crisis may be greater in the next year.

2795. But what do you expect in 1910?—I do not think, with the staff we have now throughout the country, that we really could meet the difficulty properly.

2796. But do you want the operation of the Act postponed?—No, most certainly not, because I do not think anything postponed ever comes up again as well as before. The Act has given us this loophole, that we might all attend a woman in emergency—that anyone might, though not trained.

2797. That will smooth over the crisis?—Yes.

2798. You merely want to promote and foster the supply of midwives?—Yes, I do.

2799. Do you undertake to find places for all the women you train?—Yes, we train the women and they are always taken up before they are ready to go out.

2800. Why do you advertise? Is it because you have got a vacancy for training a woman, or because you have been asked for a midwife?—No, but we know the demand exists and is greater than the supply, and those wanting a midwife for their villages sometimes have to wait a long time.

2801. But what makes you advertise? Do you advertise for a woman to come and be trained?—We advertise and offer her free training if she will nurse, say, for three years.

2802. What starts you advertising?—My reason originally was that I knew midwives were wanted throughout the country, and I wanted in that way to do the country good.

2803. You advertise according to the state of your funds?—Yes, that is so.

2804. Then when you get an opportunity of training a woman, you try to avail yourselves of it?—Yes, but it is not one woman. It is half a dozen at a time, or more than that.

2805. Do you spend any of your funds on maintaining the midwives afterwards?—No, but we have a clause in the rules of our association to the effect that we will give a grant to very poor districts, but we have not done it in more than two or three instances, because we could not spare the funds.

2806. That is to the local associations?—Yes.

2807. But the local associations support the midwife whom they employ?—Yes.

2808. And on your system the midwife has to stay in the patient's house if possible?—We leave the associations to settle that. We make the woman herself willing to stay in the house if it is required.

2809. That of course limits the number of cases?—Yes, it does limit the number, but, of course, if there are two pretty close together they work them in.

2810. In neighbouring houses?—Yes.

2811. That is a mere accident, of course?—Of course in towns that would be quite different. In towns, the district nurse might do it even better, going in and out of the same street. But if it were a district where the cases are three or four miles apart, they could not take much more than one or two in that way.

2812. (Mr. Fremantle.) We see your Association represents a very wide area of the country, especially of rural districts?—Yes.

2813. You say that there will be a considerable shortage, and you suggest that a grant should be made for training and for travelling expenses?—Yes.

2814. Do you think that that grant for training and for travelling expenses will meet the shortage next year?—I certainly do think it will.

2815. Simply a grant for training?—There will be a little difficulty at first.

2816. But is it your experience then that midwives in the country districts would make a sufficient income if they were simply paid their travelling expenses?—No, I do not think so. I lean first of all upon the associations to attend midwifery and nursing, and I lean also a little upon those women who take this occupation up while having other occupations, as untrained midwives hitherto have done.

2817. You think then that those women will come forward in greater numbers than they have hitherto done?—I am perfectly sure they will. They seem to be just waking up now to the fact that it is a good occupation for respectable women, and especially for women who have homes, and time on their hands.

2818. Now if that is so in the districts that are well represented on the Association, what as regards those counties—because I suppose there are some—which are not represented on your Association? What do you think will be the future of them? Do you think they will be roused up to form county associations, and so on?—Of course there is that other very large system known as Queen Victoria's Jubilee Institute, which has within the last two or three years taken up this question also, and they in their own way are trying very hard to do as we are doing. I suppose there are counties



10 March 1909.]

Mrs. HEYWOOD JOHNSTONE.

[Continued.]

where there is no nursing association, but I think they are rapidly decreasing. Wales is the worst, I think.

2819. Does your Association tackle those counties that have not at present county nursing associations, or any representative on your Association?—No, we wait till we are asked. There is a great deal of energy abroad among people who are interested in this work, and they are trying to start associations where there have been none hitherto, and it is extraordinary how infectious they are.

2820. Then you appear to trust to natural circumstances, and you think that the demand will create the supply after the next year, in present circumstances?—I should say so, in a great measure, if funds are available.

2821. I think you say in your précis that candidates are not lacking. Then you say, "I have far more applications now than before." Does that mean you, personally, or the Association?—I did mean myself personally, but I can say the same, I think, for the Rural Midwives Association. We always have applications, and very often we have had to delay candidates because we had not sufficient funds to train them, and we had to ask them to wait a few months.

2822. You say in your précis that training centres can always be self-paying if a charge of 16 to 20 guineas is made for probationers?—Yes, of course, I go by my own experience. I find I was 50*l.* to the good last year.

2823. For instance, you mean that, supposing there are 10 probationers in the year, there would be 160 to 200 guineas; would that be sufficient to support a home?—No, I think not, because the smaller it is, the more expensive it would be.

2824. You mean to qualify your statement by saying, "homes that take 20 in the year"?—I think that would be wiser.

2825. You recommend the establishment of training homes throughout the different counties?—In populous areas.

2826. It will take some time to get as many as 20 probationers at 20 confinements, because that is 400 confinements a year, so that during that time it must be run at a loss?—At my own home we had plenty in the second year, but I do speak also there of the initial expense of starting.

2827. Then you would exclude the initial expense?—Yes, I would, though you may bring in a percentage on the capital very soon.

2828. But you would include interest on capital and the cost of the house?—Yes, I have found that was so in London. I also know of several most excellent homes which have been started by midwives themselves for their own livelihood.

2829. Why do you say that the number of probationers should be carefully restricted, then, where such homes exist?—Where the small ones exist, is it not?

2830. Yes, the smaller ones give less opportunity, and they are more expensive in proportion, and the number of probationers should be carefully restricted where they exist, you say?—That is because there is a tendency to evade the requirements as to the number of cases in order to pass more probationers. We had a case of that kind before our Association, where they

had made an erroneous return. I had one, I think, where a woman had only seen eight cases.

2831. Now, in regard to your evidence on the subject of the notification of births, do you know that the Notification of Births Act is an adoptive Act, and that it has not been adopted throughout the greater part of the rural districts?—But surely there are returns locally made under the Notification of Births Act.

2832. Do you mean registration?—Yes.

2833. That is six weeks after birth?—Yes.

2834. You mean that and not notification?—Yes. I do not think I understood the difference.

2835. You have not considered the question of the difference between the registration of births and the Notification of Births Act?—No. There is a new law about notification within 48 hours?

2836. Yes.—That would make it easy.

2837. Your remarks in your précis are to the effect that it would be very advisable to have an additional column in the notification of births, but what you really meant is the register of births?—Notification of births is within 48 hours?

2838. Yes.—Then in that case I suppose I meant the register.

2839. (Chairman.) It is not compulsory upon the whole country. It is merely an adoptive law.—I understand.

2840. It is within the option of a place to adopt it or not.—Then the registration still takes place within six weeks.

2841. Yes.—Then it could still be done through registration.

2842. (Mr. Fremantle.) You think it might be a good suggestion to have this extra column in both cases?—Yes.

2843. But you are laying stress on the notification of births, and in this matter you represent the Rural Midwives Association, but you know now that the Notification of Births Act has practically not been adopted anywhere in rural districts. Do you suggest it should be adopted there?—I was in the last paragraph thinking of the whole question, and not as to the effect on our Rural Midwives Association in any way. I was thinking that, for the good of the country, we should really know how the midwives were acting.

2844. (Chairman.) You say that your experience has, to a very large extent, been in the county of Cornwall?—Yes.

2845. It has been suggested to us in the course of this inquiry that the difficulty in regard to the attitude of medical men towards midwives has been rather acute in that county?—Yes, it has been, I am told.

2846. Is that your experience?—No, because it has passed through the county nursing association chiefly.

2847. Then within your knowledge there has been no difficulty?—No, I have had none, and I have gone direct to the local doctors.

2848. (Mr. Davy.) What union have you to do with chiefly?—I am in several unions, but I go a great deal round the Lizard, and beyond Truro, and all round that way.

2849. (Mr. Pedder.) Do you go up to the north of the county?—No, I have not worked in the north.

The witness withdrew.



## SIXTH DAY.

Wednesday, 17th March 1909.

PRESENT:

MRS. CHARLES HOBHOUSE (*in the Chair*).Dr. F. H. CHAMPNEYS.  
Dr. A. H. DOWNES.Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Dr. E. W. HOPE called and examined.

2850. (*Mrs. Hobhouse.*) You are the Medical Officer of Health for the City of Liverpool?—Yes.

2851. How long have you held that post?—I have held that post for about 15 years. Prior to that, for a number of years, I was Deputy Medical Officer. The city now has a very large population—a little more than three-quarters of a million.

2852. You are also Professor of Public Health in the University of Liverpool?—Yes.

2853. You say the Midwives Act has worked harmoniously in Liverpool?—Yes, without any hitch that I am aware of.

2854. You mean as regards medical men?—I mean as regards medical men and as regards midwives themselves, and as regards their patients and the boards of guardians, and others with whom they have to come in contact.

2855. What is the number of midwives in the city?—We have 317 at present on the roll certified by the Central Midwives Board. I have the roll here, and I will hand it to you, together with a circular letter which we find it convenient to send to every known midwife, with the object of keeping the roll correct. I know of no other way of keeping it correct. (*The Witness handed in the following letter;—*) “Public Health Department, Municipal Buildings, Dale Street, Liverpool, 21st December, 1908. Madam, I beg to call your attention to the following extract from the Midwives Act, 1902:—Section 10. ‘Every woman certified under this Act shall, before holding herself out as a practising midwife or commencing to practise as a midwife, in any area, give notice in writing of her intention so to do to the local supervising authority, . . . and shall give a like notice in the month of January in every year thereafter during which she continues to practise in such area. . . . 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.’ I shall, therefore, be obliged if you will kindly fill up the accompanying form (if you do not intend to practise kindly fill up the form as far as it applies to you) and return it to this office as soon as convenient, in order that your name and address may correctly appear in the Midwives Roll for next year. Yours faithfully, E. W. Hope, Medical Officer of Health.”

2856. How many of your midwives in Liverpool are trained women?—317 are certified under the Midwives Act, and 276 of them hold certificates from bodies approved by the Central Midwives Board, and 41 were certified as having been in *bona fide* practice prior to 1901.

2857. You have only 41 therefore who are untrained?—Yes, 41 is the total number of those.

2858. But are there other women who are practising?—Yes, there are twenty who are known to be practising, and who are not certified under the Midwives Act. Eleven of this number hold qualifying certificates, but

they failed for some reason or another, I do not understand what, to take advantage of the opportunities of being certified that were offered them. They might quite easily have been certified. Then as to the remainder who hold no qualification, they are mostly old women who are gradually giving up practice.

2859. So you have a very small percentage of untrained women out of the total number?—Very small indeed, I am glad to say. I think that is partly owing to the fact that the late Mr. Rathbone and others took up the question of nursing and midwives, and so on, many years ago, and as the result of that most of the midwives have had some kind of training.

2860. Liverpool is, to a certain extent, held up as a model city, is it not?—Yes, in those two particulars.

2861. Can you tell me the number of midwives who are working on their own account, as against those who are supported by institutions?—Yes. The number of women practising midwifery on their own account at the end of last year was 173, which is a slight increase on the previous years. Then there are 45 employed in public institutions as midwives or maternity nurses, and 99 are employed in private practice under the direction of a medical practitioner, or in some other way.

2862. Does private practice mean practising among the richer people of Liverpool?—Yes, the better class people who employ midwives.

2863. But they do not act as midwives?—They act as midwives, but they do not take charge of the cases. They act under the direction of the doctor.

2864. As to those 173 who are in practice on their own account, are they earning a satisfactory living, so far as you know?—Yes, I think they are.

2865. Are they able to support themselves upon their earnings?—Yes, very well. They seem to have a uniform fee, and it is almost always 10s. 6d. There are instances, no doubt, when the whole of that fee cannot be recovered; but some of the midwives—that is, the popular ones—charge more than that.

2866. And the fee is usually paid?—Yes.

2867. Where do your candidates who are training in Liverpool have to go to for their examination for the Central Midwives Board certificate?—At present I think they have to go either to London or to Manchester.

2868. Is no examination held in Liverpool?—Not yet, but I think it would be desirable that it should be arranged if possible, because the number of candidates coming from Liverpool itself is fairly large, and then there are others coming from the surrounding districts; from North Wales, for example, and different parts of West Lancashire and Cheshire.

2869. What training schools have you at Liverpool?—There is the Ladies' Charity and Lying-in Hospital, the West Derby Union Infirmary at Walton, and the Parish Infirmary, Brownlow Hill. All those are authorised institutions. In addition there is another authorised institution, the Toxteth Infirmary. We have three boards of guardians in Liverpool. One is represented by the Toxteth Infirmary—those are the Toxteth Park guardians. Then we have the West Derby guardians with the Walton Infirmary,



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

and what they call the Select Vestry—the central board of guardians, that is—who own the Parish Infirmary at Brownlow Hill. All those places are available for instruction.

2870. Are they all available as recognised schools?—Yes.

2871. Then you have five recognised schools in Liverpool?—No; I may have mentioned one twice over. They are the Ladies' Charity and Lying-in Hospital, the Parish Infirmary at Brownlow Hill, the Walton Infirmary, and the Toxteth Infirmary, which is not at present being used as a training place.

2872. Is there any reason for that?—I think they have not enough patients. I think that is largely the reason.

2873. But it is a recognised school?—It is a recognised school, and a very excellent one, too.

2874. Can you tell us about how many candidates are trained in Liverpool yearly?—Yes, I think I can give you the numbers. I should think it would be about 30 or 40; but of course these institutions could take more than that if the candidates were forthcoming.

2875. Do you mean they have a sufficient number of births?—Quite.

2876. Do you consider that an examination held by the Central Midwives Board in Liverpool would increase the number of candidates?—Yes, I do. I think it would increase the number, and I think that every difficulty, however slight it may appear to be, should be removed from their way. As there is a need of midwives it is desirable to give every possible encouragement.

2877. What is the usual fee charged for training in these centres?—About 15 guineas approximately.

2878. Does that include three or four months' training?—Three months, and a certain amount of board is, I suppose, included in that.

2879. Complete board, would it not be?—Yes, I suppose so. Then, in addition to these training places, there are of course certain private practitioners sanctioned by the Central Midwives Board, who are available to a certain extent, I cannot say precisely how much. The practice appears to be for the candidate to reside with the midwife, and to attend the usual lectures and so on that are necessary. In order to get the necessary number of cases she lives with the midwife, and that is, of course, a very good plan. I have a circular from one of the authorised teachers which I will hand in, which was given to me by a lady doctor, Dr. Joyce (*handing in circular*).

2880. Is there any centre in Liverpool for lectures to the people?—No.

2881. Lectures are given in the four different training schools?—Yes.

2882. There is no combination for lectures?—No, they are separate and distinct training schools altogether. The Ladies' Charity and Lying-in Hospital can take twenty-six pupils every four months for midwifery training. The present lecture room accommodates about sixty pupils at one time. At the Parish Infirmary, Brownlow Hill, from thirty to thirty-five pupils can be received at one time. There is considerable room for increasing the number of persons training as midwives.

2883. The majority of the births attended by the midwives are taken by those working for the Ladies' Charity and Lying-in Hospital, are they not?—Yes. The reason is probably that it is the oldest training body.

2884. Are they all domiciliary cases?—No. There are a few included in the number who are taken into the hospital; but they are mostly domiciliary cases.

2885. The Ladies' Charity and Lying-in Hospital is an in-patient institution, is it not?—Yes, with about 30 or 40 beds, but it is contemplated to increase that number. The money, I think, has been provided, and upon certain conditions the work will be proceeded with at once.

2886. Therefore, the training of their pupil-midwives comprises both hospital and district work?—Yes, both hospital and district work.

2887. You mention that the Act has been instrumental in stimulating midwives to form a midwives' association?—Yes.

2888. Will you give us an outline of the object of that association?—The object of it is, or I presume it was in the first instance, to improve the status of the midwives, and to enable them to act in concert in any matter affecting their calling. The result of it has been that I myself, or those concerned in dealing with midwives, have been able very easily to get into touch with them as a body. Instead of dealing with individual women, we have the great advantage of dealing with an association, which simplifies matters very much. Then medical men and others interested in midwifery have given a series of lectures to the association. I have the syllabus of those lectures. (*Handing in syllabus*.) No fee is charged for them at all, and they help to keep alive the interest in certain matters that otherwise might flag.

2889. Does the association include the *bonâ fide* midwives?—Yes; only certified midwives.

2890. But do they include the untrained ones as members of the institution?—No, they must be trained midwives.

2891. Therefore, it is not a help to the *bonâ fide* women or the untrained?—I see what you mean. You mean those in practice before the Act?

2892. Yes?—There are so very few of those in Liverpool.

2893. There are 40?—I think only certified midwives would be eligible.

2894. The lectures would be more helpful to them than to the others?—Yes, clearly.

2895. Is it your opinion that the registers kept by the midwives are improving?—Yes. It is very seldom that fault has to be found with them.

2896. Generally speaking, the midwives have improved in every respect?—Yes.

2897. Have you any statistics to show that there has been a decrease of infant mortality?—Yes; how much of it is to be ascribed to the improved ministrations of the midwives is difficult to say, but, as a matter of fact, the infant mortality during the last few years has been declining. Last year, 1908, was the lowest we ever had, and the year before that was the lowest up till that time. This progressive decline is very encouraging, and there can be no doubt at all that the better training of the midwives and the careful attention paid at the birth must have had some influence.

2898. You do not attribute the decline of the infant death-rate entirely to that?—No. Where so many causes are in operation it is difficult to ascribe to each one its due share; but I have no doubt whatever that that is one cause of it.

2899. You state in your précis "that the birth of an infant before the arrival of the midwife is usually owing to the delay in notifying the midwife. It appears, however, to be less frequent in the practice of the midwife devoting herself altogether to her practice than it is in the case of midwives who combine other duties, such as domestic duties, with their work." Can you give any reason for that?—The only reason I can give is that the midwives who are doing nothing else but practising their business are possibly more on the alert. It is quite possible that there should be delays owing to domestic necessities, but so far as our inquiries enable us to form an opinion, it seems that the cases where the infant is born before the midwife arrives are due to delay in sending for her. Perhaps the baby may be born within an hour after the time they send for the midwife, and that is running it very fine.

2900. You say there are some arrangements for reporting serious ophthalmic cases?—Yes.

2901. Can you say what they are?—The midwives are encouraged to report all such cases, and, indeed, are required to do so. St. Paul's Eye Infirmary has opened a ward for the reception of the mother and the infant, and it is a very creditable thing to have done, and the knowledge of that is an encouragement to midwives to notify cases, in order that, if necessary, they could get hospital treatment. I should like, if I may, to hand in



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

a little paper by Dr. Nimmo Walker, who was instrumental in providing those beds (*handing in paper*)\*.

2902. You state in your précis that midwives have shown a great willingness to attend any case when summoned. Does that mean to imply that they are called to cases of ophthalmia that they otherwise are not responsible for?—No, but in emergencies. The midwife is not infrequently sent for in an emergency, exactly as in practice the doctor is sent for in an emergency. I mean that she has had no previous intimation of the case at all, but she is sent for in a hurry, because a person is in difficulties. The midwives have always been very willing to go to such cases.

2903. Has there been a large number of those cases?—Not a large number, but it was a matter which rather interested me, and I communicated with the various boards of guardians on the subject, because it appeared only right and proper that, if the midwife went at a moment's notice in answer to an emergency call, somebody should pay her, and, needless to say, these emergency calls are usually made by the poorest of the poor, and no fee is forthcoming. Two of the boards of guardians, I am glad to say, have consented to pay the fee.

2904. What fee do they take?—10s. 6d. The third board of guardians is still labouring under the impression that there is plenty of time to apply to the relieving officer to get the doctor's note and send for the doctor, and so on.

2905. Does the fee of 10s. 6d. include after-attendance?—No, the case is then handed over to the district medical officer. I should like to say that the midwives themselves in cases such as these have not applied to the guardians unless they have been unable to recover the money from the patient, so that there is no attempt to abuse this privilege.

2906. Do they always apply to the patient first?—Yes, and on occasions they have refunded the money to the board of guardians when the patients concerned have been able to pay it to them. So that the arrangement is not at all abused in any way. It seems to be done quite in good faith.

2907. Then you have handed in several papers of statistics as regards still births?—Yes.

2908. Can you say the total number of still births notified by midwives?—369 appears to be the total number.

2909. Is that in one year?—Yes. The number of births actually attended by midwives or women is very large in Liverpool, and I will give you the exact figure. It was 16,522 last year, which is a large number out of a total of 23,918. That is, practically two-thirds of the total number of births in Liverpool are attended by women.

2910. Can you give any reason for that high figure?—I think there is a great deal of poverty in Liverpool. There are great extremes of poverty and riches.

2911. (*Mr. Fremantle.*) These 16,000 births were attended by women practising on their own account?—Yes.

2912. Not by nurses under doctors?—Yes, quite so, they were attended by ordinary midwives.

2913. (*Mrs. Hobhouse.*) As regards the supply of midwives, you anticipate no shortage?—No. In a training centre like Liverpool I do not think there is likely to be the least shortage, and it has occurred to me that authorities who apprehend a shortage would do wisely if they would send women to be trained to the great training centres—to London, or Manchester, or Liverpool, or wherever it may be.

2914. Is there any difficulty in Liverpool as regards the remuneration of medical men called in by midwives?—No, none whatever. It seems such a commonsense necessity that, when the matter was mentioned to the health committee, they at once assented to the payment of a fee of one guinea. Of course at that time, not unnaturally, there were one or two who apprehended that we were opening a door for possible abuse, and so on.

2915. Does that guinea include any after-treatment?—No, it is just an emergency fee. If the doctor chooses to attend afterwards there is no objection to his doing

so, but he will not get any more payment for it out of public funds; and moreover the guinea is given upon the understanding that he cannot recover it from the patient. I will show you the form of bill which he sends in. (*Handing in same.*) You will see a footnote to it in which he says "We are unable to recover the fee from the patient or the poor law authorities." That is the form of bill which we ask him to be good enough to send, and that is a sufficient guarantee that he cannot recover. If he can recover, he refunds the amount, or if he recovers half the guinea he is paid only the other half by the health committee. But I may say that when the Act came into operation I conferred with the members of the medical profession, and we concluded that the best way was to have a uniform fee of a guinea. It would be impossible otherwise to adjust the fee for the different services rendered. No doubt some emergencies are very much greater than others, and involve a great deal more time and anxiety and trouble.

2916. Is the arrangement accepted willingly by the medical profession as a whole?—Yes.

2917. Have they considered the fee of a guinea quite a sufficient remuneration?—They have considered it quite a sufficient remuneration, and quite a fair one. I dare say there are many instances in which, considering the work done, the guinea is an exceedingly small fee; but, on the other hand, there are other cases in which it is quite ample.

2918. Can you say the total amount of such fees paid by the health committee?—Yes; in 1908 it was 357l., and the number of applications for medical aid was 775. That means that the Corporation were only asked to pay in something like 50 per cent., or half the total number of cases.

2919. That is a considerably larger sum than they spent in the previous years?—Yes, it is. In 1906 it was 240l.; the next year it was 213l.; and the third year it went up to 357l.

2920. May that have been chance?—I think the reason probably is that, as years go on, people become alive to the fact that the fee is forthcoming, and moreover the midwives are encouraged to send for medical aid. We always tell them to send if there is the slightest doubt, and I notice that some of the oldest ones, those aged women, that is, send more frequently than others.

2921. You mean the *bonâ fide* women?—Yes, and that is satisfactory as far as it goes. As to one midwife, I was rather struck with the fact that in 25 per cent. of her cases she sent for medical aid. The only explanation that I can suggest is that it was on account of the fact that she was getting on in years, and perhaps was a little bit more apprehensive. However, that is not a thing to be discouraged. Clearly it is a thing rather to be encouraged than not. I should suggest that, if any amendment of the Act in the direction of providing for the payment of medical fees is suggested—and clearly such an amendment is an absolute necessity—it should also not altogether overlook the fact that the midwives themselves are called in in emergencies, and that they are also entitled to something. A midwife may be called out at night, and suddenly, to a patient whom she has never heard of before, and may have to go without a fee, which is not right.

2922. This is the first evidence we have had of that.—But it is so. And not only that, but cases have come to my knowledge in which a midwife has sent for medical aid, and she has got nothing at all herself. The patient has paid something to the doctor, and that has swallowed up all the available cash.

2923. And she has to go without?—She has to go without, which is a matter which ought not to be overlooked.

2924. (*Dr. Champneys.*) On the first page of your précis I see that you say that, of the 317 midwives under the Midwives Act, 276 held certificates from bodies approved by the Central Midwives Board, and 41 were certified by the Board in virtue of the fact of their being in *bonâ fide* practice prior to 1902. Those added together make 317. Are there no midwives in Liverpool

\* "Ophthalmia Neonatorum: An Experiment in Treatment." [Reprinted from *The Lancet*, May 2, 1908.]



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

who have been certified after examination by the Central Midwives Board? Do you see my point?—Yes, I do. This total of 317, of course, relates to the end of 1908?

2925. Exactly?—But the second page shows that included in the 317 are 80 who have passed the examination of the Central Midwives Board, and those numbers are of course going up. It is perhaps not as definitely expressed as it ought to be on page 1, but it is perfectly plain that the 276 includes those who have passed the examination of the Central Midwives Board itself.

2926. With regard to your suggestion about the extra examination, how far is Liverpool from Manchester?—It is about 40 minutes by rail.

2927. That is nearer than many parts of London are from each other?—It may be.

2928. There is no difficulty about getting from one place to the other, is there?—It may be as easy to get from Manchester to Liverpool as from one part of London to another, but all the same I think it would be desirable to make Liverpool an examination centre. Liverpool is a very large centre in itself. It has a very large population, and apart from that it has candidates coming up from Cheshire and Shropshire and Wales, and so on.

2929. Either there or to Manchester?—Yes, either there or to Manchester, but it would be easier, I imagine, to get to Liverpool. Liverpool would be nearer.

2930. Was it in your mind that examinations might be held alternately at Manchester and Liverpool?—That would do very well, I think. Although it may appear a very trifling difficulty, I think it is a difficulty that candidates have to go away to be examined.

2931. Do you suggest that if such an arrangement as that were made it would be quite satisfactory?—I think so.

2932. Your idea is that Liverpool, being so important a centre, should not be altogether excluded?—Quite so.

2933. I see that you say that the midwives are visited periodically, and special attention is given to those who are less intelligent. That seems to me to be a very excellent thing.—Yes. We find out which of them want supervision. I did not mention it, but midwives are encouraged also to report any condition in the house which may militate against the good recovery of the patient and the welfare of the child. We supply them with postcards, and if they are called to a house which is a dirty house or has anything wrong with it, all they need do is to post that card.

2934. These people who are visited periodically, who are less intelligent, would be mostly what we call *bona fide* midwives, would they not?—Yes, I think so.

2935. Do you find as a matter of experience that they are capable of improvement?—Yes, except the very old ones, and of course those are gradually going off the roll or giving up practice.

2936. So that the *bona fide* midwife may become quite an efficient one?—Yes, certainly, I think so.

2937. I notice from your précis that in certain particulars there is a great increase in the accidents and emergencies in labour for which medical men have been called in; for instance, cord presentation goes up from 6 in 1906 to 10 in 1907, and to 16 in 1908; for placenta prævia the figures are 2 in 1906, 9 in 1907, and 14 in 1908; for deformed pelvis the figures for these years are 48, 69, 65; for ante-partum hæmorrhage, 27, 15, 39; for post-partum hæmorrhage, 35, 53, 51; for retained placenta or membranes, 64, 74, 78; for ruptured perineum, 25, 36, 30; for pyrexia, 11, 15, 17; for eclampsia, 5, 5, 10; for ophthalmia, 0, 0, 2; for obstructed labour, uterine inertia, or requiring instrumental assistance, 196, 247, 279. What I want to know is to what you attribute that. Is it, do you think, that such cases are more prevalent than they were, or that they are detected better than they used to be?—My impression is that they are detected better than they used to be, and that assistance is rendered more promptly. I think a midwife would probably get

help at an earlier time now than formerly, instead of leaving her patient in protracted labour.

2938. So that increase of severe cases in your opinion is a favourable sign, inasmuch as it shows that more attention and earlier attention is paid to them?—Yes.

2939. (Mr. Fremantle.) But at the same time, is it not a great deal due to the last item in that list "various or not specified" having been reduced from 117 to 32 and 45; in other words, that the diagnosis is more correct?—It is probable, of course, that may have something to do with it, but the fact remains that the number of cases in which medical assistance is sought has increased.

2940. (Dr. Champneys.) Might I ask what sort of fee would be charged, for instance, by a doctor who was called into a case of puerperal fever which he would have to continue to attend?—Those cases would be removed to a hospital. We have a ward in the City Hospital at Fazakerley for cases of that sort, and the Workhouse Infirmary also has wards for the reception of those patients. We encourage these cases being sent to our hospital in the city rather than to the poor law hospitals.

2941. Why?—Because it is better on the whole. I think it is rather a matter of public health than of poor law relief.

2942. You seem to have got on uncommonly well altogether at Liverpool; can you suggest any reason why you have got on so much better than many other people? In some parts of the country there has been a great deal of difficulty, particularly in regard to the relations between midwives and doctors?—I am inclined to think that one reason is that the doctors have not been asked in Liverpool to do work for nothing. No doubt that is one reason; it must be naturally a rather sore point with a doctor to be called out of bed on a winter night after a hard day's work to attend a case full of anxiety, and then to get nothing for it.

2943. I gather, from what you have said before, that you have been prompt and early in making some arrangements?—Yes, the system was first inaugurated in Liverpool.

2944. I think that is what you mean; you attribute the success that has been attained rather to your having prevented any friction than to dealing with it when it occurred?—Yes. As a matter of fact that was the course taken. As a matter of practice we do bring matters of this kind to the notice of the medical profession and invite their views upon them.

2945. You have absolutely seen nothing of any disposition on the part of the medical profession in Liverpool to refuse to meet a midwife, or anything of that sort?—No. May I supplement what I mentioned in regard to the women who are casually engaged in midwifery practice? Those cases are brought to light under the Notification of Births Act. The birth must be notified, and so we find out who attended the birth; if we find women are attending two or three, then inquiry is made as to whether or not they are practising midwifery.

2946. (Mrs. Hobhouse.) Notification is very helpful in that respect?—It helps very materially.

2947. (Mr. Pedder.) Have you any handy women in Liverpool, or are they extinguished?—No, they are still there. I think they will always remain.

2948. What will happen next year?—Women will call in midwives.

2949. There will be no difficulty owing to the operation of the Act in 1910?—It will be a very great advantage.

2950. And you will be able to fill the gaps?—Quite easily. I should be very sorry indeed if the possibilities for the existence of the handy woman were continued. Of course I am not speaking of those solitary emergencies in which people must run for the assistance of the first person who can give help.

2951. You have no figures, I suppose, as to the handywoman?—No, none at all, but in Liverpool it is quite evident that the midwife is rather a popular person in confinement cases. There are one or two of them who have attended as many as 400 confinements



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

in a year. I was interviewing one of them the other day, and I asked her: "How do you manage it?" She is a strong, healthy, hard-working, certified woman, doing nothing else, and she told me that she refused to go beyond a certain distance—she could not go, in fact—and the result of that was that persons came into her district and were attended by her, and afterwards they went back again to where they lived. It is a curious thing.

2952. And you are satisfied with her efficiency?—Yes, quite.

2953. She can do 400 cases well?—Yes.

2954. (Mr. Fremantle.) Does she have an assistant for visiting those cases afterwards?—She has a colleague, but she herself attends to all those confinements.

2955. She has a colleague to visit them afterwards?—Yes, from time to time.

2956. (Mrs. Hobhouse.) She is not a trained midwife?—She is a trained midwife.

2957. Is it one of those women who have taken 400 cases in the year?—No, not one of those two, but one who would probably have about 300.

2958. The midwives who train pupils find no difficulty in taking probationers with them to the cases?—No, I have heard of no difficulty at all being experienced in that way.

2959. (Mr. Pedder.) You say that out of nearly 24,000 births, 16,500 were attended by women, and the remainder, between 7,000 and 8,000, were attended, I suppose, some by doctors and the others by these handy women?—Yes, but very few by handy women.

2960. So that really the problem with regard to shortage does not exist with you?—No, and the reason why that is so is perfectly plain, namely, because facilities for training have been given and they have been availed of. The women well understand that there is a good opening in midwifery if they are fit. At the present time a large number of fairly educated young women are taking up the business of sanitary inspectors. We have a large staff of female sanitary inspectors, and I am quite sure that many of those women would do very much better as midwives. They would probably earn more money if they were to take up midwifery, and were sent into districts where midwives are needed.

2961. Do you think that will tend in due course to extend the profession of midwifery?—In time.

2962. Then women will find that out and take it up?—Yes, I think so, but that entirely depends on what the county councils do. If the county councils and governing bodies generally are anxious to meet the demand, or to help to meet the demand, then I think the demand will be met, but one can hardly expect women to go to great trouble and expense if they are not to have any chance of being given an appointment. If there is to be a shortage in rural districts, I imagine that shortage can be met if the governing bodies choose to meet it by making arrangements for the training of midwives.

2963. Out of the 16,000 births attended by midwives, 13,000 according to what you say on the last page of your précis were attended by women in private practice?—Yes.

2964. The remainder were hospital or society cases?—Yes, that is 3,000 odd.

2965. Is there any particular reason why some of the midwives have such very much larger practices than others?—Probably because they are more popular.

2966. But why are they more popular? I ask this because we have heard a very sinister story here from another witness to the effect that one of the most popular midwives was popular because of her "church-yard luck." Do you know anything of that sort?—No, I should think that is quite exceptional; at least I hope so.

2967. Would you say the popularity was due to efficiency?—Yes. But it is as with doctors and with other people; some are liked and some are not, without any reason being given.

2968. As to your system of payment of the doctor, is the doctor under any obligation really to try to recover the fee himself?—Yes. He signs a statement to the effect that he is unable to recover. All he is

required to do is to make a reasonable application. He is not asked to do more than that.

2969. If he did not recover in the first instance from the patient, would he go to one of the three boards of guardians?—Yes, if they are poor law patients. It is no use going to the board of guardians unless the people are already in some way in receipt of relief. If they are not paupers or poor persons I do not suppose the guardians would be responsible.

2970. Your guardians do not extend their responsibility for this purpose, as some do, rather beyond the ordinary poor law cases?—I dare say they would if they were asked to. In fact, I have mentioned that in the case of midwives they are willing to give a fee, but those no doubt are *bona fide* poor law cases or cases which would be attended by a poor law doctor if there was time to get him.

2971. Failing the guardians, the doctor comes to your health authority, so that you are paying, no doubt—I do not suggest improperly so—for cases in a class considerably superior to that of poor law cases?—Yes. You see that in Liverpool poverty is very extreme, and I have no doubt at all that you would find what you might call paupers in other places who were not down in such depths of poverty as some of our people in Liverpool, who are still struggling on, especially during the last year or so.

2972. The health authority, of course, take no steps to recover from the patients. They have no power in fact to do so?—No.

2973. You do not attempt to do so?—No, we do not. We find that in a very fair proportion of cases part of the fee is recovered from the patient—5s. perhaps, or 10s. 6d., or what not.

2974. You say there were 775 cases of medical calls and that the health committee paid 357l. There were probably more claims than 50 per cent., but some claims were for less than the whole fee?—Yes, the claims were for less than the whole fee, and perhaps in some cases the whole of them would be paid by the patient.

2975. But the health committee paid 357l.?—Yes.

2976. That is, roughly, 50 per cent. of the calls?—Yes, but what are these calls, may I ask? I think those are calls for medical aid, are they not?

2977. Yes?—I have no doubt in the great majority of those probably all or some part of the fee would be paid by the Corporation.

2978. It might be the full fee or a portion of the fee?—Yes.

2979. On what ground do you distinguish, for the purposes of payment out of public funds, between midwifery cases and other sickness or accident cases?—By the greater gravity of the emergency.

2980. You would take it that a doctor must stand the risk of doing his work for nothing in general practice?—Yes.

2981. But in midwifery you wish to stop that?—Yes. There is a sudden emergency, and we think the sudden emergency must be met; there is no time to negotiate. In an ordinary case of sickness there is time, and the doctor can please himself as to what he does.

2982. Yes, but with an accident?—With an accident it is different. We have never tried paying any fee for that.

2983. Why do you draw the distinction? What I wish to ascertain is why should midwifery be put on the public funds?—It stands, I think, altogether apart from ordinary accidents. It is a continually recurring incident, and it is not an accident.

2984. You would say that it is such a sudden and important occurrence, that it has to be specially dealt with?—Yes.

2985. (Mr. Fremantle.) It is a matter affecting the next generation as well as the present?—Yes, and the call of humanity comes in more. The number of accidents really would be very much fewer, and there is provision made for accidents at hospitals, and the hospitals are in the crowded and busy parts of the city.

2986. (Mr. Pedder.) Recurring to the varying practices of your midwives, do you know whether those with a very large number of cases are *bona fide* women?—No, they are not. They are qualified.



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

2987. As things seem to be going so well in Liverpool, do you consider that your powers as supervising authority are sufficient, or do you want any alteration in any respect?—I think they are sufficient.

2988. Your health authority have, you think, enough power?—Yes; we have the Central Midwives Board, of course, to fall back upon in the event of anything very serious arising. But we should view with very great regret any extension of time or facilities being given to unqualified midwives. I think it would be a great mistake. There is no necessity for it, and it is what we want to discourage.

2989. Are your disciplinary powers sufficient?—Yes.

2990. You can suspend midwives?—Yes.

2991. You suspend for infection?—Yes. Perhaps it is as well to mention that, for probably 15 years at least, it has been our practice to deal with any puerperal fever cases occurring in the practice of a midwife, and to deal with the midwife and suspend her, if necessary. That is, we deal with those cases with a view of preventing any spread of infection, not by way of imputing blame to any person, because it may be unavoidable, but we wish to stop the spread of the disease. So that the practice is to send for the midwife and interview her, and see what she is doing, what precautions she has taken, what kind of clothing she wears, and all that sort of thing, and what sort of person she is in fact. It is a very old-standing practice.

2992. You did that before you had the powers of the Act?—Long before. No doubt the fact that we were in touch with midwives for so many years helped to facilitate the working of the Midwives Act.

2993. You did that merely as the governing body of the town?—We did that as the governing body of the town.

2994. And you do not want any further powers?—I do not think we do want any further powers in those matters.

2995. (Dr. Downes.) On the first page of your précis you speak of the number of midwives who have not been enrolled, and you say that there are some of them (there are very few in Liverpool) who hold certificates from training bodies that are recognised by the Central Midwives Board?—Yes.

2996. In view of what has been said as to a possible shortage of midwives in some parts of the country, would you favour any arrangement by which these qualified midwives who have not enrolled themselves, should have an opportunity of enrolling themselves before 1910?—I see no objection to that. These women had ample opportunities as a matter of fact, but they failed apparently to realise the necessity. Although they were told that they must comply with certain requirements, they failed to do so.

2997. Should you see any harm in giving them a second chance?—No, I would give them a second chance.

2998. Then, in speaking of centres of examination you mentioned the Welsh candidates?—Yes.

2999. Why did you mention Wales?—I mentioned it because Liverpool has a very large Welsh population. Thousands of Welsh people are in Liverpool; numbers of Welsh students, and Welsh nurses, and Welsh midwives, and so on, come there.

3000. Would it be necessary to have an examination in Welsh for such candidates?—No, they all speak English.

3001. You have had no penal cases before you in Liverpool, I think?—No, but we have had cases needing investigation, which we have regarded as not of sufficient importance to engage the attention of the Central Midwives Board. But we have had the midwives before the supervising authority or its representative.

3002. Has the need of a local court of inquiry come before you in this connection?—No.

3003. At present, I think, the penal cases are dealt with in London?—Yes.

3004. Have you any views on that point?—No, I see no objection to that whatever. A woman who has committed an offence of a grave kind deserves no special consideration as to where her case should be

dealt with. General experience would show whether it is desirable to hold courts of inquiry in the provinces.

3005. In these cases where you have suspended midwives, have you compensated them while they were suspended?—No, we never did compensate them. They themselves realised the importance of the matter, and they probably understood that it was for their ultimate benefit.

3006. Has any question of compensating them under the present régime come up?—Never.

3007. The Ladies' Charity and Lying-in Hospital appears to be one of your main training schools?—Yes.

3008. Apparently they formerly gave certificates, did they not?—They did.

3009. Do you happen to know what their curriculum was, and how many cases it was necessary to take?—I think it was 20.

3010. So that the requirements of the Central Midwives Board have made no difference in that respect, so far as you know?—No, not so far as I am aware.

3011. Now, taking these midwives who attend so many cases; supposing the midwife is already engaged in a case, has she deputies who act for her, or how do they manage?—Yes, they have deputies.

3012. Would the deputy be a properly qualified midwife?—Certainly.

3013. With regard to what has been said about "churchyard luck," you would be able to check that, would you not, by the mortality of the children?—Yes, quite easily. But nothing of that kind has ever come to my knowledge. I should look upon that as altogether exceptional.

3014. Then, when the deputy attends, I suppose that is so stated on the notification, is it not?—Yes.

3015. The postcard with regard to the sanitary state of the house, which you have introduced, appears to be very useful; would it be known to the householder that the postcard had been sent?—Probably, in a case of confinement.

3016. Have they ever resented it?—No, never. Of course, as a matter of fact, we never do divulge the name of people who send information.

3017. So that, unless the midwife chose to tell, it would not necessarily be known?—No, it would not be known.

3018. Do you get many of these cards sent you?—No, not many.

3019. Have you found them useful?—Yes, very useful so far as they go.

3020. Then the next point is the question of fees to midwives. I am not speaking for the moment of medical men, but the midwives, of which you make a point? You told us that two boards of guardians do give emergency fees to midwives?—Yes.

3021. But the third board have not yet arranged for it?—No, Toxteth appeared to be rather of opinion that their existing arrangements met all requirements, but the other two boards of guardians have agreed to pay, and have paid, fees of 10s. 6d.

3022. Is it that the Toxteth guardians think the Act does not allow of the granting of a fee to midwives?—I have their letter here, and they do not assign any reason. They simply say that they think their arrangements are fairly made and do not need any amendment in that direction.

3023. They do not discuss it fully?—No, I wrote back to them because I was so convinced that they had failed to apprehend the points concerned; but, however, it made no impression.

3024. Do they give emergency fees to medical men in Toxteth Park?—No, I do not think so.

3025. Do the other boards of guardians give them to medical men?—No, but the health committee give an emergency fee to the medical men, and the guardians seem to have taken to giving it to the midwives.

3026. You say in your précis that you give a guinea where you think it cannot be recovered either from a friend or from the board of guardians?—Yes.

3027. Is that because you think the board of guardians should pay?—No; that means that the



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

case may be one which has been already dealt with by the relieving officer, and is already on the list of the poor law medical officer, who perhaps may not be available. He may be away on some other duty.

3028. I ask you that because I want to know whether, in addition to the sums which, as you have mentioned, have been paid by the health committee, namely, 357l. in 1908, there have been similar sums paid by the boards of guardians also?—No; I think you may safely say that is not so.

3029. You are not overlapping?—We are not overlapping in any way.

3030. You recognise the obvious danger which there might be of two authorities paying fees?—Clearly.

3031. What interval do you allow to lapse before paying a fee?—Usually a month elapses.

3032. Have you a specified interval?—The usual time is about a month. The accounts are paid monthly. Every one of these accounts is entered and scheduled and put forward and audited, and it is about a month, or perhaps longer, before the fee is paid.

3033. Who makes the inquiry?—One of my staff, usually the chief inspector, who deals with the midwives, Mrs. Adrian.

3034. Then does she inquire into the circumstances of the family?—Yes. The account of the doctor bears on the face of it the statement that he cannot recover the fee from the board of guardians or from the patient. That is on the form of bill that he sends in.

3035. Would it not be desirable to add that he has endeavoured to get it but has not been able to?—We should say, if he had made no attempt, he was not fulfilling the moral obligation imposed upon him.

3036. You ascertain whether he has made an attempt?—Quite so. We assume he has and we tell him we must make every attempt.

3037. You will probably realise that it would be undesirable to encourage medical men to rely on the public purse for these fees and not to make any attempt to get it for themselves?—Yes, I think it is right and proper that the patients should pay for themselves where they can.

3038. Do you consider the demand should come from medical men in the first instance to the patient?—Yes, he should make the first demand.

3039. Now what are your views on the question as to how long the medical man who is called in on an emergency is to go on attending?—We do not expect him to do more than meet the emergency. After that, if the patient is a poor patient, the poor law medical officer will come in. We think the doctor has discharged his obligation by attending to the emergency and giving the relief.

3040. You would probably have no information as to whether, as a matter of fact, they do attend longer or not?—Some do, I know, but they do it entirely of their own free will. We do not ask them. In fact, we take no cognisance of it either way.

3041. I have heard it suggested that the doctor called in on emergency may say "yes, but I do not care to hand this case over to anyone else for fear anything goes wrong, because the blame may be attributed to me"?—Yes, it is quite likely that that is the motive why they continue to attend, as they do frequently.

3042. Then on the other hand the question of professional etiquette and ethics comes in?—Yes.

3043. Have you had any representation from the profession as to whether the doctor who comes in should go on with the case or not?—No, none whatever.

3044. Mention has been made of the danger of collusion between medical men and midwives?—Yes.

3045. You mentioned a midwife who sent for medical men in something like 25 per cent. of her cases?—Yes, she did.

3046. Did she seem to favour any particular medical man?—No, in that instance she did not. But most of them do. Most of them send when they can to some one medical man. The midwife who does the enormous practice for example sends always for the same man. She cannot always get him, but she tries to.

3047. If collusion should exist in any case, I presume the form you use would enable you to discover it?—

Yes, it would, and inquiry is very carefully made. Here is one of the forms which I might hand to you (*Handing in document.*) In view of the observation I am about to make, I will not mention the name, but that name occurs fairly frequently. At the same time it is an extremely poor district.

3048. (*Dr. Champneys.*) The name of the doctor, do you mean?—Yes, quite so.

3049. (*Dr. Downes.*) With reference to the payment of fees to the midwives, would there not be a danger if it were made too easily obtainable that people would cease to make arrangements beforehand for the attendance on their wives?—That is quite possible. It would be necessary to have some system of careful inquiry and at present the cases are so few that it is very easy to make those inquiries.

3050. Have you any maternity clubs or provident societies in Liverpool by means of which women can make provision for an approaching confinement?—I do not know of any.

3051. There is another question I have to ask you, about the training institutions in Liverpool. You said you thought Toxteth Infirmary had not enough patients?—That is so. They seem to have had very few.

3052. Do you know the number of patients there?—No, I do not. It does not at present train any midwifery pupils, and I was rather surprised to learn that, because I thought they would probably do so.

3053. With regard to the removal of the puerperal fever cases to the hospital at Fazakerley, which you favour, one reason for not taking them to the poor law institutions if you could help it is that other women are confined in those institutions?—Yes, that is one reason.

3054. Whereas in the City Hospital there is no lying-in department?—Yes, and another thing is that our City Hospital is away in the open, whereas the other hospitals are not. They are very admirable institutions, but they are not in such an open situation.

3055. (*Mr. Fremantle.*) You said just now, and I did not quite gather what you meant by it, that you would give the *bonâ fide* midwives a second chance. Do you mean to say you would give those who were in *bonâ fide* practice for a year before the passing of the Act, a second chance to register, or do you mean that you would give a chance to those who have since been acting as *bonâ fide* midwives?—No, I understand the question to apply only to those women who have got certificates, but who were not enrolled by the Central Midwives Board. I cannot help thinking that their inattention perhaps arose from failing to appreciate their position. They thought, why should we alter our position any more after having got a certificate? I see no objection to giving those a second chance. In fact it would rather relieve us, because some of these ladies have had their plates on their door for years, and they are well qualified and quite respectable women, and they think we are rather harassing them.

3056. Those are trained women, are they?—Those are trained and certificated women.

3057. You give us some figures on the subject of still births; have you had any experience of the diminution of still births owing to the administration of the Act?—Not yet. We may in time get some information upon that point, but at present we have not any.

3058. Have you reason to think that some of the still births are due to circumstances which may be removed by a better understanding of their business by the midwives?—Yes, I think that that is so, and the reason for thinking that is that we find fewer still births among the better class of midwives. Of course, one cannot say very much about that, but I have a very strong impression that the figures seem to show that the inferior midwives have more still births than the better qualified ones.

3059. Have you reason to believe that in Liverpool there are cases in which monthly nurses working nominally under medical men, are definitely given to understand by these medical men that they need not be called if the case goes quite well?—No, I do not think we have any of that. In any case, it would be an extremely rare thing, but I do not think it ever



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

happens, but you never can say what next is going to happen—you do not know.

3060. Therefore it would make no difference in the administration of the Act, if a clause were to be passed into law providing that either a certified midwife or a qualified medical man must be present, except in emergencies, at every birth?—I think that would make no difference to the present state of affairs.

3061. Do you find the midwives—the better class of midwives—useful as practical health visitors; I mean to say as apostles of hygiene?—Quite so. I always look upon them in that light and that is why one has taken so much interest in them. One recognises their enormous use for good if they are at all what one wants them to be in these matters.

3062. Have you a system of health visitors in Liverpool?—Yes.

3063. How do they fit in with the work of the midwives in this particular connection?—Under the Notification of Births Act, they visit the home when the midwife's attendance ceases.

3064. And not till then?—She goes on for 10 days, and then they follow on in about another week or so, unless there is any special reason to attend earlier. If there is, the midwife will send a card and the female sanitary staff take up the case somewhat sooner.

3065. Then you look upon the Notification of Births Act as a very valuable supplement to the Midwives Act?—It is a most valuable supplement.

3066. Does it help you in administering the Midwives Act?—It does in this way, that it brings to our notice the names of any women who are attending more than, say, one or two births; that is the "handy woman" class. That is one way in which it is useful to us, and it is also of use in enabling us to ascertain how many births are attended by midwives.

3067. Does the Notification of Births Act work smoothly and without opposition?—Yes.

3068. There is no opposition from medical men?—The same course was adopted in regard to the Notification of Births Act that was adopted with regard to the Midwives Act. I myself brought the matter to the notice of the profession in order to explain what it all meant, and I asked what their views were. There was a little difficulty in determining what fee was a reasonable one for the services rendered. I may put the question of the fee altogether aside, because there is no fee given at all to any person. It is not like the notification of an infectious disease, which requires skill and technical knowledge. It is merely recording a fact. It is no breach of confidence, because everybody is only too pleased to proclaim a birth to the world at the earliest opportunity, and through the press usually. There is no objection to the Notification of Births Act. It works perfectly smoothly. The only point about that Act is, that we do not get all births notified which are attended by medical men, but that does not matter so very much, because those would be births of people well able to look after themselves.

3069. Do you under that Act get illegitimate births notified?—Yes, and I think you will find on one of the forms, to which I have referred, an inquiry as to whether the birth is illegitimate or legitimate.

3070. You say that contraventions of the Rules of the Central Midwives Board are all dealt with by the local supervising authority?—Yes.

3071. How is that done?—By interviewing the midwife and making inquiries.

3072. Under what powers do you deal with them beyond what is necessary to prevent the spread of infection, because there are other things that you have to take midwives up for, of course?—Yes, we do it under the Rules of the Board.

3073. That is referred to in your *précis*, but I do not think the local supervising authority have any direct powers except to suspend?—It is to suspend only.

3074. You can suspend to prevent the spread of infection, but you may investigate charges of malpractice, negligence, misconduct, and so on, and report to the Board?—Quite so, and the investigation has been sufficiently followed up by a reprimand, perhaps.

3075. We have had the opinion expressed that it was necessary to increase the penal powers, so to speak, of the local supervising authority, rather than to increase the penal work of the Central Midwives Board. Do you think that is necessary?—I do not know. I think that it might perhaps be a wise thing. I see no objection to it, even although the necessity has not arisen in Liverpool, because one could quite conceive that it might arise, and it would save a great deal of time and a great deal of trouble, because, after all, the particular things of which a midwife or anybody else may be guilty would be dealt with locally, possibly by a coroner, for example, so that I see no objection to amplifying the powers of the local supervising authorities.

3076. Because, in these early years of the working of the Act, you have managed to get on very well without any such powers, you do not, I suppose, feel the necessity for them?—We do not feel the necessity for them. In any extreme case the Central Midwives Board would be appealed to, and no doubt the midwives are aware of that and of its consequences.

3077. Now, as regards giving these fees to the doctors called in; have you special powers to give those fees?—No, we have no powers at all that I know of, beyond the fact that the City Council passed the resolution to do it, and no one has questioned the payment.

3078. Are the payments passed by the Local Government Board auditor?—By the auditor, but I do not know about the Local Government Board auditor.

3079. You have special powers, then, to do what you like?—I do not know that we have special powers, but it has been done and no one has questioned it.

3080. You spoke about the different training schools in Liverpool, and you were asked about the possibility of their co-operating; have you any suggestion to make for promoting their co-operation, for instance, in the matter of lectures?—I think they would only be too glad to co-operate with any district council who asked them. There are courses of instruction going on continually at set terms.

3081. But I mean to say co-operation with one another?—I do not know that that has ever been proposed.

3082. You have no opinion as to its being necessary?—You have got the material in different schools already, and you may as well use it.

3083. But I was thinking of co-operation as regards the lectures?—There might be an advantage, possibly, in co-ordinating those lectures.

3084. You say, in your *précis*, that it is obvious that the inaction of the county councils and boards of guardians in regard to the payment of the fees of medical men called in by midwives is highly discreditable. Do you speak there with some experience of the work of county councils in the matter?—I was especially shocked by reading this Memorandum of the Central Midwives Board.\* I think it most discreditable to any authority that poor wretched women should be left in their emergencies, no one stirring hand or foot to give them any help.

3085. But have you any information as regards the powers of county councils to deal with the matter?—I think if there is any doubt about the powers, it is desirable that those doubts should be removed once and for all. In any amendment of the Act there should be an obligation on them to make some provision for these cases.

3086. Then you were not particularly referring to the voluntary discreditable of the county councils?—No. That was perhaps too harsh an expression, but still it exactly fitted the conditions reported in this Memorandum.

3087. (*Dr. Champneys.*) Most of these cases occur in rural districts, but have you had anything of that sort in Liverpool?—No.

\* Central Midwives Board. Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances.—Printed by Spottiswoode & Co., 1908.



17 March 1909.]

Dr. E. W. HOPE.

[Continued.]

3088. Now with regard to questions of registering those women who failed at the proper time to give notice of their desire to be enrolled, do you think that it would be a good plan that the local supervising authority should be asked for a recommendation before such a woman was put on the roll?—I do. I think it is a very admirable suggestion that they should be asked, so that you would have a full report on those women.

3089. You would not think that all who have failed to be enrolled would be entitled to come on, but you think that discrimination should be exercised?—I think it would be desirable to investigate each case, because it does appear negligent, to say the least of it, that these women did not become certified.

3090. A question was asked by Dr. Downes just now about the number of midwifery cases or confinements required at the Ladies' Charity and Lying-in Hospital, and you said that it was 20?—Yes, that is my recollection of it.

The witness withdrew.

Mr. G. H. FOSBROKE called and examined.

3096. (Mrs. Hobhouse.) You are the County Medical Officer for Worcestershire?—I am.

3097. How long have you held that post?—Nineteen years.

3098. Can you tell us what arrangements the Worcestershire County Council have adopted as regards the Midwives Act?—Yes. They first of all in 1902 appointed a committee to consider the whole question, and eventually in 1903 the county council, having received a report from the committee, delegated the whole of their powers to a committee. The committee have power to co-opt ladies, and five ladies have been co-opted. The committee have administered the Act ever since. I am their executive officer, and when their powers were first handed over to them a lady doctor was my only assistant, but now it has been found advantageous to appoint the whole of our four assistant school medical officers to inspect the midwives in the middle of the day. The arrangement has been economical and has answered extremely well.

3099. Your committee took a good deal of trouble, did they not, in calling the attention of the midwives practising in 1902 to questions as regards their enrolment?—Yes, they advertised in the county papers, and they issued circulars to everybody they thought likely to be enrolled, and they made inquiries from poor law officers and relieving officers as to the names of midwives in their particular localities.

3100. What was the result of those inquiries?—The result of those inquiries was that in April 1905, 407 midwives were certified, and the numbers who gave notice to practise in January of each succeeding year were, in 1906, 370; in 1907, 315; and in 1908, 325.

3101. Were they in the majority of instances *bonâ fide* midwives, or were they trained midwives?—A very great proportion of the 407 certified in 1905 were *bonâ fide* women. The number of trained midwives was extremely small.

3102. Cannot you tell us the exact number?—I forget exactly what it was, but I think not more than 6 or 7 per cent.,—as low as that. Then I wish to call your attention to the fact that the comparatively large numbers in 1905 and 1906 included midwives in workhouses and hospitals, and monthly nurses. They enrolled because they thought they would be on the safe side, but subsequently a great many of them took off their names, and that is really why the numbers fell from 370 in 1906 to 315 in 1907.

3103. Your committee seem to have considered the working of the Midwives Act very fully. Have they any suggestions to make as regards the amendment of the Act?—We considered it at a very early period of the Act, and we have continued ever since to make notes of any amendments we thought would be advantageous, and early in 1907 we called attention to certain amendments, which I suggested should be considered when the time arrived.

3091. Do you think less than 20 cases should be accepted as sufficient?—No, I think 20 is little enough. It is a very good number.

3092. Then with regard to a midwife calling in the same doctor, time after time, do you think that it is natural or not that a woman should call in the same doctor?—It is quite natural.

3093. And it does not mean collusion or special favour?—No.

3094. (Dr. Downes.) I will put one question arising out of one Dr. Champneys asked. With regard to the Ladies' Charity and Lying-in Hospital, do you know whether the candidate had to deliver the 20 cases herself, or was she required to be present at 20 deliveries?—I believe she was advised to be present. I believe that was it.

3095. (Mrs. Hobhouse.) I gather your schools are short of candidates?—Yes, our schools are short of candidates. I am sure there are a great many districts which could do with more midwives. It is a question of supply and demand.

3104. Did you come to those conclusions from the practical working of the Act? Had you found difficulties arising, or was it your opinion that difficulties would arise?—No, it was absolutely from my experience.

3105. And from facts that came to your notice?—Yes. Our suggested amendments are based, I think, almost entirely on experience.

3106. Will you say what your suggestion as regards section 1, sub-section 2 is?—The stipulation in this section is that after 1st April 1910, no woman is habitually and for gain to attend women in childbirth, otherwise than under the direction of a qualified medical practitioner, and that needs defining. It is not clear whether the medical man must actually be in attendance. If this be not settled, the pernicious system of "covering," at one time not altogether uncommon with unqualified medical assistants, may arise, and we think it has arisen already.

3107. What exactly do you mean by "covering"?—There seems to be a sort of arrangement between certain medical men and midwives or monthly nurses, that the doctor need not be called in unless the woman really wants his services. Some midwives in Worcestershire consider that they are acting under the direction of a qualified medical practitioner if their patient has engaged a doctor, or is in a doctors' club, and an understanding exists that the doctor is not to be called in unless the midwife considers it necessary. They consider the nurses are under their direction, even if they do not attend to the case.

3108. Do they take the fee in such a case?—No, I do not think they do. I do not think they take any fee. Many of the patients are in doctors' clubs.

3109. What are the advantages of the doctors' clubs?—A man pays a yearly contribution, which covers the whole of the attendance upon his family.

3110. What is the amount of the contribution?—About 5s. a year generally, or up to 8s. A family of three or four is covered by 8s. a year.

3111. Is it paid in one sum?—It is paid quarterly. Many of the men are in benefit clubs.

3112. Is that a universal practice in the county?—Yes, it is, and with very good results.

3113. May the members of such clubs employ any doctor they select?—Usually.

3114. Is the number of medical men who are willing to act in that way considerable?—Yes, it is very large.

3115. Do all of them work for clubs?—No, not quite all, but there are men distributed all over the county who do.

3116. Are the club doctors paid any extra fee for midwifery cases?—Generally so. It varies from 5s. to 10s. 6d.

3117. You have found that unqualified midwives will take midwifery cases, and not send for the doctor



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

unless they consider it necessary?—Yes, and also the same with regard to the monthly nurses. We think for that reason that the intention of the Act should be defined as to what really constitutes acting as a midwife.

3118. But a monthly nurse will not be able to do it in 1910?—Yes, if acting under the direction of a general medical practitioner, and that is just our point. I may call your attention to the fact that we wrote to the Central Midwives Board on the subject, and the Board replied on the 31st May 1906 to the effect that the proper tribunal for determining the matter is a court of law.

3119. Have you taken the question into a court of law?—No, we have not.

3120. Are you aware of any similar cases having come into the courts?—No.

3121. Then your committee are desirous that the words "under the direction of a qualified medical practitioner" should be defined to mean the presence of one?—Yes.

3122. You wish it defined that the direction of the medical practitioner does not mean the direction from a distance, but that he must be actually present at the time?—That is our point; we suggest that a new clause, or some definition, should be added to the Act to the effect that every woman who is not a certified midwife, who, for gain, attends a lying-in woman through all the stages of labour, and conducts the necessary operations, should be under the direct personal supervision of the medical practitioner; that is our idea. We think that would cover the case of monthly nurses who occasionally take cases without being under direct supervision.

3123. Has the difficulty occurred, so far as you are aware, in other districts of the country?—I believe it has.

3124. Do you know anything about Nottingham, for instance?—Yes. Dr. Handford has written a very excellent paper on this, and what he says there I quite cordially agree with. He said "that a female who attends a woman through all the three stages of labour and conducts all the necessary operations is a midwife, and cannot honestly be understood to be acting under the direction of a qualified medical practitioner." Also I agree with his statement that "there are a number of untrained and uncertified women practising as midwives without any control, and if after April 1910 they are able to substantiate a claim that they are acting as monthly nurses under the direction of a qualified medical practitioner, the law, as it exists, will be unable to control them, and a class of uncertified midwives will be perpetuated. Hence the importance of what constitutes acting as a midwife." Those are Dr. Handford's views, and I cordially agree with them.

3125. Can you tell the Committee to what extent this difficulty arises in Worcestershire?—We have about 40 women practising in that way.

3126. Out of your 400 midwives?—No, it is 40 monthly nurses.

3127. Are these 40 women practising in isolated and scattered districts, or in the towns?—There are a few in the scattered districts, but there are a good many in the towns.

3128. In a town the medical man would have no difficulty in coming in if he chose?—None whatever.

3129. But very often the distance in the country renders it impossible?—Yes, but the same thing applies in poor law cases.

3130. Then you have another suggestion to make as regards section 3, subsection V.?—Yes. I think that the Act should specify that, before the name of a woman who has been removed from the roll is restored, the acquiescence of the local supervising authority should be obtained. That is because the local authorities, we consider, must be better acquainted with the character of such a woman than the Central Midwives Board could possibly be. I understand there has never been a case of restoration to the roll except under very special circumstances, and that the Central Midwives Board have passed resolutions directing notice to be sent to the local supervising authority

upon any application for restoration. The local authority have an interest in such cases, and I suggest that they should have a voice in the matter as a legal right, and not as an act of courtesy.

3131. Have you found any difficulty in individual cases as regards this matter in Worcestershire, that is, as regards the character of the woman?—There was one application, I believe, from Worcestershire to be restored but it was not persisted in. The woman might have been restored without our knowledge.

3132. (Dr. Champneys.) But I thought you said just now the Central Midwives Board did communicate with the local supervising authority before restoring?—I understand that there are those resolutions on their minutes, but in that particular instance they did not communicate with us, so far as I know. But I may say at once the name was not restored.

3133. So that no disadvantage arose on that occasion?—No, not on that occasion; and I wish to make it quite clear that I am not wishing to criticise the action of the Board for one moment.

3134. (Mrs. Hobhouse.) You have had no direct difficulty, but you think one might occur?—That is what we think. I may say that we have made the same statement to the Central Midwives Board as I am now making here.

3135. You consider it should be made a penal offence for a woman who has been struck off the roll of midwives to continue to practise. Have you had any instances of such a case in Worcestershire?—Yes. There was a midwife struck off the roll for ignorance and gross neglect of her patient, and yet she still practises, inasmuch as she does not take or use the title of midwife, and it cannot be proved that she does so habitually and for gain. In many parts of Worcestershire these women do not call themselves midwives at all, although they are recognised as such.

3136. But will that not be stopped in 1910?—Will that be so? We cannot prove that she does it habitually and for gain, although we know she does.

3137. Surely you would be able to prove that she so acts?—I do not know. We have been very careful in drawing attention to this particular case, and we have watched her, but we have never been able to get sufficient evidence such as would justify action after April 1910.

3138. You cannot prove that she has been given any remuneration?—No. She was a popular woman and she was struck off the roll, and even then the women in her locality still employed her.

3139. Is that in a small rural district?—No, it is in the Black Country.

3140. Then as regards section 5 of the Act, you have some suggestion to make?—Yes. That has been considered not only by our Midwives Act Committee but by the county council, and they suggest that this section should be so amended that the contribution of the county council should be according to the population of the county, and not in proportion to the number of midwives who have given notice during the year of their intention to practise. They feel that they have been specially vigilant in the administration of the Act and the result of that will be that they will be penalised. I would call your attention to the fact that Worcestershire with a population of 350,000 has 325 midwives on the roll, while Cornwall with a population of 322,000 has 176, and Northumberland with a population of 387,000 has 97, and Norfolk with 313,000 population has 94 certified midwives. In one county that I know, they took very little trouble originally to let the midwives know, and consequently some midwives complain, and I think rather fairly, that they did not know of the Act and could not get enrolled as midwives.

3141. In Worcestershire you took the matter in hand early, and will have to pay more for your attention to the work?—That is how we understand the section.

3142. Then, as regards section 8 (1) of the Act, you consider that there should be rather stricter regulations as regards the work of the local supervising authority, do you not?—Yes, we hold that the Central Midwives Board should have the same kind of power as the Local Government Board have, or as the county council have in a minor degree, in regard to sanitary



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

authorities. If the local authority does not do its duty properly the Central Midwives Board should appoint someone to carry it out.

3143. Have you found any laxity in your own part of the country as regards that?—Yes; in a country district in the Midland Counties, but I would rather not mention the name.

3144. Not in Worcestershire?—No, we do not admit there is any laxity in Worcestershire.

3145. Will you state your views as to the general supervision over midwives, which should be exercised by local supervising authorities?—We think that general supervision means that a midwife should be visited at least twice a year, and oftener in special cases. In some special cases we visit them in Worcestershire three or four or five times a year.

3146. Are you referring to the *bonâ fide* midwives?—Yes.

3147. Because these *bonâ fide* women will not by any means last for ever?—No, I hope not.

3148. The question is whether it is worth while to amend an Act specially for a class which is dying out?—Possibly not.

3149. That is a question?—Quite so, and I quite realise that.

3150. With regard to the suspension of midwives for neglect and misconduct under section 8 (2) of the Act, have you anything to say on that point?—Many cases are met with where it is desirable temporarily to suspend the midwife from practice for negligence or misconduct, and it is thought that the local supervising authority should have power to do so, before reporting the case to the Central Midwives Board. At present the local supervising authority, as you know, can only suspend a midwife from practice under subsection (3), if such suspension appears to be necessary to prevent a spread of infection.

3151. Exactly. And you have found it rather necessary in your own work that you should have further powers to deal with the woman?—Yes, we have. It would be quite impracticable to report every midwife who infringes the Rules in minor things, or, I might rather say, who does not comply with the Rules, but we think if we could suspend them temporarily for breaking a rule, it would bring them into line much more readily.

3152. Do you not find the power your committee have is a sufficient deterrent?—No, you have to keep pegging away.

3153. (*Dr. Champneys.*) It is really section 8, subsection (3), as to suspending any midwife?—Yes, certainly, section 8, subsection (3).

3154. (*Mrs. Hobhouse.*) Then that is a mistake in your précis?—Yes.

3155. (*Dr. Champneys.*) It says section 8, subsection (2), but it is really section 8, subsection (3)?—Yes. But more than that, we think we ought to have power to suspend in cases where the women are very dirty, or where they infringe the Rules. We think they would much more readily comply with the Rules in that case.

3156. You have interpreted that section to mean that there must be infection existing which it is desirable to prevent spreading?—Yes.

3157. And not to suspend a woman for fear of infection on account of her dirtiness; you see the difference?—Yes.

3158. You consider that there must be actual existing infection?—Yes, quite so.

3159. And in that narrower sense you have interpreted the Act?—Yes, we have.

3160. But all have not interpreted it in the same way?—No.

3161. (*Mrs. Hobhouse.*) You do not wish to say anything more about that particular point, do you?—No.

3162. Then will you go to section 8, sub-section 4. What do you say on that section?—On that I can merely repeat to you a statement that has been made to us by the clerk of the county council, and he asked me to bring it before you, but I am not a lawyer and I can say nothing on it personally. I do not know whether you would like me to lay before you his views?

3163. Certainly?—The clerk of the Worcestershire county council has advised that the word "offence" needs defining. He says, "Does 'offence' mean an offence under the general law, or an offence under the Midwives Act, or regulations? It may be that the legislature intended to keep a high standard among midwives, and so render them liable for any conduct unbecoming a midwife, and therefore states that those guilty of an offence shall be reported. If it is intended only to limit it to offences, as under section 1, sub-section 1, and section 10, sub-section 4, and sections 11 and 12, the word 'offence' should be set forth as 'an offence under the Act'." That is Mr. Thornely's report.

3164. Have you in regard to that particular point had any difficulty in Worcestershire itself?—No.

3165. But you have had some difficulty, I understand, as regards the notification of still births?—Yes. A case has occurred in Worcestershire where a midwife entered in her register and notified a birth as still-born and obtained burial as such in order to save burial fees, whereas the infant lived three days. The facts were reported to the Registrar-General, who did not feel justified in instituting proceedings, but cautioned the woman as to her future conduct. The local supervising authority consequently decided to take no further action in the case. Whether their decision was right or wrong is not for me to say, but that was their decision.

3166. Your committee took no action?—They reported it.

3167. But they took no further action?—No.

3168. Was that because of the Registrar-General's decision?—Yes. We submitted the whole facts to him.

3169. Then you have also had difficulty as regards notification of puerperal fever?—Yes. We hold that the midwife should notify that it is puerperal fever if it comes subsequently to her knowledge, after calling in the medical man, that it is so. We consider that the obligation of notifying puerperal fever to the medical officer is by the Infectious Disease (Notification) Acts imposed upon the head of a family and others, and similarly we think that midwives should be required to report those cases in which they are associated with it to the local supervising authority. We quite think that there are some cases of puerperal fever in the county which have not come to our knowledge. I have here a return of cases of puerperal fever notified in the last ten years in the county and we find that they only average 20 per annum.

3170. You think there were more probably than that?—We think there were more, and if the midwife is not obliged to notify puerperal fever to us we cannot see that the regulation is carried out efficiently.

3171. Is the medical man not called in?—Yes, but he commonly does not tell the midwife what is the matter. In three or four cases we found, after inquiry, that was so most clearly.

3172. But difficulty also arises in many instances where the midwife is perfectly convinced it is puerperal fever and the medical man notifies that it is scarlatina, and so on. That has occurred, has it not?—I am afraid that it has.

3173. But surely there would be further difficulty if the midwife sent in a notification?—No, we only ask when it comes to her knowledge.

3174. That is, when the medical man tells her?—Yes, exactly, as they do frequently, but not invariably.

3175. Naturally it might lead to great difficulty if you put it in the hands of the midwife?—I have not found it does. The head of the family has to notify under the Infectious Disease (Notification) Acts, and in consequence of not receiving notifications we have arranged with the district medical officers of health to report to us fully, and we pay 10s. 6d. for every case reported.

3176. You have not found any cases of direct infection from one case to another through non-notification?—We had a very suspicious set of cases lately which we had strong evidence for thinking were cases of puerperal fever, and three or four cases followed in the train of one midwife, but the medical man would



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

not support us in our inquiry and the matter had to end.

3177. When you say he would not support you, you mean he would not notify the cases?—He called it all sorts of names except puerperal fever.

3178. Then as regards the remuneration of medical men, have you had any difficulty in regard to that?—Very great difficulty.

3179. Do medical men as a rule dislike the Act, and dislike the midwives?—No, we do not find that at all. I think, generally speaking, there has not been that objection to the Act, which I have heard of in other counties.

3180. They have worked cordially with your committee, have they?—Yes, quite. But we feel that, when a midwife sends for a medical man, he is morally obliged to go, though legally he need not go.

3181. As a matter of fact does he go?—I do not know of any case where he has not gone.

3182. Can you tell us the number of such cases that have been attended without any fee being paid?—No, I cannot, but I am getting constant complaints from medical men about it, and the Worcestershire local supervising authority long ago appreciated the necessity of the medical man being remunerated, and as the Local Government Board issued a circular in July 1907 setting forth that it was "competent to the guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon a poor person in case of difficulty," my committee asked the 22 boards of guardians in the county to adopt the following system: that the fees of doctors summoned by midwives in cases of emergency (Rules of the Central Midwives Board, E. 18) should in all cases be paid by the boards of guardians (I wish to emphasise the words "in all cases"); that the fees payable to any doctor be 10s. 6d. for ordinary cases, and 2l. for abnormal cases; and that the boards of guardians should make all necessary inquiries to prove the poverty of the patient, and should take such steps as they may think fit to recover the fees in cases where the patients are able to pay them. Replies were received from all the boards of guardians, but unfortunately no arrangement could be made, as only three boards accepted the scheme in its entirety. In some instances guardians replied that they could only pay when the cases were paupers; others would only remunerate their own medical officers; and some replied that they would "decide any case on its merits." Therefore, the circular of the Local Government Board, so far as Worcestershire is concerned, has not settled the matter; and consequently I think an amendment of the Act is urgently necessary.

3183. As regards your suggestion that in all cases the fees should be paid by the boards of guardians, did your committee consider the advisability of the medical men, in the first instance, applying to the patient?—Yes, we thought it would not get over the difficulty.

3184. Have you any particular reason for that?—To begin with, many medical men have not the same means of knowing what the incomes of the people are that the board of guardians have. Their officers know the state of the poor, or ought to know, and I believe they do know that; and for that reason we think that all boards of guardians are the proper authority to pay the fees of medical men, and also the proper authority to collect them afterwards.

3185. Do the fees of 10s. 6d. for ordinary cases and 2l. for abnormal cases include any after-attendance?—Yes; those are the usual fees of the poor law officers, which I think the medical men would be satisfied with.

3186. Does that include subsequent attendance?—Yes, it is the usual poor law fee.

3187. Do you consider that boards of guardians are the authorities who should be responsible for the payment of these fees to the medical men?—We do, and for the collection of them. Certainly our local supervising authority could not collect them, and they can have no means of judging who could pay and who could not pay.

3188. You are satisfied that the delegation of powers under the Act is not a satisfactory arrangement, and your county council decided not to delegate their powers?—They discussed the question. They were strongly urged at one time to delegate their powers to the rural district councils, but after considering the question very carefully they decided not to do so, and so far as I am able to judge the committee administer the Act satisfactorily.

3189. And now your council feel very strongly about it, and they wish that portion of the Act to be withdrawn?—Yes, I believe I am right in thinking that county councils have in only few instances delegated their powers. I do not know how far that is so.

3190. Then as regards the supply of midwives after 1910, what do you say?—I have got a map, which I might hand in, which shows the trained and the untrained midwives. That is, as to the numbers of them and the localities in which they are practising. (*Exhibiting map to the Committee.*) The trained midwives are those that have a circle round them.

3191. And the figures indicate the number in each place, I suppose?—Yes, exactly.

3192. They seem to be very evenly distributed?—Yes, except just in one part in the east.

3193. Is that a hilly part?—No, it is a very sparsely populated area, and the births are widely distributed.

3194. Have you a county nursing association?—Yes, we have.

3195. How many nurses does it include?—I cannot tell the exact number, but may I mention, first of all, the fact of how the percentage of trained midwives in Worcestershire continues to rise?

3196. Certainly.—In 1905 it only amounted to 7 per cent., and it rose to 27 per cent. in 1907, and last year it rose to 28 per cent.

3197. That is very satisfactory, is it not?—Yes. We did not quite expect that, and we certainly were gratified. We find that that was mainly due to the retirement or death of untrained midwives and to trained women taking their places, but also in a slight degree to the fact that the local supervising authority of Worcestershire, have by means of grants made by the education committee on account of nursing scholarships, trained 18 midwives during the years 1905 to 1908.

3198. Are those 18 now supporting themselves?—Yes.

3199. They are not being supported by nursing associations, are they?—No. But they have to sign an agreement that they will undertake to practise for three years in the county, and if they fail to do so they have to refund a proportion of the training fee.

3200. Do you stipulate where they shall practise?—No.

3201. Do you find they generally go to the towns?—No, we select them from the locality in which they are likely to practise. We generally get an application from a certain woman, saying "If I may train I will practise here."

3202. From married women, mostly, is that?—A great proportion of them are married, and we select those married women if we think the husband is likely to remain in the locality.

3203. Therefore she is not quite earning a livelihood by midwifery?—No, not entirely; but in populous districts we do not do that.

3204. Do you find that the married women have any difficulty in passing the examination of the Central Midwives Board?—In one or two instances. They lack elementary education, but it is the fault of the candidates.

3205. But what do you mean by elementary?—Writing, and so on.

3206. Where are they trained?—In Worcester and Birmingham.

3207. For how long?—Six months.

3208. Is it midwifery only?—Yes, but under the county nursing association they train her for six months in general district nursing and six months more in midwifery.



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

3209. Then she gets a year's training?—Yes.

3210. In that time you think she is competent to pass the examination?—Yes, quite.

3211. And she has not failed, so far as you are aware, through being unable to write correctly?—No. Where they care to stay for twelve months, we generally get a better class of midwife. So many young married women, for instance, cannot afford the time, or leave their home for so long.

3212. Do you say they are trained mostly in Birmingham or Worcester?—We train some in Birmingham and some in Worcester. They are trained at the Lying-in Charity Maternity Hospital in Birmingham.

3213. You consider there will be a steady increase in the supply of trained women in Worcestershire?—Yes. We are rather surprised to find that the scarcity of midwives after 1910 in Worcestershire will be less probable than we thought it would be at one time.

3214. You thought it would be a very much more serious trouble than you think at present?—Yes.

3215. But the number of your *bona fide* midwives is very large in proportion to the trained?—Yes, but still the trained women are so increasing that we do not think at present there will be any shortage.

3216. And you think the women that you have trained are able to earn a livelihood without any definite salary being given to them?—Yes. They do. They not only get their livelihood, but a fair remuneration.

3217. Is there any voluntary or other arrangement in Worcestershire for midwives to be sent to sparsely populated districts?—The county association are now giving six months' training in midwifery and six months' general district training, and offer to place them in any locality where 60*l.* can be provided, and I believe they are getting a fair number of applications.

3218. One woman, is that?—One woman, and she takes general nursing as well as midwifery, and she gets 60*l.*

3219. That is not very much?—I did not mean to say one nurse, but one woman to any particular locality.

3220. They will train any number that come forward?—Yes, they will train any number.

3221. Provided that the locality is able to support them?—Yes, but in the sparsely populated part of the county there is a prejudice against the trained midwife.

3222. Then does the practice of "covering" occur more in that part than any other?—No, it does not occur there. I do not think it occurs there at all.

3223. Does that part of the county support the doctors' club?—Yes, I think that is so all over that district.

3224. Therefore, there is no real necessity for midwives there if they employ the doctors?—Yes, there is, because I think they would very much prefer to have a midwife. They like to have a midwife because she looks after the children more while the woman is laid up. They generally look after the house, and the objection to the trained nurse is that she does not.

3225. The county nursing association have no trained nurses there?—No, not in that locality, but I believe it is contemplated. It is merely a question of whether they can raise 60*l.*

3226. But I mean a resident nurse who would live in the house with her patient?—No.

3227. They are not included in the county nursing scheme?—No.

3228. That is the class, I gather, that you think is necessary?—No, I think a midwife should, in a locality like that, be resident in the neighbourhood and fit to take all cases of midwifery which she may be required to take.

3229. But you also state that you think the nurse should be able to do the household duties and look after the children as well?—No, pardon me; the men wish them to do that, but I do not think so.

3230. You do not think so?—No, far from it. That is a prejudice against the trained midwife on the part of the labourer, which certainly is dying out.

3231. Then you find in your county no difficulty, so far as you can see, in raising sufficient money to support the trained midwife?—I question very much whether

the 60*l.* will be forthcoming in that sparsely populated neighbourhood. It is a very poor agricultural district.

3232. Are you quite satisfied as regards the standard of the examination held by the Central Midwives Board?—Yes, quite.

3233. And you are quite satisfied with the amount of training that is given and required?—Quite, and I may mention that I heard it mooted at a meeting of county medical officers that the standard should be lowered, and I opposed it very strongly then.

3234. You would oppose anything in the shape of a modified licence?—Yes, I quite think it is undesirable and unnecessary; that is our experience.

3235. (*Dr. Champneys.*) About the deaths from puerperal fever and sepsis in Worcestershire; in 1904 the rate was 2.61; in 1905, 4.24; in 1906, 4.71; in 1907, 4.16; and in 1908 it was 2.86. It is a little difficult to get at the average, because the fluctuations have been rather great. Can you throw any light at all upon the probable cause of those fluctuations, because you have an isolated year with a very low rate of mortality from that cause, and then the mortality goes up again higher than it had been even before the passing of the Act, and then it goes down again, and the last year it was considerably lower?—Were those rates calculated on a basis of population, may I ask?

3236. It is per thousand births.—I have no explanation of the fluctuations.

3237. There is this question which you mooted with regard to section 1, subsection 2 of the Act; that is, what is meant by a woman acting as a midwife. You think that a woman acts as a midwife whenever she delivers a woman, except under the personal supervision of the doctor; that is to say, if the doctor is sent for earlier, and he is not in the room when the confinement takes place, that the woman is acting as a midwife; do you think that is the interpretation of it?—Yes, but I quite realise that there can be no rule without an exception. In cases of emergency they must act according to the general circumstances.

3238. Of course, the difficulty arises in at least two ways, does it not? There is the question, for instance, of the monthly nurse, who is engaged to attend as monthly nurse, and who is also a certified midwife, and who delivers the woman in the absence of the doctor?—Yes.

3239. That frequently happens?—Yes.

3240. What ought her position, according to your view, to be with regard to the notification of that?—We think that she should be regarded as acting as a midwife under the Act.

3241. Now supposing a monthly nurse is a certified midwife and lives in London, and she goes down to Worcestershire to attend as a monthly nurse, and the doctor is not present at the birth, what should she do?—We think she should give notice in the ordinary way, within 48 hours, that she has practised in the county.

3242. And a monthly nurse who is not a certified midwife; supposing she is doing the same thing, what should she do?—We think in the absence of a medical man, unless in exceptional circumstances, she should be considered as acting as a midwife.

3243. But supposing she is not that, but only an ordinary monthly nurse, and in the absence of the doctor she has delivered the woman, do you think she has any duties?—Yes, I think then that she should give notice in just the same way that the midwife should.

3244. That means to say you would extend the Act to people who are not midwives at all?—Yes, we think that really monthly nurses who attend midwifery cases in the absence of the doctor should be taken to be midwives, and should come under supervision.

3245. It is a very difficult matter, is it not?—I admit that, but there are so many monthly nurses who are attending cases nominally, but not in reality, under the direction of the doctor.

3246. Then as to the woman, we will say, who is a first-rate monthly nurse, and who is also a certified midwife, but who lives in London, what do you say she should do as regards her notification? Do you think she should inform the authorities in London that she is not going to act as a midwife, but may be



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

called upon to act as such in an emergency, and that she is a certified midwife?—But that is not the class of case I had so much in mind. We do, of course, get persons of that kind sent down now and then to Worcestershire, but I think they are comparatively few. It is the local monthly nurse that is in question.]

3247. Then you think a woman taking up monthly nursing, who also holds a certificate as a midwife, should notify that she is practising as a monthly nurse?—No, but as a midwife.

3248. But what if she does not intend to do it?—Then as soon as she does it she should be required to notify.

3249. She should notify within a certain time?—I am satisfied that a great many of these monthly nurses intend to act as midwives.

3250. And you think that should be done?—Yes.

3251. Then, on the question of the modification of section 8, subsection 4, about reporting at once the name of any midwife convicted of an offence, you do not think that the word "convicted" interprets the meaning of that clause?—I really do not feel competent to express an opinion on that, and I would rather not.

3252. You merely wish to call attention to it?—Yes, I merely call attention to that.

3253. Then with regard to what you say in your précis about the notification of puerperal fever, do you think that a midwife should notify it when she thinks the woman has got puerperal fever?—No, I think she ought to be satisfied in the same way that the head of the house is required to be satisfied under the Notification Act. I think the same liability should be imposed upon the midwife as is now imposed upon the head of the house by the Notification Act.

3254. But you do not think that would impose an obligation upon the midwife that she is not equal to perform; I mean to say, she might notify, and that would be one thing, but whether she would be right would be another?—No, I should say it should be when it comes to her notice. The doctor may tell her that it is puerperal fever, and that may have been without her knowing anything about it.

3255. You mean she should notify when she is informed that the case is one of puerperal fever?—Yes.

3256. But not otherwise?—No.

3257. You would not have her making a diagnosis on her own account?—No, certainly not.

3258. Now about the illiterate candidates who find difficulty in the examination. Have you any knowledge of any candidate who has been rejected on the ground of illiteracy?—No; my only information comes from the lady superintendent of the Worcestershire nursing home. In the case I have in mind we had other opportunities of knowing the way the candidate answered her papers, and that was the impression given.

3259. She had been rejected on her paper because of her illiteracy?—Partly that; but I admit the evidence was weak. I wish distinctly to repeat that I have no wish to criticise the examination.

3260. No, I know that, and what I wish to say is that, having an intimate knowledge of the examination, I can assure you that each candidate is examined on her own merit, taking it altogether, and that it is not done by marks.—No, so I understood.

3261. So that a bad paper may be entirely retrieved by the oral examination.—Quite so.

3262. In regard to the question of the prejudice against trained nurses; the midwife lives in the house and does the household work, and, in fact, fills the place in the household of the wife who is confined; does it not seem to you to be the fact that that is the class of midwife whom these people like? Is it the one who requires the presence of the monthly nurse as well as herself, or this midwife who does all that is necessary during the ten days?—I think the midwife does all that is necessary so far as the case is concerned, but the husband likes her to go a little further.

3263. The point is this, that in some of these rural districts it happens that a woman finds that her husband cannot afford a midwife, because she is used to having a monthly nurse to work with or under her?—Yes.

3264. That is your point, is it not?—That is my point.

3265. (Mr. Pedder.) Does the woman who you say was struck off the roll still continue to practise?—Yes.

3266. You want a special penalty for practising as a disroled woman, do you?—Yes.

3267. You cannot get at her now, you say?—No.

3268. Why not?—Because we can prove nothing against her.

3269. How is that?—We can prove that she attended cases, but that is all.

3270. You can do that?—Yes; she practises, and she does not deny that.

3271. Habitually?—Yes.

3272. But not for gain?—She says not for gain.

3273. So that if there were a penalty for practising when struck off the roll, you would get at her?—We could get at her easily. At least, that is my view.

3274. On the small point about the meaning of "offence" in section 8 (4), I do not ask your opinion on the legal point, but you would wish, I suppose, that it should be interpreted to mean any offence?—Yes.

3275. Offences of all sorts?—Yes, in order to keep up as high a standard as possible.

3276. Then, if it is not asking you what you do not wish to say, do you not think that you could have dealt with the woman who made a false statement about the still-birth? I do not quite see why, even if the Registrar-General could not deal with her, you could not?—No, nor do I, and I gave a guarded answer, if you remember.

3277. Quite so, and I do not want to ask you what you do not wish to say?—That was the position of my committee on the case.

3278. I should have supposed the Registrar-General might have been unable to take action under the general law, but that, as the trained midwife is under a particular Act, possibly the authority under that Act might have taken steps?—I quite realise that.

3279. Do I gather that you recommend that the doctor's fee should be paid in all cases?—In all cases.

3280. Rather than pressing the patient to pay?—No, we think the fee should be paid in all cases, and recovered if possible.

3281. That rather loads the dice in favour of the patient as against the public funds, does it not?—I do not think so. I think that many, or a considerable number, of these fees might be recovered.

3282. And you would not think it proper that the doctor should first of all take all means within his power to recover from the patient before applying to the public authority for the fee?—No, I do not. It is not worth his while to do it for such small fees. I hold very strongly that all fees should be paid by the guardians, and that the guardians should recover, if possible.

3283. Do you suggest any limit as to the status of a patient, e.g., with regard to the husband's wages?—No, I think every case must be decided upon its own merits, but you have the basis of the poor law to go on, and that is an income of 3s. per head for each member of the family.

3284. But that would be only for the purpose of recovery?—Yes.

3285. You would have the fee paid before any question was raised as to the wages of the husband?—Yes, I would.

3286. And then leave recovery to chance?—Let the guardians ascertain the details, and decide whether or not they should make an effort to recover it.

3287. But what I am thinking of at the moment is that on that system you might get the money paid down by the guardians for a case which was really not a case in which it ought to be paid out of the public funds, but which had been overlooked in the first instance?—That might be so.

3288. That you would risk?—Yes, I would.

3289. (Dr. Downes.) With regard to those cases in which you say the doctor does not come till after the birth, or may not come at all, although he has been engaged: do you know what the custom as to the payment of the doctor is in those cases? Does he get any payment?—



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

Yes, they do in some cases; they get a certain fee. It is sometimes 5s., or 10s., or half a guinea for a midwifery case.

3290. And he gets that, although he may not have rendered any assistance, but may have left the case to the midwife?—Yes, he generally gets it beforehand.

3291. It is in the nature of a retaining fee, I take it?—Yes. For instance, the county nursing association propose to do something of the same kind. For instance, agricultural labourers are expected to pay 1s. to 3s. per annum, according to their wages, and fees of 5s. to 10s. for midwifery.

3292. Is that to guarantee that the doctor will be there at the birth, or merely as a retaining fee to ensure that he will be there if the midwife wants him?—It is really a retaining fee, but the intention is that he should come.

3293. As to this difficulty of the maternity nurse who acts under the direct personal supervision of a medical practitioner, but as a matter of fact attends to the case throughout the whole of the stages of labour without the practitioner, you want, I take it, to get her enrolled, do you not?—Yes.

3294. I am not quite sure how you would throw the responsibility on her. You would say to the woman: "You have acted in this case without a doctor;" but she would say: "That is not my fault."—She would, probably. There might be—and, of course, I realise there would occasionally be—cases in which it is quite impossible for a doctor to be there; but, on the other hand, it is very common in some places for it not to be so.

3295. Would you enrol these women in the same way as the practising midwife, or would you have a separate schedule or roll for them?—No, I would have them enrolled as midwives.

3296. But if they have not been enrolled already how would you deal with them?—As laid down in the Rules; let them give notice of practising under the 48 hours' rule.

3297. And you would give them an opportunity of enrolling themselves, would you?—Yes.

3298. Should there be a close time for it?—No, but it would give us the advantage of visiting them and seeing that their homes and clothes and so on were as they should be, once they were enrolled.

3299. In the proposed amendment of the Act which has been suggested by you, how would you define the phrase "under the direct personal supervision of a medical practitioner"? Does that mean that he would attend throughout the labour, or that he should attend at some stage of it?—At some stage of it.

3300. You would not press, therefore, that he should be present at all stages of it?—No.

3301. It would probably be impracticable to do that?—Quite so.

3302. Then with regard to the additional powers which you suggest for the local supervising authority by way of suspension, would you give the midwife any power of appeal?—Certainly.

3303. To whom would the appeal lie?—To the Central Midwives Board. I meant, of course, that the power of suspension was to be coupled with reporting at once to the Board.

3304. In regard to the proposed amendment of section 12, you say in your précis: "The experience of the administration of this Act in Worcestershire shows it would be advisable for the Act to be amended so as to provide that any woman who acts negligently or in such a manner as to spread infection shall be liable to a penalty." In what court would that penalty be enforced?—I should think at the local petty sessions. The example of bringing up a woman in a local court like that would do a great deal of good. When a woman is reprimanded by the local supervising authority the other midwives in the locality very often know nothing of it, and hear nothing of it.

3305. Then, in regard to section 5, it is suggested that the contributions of the county councils should be according to population?—Yes.

3306. If it were according to the population, might not that penalise a poor county? Would you take the

rateable value as the basis?—Yes, to some extent, and for this reason, that we had exactly the same difficulty in establishing isolation hospitals. The basis in that case was on population and rateable value combined. We combined both there. The point that I did take exception to was making the number of midwives the basis.

3307. (Mr. Fremantle.) May I ask, if you say rateable value, whether in your opinion it would be more reasonable to take the assessable value?—Probably it would be simpler.

3308. (Dr. Downes.) You think it would be fairer if some consideration of value came in?—Yes, I do.

3309. Now, with regard to the circular which the Local Government Board issued in July 1907 to the boards of guardians, and the suggestion that the fees of the doctors should be paid by the boards of guardians in all cases, were the Worcestershire supervising authority advised that it would be competent to the guardians to pay the fees in all cases?—No, I cannot say that they were so advised.

3310. Because the Act of 1848, on which the suggestion in the circular is based, limits the power of payment to the case of poor persons?—Yes, I follow that.

3311. May it not be that the guardians would feel a difficulty as to their powers in paying, having regard to the wording of your committee's scheme, which is "in all cases"?—But in spite of that we have got three boards of guardians perfectly willing to do it.

3312. But as a matter of fact, they would have to show that it was a poor person, in order to justify the payment?—I suppose that is so, but that would not alter my opinion as to their being bound to do it.

3313. You would like to see the Act amended in that respect?—Yes.

3314. It has been suggested to us that a similar power should apply to the case of the midwife called in in a case of emergency. Have you had that point brought before you at all?—No.

3315. That is, supposing a woman has made no provision, and a midwife is called in?—No, that has not been before us, nor considered.

3316. That might encourage people not to make any provision if it were too easy?—Yes, it would be carrying it too far, so far as I can judge at present.

3317. What have those boards of guardians done who decide a case on its merits, do you know?—I believe practically nothing. It is only quite recently that we have come to the end of our negotiations, certainly within the last fortnight.

3318. You hold that the proper authority to pay the fees would be the boards of guardians, or their suggested successors?—Yes.

3319. And you give us two reasons; you say, firstly, because they have special facilities for ascertaining whether or not any fees ought to be required?—Yes.

3320. And secondly because they have officials to collect repayments?—Yes.

3321. That is to say, they are an authority properly constituted for such work?—Yes.

3322. There would be also this advantage, would there not, that, with only one authority doing it, it would obviate the danger of overlapping?—Yes, it would be, in my view, quite impossible for a local supervising authority to do it.

3323. (Mr. Fremantle.) As regards your suggested amendment of section 1 (2) of the Act, would you amend the Act in such a way as to include in its scope a notification of intention to practise, and the supervision of the monthly nurses?—I do not quite follow that.

3324. You pointed out that there are cases in which neither a midwife nor a medical man is in attendance at a birth, and you think that is a danger?—Yes, I do.

3325. Would you suggest that the Act should be amended so as to insist that the monthly nurses practising in a county should be supervised to some extent by the local supervising authority?—Most certainly, the same as the midwife.

3326. That they should give notification of their intention to practise?—That they should be dealt with



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

in the same way as the midwife, that they should in fact be midwives as defined by the Act.

3327. You mean to say you would insist that they should not be allowed to act as monthly nurses unless they had qualified as midwives?—Yes, I would.

3328. You do not mean to say they should not be allowed to act as monthly nurses in the presence of a medical man, do you?—No, if they were acting as *bona fide* monthly nurses I should certainly not interfere, but many of them do not; they act as midwives in addition, in some cases.

3329. But they may often so act, or say they do, unintentionally and as in an emergency. Do you consider that they ought to notify their intention to practise as monthly nurses, whether they intend to act without supervision or not?—No not as monthly nurses, but I think they should notify as midwives, so that they might come under the ordinary rules of inspection.

3330. But supposing they are not midwives, and do not intend to practise as midwives, what then?—But assuming they do practise as midwives, and intend to do it, I mean.

3331. But they may say they do not?—Yes.

3332. And how could you get at them except by compelling all monthly nurses to notify the fact that they are practising?—I have only our experience to go on, that we think they do act as midwives.

3333. But how can you bring them under your authority unless you amend the Act in such a way as to say that monthly nurses shall notify their intention to practise as monthly nurses?—My suggestion was here as to the proposed new clause. It would leave the title "monthly nurse" entirely out of the question and would effect that, every woman who for gain attends a lying-in woman during all stages of the labour, and conducts the necessary operations without being under the direct personal supervision of a registered general practitioner, is a midwife.

3334. (*Dr. Champneys.*) A registered general practitioner?—Yes, or registered practitioner.

3335. (*Mr. Fremantle.*) But that does not cover the cases that are, or may be held to be, emergencies?—No, and I think every rule must have its exceptions.

3336. You do not think it is necessary to try to cover those cases of alleged emergencies by securing notification of monthly nurses as monthly nurses?—No, I do not.

3337. Is it your opinion that it would be desirable to register the name of the person actually in attendance at the birth?—Yes, if she acts as a midwife.

3338. Or if she has a medical man?—No, it is merely if she acts as a midwife. I would not have any interference at all in the case of the medical man.

3339. But, I mean, included in the registration by the Registrar-General, in order that you may know who is in actual attendance at the birth?—Do you mean the doctor in attendance?

3340. I will put it in this way: It is very difficult for you, as the officer of the local supervising authority, to know who is in attendance on the actual day of the birth, or who has been in attendance?—Not if the case is entered up in the register.

3341. But you cannot tell that. Supposing it is a monthly nurse, for instance, you cannot tell, because there is no register for you to go by?—No, quite so.

3342. If there is one of these women whom you suspect of carrying on practice under "cover" of a doctor, and who is not qualified, how can you get at that fact?—Only by our local inquiries.

3343. Do you think you would be assisted in those inquiries if the father had also to register, at the time of registering the birth, the name of the person who was actually in attendance at the confinement?—Yes, I think it might be an advantage.

3344. Have you in Worcestershire had any experience of the adoption of the Notification of Births Act?—Yes. The county council applied to the Local Government Board a year ago for power to adopt it for the whole of the county and the Local Government Board refused, saying that they would reconsider the matter at the end of 12 months, provided local authorities would not adopt the Act. Only two local

authorities in Worcestershire have adopted the Act, and the county council have again applied to the Local Government Board for permission to apply it to the whole county.

3345. What is your scheme of working this Act or of dealing with notifications within certain areas?—We have rather an exceptional number of health missionaries—there are seven—and it is really in those districts that we want the notifications.

3346. Are those health missionaries sent out by the county council directly, or by the local sanitary authorities?—No, they are part of my staff. Each of them acts under a local committee, but they are officers of the county council and under my supervision.

3347. And the local committee is directly under the county council?—They simply advise the health missionaries. I think the first appointment was made in Worcestershire 10 years ago on account of the excessive infantile mortality, and the results have been most satisfactory.

3348. What is the health missionary's method of work as regards the midwife?—We send them into the localities where infantile mortality is excessive. Their business is to make friends with the people and to get hold of the mothers, and especially of the younger mothers, with a view to persuading them to adopt the right way of feeding and clothing the children, and one of the great qualifications which they ought to have is tact, and unless they are tactful, they are not much use to us.

3349. How do they set to work in individual cases of newly-born children?—We have the health missionaries in these districts where the Notification of Births Act has been adopted. The health missionary is supplied with the returns of births, and she then immediately, or as soon as she can, calls upon the houses where the births have taken place.

3350. Immediately?—Immediately, or as soon as possible.

3351. Independently of the midwife who may be in attendance, or of the medical man?—Absolutely independently.

3352. Is that objected to at all by the midwife or the medical man?—No, we have never had any trouble. We have no friction between midwives and health missionaries.

3353. Apart from the value of the Notification of Births Act in these respects, what would you consider to be the value of the Act in connection with the administration of the Midwives Act?—We should hear of all the still births.

3354. Do you consider its value is considerable in that respect?—Yes.

3355. From the point of view of the administration of the Midwives Act?—Yes, I do, and my committee are strongly in favour of it on these grounds.

3356. Firstly as regards still births?—Yes.

3357. Are there any other reasons?—I have not any in my mind for the moment, but I admit in districts where we have any health missionaries, it would be of special value.

3358. Would it not give your inspectors of midwives closer control over what the midwives were doing?—Yes, I think it would.

3359. Have the inspectors of midwives any other means at present of knowing, except through the health missionaries, of the cases the midwives are attending?—No, but there is the midwife's register of cases.

3360. But that is only helpful when they see the register?—Yes, that is all; but they are instructed never to visit a midwife without examining her register.

3361. Then you think that the better administration of the Midwives Act affords an additional reason for adopting the Notification of Births Act in rural areas as well as urban areas?—Yes.

3362. Some counties have found that when a midwife has by degrees come under suspicion for some offence which requires a great deal of proof before it can be brought home to her, she has disappeared from the district. Have you experienced any such difficulty in Worcestershire?—No. We have two or three on our black list now that we are watching for drunken-



17 March 1909.]

Mr. G. H. FOSBROKE.

[Continued.]

ness, but we have had no cases where they have disappeared.

3363. Supposing there were two or three cases of midwives who had disappeared in the way I suggest before you had actually brought evidence against them before the Central Midwives Board, what would happen to all the evidence you had accumulated against them?—We should have to keep it till we could hand it over to somebody else in any district to which they may have gone. But that difficulty has not occurred in Worcestershire. It is an agricultural county, and the difference is that these women are known much better than they would be in the towns.

3364. That is as regards the local women who belong to the villages?—Yes.

3365. But supposing a trained nurse came down engaged by the local association and behaved in this way, it might be rather difficult to bring it home to her, might it not?—It might.

3366. But you have no experience of that?—We have no experience at all of that.

3367. I put that point because there are some places where it is thought advisable to maintain a hold over the midwife by keeping her certificate while she is practising. Do you see any objection to that from your own experience?—I see no need for it in my experience.

3368. You mention in your précis the need of control of the local supervising authorities. Do you consider that local supervising authorities should be supervised by the Central Midwives Board or by the Local Government Board?—I should say the Central Midwives Board, because they are the authority under the Act.

3369. They are not at present the authority for controlling the supervising authorities, are they?—No, but they are the authority constituted under the Act, and, therefore, I should look to the Central Midwives Board to control the supervising authorities if necessary.

3370. But then with a view to doing that the Central Midwives Board would require a special staff of inspectors, would they not?—I take it they would have some one they could send down to make inquiries when necessary.

3371. Do you make any report, or does your authority make any report on the administration of the Midwives Act?—Yes, it reports once a year to the county council in March.

3372. To the county council?—To the county council.

3373. Who does?—The Midwives Act Committee. That is the only proviso of their appointment.

3374. Does anybody criticise the report?—Yes.

3375. The county council itself does, perhaps?—Yes.

3376. But beyond the county council it does not go any further?—No.

3377. Do you think it would be a good thing that that annual report should be made public in some way?—Yes, I think it might. Of course it is made very public in the county.

3378. It is made public in the county as it is?—Yes, and it is discussed pretty freely by the county

council, and the newspapers comment on the council's proceedings pretty freely.

3379. But if it were made compulsory that such an annual report should be made public, do you think that would be a help in such supervision of the supervising authorities as you suggest?—Certainly I do. I am quite in favour of that view.

3380. It would be a natural check?—Yes.

3381. In regard to your evidence about the notification of cases of puerperal fever, do you think that a midwife should be required to notify such cases to the local supervising authority or the sanitary authority?—The local supervising authority. I look upon them as the authority under this Act.

3382. You say that the local supervising authority cannot satisfy themselves about the disinfection of the midwife. The sanitary authority have to do that, do they not?—No, not now. We satisfy ourselves. Under the old Rules it used to be the local sanitary authority, but now it is the local supervising authority.

3383. Then do you think it is not necessary for this notification to go from the midwife to the local sanitary authority at all?—No, certainly not.

3384. Would you as a matter of fact pass such a notification on to the local sanitary authority, or to the medical officer of health for the district?—Yes, I think that would be very desirable. In the administration of this Act we work in every way we can with the medical officers of health. In fact every case of puerperal fever reported to them they report on a form to us for which we pay a fee of 10s. 6d.

3385. They are paid a fee of 10s. 6d. for what?—For their report on any case of puerperal fever in which a midwife is concerned.

3386. Under what powers do the county council pay that fee of 10s. 6d.?—I cannot say, but we have got the money granted and we pay and no objection is raised.

3387. With regard to your reference to the question of the difficulty of the provision of village nurses, it has been suggested to us that considerable help may be got in this matter in connection with the medical inspection of school children. Do your county council propose to employ school nurses at all in connection with the medical inspection of school children?—We do now; we have two.

3388. Do you use these village nurses for that purpose?—No, not yet. We use our health missionaries for it, but that is a new departure.

3389. Do you think the work might usefully be done eventually by these village nurse-midwives?—Yes. But my education committee are not working quite on those lines. They are getting their local managers to appoint "after-care" committees to deal with those cases.

3390. But you think personally that it might be a useful way of assisting to provide for these village nurse-midwives if they were also given some of this work to do, and were employed in connection with the school work?—It is possible, but I should not like to try that till the "after-care" committees have been found wanting.

3391. That is an alternative?—Yes.

The witness withdrew.

Mr. J. R. KAYE called and examined.

3392. (Mrs. Hobhouse.) You are county medical officer for the Administrative County of the West Riding of Yorkshire?—That is so, and I am also medical adviser to the Education Committee, who have under their supervision no less than 1,300 schools. I am also Secretary to the Medical County Officers Association, and Secretary to the Yorkshire branch of the Society of Medical Officers of Health; therefore I presume I ought to know something about the subject.

3393. How long have you been county medical officer?—Twelve years.

3394. In the West Riding?—Yes.

3395. You have a considerable area under your jurisdiction, have you not?—That is so; may I say that I should like to draw your attention to the table\* I sent you,

and particularly to the first and second columns, from which it will be seen that, comparing the areas, the rural and urban areas, the ratio is four to one? My great argument I might state is this, that with the coming of 1910 and the growing decrease in the number of midwives, we shall have a serious difficulty among child-bearing women in my opinion in sparsely populated areas in my county. I think that every child-bearing woman ought to have the satisfaction of being in the condition of being able to look forward to someone being able to help her in emergency or in cases where a medical man cannot be found, or in cases where he lives a long way off. That is the whole of my position.

3396. But we want to take your evidence in the order in which it comes in your précis?—Yes, but I want to draw attention to that—that the ratio of the acreage

\* See next page.



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

of the urban districts to the rural is as one to four, whereas in regard to population, it is just the reverse, it being four to one.

3397. The total number of births in 1907 was over 38,000?—Yes, practically 40,000, or exactly 38,842.

3398. Do you know the proportion of those births which were attended by midwives?—About 13,500.

3399. Not quite half?—One-third. You might also notice that there is an apparent discrepancy between the number of certified midwives in my first table,\* namely, 737, and the number given in the following table,† namely, 757. But that is due to the fact that the latter was taken in January, and the other at the end of the year, when deaths and emigrations have taken place.

3400. Then you reckon that the average number of births per midwife is low?—Yes, I do, and particularly in the rural districts where my difficulty is. There are practically 13 square miles to each midwife, and when she has got to attend for ten days and wash the baby in every case, she can only do very few cases. If every birth in the county were attended by midwives, there would be an average of only 53 to each midwife. I am putting the very maximum to show that these women in my district could not earn a livelihood, even with the whole of the births.

3401. That is the reason of your table, is it?—That is the reason of my table. It must be judged of by these figures given here.

3402. (Mr. Pedder.) It is not the average attendance?—No, it is the utmost they could possibly do, and I want to show that the poor midwife cannot obtain a livelihood.

3403. (Mrs. Hobhouse.) Then probably less than 100 women earn their livelihood by midwifery?—I think I am justified in saying that. I have visited every midwife once at any rate, but I have 13 assistants, and they do a good deal of that work. From my knowledge of the position, I reckon there are about 100 of them only that can earn a decent livelihood.

3404. Are these women working on their own account, and not under an association?—They are all working on their own account. We have none, unfortunately, in an association, and that is the difficulty of the problem in the West Riding, which we are trying to solve.

3405. You have no association whatever?—No.

3406. Not a single one?—No, and it is an extraordinary thing to have to state that. In 27 or 30 cases we have private nurses engaged by private people or combinations in villages, but we have no county nursing association or any large association.

3407. You have isolated village associations, have you not?—Yes.

3408. Will you tell us how matters stood in the West Riding prior to 1905?—Before certification of midwives became compulsory, there were probably less than 100 women in the West Riding who were actually earning a livelihood by midwifery. These are the women I shall call Class A. Then there were women in every district who acted as midwives for gain whenever required. These women, whom I shall call Class B, certainly exceeded 1,000 in number, and the cases they attended were relatively few. In addition there was a third class, whom I will call Class C, who attended cases only under the direction of a doctor. Finally, there was a large and indefinite class of handy women who were ready at call to assist a neighbour in illness or confinement with or without a doctor; I shall refer to them as Class D.

3409. Then women in Class C were monthly nurses?—No, that was a difficulty again. When the Act came into operation certain doctors took it into their heads that they would interpret the part of the Act which speaks about being under the direction of a doctor as meaning to be applied to all women. I could mention one or two important centres under my supervision in the West Riding, where quite a number of doctors took up that stand. I had to call upon them all privately and say: "I do not know whether you are right or wrong" but this is my position, that you have no right to suggest to these women that you will come in in an emergency, and then tell them they are not to come under the Act."

3410. Did you find they were doing that?—Yes, and I said if you do that, I shall have to report to the General Medical Council that so-and-so gives "cover" to an unqualified medical assistant. I wrote to the General Medical Council and got an interpretation that suited me. The result is that in a large town of 25,000 inhabitants the doctors now agree with me. They got frightened at the position I took up, and there are 14 midwives now in the town, whereas, if they had had their own way, we should not have had a single midwife.

3411. Then do you consider that you have entirely knocked out Class C?—Yes, I have.

3412. Class C is a thing of the past?—Yes, except that there is still the handy woman who uses the same argument. They say, "We are under the direction of a doctor." We are told that we have no right to put them down as registered, and they keep no registers, or anything of the kind. Then there is Class D, the handy woman, the neighbourly woman in the small parish, who is usually the wife of a carpenter or

\* TABLE I.

The AREA of the WEST RIDING COUNTY COUNCIL as the LOCAL SUPERVISING AUTHORITY under the MIDWIVES ACT is shown in the following table along with certain statistics.

Sanitary Districts Included.	Area.		Estimated Population, 1907.	Number of Births, 1907.	Number of Certified Midwives on List.	Ratio to each Midwife.		
	Acres.	Square Miles.				Square Miles.	Population.	Annual Births.
14 Non-county boroughs	47,124	73.6	382,729	8,986	162	0.45	2,362	55
119 Urban sanitary districts.	318,592	497.8	761,298	20,101	417	1.20	1,827	48
29 Rural sanitary districts.	1,397,757	2,043.0	361,312	9,755	158	12.93	2,287	62
162 Total.	1,673,473	2,615.0	1,505,339	38,842	737	3.55	2,043	53

† TABLE II.

CONDITIONS FROM 1905 TO 1910.

When the first complete roll was issued it contained the names of 1088 persons living in the administrative county, viz.:-

Enrolled on <i>bona fide</i> qualification	972
" " L.O.S. certificate	96
" " other diplomas	20
	1,088

The following table shows the numbers who notified their intention to practise in the area:-

Year.	
1905	828
1906	848
1907	788
1908	757
1909	729

All of them are of the *bona fide* class except 21 possessing L.O.S. or other old training certificates, and 24 possessing the Central Midwives Board certificate.



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

grocer, and she goes to the cases and says, "I cannot see my poor fellow sufferer in trouble, therefore I go." My solution of the whole problem is that we should get at some way of keeping them. I do not want for one moment to lower the standard of the examination of the Central Midwives Board. I think that ought to be kept at its present high level, or even higher than it is now, for urban districts, but for rural districts I think we should have some method of recognising these handy women. I go the length of suggesting that the local supervising authority in these areas might issue annual licences for such women.

3413. They work, as a rule, under the supervision of a doctor, do they not?—Not always.

3414. No, but as a rule?—No. A great many of them are independent. The doctor knows them in the village, and if he is sent for he asks "Is Mrs. — at the case?" and the answer is "Yes." Then he says "I will come as soon as I can," which means 10 o'clock in the morning, perhaps.

3415. Is the doctor booked for the case as a rule?—No, not very often, but sometimes he is, and if he is, he is paid 15s., 6s. of which he gives to the midwife, and she goes to the case overnight, and he takes it in the morning on his rounds, and pockets the rest of the fee.

3416. Have you any system of doctors' clubs in the West Riding?—Yes, there are a considerable number of them.

3417. Do those clubs provide for midwifery attendance?—In no case that I know of.

3418. Then I gather that the county council of the West Riding have not delegated their powers under the Act?—I thought for the first five or six years we ought to retain hold of the work ourselves, and as to the future I do not know what we will do, but I should like to say that when the Act came into force the West Riding Sanitary Committee used every endeavour to get all these women under supervision, and we used the police and medical men and the medical officers and the clergymen, and we advertised and used every means we could think of which would be of any use.

3419. And were you very successful in the number you secured?—We were successful, but not as much so as I thought we should have been. The number we did secure was 1,088, and of these 116 had a certificate or diploma of some kind.

3420. The remaining 972 were *bonâ fide* midwives?—Yes.

3421. Is the number of those who have notified their intention of practising increasing?—In 1905 there were 828, and in the present year, that is 1909, the estimated number, computing it on the figures of the past, will be 720. That is an estimate.

3422. Then the practising midwives are decreasing in number?—Yes, because there are so many deaths, as I point out afterwards in my précis.

3423. How many of the midwives have the certificate of the Central Midwives Board?—At the present time, 24.

3424. Are the *bonâ fide* women as a rule elderly women, or are they likely to continue to act?—The average age is 60 this year. It used to be about 57 a few years ago, but it has now jumped up to 60.

3425. Then you look forward to a very rapid decrease in their numbers?—Quite so. Some areas are absolutely without midwives. This is due to the fact that in those districts the doctors and clergymen did not co-operate with us in helping to get the local women certified. 46 per cent. of them can neither read nor write, and they are easily influenced by their superiors in the village. A great many of them did not want to begin practising at all, but they have done so because a doctor paid for their outfits, and somebody else paid for their aprons and frocks and so on.

3426. There are 22 sanitary districts without a single midwife, I understand?—That is so.

3427. Is it the habit in those districts to employ doctors for the midwifery work?—No, the neighbourly woman who does the work of the house is employed. Certain doctors said to me only last week they preferred in many cases to have the handy woman of the village rather than the certified midwife.

3428. What reason do they give for that?—The reason is, of course, that a great many of these women have got on without the Central Midwives Board's certificate because, as a result of their previous practice, while handy women, they adopt a less independent attitude. They did not think they were going to continue, but ultimately they found the doctors took to them.

3429. They are more likely to do what the doctor wishes, I suppose?—As a rule they are very good, and there is a vast improvement in the West Riding, undoubtedly, with regard to them.

3430. That is in consequence of the instruction given and the supervision?—Yes. We have had courses of lectures given to all of them, and my assistants are told to spend a fair amount of time with each woman and to go through her books and answer all questions, and a great many women now ask questions who would never have dreamed of doing it before, or thought of doing it for themselves.

3431. There is a very large portion of the West Riding wholly unserved either by doctors or midwives, is there not?—Yes. The doctors concentrate in certain populous parts, and the result is that you have a radius of 8 or 10 miles extending out from these centres without any doctor at all.

3432. And also without a certified midwife?—Yes, but still with the neighbourly handy woman.

3433. But after 1910 those districts will be wholly unserved?—That will depend on the interpretation of Section 1 (2) of the Act. If you come to the conclusion that anyone doing seven or eight or nine cases a year is not doing it habitually and for gain, then it gets over my difficulty to a large extent.

3434. But if she is not certified she cannot do it habitually?—That is for the Committee to say, because of course the point would be that it would grow into a practice in other districts, and you would have trouble under the Act.

3435. Your figures show that there is a considerable decrease in the number of midwives?—Yes, a 15 per cent. decrease since 1906. The number of deaths is increasing year by year. In 1905 there were four deaths; in 1906, thirteen; in 1907, seventeen; and in 1908 there were twenty deaths.

3436. You consider that the outlook presents two serious considerations; will you tell the Committee what those are?—The first one is that the position of districts where certified women are now scarce, or non-existent, and where the work is being done by women who will be acting illegally after 1910, if you interpret the Act as we in the West Riding interpret it now, is such that they cannot possibly support a woman who relies on midwifery for a livelihood. In fact, in all these districts the present women do not expect to do so. They simply do it to add a little to the wages of the husband. In some districts they are not paid by money, but in kind, as, for instance, by a pair of stockings, or a pot of jam, or an apron. The second consideration is the probable failure of the midwives who have passed the Central Midwives Board examination to fill the gaps caused by the death and retirement of the existing midwives. My committee now are giving me 150l. for scholarships, but these women, immediately they get their examination over, go away to make a livelihood elsewhere. They do not ask "where can I help my sisters in the village?" but they ask "where can I earn a livelihood?" and my committee feel that they are not getting what they wanted. We choose certain women, and we consider that such women as the constable's wife or the carpenter's wife might probably be the sort of candidate that we should want. The result is that we have had four trained, but one gave it up, and three came forward for examination. The matron reported to me that the women were very good practically, that is, they were clean and understood the whole of the rules with regard to outfit, and so on, but in her opinion one of them could not possibly pass the examination in London. I communicated with Mr. Duncan, and he invited me to attend the examination, and I was present, and I think it was a very reasonable and good one, and one that ought to be upheld, and that woman I quite



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

agree ought not to have been allowed to pass. The other two did better than I expected. The result is that I have got my 150*l.* again, and I shall try another four this coming year. But my committee do not want to train nurses who will not condescend to ordinary agricultural cottage household work. The widow or the young wife of an agricultural person in the locality is the class of person we are desirous of training.

3437. How many have you trained altogether?—Three altogether.

3438. Do you think there is any possibility of your committee increasing the amount of money granted for training?—We are going to ask to be given power to spend the money from the sanitary committee. A very large increase may be looked for from that quarter. But if we are confined to going to the higher-education committee, we may look for a decrease in the amount.

3439. Have you had any difficulty hitherto in securing candidates?—Yes, we have had difficulty.

3440. For what reason?—Because we cannot get the women to fit the occupation, and fit the examination at the same time. This is our great difficulty. We can get plenty of women to go through the examination. I might say, we had some candidates up, and they looked women unfitted for any occupation at all. That is, they were women fairly intellectual, but not fitted for handy work of any kind. Then there is the other class who are not fit for the written examination, but only fit for handy work.

3441. Is that your reason for saying in your précis that one cannot replace the handy woman by importing the midwife?—The women will not think of midwives being imported. The handy woman is able to help in little ways in the house, and in looking after the children going off to school and so on, but the trained midwife unfortunately thinks she is somebody, and will not do that work.

3442. You state there is no adequate organisation for combining midwifery and district nursing, and even if there were, the areas are too large to enable the women to earn a livelihood?—Yes. I think we attempted to do something in the matter. A very large meeting was held in Leeds with the object of forming a county nursing association; the idea is before people, and subscriptions are coming in, but not to a great extent, and I think we are not working it as vigorously as we might do.

3443. In other parts of the country it has been found that the easiest way of supplying midwives for scattered populations is for a nursing association to have two or three in a centre, and when a case requires attention some distance off the midwife is sent from the centre to reside in the village till the case is over. Has that plan been at all considered by your committee?—My committee, of course, consider that the whole question is really one of money. If we could afford to get these women, it would be all very well, but what we say is that even then the area would be so large that you would require to subsidise them. Now I am opposed to subsidies of any kind.

3444. By whom would they be subsidised?—By the local supervising authority. The area would be so very large that at least a small amount of wages or salary for the woman would have to be provided. If she had a bicycle that might help her to some extent, but I may say that if I thought a county nursing association would entirely get over the difficulty, I should take it up very strongly. My argument is that, if you are going to insist upon the requirements of the Central Midwives Board, you are going to get rid of that class in the villages and hamlets.

3445. They have found in other parts of the country that cottage women are perfectly capable of passing the Central Midwives Board examination?—Unfortunately I have seen some of them, and I say my idea is that these women could not pass it. I am quite in a minority I know among my fellow officials as to this.

3446. Then you have some remarks to make as regards amendments of the Act which have been suggested?—Yes, and I should like to say here I am acting in a double capacity, rather an unfortunate position for myself. I am asked by my committee to

state a certain proposition which I have never dreamed of and never thought they would bring forward, but they did bring it forward. The first suggestion is: That the Act should be administered after 1910 as at present, *i.e.*, allow these handy women to take the few cases that arise, providing they do not hold themselves out as certified women. This is objectionable in that it amounts to winking at offences against section 1 (2). The objection is to the offence of connivance. It is also unfair to women who took the trouble to get certified, and it puts the local supervising authority in an undesirable position.

3447. (*Mr. Fremantle.*) That is, in other words, postponing the operation of the Act?—Yes, which I think would be bad. It would be only putting off the evil day to another time. The second suggestion is: that the handy women where found suitable should be allowed special facilities for becoming enrolled. This scarcely seems practicable having regard to the women who are becoming certified after training and examination. The third is: "that the penal clauses of the Midwives Act should not come into operation at all in sparsely populated areas;" that is to say, the area or parish or locality where there is less than a population of 200 aggregated together in one place. That unfortunately I cannot support.

3448. (*Mrs. Hobhouse.*) But you support the first two?—Yes, and I particularly support the fourth, which is that the Act should be amended so as to authorise local supervising authorities to grant to suitable uncertified women a modified licence applicable only for a given period and within a defined area. I use that argument because in the medical profession itself you get degrees of qualification of course, and I do not see why in regard to midwives there should not be some degrees of qualification, and I think that suggestion might overcome the difficulty. With regard to the third and fourth suggestions, I may say that they were put forward by my committee, but I should like to say more about the fourth. As I state in my précis, "the women to be so licensed would in every case be of good character and experience." That is to satisfy the local supervising authority. Then I say, "they would undertake to keep a list of the cases attended and to observe the primary rules. Their authority would expire in six or twelve months unless renewed, and it would not be renewed unless everything were thoroughly satisfactory. If a certified midwife came to settle in the area, the licence of any uncertified woman would be called in."

3449. You suggest that as a provisional arrangement?—Yes, and why I say the local supervising authority should grant the licences is that I do not think the reputation of the Central Midwives Board with regard to their diplomas should allow them to have anything to do with modified licences. This is a plan that might be put in force for the next six or eight years, and we could see then how the country gets on with regard to the supply of trained women and whether some agency might not arise whereby rural areas could be supplied with trained women.

3450. As a matter of practice in scattered areas, where the doctor is too far off from the woman to attend and there is no certified midwife, the local supervising authority would not prosecute a woman for going to an emergency case, would they?—You use the phrase "an emergency case."

3451. Yes.—But if she went to half a dozen cases in three months, what would be our position then?

3452. As a matter of practice, you surely would not prosecute them?—Certainly not; we should not dream of doing it. But, supposing the Central Midwives Board were to appoint a couple of inspectors, and they were to come down to the country, and find that we were ignoring the Act, what would be said then?

3453. You are basing your argument on a supposition?—I am basing it on a supposition. I am only supposing that. But we should be found fault with, and we want to be put in the right position. If you say that those women attending up to, say, a dozen cases in the year are to be allowed to go on without interference by the local supervising authority, the penal clause will not be enforced, and we should be quite willing to accept that arrangement.



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

3454. (*Dr. Champneys.*) In your précis, you say that there is no adequate organisation for combining district nursing—I suppose that is with midwifery—and even if that were altered, the areas are too large for a livelihood?—Yes.

3455. But could not an organisation be set up? Is there any other objection to it than that it would want more money than you have got?—No. We simply want to provide for them. It is a question of the number of women versus area. If you get over that the difficulty is solved.

3456. Then your suggestion is that there is not enough money to keep these women alive?—Yes.

3457. If they were subsidised in any way, that difficulty, *pro tanto*, would disappear, would it not?—Yes, absolutely.

3458. What is your objection to subsidising them if it could be accomplished?—I think if you began with a subsidy of that kind, then the practice would have to spread, and it would branch out into all sorts of things.

3459. It would be a step towards socialism?—Undoubtedly, and my authority would object to it most strongly.

3460. On that ground?—Yes.

3461. But would your authority object to it if the cost did not fall upon the rates?—I think they would object to a subsidy in any form.

3462. Then I should rather like to know about your fourth suggestion for the amendment of the Act, which is, "That the Act should be amended so as to authorise local supervising authorities to grant to suitable un-certified women a modified licence applicable only for a given period and within a defined area." Your suggestion is that these midwives should not have anything to do with the examination of the Central Midwives Board?—Not unless you feel so inclined. My idea is to uphold the Central Midwives Board. I should not for one moment do anything to lower the standard of the examination, and therefore I seek refuge in bringing these other women under the local supervising authority. It is immaterial to me where the licence comes from.

3463. Is it your idea that the local authority should institute an examination for themselves?—No, not an examination; but they would institute lectures as they have done already. I do not suppose they would agree to give the licence to any woman who did not attend, perhaps, four out of six lectures, or fulfil some condition of that kind.

3464. Then you say that these women are not fit for a written examination?—Yes.

3465. I had the pleasure of meeting you at the last examination in London, I believe?—Yes.

3466. Did you see the way in which the marks were awarded?—Yes, and I quite agree with everything that was done.

3467. You saw that there were no numerical marks accorded?—Yes, I saw that.

3468. And you saw that a woman was judged according to her work as a whole?—Yes.

3469. In what way then do you think your West Riding midwife is under a disadvantage as regards a written examination?—I may tell you that one became quite ill because of certain big words which she could never remember. The girl became so sleepless that she had to be let off her work. Then other women have bothered the life out of me about certain long words also. One woman came to me about the name "ophthalmia neonatorum," and I said, "you will never be expected to know about that."

3470. Did you find there were any cases of women being rejected for ignorance in regard to these hard words in their examination, or did it militate against them?—I think it militated against the health of the women studying for the examination.

3471. But they got through?—Two of them did.

3472. I think you said just now that there was one you thought should not pass, and she did not pass?—Yes.

3473. And the two, who you thought might pass, did better than you expected?—Yes.

3474. Therefore their ignorance did not prevent them from passing the examination?—Yes, but if you will pardon my saying so, in regard to these women in

these villages, I honestly think that I could scarcely expect them to define to me such things as antero-posterior diameters or have much technical knowledge of the pelvis, for instance.

3475. No, but the point is that they came up, and they did better than you expected?—Yes, they did.

3476. They passed?—Yes.

3477. The one that you thought would not pass, did not pass; and the other two, that you thought might pass, did pass better than you expected?—Yes. I may say I studied the examiners very carefully, and they perfectly understood how to bring out the candidates' knowledge. I have done a good deal myself in that way, and no doubt in both instances they managed in a way to bring out what these women knew.

3478. That is the work of the examiner?—Yes.

3479. But to go back again to the point we were on, the only objection to the written examination is that the women were afraid of it?—Yes, that is so.

3480. If you could tell them that they were not to be afraid, or if they could be so persuaded, there would be nothing left to complain of or to apprehend, would there?—I have nothing whatever to find fault with in the examination.

3481. But I want to find out why these handy women should not come up to the Central Midwives Board to be examined?—It is because there is no expectation whatever of their obtaining a livelihood, and there is no one to pay their expenses in many cases.

3482. But if the expenses could be met, there is no objection to their coming up and passing the Central Midwives Board examination, is there?—There is no reason why they should not come up and try.

3483. Your people did better than you expected, and my point is, why should a new examination or a new portal be opened to these women when they can get it by this one? There is no object in having a little hole in the door for the kitten as well as the ordinary hole for the cat, is there?—But might I say that those four women were the chosen out of 22.

3484. Yes, quite so?—Eighteen of them were probably very suitable women and good practical women whom we had to send back because we said it was impossible in their position that they could get through the examination.

3485. But do you not think now that you have had experience of the examination that you might be a little bolder and get them through?—No, because I am afraid they would fail now; and as to our four women, they will go afterwards where they will get money.

3486. But I cannot see that you have given any reason why these women should not come up for the Central Midwives Board examination?—In the next eight or ten years there may be a difference, but a great many of the older women and even the young women, say of 26 years of age, or up to 32 even, cannot write, and never have done any writing, and they could not be expected to come up for an examination.

3487. They could not write at all, do you say?—They could only sign their name, and yet they are very capable women.

3488. But could they not write any sort of answer?—No, they could not.

3489. Do I understand you to say you are in a minority among medical officers of health as to some of the recommendations, especially as to No. 4<sup>th</sup>?—Yes, I am quite in a minority.

3490. You do not express the opinion of your colleagues in what you say in regard to that?—No, I do not, but my argument is that we come now and say, there is a difficulty. Some of them say we ought to stop there and allow you to find the remedy, but as a practical man I think that we ought to go further and assist this Committee with practical suggestions. That is why I make this suggestion although it is only the opinion of the minority.

3491. (*Mr. Pedder.*) I am not quite sure how far you carry your objection to the subsidising of mid-

\* See Question No. 3448.



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

wives. Do you go so far as to object to private subscriptions?—No, I would not bind others in that way. I should be inclined with regard to private subscriptions to get them given to county nursing associations.

3492. But you have not got one?—No, but we are trying to get one.

3493. If you got that and supported it for all it was worth, it would go a long way to meet your difficulties?—Yes; but of course in a great many of these country parts you require such a huge area to get any livelihood or recompense in.

3494. But the association would subsidise the women?—If any body supports the women, and there is a plenitude of women, my argument entirely falls to the ground.

3495. Then your great difficulty is rather the lack of a county association with sufficient energy and money?—That is a difficulty, but in an area like this, of 100 miles by 54 miles, there are all sorts of conditions to be considered, and though there are areas where an association might operate beneficially and well, there are certain big areas where subscriptions would require to be given from the central association, and these areas would be the last to get any subsidy, because there would be so many requiring subscriptions in the industrial parts of the West Riding.

3496. Then it is organisation and distribution that is wanted?—Organisation and distribution, absolutely, pure and simple.

3497. As in many other counties, you could hardly expect a midwife to make a livelihood on her own account?—No. I think I can reckon that 720 midwives could not all make a livelihood.

3498. I did not gather how far your association was to go?—May I show you this map. (*Producing same.*) The top part of this map is the agricultural part, and the bottom is all industrial, and therefore I do not say much about that. Here is an area with only one doctor. Then here is Settle, an area which is larger than some of your counties. There are some 200 square miles there with one midwife. The figures in the circles show the number of doctors. There are five in one centre, for example. They all live in that one centre and they radiate out from it. Might I draw your attention to the huge number of villages in one portion of the county which have only got one midwife in the whole of them.

3499. (*Mrs. Hobhouse.*) There is no doctor at all there, is there?—No, that is so—no doctor at all. They radiate from the south and from the north.

3500. (*Mr. Pedder.*) What are the distances?—They come from 8 or 10 or 12 miles round. I have not worked out the number of doctors in all the areas, but only in the three unions. I have them in another map, but I think this map is clearer. There is the Pateley Bridge Union shown in the map, and there is not a single midwife in the whole of the union. I may remark there that some of these areas are larger than some of the southern counties.

3501. Within a radius of 70 miles I observe all the the midwives are *bona fide* women?—They are *bona fide* women. The practical lesson from that is that, as there must be a large number of women helping their sisters in these villages, a state of things exists for which a remedy will have to be provided. Otherwise, when 1910 comes they will all be debarred from helping.

3502. They will not continue this work?—That may be the way in which many of them will solve the difficulty. Some of these women do not practise for gain. They would rather do the work for nothing. I am sure that two old ladies that I know of would rather do it for nothing than see the people in their valley suffer in any way.

3503. If that is so, that will tide over the difficulty till the midwives come up?—Yes, but it does not provide skilled attendance. The Association for the Blind made an assertion in their annual report that 20 per cent. of the cases of blindness are due to the midwives. I do not agree with that at all so far as my opinion is concerned.

3504. Or the absence of proper midwives?—Possibly a combination of the two. My assistants are

all over these areas, and my argument is rather that you should get more supervision over the handy women. That is better than no supervision at all. The result otherwise would be that three or four or five women in the village will all be in the same difficulty. These handy women will be particularly frightened after 1910 of getting into trouble.

3505. Without disagreeing with what you say about wanting to keep these women in a half-way house, so to speak, I want to lead somewhat away from that point of view and ask: is there any reason why you or somebody should not go ahead with an association to supply the real midwife as quickly as possible?—If I were satisfied that a county nursing association would follow and fairly completely meet my wants, I should do so. We have taken some steps in the matter, and it was for that reason that I put a qualification in my suggestion, namely, "until a certified midwife comes into the place."

3506. So that you are, or will be, promoting an association?—Yes, but I am met with the difficulty in the West Riding, as in many other places, of voluntary subscriptions now being at their limit, and we can go no further.

3507. Do you say it is as bad as that?—That is what I am told. I have asked quite a large number of monied men, and they say the calls on them are so many, and other associations are starting up alongside of this, and the Ladies' Council of Education are particularly energetic, and they have all sorts of associations of their own to help.

3508. Do you not fear that your proposal to keep these women in a half-way house may retard the efforts of the county association to supply proper women?—No. I do not think so in the areas in which I find those women, because it would be a long number of years before any county nursing association could touch those areas.

3509. So that you think you could run both policies, pushing the association on the one side, and keeping up your half-way women on the other?—Honestly, I do not want any responsibility for the half-way or handy women. We have quite enough to do in my department without anything of the kind. I am only trying to assist the Committee to find a way out of the difficulty so that after 1910 there will not be an outcry, as I fear there may be, against this Act.

3510. Your suggestion about keeping the handy women going is something like the suggestion as to postponing the operation of section 1 (2), is it not? Might not the effect of it be, as has been represented to us, to damp down efforts and enthusiasm in regard to the supplying of proper midwives?—But I would absolutely object to any postponement of the Act.

3511. But my point is that your proposal is something to the same effect?—It may be something like it, but I think it would be wrong to postpone the Act in any way. The Midwives Act was absolutely original and fresh, and if it had been limited to some areas at first, and then been extended to other areas, it would have saved us a difficulty, I think.

3512. (*Dr. Champneys.*) Going back to this differential treatment of yours, do you think there would be any objection to rural midwives who cannot write being examined entirely orally by the Central Midwives Board?—None whatever. The midwives agree to that. I have asked them. Of course they are frightened at an examination of any kind, but I think they would not mind so much if it were entirely oral. There is now no incentive to the women to go up for the examination. They would rather not earn the pound or two than spend time and money in going up for the examination. Then they have to buy their instruments and their outfit unless some kind friend in the neighbourhood gives them.

3513. (*Mr. Pedder.*) The answer to that, again, is money from an association, or something of that kind—that is the only thing?—It all revolves round that, of course.

3514. Then did I understand you to say that when you have trained your women, and you want to get their services there is some danger of their running away?—Yes. Sometimes they go away from the rural



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

areas to Harrogate and Barnsley and other places in the county where they think they will get a living.

3515. Could you not put them under some kind of contract?—No, not unless you subsidise them.

3516. You might have a scholarship for a midwife to serve in a particular area?—She would only make 3*l.* or 4*l.* a year in some cases, and she would, therefore, have to be a relation of somebody in the neighbourhood, or the wife of a man who lived there, or a widow. If that were done it would be one method of helping to stop rural emigration.

3517. Where have your seven trained women got to now?—As to four of them, they have not passed the examination. There is a doctor who has started a class at Rotherham, where he has, I think, 20 women.

3518. Where are your three trained women now in practice?—In the district.

3519. Are they at places where you want them?—No, it is just the same story with regard to them.

3520. They are not at places where you want them?—They are at places where they are free from the opposition of other midwives. They wanted me to place them, and I said "No; all my committee desire of you is that you should work in the West Riding."

3521. They went where they could get a livelihood?—Yes, they did. They went where they thought there would be plenty of work, and in some cases established themselves as competitors to women who were known to have a large practice. One uncertified woman who died the other day at Barnsley used to attend 200 cases a year.

3522. Uncertified altogether?—Yes.

3523. A handy woman?—Yes; in another case a woman we struck off the roll two years ago did over 200 cases a year, with no supervision at all.

3524. What do you suggest as a means of preventing the woman who has been struck off the roll from continuing to practise?—In one of the cases to which I have referred, I should like my committee to replace the woman, because I think her punishment has been enough.

3525. She is a sufficiently capable woman, is she?—An extremely capable one.

3526. (*Dr. Champneys.*) What was she struck off for?—Hiding puerperal cases after warning. We are very careful and sympathetic with these women. We generally allow three warnings from my assistants, and then we say "Now, we cannot stand this any longer," and we bring them before the committee, and the chairman and the doctors talk to them. We are waiting till 1910, and after that we shall have them off.

3527. (*Mr. Pedder.*) It is open to you to ask for this particular woman to be reinstated if you want to?—Yes, but I do not want to do that, considering my position. If I did so she might say afterwards, if she did anything wrong, "You were the means of putting me on." If she were likely to take a hint that she ought to be replaced, I might perhaps give it. She has two boys, not strong, and if nothing is done she must go in for monthly nursing, so far as I can see, or go to the workhouse.

3528. Do you think there ought to be a penalty for women continuing to act after they have been struck off the roll?—Undoubtedly.

3529. These women simply flout you?—Yes, but this particular woman is a decent woman, and all the women in the neighbourhood say the whole thing is ridiculous, because the woman is attending more cases than ever, and the people have sympathy with her because she has been struck off the roll. It is the same with a woman who, for example, gets drunk occasionally, but who may be a very good midwife when sober.

3530. (*Dr. Downes.*) Could you give us some examples of the distances that some of your villages are from nurses and medical men?—Yes. (*The witness explained the map to the Committee.*) Things are not so bad now as they were, because they have got the telephone in some parts, and also because some of the doctors have got motor cars. But a motor car increases the area of a doctor's practice, and therefore the doctors are not

available sometimes for the work at hand. That is one objection to motor cars.

3531. Are telephones becoming general in your villages?—We have 80 hospitals now in the district. 30 of them are general isolation hospitals, and we insist on a telephone to every one of them. That creates a demand for telephonic communication.

3532. Have those remote villages got telephones?—No, quite a number of them have not. Near Selby there are villages which are fairly large villages, and there are others, and there is no doctor at all except doctors from Selby. They radiate from Selby out to those places, and again at Ripon the same thing happens. They run seven miles out to the villages. But at Ripon they have the telephone, I admit.

3533. The policy of the Post Office is rather to extend the telephone, is it not, in villages?—No, I do not think it is. I find a great many of my friends have thrown up the idea because the charges are so exorbitant.

3534. For the guarantee?—Yes. They put it all on to one man in the village, and therefore he will not have it, but wherever we get a hospital we have a telephone, and at all the police stations, and so on.

3535. Doubtless you agree that the extension of the telephone would be of very valuable assistance in these matters if it were possible to have it?—Yes, but of course these poor people have not yet got accustomed to telephones.

3536. You see there is a proviso at the end of section 1 (2) of the Act that it shall not apply to anyone rendering assistance in a case of emergency?—Yes.

3537. What is a case of emergency?—I am at a loss to define that.

3538. Do you approve of that proviso?—Yes.

3539. Here is a case where there is neither doctor nor midwife, available within 10 miles; wherever that is so, it is necessarily a case of emergency, is it not?—I should take it to be so, and I should so advise my committee in present circumstances. But the difficulty is that this question has cropped up in other districts. I confine my remarks to certain areas, but if you allow this to be an emergency it may crop up in other areas, and you will have trouble. A woman may go to 10 or 20 cases, but we may catch her only at one, and she will say it is an emergency case.

3540. Your point is that in such a district as this there may be clearly an emergency where there is neither midwife nor doctor, but it will not be so easy to determine when you come to a condition of things where there is a doctor and a midwife within a less distance?—Yes.

3541. The difficulty would be to define where emergency began and where it ended?—Yes, that is so. I do not suppose my committee would prosecute at all in many cases, but we want to put ourselves right with the Central Midwives Board that we are not neglecting our duties. If you say, for instance, that a woman may attend 12 cases scattered over the year as cases of emergency, I should be perfectly satisfied.

3542. Would it be safe to leave the local supervising authority to decide each case on its merits?—That would involve a great deal of inspection and detection work. My whole argument is that it is better to have these handy women, even if they take five or six cases a year, under some sort of supervision than under no supervision at all, and if you bring in the emergency clause, then we have no supervision, and we may get puerperal fever and all sorts of things introduced into an area by one woman, and we may never know of it for months.

3543. As to the definition of emergency, you would have something definite rather than a possibility undefined?—Yes, I should, just as we should prefer to have some strict definition of "under the direction of a qualified medical practitioner," which is used in the same subsection. Those are the two points as to which I should desire some definiteness.

3544. Have you any views as to any definition of "under the direction of a qualified medical practitioner"?—Yes. I insist that the medical man must



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

be there sometime during the confinement, and he must be previously engaged. If he is previously engaged and attends some part of the labour and does not leave it over for eight or ten hours, as they do sometimes, then I say that the woman employed is legitimately under the direction of a qualified medical practitioner.

3545. The doctor must be present at some time during the first or second or third stage?—Yes. But some doctors persistently leave the case entirely to the woman, but that is "covering," and ought not to be allowed.

3546. That would be a practical definition, you think?—Yes, but one that the doctors would decidedly object to.

3547. Where do you train your midwives?—We started a maternity home at Leeds. We had at first four beds and then six beds, and last year we got up to 30 beds; but the great difficulty was in finding our 20 cases for each midwife. This doctor in Rotherham, who is an excellent young fellow, says that he is hampered in the same way. No workhouse will give us any cases, because they train their own nurses. I therefore wrote to him the other day that I could not see how I could help him with any cases.

3548. (Mrs. Hobhouse.) Is there no district work there?—No. We have started a home now. The Lord Mayor kindly gave us some extensive premises and we started a home. I insisted on all my candidates having two months out of three in the district home and not in the hospital, because they are inclined to become ward maids in the hospital, whereas I want them to work in the slums in the city.

3549. In your Leeds training home you have 30 beds?—Now we have.

3550. But you have no cases besides?—Yes, we have got those beds actually full now, and we could do with some more beds, but from a home in the low part of the town the matron sends out candidates for two months.

3551. (Dr. Champneys.) They do the maternity work in the district, do they?—Yes, and we are getting on very well in that way in Leeds.

3552. (Dr. Downes.) Would your objection to a subsidy and to the maintenance of midwives extend to the board of guardians paying to a voluntary association providing the nurses, a subscription which would be a *quid pro quo* for services rendered to the poor?—I think my personal opinion is that it would be unjust to a great many other women struggling to get a position.

3553. I am thinking of a place where there is nobody to support them apart from the ordinary cases coming to her?—The woman in a village of 4,000 people gets, say, 50 cases a year, and that is a fair livelihood. If you were to introduce the system you suggest, then it would be said that if Mrs. — is subsidised it is unjust that another woman should get nothing. The question of degree, again, about the subsidy would be very difficult to deal with.

3554. But I am speaking of a district where there is only one woman, and the board of guardians would want the services of a midwife?—I have an idea that in an area with a small scattered population worked in that way, one woman could do all the work—district nursing, school nursing, and midwifery—as a sort of co-operative woman, but as regards every scheme advanced, they say that the medical officer is spending more money.

3555. Have you worked out that idea so far as to consider whose officer this woman should be? Would she be under the board of guardians, or what other authority?—I do not know. I have a serious objection to any woman of that kind being under the board of guardians. I have seen so much of respectable families once getting into the hands of the guardians and coming under the control of the relieving officer, and when they have done that, they have never been able to drag themselves away from it again.

3556. It is the first step towards pauperism?—Yes, and not only that, but it has a peculiar action upon the family in the village, for, as you know, in these villages in Yorkshire everybody knows everybody else's business.

3557. In what way does it act?—They are stigmatised as paupers ever afterwards.

3558. Because they have had a guardians' officer to see them?—Because they have had a guardians' officer at the house.

3559. But would the same stigma not come about eventually if they had what was practically the same thing, that is relief at the hands of some other public authority?—It is not looked on in that light.

3560. Not yet?—No, not yet.

3561. (Mr. Fremantle.) As regards the possible abuse of the term "emergency," do you think it would be any check to that abuse if it were obligatory to enter, at the registration of every birth, the name of the person who attended the delivery?—I do not follow you.

3562. If it were obligatory to enter, at the registration of the birth, the name of the person who attended the mother at the birth, would that not be a check upon the abuse of the emergency proviso?—But she would not have to register at all in emergency cases.

3563. Every birth has to be registered?—The emergency woman would not register anything.

3564. But every birth has to be registered at the registrar's office?—Yes, that might have an influence.

3565. Eventually that will give you control over the attendance at every birth?—Yes.

3566. And it would give you an idea of what was being considered an emergency and what was not?—But the county council have nothing to do with the registration of births. We have got no information whatever, and there is a large amount of valuable information that we never get hold of and cannot get hold of.

3567. You cannot even by courtesy get the information from the registrar, can you?—It might be got in some cases by courtesy, but in other cases there would be a fee demanded, undoubtedly.

3568. If that fee had to be paid by the county, that is by the local supervising authority, would it in some cases not be forthcoming?—Yes, but it would be said, "more money."

3569. Would it still in some cases not be forthcoming?—I daresay it would. It would be a remuneration. You would pay 2d. for each case, or something like that, and I believe 2d. might fetch the information.

3570. As I understand your proposal, you do not really propose, as was suggested lately, to postpone the Act, because you want to bring these things under your definite control?—Undoubtedly. It is far better under some little supervision than under no supervision whatever.

3571. Now, would it be sufficient in these areas of which you have spoken to us if an arrangement were made to allow the *bonâ fide* women, who have not yet been enrolled, to be placed on the roll now?—I have heard that suggested. I think, perhaps, the women practising prior to 1902 might be given another opportunity of registering under certain conditions and more rigorous conditions than were originally enforced. But I do not think that would meet the difficulty. It would mitigate the difficulty, I think, because in some villages I know of the women have asked me only recently how they could get on the roll, and I have had to reply, "you are too late, and you cannot get on now." I am very sorry. I know you are capable women, but you must apply for the scholarship and go in for the examination. If you will apply, I will take care that your name is considered with others." That is all I can say.

3572. But these women in these scattered parts that you refer to are mostly women who were in *bonâ fide* practice before 1902?—Yes, because the terrors of this Act to the village people result in giving us no new ones. It is a great hardship on many poor women that they have to go four or five miles with the register to fill it up. They have got nobody at home to write, and the son-in-law is perhaps enjoying himself in the village, and he has to be fetched, and the daughter-in-law cannot write perhaps.



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

3573. Would it help matters as to that if the examination fees and travelling expenses and everything in connection with the examination were in these special districts to be paid?—We did that with those candidates I spoke of. We paid everything. We paid the training fees and we did not tell the committee, but we positively gave them their outfit and we paid their fare to London and their maintenance in London and everything, but I cannot go on doing that, because I must tell my committee.

3574. We have had some evidence brought before us that some local supervising authorities do not administer the Act so thoroughly as others do. Do you think it would be advisable that local supervising authorities should be themselves supervised?—I can only speak for myself, and I think that we do our work very carefully and very well. My only ambition is to raise the present midwife to a higher standard than she has reached at present.

3575. But we have to think of other places, where there is not such a high standard of duty, and of other districts not represented before us in evidence. Do you think it would be an advantage to have these supervising authorities supervised?—I think, as before, that you place me in an awkward position. You would have an inspector coming down into my district and finding fault in certain areas because we are lax, while we try to do our best to carry out the Act.

3576. Just in the same way as midwives speak of their being supervised, I suppose?—The midwives are, however, in excellent relationship with us. We have our lectures and little teas and so on in various localities, and we get on very well.

3577. Could you not get on similarly well with anyone inspecting you?—I am not going to say so. It depends on how we are taken.

3578. But, apart from inspection, at present the local supervising authority is not supervised at all by any Government department?—I think the Central Midwives Board should make a case beforehand for making some inquiry. I should insist on some case being made out before such a thing was done.

3579. You would not have it made a duty of the authority to send a copy of its report to some Government Department?—We should be only too pleased to do so.

3580. I do not mean to ask you to do that, but whether you think it would tend to the more efficient administration of the Act if that were required?—We should all want an increase of salary if we did that.

3581. But I thought you wanted to help us?—I think there is a report sent by the local supervising authority itself, and if you ask for the report presented to the local supervising authority, it would be perfectly justified on the same lines as those required by the Local Government Board.

3582. Where would that go to?—To the Local Government Board.

3583. Is it among your ordinary duties as medical officer of health to report to the Local Government Board and criticise the annual report on the Midwives Act?—The Local Government Board have nothing whatever to do with the Midwives Act. That is entirely in my department.

3584. But does it not figure in the memorandum of the Local Government Board?—No, it figures in my memorandum to the local medical officers. I might ask for their co-operation, and particularly in questions of disinfection and so on.

3585. I thought it had, as a fact, been included in the memorandum of the Local Government Board lately. However, as regards your point about the conglomerate village nurse-midwife, is there any chance of the work of the school nurse or health visitor being given to such a person?—Having regard to the condition of things in my district at the present moment, when certain parties are up in arms with regard to the rates being unjustifiably high, I do not think my county council would be inclined to spend any money that is not absolutely necessary.

3586. But if any work is done in connection with the treatment of school children as the result of medical inspection do you think that might conveniently be given to the village nurse?—It might be so, but we

have a scheme of our own whereby all the non-effective children are put into physically defective or mentally defective groups, and are relegated to some district sub-committee for their education. We ask that each member should have two of these children allocated to him or her, and that he should take upon himself the responsibility of seeing to the rectification of these defects in the child so far as possible, either by getting some voluntary subscription from the locality or by sending them to the hospital and talking with the parents. That is how we work it, instead of going to the school nurses, at the present moment. I have 11 assistants scattered about the area, and they have no time to spare.

3587. But as to such a conglomerate village nurse as you suggest, would that be some solution eventually, putting aside the rates, for these scattered districts?—I might hope so.

3588. The last point is, have you had any evidence of medical men refusing to come at the call of the midwife?—When the medical men were left alone I am bound to say they were all right, but immediately the circular was issued that they might be paid by the guardians, one or two in the neighbourhood sent in two or three cases to the guardians, who promptly investigated them and refused to pay, and the result is that the association of medical men then met and refused absolutely to attend any midwife at all. It has upset the whole thing.

3589. What is the state of affairs now?—The state of affairs is that out of 33 unions with a population of 1½ millions, only nine have made arrangements. The thing has come out in one or two districts where the doctors have met, and they have refused to go on, and I have original letters here, if anyone cares to look at them. In one, for instance, a midwife says, "I sent for three doctors and they refused to come, but then one came at last and the woman was dying, and he apologised and said he was very sorry and left."

3590. Have you any resolution of the medical men to the effect that you speak of?—I am not a representative of any societies. You will have that evidence from other witnesses; but undoubtedly my opinion is that a fee ought to be paid to the medical men called in—a reasonable fee according to the circumstances, and not under the provisos made by so many boards of guardians.

3591. Have you any opinion as regards the exact fee that should be paid?—I say the fee ought to be the ordinary fee of the neighbourhood; for one case is as good as another, and therefore I object to anything like degrading fees of 10s. to a medical man for midwifery cases.

3592. Do you think medical men should have a uniform fee, as at Liverpool, of a guinea for each case, or a fee of 10s. 6d. in normal cases and 2l. in difficult cases?—No, I prefer one fee.

3593. (Dr. Downes.) What were the provisos of the guardians that you spoke of just now?—They are all set out here in my papers if the Committee care to have them. But might I say that the fees allowed generally in Halifax, say, are 10s. to 40s., and in another place near Leeds they are 15s., and where instruments are used 30s., and it goes on in that way, except in Sheffield and Wakefield, where the one fee is given, on my suggestion, of 21s.

3594. Was it the fee the medical men objected to?—No, there are other provisos. In one or two cases they are expected to attend for ten days after the case and they have to see the case over.

3595. How many boards of guardians have a proviso of that sort?—I should not perhaps go into that just now, but to take Wakefield, ten claims have been made.

3596. Could you name any one board of guardians that has made that proviso that the doctor should attend for 10 days—for 10s., was it?—It is, I find, 2l. where the case is protracted, and not the ordinary fee of 10s.

3597. (Mrs. Hobhouse.) What is the name of that board?—The Leeds Union.

3598. (Dr. Downes.) Is that regarded as unreasonable?—No, I do not think the 2l. is unreasonable.



17 March 1909.]

Mr. J. R. KAYE.

[Continued.]

3959. Then why should that proviso interfere with the working of the Act?—But there are other provisos with regard to forms.

3600. But I want to see what the difficulties were?—I presume you are acquainted with some of the forms that are issued by different boards of guardians. Each board of guardians has different forms. For instance, there is one (*handing in form*) which some doctors consider they ought not to be required to fill up.

3601. This is a claim on the board of guardians for fees for medical attendance on being summoned at the instance of a midwife?—Yes.

3602. The form provides for the name of the doctor and the name of the patient, and the date and hour, and the home condition, and the medical aid required and the number of visits and the fee?—Yes.

3603. Is that objected to?—They think the form might be very much modified. It is a question of writing, and for the 10s. it is not worth filling up the form.

3604. Is there any other class of difficulty?—That is a question that has not affected me very much.

3605. But I only ask you because you mention these provisos?—The difficulty is that they have no assurance that the fee will be paid at all. They are not relieving officers, and they ought not to be called upon to judge of the parents' circumstances. They have no power to get the fee from the midwife. You first of all ask the midwife to send for the doctor in certain circumstances.

3606. The wording of the rule is that the midwife is to advise?—Yes, but practically it is in the midwife's name. The parent's name does not appear in the paper at all. The midwife signs a certain form and sends it to the doctor, and the doctor does not look to the parents but to the midwife, and I have numerous letters from the midwives where the doctors have claimed the fee from them.

3607. Why does he not look to the woman's guardian?—Because he says we do not like second-hand work in midwifery at all. The midwife has been there. It may be her fault that it is a bad case, and it is not perhaps her fault. There is of course a feeling in certain areas with regard to the midwife; in some areas the doctors welcome the midwife and in some they do not.

3608. Would the doctors object to looking to the natural guardian of the woman for payment?—No, they say legally they do not see where they can ask for payment. They think the midwife has got into a critical case which she ought never to have taken on, some of them say, and they are called in afterwards. But it all revolves round the midwife.

3609. How do the boards of guardians come in in this matter?—The doctor sends the form to the guardians, and they send the relieving officer, and if it is the case of a man who has got 27s. per week, say, they say, "no, we will not pay".

3610. Do you know the wording of the Poor Law Amendment Act of 1848, which authorises these payments?—No, I do not know it.

3611. It only empowers the guardians to pay in the case of poor persons?—I quite admit that, but we go further and say, if this is to be of any use at all, and doctors are to be encouraged to go to assist women, we ought to remove those provisos. How can a doctor

ascertain what the man's wages are? The man will tell a lie perhaps.

3612. I understand the doctors object to apply to the guardian of the woman, or the husband, or the parent, for payment; but it appears to me that they object also to the board of guardians making inquiries as to the means; but the guardians have no option, have they?—You are using the word "object" in a way I did not mean. They do not object to going to the parent if they can get the fee, but they say, "Why should we try to help the midwife, and why should the doctor be put to all this trouble and annoyance of first of all finding from the patient whether she can pay the money, and then from the midwife, and then having to say after all our trouble, we do not get any fee at all? It is not worth 10s., and we say we will not go to the case at all."

3613. It resolves itself into the amount of the fee eventually?—In some ways it does.

3614. Then as to the form sent to the doctor. It is made out by the midwife on behalf of so and so?—I quite agree.

3615. (*Mr. Fremantle.*) It is not then a summons by the midwife. She advises?—It is certified by the midwife.

3616. But it says the midwife shall advise that a medical man shall be sent for. That is the wording of Rule E. 18?—But the doctor is sent for on behalf of so and so and everyone interprets that as the midwife and not the parent. The parents would never dream at all of sending for the doctor. They do not want to pay a second fee. They leave it to the midwife and the midwife says she must have a doctor according to the Rules.

3617. (*Dr. Downes.*) But that is sent on behalf of the guardian of the woman?—I quite admit that, but the doctors will not admit it. There is nothing about the responsibility of the patient.

3618. Is there any other difficulty that has arisen in connection with the guardians?—It is not a subject I care to take up so much with my medical brethren. But I do not know that I can offer any other suggestion at present. I should like to say that this question of the fees has been discussed in our societies very much, and resolutions of all sorts have been passed. I have maintained always that the fee should be given to the medical man, leaving it entirely to this Committee to say how it ought to be paid.

3619. Which Committee?—This Committee; under some amendment of the Act to be recommended by this Committee. It should be left to this Committee now sitting to suggest how it ought to be paid. With regard to my committee, I should like to say that my committee are particularly desirous that I should say that, if you are going to do anything in the way of spending money, they should have the power to spend the money themselves, and that they should not have to go to the higher-education committee for funds for training midwives.

3620. (*Mrs. Hobhouse.*) That is in regard to the general county fund?—Yes. We do not care where it comes from, but we desire to have it in our own hands. With regard to the sanitary inspectors, I have got 300*l.* a year, and we have to go to the higher-education committee for everything, and we want to say "If we are the spending committee, why should we not have the money in our own hands?"

The witness withdrew.



## SEVENTH DAY.

Wednesday, 24th March 1909.

## PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.  
Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Miss E. A. WESLEY called and examined.

3621. (*Chairman*.) You are the matron of the St. George's-in-the-East Infirmary?—Yes.

3622. Have you held that position for any length of time?—For 19 years.

3623. What were you before that?—Assistant matron under the Kensington and Chelsea guardians.

3624. So that your experience of these institutions has been considerable?—It has.

3624A. You appear here to-day on behalf of the Poor Law Infirmary Matrons' Association?—Yes.

3625. You are disposed to think that insufficient use is made of the lying-in wards of poor law institutions for the instruction of midwives?—Yes, I have come to that conclusion.

3626. Would you say briefly upon what grounds that conclusion is based?—There are so many poor law infirmaries which are not recognised by the Central Midwives Board, and consequently much good material is wasted.

3627. But have those institutions applied for recognition?—I understand so. There are twelve in the metropolitan area which have been refused recognition by the Central Midwives Board. The medical superintendent of my infirmary applied by letter to be recognised as a teacher, but he was refused.

3628. Did he not ask on behalf of the institution?—No.

3629. Have you any views as to why the Central Midwives Board have made a distinction in favour of some and to the disadvantage of others?—I have not any idea, probably it is a structural objection, or that there are not enough births.

3630. Have you any idea with regard to these institutions themselves, which would enable you to suggest an explanation of it?—None whatever.

3631. You think that institutions, whose conditions are, in your view, quite satisfactory, have not been recognised?—They have not been recognised. May I say that in St. George's-in-the-East Infirmary we have a lying-in ward of seven beds. Each bed has its cot. There is also a separate labour ward fully equipped in every respect. The cubic space exceeds 1,000 feet per bed, and we have had 1,200 cases in the last 20 years, and one death only from puerperal fever.

3632. And yet you have had no recognition?—We have had no recognition.

3633. Supposing you had been recognised during the last five years, for how many midwives could you have provided training in that time?—For two or three a year. Our average now is 53 births per annum, but for 20 years it has been 60 births.

3634. Sixty births per annum?—Yes. The maximum being 95 and the minimum 48.

3635. So that you could have provided 20 cases per pupil for about three annually?—That is so.

3636. You do not wish it to be understood that, in your judgment, 20 cases is too high a standard?—Not at all. We hold the opinion that the standard cannot be too high.

3637. You do not think a fewer number of cases could safely be adopted as the condition of admission to the roll of midwives?—No, I think 20 is the minimum.

3638. The nurses, I suppose, are put to considerable expense in getting midwifery training elsewhere, if they cannot get it in the infirmary?—Yes. 25*l.* is a very low estimate of the average cost. It varies from 20*l.* to 40*l.*

3639. What do they get their training for from you?—It is free.

3640. So that it is a question of gratuitous training or paying 25*l.*?—Yes. The cost of it exceeds 25*l.*

3641. In your judgment, these poor law institutions present a very favourable field for training?—I think so.

3642. Will you state why?—A nurse gets an excellent idea of the work to be done, and a foundation is laid in ward routine and bed-side nursing, also in asepsis and antiseptics and the taking of the temperature and respiration, and of course in ante-partum and post-partum complications.

3643. You think that her general opportunities are greater than those she can have in a hospital?—No, I should not say that.

3644. To what institution do the figures you have given in your précis refer?—To the Wandsworth Union.

3645. Has that not been recognised?—It is a work-house. But its conditions apply to all infirmaries with regard to the character of the cases admitted.

3646. You consider that midwifery practice in poor-law institutions presents a very wide field of experience for the persons trained in them?—That is so.

3647. Of course a great many of the patients come to these institutions in a very bad condition?—Yes. We have difficulties which never present themselves at

## Extract 1.

"2,472 births have taken place up to the end of last year" (the figures are from 1886 to 1906). "483 of the mothers were married and 1,989 single women. 2,492 children have been born (20 cases of twins) of whom 1,163 were girls and 1,329 boys. 122 children were still-born, and no doubt many of these may be attributed to the results of mental worry and drugging by patent pills, &c. in the early stages of pregnancy, as a larger percentage occurred in the unmarried than in married women."

"The number of difficult, abnormal, and instrumental cases have been above the average in midwifery practice, and this I attribute not only to the causes mentioned above, but to the fact that so many cases which are unable to be dealt with outside are, at the last moment, sent into our lying-in ward."

"The filthy condition of many cases admitted in labour introduces a serious element of danger, not only to themselves, but to others in the lying-in ward; but by the exercise of the most strict antiseptic precautions, we have been, with the exception of a few months during 1894, free from puerperal fever."

"In several cases the patients came under our care in a practically hopeless condition, an operation saved the life of the child only."

## Extract 2.

1907.

"The guardians will be interested no doubt to know that the 3,000th birth—since the opening of the lying-in ward—took place on 28th of November last. There have been 17 deaths; 12 due directly to child-birth (only two during the last ten years), and it must be remembered with regard to these deaths that a number of cases are sent here as a last resource, and after attempts at delivery have been unsuccessfully made outside."



24 March 1909.]

Miss E. A. WESLEY.

[Continued.]

the ordinary maternity hospitals, because their patients come under a certain amount of supervision for two or three months before admission.

3648. Whereas patients come in to the workhouse infirmary from the streets?—Yes, in every stage of destitution.

3649. That contributes to the experience and dexterity of the persons employed?—Yes, because the poor-law nurse meets with such cases as would not be accepted in a general lying-in hospital.

3650. And she is, or should be, more apt in dealing with an emergency?—Yes, I think so.

3651. Do you come here on behalf of the Poor Law Infirmary Matrons' Association to represent that this neglect of the Central Midwives Board to make use of the opportunities that these institutions offer is a general neglect, or is it confined to any particular part of the country?—I think it is applicable to the country generally. We represent the trained poor law matrons throughout the country.

3652. And you wish to state on behalf of your Association that, in their judgment, the Central Midwives Board have failed to make use of these opportunities of training generally?—Yes. There is a great waste of material in the shape of fully-trained nurses who might become certified midwives.

3653. Do you think that there has been any change in the policy of the Central Midwives Board towards poor law institutions of late?—I am not conscious of it; but as regards my own infirmary no application has been made since 1905.

3654. Have any of these institutions who were refused at that date repeated their application?—I think not; not so far as I know.

3655. But is that altogether wise?—I think that, having been refused once, and no reason having been given, they did not wish to risk the humiliation of a further refusal.

3656. Then it is a question of *amour propre*. Have you any special knowledge of the conditions in rural districts in connection with this subject?—I hear they are very bad. That is to say, the supply will be very much curtailed when the Act comes into full force on 1st April of next year. From Lincolnshire I have personal testimony, and from Yorkshire and Kent.

3657. But do you think the scarcity is largely due to the causes you have referred to?—I should not say that.

3658. It is in the populous centres that these poor law infirmaries could have provided trained midwives better than anywhere else, is it not?—I think so.

3659. The rural workhouses not having the material?—No, but they might be brought into line.

3660. Do you think if more use were made of the big infirmaries in the large towns, the midwives trained in them would take up the work in the rural districts?—I think so. They are most anxious to take up the work.

3661. Would they have no disinclination to leave the town?—They would be quite willing, but they are unable to meet the expense.

3662. But there is more interest felt in training and preparing women for this work generally than there was a few years ago, is there not?—I think so. I think the nurses of the present day are extremely keen on the matter, and many of them consider their training incomplete without this special kind of training.

3663. Has the question of making a living anything to do with the supply?—I should not say entirely so, but it must be largely so in many cases.

3664. Do they know beforehand that there is a risk as to making a living out of it, and does that deter many of them?—No, I think not; but they are unable to meet the charges of training.

3665. It is the expense of training that operates with them?—Yes; they are perfectly certain of work if they were able to meet those expenses.

3666. Are you satisfied they would get sufficient employment to provide them with a livelihood?—Yes, I think so.

3667. (Mrs. Hobhouse.) Would your infirmary be eligible for recognition by the Central Midwives Board?—I am not very clear on that point, but the medical

officer of my infirmary applied for recognition as a teacher and he was refused, and, therefore, he considered it was hopeless to make further application.

3668. And no application was made?—No.

3669. None at all?—No, none at all, as, he being the head of the establishment, it would appear to close the door.

3670. Then you have no opportunities in your infirmary for training midwives?—We cannot avail ourselves of the material at hand.

3671. How long do you train your nurses?—Three years.

3672. Do you find difficulty in getting a good class of probationers because you cannot get the midwifery training?—No, but we could probably retain longer the better type of woman in other circumstances, because now, as soon as they finish the three years' training, they are obliged to go elsewhere to get midwifery training; that is, those who can afford it. Many desirable women go forth into the world without such training because they cannot meet the expense.

3673. As a matter of practice, do you keep many nurses on after three years?—No.

3674. They all go?—The majority go.

3675. For promotion?—For promotion usually, either in our own wards or elsewhere. I am happy to say I have nurses working all over the country and in the colonies.

3676. Are you a trained midwife?—Yes, with the London Obstetrical Society's certificate, and I am certified by the Central Midwives Board.

3677. Are you the only trained midwife who undertakes cases in the infirmary?—No. The midwife in charge of the ward is a certified midwife, the assistant matron holds the L.O.S. certificate, and the night superintendent is a trained midwife.

3678. You have four trained midwives available, therefore?—Yes, and one charge nurse also is trained. There are five in all.

3679. And what is the annual number of births?—Fifty-three.

3680. You refer in your précis to the dissimilarity of the conditions of midwifery practice in poor-law institutions and general lying-in hospitals. Will you explain in what respect they are dissimilar?—Their conditions are very dissimilar. As I have said before, a patient may be taken from the casual ward and probably have been on tramp overnight, or may have been brought in by the police, and in a moribund condition. Some, of course, come from their homes, but these are very often single women who have probably been drugging themselves or taking measures to procure abortion. As a rule single women are not admitted to the general lying-in hospitals.

3681. (Dr. Champneys.) Do you say that single women are not admitted into lying-in hospitals?—In some few cases they are.

3682. (Mrs. Hobhouse.) Therefore you have a very large percentage of bad cases to deal with?—Yes; cases of chronic alcoholism, and cases of destitution, and of almost every condition which would not be admitted into a hospital.

3683. You know nothing about the conditions in rural districts, yourself?—Nothing, except from hearsay. But I can speak with regard to the Lincolnshire nursing association, and the opinion there is that the provision of trained nurses duly qualified as midwives is the only solution of the difficulty in their district.

3684. You have no cases coming into your infirmary, in London, so far as you are aware, because of the shortage of skilled midwives outside?—No, we have never experienced that, because the poor law door is ever open to them. They can claim admission.

3685. Exactly, but they do not come to you because your treatment is more efficient than that which they can obtain outside?—No, I have no experience of that. Destitution is their passport.

3686. I gather that your trained midwives do other work besides?—Yes, they do. The midwife in charge of maternity wards has no duties outside the lying-in and labour wards.

3687. I mean, for instance, your superintendent and the other midwives?—Yes, one is assistant matron, one



24 March 1909.]

Miss E. A. WESLEY.

[Continued.]

is the night superintendent, and one is the charge nurse of the general ward, and the other is lying-in nurse.

3688. What your evidence comes to with reference to the character of the persons who are admitted, is that the workhouse is the sink into which everything must be cast for which there is no room anywhere else?—Yes.

3689. And you have no power of refusing anybody?—None.

3690. No matter what their condition is?—They must be admitted, and that without an order.

3691. And yet, with that class of case you do well?—We may claim, I think, to do extremely well.

3692. (*Dr. Champneys.*) In your précis you say, "We would argue that midwives trained under such conditions as are here described must have opportunities for the practice of cleanliness and asepsis which are not attainable under the favourable conditions which obtain in the general lying-in hospitals." Do you mean to say the conditions in poor law institutions are less favourable, not on account of the institutions themselves, but on account of the people admitted to it?—I should say so.

3693. That is what you mean by that?—Yes.

3694. Then you say a little further on in your précis, "The routine under trained supervision, the extensive education in asepsis which the surgical wards supply, are invaluable." Do you mean to say that, in spite of that, the strict asepsis renders the poor-law institutions very valuable?—Extremely so.

3695. Then the third thing you say is that "The rough-and-ready methods unavoidable in the houses of the poor cannot possibly afford provision for an education in asepsis or produce a competent midwife." I should like to know, having had your answers to the first and second points, exactly how you say the condition of the poor being so unfavourable gives a very excellent opportunity for the exercise of asepsis, while the homes of the poor do not. I have no doubt you have an explanation of that?—It is impossible to be otherwise. Nurses trained with the district midwife get no institution work previously.

3696. They ought to be trained first in an institution, you mean, in order to get thoroughly impregnated with antiseptic and aseptic methods?—Precisely.

3697. Then you say, "Exception has been taken to the small number of births in some infirmaries, but it seems to us that a training covering the longer period necessary is likely to give the pupil a stronger grip of the art and practice of midwifery." Would you hold that it is better for a pupil to have twelve cases spread over a year than twelve cases spread over say three months?—Hardly that. I do not mean that.

3698. You mean to say that the fact of being in an atmosphere where midwifery is being practised is favourable?—Precisely.

3699. Then you say, "The country members of our Association wish to emphasise the scarcity of recognised teachers in rural districts, necessitating heavy expense to the pupil-midwives, and time and strength and money, while the opportunities which the poor law affords in the near neighbourhood remain unused." Have you any experience at all of applications which have been made from rural workhouses for recognition having been answered in the first place by a question from the Central Midwives Board, as to whether the person or institution applying would be prepared to give instruction to outside pupils?—No, I have no knowledge of that.

3700. As regards non-recognition of your infirmary, I cannot remember the details at this moment at all as to what happened at the Central Midwives Board, but can you tell me what the number of cases annually was when the application was made?—I can quote the figures for the past 20 years.

3701. But you do not know what it was at that time?—No, not for the particular year.

3702. With regard to your statement that single women are not admitted to lying-in hospitals as a rule, which London hospitals does that refer to?—That I do not know; I have been so informed—at any rate not after the first child.

3703. Do you know anything about Queen Charlotte's Hospital?—No.

3704. Do you know that that was instituted for single women?—I am not aware of that.

3705. That they have a right of entry over others?—But in many hospitals cases are not admitted without a marriage certificate being produced.

3706. That is not the case with Queen Charlotte's Hospital?—I do not know their practice.

3707. Then with regard to the General Lying-in Hospital, York Road, Lambeth, are you aware of the practice there?—No.

3708. Single women are admitted there, I may say: so that it is not as you say in two of the principal lying-in hospitals in London?—Are single women admitted after the first child?

3709. Yes, but you do not say anything about that?—I am sorry it was not so stated in my précis.

3710. (*Dr. Downes.*) With regard to the admission of single women to the voluntary maternity hospitals, are you aware that in their prospectuses they say that only under certain conditions single women may be admitted?—I believe that is so.

3711. That is to say, they select their cases?—Yes.

3712. But you have to take in single women without any distinction?—Yes, at the fourth, fifth, or sixth child.

3713. You can exercise no selection whatever?—No selection whatever.

3714. It is the fact that you formerly sent up successful candidates to the London Obstetrical Society's examination?—Yes.

3715. Could you give us any idea of the number that you used to send?—I have not the exact number here, but we sent them up between 1890 to 1894, and after that date up to 1903. About 25 were sent up in the four years from 1890 to 1894.

3716. About 25 in four years?—Yes, I think about that.

3717. The possession of a midwifery certificate may be a valuable acquisition to a candidate for an appointment, may it not?—Extremely so. It certainly enhances her chances of election, and increases her value as a nurse.

3718. If a nurse wanted an appointment as superintendent nurse, it might be a considerable element in her favour?—She would not be appointed, I think, unless she possessed that qualification.

3719. Therefore you find, I suppose, that the possibility of training in midwifery would tend to attract women who wished to do well in their profession?—Precisely. I have been asked to give midwifery training in many cases, and we lose very excellent women through not being able to give it.

3720. Is it your experience that the development of midwifery training in many cases promotes the efficiency of the institution?—I think so, no doubt.

3721. In some cases the lying-in wards are not at the infirmary, but at the workhouse?—Yes.

3722. Would you favour an arrangement by which nurses of the infirmary could acquire their midwifery experience at the lying-in wards of the workhouse?—Certainly.

3723. Would you favour an arrangement by which they could obtain their experience by attending extern cases?—It would be extremely useful, I think.

3724. You think it would be valuable?—I think so; it would give the nurses a very good opportunity of learning the ways of nursing the sick poor in their own homes, and increase the number of cases where the average was few in the infirmary.

3725. And enable them to obtain a knowledge of the sort of homes in which they would have to work?—Yes.

3726. (*Mr. Fremantle.*) You suggest a freer use of poor law institutions for training midwives?—Yes.

3727. How would you suggest that the efficiency of these poor law institutions for training should be secured? What guarantee would you suggest there should be? The present guarantee is a definite number of cases, I gather?—Yes.

3728. That is 20 cases?—Yes, that is so.



24 March 1909.]

Miss E. A. WESLEY.

[Continued.]

3729. What other minimum would you suggest as showing that a poor law institution was efficient? Would you suggest a number of cases?—Twenty, as being the minimum.

3729A. That is the present minimum?—Yes. We have no wish to lower that standard in any way.

3730. But you wish to have a freer use made of poor law institutions?—Yes, where there is available work.

3731. (Mr. Pedder.) Do you find any disadvantage from the fact that your institution is not recognised by the Central Midwives Board?—No great disadvantage except from the nurses' point of view. The nurses are anxious to secure this training for themselves, and occasionally we lose very good women for the want of it.

3732. And occasionally, therefore, you have been handicapped in that way?—Quite so.

3733. (Dr. Downes.) May I ask how long your medical superintendent has been in office at your infirmary?—I think 14 years, or between 14 and 15 years, and he was before that acting as assistant for two years.

3734. He has therefore been responsible for this large number of successful deliveries?—Yes. His returns are something over 1,200.

3735. But notwithstanding that, his application for recognition as a teacher was refused?—Yes, it was refused, and in the words "we cannot accede to your request"; no reason being given.

3736. (Chairman.) I should like to ask you whether you are satisfied when you complain of the lack of recognition of poor law infirmaries by the Central Midwives Board, that those institutions have been prepared to meet the Central Midwives Board by providing training under conditions which, in the judgment of the Central Midwives Board, would be of the most useful character. That is to say, have you ever considered the propriety of admitting outside persons to the lectures given to the pupils?—That has not been considered.

3737. You have only looked upon your institution as a place for the training of the women employed in it?—Precisely; subsequent to their general training.

3738. You have not thought of utilising it for persons from outside?—Not at all. We wish to give our nurses that benefit and advantage.

3739. You have not wished to create a centre for training which might be generally useful?—Not at all.

3740. (Dr. Champneys.) Nor to allow outsiders to come to the lectures?—No.

3741. In some instances medical officers of poor law institutions have applied to be recognised, have they not?—Yes.

3742. And the Central Midwives Board have asked whether they would be willing to admit outside pupils to the lectures?—I have not heard of such a proposition.

3743. That is so as to establish a centre of lecturing in the district?—Such a scheme has never been brought forward.

3744. Now I have a list here of poor law institutions the medical officers of which have stated that outside pupils would not be admitted to lectures. It is as follows:—Leeds Union Infirmary, Steyning Union Infirmary, Bedwellty Union Infirmary, North Evington Infirmary, and the Middlesborough Infirmary. The medical officers of those institutions have been recognised as teachers, as well as Dr. A. B. Batley, medical officer of the Christchurch Union Workhouse. The following, who answered "No," have not been approved as teachers: the doctor of the Lurgan Poor Law Infirmary, the Tynemouth Union Workhouse Hospital, and the Farnham Union Workhouse. They were asked, and they answered that they could not admit outside pupils, even to attend the lectures. In spite of that, it is a point whether more use could not be made of these institutions as training centres for outside pupils?—The question has never arisen.

3745. (Chairman.) Do you think that may suggest a reason why so many have not been recognised?—I cannot say.

3746. (Mr. Davy.) Was that suggestion ever made to you?—No.

3747. Have you ever heard of it before?—I have never heard of it before.

3748. (Dr. Downes.) How many nurses have you on your staff?—38.

3749. What proportion of those would wish to avail themselves of midwifery training?—The majority, I think, do; but at the outside we could not handle more than three a year under the present conditions.

3750. But the majority of your nurses would wish to avail themselves of it?—Yes, they are very keen on it.

3751. (Mrs. Hobhouse.) Has it ever occurred to you that, in order to augment the number of your cases and therefore enlarge the scope of your training capacity, you might take some outside cases in the district under your medical officer; because that has been done elsewhere?—I see no objection to it myself, personally, but whether the medical officer would approve of it, I do not know.

3752. You have 38 nurses on your staff, but you have only the possibility of training at most three a year?—Quite so.

3753. Then it would add tremendously to your efficiency if you were able to train more than that a year?—Distinctly.

3754. Ten a year, say?—Yes.

3755. You would probably be able to train the whole of your staff in turn during their three years' service?—Quite so.

3756. If you could show the Central Midwives Board that, instead of having a total of 50 births per year, you could, by embracing a district, increase them to 200, it would be infinitely preferable both for your purposes and for the people outside who need midwives?—Precisely. I quite agree with you there, if it were practicable.

3757. (Chairman.) What is the obstacle?—Administration might present difficulties.

3758. But do you see why it should not be so?—No. I do not see any difficulty personally.

3759. People are very apt to raise difficulties if they do not want to do a thing, as you know probably by your experience?—Yes, and I cannot see that it presents any difficulty.

3760. (Mrs. Hobhouse.) It would be of tremendous value to your district?—Yes.

3761. I do not know whether there are trained midwives in the district round your infirmary to any large extent?—We are very near the East-End Mothers' Home, and we might be encroaching on them; and there is the maternity department of the London Hospital to be considered.

3762. (Mr. Davy.) Other and wider questions might be raised as to poor law help being given to persons not at present receiving it?—Probably, because this is relief for destitute persons.

3763. (Chairman.) Within that area there are plenty of destitute cases that might be brought into the net, are there not?—So destitute that they must be admitted.

3764. Do you say that the 50 cases in your institution represents the level of destitute cases in that area?—No, but there are other agencies at work outside. The Charity Organisation Society are responsible for many cases, too, and other voluntary agencies assist poor married women.

3765. Yours is the only potential agency or centre for midwifery training in that particular district, is it not?—Yes, in that particular district for that class of unmarried patient. May I be allowed to submit a suggestion before leaving?

3766. Certainly.—It is that the Poor Law Infirmary Matrons' Association be represented on the Central Midwives Board.

3767. Your Association would like to be represented on the Midwives Board?—Yes.

3768. Would you suggest that the council of your Association should nominate a representative, or that a selection should be made by the general vote of the whole body of members?—By the general vote.



24 March 1909.]

Miss E. A. WESLEY.

[Continued.]

3769. What number of persons are represented by your Association?—55 matrons, having supervision over about 2,000 nurses and probationers.

The witness withdrew.

Dr. C. T. PARSONS called and examined.

3772. (Chairman.) You are here representing the Infirmary Medical Superintendents' Society?—Yes.

3773. Are those poor law infirmaries?—Yes, poor law infirmaries in London.

3774. In London alone?—Yes, entirely.

3775. How many medical gentlemen are represented in the society?—Just 30.

3776. What is your own position?—I am the medical superintendent of the Fulham infirmary.

3777. Have you enjoyed that position long?—For 10 years.

3778. Before that where were you?—I was in private practice for a short time before that.

3779. Ten years is the limit of your experience in connection with poor law institutions?—No; I was for about a year before that assistant medical superintendent at the Fulham infirmary.

3780. And you are here to tell us that in your judgment the number of cases that any woman in training in midwifery ought to deliver might be reduced with safety?—We restrict that to the case of the fully trained nurse who has received a certificate in ordinary training.

3781. You think that in her case the Central Midwives Board might be contented with a smaller number of cases?—Yes.

3782. You would not put 10 as too low?—No, because we say really that she should watch 20 cases, but that she should only be required personally to deliver 10 cases.

3783. That would, I presume, in your judgment enable these institutions to offer greater facilities for turning out trained midwives than at present exist?—Yes, undoubtedly. The ground we go upon there is that the fully trained nurse has already received training in the general nursing of sick patients and in the principles and methods of aseptic and antiseptic surgery. One of the most important of the midwife's duties is to keep the uterus in an aseptic condition, and we say, therefore, that a fully trained nurse starts with a knowledge of a great part of a midwife's duties, and is in a totally different position from the woman who begins her midwifery training without any knowledge of ordinary medical and surgical nursing.

3784. A great deal of ground has been already covered in both subjects?—Yes. She does not come fresh to the work, but has already acquired a great deal of the knowledge which she will require in practice and upon which she would be examined.

3785. You do not think that the introduction of any such exceptions could possibly be open to the charge of lowering the standard?—I do not think so at all.

3786. You do not think such a modification of conditions would tend to the diminution of the safety of the persons who would have to be treated subsequently by these midwives?—No, I do not think so.

3787. Have you considered those points?—Yes, we have considered them all.

3788. You make that recommendation with a full sense of your responsibility?—We do, certainly.

3789. Then I see from your précis that you share the view which we have heard from some previous occupants of that chair, that the Central Midwives Board have not made full use of the poor law infirmaries as places for training?—They tend to discourage us from training our nurses as midwives.

3790. Do you believe that is so now?—I am not prepared to answer as to whether there has been a change in recent years in the policy of the Central Midwives Board or not, but in the beginning certainly we felt that we were being discouraged in our efforts to train our nurses for midwifery certificates.

3791. And you consider that the institutions which you represent have special advantages for the supply of

3770. That is the constituency to elect the representative?—Yes, exactly.

3771. We will take a note of your request.—Thank you.

that training?—Yes, we do. In the first place many infirmaries have special maternity wards devoted solely to midwifery cases, and we have a number of nurses who are willing and anxious in many cases to take maternity training in addition to their ordinary training.

3792. Has the Fulham infirmary been recognised?—It is recognised as a training school now, but it was refused on our first application.

3793. But you had the good sense to make a second application?—We made a second application.

3794. Had you any changes in the meantime?—Some trifling alterations were made to meet the criticisms of the Central Midwives Board. I can give the reasons given by the Central Midwives Board for refusing our application.

3795. But did they give reasons?—They did. The first reason was that we had rather a large percentage of cases of purulent conjunctivitis. The second reason was that the records required by the Board were not kept by midwives and pupils, and the third reason was that the general arrangements were not good, and a particular point that they drew attention to was, that "on a landing open to the air at the top of the iron staircase stand a coal box, ashbin, soiled linen box, pig pail, ice safe, bread bin; on the wall of the landing is a small food safe." With respect to the records not being kept, they were not kept at that time for the reason that they were not suitable for our nurses to keep. Several of the columns applied only to a midwife in practice in a district, and were inapplicable to a midwife working under medical control in an institution. The nurses kept other records, which were fuller than the Central Midwives Board required, and which were better adapted to the conditions under which our nurses were working, but since the Board made a point of it, we adopted the records, and our nurses keep them now.

3796. Then what period elapsed between the refusal of your first application and the compliance with your second application?—One or two months.

3797. But in those months you had made changes that may have accounted for the alteration in the Central Midwives Board's action?—Yes, we made that change with regard to the records, and we also pointed out that the thing they referred to as a small food safe was only used for keeping eggs in.

3798. (Mr. Davy.) Have you removed the dustbin?—That has been removed.

3799. (Chairman.) In your particular case there may have been some justification for the refusal by the Central Midwives Board?—The only possible justification, in my view, is with regard to the first point; that is, that our number of cases of ophthalmia was not fewer.

3800. That had been considerable, but was it due to exceptional causes?—As a matter of fact, it was due to this reason, that I had just introduced the use of silver nitrate, and I was not aware of the amount of reaction one gets after the use of silver nitrate, and I had recorded cases of excessive reaction to silver nitrate as cases of purulent conjunctivitis.

3801. Then the prevalence of ophthalmia was statistical rather than actual?—Yes.

3802. (Dr. Downes.) You found that the condition of those patients resulted from your very efforts to prevent ophthalmia in young children?—Yes.

3803. (Chairman.) May I presume that the easier attitude of the Central Midwives Board was possibly due to some relaxation of the rigour which ruled their administration when young?—I do not know, of course.

3804. But from what you hear from your Society generally, is there an impression that the Midwives Board is less rigorous than it used to be?—I think quite recently that impression is obtaining.



24 March 1909.]

Dr. C. T. PARSONS.

[Continued.]

3805. But have institutions acted upon that impression with a view to seeing whether the Central Midwives Board would recognise them under more favourable conditions than before?—I do not think that many have made fresh applications, as a matter of fact.

3806. But would your Society not recommend them to do so, if necessary?—Certainly.

3807. Because it seems a pity if there has been, as possibly is the case, a very considerable change in the attitude of the Central Midwives Board, full advantage should not be taken of it, and an agency such as yours might promote a better understanding on the subject, might they not?—We are only too willing to co-operate with the Central Midwives Board, if they are willing to show us a certain amount of consideration in return.

3808. In your judgment the recognition of institutions such as you represent should be taken out of the hands of the Central Midwives Board altogether?—Yes. We are now inspected and under the control of the Local Government Board, and we are of opinion that, if they are satisfied with our condition, that should be sufficient for the body governing the examination of midwives.

3809. You think that your poor law infirmaries are, in point of fact, run upon precisely the same lines as voluntary hospitals?—Yes, that is so.

3810. And you should therefore enjoy the same privileges?—Exactly.

3811. With a view to influencing the Central Midwives Board to take a more sympathetic attitude, you would suggest some change in its composition, would you not?—Yes. We would suggest that one of the members should be a medical man, to be nominated by the Local Government Board.

3812. (*Mrs. Hobhouse.*) What is the total number of births annually in your infirmary at Fulham?—Last year there were 126 women confined.

3813. Is that the normal average?—It has been decreasing lately. The year before it was almost exactly the same, but before that it was about 170.

3814. What is the total number of your nurses?—In the maternity ward, do you mean?

3815. No, in the whole infirmary?—Sixty-three altogether.

3816. Do you, as a matter of course, in engaging them promise them midwifery training?—We hold that out as a prize for the best probationers. We say that the nurses who do best in their ward work and examinations will be afforded the opportunity of taking midwifery training in the maternity ward.

3817. Free?—Not only free, but they are paid while there at the rate of the senior probationers, which is 20*l.* a year.

3818. Do you find that that is an incentive to women to come to be trained at your institution?—Yes, decidedly.

3819. Do you find you get a better class of applicant?—Yes.

3820. How many do you train yearly?—Four. We appoint two for maternity ward work for six months at a time.

3821. With regard to your suggestion as to the number of cases necessary for these women that you consider are fully certificated, what is the total number of midwifery cases a medical student is required to have taken?—Twenty is the number.

3822. Does that include internal examination for each one?—When I was a student 20 cases of labour had to be attended, but I do not think that what was meant by attendance was exactly defined.

3823. Is your suggestion based upon that arrangement with regard to medical men?—That was one point. We thought that if a medical student is required to attend only 20 cases it should certainly not be necessary for a midwife to have to attend as many.

3824. But you cannot tell us, as regards the internal examination, what the rule is in the medical profession?—I do not know quite what happens now, but I know in my time that, so long as I arrived at the case at all, it was sufficient.

3825. There is no direct regulation as regards that, is there?—There was not in my time, but I do not know what the regulations are now.

3826. Then it is your proposal that the midwife's training should be practically equal to that of the medical profession?—Yes, under present conditions. The number of cases she would have to attend and watch before she could present herself for examination would still be the same as the number a medical student is required to attend.

3827. That is your intention?—Yes; I mean that a pupil midwife who is a trained nurse should be required to attend and watch at least 20 cases of labour, though she should not be required actually to deliver more than 10. On the other hand, I think the number a medical student is required to attend should be increased.

3828. I should like to be quite clear in my mind as to whether, with regard to the medical profession, there is equality of standard, or something, at all events, equal to the Central Midwives Board's Rule of 20 cases. Is that universal?—I am afraid I am not able to say about that. I do not know the requirements of the different examining boards now.

3829. You do not know whether they vary in that respect?—No, I do not know at all.

3830. (*Mr. Davy.*) How long have you been in the poor law medical service?—Ten years as medical superintendent of the Fulham infirmary, and about a year before that as assistant medical superintendent.

3831. What is your qualification?—I am a Doctor of Medicine of London University.

3832. Your infirmary is under Dr. Downes' inspection, is it not?—Yes.

3833. He visits and inspects?—Yes.

3834. And you are also under the inspection of Miss Stansfeld, who has had considerable training in midwifery, both theoretical and practical?—Yes.

3835. You were employed by the Royal Commission on the Poor Law as one of their special investigators, were you not?—Yes.

3836. What did you do for them?—I examined the able-bodied and the children in certain parishes in Scotland, and the able-bodied in certain parishes in England.

3837. That is to say, you were selected by that Royal Commission apart from the Local Government Board altogether?—Yes.

3838. (*Dr. Champneys.*) Have the Infirmary Medical Superintendents' Society ever considered the question of increasing the number of cases available at poor law institutions by including some in the district surrounding them?—No, we have never considered that question at all.

3839. Would not that largely increase the available material?—Yes, it would.

3840. That is, if it could be arranged?—Yes, if it could be arranged.

3841. That is to say, a poor law institution which might not obtain recognition on account of paucity of cases might be able to have quite a large number of cases if that could be arranged?—Yes.

3842. Have your Society ever considered the question of lectures in rural districts being given to outsiders, because sometimes pupils who wish to be trained in rural districts as midwives find difficulty because of their distance from a proper training centre? In those circumstances, the Central Midwives Board have sometimes suggested that poor law institutions applying for recognition should undertake to give lectures, not only to their own pupils but to midwifery pupils from outside. Have you considered that at all?—No, because we are entirely a metropolitan institution.

3843. Then you have nothing to do with that?—No.

3844. You said just now that you thought that not so many cases were required for midwives as for medical men, did you not?—No. I said that the Central Midwives Board required 20 cases for midwives, and the examining boards for medical men, so far as I know, also required 20 cases.



24 March 1909.]

Dr. C. T. PARSONS.

[Continued.]

3845. Do you think that less than that would be sufficient for the midwives?—For an efficiently trained nurse who wishes to take up midwifery, yes.

3846. Your reason for that, as I understand, was that she had already been instructed in asepsis and antisepsis?—Yes.

3847. But there are conditions, are there not, which can only be recognised by vaginal examinations, such as cases of abnormal presentations, which may possibly end in the rupture of the uterus and the death of the patient; how can they be recognised for certain without having a vaginal examination?—We would not entirely abolish vaginal examinations, but we think they should be confined to their narrowest limits, and in such a case as that we consider that one vaginal examination should be sufficient, combined with abdominal palpation. An occipito-posterior presentation can often be diagnosed by abdominal palpation alone.

3848. With reference to face presentations and prolapse of the cord of the child, which may end in death, and breech presentations, and with reference to cases of rupture of the uterus, do you think that a woman who has only had ten cases to examine can really become sufficiently skilful in vaginal examination to recognise these things?—I think it would be quite sufficient to enable her to recognise that there was something abnormal, or some departure from the normal, and in that case it would be her duty to send for a medical man.

3849. I would ask you, then, whether you think that, with regard to occipito-posterior presentation, face presentation, and breech presentation, which are notoriously difficult to diagnose even by a medical man, they can be really learned fully by a woman who has only examined ten cases—and once per case according to your own theory is sufficient—whether a woman having had ten examinations, possibly of normal cases, would be able to detect those cases which I have named, which often puzzle skilful medical men?—With regard to face presentation and breech presentation, it would certainly be sufficient. With regard to occipito-posterior presentation, I am not prepared to say. One has to remember that most medical men obtain their qualifications without seeing many forms of abnormal presentation, which they are, however, able to recognise, when they do meet with them, from their theoretical knowledge. The same would apply to a well-trained midwife.

3850. Are you aware that such cases are constantly examined by medical men after swelling takes place?—Yes.

3851. And that very serious mischief may result?—Yes, but the point there is that the mistake might be made between a swollen face and a breech, and the midwife would be fully capable of seeing that it was different from an occipital presentation, and that it was a case in which there was something abnormal, and therefore it would be her duty to send for a medical man. We do not require a midwife to diagnose cases which puzzle medical men. It is only necessary she should recognise that there is something abnormal.

3852. Now with regard to Mrs. Hobhouse's question which you answered as to the amount of training which the midwives are likely to get, that is, that it should be the same as that for medical men, do you not think that the medical student has any initial advantage in manipulative skill by handling things of various kinds? Do you think his touch is not already considerably educated by the habit of feeling things?—Yes, I suppose his touch would be more educated to start with, but the same would apply to a certain extent to a fully trained nurse. Her touch also would be educated in the three years.

3853. But she is not trained in diagnosing abdominal tumours, and so on, is she?—No, but she acquires a good deal of delicacy of touch in carrying out the necessary nursing operations.

3854. But not in getting evidence of the conditions present, but in bandaging and so on. Is that not so?—Yes, but our point is rather that we do not require the midwives to be exact diagnosticians.

3855. Then I should rather like to ask you whether you are aware that the General Medical Council have already raised, and are raising the standard in midwifery training for medical students?—Yes, I do know that.

3856. So that, at any rate, they do not consider that the present standard is satisfactory for medical students?—No, that may be so, and in fact I should agree with that entirely.

3857. (Dr. Downes.) The question perhaps is not what is ideally desirable, but what is practically possible, is it not?—Yes.

3858. And I daresay you will agree that the more cases that the medical student or the nurse could possibly deliver personally, the better?—Certainly.

3859. But in these matters we may perhaps have to balance one evil against another?—Yes.

3860. Now taking the conditions which Dr. Champneys has mentioned to you, I do not suppose you can tell us off-hand, but one would like to know what the chances of those conditions occurring in ten cases would be. Is it a great probability that you would get those conditions in a run of ten cases, or is the probability that you would not get those conditions occurring in a run of ten cases?—No, I think the probability would be that you would not get them.

3861. So that the same argument might be applied in favour of a standard of 100 cases or 200 cases?—Yes. In order to make sure that a pupil should see all the possible mal-presentations, it would not be too much to require that she should attend 200 cases.

3862. If it is necessary, that is, that the nurses should actually come into contact with those conditions?—Yes.

3863. You told us there were thirty members of your Society. How many hospital beds do they represent?—I am afraid I have not got the number of beds.

3864. I daresay you could put it in your evidence afterwards?—I find there are about 17,000 beds in these infirmaries.

3865. With regard to your own particular institution, I believe your wards were built to a Parisian model, on the Tallet system?—Yes.

3866. That is as regards the roof?—Yes.

3867. Specially designed for the avoidance of the collection of dust, or anything of that sort?—Yes.

3868. Was not your institution inspected on behalf of the "British Medical Journal"?—Yes.

3869. There is a report in the number of the "British Medical Journal" for November 16th, 1907?—Yes.

3870. I may perhaps read to you some extracts from it. The first of these is as follows: "Each of the beds had about 1,200 cubic feet air-space. Lawson "Tait beds with tidy convenient little cots, up-to-date "ward appliances, exceptionally large windows, well-kept walls, and good flooring are to be found. The "floor and lower part of the walls of the waterclosets "and lavatories are tiled and are kept in perfect "order." Then it goes on to say: "Dr. Parsons is "certainly to be congratulated on the appearance and "equipment of his maternity department." I daresay you did read that at the time it came out?—Yes.

3871. (Mr. Pedder.) I am not quite sure that I understand what you mean when you ask in your précis for the Rules in section E. to be applied to poor law infirmaries?—I believe that one of the charges that the Central Midwives Board brought against poor law infirmaries was that such institutions were specially exempt from the Rules which they had made for the regulation and supervising of the practice of midwives. The Rules are laid down in section E., and those Rules, as a matter of fact, are carried out in all our infirmaries. They represent practically the minimum that should be required, and are nothing like so stringent or exacting as the Rules governing the midwife in the maternity ward of my own infirmary for example.

3872. Was the point, as to exempting infirmaries from those Rules, precisely the same as your point, that you should be under the Local Government Board and not under the Central Midwives Board?—Yes.

3873. So that you would not gain anything by having the Rules applied to you?—It cuts away any chance of saying that we are not carrying them out. If the Local Government Board were, by an Order, to make



24 March 1909.]

Dr. C. T. PARSONS.

[Continued.]

those Rules binding upon us, it would not make any difference to us at all, because we are already carrying them out.

3874. (*Dr. Downes.*) Arising out of that point, have not the Local Government Board, by circular, practically applied those Rules to poor law institutions?—Yes, they have.

3875. (*Mr. Pedder.*) As to your point about keeping, so to speak, the training of midwives on a lower basis, that would apply more to towns than the country districts, would it not?—It would apply simply to a nurse who had already received three years' training in an institution, and obtained a certificate as a fully trained nurse.

3876. You think a nurse so trained would be capable in a country district of supplying a shortage; you were not thinking so much of superseding others?—I take it that the midwives would always have to have at their back the medical man, and that he should be present in cases of difficulty.

3877. But in many districts there are contingencies in which a medical man is sometimes hardly available?—In those cases, I should say personally that 20 cases would not be sufficient.

3878. But it would be better than 10?—Yes, certainly.

3879. (*Mr. Fremantle.*) You said in your evidence-in-chief that it was unnecessary to have the same standard for midwives as for medical students. Do you not consider that the amount of knowledge acquired by the medical student from one confinement is—on account of his dissecting practice, and so on—indefinitely greater than the knowledge that would be acquired by a midwife?—No, I do not think so at all.

3880. You think that a medical student, despite all his dissections, and so on, gains no more knowledge from conducting a single confinement than an ordinary raw woman from the village, who comes up to be trained as a midwife?—Our suggestion is restricted to fully trained nurses.

3881. Your evidence applies only to fully trained nurses?—Entirely so.

3882. You do not think that a medical student, with his dissections, &c., gains any more knowledge from a confinement than an efficient nurse who has done no dissecting and has never handled a skull, and so on?—A fully trained nurse would probably have handled a skull before.

3883. But not necessarily?—I can only speak practically for London infirmaries, where it is universal for the probationer to receive a course of training in elementary anatomy and physiology.

3884. Now to clear up another point that several members of the Committee have asked you about. You say in your précis, "the Society deprecates the making of unnecessary vaginal examinations." On whose behalf does your Society deprecate that? Is it on behalf of the patient, or on behalf of the training?—On behalf of the patient, certainly.

3885. But that has nothing to do with the value of it from the training point of view?—No. We were thinking there of the patients. We should deprecate the midwife making more vaginal examinations than were absolutely necessary, not only during her training, but afterwards in her practice, entirely on the ground that every vaginal examination entails a certain amount of risk to the patient.

3886. You agree with Dr. Champneys and others, do you not, who would suggest that every extra examination that is made must tend to give extra training?—Yes.

3887. And it is merely a question of the amount of training?—Yes. Of course, if it were a matter of training entirely, it might be advantageous to let the pupil make repeated vaginal examinations.

3888. Then you refer to the fact that the infirmaries are periodically inspected by the Local Government Board. Are you there alluding only to the metropolitan infirmaries, or to the infirmaries throughout the country?—Entirely to the metropolitan infirmaries.

3889. Then the whole of your evidence is merely with regard to metropolitan infirmaries?—Yes.

3890. You are not qualified to give evidence on behalf of rural infirmaries, are you?—No.

3891. You do not feel prepared to give evidence on that subject?—No, I have no knowledge of it.

3892. Then you say in your précis that it is obvious that structural defects cannot affect the character of the training given. Do you include in that the juxtaposition, for instance, of the bread-bin and the decaying refuse from the kitchen, as in the instance you have mentioned?—Yes. No matter how great the defect may be, I do not see that it can have any influence upon the training. The structural defects in the homes of the poor, where a number of pupil midwives are receiving their training, are infinitely greater than in any institution, and the Central Midwives Board have raised no objection to midwives so trained.

3893. You do not consider that such direct evidence of insanitary conditions being part of the general practice of infirmaries is prejudicial to the teaching of sanitation to the midwives?—No, it would not affect the teaching at all, even if the statement implied in the question were true. As a matter of fact, insanitary conditions are not generally present in London poor law infirmaries.

3894. You do not think that habit and practice are essential to the teaching of precept in the training of a midwife?—The statement in my précis does not refer to habit and practice at all, but to structural defects. Aseptic habits can be taught, and aseptic surgery practised, for instance, in a ward which has rectangular corners, rough walls, and other structural defects. As a matter of fact the insanitary conditions might be made use of as an object lesson, as things that should be avoided. But, of course, as to the point about the juxtaposition of the bread-bin and decaying vegetable matter, that is not accurate. The bread-bin was properly covered in and was exposed to the open air, and there was no decaying vegetable matter placed in the ashbin at all, but only ashes. The only real objection would be that on occasion, when the top of the bread-bin was removed, small coal-dust or ash-dust might get into it. When it is remembered that we all consume articles of food bought from open shops where they are exposed to the objectionable dust blown up from the road, the objection to a covered bread-bin being placed upon the same landing as a covered bin containing dust sterilised by burning becomes somewhat ludicrous. But, however, the real reason for putting it there was that the only other place that it could have been placed in was in an extremely hot kitchen, and the bread would have deteriorated.

3895. Do you not consider that the recognition of poor law infirmaries as training schools should be a matter for the decision of the Central Midwives Board?—No, we consider that it should rest with the Local Government Board, as they deal with us generally. If the Local Government Board are satisfied that our wards are well conducted and in good condition, surely that should be sufficient for the Central Midwives Board. That is our point of view.

3896. From the point of view, do you mean, of the midwives being efficient for the work of the infirmary, or of their eventually going out to be midwives among the general population?—From the latter point of view; from the point of view of their going out.

3897. In either case the Local Government Board is sufficient?—Quite so.

3898. Do you mean to say that the Local Government Board would have a different standard?—I do not think so at all.

3899. You think it will be the same standard?—Yes, or higher.

3900. How are you going to secure that the Local Government Board standard is to be the same as that of the Central Midwives Board?—I think you will have to rely upon the Local Government Board there.

3901. On some arrangement between the Local Government Board and the Central Midwives Board for securing that the standard is the same?—I take it that the Local Government Board would not approve a maternity ward badly constructed or badly carried on.

3902. But if their standard were higher than that of the Central Midwives Board, it would be hard on



24 March 1909.]

Dr. C. T. PARSONS.

[Continued.]

your staff to have to be submitted to a higher standard for the certificate, would it not?—No. We do not object to the standard. Our only objection was that we considered that we were being dealt with on different lines from the voluntary hospitals; the reason of our thinking so was that when we applied for recognition by the Central Midwives Board we found that they sent inspectors to examine into the conditions under which the institution was being carried on. We did not object to that at all, but we did object to the fact that, so far as we could make out, the voluntary hospitals were not inspected. We had no objection to being treated on exactly the same lines as they. If voluntary hospitals were inspected, we were quite willing to be inspected also, but we objected to having differential treatment applied as between us and voluntary hospitals.

3903. Did you say in your evidence that some of the Rules of the Central Midwives Board did not apply to voluntary hospitals?—Yes.

3904. Could you tell me what is the basis for that?—All those starred in section E. do not apply.

3905. You consider that rule 24 shows that the starred rules do not apply to those hospitals approved by the Central Midwives Board?—Yes.

3906. As to the fourth point in your précis, do you consider it desirable that one member of the Central Midwives Board should be a medical man appointed by the Local Government Board?—Yes.

3907. From what point of view do your Society make that suggestion?—Solely from the point of view that we consider we have not been well treated by the Central Midwives Board in the past, and we think that the Local Government Board should be represented on the Central Midwives Board, so as to give a certain amount of support to our interests.

3908. That there might be co-operation between the Local Government Board and the Central Midwives Board. Perhaps that is the suggestion that you are making?—Yes.

3909. (Chairman.) You do not, I understand, desire to see the Central Midwives Board standard at all lowered, but you think it might be made, by the presence of a representative of the Local Government Board, more equitable in application?—Yes. We have no desire to see the standard lowered; quite the contrary.

3910. But you think it has been worked unequally, and possibly rather arbitrarily?—That is what we have felt very strongly.

3911. I only wanted your view as to the application of the Rules?—We feel strongly that we have been unfairly discriminated against.

3912. That may possibly be owing to the lack of knowledge rather than to any wish to prejudice your institutions?—I think it is from lack of knowledge of the conditions of poor law infirmaries.

3913. (Mr. Fremantle.) If that suggestion of yours as to having a representative of the Local Government Board on the Central Midwives Board were carried out you would then be bound to let the recognition of your infirmaries be in the hands of the Central Midwives

Board, would you not?—I may say the objection to recognition by the Central Midwives Board arose entirely from the fact that we considered we were not being fairly treated by them. If we had felt from the beginning that we were being treated in the same way as the voluntary hospitals, we should not have objected to any standard or to any amount of inspection that they desired.

3914. (Dr. Champneys.) If you had a representative appointed by the Local Government Board on the Central Midwives Board, that would satisfy you, would it?—Yes.

3915. I mean to say that you would then have no objection to the recognition by the Central Midwives Board?—No.

3916. That is, if you had your representative on the Board?—No, provided that the same rules were applicable to us as to the voluntary hospitals.

3917. But your representative would see to that, would he not?—He would be one on the Board, but he could not control the Board.

3918. (Mr. Davy.) I gather from you that you are not proposing that the Local Government Board should have anything to do with the examination of the Central Midwives Board?—No.

3919. All that you propose is that they should decide whether the institution is fit to be recognised as a school?—Yes. Our proposal would be that if the Local Government Board gave a certificate to the effect that the maternity ward was one that should be recognised, or that a medical officer was one who should be recognised as a teacher, that certificate should be sufficient for the Central Midwives Board. We have no objection to the examination. We believe that the examination of the Central Midwives Board is a perfectly fair one. We have no charge to make against the Central Midwives Board on that ground. We believe that the examination is a perfectly fair and perfectly impartial one. The only point where we think we are not being impartially treated is with regard to our recognition.

3920. I suppose you agree that the virtue of a training school is that it should train effectively?—Yes, certainly.

3921. And the effectiveness of the training is to be judged of by the examination?—Yes.

3922. (Dr. Downes.) As to the results spoken of by the special commissioner of the "British Medical Journal," who reported that during the last nine years 1,500 women had been delivered in your infirmary, and that no death had occurred from puerperal fever, is that correct?—Yes, that is correct.

3923. (Dr. Champneys.) With regard to the question that Dr. Downes asked you recently about the chances of abnormalities among 20 cases, would you say that the examination of 20 normal cases would not strengthen a woman's or a man's power of diagnosing abnormal cases?—No; it enables him better to distinguish between the normal and the abnormal.

The witness withdrew.

(Mr. DAVY here took the Chair.)

Dr. H. HANDFORD called and examined.

3924. (Mr. Davy.) You are a Fellow of the Royal College of Physicians of London?—Yes.

3925. And you hold the Diploma in Public Health of Cambridge?—Yes.

3926. You are consulting physician to the General Hospital of Nottingham?—Yes.

3927. And you have been medical officer of health to the Nottingham County Council for the last 12 years?—Yes.

3928. Since 1893, the inspection of midwives in your county has been carried out by a lady inspector, I believe?—Yes, by three different lady inspectors.

3929. Apart from the county borough of Nottingham, how many county boroughs are there in Nottinghamshire?—None.

3930. So that you have the whole county except the county town?—Yes; with a population of 320,000 persons.

3931. Do your county council delegate their powers under the Midwives Act to anybody?—To the health committee of the county council.

3932. They are in charge?—Yes.

3933. You have here a return of the numbers of midwives, I believe?—Yes.

*Year.	No. of Midwives.
1903	40
1904	93
1905	184
1906	181
1907	183
1908	177



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

3934. When did you make that return?—It is the return for the years mentioned.

3935. Did you get the figures from year to year, or is this a special return?—No, it is made from year to year. It is the past returns tabulated.

3936. How do you get the figures?—The midwives have to notify to the local supervising authority their intention to practise, and those notifications are all filed. The list has to be sent to the Central Midwives Board each year, after which it is printed and circulated.

3937. Are these all certified midwives?—Yes.

3938. In addition to that, how many women are practising in the county?—Of that I have no information later than 1907. The information as to last year is not out yet. Of course, my information to a certain extent is taken from the roll of the Central Midwives Board. In 1907 there were 39 persons who were certified midwives, but who did not notify their intention to practise, or stated that they had no intention of practising as midwives. Five certified midwives were resident in workhouses, and those we do not inspect. I am inclined to think some have not notified to us that they are practising.

3939. Though they are certified?—Perhaps I ought not to say that, as I have no actual evidence of it. Then there are 26 who say they are practising as monthly nurses, and they do not notify to us under the Midwives Act, though they are certified midwives. Some of those have notified in previous years, but they have given up notifying, because they only attend cases now under the direction of a doctor.

3940. Have you any knowledge of the number of persons now practising who will cease to act after the appointed day?—In 1893 we tried to find how many women there were in the county who were accustomed to act more or less as midwives, and from that information it appears that there were something like 150. I do not say that there are so many as that now, but we have no exact knowledge. We do not hear of many puerperal fever cases attended by uncertified midwives, so that I think that number is an excessive one.

3941. It would be rather important to know that, in order to estimate whether there will be any shortage of midwives on the appointed day, would it not?—Yes, but we have not got accurate information. We can only get it by the favour of the doctors who are practising. If they choose to give us the names of the women they know are practising in the villages where they themselves practise, we should be grateful for the information, but if they do not like to give it we have no other source to go to for the information.

3942. That could only be got by local inquiry?—Yes, that is the only way.

3943. Then you say the number of births in the county was 8,962 in 1907, and of these 4,150 were attended by certified midwives?—Yes.

3944. That is 46 per cent. of the total births?—Yes. That we get through the inspector of midwives, who looks at the midwives' books.

3945. That gives an average of 22·6 births per midwife?—Yes.

3946. Do you suppose that any women in the county make their living by midwifery alone?—Yes, I think there are about nine who do.

3947. Those practise in populous centres, I suppose?—Yes.

3948. What do the others do?—Most of the others are married women, who have got a husband in work, and some of them have shops. One woman is a carrier, and there is a great variety of occupations.

3949. About what fee does a midwife get?—I have put it here as from 5s. to 10s., but I think I ought to make it even less than that. There are a certain number of midwives who, I believe, are quite willing to attend so long as they get food and whisky, and do not get any regular fee at all, and a great many complain that they are never paid. But why they continue to do the work I do not know.

3950. But those would be uncertified midwives, would they not?—No, not entirely so, but they are untrained ones.

3951. Where do you get the statement from that the midwives attend 60 per cent. of the confinements,

which you say is below the truth?—At this moment I cannot tell you where I got that from. It is a statement that is current.

3952. The other 40 per cent. would be attended by medical men, I presume?—Yes. Here we have got 46 per cent. actually verified, and 20 or 30 or 50 births that we could not get returns of, because the women have been taken off the roll, and they refuse to give any more information. Then there are the whole of the births attended by uncertified women, and the whole of those attended under the direction of a doctor.

3953. So that all you can say is that 54 per cent. of the births are attended by uncertified midwives or by medical men?—Yes.

3954. What functions does your inspector of midwives exercise?—She visits every certified midwife who notifies her intention to practise. The untrained ones she visits usually four times a year, and the trained ones working under a nursing committee of ladies generally twice a year, because they are under additional inspection apart from us. She also visits more frequently any of the midwives that we have reason to know are in the habit of not keeping very strictly to the Rules, and she investigates other cases where we receive special information.

3955. Do you think she is a necessary officer?—Yes, absolutely essential. Only women can do that kind of work satisfactorily; that is, the inspection of these women midwives.

3956. Do you employ health visitors in any part of your district?—I am sorry to say we do not.

3957. Have you adopted the Notification of Births Act in any part of the district?—Two of the boroughs, Mansfield and Retford, have adopted it. The county has not taken any steps at present. We are waiting.

3958. Have those two boroughs got health visitors?—Yes.

3959. You say that you think that in your county one lady inspector could not inspect more than 250 to 300 midwives?—Not if she carried out her inspecting duties in as much detail as we think necessary.

3960. You think she exercises a check on the midwife?—I am quite sure of it; she is also looked upon by the better class of midwife as a friend and a help, and they rely on her advice very considerably.

3961. What salary does she get?—120l. a year and travelling expenses.

3962. What have you to say with reference to the difficulty of getting the assistance of a doctor in necessary cases?—That has not been marked in our county, at any rate not until recently, but I have mentioned one case in my précis. Shall I read that to you?

3963. I do not think it is necessary. It is not of your own knowledge, is it?—I investigated the case, and got the statement from the midwife herself.

3964. Then you had better state it?—Our inspector was ill then, and I investigated it myself. The wife of an agricultural labourer was attended in her confinement by a certified midwife on a Saturday evening. On account of retained placenta the husband was sent to the nearest doctor, six miles away, who promised to come but did not. At 4 o'clock on Sunday morning he was sent again, but the doctor refused to come unless his fee was paid before starting. This the husband was quite unable to do. No further attempts were made to obtain medical assistance until Tuesday, when the patient had a high temperature and was very ill. Another doctor was sent for by telegraph, but replied that he was already engaged at another case. He was telegraphed for again on Wednesday and came. The patient died on Friday morning. A certificate of the cause of death was given. There was no inquest. The doctor received no fee, and the midwife has since resigned her certificate and ceased to practise.

3965. Why has the midwife since resigned her certificate?—Because we had had frequent occasions to complain of her want of skill and want of care and want of cleanliness in the past, and we should have made a formal complaint about her if she had not



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

resigned, but she was anxious to resign, and we thought that was the simplest procedure.

3966. That is what I want to get at. In the one case within your knowledge the midwife was not competent?—No, she was not competent. I think I may say that, since then, it has been represented to me that there are one or two midwives practising in the county who have met with difficulties in their practice, because they are given to understand that, if they send for a doctor, his fee will be two guineas. This particular midwife contemplated throwing up her work. That I believe to be correct.

3967. Do you know as a matter of fact whether she ever did send for a doctor?—She is a new midwife in a new district where there is a new nursing committee.

3968. But what do you say as to the practice of engaging a doctor beforehand?—That has been represented to me by one or two of the medical officers of health, who are also in private practice, when I have written to them to know if they have been engaged beforehand; because it frequently happens, when we wish to investigate some case, the midwife tells us that it is a doctor's case, and that a doctor was engaged, and therefore the local supervising authority have no jurisdiction. So not infrequently I verify that by writing to the doctor and asking if he was engaged, and I have on more than one occasion had the reply that he was engaged, but he was quite satisfied that, unless something abnormal had happened, he would never have been sent for, and the midwife would have taken the case entirely on her own account.

3969. Do you think that there is a widespread hostility to midwives on the part of the medical profession?—Yes, of that I have no doubt whatever.

3970. What is the cause of that?—The fact that they are called in so frequently, and when they are called in it is usually a difficult and troublesome case, and not infrequently a septic case which interferes to a certain extent with their own private practice, and it is exceptional for them to get paid for it.

3971. But I suppose that there were septic cases and difficult cases before the Midwives Act was passed?—Yes, but they are in a little different position now, because they receive a printed notice with the heading of the Midwives Act, 1902, showing that it is an official notice.

3972. It is a formal notice?—Yes, a formal notice asking them to come to an urgent case. That puts a much greater responsibility upon them than a mere message that is not in writing, and which is not authorised by a public body. They feel that it is to a certain extent an official request, and many of them have explained to me that they feel that, if they disregard it and the patient dies and there is an inquest, they will be held up to public obloquy for not complying with this official document.

3973. May I put it that they feel they are under pressure, and resent it?—Yes, they feel they are under a greater obligation to attend than they were before the Midwives Act was passed, and before these official notices were issued.

3974. But as a question of medical ethics, do you think they are under a greater obligation to attend?—As a question of medical ethics, I should say not.

3975. Do you think the feeling of hostility is growing at all?—Yes, I think it is, because I think the opposition is being more and more organised than it used to be. It was individual a few years ago, but now it is being rapidly organised.

3976. You are speaking of your own county?—The opposition is less organised in my county than it is in other counties, I believe, but it is quite exceptional for me to be able to get any information from private practitioners. They refuse information.

3977. Do you think, if the fees were in some way or other secured to private practitioners, the hostility would cease?—Very largely I do.

3978. Now you have, I believe, some suggested amendments to the Midwives Act that you wish to put in?—Yes. (*The witness handed in the following*) :—

"SUGGESTIONS FOR AMENDMENTS TO THE MIDWIVES ACT AND FOR ALTERATIONS OF THE RULES AND PROCEDURE OF THE CENTRAL MIDWIVES BOARD :—

"*Prepared by the county medical officer, revised by the health committee, and approved by the county council at their meeting, January 26th, 1909.*

"1. Either that every certified midwife who attends maternity cases must notify to the local supervising authority under section 10 of the Midwives Act;

"or else the Central Midwives Board should be asked to define what constitutes '*practising as a midwife*,' and what degree of supervision constitutes acting '*under the direction of a qualified medical practitioner*.'

"Without some further definition or a legal decision, the administration of section 1 (2) of the Midwives Act in April 1910 will be almost impossible.

"It has been suggested that, where a midwife attends a woman in labour and performs the necessary duties and no doctor is present before the birth of the child, the midwife has '*practised as a midwife*' within the meaning of the Act, whether a doctor has been engaged or not.

"2. Power should be given to the local supervising authority to pay suitable fees to doctors called by certified midwives to their assistance; but full discretion should be allowed to refuse payment in unsuitable cases.

"3. Power should be given to local supervising authority to suspend midwives from practice as a punitive measure for misconduct or neglect of the Rules, apart from any particular septic or infectious case.

"At present the local supervising authority can only report to the Central Midwives Board with a view to the midwife's name being removed from the roll. A lesser and more speedy punishment is often needed. The offence is generally quite forgotten in the neighbourhood before the name is removed from the roll. And although the local supervising authority may have found a *prima facie* case established in a charge of negligence and have reported to the Central Midwives Board, the midwife can continue to practise without restriction for six or nine months until the decision of the Central Midwives Board is made.

"4. When the name of a midwife has been removed from the roll she frequently retains her certificate, which is not cancelled, and continues to practise.

"The possession of such a certificate by a woman whose name has been removed from the roll should be made an offence against the Act.

"5. The interest of the local supervising authority in investigating charges is much diminished by the knowledge that they can only act as a grand jury and find a true bill, and that many months may elapse before any effective action can be taken.

"The midwives against whom a charge is brought generally attend the investigation before the local supervising authority, and the case can be fully examined.

"A large proportion of the midwives against whom *prima facie* cases have been established do not attend before the Central Midwives Board in London on account of the expense of the journey.

"6. The position of the local supervising authority in the investigation of charges against a midwife in London by the Central Midwives Board is most unsatisfactory.

"The representative of the local supervising authority (whether county medical officer or inspector of midwives) can only act as a witness, and is subject to cross-examination, but cannot cross-examine the witnesses of the midwife or bring rebutting evidence. And yet for this purpose local knowledge is necessary, which the local supervising authority possess and the Central Midwives Board do not. The local supervising authority should have power to be directly represented by their officers or otherwise.

"7. The local supervising authority should have power to contribute towards the cost of training midwives.



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

"Whether there will be a dearth of midwives in 1910 depends mainly upon the decision of what constitutes 'attending under the direction of a qualified medical practitioner.'"

"If there is to be wholesale 'covering' of uncertified women by a loose interpretation of this section of the Midwives Act, no dearth of midwives need be feared, and a new class of midwives will spring up."

"If the expression is to be held to require the presence of the doctor during labour there will certainly be a dearth of certified midwives in some districts."

"8. The number of certified midwives notifying their intention to practise in this county, after remaining stationary for three years, has begun to diminish slightly notwithstanding the increase of population. The reasons for the diminution are (a) the death of several midwives, (b) the removal of several names from the roll, and (c) the fact that a good many certified midwives find it more convenient to call themselves monthly nurses and not to take cases without a doctor being engaged, although in a large proportion of cases the doctor does not attend before the birth of the child; these women thus escape supervision; (d) the number of newly-certified midwives coming into the district is small; very few women in this county who are willing to undertake a midwife's career can pay for their own training."

"A well-trained certified midwife introduced as a stranger into a district cannot earn her living by fees for one or two years."

"9. In regard to section 5 of the Midwives Act, the health committee think that the contribution to be made by county councils to the Central Midwives Board should be estimated according to population, and not according to the number of midwives who have given notice during the year of their intention to practise in the county. By section 5 of the Act, as it at present stands, negligent local supervising authorities will pay very little, whereas those local supervising authorities who have thoroughly done their duty will be penalised."

3979. From whom do these suggestions proceed—from the health committee of the county council?—Yes.

3980. Would it be satisfactory to you if we printed these *in extenso*?—Yes, I think so.

3981. Your main proposal, or one of the main proposals, is that you should be given further powers in the direction of suspending midwives?—Yes.

3982. Have you ever considered that it might be equitable, if you suspended a midwife and the Central Midwives Board held that you had exceeded your function or had committed an error of judgment, that you might compensate that midwife?—No, I have not thought that out.

3983. Do you think that suggestion would remove any possible objection to the proposal?—It seems to me rather a legal question that I do not fully understand. My own opinion would be that the question of compensation could not arise so long as one was acting in good faith.

3984. Then you say that the representative of the local supervising authority can only act as a witness and cannot cross-examine?—Yes.

3985. Do you think that is a thing that wants remedying?—Yes, I think it does.

3986. Have you ever yourself acted as a witness before the Central Midwives Board?—Yes.

3987. Would you have liked to cross-examine on that occasion?—I think, so far as my recollection goes, I was cross-examined.

3988. But would you yourself have liked to have the power to cross-examine other witnesses?—On that particular occasion no witnesses for the defence were present.

3989. What I want to get at is some specific instance of grievance in the matter?—I cannot give you a specific instance of grievance.

3990. What is your opinion as to the dearth of midwives?—I think that undoubtedly will arise. Within the last three weeks I have had three or four applications from untrained women, who are anxious to act as midwives, but they cannot pay for their training,

and they have no one to help them, and they will not be available next year.

3991. But that only shows that there are people who are anxious to become midwives, and not that it is necessary to employ midwives?—No, but the demand is not being met. A great many of the *bona fide* midwives are old people, who are pretty rapidly dying off, and their places are not being taken by newer midwives to any appreciable extent, and those women who would be willing to take their places are unable to find the money to pay for their training.

3992. But, on the other hand, your midwives are not very fully employed, are they? I mean, there are only 22 cases to each one?—No, there are a good many that have very little to do, but they are generally fixed to a locality, and they would have some difficulty in moving into a different district, having regard to the occupation of their husbands.

3993. What I wanted to direct your attention to was your statement that: "Whether there will be a dearth of midwives in 1910 depends mainly upon the decision of what constitutes attending under the direction of a qualified medical practitioner"?—Yes, I think so.

3994. Just tell us what you mean exactly by that?—I mean that if it is held that a woman is at liberty to attend a case so long as a doctor is engaged, and comes to the patient at some time within a day or two, there are a large number of women who would be quite willing to act as midwives without any training whatever, just the same as women who have been taken off the midwives' roll for misconduct are practising. The fact of their being taken off the roll is a very great advertisement for them—they are doing much more work now than before.

3995. I suppose they are practising with the connivance of some medical man?—I do not think at present that is required.

3996. But you think it will happen after 1910?—After 1910 they will require someone to "cover" them.

3997. Do you think that will be a common practice?—Yes, fairly common.

3998. (Mrs. Hobhouse.) Is there not a very considerable proportion of *bona fide* midwives in the total number in Nottinghamshire?—Yes, and I have given the numbers in my précis. It is 121 now. We took a great deal of trouble to get everyone to apply for a certificate, so far as we could, when the Act first came into force.

3999. It is more than 121, is it not? You give in your précis\* the total number of certified midwives as 242, and the number certified by examination as 56. Is that not right?—Yes.

4000. That leaves a good many more than 121 *bona fide* women, does it not, if it means that only 56 have been trained of those whom you have?—This wants a little explanation. The total number of certified midwives in the county is taken from the midwives' roll. The number of midwives practising is 177, and it is that number that has been analysed. The rest of this analysis refers to the 177.

4001. In any case, the proportion of the untrained women to the trained is very large?—Yes, 121 to 56, and that makes the 177.

4002. Are these untrained women mostly elderly women or young women?—Mostly elderly women—almost all from 40 to 80—some are about 76, 78, and so on.

4003. Are the majority over 55, should you consider?—I think one might say the majority would be over 50, but I have not any very exact knowledge on that point, because the personal inspection is done by a

a. Total number of certified midwives in the county	242
b. Number of midwives practising	177
c. Number certified by examination	56
d. Number in practice when the Act came into operation	121
e. Number devoting their whole time to midwifery	9
f. Number who combine household work and family duties	110
g. Number who do midwifery and general district nursing	42
h. Number who do midwifery and other kinds of work	16



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

lady inspector, and a great many of these women I have not seen myself.

4004. But you have found hitherto that they are dying out rather rapidly, have you not?—Certainly.

4005. Can you tell at all to what extent per year that is so?—No, because we have a good deal of difficulty in getting to hear of the deaths. When they die, the death certificate describes them simply as married women, and the word "midwife" does not appear on the certificate, so that the information is not sent to us unless we happen to hear of it, and we do not hear of it, perhaps, till the inspector goes round and finds that the person she has gone to see is dead.

4006. Your county council give a sum of money towards the training of midwives, do they not?—They do, and for many years before the Midwives Act was passed they had given a certain sum, namely 100 guineas a year, for nursing scholarships. Part of that is expended in training in district nursing and part in maternity training.

4007. For how many scholarships a year?—Two or three. The sum of 100 guineas is fixed. Sometimes that would train two and sometimes it would train three, according to the length of training.

4008. Do the committee delegate the power of distributing that to any body?—No, they appoint candidates on the recommendation of a recognised nursing association—practically on the recommendation of the Notts Nursing Federation, which is a federation of nursing societies in the county.

4009. It is practically a county nursing association?—Yes.

4010. You stated just now that there were several women that you knew in the county who would be very glad to take up midwifery if they could afford to pay for the training?—Yes.

4011. Are not these scholarships available for such women?—I think not. These scholarships are only given to women between 24 and 32 years of age. The cases that have come under my notice are some of them women a little over 32 and some about 40. They are suitable for the kind of work that they are proposing to undertake, but they are excluded from the scholarships; and there is also the fact that these scholarships are intended more to be associated with district nursing, and the women I refer to are not prepared to take up district nursing. They are not qualified to do that. But they would be very suitable people to do maternity work only.

4012. Do those particular women live in small villages or in towns?—One lives in a village of about 800 people, with no nurse or midwife of any kind. The last midwife died a month ago, and there is no doctor within 3 miles, and they are in great distress for want of a midwife. Another lives in a town of 10,000 people, where there is only one certified midwife.

4013. I understood from what you said just now, that the 26 women who, you stated, only practise as monthly nurses are in the majority of instances midwives. Is that so?—They are all certified midwives, and their work is exactly the same as that of those who have notified to us that they are practising midwives. There is no real distinction between them.

4014. But they are certified as midwives?—Yes, they are certified as midwives.

4015. They are acting, therefore, with the knowledge of the local medical men?—Yes. They only take cases where doctors are engaged, but we ascertained that in 30 per cent of the cases the doctor does not come till after the child is born, and therefore I think those women are acting as midwives.

4016. Are the cases that they take among the poorer or the richer people?—Largely among the poor, but also among the well-to-do.

4017. Do they act as resident monthly nurses?—Not all. A few of them do, but the majority do not.

4018. They work practically among the poor, under "cover" of a medical man, as midwives?—Yes, I believe so.

4019. Your first proposal in regard to the amendment of the Act is meant to obviate the continuance of that practice?—Yes.

4020. You think that some definition is necessary

as an explanation of "under the direction of a qualified medical practitioner"?—Yes, and I should like to make one further observation about that. I have suggested, or it is suggested in my *précis*, that either that is necessary or that it would be necessary that there should be some legal decision; but there would be very great difficulty in getting any legal decision, because, so far as I am informed, no legal decision would be binding upon other cases unless the proceedings get as far as the High Court of Justice, and none of these midwives, if we were to take any case against them, would have the means of taking the case from one court to another till there was a binding decision of the High Court. So that I do not see that there is any prospect of getting a binding legal decision. It is simply taken before the magistrates, or the quarter sessions, and it is not in the least binding on any future case, and the law will remain in as much uncertainty as ever.

4021. Then you would make it essential that the doctor should be present at the case before the birth?—If he is to take the responsibility, and it is to be considered that the woman is acting only as a monthly nurse.

4022. Would you make any suggestion as regards the fee, should he not arrive in time?—No, I do not think that would be my business.

4023. (Dr. Champneys.) Do you think that payment of fees to the medical men would entirely get rid of the tension between them and the midwives?—I am inclined to think it would.

4024. Of course in some cases, as are aware, you resolutions have been passed by the medical men of the district, or by a large number of them, that in no circumstances will they attend any case in which a midwife has been engaged?—Yes, but that has not come under my personal observation, though I have heard of it.

4025. You think that, so far as your district is concerned, the payment of fees would get rid of the tension and difficulty altogether?—I think so.

4026. I am very much interested in what you have just now been saying about the question of what is meant by acting as a midwife. In this paper which you have kindly sent in, reprinted from "Public Health," entitled "Monthly Nurse or Midwife," you say: "I am given to understand that at some of the training schools it is laid down that a monthly nurse should not make vaginal examinations, and this constitutes a sharp distinction between a monthly nurse and a midwife." In your opinion would that be a good criterion as to whether she is acting as a monthly nurse or a midwife?—I think it would be the best.

4027. Do you see any objection to that being adopted as the discriminating test?—I have not a very strong objection, but it might be a little difficult to ascertain the truth.

4028. Lower down on the same page you say: "it seems to me, and I think many of you must agree with me, that a certified midwife who attends a woman through all the three stages of labour and conducts all the necessary operations without the presence of a doctor is acting as a midwife." That is rather a longer definition, is it not? It would be rather more difficult to prove that a woman is "a certified midwife who attends a woman through all three stages of labour and conducts all the necessary operations without the presence of a doctor" than that she made a vaginal examination. For instance, the patient herself could tell whether a vaginal examination was made?—Yes.

4029. Then supposing any of these definitions were adopted by the Central Midwives Board, because of course such questions come before it, that, I suppose, whether legally binding or not, would be satisfactory if it were uniformly administered?—Yes. Whether it was legally binding or not, it would be accepted as very valuable advice by the magistrates, who at present do not understand the question at all.

4030. The question of suspending a midwife as a punitive measure comes in here. What is your practice about suspending midwives?—We suspend them as little as we can; I mean official suspension with



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

notification to the Central Midwives Board. Usually in any septic case, whether it has been officially notified as puerperal fever or not—because half the cases that come to our notice are not notified as puerperal fever, though they are clearly septic, and the patients have high temperatures—we advise the midwife to cease practising or to cease attending any other case so long as she continues in attendance on the septic case, and then to notify as soon as she has ceased attending, and after that I send an inspector to see her, and explain to her all the details of efficient disinfection, and after that we let her resume practice without any period of quarantine.

4031. (Mr. Fremantle.) When you say the inspector, you mean the lady inspector of midwives, I suppose? Yes.

4032. (Dr. Champneys.) Have you considered section 8, subsection 3, of the Act, which says that "if such suspension appears necessary in order to prevent the spread of infection," and so on?—Yes.

4033. Do you consider that as meaning that there must be a centre or focus of infection already, or that if the woman is so dirty or so careless, or so negligent, that she is a dangerous woman and likely to be infectious, she can be suspended?—The legal advisers to our county council interpret that as meaning that there must be some centre of infection, and that it must be in connection with some particular case.

4034. Then you take it in the restricted sense, and you only suspend a woman until she is disinfected?—Where we suspend her officially and notify that to the Central Midwives Board, we suspend her for a fixed period, a fortnight or three weeks, or a month even, though that may be longer than is necessary for the actual disinfection—we give her, as it were, a period of quarantine as well.

4035. May I ask why you do that?—I think I might say one thinks it advisable.

4036. But from what point of view—is it as a caution to her?—Yes, that she may remember it.

4037. It is not that when she is disinfected she is not clean?—No.

4038. A medical man would not put himself into quarantine, would he, for three weeks after seeing a septic case?—No, certainly not.

4039. Then what is sauce for the goose is not sauce for the gander in that case?—No, but there are cases of that kind where we have repeatedly cautioned a midwife not to do certain things, and when the caution has been repeated many times and the Rules are again broken, and broken in connection with a septic case, we think it kinder to the woman to suspend her for a month than to bring the case before the Central Midwives Board for her removal from the roll, or a reprimand from the Central Midwives Board, which may come in nine months after the event. Suspension for a month for a breach of the Rules is much more easily remembered.

4040. Then one of the reasons that you adopt that course is that the caution shall come swiftly after the offence?—Yes.

4041. But is that not rather against your legal adviser's opinion?—No.

4042. This section of the Act which I quoted says "to prevent the spread of infection," and you said just now that your legal adviser considers that there must be a focus of infection. If the woman has been disinfected there is no longer any focus of infection?—I think it is a matter of opinion whether quarantine is necessary, and that we should be within our rights in considering in any particular case whether quarantine was necessary.

4043. I thought you said just now that a medical man would not consider it necessary for himself?—I think most medical men would consider it necessary for others. I usually find them telling midwives that they are not to attend for a fortnight or three weeks.

4044. I know they do, but they do not do it themselves?—No.

4045. You say that, when the name of a midwife has been removed from the roll, she frequently retains her certificate, which is not cancelled, and continues to practise. Have you any knowledge of that?—Yes.

4046. Are you aware that her certificate is always

called in?—Yes, but in the majority of cases that we have sent up to the Central Midwives Board the secretary has written to me asking if I can obtain the certificate and send it to him, and the certificate remains with the midwife.

4047. You think that the Act should be amended so as to make it a penal offence for the woman to retain the certificate?—If it is feasible, but I should leave that to the lawyers.

4048. But you think, if possible, that should be done?—We have had one midwife removed from the roll, and she exhibited her certificate in her window afterwards, and we prosecuted her before the magistrates, but she was only fined a shilling. We shall prosecute her again if she exhibits it again, but it is in her house. It is framed in her room, and she is doing much more work now than ever, and I am afraid she was drunk at the time she was before the magistrates.

4049. They did not consider that in the shilling fine?—No.

4050. You say: "A well-trained certified midwife introduced as a stranger into a district cannot earn her living by fees for one or two years." Would you say she can earn her living after that period?—I think in many districts she would.

4051. Then you think that, if there is any question of subsidising midwives, it is only at the start in many cases that they would require help?—I think so. There are some midwives who are attending 200 or 300 cases a year, and that is ample for them to make a good living on.

4052. What are their fees, approximately?—Generally 10s.; in the case of these midwives with large practices they are able to demand it.

4053. (Dr. Downes.) Do you know whether any representation has ever been made to the General Medical Council in regard to cases where medical men have apparently been conniving at the practice of uncertified midwives and allowing their names to be used?—No, I do not.

4054. With regard to the suggestion of your committee that a midwife attending on a woman in the absence of a doctor, though she may claim to be a maternity nurse, should be held to be practising as a midwife, what safeguard would you have, first of all, for that woman who had been *bona fide* engaged to work under the doctor, if by some accident or other the doctor did not turn up? It would not be the fault of the woman, and what safeguard would you have to protect her?—I do not think she would require any safeguard, for as a rule the doctors object to employing a nurse who has not a certificate, and the safeguard that she would have would be that she should notify to us that she intended to act as a midwife if the occasion arose, and then she would be on our list.

4055. Then your proposal would involve enrolment of these maternity nurses, would it not?—If they are certified midwives; we advise all certified midwives who are doing maternity work to take the precaution of notifying that they intend to act as midwives if the emergency arises.

4056. But if they are not?—If they are not certified midwives, then unless they do it habitually there would be no breach of the Midwives Act. It would be an emergency and not a breach of the Act.

4057. But may you not have qualified and competent women who are not acting as midwives, and who have not yet enrolled themselves, who if this rule were in operation would be rendering themselves liable to a penalty without having had any opportunity of enrolment?—No, unless there had been neglect there would be no risk of any penalty, because if they are certified midwives and they have not notified their intention to practise as midwives, and they find that, through any delay of the doctor in not arriving at the case in time, they have inadvertently acted as midwives, then they have only to fill up a form and so notify to us that they have acted as midwives, and so comply with the Act in that way.

4058. But as I understand the recommendation it would render these women liable to a penalty under the Act as it stands at present if they were not enrolled?—No, I do not think so.



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

4059. But if the woman is practising as a midwife and is not enrolled, she would be liable to a penalty under the provisions of the Act, would she not, because now after a certain date she may not practise as a midwife unless she is enrolled?—She must not practise habitually, but if a woman who was not a certified midwife had to act as a midwife in any emergency she would not be breaking the provisions of the Midwives Act. She has to do it habitually and for gain to do that.

4060. I am afraid I do not quite understand the recommendation of your committee, then. I gathered that they meant that women, who professed to act as maternity nurses and who were found to act as midwives, should be held to be practising as midwives within the meaning of the Act if they performed the delivery without the presence of a doctor, although they were nominally acting under a doctor?—If they are certified midwives we think that they ought to notify under section 10 of the Midwives Act.

4061. (*Mr. Daey.*) If they find themselves in that position often enough to suggest that they do it habitually and as a practice, then you think they should be punished?—I think there is a little confusion between section 10 of the Midwives Act and the second subsection of section 1 of that Act. If a woman is a certified midwife and has decided to act as a monthly nurse, but finds that in some instances she has to act as a midwife, she would come under section 10 of the Midwives Act, and have to notify to the local supervising authority that she had acted as a midwife on a certain occasion, and if she did not do that she would be liable to a penalty under section 10; or she could notify at the beginning of the year. It does not do her any harm to notify that she is practising in a certain part of the country, and that she may have to act as a midwife at any moment. That does not cost her anything but a penny stamp. But if the woman who is what I might call a genuine monthly nurse, but who is not a certified midwife, is put in a similar position, the only question then of any breach of the law would be under the second paragraph, I think it is, of section 1 of the Midwives Act. That would come under quite a different category, and then in order that there should be any breach of the law, you would have to show she was in the habit of acting in that way regularly. So that she would not render herself liable to any penalty through inadvertence. She must make a habit of doing it before she becomes liable to any penalty.

4062. (*Dr. Downes.*) Would not this contingent liability tend to frighten some of the women from practising at all? I say that because you have got to bear in mind a possible shortage of midwives, and I think you have alluded to that yourself?—I do not think it would frighten them.

4063. (*Mr. Fremantle.*) Following up this question, would you like to have a definite provision in any amending Act that no woman shall habitually and for gain attend a confinement unless she be a certified midwife, or unless a medical man were present at the confinement? In other words, that either a qualified midwife or a qualified medical practitioner should in all cases, except of emergency, be present at the confinement?—I think that would be to the benefit of the public.

4064. Do you think it would be workable?—Yes, I think it would, because I think in a very few years no women will be engaged in maternity work at all unless they are in possession of the certificate of the Central Midwives Board, and that condition is very rapidly approaching now.

4065. Then, in the intervening years, do you think it would assist matters if it were made incumbent on the father or other person registering the birth of the child to state who was present and conducted the confinement, so that you would have a definite statement of the fact?—I have not thought of that, but I am a little doubtful as to whether that might not be looked upon almost as a police regulation that was hardly fair to the parent. I should like to think that over a little more before saying anything definite on it. But might I say, with regard to the monthly nurses notifying their intention to practise as midwives, that we have a good many certified midwives in the county of Notts

acting under nursing associations, who are not allowed to take any case without a doctor; and by my advice, and by the advice of the county superintendent of nurses, who is the official of the nursing federation, and who is quite independent of the county council, all those nurses notify to us that they are prepared to act as midwives, because they know that emergencies may happen when they are left to their own resources, and they have to act as midwives. It puts them to no expense and gives them no extra responsibility, but it prevents them from breaking the law inadvertently, and thus putting themselves in a difficulty, and there is no friction.

4066. Then would you suggest for that purpose a slight amendment of the form prescribed by the Central Midwives Board, so as to allow midwives to notify that they are prepared to practise as midwives in case of need; because at present they have to notify their intention to practise, and they do not intend to practise in the ordinary sense of the word, and they might not like it to be known. They sometimes consider it, do they not, as a little bit of a privilege to be able to say that they do not act as a midwife, or intend to?—Yes, I think that might possibly be an advantage.

4067. Now, as regards this question of midwives notifying their intention to practise, that brings us to the question of the midwives' roll. Do you find that the midwives' roll as at present prepared is of any value whatsoever to you in your administration of the Act?—Yes, because we do not get any information at all of the women who have newly obtained certificates except from the midwives' roll.

4068. How do you investigate or explore the midwives' roll in order to find that out?—We go through the whole of it page by page.

4069. Through the whole of the 25,000 names?—Yes.

4070. Have you any suggestion to make in order that the roll might be made more useful for your purpose as local supervising authority?—No, I do not think I have. It has been suggested arranging it by counties, but the difficulties are so great. The plan that I have adopted has been to give the proper postal address of the midwife, the address, that is, that her letters ought to be directed to, but frequently it contains the name of a different county. We have addresses in Leicestershire and in Lincolnshire of nurses who live within the county of Nottinghamshire, so that the postal address may be Lincolnshire, although the woman lives in Nottinghamshire. Therefore there would be a risk of being put in the wrong county. That is one of the anomalies of the postal system.

4071. To what extent is this roll, after 5 or 10 years, likely to be of value to you when it only contains the address of a woman at a time when she was younger?—If I were asked to suggest how the midwives' roll should be amended, I would suggest that a very similar practice should be adopted to what I understand is the practice in regard to the Medical Register. That is, that a registered letter should be sent to every midwife periodically to ascertain what her address is. If no reply is received her name should be struck off.

4072. Do you think that would be of considerable extra value to the local supervising authority?—Yes, it is the only way in which the midwives' roll could be kept approximately accurate.

4073. Would that assist also in securing the elimination from the roll of women who are dead?—Yes.

4074. Have you reason to believe that there are at present on the roll the names of many women who are dead?—I do not think there are many such cases in Nottinghamshire, because we have taken a great deal of trouble to try and find them out.

4075. But you think it is possible that, if that trouble had not been taken, the names of women would be there still which ought not to be there?—That is so.

4076. As regards the question of resignation which has come up in your evidence, do you find it a useful way sometimes of removing dangerous women to suggest their resignation?—Yes.

4077. Would you suggest any increased facilities for securing their resignation? At present you have



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

to get their written consent, and the certificate has to be sent in, and so on?—They have to make written application to the Central Midwives Board, but I do not think that the local supervising authority officially comes into the transaction.

4078. But practically it is only through the local supervising authority that you can secure the resignation?—Yes, and I have no doubt that the Secretary of the Central Midwives Board would always communicate with the local supervising authority. I do not think it is a necessary condition of the procedure for voluntary resignation.

4079. But do you not simply, without any reference to the Central Midwives Board, suggest resignation—you or the lady inspector of midwives under you, that is?—No, not very often. But you mean by resignation that they should surrender their certificate as well as cease practising.

4080. Yes.—No, we have not often done that.

4081. But you see difficulty in their surrendering voluntarily while your eye is upon them, especially when they may migrate to another county, where that voluntary resignation may cease to hold good?—We have had several cases where they have stated to us that they do not intend to practise any more; and without the surrender of the certificate, and without their names being taken off the roll, it is, I think, most unsatisfactory, because we generally find that they continue to practise without letting us know.

4082. Then you have not had experience of any case, such as has occurred elsewhere, of difficulty in getting the midwife to surrender the certificate?—No, we have only had two cases altogether in which the certificates were surrendered voluntarily. But we have taken eight off the roll. Those two that I refer to both did it out of fear of further proceedings.

4083. Do you consider it would be of any value to require that the certificate should be sent in to the local supervising authority together with notification of intention to practise, and that it should be held by them so that the women should not be able to start practising under another supervising authority without permission or without notifying?—That the local supervising authority should have all the certificates of those women?

4084. Yes?—No, I have not thought of that.

4085. Have you had any instances where you suspect a woman of being a person against whom you may be able to make out a *prima facie* case, but who, before you were able to take any steps, removes from the district?—No, we have had no evidence of that.

4086. But you can conceive the possibility of its occurring?—Yes.

4087. I mean to say, for instance, in a case of drunkenness?—I do not think they would remove for that, because we have a large number who are very drunken, and we do not get sufficient evidence. We have a very large number of them.

4088. But none of them that you have known have removed?—No; generally their husbands have some occupation which rather ties them to the spot.

4089. But supposing she were trained—supposing a trained nurse comes down and settles in a district, without having any home at first, and she is suspected by the local supervising authority, and before a *prima facie* case can be made out against her she departs into another district, what is there to prevent her settling in that other district and starting practice without any blot upon her record?—Nothing at all.

4090. I see on page 4 of your paper\* you mention a certain case that came under your observation, where a doctor had been engaged, but had left the neighbourhood before the date of the patient's confinement and had provided no substitute, and yet the midwife claimed that it was a doctor's case?—She very soon gave up that claim when she found it could not be substantiated.

4091. But still, you admit the possibility, under the present system, of such a difficulty?—Quite so. A doctor may be engaged to attend a case, and he may be dead before the case comes on, or he may be quite genuinely and honestly engaged.

4092. Have you any system of county health visitors in Nottinghamshire?—Not yet.

4093. Are you thinking of suggesting the employment of county health visitors?—They have been suggested for some time, but it is simply a question of expense.

4094. Do you look upon the midwife being to a certain extent, for those 10 days during which she attends, a health visitor to the house?—Yes, and we have made considerable use of them for two or three years past in distributing literature about the feeding of babies, and we have had many thousands of leaflets distributed by the midwives.

4095. Do you look to the midwife as being in the future a substantial part of the organisation for the spread of sanitation and sanitary principles in rural districts?—I do not think that I should go so far as that.

4096. You do not think the influence of the trained nurse-midwife is very great in the direction of sanitation and the teaching of sanitary habits?—To a certain extent it is.

4097. But only to a small extent?—Yes.

4098. Are you looking in the future to this question of the possibility of the village nurse-midwife having her maintenance in rural districts, and are you considering the question of her employment as a school nurse in connection with the medical inspection of school children?—No. We have decided against that. We have felt that it is only the better class of nurses who are engaged by nursing committees who would be suitable for the school work. They are usually fully employed, and we think that if we gave them a great deal of extra work it would mean two nurses, and if an extra nurse is to be appointed we may as well appoint one of our own.

4099. But you have districts, have you not, where they are unable to raise the funds to employ a district nurse?—Yes, many districts.

4100. In those districts would it not be possible to raise a sufficient amount, if a certain sum were forthcoming from the education fund, in connection with the inspection of school children?—Yes, and I believe it is being done in some cases.

4101. Have you considered the report of the Poor Law Commission at all?—Only very superficially.

4102. Have you heard that there is one recommendation about the public assistance committees and the possibility of the county medical officer being called in to advise the public assistance committees?—No, I have not seen that.

4103. Supposing the county medical officer were called in to advise the public assistance committees, do you think that would be useful in securing a certain amount of co-operation between the present poor law department and the public health department in your county?—I think it would, decidedly.

4104. You say on page 6 of your paper,\* as regards the operation of section E. 25 of the Central Midwives Board's Rules, that "many of those who have watched the operation of this rule doubt its wisdom; but it was forced upon the Central Midwives Board by the Local Government Board after strenuous opposition." Have you definite grounds to go on for saying that?—I thought it was public knowledge that it was so.

4105. Would you suggest, in order to prevent anything of the sort in future, that there would be a great advantage in co-operation between these two Boards, the Central Midwives Board and the Local Government Board?—I think so.

4106. And if you got that co-operation, would you like to see the same rules made applicable in all circumstances?—Certainly; I think there is no doubt about it that they ought to be applicable.

4107. (Dr. Downes.) Are you aware of what steps the Local Government Board have taken in the matter of co-operation which has just been referred to?—No.

4108. Are you aware that they have made the Rules of the Central Midwives Board applicable to all poor law institutions with such modifications as may be necessary?—No.

4109. That might have modified your answer, perhaps, if you had had that knowledge?—Perhaps.

4110. In regard to the recommendation of your health committee that the contributions should be on

\* "Monthly Nurse or Midwife," by Dr. Handford; reprinted from "Public Health" of February 1909.



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

the basis of population, do you know if they considered whether the question of rateable value should not also be taken into account?—I think not.

4111. (Mr. Pedder.) As I understand, the work of administering the Midwives Act is done entirely by the health committee of the county council?—Yes, but the committee are not, of course, absolutely independent of the county council. They cannot spend any money without the consent of the council. I do not think any committee can spend money without the consent of the county council, but they can take any action such as sending a case to the Central Midwives Board without consulting the county council.

4112. And the health committee have been keen on this subject for a long time, have they not?—Yes.

4113. Did they do anything before the Act was passed?—No, they did not do anything before the Midwives Act was passed, but the higher-education committee provided nursing scholarships.

4114. That is before the Act was passed?—Yes.

4115. And that continues?—Yes.

4116. That is the only way in which money is got for the training of midwives?—Yes, except in the matter of voluntary subscriptions.

4117. What facilities have you for training in the county?—None in the county itself.

4118. You go to Nottingham when the women want to be trained?—No; they almost always go to Plaistow. A few women are trained in the Nottingham work-house infirmary; but they have only enough cases to train their own employees.

4119. You think, as I gather, that hardly sufficient facilities, both pecuniary and otherwise, for training exist in your county?—More pecuniary facilities are wanted, certainly, but whether it would be wise to establish any training school there, is I think doubtful.

4120. There are no institutions that you could take advantage of?—Not at present, but there may be in a few years. A maternity hospital is, I believe, going to be established, but it is not in existence at present.

4121. Would you advocate any power or encouragement being given to the local supervising authority to subsidise training?—I think it would be useful.

4122. Would you wish any specific power for the purpose to be given? I mean, instead of having to get round the difficulty by way of technical education?—I think it would be much better to have specific power, because I believe there are difficulties as regards the higher education committee or the technical education committee. Unless midwifery is combined with training in district nursing, my belief is that it is doubtful whether it is a legal expenditure.

4123. In any case it is rather like poaching on other preserves?—Yes, and in a technical matter of that kind it would be better administered by the committee who understand the work.

4124. Would you suggest that power should be given to the supervising authority in any case to subsidise midwives?—No, I think not.

4125. It is purely for the doctor's fee that you would like money to be forthcoming?—Yes.

4126. You would give power to the local supervising authority to pay the medical men in any suitable case. How would you administer that?—That would be the chief difficulty in the system of payment by the local supervising authority. One would require some detailed report from the doctor in claiming his fee as to what kind of case it was. The evidence from the midwife would be the duplicate of her notice requiring medical aid.

4127. But neither of these things would go to the point. Is it to be a case for payment out of public funds as against the private liability of the individual?—No, not at all.

4128. How would you get over that difficulty?—There is a good deal of difficulty about that, but it seems to me that the fee would have to be fixed at such a level that a well-to-do patient would be expected to pay more.

4129. I do not see quite how that would prevent a comparatively well-to-do person from getting his midwifery work paid for out of the public funds?—No, but it would enlist the interest of the doctor to get perhaps

two guineas from a private person rather than one guinea from the county council.

4130. At all events, you are not satisfied that the present powers of the guardians are sufficient?—I do not think in our county they have been exercised at all, but I do not know; and I am quite sure there are a good many doctors who, if they have only had a few cases, would sooner go without the fee than undertake all the trouble and discomfort of appearing before a board of guardians to claim a fee which would very likely be refused.

4131. In that case why should you encourage them to come to you for payment?—Because I think we should treat them much more liberally than the board of guardians would.

4132. But why, because that is rather an important point?—Because the local supervising authority from their long administration of the Midwives Act understand the difficulties and the necessities of the case, and I must say I do not think the guardians do.

4133. Would you put the payment of the doctor on the higher ground of public necessity?—Yes, and I think it would very much facilitate the smooth working of the Midwives Act.

4134. Do you draw a distinction between midwifery and other medical attendance, such a great distinction that the one ought to be paid for out of public funds while the other ought not?—I should put it really on the ground of expediency simply; it would facilitate the working of the Act, and that portion of the Act is necessary for the saving of life, or to prevent women's lives from being sacrificed.

4135. That is the point; you think midwifery is so important from a public point of view that in order to get it properly done you must go beyond the ordinary practice, and pay out of public funds for private attendance—you see what I mean?—Yes; I quite admit the difficulty of keeping any check on the abuse of charity.

4136. But I am not so much on the abuse point as on the principle of the thing. Why should a doctor expect to get paid out of public funds for attending a midwifery case, when he does not get paid for attending an accident?—Because he is sent for by someone who is required by the county council to send for him. It is not a voluntary thing on the part of the midwife that she does send for the doctor, and we should not only blame her, but perhaps take severe steps against her, if she did not send for him. He is sent for by the implied authority of the county council.

4137. But I cannot see that it makes any difference to the doctor where his summons comes from. The summons comes in a midwifery case from the midwife, and the midwife is under an obligation to summon him. His summons in the case of an accident comes, say, from the husband, and the husband is under a moral obligation to send for him, and I do not see the difference to the doctor. I quite see how the payment of the doctor would facilitate the working of the Act, but I want to know on what principle it could be justified?—I do not know that I am quite qualified to present it from the doctor's point of view.

4138. You have in your county a large number of medical calls from midwives?—Yes. I could give you the exact number, but I am afraid I have not got it here. My impression is that it is about 200 or 250 in the course of the year.

4139. What is the proportion to the total number of births attended by midwives?—I have not worked that out, and anything I gave you would probably be inaccurate, but we came to the conclusion that there were about 4,000 births attended, and the whole of the notices we got in the county only number 463,\* and

\* The witness subsequently supplied the following particulars:—

Nottinghamshire:—

The number of records of sending for medical help—  
in 1906 was 282, or 1 in 15.5 births attended.

" 1907 " 282 " 1 in 14.7 " "

" 1908 " 310 " 1 in 12.6 " "

The number of births attended by midwives without a doctor—in 1906 was 4,371; in 1907 was 4,150; in 1908 was 4,291.

The total number of births in the county—in 1906 was 9,088; in 1907 was 8,962; in 1908 was 9,818.



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

that includes still-births and other things. Between 250 and 350 would be the number.

4140. That is out of 4,000 births?—Yes.

4141. Is it a growing figure at all?—No, I think they keep very constant. They do not vary more than five or ten each quarter.

4142. I notice that in this particular case you gave of non-attendance of a doctor the midwife was very incompetent. Was the incompetence of the midwife the reason why the doctor did not attend?—No, I think not.

4143. It is money mostly?—Yes.

4144. Why was there no inquest?—Because the doctor gave a certificate of the cause of death.

4145. What was it?—I think the cause of death was convulsions, but I did not see the certificate, but I was told it was so, or some such thing.

4146. An insufficient reason for not holding an inquest?—I quite agree.

4147. Can you explain why the midwife threw up her work after that case, because I do not quite understand it?—Because she was afraid of proceedings against her.

4148. Not because of her failure to secure medical aid?—No.

4149. There was no particular fault there?—No. Though the case was not certified as puerperal fever, I have no doubt it was.

4150. There was more than appears on the face of it?—Yes.

4151. You say nine midwives are making a living. Do they do nothing but midwifery?—Nothing but midwifery.

4152. They make a living?—Yes, but they have no families.

4153. And are they making their own living? Are they not subsidised in any way by any association?—No.

4154. Is the midwife who has the 200 or 300 cases of births per annum included among those nine?—Yes. They get their 200 to 300 cases a year.

4155. Then there is a considerable difference between different individuals in the extent of their practice?—Very much. Some do not get more than six or eight cases in the year.

4156. Do you know at all why some have a very big practice and some a very little practice?—Those with a big practice are only in the more populous districts, like Mansfield and Sutton, and so on.

4157. Are they the efficient midwives merely, or are they the most popular?—They are the most popular. They are not necessarily efficient. Some of them are very inefficient.

4158. Some of those who have the biggest practice, that is?—Yes. There is one midwife who attends, I think, between 200 and 300 cases, and she cannot read or write, at least not sufficiently to keep her register. She gets somebody to keep her register for her, and she gets about 300 cases in succession, everyone normal—absolutely normal in every respect.

4159. Why is she so popular?—I should think it is her individual character. I think she makes herself pleasant to the kind of people she attends.

4160. Do you recommend any alteration in the law as regards a woman who has been struck off the roll, because I gather you have such women who continue to practise?—I think all that have been struck off are practising, so far as I know—at any rate the majority are.

4161. Ought not that to be stopped in some way?—It will be stopped next year, I presume.

4162. But not if they do not do it habitually and for gain—not if they manage to avoid those two things?—I think they ought to be stopped; they ought not to practise.

4163. Would you think that any woman who has been struck off the roll should be liable to a penalty if she continued to attend cases of child-birth?—I think that would be reasonable.

4164. Would you require her to give up her certificate, because I cannot see why a woman who

has been struck off the roll should retain her certificate?—I think she should not retain the certificate, because no doubt it is shown to other people, and the woman's friends whom she attends see the certificate, and look upon it as of value.

4165. Would you like to have it made a penal obligation on a disrolled midwife to surrender her certificate?—Yes, I think it should be so.

4166. You, I think, want to strengthen the law against the "covering" of the nurse-midwife, but will that not for the immediate future aggravate any difficulty there may be in shortage. I mean the crisis in 1910 could be got over in many places by more or less evasion of the Act?—Yes.

4167. And if you strengthen the law against covering and prevent evasion, are you not afraid of the crisis?—I think not.

4168. You think matters will right themselves?—I think so. I think the difficulty will be got over by the fees for midwifery work being raised. The fees that the midwives who are acting independently are charging are from 5s. to 10s., as I have stated, but my strong feeling is that a great deal of the difficulty in getting a sufficient number of midwives is due to the nursing associations who employ midwives. They make the midwife's work essentially a charitable work. There are lots of places where a nurse costs altogether about 100l. a year in expenses, and the people whom she attends only provide half of that, and the other half is obtained from subscriptions of the well-to-do, and by theatrical entertainments and bazaars, and so forth. So that sometimes small farmers and mechanics and such people are getting their midwifery work done at half the cost price, and that means that, if a midwife starts on her own account, and is not subsidised by the charitable, she has to compete with someone who is being subsidised, and the consequence is that, according to my experience, there have been several instances where well-to-do district nurses know there is a great opening for a midwife, but they say it would pay better to continue as district nurses, and they will not qualify or take up midwifery. I believe that is a great evil at the present day. It is done with the best motives, but I believe it is doing more harm than good, and it is largely responsible for the dearth of midwives, because it is not worth while for any respectable woman to become a midwife unless she can act under a committee who will support her in case she cannot compete with subsidised persons.

4169. But in that state of affairs how will the crisis in 1910 be met in districts where presumably there are no certified midwives, or very few?—It will be got over by not prosecuting unless it is a flagrant case.

4170. That will tide over the difficulty?—Yes.

4171. (*Dr. Champneys.*) There are one or two things I wanted to ask with regard to this notification of women who intend to practise as monthly nurses, but who may be called on to practise as midwives. The notification of intention to practise to the local supervising authority would bring inspection, would it not, in most cases?—It would bring a single visit, at any rate.

4172. Then, taking the case of a patient, we will say, who is of the better-to-do classes, and who wishes her confinement conducted in the most private manner possible, the notification would bring an inspection of her house, castle, or other establishment, and that would be a little difficult to guard against, would it not?—No, I do not think it would do that. The monthly nurse must have some home or some centre, and she would write to us from there. The inspector would communicate with her there, and it is quite exceptional for us ever to follow a case to the patient's house, and certainly we should not dream of going to the house of a well-to-do person.

4173. Then with regard to the question of these midwives who say they do not want to practise and intend to resign and do not, have you ever told them that unless they resigned they would be reported to the Central Midwives Board as being incompetent?—No.

4174. But gentle pressure is sometimes put upon them in that way, because we have a large number of voluntary resignations which are so caused?—Yes, but



24 March 1909.]

Dr. H. HANDFORD.

[Continued.]

perhaps we have not made as much use of that as we might have done.

4175. Then there is one phrase you used that I want to call attention to. You talk about the doctor being summoned by the midwife. Of course, that is an abbreviation?—Yes, that is not strictly accurate.

4176. Really the midwife advises that a doctor should be sent for?—Quite so. That was a loose expression.

4177. (Mr. Davy.) Have you formed any estimate of the proportion or number of cases in which the doctor is sent for by a midwife?—I have the figures at home, but if it be of any value I could give you the exact figures. Speaking from memory I think it is between 250 and 350 in the year. I could give you the exact figures, if necessary.\*

\* See footnote to Question No. 4139.

The witness withdrew.

## EIGHTH DAY.

Wednesday, 31st March 1909.

PRESENT:

Mr. ALMERIC W. FITZROY, C.V.O. (Chairman).

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.  
Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (Secretaries).  
Mr. F. J. WELCH }

Sir SHIRLEY FORSTER MURPHY called and examined.

4178. (Chairman). Will you state the circumstances in which you appear to give evidence before this Committee?—I am medical officer of health of the county of London, and I was authorised by the London County Council to give evidence before this Committee.

4179. The London County Council being the local supervising authority?—Yes.

4180. As such, they carry on their duties through a committee?—Yes, and I advise that committee.

4181. How many midwives are there practising in London, or on the roll?—2,690 now giving addresses in London out of 3,020 enrolled since the Act came into force.

4182. How are they classed?—1,598 are on the roll in virtue of certificates obtained by examination from bodies specified in the Act or approved by the Central Midwives Board prior to the 1st April 1905.

4183. What about the others?—Of the remainder, 920 are on the roll in virtue of certificates obtained since the 1st April 1905 from the Central Midwives Board, and 172 in virtue of having been in practice for a year previous to the passing of the Act.

4184. How many of those have given notice to practise within the area of your administration?—In 1908, 486 gave notice of intention to practise, and of these 174 are in Class A, that is to say, among the 1,598; 204 are in Class B, among the 920; and 108 are in Class C, in virtue of having been in practice for a year previous to the passing of the Act.

4185. How do you account for the discrepancy between the figures? What has become of those who have not given notice of their intention to practise?—I think they are very largely engaged as monthly nurses, and so on, and they have the advantage of this certificate, which is a recommendation, but they do not regard themselves as actually intending to practise as midwives. They act under the direction of medical practitioners.

4186. As to that expression, "under the direction of medical practitioners," do you see any inexpedient vagueness about it? It is an expression used in the Act, of course, and we have had some evidence to the effect that it requires further definition, but do you not think that the elasticity of an expression of that sort is rather a good thing?—I am not aware that any instance has been brought to my knowledge where it has led to confusion.

4187. When the Act comes into full operation on the 1st April 1910, is that phrase likely to give rise to any difficulty?—I cannot think of anything at the moment that suggests that. The main point is that those persons act under a medical practitioner, who is solely responsible.

4188. He is responsible legally?—He is responsible for the patient, and the nurse acts as assistant to him for particular purposes.

4189. How are the midwives who have given notice of intention to practise distributed?—Some 25 reside in, and work in connection with lying-in hospitals, and the lying-in departments of general hospitals or poor-law institutions, in all of which a medical practitioner is resident. Then there are some 60 others living in their own homes, and they attend patients on behalf of charitable institutions, which pay them a fee for each case allotted to them; a few of those take no other cases, while others are also engaged in independent private practice.

4190. The charitable institutions have first call on their time, I suppose?—Yes; the remaining 401 practise independently.

4191. Have you any idea what sort of income these women make in London?—I can only get at that by the number of cases they attend and the sort of fees that they get.

4192. We have got the number of cases—you have put in some figures as to that?—Yes.\*

4193. It varies very considerably?—Yes, and very often it is a very poor living.

\* Number of cases attended by midwives.—In the year 1905, the Council invited midwives practising in London to send to its medical officer the names, addresses, and a few other particulars concerning the patients attended by them. Most of the midwives having an extensive practice responded to the Council's invitation, and the information obtained led to the inference that about 25 per centum of the total births in London are attended by midwives in the homes of the patients. Fairly complete records thus exist for the years 1906 and 1907. The information supplied showed that:—

In 1906.	In 1907.
Each of 22 midwives	16 midwives recorded attendance on more than 300 cases in the year.
" 10 "	6 midwives recorded attendance on from 250-300 cases in the year.
" 12 "	7 midwives recorded attendance on from 200-250 cases in the year.
" 22 "	15 midwives recorded attendance on from 150-200 cases in the year.
" 32 "	26 midwives recorded attendance on from 100-150 cases in the year.
" 54 "	41 midwives recorded attendance on from 50-100 cases in the year.
" 27 "	36 midwives recorded attendance on from 20 to 50 cases in the year.
" 33 "	38 midwives recorded attendance on less than 20 cases in the year.

Inquiries made in the districts of London in which the Notification of Births Act, 1907, is in force, support the view that the estimate of 25 per centum mentioned above is fairly correct.



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

4194. Taking a woman who is in fairly good practice, say a woman doing 200 cases in a year, what does she make, do you suppose?—I should think about 10s. a case.

4195. She would make about 100l. a year then?—It would be something of that sort. But I know that many midwives find they have not work enough to get a good living.

4196. Owing to there being too many of them, or to the fees being too low?—The two things go together, insufficiency of cases and the smallness of the fee charged.

4197. A good many women go into institutions, and that stands in the midwives' way?—Yes; no doubt. The charitable aid given doubtless stands in the way of many midwives earning money in practice, and it must be so necessarily.

4198. What proportion of the total births in London are attended by midwives in their own homes?—About 25 per cent., so far as I can make out.

4199. Does that estimate rest upon reliable statistics?—I think so. It is based upon the information obtained from midwives, and is corroborated by further information obtained from the districts in which the Notification of Births Act is in force.

4200. That Act, of course, facilitates the obtaining of information of this kind?—Yes; it enables us to find out what proportion of the births have been attended by midwives. Then beyond that we had, before the Notification of Births Act came into force, invited the midwives to give notice to the county council of all the births they attended, and this request was very fairly responded to. In that way we got a figure approximating to the 25 per cent.

4201. Then what information have you got as to the persons acting as midwives who have no qualification whatever?—We have taken very considerable pains to find out how many there are, and the notices that the county council issued as the local supervising authority on the Act coming into force were, I think, very complete. The notice was sent everywhere, or everywhere wherever it was likely to reach these people.

4202. Did you meet with any slackness in responding to the request for information?—No. Of course I cannot say they all attended to it. I remember one difficulty that occurred was that some man who professed to be an agent went round and undertook to register names, and obtained a fee from some of these poor women. I think he charged 5s., and after that nothing more was heard of him.

4203. That must have made them a little suspicious?—Yes, that made them a little bit anxious, I think.

4204. But still you think you obtained accurate knowledge?—Yes, I think very fair knowledge, but we have not got an entirely complete list of the women who occasionally attend births.

4205. But such women as do so habitually and for gain you have information of?—Yes, I think so. I think we have got to know pretty well the extent of that.

4206. Are these women diminishing in number, do you think, under the operation of the Act, or do you anticipate that they will give trouble after next year? Have you any figures to show that they are a diminishing quantity?—I have a table which was put in my hands this morning, and I can give the number of those who notified their intention of practising in London, or some idea of it, in successive years.

4207. Of uncertified women?—Yes, of uncertified women; that is, Class C, those among the 172.

4208. Those are the *bona fide* women, but I mean the uncertified women who will be unable after the 1st April 1910 to practise; that is, those who cannot now call themselves midwives, but who after the 1st April 1910 will not be able to act as such?—No, I cannot say that I have any information that they are actually diminishing.

4209. But you have them under observation?—We have them under observation. I should not consider that there are a great number of them.

4210. Do you keep them under observation with the idea of controlling their practice, or with a view to determining what the deficiency may be next year?—We do not control their practice. All we do is to ascertain whether they are complying with the Midwives Act, that is to say, whether they are claiming to be midwives.

4211. I suppose there is some jealousy on the part of the certified midwives against these women?—Yes, the certified midwives generally give notice to us of a woman who is doing this.

4212. They look upon these women as undercutting them?—Yes, and that is a very useful source of information.

4213. Do you think the class of women that you have now as midwife in London has improved owing to the operation of the Act?—Yes, I think we get a better class than existed before.

4214. Have you any difficulty in getting the women you want?—No, the difficulty is to find patients enough for the women who have certificates. I think if there were more work to do, women would take up practice who are not doing so now.

4215. You think there would not be any difficulty in finding capable women, supposing there was an opening for them?—No, I do not think so at all. It is entirely a question of the sufficiency of patients.

4216. You do not think that the deficiency in the rural districts is likely to attract to those districts suitable women from London who have obtained their training in London?—That is, of course, a very difficult question to answer, but my own impression is that people when they have once lived in London want always to live in London, and I doubt very much whether a large number would go away, though some might, of course.

4217. What estimate have you formed of the number of cases attended by uncertified women?—A total of some 900 in the year is a very fair estimate of the number of cases in London attended by uncertified women practising as midwives.

4218. You do not think that, when the Act comes into full operation this time next year, any inconvenience will be created in London?—No, I do not think so. I do not think London will be affected at all in that way.

4219. Is there any difference in the amount of the fees charged by the certified and the uncertified women at the present time?—Yes, the fees of uncertified women are very low, very often as low as 4s. a case, and a charge of 5s. may be regarded as the average. The lowest fee of certified midwives, usually paid by charitable institutions, is 5s., and in those cases the women are supplied with the necessary apparatus, antiseptics, &c., so that one may regard 5s. as equivalent to 7s. 6d., or something more than 5s., at any rate.

4220. What is about the lowest fee for certified women practising on their own account?—I think the average fee charged by certified midwives is from 7s. 6d. to 10s., the latter fee being usual for attendance on a primipara.

4221. Is that paid readily?—I think it is by a great many people.

4222. But I mean, does that fee lead to many women seeking the aid of the poor law authority?—I think it is above the means of a great many people, unless they have by previous arrangement set aside money. A great many people would find a difficulty in paying a fee of 10s.

4223. Do you know of any system of insurance for this purpose?—No.

4224. Do the women ask for medical relief orders, or what do they do?—They would go to charities very likely.

4225. Which, I suppose, are numerous in London?—Yes.

4226. You have some figures you could put in as to the expense of training in the various institutions in London, I see. Will you take them as read and put them in?—Yes. (*The witness handed in the following table*):—



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

Institution.	Confinements (1908) in Hospital.	Confinements (1908) in Patients' Home.	Pupils trained as Midwives (1908).	Fees charged (3 months' course; unless otherwise stated)
*Queen Charlotte's Hospital	1,865	2,169	138	35 <i>l.</i> for 5 months' course; 28 <i>l.</i> for 4 months' course.
*General Lying-in-Hospital	837	2,147	54	18 <i>l.</i> 18 <i>s.</i> to 36 <i>l.</i> 15 <i>s.</i>
*City of London Lying-in Hospital	802	2,756	61	26 <i>l.</i> 5 <i>s.</i>
*British Lying-in Hospital	537	647	21	29 <i>l.</i> 8 <i>s.</i>
*Clapham Maternity Hospital	465†	956†	52†	23 <i>l.</i> 2 <i>s.</i>
*Salvation Army Maternity Hos- pital.	286	810	37	14 <i>l.</i> 14 <i>s.</i> to 18 <i>l.</i> 18 <i>s.</i>
*Guy's Hospital	—	1,285	35	22 <i>l.</i> 1 <i>s.</i>
*London Hospital	218	1,654	48	21 <i>l.</i>
*Middlesex Hospital	240†	60†	15†	26 <i>l.</i>
Home for Mothers and Babies, Woolwich.	145	125	5	12 <i>l.</i> 12 <i>s.</i> if pupil undertakes district work. 20 <i>l.</i> to others.
*East End Mothers' Home	498	708	52	15 <i>l.</i> 15 <i>s.</i> to 30 <i>l.</i>
St. Clement's Home, Fulham	12	554	18	16 <i>l.</i> 16 <i>s.</i> to 29 <i>l.</i> 8 <i>s.</i>
St. Mary's Home, Fulham	—	506	19	18 <i>l.</i> 18 <i>s.</i> to 24 <i>l.</i> 3 <i>s.</i>
Maternity Nursing Association	—	360	10	20 <i>l.</i> for 4 or 6 months' course.
Ormond Home, Chelsea	—	363	12	17 <i>l.</i> 17 <i>s.</i>
Zenana Medical Mission, Pimlico	—	145†	9†	15 <i>l.</i> 15 <i>s.</i>
Kensal Town Medical Mission	—	92	—	10 <i>l.</i> to 12 <i>l.</i>
*New Hospital for Women	—	244	8	5 <i>l.</i> 5 <i>s.</i> (not including board and residence).
*Military Families Hospital	154	—	4	No charge for training. 10 <i>s.</i> a week for board and residence.
*Bromley Hall, Poplar	—	410	12	15 <i>l.</i> 15 <i>s.</i>
*Greenwich Infirmary	70	—	4	No fees. Only train their own nurses.
*Fulham Infirmary	120	—	4	No fees. Only train their own nurses.
*Kensington Infirmary	138	—	5	10 <i>l.</i>
*Lewisham Infirmary	72	—	1	No fees. Only train their own nurses.
*Shoreditch Infirmary	187	—	5	No fees. Only train their own nurses.
*Whitechapel Infirmary	112	—	5	No fees. Only train their own nurses.
Midwives' Institute	Practical work arranged with district midwives.		32	5 <i>l.</i> 5 <i>s.</i> for lectures. 1 <i>l.</i> 1 <i>s.</i> per week for practical work, including board and residence in house of district midwife.

\* These institutions are recognised by the Central Midwives Board as training schools.

† These figures are estimates for 1909. The maternity department was opened in November 1908.

‡ The figures for Clapham Maternity Hospital relate to the year 1907, and those for the Zenana Medical Mission to the year 1903.

4227. From these figures it would seem that there are not a large number trained in poor law institutions; is this an exhaustive statement of those trained in 1908 in poor law institutions?—Yes, so far as we know. They seem to be quite a few.

4228. Are you in a position to say from your own knowledge whether the resources of the poor law institutions have been sufficiently utilised for the purpose of this training or not?—No, I could not tell you that.

4229. But there are other sources of training, I presume, available within your knowledge?—Yes, there are a few medical men who are recognised by the Central Midwives Board as being qualified to teach, and most of them, I think, or some of them, have private pupils; but I think in the main they teach at these institutions.

4230. Which is the cheaper kind of training then, the institutional or the private?—The private costs about 5 guineas—that is a sort of general sum, and then they have to pay so much to the midwife who supervises their attendance on cases.

4231. What do they charge?—A guinea a week, or a trifle less, this sum including practical teaching, board, and lodging.

4232. Throughout the period of training of three months?—Yes, with some midwives.

4233. That would be about 18 guineas?—Yes.

4234. So that it costs perhaps a little less than the average charge in institutions?—It is less than in some

large institutions, but I think it would perhaps come out a little more than in others which are small.

4235. What assistance has the London County Council given to the training of midwives?—The London County Council has done several things. It tried to institute a system of scholarships. It established 12 scholarships of 25*l.* each to be awarded each year. There were certain conditions attached to the tenure of these scholarships: one was that the scholars were to attend a course of training extending over six months in an institution approved by the council; secondly, that they were to produce evidence of need of pecuniary assistance; and, thirdly, that they were to undertake, when qualified, to practise as midwives in London among the poor for a period of two years. With regard to that last condition a difficulty arose. The students found that they could not get practice in London that would enable them to live. The number of scholarships awarded during the years 1906, 1907, 1908, and in January 1909, was 32. As a matter of fact, some scholars after having been awarded the scholarships abandoned them, because they foresaw the difficulties; others went through their course, but found themselves in great difficulty in trying to comply with the requirements as to two years' practice in London. In fact, they cannot build up a practice immediately, and now the county council have determined not to go on with the plan, as they did not find it sufficiently successful. Then the council through its education committee arranged for courses of lectures in different parts of London, and these were attended by a cor-



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

siderable number of people. I could not say how many of the pupils were actually midwives and how many were maternity nurses, but the council has now thought that they might reduce the number of lectures; it was, as a matter of fact, sixty courses of twenty lectures in the year.

4236. Were these lectures much utilised, do you think, for the purpose of training?—A good many attended them. There were certain midwives who wished either to revive or to improve their knowledge. Then the London County Council's inspectors, going about among the so-called *bona fide* midwives, induced them to attend these classes.

4237. In that way useful work was done, I daresay? Very useful work, undoubtedly.

4238. What age are *bona fide* midwives in London? Are they all women whose period of service will probably expire in a short time?—My knowledge is only general, but I should think it will be some years before they entirely disappear. In 1905, 138 gave notice of intention to practise; in 1908, only 108 gave notice.

4239. We have been told they are all more or less sexagenarians. I do not know whether that is your experience?—I could not say to what age most of them have lived, but they are people in middle life, and late in life, and so on.

4240. Widows, I suppose?—Yes, or people who for a variety of reasons get their living in that way.

4241. Now as to the question of the payment of fees to the medical man called in to assist a midwife, has the difficulty in connection with that come at all vividly before the London County Council?—Yes. There have been many cases of that kind. I have not set them out in the précis of my evidence, but numerous cases have occurred which have impressed the London County Council with the need of some much better arrangement than exists now. That is a list of them. (*Handing in same.*)

4242. Is this the list that we have printed here?—No; this is a list of cases in which medical aid should have been available and was not, owing to one circumstance or another.

4243. It has been refused owing to the unwillingness of medical men to give their services without the assurance of a fee?—Yes, that has been no doubt an important factor, but there have also been instances in which the intervention of the relieving officer has led to delay.

4244. But has there been any refusal on the part of medical men to attend, in obedience to an organised suggestion from medical associations or branches of medical associations?—I have not known of any refusal being dependent upon advice given by associations, but I have known of instances in which medical men have been asked to come and were unwilling to come.

4245. Were they acting merely as individuals or as members of an organised society?—That I could not say.

4246. You have no knowledge of that?—No, I do not know. I only know that the particular medical man did not come.

4247. Is it within your knowledge that they have refused to come in cases when it has been very difficult to justify their refusal on grounds of humanity?—I am sure they have refused to go when it was desirable that a medical man should be there.

4248. Where the urgency was undoubted?—Yes; where the urgency was undoubted. I do not think I need hesitate to give a clear expression of opinion on that. There is the very greatest need of a precise and definite arrangement by which a midwife can get medical aid in necessary cases.

4249. Will you explain to the Committee what steps the London County Council have taken to bring to the authorities concerned a knowledge of the powers they possess?—Yes; the council began to have this question under consideration almost from the time they became a local supervising authority, and they then inquired as to what arrangements existed throughout London—that is, arrangements made by the boards of guardians—and having learnt that, under the Poor Law Amend-

ment Act, 1848, it was competent for the boards of guardians to pay for medical assistance which might be rendered to any poor person under certain conditions they wrote to the boards of guardians.

4250. You anticipated the action of the Local Government Board in calling the attention of the guardians to that particular section?—I think the London County Council made its inquiries from the beginning, but I am not quite sure when the Local Government Board first communicated with the guardians. I went to see Dr. Downes, and on that occasion he drew my attention to that enactment; I reported to a committee of the council, and inquiries were made as to what the poor law guardians had done. It was then found, I think, that only four boards of guardians had at that time made use of the provisions of section 2 of the Act of 1848.

4251. There being how many boards of guardians in London?—Thirty-one. It was found that very few cases had actually been dealt with by them.

4252. Even by those that had expressed an intention of making use of the provision?—Yes, that was so. The council then communicated with boards of guardians, inquiring whether they were willing to take action under that section, and sanitary authorities were also asked whether they would be willing to exercise their powers under section 77 of the Public Health (London) Act, 1891.

4253. With what result?—The results were generally unsatisfactory.

4254. Which Act in your judgment affords the best method of dealing with the question?—I think the Act of 1848; I have very great doubt myself as to whether the Public Health Act really applies to cases of this sort. It is an Act that enables the local authority to provide temporary assistance for the poor, and probably it was more intended to relate to times of stress and to times of epidemics.

4255. That may be so, but of course the efficacy of an Act is not always limited by its intention?—No.

4256. What was the result of the action of the council in the matter?—No progress was made, generally. Then the council resolved to promote legislation to enable the council themselves to pay a fee.

4257. But nothing came of that effort to promote legislation?—Nothing came of that. The clause that was drawn did not meet the views of the British Medical Association.

4258. Did they think that the interests of the medical practitioner were not sufficiently guarded, or what?—No. I think the point was that the council were prepared to pay a fee in any case which they found later was one in which a fee might properly be payable, and I think the British Medical Association's position was that the council should always guarantee the fee.

4259. Whether the parent or guardian was in a position to pay or not?—Yes.

4260. Did you consider the matter a second time?—Yes, that was so. The Bill was again considered by the council in January 1906, and the council had before them at the same time a report from the Midwives Act committee in the following terms:—

"In clause 32 of the council's General Powers Bill authority is sought to enable the council to pay the whole or any part of the fee of a medical practitioner when called in by a midwife to attend her patient, in cases in which the patient or her friends are unable to pay such fee, and also to enable the council, in certain circumstances, to demand and recover from the patient, or the person or persons liable at law to maintain her, the amount of any fee so paid, or any part of such amount. The parliamentary committee have suggested that we should report as to the probable expenditure which the council would incur should the proposal become law.

"The Rules of the Central Midwives Board impose upon a midwife the duty of notifying to the council all cases in which a medical practitioner is called in to attend her patient, and the council has during the year 1905 received 1,113 such notices. The number of such notifications given in each month of the year increased



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

from 28 in January to 164 in each of the months of November and December.

"In all probability the increase in the number of notices in successive months during the year is due to better observance by the midwives of the Rule requiring notice of such cases to be sent to the council, and we think that the figures of November and December may be more safely trusted than the figures of the earlier months as indicating the number of cases in which medical aid is actually sought by midwives. On this basis an estimate of some 2,000 cases a year is arrived at. The council does not propose to pay a fee in all cases in which a medical practitioner is called in, but only in cases of emergency, and when the patient or her friends are themselves unable to pay the fee. We think that the payment might be further limited to cases involving operative interference, and obviously, with these limitations, in only a proportion of the number of cases mentioned above would the council have to pay the whole or part of the fee if the clause in the Bill becomes law. We think that in such cases the council might allow a fee of one guinea, and on this basis we do not anticipate that the amount the council will have to pay in each year will exceed 500*l*." That estimate was based on the expectation that the payment would be limited to cases involving operative interference.

4261. Did that contemplate the exercise of any power that you might possess of recovery from the parent or guardian?—Yes, it was proposed that the council should have the power to recover.

4261A. As the cost was to be reduced to that figure, was it anticipated that the council would exercise that power in a considerable number of cases or not?—Of course it would entirely depend on the status of the patient for whom the aid would be obtained, but I think it was felt that very many cases were cases in which the council would not be able to recover the fee. The intention of the proposal was to help those people who had not the few shillings available for immediate payment of a medical practitioner.

4262. Then nothing further was done?—No, nothing further was done.

4263. That is, in the way of legislation?—No, and the council decided not to proceed any further with it.

4264. Then you made a second appeal, did you not, to the boards of guardians?—Then the council went to the boards of guardians again. I think that was subsequent to the issue of the circular letter by the Local Government Board.

4265. That was in July 1907, was it not?—No, I think the council approached the boards of guardians before that, and then in July 1907 came the letter from the Local Government Board.

4266. Did that produce any more general co-operation on the part of the boards of guardians than had hitherto been secured?—Yes. In November the boards of guardians were again written to and asked what arrangements they had made, and it was decided to print the arrangements that had been made for the convenience of the midwives, and a document was accordingly prepared.\*

4267. Then it was not until the Act had been in operation for five years that any general arrangements were made?—No, that is so, and even then it was known that the arrangements were in no way complete in London, but it was felt that there might be two advantages in the publication of this paper. One was that it would show midwives where medical aid could be obtained, and the conditions under which it was to be got, and the other was that it would perhaps impress the boards of guardians, who had not made arrangements, with the need of making them.

4268. Only a few boards of guardians declined to make arrangements?—Yes. Fourteen boards of guardians are willing to consider the payment of a fee to any

medical practitioner if the case is urgent, but in four districts the poor law medical officer must first be sent for. Twelve boards of guardians are willing to consider the payment of a fee to their own district medical officers when called in by midwives in cases of emergency. Five boards of guardians have made no arrangements.

4269. So far as you know, have the arrangements made in the districts covered by the 26 boards worked satisfactorily?—I think there is need for an advance in one respect. I understand the position of the Local Government Board, according to their letter of July 1907, was as follows: it does not appear, I think, the intention that the guardians should guarantee the fee in all circumstances to the medical practitioner, but that, after the medical practitioner has attended a case, the guardians will then make inquiries, and will pay the fee if they think the circumstances of the patient are such that it could not be recovered, but if they are not satisfied that the patient is in a condition of destitution they do not pay the fee.

4270. Has that procedure led to a great many medical practitioners being deprived of their fee or not?—Undoubtedly it has led to some such cases. We have had letters saying they have not been able to get their fees as they anticipated. In fact, the position of the medical practitioner is that, if he is called out to a poor person by a midwife, his fee should be guaranteed him by the board of guardians, and the question whether the patient pays or does not pay should be a matter between the guardians and the patient.

4271. That is an ulterior question?—Yes, and that is, I am bound to say, a necessary position.

4272. You think that any legislation that is undertaken on the subject should be based upon those principles?—Yes, I think so.

4273. That is to give the medical man an unqualified right to his fee whatever may be the fee determined on in the circumstances?—Yes.

4273A. That is, if he is summoned in an emergency by a midwife?—Yes. The question as to the recovery of the fee should not be a matter for which the practitioner has any responsibility at all. He has simply done his duty in going to the patient.

4274. What fee do you think is sufficient in the circumstances?—That was considered by the Midwives Act committee of the London County Council, and I asked them to state specifically their views. I will read their actual words, if I may. They say: "(A) The payment of the fee for attendance should be guaranteed by the several boards of guardians, who should be empowered to recover from the patient or her friends, if they were afterwards found to be in a position to pay. (B) A uniform scale of fees should be operative within the county of London, and should be (1) for services rendered to a woman patient 1*l*. 1*s*., to be increased to 2*l*. 2*s*. in any case in which it is necessary to use instruments. (2) For services rendered to an infant, 3*s*. for a day visit and 7*s*. 6*d*. for a night visit. (C) The above fees should be payable in respect of the emergency only, and not for further medical attendance during the illness."

4275. Supposing this scale of fees were made operative in London, it must be made operative throughout the whole country, for we could not have different scales of fees established by legislation for different parts of the country, could we?—No, but I am not very familiar with the fees charged by my own profession, I am afraid. I do not know whether the country practitioners' fees are quite on the same scale as those of London.

4276. Would it not be better to leave the amount of the fee to be determined by the local authorities in accordance with local conditions?—It should be, as a matter of fact, determined by the Local Government Board. It would be a poor law matter. But what is wanted is not for boards of guardians to make different arrangements in different parts of London, but to have a uniform system. This was the fee which the London County Council's committee thought was reasonable and proper in medical cases for services of this sort,

\* London County Council. Statement showing the arrangements made by the several boards of guardians within the county of London for the payment of fees of medical practitioners who may be summoned by midwives in cases of emergency in which the patients or their relatives are too poor to pay the fees themselves. S.S./2392.



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

4277. You think that the amount of the fee should be imposed from above?—Yes.

4278. Either by legislation, say, or by an Order of the Local Government Board?—Yes, I think so. I think the adoption of a uniform fee in London should be secured.

4279. Then, with regard to the delegation of powers to sanitary authorities, you hold strongly the view that the administration of the Act should be retained in the hands of the county council?—Yes, I think it must be done by one body acting for the whole of London.

4280. Through a committee, of course?—Through a committee; that is necessary.

4281. Would you have sub-committees of local representatives in different parts of large areas, or one central committee?—For the purposes of London one committee is ample, I think. London is practically one town for such purposes.

4282. You think on the whole that the administration of the Act in London has been efficient?—Yes.

4283. And beneficial?—Yes, I am perfectly satisfied it has been both efficient and beneficial.

4284. From the point of view of the administration of London the only change in the Act that you would like to see is that of making it incumbent for fees to be paid to the medical men?—Yes.

4285. That is the only obstacle to the efficient administration of the Act at present, is it?—Yes, and it is one that makes a very strong appeal to any administrative body; they learn of cases of hardship and, I was going to say, even involving tragedy.

4286. You mention one in your précis which was of recent occurrence which I should like to have put in evidence. It is on the last page but one of your précis?—Yes, but I have another, though I do not want to burden the evidence before the Committee.

4287. No, but we will understand that you put this case in?—Yes.

(The following is the case referred to:—)

"On 25th February 1909 a certified midwife was sent for to attend a patient at a house within the boundary of the Hackney Union. The midwife states that at her visit at 8.30 on the evening of that day she noticed the patient to be very ill, that she went to a medical practitioner and returned with him about 10.15 p.m., and that he told the patient's mother that she must obtain an order from the relieving officer for the parish doctor's attendance. She also states that she offered to try to obtain the order herself, and called upon the district medical officer in whose district the patient's friends believed they resided, and that he said that the patient's house was not in his district, and referred her to the relieving officer of another district; that this officer stated that the house was not in his district and referred her to another relieving officer, mentioning also the name of the medical officer in whose district it was; that on the next morning, at 9 o'clock, she called on the relieving officer to whom she had been referred, and found that he had gone to his office at another address; that she then called on the medical officer for the district and asked if he would see the patient, the order to be obtained later; that the medical officer said that the father of the patient must obtain an order from the relieving officer and he would then make it his first visit about 11 a.m.; that she then went to the patient's house, and the patient's father went at once for the parish order; that she then attended to the patient and that the patient died at about 12.15 p.m., two minutes before the arrival of the district medical officer. We would point out that the instruction of the district medical officer as to the necessity of an order from the relieving officer before medical assistance could be rendered appears to be incompatible with the terms of a letter which the guardians of the poor of the Hackney Union addressed to the council in November 1908, in connection with the difficulty experienced by another midwife who applied successively to five doctors before she obtained medical assistance. The council was then informed that application could have been made at once to the district medical officer when the midwife

was in need of medical assistance, and that the matter would have received immediate attention."\*

4288. (Mrs. Hobhouse.) You estimate that 900 births are attended by uncertified midwives?—Yes, that is so; 900 in a year.

4289. Do you know whether any of these cases have been undertaken under a doctor, upon a system of "cover"?—No, I have not been able to get evidence of that actually in London.

4290. Neither in the case of the midwives who have not given notice of intention to practise nor of the uncertified women?—No, I have not found that.

4291. You have no evidence at all of that?—No, I have no evidence at all.

4292. But we have had evidence to that effect here?—Yes, I have heard of it, of course, but we have not come across it in London.

4293. Then, as regards the training centres that you mention, I see that you have not entered upon your list that of Plaistow?—No; if that institution is in the county of London, I rather think that is a missing one.

4294. But so far as you know, otherwise this list is complete?—Yes, it is practically complete. But I will look that up and add it if it should be put in.

4295. Then I should like just to have a slight explanation about the lectures provided by the council through its education committee. I gather that they are discontinued, is that so?—No, not the lectures; they are only reduced in number. As a matter of fact, there were 60 courses in the year. The lectures were originally intended for the *bonâ fide* midwives, to bring them up to the standard of those who were certificated, and after the lectures had been carried on for some years it was thought that the ground had been, so far as the system of lectures was concerned, very fairly covered, and that the number of lectures might be reduced, but it was not proposed to discontinue them. There are eight courses in the year now held in different parts of London.

4296. Do you find the number of *bonâ fide* women attending them is decreasing?—I could not say what is the actual fact, but of course it is always difficult to get the *bonâ fide* midwives to attend well. We have not a great number of *bonâ fide* women in London, but any midwives who have been found to be unsatisfactory in London are pressed by the county council's inspector to attend these lectures, and in a great many instances, when it has been a matter of greater urgency, I have brought it to the knowledge of the committee, and a letter has been written in the name of the council to the midwife, pointing out the necessity of her doing so. That puts a great amount of pressure upon the midwife, and more so than would result from a conversation between the inspector and the midwife.

\* With reference to this statement, the following note was subsequently forwarded by the witness:—

"I am glad to have the opportunity of appending a note to this statement, for the reason that, in the necessarily condensed report to the London County Council, mention was not made of the fact that the patient had been confined in the early morning of the 25th February, i.e., more than thirteen hours before the midwife took steps to obtain medical aid.

"Inquiry which has since been made by the Local Government Board into this case has moreover shown—

"(1) that the symptoms of the patient at the time of the midwife's visit on the evening of that day, which caused the midwife to seek medical aid, were thought by her to be due to bronchitis only, and not to have any causal connection with the confinement;

"(2) that the medical officers she subsequently approached were led by her statements to regard the applications for their services as relating, not to the treatment of a case of emergency, but to the provision of continuing treatment;

"(3) that the medical officer who is alleged to have stated that an order was necessary before his visit to the patient, did not make the obtaining of this order a condition, the fact being that he promised, when applied to shortly after 9 a.m., to make the case his first visit after 11 a.m., and requested that the order should be obtained in the meanwhile."

† The witness subsequently intimated that the Plaistow institution was not in the administrative county of London.



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

4297. Do you find the uncertified women have attended the lectures to any extent?—Yes, some of them have, undoubtedly, but my own impression is that the uncertified midwife is a woman who is better taught by personal conversation than by attending lectures, for after all one can only raise their standard in relation to the more elementary conditions of cleanliness and conditions of that sort. Although the lectures involve subject matter which is important for a skilled midwife to know, I think they were a little bit above the heads of the *bona fide* midwives, who were the people we really wanted to be taught, and who were in most urgent need of teaching.

4298. (Mr. Davy.) Can you tell me what proportion of births in the metropolis occur in institutions?—I do not think I have the information here, but I think the Registrar-General has it.

4299. Is it in his annual summary?—I think it is, but am not sure.

4300. I think you have given the total number of deaths in institutions in the metropolis as 38,000?—It was 28,723 in 1907.

4301. I should like to know the number of births?—The births would be far fewer than that, I think. Of course in the case of many of the births, women are attended in their own homes by charitable organisations.

4302. Where can I ascertain the total number of births in institutions, and the total number of births under eleemosynary conditions?—I think the Registrar-General could supply the information, but very likely I have got it in my office, and, if I have, I will look it up and send it you.

4303. Have you many midwives' homes, or homes to which women can go to be confined?—Yes, there are some.

4304. Are there any under your supervision in any way?—Some of them come to the county council's notice in connection with the Infant Life Protection Act.

4305. But only in that way?—Only in that way, unless they are kept by certified midwives. As a matter of personal opinion, I consider it would be of considerable advantage to have more knowledge of those places. The council ascertained that under some old Act, one of the Acts of George III.,\* every lying-in hospital not carried on for the purposes of gain was required to obtain a licence, and they wrote to the various authorities about the country and asked whether it was their practice to enforce this Act, and it has been found not to have been enforced as a matter of fact for a great many years. The county council also wrote to lying-in institutions in London and asked them whether they had licences, and I think only four had.

4306. Are they used for the training of midwives. For instance, do they belong to persons who are registered as teachers?—There are a few used in that way.

4307. But you have no official cognisance of it?—We looked into that some time ago, I think. Any information we have on that point I could supply you with.

4308. With regard to the payment of fees to medical men, do you think there is serious risk of collusion between medical men and midwives?—No. I do not think so, and for this reason, that a midwife who tried to get a medical man unnecessarily would become such a nuisance to her patients that she would get a bad reputation in the neighbourhood.

4309. We may put that consideration on one side, then?—Yes, I think so.

4310. Supposing that satisfactory arrangements were made with boards of guardians for the payment of medical practitioners, that would be all you would ask?—Yes.

4311. I mean to say in some ways it might be preferable to putting the duty on the county council, would it not?—I think if the arrangements with the boards of guardians throughout London were satisfactory, that would be sufficient.

4312. What I am driving at is that it is hardly compatible with the other functions of the county

council?—No. There is an advantage in the poor law authority dealing with it from one point of view, and that is their familiarity with the question of the ability of the people to pay.

4313. And there are certain disadvantages in the creation of another relief authority?—Yes, I think so.

4314. Now, with regard to this circular of the Local Government Board,\* it appears that you consider that it leaves the position pretty much as it was when the British Medical Association approached you in the matter?—Of course the circular has been very useful, but it does still leave the question in doubt, or I think at least it leaves the medical practitioner to recover the fee in cases in which the poor law authority does not think it is one that they should aid.

4315. I gather from you that there would be no complete settlement of this question till the words "on being satisfied that the woman is too poor to pay the medical fee" are deleted?—I am not quite sure how it would read then.

4316. It would read as follows: "in cases arising under Rule 18 the guardians will be prepared to exercise their powers under the section" in regard to the payment of reasonable remuneration to the medical man called in?—That is a very reasonable thing from the point of view of the guardians determining whether or not the patient should contribute, but I am not sure whether it provides that the practitioner should be paid by the guardians.

4317. The words to which you take exception are those that I have marked?—Yes, I think that would meet it—"will be prepared to exercise their powers" as to the reasonable remuneration. Then the question as to whether the fee should be recovered in whole or in part from the patient by the guardians would come under the general provisions of the Poor Law Act.

4318. In fact, your opinion of the procedure would be that payment should be made compulsory on the guardians, and that the amount of the fee should be fixed by an Order of the Local Government Board?—Yes.

4319. Now with reference to this Hackney case,† you say that "the facts are as follows." How were those facts ascertained?—By our inspector's inquiries.

4320. Had the board of guardians any say in the matter?—I do not know whether any communication has yet been sent to, or any reply has been received from them; it has not come into my hands yet.

4321. You point out "that the instruction of the district medical officer as to the necessity of an order from the relieving officer before medical assistance could be rendered appears to be incompatible with the terms of a letter which the guardians of the poor of the Hackney union addressed to the council in November 1908, in connection with the difficulty experienced by another midwife who applied successively to five doctors before she obtained medical assistance. The council was then informed that application could have been made at once to the district medical officer when the midwife was in need of medical assistance, and that the matter would have received immediate attention"?—I feel sure that this has been, or will be, sent on to the Hackney board, but I have not got the reply.

4322. My point is this, that if this were a matter of general policy, it would be much more serious than if it arose from the neglect of some individual officer?—Yes.

4323. Individual cases of neglect are bound to occur?—Yes, and it would take some time for a system to be known in a district.

4324. (Dr. Champneys.) I want to ask you whether you think that the payment of medical men is practically the only obstacle to the smooth working of the Midwives Act as regards midwives and medical men, and that, if the payment of medical men were guaranteed, all friction and tension would cease so far as London

\* See Vol. I., Appendix II., Enclosure No. 2.

† See Question No. 4287 and the footnote appended thereto. It will be observed that further inquiries resulted in a different aspect being given to the matter.

\* 13 Geo. III., cap. 82.



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

is concerned?—I have not heard of any other ground of friction.

4325. You have never heard, for instance, of medical men declining to go to a midwife in any circumstances, payment or no payment?—No, it has not come to my knowledge.

4326. Not in London?—No.

4327. (Dr. Downes.) Could you tell us approximately how many births there are annually in London?—Over 120,000. The birth-rate is falling.

4328. Have you any statistics as to the amount of midwifery which is done by the extern departments of hospitals?—Yes, I have. The figures are given in the table in my précis.\*

4329. There are a number of other hospitals which you do not include here, such as University College Hospital, for instance?—You mean as to cases attended by medical students?

4330. Yes?—No, I have not those figures; I have omitted that entirely.

4331. I asked that because I did not know whether the General Medical Council had communicated with you at all in regard to their proposal to extend the midwifery training of medical students?—No, we have not heard from them.

4332. You have had no communication from them at all?—No.

4333. Would you be able to inform us what the number of attendances at lectures has been by midwives?—I could do it, but I have not got it in my mind at the moment.

4334. If you could put it in, it would give some idea of how far they appreciated it—that is, the number of attendances and whether they were maintaining the same ratio, or were falling off?—Yes, but the difficulty of giving precise figures is that these lectures were attended by monthly nurses, and by others as well as the midwives themselves, and I am not sure whether there is definite knowledge as to how many practising midwives have attended.

4335. Perhaps if there is no definite information as to how far they were appreciated by the women for whom they were intended you could tell us the fact that there is none?—Yes.

4336. And if there is, so much the better?—Certainly.†

4337. Then, with regard to the question of fees, you speak of the action of the Wandsworth Board of Guardians. I do not know whether you carry in your mind the history of that case. I think, in the first instance, the Wandsworth Board of Guardians proposed that their district medical officers should be available for all cases where a midwife wanted assistance?—Yes.

4338. Was there not some difficulty with the general medical practitioners in the neighbourhood in regard to that arrangement?—That I do not remember.

4339. Can you tell us whether the addresses of the district medical officers in the metropolis would be known to the midwives?—Only so far as they would be communicated through this circular, which was sent to every midwife in London.

4340. This circular was sent by the London County Council, was it?—Yes.

\* See Question No. 4226.

† The witness subsequently supplied the following particulars:—

The number of persons attending the classes has been as follows:—

Year.	Centres where Classes were held.	Number of Students.
1905-6	12	456
1906-7	20	751
1907-8	30	1,356
1908 (half-year)	30	600

Of the 600 students attending during the half-year of 1908, 160 were stated to be certified midwives.

It is believed that certified midwives constituted a similar proportion of the students attending in the previous years.

4341. It shows the arrangements made by the several boards of guardians within the county of London for the payment of the fees of medical practitioners who may be summoned by midwives in cases of emergency, and in which the patients or relatives are too poor to pay the fees themselves. That does give the names and addresses of the medical officers?—It does.

4342. And in the case of Hackney the information is given, I think, on pages 4 and 5?—Yes; I rather think that since this was printed Hackney has made some further arrangements. This was printed in April.

4343. That was circulated in April 1908?—Yes, it was circulated immediately after it was printed.

4344. Do you know whether the midwife concerned in the Hackney case\* had a copy of this circular?—I feel sure she had, but I have not made any inquiry as to whether she received it, but it was sent out to all.

4345. She appears to have gone to the wrong district medical officer, so far as I can gather from the statement of the case here?—Yes, there was some confusion as to the district. I think one of the reasons for putting this paragraph forward is the necessity for the administration being one that is not limited by the boundaries of the unions or districts.

4346. That is to say, you would favour an arrangement under which any practitioner could be called in?—Yes.

4347. Rather than a particular one?—Yes, the particular one may be engaged at the moment.

4348. With regard to the recommendation of the committee upon the Hackney case, I see that they urge that the Local Government Board should take steps to require boards of guardians to pay the fees of any medical practitioner who may be called in in such cases. I suppose the committee realise that the Local Government Board are tied by the terms of the statute of 1848?—I think so.

4349. And you require legislation?—Yes, it may be necessary to proceed to get power from Parliament. The committee did not, of course, consider whether the Local Government Board already had power to deal with this matter.

4350. The statute of 1848 does, however, limit the power of the guardians, and makes the ability to pay in the case of any poor person a matter within the discretion of the guardians?—That is so, I think.

4351. Therefore, as that statute stands, the guardians would not be entitled to guarantee a payment in all cases. That is to say, they could not guarantee the payment to a millionaire?—No, unless the point is sufficiently covered by their ability to recover the fee from the millionaire. They would be using the machinery of the poor law then.

4352. Now if the payment of the fee were guaranteed by the public authority, should there be any corresponding obligation placed upon the medical profession to attend? Have the British Medical Association, so far as you are aware from your communications with them, considered the other side of the question, that is, the obligation of the medical profession to respond?—No. I am not familiar with the inner working of this question, but my own opinion is that there would be no lack of response on the part of the medical practitioners if satisfactory arrangements were made.

4353. (Mr. Pedder.) Are the midwives who have given notice of practising all that are practising, do you think?—I think practically so.

4354. About 500, that is?—Yes, and I think we should very soon get to know otherwise. We are finding the Notification of Births Act very useful in getting information as to what takes place in regard to births.

4355. The notice under that Act discloses the name of the midwife, does it?—No. London is in a rather different position from other authorities as to the administration of that Act. The notification is made to the medical officers of health of the metropolitan boroughs, and then they send on a copy of it to the London County Council. They make inquiries into births, and their officer visits, and I have asked them

\* See Question No. 4287 and the footnote appended thereto.



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

to inform us of all cases attended by midwives or by quasi-midwives, because in that way we get lists of all these women, and then we investigate the circumstances of their practice, and we see at once whether a woman's name is on the roll, and if it is not, we investigate the case.

4356. Is the Act in force throughout London?—There are a few districts where it is not so—about eleven. The London County Council have decided to ask the Local Government Board to make it obligatory in all districts.

4357. Have you ever found a case where a birth notified to you was attended by a midwife who had not notified her intention to practise?—One or two cases only have been brought to my knowledge.

4358. What would you do if you heard of it?—We should communicate with her at once.

4359. And prosecute?—I could not say that. An inspector would at once go down there and make inquiries, and no doubt the notice would be sent in.

4360. Do you think the 486 practising midwives are sufficient for the births in London requiring the services of midwives?—Yes, and I am sure there are more midwives than are wanted in London.

4361. The 25 per cent. of births attended by midwives is low compared with what we have heard of from other parts of the country; is that because of the peculiar conditions of London?—Yes, but of course medical practitioners are so readily available in London. In the rural districts, where a medical man lives a long way off, the midwife is much more likely to be employed.

4362. Do I gather that you are not aware of difficulties or dangers arising from the nurse nominally working under a doctor, but in fact doing midwife's work?—No, I have not had any instance brought to my knowledge where there is anything irregular of that sort. But of course one knows perfectly well that a medical man may attend a large number of patients, and a nurse will often actually deliver the woman before he arrives.

4363. Or he may never arrive?—Yes, but I do not know of any instance where a woman is practising under cover of a medical man. They may have particular men that go to assist them, but I am speaking now of qualified midwives who attend patients.

4364. I notice that there are many certified midwives who do not notify their practice. May that be in some cases because they do not hold themselves out to do midwifery on their own account, but to serve as nurses under a doctor, while in fact they are acting as midwives?—Yes; but I have not had that brought to my knowledge, except in one case.

4365. And you do not fear that will be the consequence, when the Act comes into complete force in 1910 and cuts out all the uncertified women? There is no danger from that source, is there?—All I can say is that I should not think it is of any great magnitude in London, or one would get to know of it.

4366. Then, on rather a different point, why in the circumstances should it be difficult or impossible for a midwife to start practising in London?—I suppose they must be for some time in a large place like London before they are known.

4367. You gave up your scholarships, you say, because the women could not work for two years in London?—Yes, that is so.

4368. But if they are to make their practice in London, they must continue for two or three or four years there?—Yes, but I do not know how a midwife does begin to practise, whether she goes into partnership with another midwife, or how she proceeds. The council's scholars were people without much means.

4369. But taking the case of the woman who gave up one of your scholarships; I suppose when she gave it up she gave up altogether the idea of working as a midwife; at all events I cannot see why it should be worse to start in London than anywhere else?—In a rural district, the fact of a woman starting as a midwife would probably be known very widely. But in London it is exactly the same as with a medical man. He may take a house and put his name on the door, and,

beyond perhaps the people next door to him, nobody would know he was there.

4370. What inspectors do you employ under the Midwives Act?—We have two lady doctors.

4371. Specially for that purpose?—Specially for that purpose, and doing nothing else. Then we have the use also of part of the time of men who are inspectors. They are general inspectors, and they are used for this sort of purpose: a woman is reported to be carrying on a practice without being registered, and it is necessary to make some inquiries as to her, and they would go down into the district and make their inquiries. It is a sort of detective work.

4372. A sort of roving commission of inspection?—Yes, and that is to save the time of the lady doctors, and give them time to look after the administration of the Midwives Act.

4373. Your inspectors for this purpose are medical women?—Yes, both of them, and I am sure there has been a very great advantage in having medical women to do this work.

4374. (Mr. Dacy.) You work it in with the Notification of Births Act, do you, and health visitors?—That work comes under the borough councils. But of course we are in intimate touch with them, and they give us information about what is being done.

4375. (Mr. Pedder.) Have the borough councils asked for delegation of powers?—They made a very strong movement in that direction when the Act first came into force, but not since. After the county council had once resolved to administer the Act itself we heard nothing more about it. It would be impracticable.

4376. I was wondering whether there was any pressure?—No, not since the final decision was come to on the Act.

4377. Can you tell me on what principle you recommend that the doctors should be guaranteed their fee for midwives' cases as distinguished from all other cases?—I think the State has recognised the midwife as not being in the same position of knowledge as a qualified medical practitioner, and a woman in her labour trouble is in need of the best help that can be given to her.

4378. It is distinct altogether from any accident case or anything of that sort?—Yes. I think the State has assumed a responsibility for the woman being attended by a person of less knowledge than a registered medical practitioner, and therefore it has got to see that in cases of urgency skilled attendance is made available.

4379. But supposing there is no midwife, the doctor has no guarantee?—The State then has not accepted any responsibility about a woman who does not employ a midwife.

4380. (Chairman.) Is it the case in regard to a great number of medical practitioners of the ordinary type that in matters of midwifery they do not enjoy more experience than the average midwife?—I should think they do enjoy a great deal more experience than the average midwife. They have a better knowledge to begin with, and the subject is approached from a different position altogether.

4381. But in a great many cases has the instruction of the ordinary medical practitioner in obstetrics been such as to enable him to deal with cases of emergency?—I do not know much about the instruction at the moment, and I do not know that I am altogether qualified to speak about it, because it is so many years since I went through my own course. There is no doubt that a man who has got medical knowledge, even if he has not had immediate experience, very quickly acquires the knowledge that is necessary for practical work.

4382. How should it be applied?—His knowledge of general medicine and anatomy and surgery, and so on, all qualify him.

4383. But that is assuming it is adequate, and we have to assume that?—Yes.

4384. (Mr. Pedder.) Your committee, I think, take the view that the fee for the doctor which you want to be guaranteed should be payable in respect of emer-



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

gencies only, and not for further attendance?—Yes, that was the view of the committee.

4385. How do you draw the line there? Supposing it is a very bad case, and undoubtedly a doctor ought to go on attending on the same principle of the good of the public; why should you not pay him then?—I think the committee's view was that the necessity arose through the obligation to provide for an emergency, but that, after that emergency had been provided for, the ordinary poor law machinery of the country should come into operation. It is only in cases of emergency that the difficulty would arise, and the committee did not propose that, if there were ample time for a poor person to apply to the relieving officer or the district medical officer, she should be relieved of the necessity of applying to them.

4386. Would some special arrangement be necessary, supposing there were legislation to guarantee the fee for the emergency, to limit it to dealing with emergencies only?—It all depends upon how the thing is done. If it were limited to the emergency, the medical practitioner no doubt would say that the fee of a guinea or two guineas to be received would not cover his further attendance, and that the help of the poor law authority must afterwards be obtained in the usual way.

4387. Probably the patient would not go to the poor law authority, but would take the chance of getting another doctor without a guarantee?—But that would not be a case of emergency. Then, of course, I am assuming that in every case dealt with in this way the poor law authority would make inquiry into it, as to whether it was a proper case for payment of the fee or not.

4388. (Mr. Fremantle.) You say that 25 per cent. of the births in London are attended by certified midwives, and you say that uncertified women attend 900 out of every 100,000 cases. That is under 1 per cent.?—Yes.

4389. Is the inference therefore correct that over 74 per cent. of births in London are attended by medical men?—I think so.

4390. And you think that those medical men are, except in emergencies, themselves present at 74 per cent. of the confinements in London?—I do not say that they are actually present at the moment. It is a frequent experience of the doctor to arrive an hour too late, or half an hour too late, but so far as I know they are *bona fide* in their treatment and care.

4391. Have you any reason to think that it is considered a correct arrangement that they should not come till afterwards when they have ascertained that everything is going on well and they have confidence in their monthly nurse?—No, but I do not think I am qualified to speak on such a matter. But I should not have anticipated that any medical man would think that, if he entered into an arrangement to attend a woman at her confinement, he should not be present at the birth of the child. I have never heard it suggested as occurring.

4392. Now if 74 per cent. of the births in London are attended by medical men, do you not think it is very likely that that accounts for the difficulty of a new midwife starting practising in London?—No doubt it is a question of supply and demand.

4393. That is, the London public has the habit of engaging medical men for confinements more than is the case in the country?—No doubt, and, beyond that, the facilities provided by charities throughout the county of London give so many opportunities for assistance. There is the extern practice of hospitals, for instance, where the students attend.

4394. One or two questions about the Notification of Births Act. Has this been adopted in every metropolitan borough?—No, not yet. I think there are eleven in which it is not adopted.

4395. Out of how many?—Out of 29.

4396. At present there is no compulsion on those boroughs to pass on their information to the county council, is there?—There is in London. There is special provision made for that in the Act.

4397. Do you think that it should be compulsory on the remaining eleven boroughs to adopt that Act?—I do. The London County Council decided, last Tuesday, to make representations to the Local Government

Board, and to ask the Local Government Board to enforce the adoption of the Act by those authorities.

4398. Will this Act be of use to the local supervising authority under the Midwives Act for the detection of ex-midwives?—Yes; it can be used and is used in that way. It is useful in many ways; for instance, in tracing out a practising midwife in case of fever, or in case there is any reason to criticise her conduct.

4399. Then in connection with the training homes, do you think it would be of any advantage if the local supervising authority had any control of such homes, either direct or, say, through the Central Midwives Board?—I have not considered that, and I am not prepared to express an opinion upon it at a moment's notice.

4400. At any rate it had not occurred to you that it was advisable?—No. We have had no fact brought to our knowledge in London that has suggested it.

4401. How did you get this information, then, as regards the training homes?—By writing to the training homes. But I may say I got out this table some years ago, when the London County Council had under consideration the question of whether they should give scholarships, and it occurred to me it might be useful to bring it up to date for the purpose of this Committee.

4402. In fact, therefore, you found it necessary to have some information as regards training homes in order to carry out your duties under the Act?—Yes.

4403. But you were able to get that information in a voluntary manner?—Quite so.

4404. One point has occurred to me with regard to the lectures to midwives. Would it be of any advantage to associate those lectures with the "schools for mothers" which are being instituted in some districts in London?—They do cover somewhat the same ground, but I do not know that there is any particular reason for associating them.

4405. Where are the lectures given at the present time?—In different schools in London.

4406. County council schools?—Yes.

4407. Is there not some difficulty in getting in the county council schools the special plant that is required for this purpose?—No, the education committee arranged for the lectures and provided all the necessary material.

4408. A good deal of the plant would be the same as is required for demonstration to the mothers, would it not, to some extent?—I am not familiar with what demonstrations are being given to mothers in these schools, but I should think that it would be of a different nature.

4409. As regards the care of infants for 10 days after birth, they are to a certain extent the same?—Yes.

4410. Then I wanted to raise one question on the procedure as to the payment of the medical fee in all cases. If, as you say, your committee are of opinion that the medical fee should be paid in all cases, they recommend that from a sanitary point of view, do they not?—Absolutely. It is to ensure that there shall be no question about the medical man going to a patient.

4411. Is it not therefore quite reasonable to imagine that the poor law authorities might object to having laid upon them the duty of having to pay a fee for a purely sanitary matter, and which was in many cases not a poor law matter?—I am not able to answer that question.

4412. But it is a fact, is it not, that as regards payment, for instance, for treatment in isolation hospitals, the matter comes under the sanitary authorities, and the duty of recovering the fee is a duty of the sanitary authority?—Yes, outside London. The authority in London is a poor law authority.

4413. I wish to put a question on one point, on which you have not yet given evidence, I think. Do you make use of the midwives' roll as officially published?—Yes.

4414. Do you find it useful?—Yes, and it is used constantly.

4415. Would you suggest any amendment of it or any rearrangement of it?—No, I have not heard of



31 March 1909.]

Sir S. F. MURPHY.

[Continued.]

anything requiring amendment in any way, except that it would be a convenience to have the names of the midwives arranged according to counties.

4416. Do you use it personally yourself?—It is brought to me from time to time.

4417. With the name already found, perhaps?—Yes, it would be.

4418. There are 25,000 names?—Yes.

4419. Do you find a great deal of inter-working between the system of health visiting and the Midwives Act?—No, because they are under two different authorities, the Midwives Act being under the London County Council and the health visitors under the borough councils. But there is just this to be said, that before the Notification of Births Act came into force, the returns we got from midwives as to confinements that they had attended were promptly sent to the borough councils, and then the health visitors were employed. There are districts, indeed, which have not yet adopted the Notification of Births Act, and only the information from midwives is available in those districts.

4420. Do the health visitors keep clear of the case until the tenth day, when the midwife leaves it, or do they overlap?—There was some overlapping, but it only wanted a little arranging. Some midwives complained that their patients were visited by health visitors while under the care of the midwives, and I mentioned it to the medical officers of health and asked them to look into it, so that the health visitors should not take up the case till the midwives had left.

4421. With a little tact the one takes on the work after the other quite well?—Yes.

4422. And there is no difficulty in working together?—No, but it wanted a little adjustment at the beginning, as these things do. I never hear of any difficulty now.

4423. Is the administration of the Midwives Act by the county council supervised in any way? Does it come under the notice of any Government department if they are negligent?—If the London County Council are negligent?

4424. Yes?—Not that I am aware of. I have not heard it suggested that the question ever arose, or that there was any need for supervision.

4425. The sanitary work comes under the Local Government Board, does it not?—Yes, but not the sanitary work of the London County Council.

4426. No, but that of the boroughs does?—The sanitary work of the borough councils comes under the London County Council and the Local Government Board.

4427. The Midwives Act comes under the county council?—Yes.

4428. So that if they were negligent, they would continue to be negligent till hauled up by the rate-payers?—Yes, that would be so.

4429. (Chairman.) There is one point that I want to recur to. You have been good enough to say, in answer to questions I have put to you, that you have no information of any organised action on the part of

medical men in refusing to attend upon the requisition of a midwife?—That is so.

4430. You are not familiar with the resolution adopted by certain medical practitioners in St. George's-in-the-East, are you?—I know of it.

4431. I observe, from the return you have handed in, that no arrangements have been made by the guardians of St. George's-in-the-East for the payment of medical practitioners?—That is so.

4432. Was that in consequence of the resolution passed by the medical men?—I do not know about that myself. I replied to questions as to whether I had known of any difficulty arising with regard to particular patients.

4433. That may have led to difficulties in regard to a particular patient?—Yes, it may have led to difficulties in that district, but I have not had any particular case brought to my knowledge.

4434. You do not justify a resolution of that sort, I presume?—No, I do not.

4435. (Dr. Champneys.) With regard to the following up of cases, do you think it would be an advantage if the Registrar-General were to add a column to the register of births specifying who was the person who actually delivered the patient?—I always think information of that sort is valuable, but whether it would be within the purview of the Registrar-General to obtain it or not, I am not quite sure. It seems to me that that information should be got by the adoption of the Notification of Births Act by the local authority, and by their making inquiries.

4436. You do not think it would be a great advantage if there was a certificate which would in all cases be filled up and filed for reference? It would give information as to who really was in charge of the case, and would disclose any instances of "covering," but you do not think that occurs in London?—I can only say it has not come to my knowledge.

4437. (Dr. Downes.) May I ask if this statement showing the arrangements of the boards of guardians\* is revised from time to time?—Yes. I rather think this is the second edition, but I am not sure; it will, however, be revised.

4438. How is it circulated?—It is sent out to the midwives.

4439. But changes take place?—Yes.

4440. Therefore it would be desirable that the midwife should be informed of any changes?—Quite so. I may say that this was brought out in April of last year.

4441. Would it assist you if there were some automatic arrangement by which the clerk to the guardians would immediately inform you of any alteration?—Undoubtedly that would be a most excellent arrangement.

\* London County Council. Statement showing the arrangements made by the several boards of guardians within the county of London for the payment of fees of medical practitioners who may be summoned by midwives to cases of emergency in which the patients or their relatives are too poor to pay the fees themselves. S.S./2392.

The witness withdrew.

Mrs. SWINTON called and examined.

4442. (Chairman.) Would you state your qualifications for attending here?—As regards my experience?

4443. Just state your qualifications?—I am the matron of the branch workhouse of the St. George's Union, in Buckingham Palace Road. I am a trained nurse and trained midwife, and I have attended the London County Council lectures for four years. I have also received lectures at the Midwives' Institute, and I generally go to lectures wherever I can. I come here as representing the National Association of Workhouse Masters and Matrons.

4444. When did you obtain your certificate as a midwife?—Eleven years ago.

4445. That is long before the Act came into operation?—Yes.

4446. (Dr. Downes.) You hold the diploma of the London Obstetrical Society?—Yes.

4447. (Chairman.) I gather you think there will be a considerable shortage of trained midwives in 1910?—It is supposed that there will be.

4448. But you do not know—you accept that belief?—We are made to believe that.

4449. But you have no first-hand knowledge which enables you to make that statement?—No.

4450. You accept current rumour?—Yes.

4451. You have formed some opinion as to how that shortage might be dealt with, have you not?—Yes.

4452. Will you kindly state what you think should be done?—We have facilities for training. With my experience I feel we can train prolationers.

4453. At St. George's?—Yes. We have two very good midwives, and our number of cases is about 80.

4454. Are you not a recognised school?—No.



31 March 1909.]

Mrs. SWINTON.

[Continued.]

4455. How is that?—I do not think the guardians have ever applied.

4456. They have never applied?—I do not know. I am not sure.

4457. Will you explain what you do there, or what might be made the foundation of training?—We have no resident doctor; but because we have no resident doctor we are more careful, because we have the honour of being trusted, and our record is very good.

4458. What would be the cost of training in your institution?—For the probationers?

4459. Yes?—I should think they would train for the same as nurses at the infirmary.

4460. Would that be a gratuitous training?—We could do it for nothing. It may incur more expense at the infirmary, because they would want one or two probationers in their place, or otherwise it would disorganise the institution. But that could be met by the guardians, though that has nothing to do with me.

4461. But your Association are inclined to think that the Central Midwives Board have not made as much use as they might have done of the resources of training supplied by these institutions?—Not only our institution, but so many must be like ours, because of the number of cases that occur in the different workhouses.

4462. But have you any ground for that belief or any actual suggestion to make as to what stands in the way of their utilisation?—A workhouse with a maternity ward has its own trained matron or superintendent nurse, and we think it should not be essential to have a resident medical officer before such an institution can be recognised as a training school. The supervision would be efficient and the women would be well trained.

4463. Your institution could give such training under conditions which you think are sound?—Yes.

4464. But it has not been utilised for that purpose?—No, but we used to train nurses for the diploma of the London Obstetrical Society.

4465. Was there any reason why the guardians did not apply for recognition for your institution?—I do not know of any. My committee are fully aware that I come here to-day to give evidence, and our doctor is very strongly in favour of it, and so is the medical superintendent of the infirmary. So that it rests with the guardians now.

4466. You have no idea why they have not taken any action?—No, I cannot tell you that.

4467. How many births are there in your institution in a year?—About eighty.

4468. So that four or five pupils might be trained as midwives?—Yes, and then again we have the parish doctors who attend the poor law maternity cases in their own homes.

4469. All these cases might be utilised for the purpose of training, might they not?—Yes, because the midwife trained with an outdoor experience as well as an indoor experience makes a better midwife, she having the indoor experience first, because she is better able to deal with emergencies.

4470. How many such cases are there?—Forty-seven in the year, in addition to cases in the institution.

4471. So that half-a-dozen midwives might easily be trained?—Yes. The doctor is called to cases where there is no midwife, or where there is only a poor neighbour available.

4472. Has the doctor ever applied for recognition as a teacher?—Not to my knowledge.

4473. (Mrs. Hobhouse.) You represent the National Association of Workhouse Masters and Matrons?—Yes, they have asked me to represent their views.

4474. About how many are there in that Association altogether?—I am not quite certain of the number.

4475. Can you say approximately?—I find there were 446 masters and 440 matrons last year.

4476. Have you laid your evidence before any committee of that Association?—Not before a committee, as such, but the précis of evidence has been prepared by the honorary secretary, Mr. J. T. White, and myself, with the full concurrence of the executive officers, and I am fully entrusted to state the views of the Association.

4477. You come simply as an individual?—Yes, for the Association of Masters and Matrons.

4478. They are not aware as a body, then, of the evidence you are giving?—My précis has not been submitted to them formally. I speak from my own experience of the institution that I belong to.

4479. How many nurses have you on your staff at the workhouse?—Two midwives.

4480. But how many nurses?—Not any nurses, but only two midwives. The others are attendants. We do not call them nurses. It is a receiving house, of which I am the matron.

4481. And not a general infirmary as well?—No. The infirmary is in the Fulham Road, and our institution is in the Buckingham Palace Road. Maternity cases are not sent to the infirmary, because if the babies were born there they would be born in Chelsea.

4482. Then you have no probationers at all?—No.

4483. Have you ever applied yourself to be recognised as a teacher in midwifery?—No, and I could not very well do so unless the guardians applied, because I am under the guardians. But I do not think I should have any difficulty, because I have had a talk with Miss Paget, and she says we should be recognised, because she has been through my wards, and she has no doubt about it.

4484. I do not understand, if the guardians are not anxious that your building should be a recognised institution, what you would gain by making it such?—If the guardians would do it, it would be a great benefit to the nurses.

4485. In what way?—We should have fully trained nurses, and it would save expense.

4486. But you have no probationers, you say?—No, we have none.

4487. You have only a staff of two?—Two midwives, one for night and one for day.

4488. But they are midwives?—Fully qualified midwives.

4489. They do not need any further training?—No.

4490. Then for whom do you wish to have training?—We have facilities for the training of pupil midwives from the infirmary, if the guardians were willing. I do not suggest outsiders. That would be a matter for the guardians to consider. But we have facilities for training, and that is really what I want to say.

4491. That you have facilities for training, which you are not able to utilise?—If the guardians were willing, we could train probationers from the infirmary, that is, those who have three years' experience; they would make very good midwives, and they would be at far less expense than at present.

4492. Then you should convert the guardians first, should you not?—I have spoken to them about it.

4493. (Dr. Doenges.) The possession of a midwifery certificate is of considerable value to a poor law nurse, is it not?—Yes, it is.

4494. And the chance of obtaining such a certificate would tend to attract a good class of candidate for nursing in the poor law service, would it not?—Yes, and such candidates would make good midwives, because having previously had experience, they are naturally better trained.

4495. I think the position in your union is that the guardians have a separate infirmary?—Yes.

4496. And there are no maternity wards there?—No.

4497. The maternity wards are maintained at your establishment?—Yes.

4498. Your suggestion is that your wards might be utilised for the training of some nurses as midwives if there were suitable arrangements?—Yes.

4499. And they would have the advantage of being in charge of fully trained midwives?—Yes.

4500. Can you tell us approximately how many candidates from your institution used to be sent up for the examination of the London Obstetrical Society?—About 14.

4501. In how long?—About two years. I am not quite sure of the number, but I think it was about 14.

4502. Still it was a considerable number?—Yes, a good number, and those nurses are all doing very well indeed.



31 March 1909.]

Mrs. SWINTON.

[Continued.]

4503. Have you during the time that the Central Midwives Board has been in existence sent up any candidates from your wards?—Two or three nurses or probationers, but we could have trained more.

4504. You have told us that you have not a resident medical officer, but you have a medical officer who is always available?—Yes, within three minutes.

4505. It is part of his duty to attend every case in which he is required, is it not?—Yes.

4506. Is he on the telephone?—Yes.

4507. Has he a deputy in case he is not able to attend himself?—Yes.

4508. Do you know whether he is a recognised teacher?—No, he is not.

4509. You are acquainted with the circular which the Local Government Board issued in July 1907, drawing attention to the Rules of the Central Midwives Board?—Yes.

4510. Do you apply these Rules so far as they are applicable?—Yes, we do certainly.

4511. You strictly follow them?—Yes.

The witness withdrew.

Mr. EDWARD SERGEANT called and examined.

4517. (Chairman.) Will you kindly state the qualifications by virtue of which you present yourself to give evidence here?—I am medical officer of health of the Lancashire county council, M.R.C.S., England, L.R.C.P., London, Licentiate of Sanitary Science, and I am also deputed as President of the Society of Medical Officers of Health to appear here and present to you certain suggestions as to the Act of 1902.

4518. The first amendment you would suggest in the Act is some further definition of the words "under the direction" in section 1 (2)?—Yes.

4519. Why do you think that is necessary?—There is a general impression that, when the 1st April 1910 comes, many women who have hitherto practised without any qualification, and are not on the roll, may possibly go to their medical friends and say to them: "I cannot practise; but if you will allow me to say that I am under your direction, I shall be able to practise." I think the opinion of the society is, that it should be clearly defined what "under the direction" means, because they wish to prevent the system of "covering." They think there ought to be an implication that the medical man is engaged in the case, and that he is entirely responsible for it.

4520. But do you not think that there are risks connected with an undue rigidity in a statute?—I do not think that there would be an undue rigidity if it were so defined.

4521. Just so, but is it not the vagueness in the terms of the statute that enables you to fit it to the circumstances?—I do not think I should advise that anything should be too rigid.

4522. But when you come to define, the difficulty is to adopt a definition which is not open to a suggestion of over-rigidity?—Yes, but if you will allow me to say so, I think there might be some definition of this phrase "under the direction," which would not be too stringent.

4523. But do you not think it is better left to the authority, which would have to deal with the occasions as they arose, to determine that?—I think myself that the authority which will have to deal with the conditions that might arise under this Act would be better able to do their work if there were an indication given as to what it meant.

4524. Do you think that the General Medical Council would agree with you, they being the body to whom, in the last resort, any question of unprofessional conduct would have to be referred?—I am afraid I cannot say as to that. I do not know that it would be considered unprofessional conduct.

4525. But I take it that, having regard to the line the General Medical Council have taken in regard to unqualified assistants, there is not the least doubt that it would be so?—Of course it is on similar lines to that, it is much the same generally.

4526. Quite so, and I have had the opportunity personally of communicating with the President of the

4512. I see that your précis of evidence is signed by Mr. White?—Yes, he is the honorary secretary of our Association.

4513. He was also president of the Poor Law Officers' Association, was he not?—Yes.

4514. Does that indicate that the evidence you are giving meets with his approval?—Yes.

4515. (Chairman.) From your experience of the practice of midwives, do you consider that there are any disabilities or grievances under which they suffer in consequence of the operation of the Midwives Act which might be removed?—No, I do not think so.

4516. You do not think the conditions of training are too severe?—No, I do not think you can be too severe with the training of a midwife. The training should be very thorough, especially in antiseptic, because, of course, the material we have to work upon is not always of the cleanest. I do not think 20 cases too many, but I think it would be an improvement if pupil-midwives were required to take 16 cases in an institution and 4 cases in the patients' homes.

General Medical Council, and in his opinion the statute as it stands would provide them with ample scope for dealing with such questions as might arise in connection with any allegation that might be made against an individual.—Yes, but I am afraid that personally I have never contemplated that it would be considered a matter for reporting to the General Medical Council. I thought really that it would not be quite so serious as that, and that if it were defined that a medical man should be engaged in a case and made entirely responsible for it, it would be better.

4527. But how are you to define what "being engaged in a case" means? What would be involved in being engaged in a case?—The person to be confined would send to the medical man.

4528. Would it mean attendance at the confinement?—She would say she required him, and he would engage to attend on her.

4529. You say he would engage to attend on her?—Yes, and probably in certain cases he would have a midwife who would act under him. She would report progress and indicate whether his personal services were required, and he would follow.

4530. Then what do you want more than "under the direction"?—I think the Society of Medical Officers of Health fear that this phrase "under the direction" might leave dangerous openings, as I have stated.

4531. Quite so, but supposing it were proved against any medical man that he has used this phraseology of the Act to excuse himself from any real obligation, do you not think that that would be professional misconduct of a character of which the authority charged with medical discipline might very properly take cognisance?—It would be misconduct, but it is a serious thing to report a matter of this kind to the General Medical Council. It is going further than I personally contemplated.

4532. But assuming that the General Medical Council are prepared to take cognisance of such cases, do you still adhere to your opinion that any further definition is necessary?—I think from what you say that it would be quite strong enough, if it were considered an improper thing to do.

4533. If it were the view held by the authorities responsible for medical discipline that medical practitioners would act in this way at their peril?—Quite so, and if that were the case, then I should think it would not be too stringent. But I present this as a suggestion.

4534. Quite so, and I am obliged to you for enabling me to elucidate that point. Then you think that local supervising authorities should have larger powers than they possess at present?—Yes. The local supervising authority should have the power to suspend midwives temporarily, as a punitive measure for malpractice and misconduct, and not only on the ground of infection, and for this purpose any two members of the local supervising authority, acting on the advice of the



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

medical officer of health, should possess the power of suspension.

4535. I should like to put a further point to you on that. Would you approve a system by which the local supervising authority would hear, in the first instance, any complaints made against the midwife for misconduct?—I do not quite gather your meaning.

4536. At the present moment a midwife who has been guilty of anything which would involve disciplinary proceedings is dealt with by the Central Midwives Board?—But first by the local supervising authority.

4537. Yes, but the case is referred at once to the Central Midwives Board?—Yes.

4538. What I would suggest is that the local supervising authority might be entrusted with disciplinary powers as a court of first instance, subject to an appeal to the Midwives Board?—Undoubtedly.

4539. So that the Central Midwives Board would in the end determine whether she had received justice from the local supervising authority?—I should be quite satisfied if it were made the same as the treatment in the case of, say, infection. Those cases are reported to the local supervising authority.

4540. And the local supervising authority deals with them?—Yes, and I think the same arrangement might be made in respect of other matters occurring in practice.

4541. Quite so. I am suggesting that, in every charge of malpractice or of offence, the local supervising authority should adjudicate upon the case in the first instance, leaving the midwife the right of appeal to the Central Midwives Board in the event of her believing that she had not received justice?—That is a strong power. I do not think it is necessary to go as far as that, but I think really when we find a woman who goes to a case, say, in a state of drunkenness, or who does not report a serious complication in the form of labour, she is distinctly a danger to the public, and I think we ought to be able to deal with such a case and suspend that woman temporarily.

4542. Leaving her to appeal to the Central Midwives Board if she thought fit?—I would suggest that the matter would then be dealt with by the local supervising authority and reported on as a *prima facie* case for investigation, and my idea would be that she should be suspended if she did not keep her register satisfactorily or did anything contrary to the Rules. But you go further, and you suggest that the local supervising authority should have power really to punish a midwife for, we will say, improper conduct.

4543. Yes, quite so.—And that if she is not satisfied with the treatment meted out to her, then she would appeal to the Central Midwives Board.

4544. Yes.—But that is going a step further than what I propose.

4545. Do you think the local supervising authority is not qualified to act in that way?—I think the local supervising authority would be so qualified.

4546. You see no objection to the adoption of such a plan?—No, I see no objection at all, but all I say is that it is rather going beyond what I suggest.

4547. Then you say you think the present system of notification of intention to practise is unsatisfactory?—That is a suggestion of the Society, and I present it as one of their suggested amendments. So far as I am concerned, I cannot say very much about that. I was a little bit nebulous in respect to it, and I wrote to one of the secretaries asking him to define what he thought the Society meant, and if you will allow me I will read an extract from the letter I received on March 24th. He says: "With reference to 'section 10, the Society was very anxious to impress upon the Midwives Act Committee the necessity of precautionary measures being taken to guard against a system of 'covering,' so that the terms 'practise as a midwife' and 'acts as a midwife' should be defined in the same way as the term 'under the direction of a qualified medical practitioner' in 'section 1, subsection 2, with a view to preventing any possibility of 'covering,' and so as to imply a previous engagement and regular attendance after the confinement on the part of the medical practitioner.'" I think, myself, it is really covered by the first suggestion.

I do not see that she could do anything further, and that is why I wrote to him.

4548. I think it would probably be found in practice that that is sufficiently dealt with?—They suggest that "practise as a midwife" and "acts as a midwife" should be defined.

4549. But how are they to be defined?—To my mind they seem sufficiently explanatory.

4550. This passion for definition means placing a burden upon the legislature which might be avoided, surely?—I cannot say much about it personally, I am afraid.

4551. Then we will pass to the next point. In your judgment the local supervising authority should have the right to be represented at, and to take part in, investigations of the Central Midwives Board into charges against midwives, but the necessity for that would be obviated if the local supervising authority were entrusted with the exercise of full disciplinary powers in the first instance?—Yes, but I think this suggestion was with respect to misconduct, but it did not suggest that we should go any further with respect to infection. I do not know whether you suggest that the local supervising authority should be empowered to deal with cases of infection also?

4552. I think so, where there has been a reckless disregard of proper precaution. There would be a right of appeal.—In that case there appears to be no necessity for this suggestion. I may say that I have been received with the very greatest kindness by the Central Midwives Board.

4553. Then you do not suggest that the Central Midwives Board are inequitable in the exercise of their jurisdiction?—No, not for a moment. I presume that if a case were brought up on appeal to the Central Midwives Board, they would offer every facility for its being heard.

4554. On the subject of medical fees, you think that some provision should be made for securing payment of the fees of medical practitioners called in by certified midwives?—Yes. The members of the Society are unanimous as to the payment of fees to any medical practitioner when called in by a certified midwife. The guardians have not generally complied with the circular of the Local Government Board of July 29th 1907. Where arrangements have been made for medical attendance on the poor, they do not always ensure the prompt attention desired in such cases, and the conditions are often too complicated to be taken advantage of. Medical officers of health are therefore agreed that, although the guardians may satisfactorily make provision for destitute persons, those who are temporarily too poor to pay for medical help, when advised by certified midwives, are placed at a disadvantage, and it is urged that the local supervising authority should undertake the responsibility of payment. I would say that is the strong opinion of the Society of the Medical Officers of Health. I may incidentally mention that, so far as Lancashire is concerned, it is suggested that these powers should not be made compulsory.

4555. That they should be optional?—Yes, that such power be given to the local supervising authority. I have no doubt that in Lancashire they would never fail to do their duty.

4556. But do you not think that, if the power were an optional one, it would lead to a recrudescence of the same difficulty, and that we should have the same revolt of doctors where it was not adopted?—I am mentioning this because I am asked by the Lancashire County Council to give evidence, and I should not be doing my duty if I did not bring it before you, because they would say you have been to London to give evidence before the Committee, and you have not expressed our views. I have expressed the opinion of my Society. Now I say, that so far as the Lancashire supervising authority are concerned, it is suggested that this power should not be made compulsory, but that they should have power to pay these fees if they think fit. The Midwives Act committee of the county council are inclined to the view that the difficulty as to the payment of medical fees would be considerably minimised if boards of guardians carried out in a liberal spirit the suggestions



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

contained in the circular of the Local Government Board, dated 29th July 1907.

4557. But how are you to induce them to do that?—I must say that my personal view was that the guardians ought to be responsible for payment, till I had considered the matter more carefully and got an account of what was done in the county under the Local Government Board's circular. Then taking that into consideration, I came strongly to the conclusion that it is no use relying on the guardians to assist in cases of the temporarily poor, who have a right, I presume, to be looked after. The destitute, as I say, the guardians provide for satisfactorily.

4558. But the destitution is a temporary thing, of course?—I am afraid I look on the destitute or paupers as rather different. I am speaking rather of the poor class. A man may be out of work for a few weeks, and he perhaps just scrapes sufficient money together to pay the midwife perhaps 5s., or 7s. 6d., or 10s., and in that case he is really only temporarily destitute.

4559. He is for the moment destitute, and the case must be viewed from that standpoint?—Yes. That case must be so looked at. I find in Lancashire the boards of guardians have, in some instances, made what I think a proper provision as to payment, and in other cases they have failed to do so. I have here a synopsis of the reports from the various boards of guardians, and if you will allow me to read it, as it is not very long, I will do so:—

“ADMINISTRATIVE COUNTY OF LANCASTER.

“*Payment by Boards of Guardians of the Fees of*  
“*Medical Practitioners called in on the Advice of*  
“*Certified Midwives.*”

“From the information collected from the boards of guardians in the administrative county, with respect to the payment of medical practitioners called in on the advice of midwives under the Central Midwives Board, Rule 18 (Section E) in cases where the patient is too poor to pay the fees, it appears that in eighteen unions schemes on the lines suggested in the circular letter of the Local Government Board, dated 29th July 1907, have not been prepared, and in one union the guardians have declined to pay the fees of any private medical practitioner. Two unions are almost wholly served by the arrangements made by the councils of county boroughs. In six unions the guardians are willing to pay to private medical practitioners fees varying from 10s. to 2l. 2s. In some of these districts certain conditions are insisted upon, such as (a) the nearest available medical practitioner must be called upon, (b) the poor law medical officer must first be called upon, and if he is not available without undue delay, some other medical practitioner may be called in. In another the conditions are so stringent that although a number of applications have been received, in not a single instance has the fee been paid.” I have got the particulars, and it seems to me from that experience it would be very undesirable and very ineffective to rely upon the guardians to fill up this gap. I have very carefully looked into this document that was issued by the Central Midwives Board,\* and, so far as I can see, the experience in Lancashire would be entirely in accord with it, that is with respect to the guardians. Then, as to the necessity for some payment, I have here some notes showing some of the difficulties experienced by certified midwives in the county, in obtaining assistance from medical practitioners in cases of emergency, owing to their fees not being forthcoming. Those are instances similar to the instances given with respect to London. There is no doubt that these are only a few that have come to our notice, but I should think they might be multi-

plied very considerably, and they confirm the view that I hold.

4560. That is that some compulsory power is required?—That some payment should be made.

4561. Made compulsorily, and that it should not be left to the discretion of the boards of guardians?—I think we might say that there ought to be some power, and to make it effective it ought to be compulsory.

4562. There are powers at present, as suggested in the Local Government Board's circular, but it is at the option of the boards of guardians whether they will use those powers, and therefore if you are to go further you must make the exercise of such powers compulsory upon local authorities, must you not?—Yes, but you will quite understand that I consider that the guardians are not the proper people in that respect. I would not make it compulsory on the guardians.

4563. What authority do you think it ought to be?—I think the guardians ought to look after their own people, that is the destitute.

4564. But those cases are surely cases *ex hypothesi* of temporary destitution, are they not?—Yes, but at the same time I think that a great many people consider that, if they have received money from the poor law authorities, they have touched an unclean thing, and they would rather avoid that. Some of them would rather die than accept poor law relief, and I sympathise with that view. The boards of guardians distribute relief to people, and those people are paupers, and I do not think that we ought to put any stigma on women or on people who by accident are stranded and are unable to pay for an accidental condition that has arisen. They have saved up, as I say, in the stress of their circumstances sufficient to pay these midwives, and they go to them because, I presume, in many instances at any rate, they cannot pay a medical man, but a serious hemorrhage or some complication arises, and then their schemes are upset. I say that it is not right in such circumstances that any stigma, even a sentimental stigma, if I may call it so, should be fastened upon them. Therefore I say that, in those circumstances, I think that the local supervising authority, or the local health authority if you like, should extend a helping hand to such women. In Liverpool and in Manchester that is done.

4565. Is there any difficulty in Lancashire owing to the great number of married women who are employed in factories up to a very short time before they give birth to their children?—I do not think really that our experience in Lancashire shows that the stress is as great as in other counties. I think that really even the complaints from medical men are comparatively limited. I am satisfied that in Lancashire a great many medical men go to emergency cases that they are called to by midwives, and they say nothing about it. I do not think they are so keen about it probably as they are in some parts of the country, as in London for instance.

4566. There is no organised opposition on the part of medical men against attending these cases?—No, they simply write to me and say, “it is not right” really that we should take this responsibility,” but they do not go much further than that.

4567. There is one particular case that is quoted in your précis which occurred in February 1909, quite recently, which perhaps you would like to state more fully to the Committee?—Yes, that is a case which occurred in the rural district of Whiston. It was a case of premature twins.

4568. Was the prematurity of their birth brought about by the mother being at work in a factory, do you know?—I could not say that, but it is not a factory district. The case is this: “Husband went for doctor, who asked if he could guarantee his fee of 21s. Husband said ‘yes.’ When doctor arrived at house husband was out, and doctor asked if his fee had been left. As the money was not there he refused to look at the child, although midwife said it was dying. Child died. Later, doctor was again called in to see second child, which also died. Doctor received 10s. 6d. for his two visits, and 1s. 6d. for certificate for second child.” That is a case reported to us by the midwife.

\* Central Midwives Board:—Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances. Printed by Spottiswoode & Co., 1908.



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

4569. It is a case that I suppose you have verified?—No; I have not verified it. It is a report that we have received.

4570. Then it may not represent the real facts of the case?—It may not represent quite correctly the facts of the case.\*

4571. But supposing it does, you have nothing to say in justification of the doctor, have you?—I say that it is very unfortunate that such conditions should occur; and the same remark I make as to the other cases reported. We do not know the explanation of the doctor. It might be, of course, that he knew it was a case which he had previously attended without any fee whatever, and which he had decided not to attend any more. That is a possible explanation. In many of these cases the doctor has gone simply out of kindness at the special solicitation of the midwife.

4572. Yes, but in this particular case he appears to have been promised his fee, and merely because it was not there, he left the child to die rather than look at it?—That is unfortunately what I have before me.\*

4573. Do you think that is consistent with what you know of the general humanity of the Lancashire practitioners?—No, I do not think it is consistent with the humanity of any man, whether a medical practitioner or a member of any other profession.

4574. Can you give us any more definite information as to what has been done in this matter by the several boards of guardians in Lancashire?—Yes, I have here a statement which gives more in detail the practice in each union.

4575. It might be convenient that the statement should be taken as read and printed in your evidence as a summary of what the action taken by the boards of guardians has been?—Yes.

\* As the result of further enquiries, the witness subsequently supplied the following amended statement:—

Mrs. W., certified midwife, Whiston (R), states that she was engaged by Mrs. C. for confinement expected in October 1908. A doctor was not engaged. The midwife was sent for Tuesday, September 15th. A child was born at 6.30 p.m.; and, as midwife found it was a case of premature twins, she said to a woman who was in the house that a doctor ought to be sent for. This woman at once went to the husband who was in a public-house, and the latter—without returning to the house for the form of sending for medical help prescribed by the Rules—went for the doctor. Second child was born about 7 o'clock. When the husband returned to the house he told the midwife that the doctor had asked him if he could guarantee his fee, and he said it would be ready for him when he came to the house. When the doctor arrived he at once asked for Mr. C., but the midwife had sent him on an errand. The doctor then asked if his fee of 21s. had been left, and on being told it had not he said he would not look at the children, and left without giving them any attention. One child died at 2 a.m. next morning (Wednesday); the midwife does not think it could have lived in any case. The midwife states that on the Wednesday evening (16th) she sent the husband to the doctor with the medical help form dated the 15th. The husband asked for a death certificate, and, as a fee of 10s. 6d. was paid, the doctor gave the certificate, and said he would visit next morning to see the second child. On the Thursday morning (17th) he visited, but the child died next day. The midwife was not present on the doctor's second visit.

(Copy of record of sending for medical help was received at Preston on September 17th.)

Mrs. C., the mother of the twins, bears out the midwife's statement as to what took place between the husband and the doctor, and also on the doctor's visit to the house. They owed the doctor about 10s. 6d., part of his account for attendance on one of their children who had an attack of measles about nine months before. She says the doctor did not stay more than three minutes.

Dr. X. says that Mr. C. came for him and led him to believe that he was required for the labour. Knowing that the people owed him money he asked for his fee of one guinea, and the husband said he would borrow it and give it to him on his visit. On arriving at the house he found the fee was not forthcoming, and declined to look at the children. He thought that the husband had knowingly led him to believe he was wanted for the confinement (fee, 21s.), whereas he was only wanted to look at the children. The next day he was again sent for, and as a fee of 10s. 6d. was forthcoming he visited. He gave two certificates, the cause of death in both instances being "premature birth."

[The following is the statement referred to:—]

# ADMINISTRATIVE COUNTY OF LANCASHIRE.

Summary of action taken by boards of guardians with respect to the payment of medical practitioners called in on the advice of certified midwives under the Central Midwives Board's Rule 18 (Section E), in cases where the patient is too poor to pay the fees:—

Union.	Action taken.
Chorley	Fees paid to medical practitioners similar to those now paid to poor law medical officers in pauper cases, viz., 10s., or in instrumental cases, 2l. 2s. System works satisfactorily; nine cases dealt with.
Chorlton (Gorton and Levenshulme).	No arrangements made for the districts in the administrative county area.
Oldham (Chadderton, Crompton, Middleton, and Royton).	A sum not exceeding one guinea paid to medical practitioners.
Preston	A fee of 10s. 6d. is paid for cases not requiring operative interference, and 21s. when operative interference is required. The nearest available medical practitioner must be called in. Amount paid by guardians to date, 34l. 9s.
Rochdale	Guardians declined to arrange a scale of fees for private medical practitioners.
Salford (part of Swinton and Pendlebury).	A fee not exceeding one guinea is paid. The poor law medical officer must be called upon. If he is not available without undue delay then some other medical practitioner may be sent for. Arrangement works satisfactorily. About 20 cases dealt with during last 12 months.
Warrington (Haydock, Newton, and Warrington Rural).	Fees paid to medical practitioners called in. No amount fixed—each case treated on its merits. Only one application made, and in this case a fee of one guinea was paid.
West Derby	No arrangements made for the districts in the administrative county area.
Wigan	A fee of 10s. is paid for ordinary cases, and 2l. for difficult cases to any medical practitioner called in. A number of applications have been received, but after inquiries by the relieving officer, the guardians have not considered that the circumstances in any one case justified them in paying the fee.

The under-mentioned unions have not prepared any scheme on the lines suggested in the circular letter of the Local Government Board dated 29th July 1907: Ashton-under-Lyne, Barton-upon-Irwell, Blackburn, Bolton, Burnley, Bury, Clitheroe, Fylde, Garstang, Haslingden, Lancaster, Leigh, Lunesdale, Ormskirk, Preston, Prestwich, Stockport, and Ulverston.

County Offices, Preston,  
March 1909."

4576. Have you formed any estimate of what the cost to the public would be, if this suggestion as to the payment of medical men were adopted?—Yes. It is estimated that, of the cases attended in Lancashire



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

by certified midwives, equal to half the total births, medical aid is needed in about 5 per cent. and based on the experience of Liverpool and Manchester, the medical fees would have to be paid by the local supervising authority in 2 per cent. of the total births attended by midwives. In Lancashire the number of cases would vary from 400 to 450, and the cost, presuming the fee was a guinea a case, would come to about 500*l*. We should have to pay, of course, for supervision, or some inquiry into these various cases. Appendix C to my précis gives the matter in more detail. I have compared Lancashire with the county borough of Liverpool and also with that of Manchester.

4577. Will you please put that in?—Very well.\* Then I have here a letter from the medical officer of Newport, but I do not think it is necessary to read it. He states that he made inquiries into 300 or 400 cases, that is between 300 and 400 cases where medical men had been called in in cases of difficulty, and he found that no less than half of the medical men called in had not been paid. So that that bears out the common experience that lots of good work is done for nothing, and people get tired of working for nothing, I presume, especially when they have to make a living. This is the statement: "During 3½ years the doctor was sent for by midwives in 359 cases, and the ordinary fee was paid in 140 instances. A fee ranging from 2*s*. 6*d*. to 10*s*. was paid in 38 instances, and no fee at all was paid in 181 instances."

4578. Was any application made to the boards of guardians in those cases?—I should think many of these cases would have happened before the Local Government Board sent out their circular. The cases extended over a period of 3½ years.

4579. But do you not think the condition of things has become a little better since the issue of that circular?—Some of the unions have made, I think, very reasonable arrangements. I think in Prescott and Chorley they have made very good arrangements. In the case of Chorley, the fees paid to medical practitioners in these cases are similar to those paid to medical officers in pauper cases, namely 10*s*., or in instrumental cases, two guineas, and the system works satisfactorily. Nine cases were dealt with. Then, in Prescott, a fee of 10*s*. 6*d*. is paid for cases not requiring operative interference, and 21*s*. when operative interference is required. The nearest available medical practitioner must be called in. The amount paid by the guardians up to date is 34*l*. 9*s*. That is in Prescott, not a very populous union.

\* The following is the comparative statement referred to:—

Year 1907.	County Borough of Liverpool.	County Borough of Manchester.	Administrative County of Lancaster.
Number of certified midwives in practice.	166	153	811
Confinements attended by certified midwives.	12,304	11,128	21,583
Percentage to total births.	52.0	60.9	49.9
Number of confinements at which medical aid called in on the advice of midwives.	684	1,514	1,009
Percentage to total confinements attended by midwives.	5.5	13.6	4.6
Number of fees paid to medical practitioners called in on the advice of midwives.	227	239	—†
Percentage to total births attended by midwives.	1.84	2.14	—

† On the assumption that the fees to be paid in the county area would approximate with Liverpool, the number would amount to 398, and on the Manchester basis to 463.

4580. Then we will pass on to the next point. You think that no woman should be reinstated without reference to the local supervising authority?—Yes, I think that should be so.

4581. But is that not done at present? Are not the supervising authorities informed by the Central Midwives Board as to their intention?—No, I am not aware of that. My Society give unanimous approval to the suggestion as to the reinstatement of women on the roll, and with respect to the right of the representative of the local supervising authority to be present at, and to take part in, the investigations by the Central Midwives Board.

4582. Have you any suggestions to make, on behalf of your county council, in regard to this question of restoration to the roll?—In January 1907, when the Central Midwives Board's Rules were being revised, the Lancashire local supervising authority made the following suggestion: No application should be considered within a period of 12 months from date of removal of name from roll. A midwife removed from the roll at the instigation of the local supervising authority should not be restored to the roll without the sanction of that authority.

4583. But are persons often reinstated in a shorter period than 12 months?—I may say that these people who are removed from the roll are given, I believe, when they are informed that they are removed from the roll, an intimation as to how they can get back again.

4584. Is that sent by the Central Midwives Board?—Yes. That seems to me not desirable, because if they are removed from the roll, I think they ought to be kept off the roll, or at any rate, it would be far better to leave them in quietude for 12 months.

4585. That should be the minimum?—Yes.

4586. Now, with regard to the question of scarcity, will you kindly explain your views on that. I understand, from what you have already said, that the scarcity in Lancashire is not likely to be very considerable?—That is my impression. The general impression of members of my Society is that the view as to the deficiency of midwives in 1910 has been very much exaggerated, and this accords with the information recently obtained for Lancashire from district medical officers of health.

4587. Lancashire is more favourably situated than a good many other counties, I presume?—We think Lancashire is very favourably situated, of course, but at the same time I do not think it really does differ from the other counties. As you know, we have large areas there like the district of Lunesdale and right on to the north of Lancashire, which are very sparsely populated, and we have urban districts, small and large, and of course we have severe vicissitudes of trades and strikes, and that sort of thing, so that I do not know that we are different from other manufacturing counties. Then, feeling that I ought to give the views of the medical officers in Lancashire with reference to this matter, I have communicated with them since this inquiry was instituted, and I have here the whole of the replies.

4588-9. Do you put them in?—No, not all the replies I have got a synopsis here, which I think will be quite sufficient if you will allow me to read that. I wrote to the various medical officers of health on this question as follows: "are uncertified women attending confinements otherwise than under the direction of a medical practitioner; if so, to what extent?" I wished to know whether there were many women who are now practising who would have to cease to practise in 1910. The replies were to the following effect: in 40 districts (33 urban and 7 rural) it is stated uncertified women are attending confinements—

in 9 districts to a considerable extent;

in 5 districts to a fair extent;

in 26 districts to a slight extent;

that is out of 131 districts. In 89 districts it is stated that uncertified women do not attend confinements, or only to a very inappreciable extent. 2 districts—no information.



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

Is a shortage of midwives anticipated when section 1 (2) of the Act comes into operation on April 1st, 1910?

In 19 districts a shortage is anticipated, viz.:—Clayton-le-Moors, Colne (B.), Crompton, Croston, Haslingden (B.), Hindley, Ince-in-Makerfield, Kirkham, Lees, Littleborough, Little Lever, Skelmersdale, Tottington, Wardle, Whitworth, Blackburn (R.), Fylde (R.), Preston (R.), West Lancashire (R.).

3 districts (Allerton, Church, Bury (R.)) rely on the midwives resident in adjoining districts.

In 104 districts a shortage is not anticipated.

5 districts, no replies to query.

This has been brought up to date. I have got further information since my précis was sent in to the Committee.

Is there a demand for the services of a certified midwife in your township or part of your district at present without such a midwife? If so, is it likely if a certified midwife was provided for that area that she would be able to make a living?

In 14 districts (Church, Clayton-le-Moors, Colne (B.), Crompton, Croston, Haslingden (B.), Kirkham, Lees, Littleborough, Little Lever, Oswaldtwistle, Tottington, Whitworth, Blackburn (R.)), it is said there is a demand for a certified midwife; in 8 of these the midwife could probably "make a living"; in 3 it is "doubtful," and in 3 she could not do so.

In 8 other districts (Abram, Heysham, Kearsley, Royton, Thornton, Turtton, Wardle, West Lancashire (R.)), there is a demand for a certified midwife in certain townships or part of the district; in 2 it is thought a living could be made; in 2 it is "doubtful," and in 4 the answer is "no."

In 3 districts (Allerton, Little Woolton, Withnell) there would probably be a demand, if the district nursing association did not maintain a certified midwife.

4590. Do the midwives in Lancashire combine district nursing with the practice of midwifery to any extent?—Several associations which have midwives, as at Darwen for instance, do.

4591. But you see no objection to their doing so, do you?—No. They are engaged as women of experience in this work, and I think it is proper. Then I have here a synopsis with reference to the practice of uncertified women, and it bears out my view (*handing in the following document*):—

*Districts in which uncertified women are practising to a "considerable" extent.*

Ashton-under-Lyne (B.).  
Barrowford.  
Chorley (B.).  
Church.  
Clayton-le-Moors.  
Clitheroe (B.).  
Colne (B.).  
Newton-in-Makerfield.  
Whitworth.

*Districts in which uncertified women are practising to a "fair" extent.*

Eccles (B.).  
Formby.  
Kirkham.  
Oswaldtwistle.  
Royton.

*Districts in which uncertified women are practising to a "slight" extent.*

Crompton.  
Croston.  
Darwen (B.).  
Fleetwood.  
Great Harwood.  
Haslingden (B.).  
Hindley.  
Ince-in-Makerfield.  
Irlam.  
Lathom and Burscough.  
Litherland.  
Middleton (B.).  
Morecambe (B.).  
Orrell.  
Prescot.  
Ramsbottom.  
Walton-le-Dale.  
Wardle.  
Whitefield.  
Blackburn (R.).  
Burnley (R.).  
Clitheroe (R.).  
Fylde (R.).  
Lunesdale (R.).  
West Lancashire (R.).  
Wigan (R.).

Then I have here a document which shows really the number of cases that these women attend. You will notice that in the year there are 95 women who attend less than five cases.

4592. That gives the number of cases each woman attends?—Yes. (*The witness handed in the following document*):—

#### "ADMINISTRATIVE COUNTY OF LANCASTER.

*Number of Births attended by Certified Midwives during the Year 1907.*

(Excludes midwives who reside in county boroughs but practise in county area.)

Number of Births attended by Midwives.	Number of Midwives.		
	Urban.	Rural.	County.
Less than 5 . . . .	66	29	95
Between 5 and 10 . .	74	27	101
" 10 " 25 . . . .	183	41	224
" 25 " 50 . . . .	152	16	168
" 50 " 75 . . . .	66	2	68
" 75 " 100 . . . .	31	1	32
100 and upwards . .	26	—	26
Midwives not practising or only taking emergency cases . . . .	215	45	260
Totals . . . .	813	161	974

Total number of births in county.	37,959	5,182	43,141
Number of births attended by midwives.*	19,285	1,599	20,884

\* Excludes 699 county births attended by midwives residing in county boroughs.

4593. Where does the living wage come in in this scale?—I do not refer to that yet. There are 58 who seem to make a living wage. There are 32 who attend from 75 to 100 cases, and 26 with 100 and upwards. They have good practices. Then I find: "midwives not practising or only taking emergency cases number 215 urban, 45 rural, 260 county."

4594. The deduction from that is that you have a good many midwives in Lancashire?—My opinion is that we have a great number of midwives, and a number are giving up practice temporarily because they really have not enough work to do.



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

4595. But they would return if there were more work?—Yes, I think so.

4596. You have a reserve, in fact?—Yes, that is my view, and therefore I say there is no need for apprehension so far as we are concerned.

4597. Do any of them show a disposition to migrate to the West Riding, where we are informed there is a deficiency of midwives, or is the Lancashire local feeling so strong that they will not go to Yorkshire?—They want a lower grade of woman there. The women I am talking about are not "handy women." They do not call themselves handy women, but they are very proud to be called certified midwives. That shows the position that we are in. They attend a very large number of cases. The total number of births in the county is 43,141. The number of births attended by midwives is 19,285 in urban districts, 1,599 in rural districts, making for the county 20,884.

4598. The numbers are much larger in the urban districts than in the rural districts?—In the rural districts there are very few midwives.

4599. The proportion of births attended by midwives is less than one-third in the rural districts, and more than one-half in the urban?—Yes. Then I have here some figures as to the populations in regard to this question. In Ulverston, with a population of 17,716, the number of certified midwives is 4, and the number of births in that district is 334, the number attended by midwives being 13, so that really it is a very small number. Then in Lunesdale, in the north of Lancashire, which is a very wide area, the population is sparse—namely, 6,948—the number of certified midwives being 2, and the number of births 151.

4600. You have a suggestion to make, I understand, about the supervision of maternity houses?—Yes; my Society suggest that houses which are in the occupation or under the control of midwives, and where an expectant mother or mothers are taken to be delivered of a child, should be specially registered, and should be under the supervision of the local supervising authority.

4601. Have you many of these maternity houses in Lancashire that deal with midwifery to any extent?—This is a suggestion which came from the north-western branch of my Society, including Lancashire and Cheshire and Westmoreland, and it is thought that it would be a very proper thing to do what is suggested. So far as I am concerned, I have had no experience of such houses, though I have no doubt there are many cases in Lancashire and other counties where women are confined in the houses of midwives. It seems to me a very proper thing that we should have information as to houses to which people are taken in this way. It would probably prevent abuse.

4602. There is an Act upon the statute book requiring the registration of these houses. Are you familiar with it?—No, I am not.

4603. It is an Act of George III.\* I believe, and I think you will find it provides for the licensing of such houses?—If that is so it is all right, but it seems to be a very extraordinary thing that we should have been so very long before knowing anything about it.

4604. Then what do you mean when you say in your précis that any interference by a midwife with the proper administration of the Act by the local supervising authority should be deemed a penal offence. What sort of interference do you mean? Do you mean if she shakes her fist in the face of the inspector, or something of that sort?—The suggestion is from the Society of Medical Officers of Health, and is one that I am afraid I cannot really give much information about. I could not quite ascertain what was really intended.

4605. I presume something was in their mind, but you could not say what?—No. I thought it was a sort of sweeping up of everything not otherwise included. But I cannot give you any special information about that. On the other matters about which you have been inquiring, I suggest that all local supervising authorities should have power to expend money on training midwives.

4606. That is in regard to scarcity; and you mean money in addition to what is now being spent through

the education committee?—Yes. Then I think I might take now, if you will allow me, as being really connected with that, the next suggestion of my Society, which is that "on the recommendation of the local supervising authority, provision should be made for the practical training and subsequent enrolment of uncertified women who were in practice as midwives prior to 1902, and who will be prohibited from practising as midwives after 1910."

4607. But how are you to insist on these women undergoing training, all these years having passed in which they have not been trained?—I think the suggestion that power should be given to local supervising authorities to expend money on training midwives has received general support, as well as the recommendation that some provision should be made for the enrolment of women in practice as midwives prior to 1902, who will be prohibited from practising as midwives after April 1st, 1910.

4608. But then the Act did provide for the enrolment of such persons when it first came into operation, and if they did not avail themselves of it then, what is to be done now?—My idea is that there are a great many women who, for some reason or another, perhaps owing to the local supervising authority not advertising sufficiently in their districts, did not know about it, but who are in practice, and under certain conditions they should be placed on the roll.

4609. You think there should be a re-enactment of the provision as to the acting midwife?—Yes, and I will tell you the reason why I think that this should be extended, a little. There were a certain number of people who were left off the roll then who ought to have been on it, and who are quite as good as those who were put on, and some of them better. In two or three instances I have communicated with the Central Midwives Board myself with reference to Lancashire, and they very kindly, and I think very generously, placed these women on the roll, but there were a good many who did not take the trouble to do anything, or were somewhat ignorant and did not complain, but went on practising with the idea of practising till 1910. But these good people will not be able to continue then, so that there are a number of them who are quite as fit to practise as the *bona fide* women generally, and it is thought that there might be an extension of this period, during which they might be placed on the roll under certain conditions.

4610. Would not the carrying out of that recommendation be putting a premium upon supineness?—By certain local supervising authorities it is thought to be the right course to take, and, personally, I say that these women have a right to be enrolled if they want to be. In the case of Lancashire I do not think the women could complain if they were not given a further opportunity, but in the districts of some county councils there are women who were left off owing to no steps being taken to inform them of the change in the law.

4611. They had two years to get on?—Yes, but even if they had had more time, the same difficulty might have occurred. It is to be remembered that these are not the most intelligent of people, and Acts of Parliament are sometimes passed unnoticed except by those who are specially interested. Now it is thought that such cases should be considered, and it is also suggested, with a view to providing that proper persons should be put on the roll, that they should be practically trained, as well as that their work previous to 1902 should be taken into consideration.

4612. It is suggested that they should be granted a licence after a modified training?—Yes. The real reason for their being put on is that they were left off for various causes when this Act came into operation, but it is suggested that something further should be done, and that they should be given a little practical training. It is thought that the opportunity should be taken at the same time of training them and of saying, "you are a *bona fide* woman, but you failed to be placed on the roll, and seeing that that is so, we will train you now and see that you get the requisite instruction."

\* 13 Geo. III. cap. 82; see Question No. 4615.



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

4613. It is a re-enactment of the *bona fide* clause for a short period. That is all?—Yes. The Society, after considering certain suggestions, express the opinion that "it is most inadvisable, as has been suggested, that the entire operation of the Act should be suspended in sparsely populated areas." I think that is really indefensible. Then they go on to say: "it is most inadvisable that the local supervising authority should have power to grant to any suitable uncertified woman a modified licence renewable at short intervals and applicable only within a defined area around her own home (in a district where no certified midwife is available)." That I think is very ingenious, but at the same time it seems to me that it is not a proposal that one could advocate.

4614. And you do not advocate anything, do you?—No, I do not. Then I mention maternity homes next in my proof.

4615. With regard to that, the statute which was referred to is a statute of the 13th year of George III., chapter 82, which provides in section 1 that "From and after the first day of November one thousand seven hundred and seventy-three, no hospital or place shall be established, used or appropriated, or continue to be used or appropriated, for the public reception of pregnant women, under public or private support, regulation and management, within any parish within that part of Great Britain called England, unless a licence shall be first had and obtained in manner hereafter mentioned from the justices of the peace at some one of their general quarter sessions to be held for the county, riding, division, city or corporation wherein such hospital or place shall be situated"?—I am not a lawyer unfortunately, but I do not think that that would really apply to cases such as I mention in my précis. It is intended really, I think, to apply to institutions. It speaks of "women," in the plural.

4616. But surely these maternity homes take single cases?—No. I do not think it is intended to apply to the taking in of a single case, where a woman says, "I will take your daughter in my house and attend to her."

4617. Isolated cases?—Yes.

4618. (*Dr. Downes.*) Its original intention, I think, was to prevent children obtaining settlement by birth in the parishes?—In cases of unmarried women who are unfortunate, it is, I think, very undesirable that they should not be properly attended. One sees in the papers and in one's own practical experience cases where malpractices have occurred. I doubt very much whether that statute would cover the cases I have in mind. I think it would be rather straining the Act, and very difficult to work.

4619. (*Mrs. Hobhouse.*) As regards your proposal dealing with section 1, subsection 2, of the Act, where you suggest that "under the direction of a qualified medical practitioner" needs clearly defining, I gather you put in that suggestion with regard to the future, and what you fear in the future?—Yes, that is so.

4620. You have no specific experience of "covering" in the past?—No. Some time ago, I believe, many unqualified men worked under the direction of medical practitioners, but that has been stopped, and I fancy it was feared a similar condition of things might arise in the case of these uncertified women.

4621. But it has nothing to do with the statement in the table which you have put in, according to which I see in several districts births are attended by uncertified women and none by certified midwives. It has no reference to that?—No, it has no reference to that.

4622. It is not based upon any statistics that you can give us as to what has already taken place?—No, it is not a question of the past at all. It is a sort of anticipation of difficulties.

4623. Then will you explain a little more fully what you mean when you say that the sufficiency of midwives after 1910 will depend on the meaning of "under the direction of a qualified medical practitioner." In what way will that affect the supply of midwives?—That is one of the suggestions of the Society, and the Society are responsible for that suggestion entirely. It

was considered that, if "covering" by medical men became more common, there would be no scarcity, and it was rather dependent on that. In my opinion there will be a sufficiency without any reference to the medical men. I think that, in the case of Lancashire, sufficiency is not dependent on this at all, but it is considered that if there is a good deal of "covering" there would be no scarcity, but if women do not act under the direction of medical men there might be a scarcity arising, or something of that sort. That is the view taken, but, in my opinion, I do not think there will be a scarcity in any case.

4624. Therefore, the Society recognise that this "cover" has taken place already to a considerable extent, because you stated just now that if "covering" became "more common" it would make a difference. They recognise that "covering" has already taken place?—If I indicated that, I am afraid I did so without sufficient reason. I think I have stated before that I was not aware there had been "covering."

4625. Not in Lancashire?—It may have occurred, but I do not know that it has occurred in any district. It may have happened, but I have no knowledge of it. In fact I do not think myself there has been any necessity for "covering," because any woman can practise if she does not call herself a midwife. We have had a case where the Central Midwives Board have gone to the trouble of advertising that a certain individual in a certain district is no longer on the roll. She then put another advertisement in the paper, which stated that she wished "to notify the public that she can take her cases as usual," and she continues to practise.

4626. Then another of your points that you bring forward is regarding the training of midwives?—Yes.

4627. You propose that all local supervising authorities should have power to expend money on the training of midwives?—Yes, that is the view which is held by the Society. The view is that the local supervising authority should have power to expend money, and that it ought not to have to be obtained through the education committee. Now most of the money that has been spent, or, in fact, all the money that is spent at the present time by the county councils, comes from the funds of the education committees. It is considered that, if money has to be expended on the training of these people, it should come from the committee that is specially deputed to carry out the Midwives Act.

4628. Is that the desire in Lancashire?—I think the desire in Lancashire is, if I may express it so, that the training of the midwives should not be part of the council's duties. I may say that they consider that, if they have the training of midwives placed on their shoulders it will be somewhat onerous, and they think it might lead to other duties being imposed on them, which really would be very expensive to carry out. They do not see why, if midwives are to be trained at the public expense, nurses generally should not be so trained, and medical men perhaps, not to say other professions.

4629. But the Lancashire county council prefer that, if money is spent on midwives, it should come through the education committee?—My evidence represents especially the view of the Society of Medical Officers of Health, and by way of illustration I am giving you, as I was requested to do in a letter from your Secretary, the views of Lancashire. This is primarily the view of the Society of Medical Officers of Health, that all local supervising authorities should have power to expend money on the training of midwives. But at the present time the Lancashire county council, like other county councils, give certain scholarships, just as scholarships are given for dressmaking and sundry other things, but they are given by the education committee. I myself thought, when it was first started, that the education committee would be better than the midwives committee to deal with it. They give five scholarships of 30*l.* per annum, but the applicants are now comparatively few. I think four applicants are coming to an examination on Saturday next for five scholarships. So you will see, the demand



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

for these scholarships is not so very great, so far as the Lancashire county council are concerned.

4630. Your local supervising authority do not wish to have that training money in their own hands? They prefer it to be done by the education committee. I understand?—No, only it originated in that way. The education authority, in considering how exhibitions might be given, decided that there should be five exhibitions for midwifery. I do not think there has been any special expression of opinion by the local supervising authority.

4631. I understood you to say there was an expression of opinion by them that they did not wish to undertake to spend money on the training of midwives?—No, but I have said that we have certain scholarships, the same as for dressmaking, and so on. The education committee give scholarships in respect of the training of midwives. The midwives committee look upon the training of midwives as a responsibility that they will not care for, and they do not think that it should be placed upon them—that is to say, the general training of midwives. With respect to four or five scholarships, that is a comparatively unimportant matter, but the midwives committee do not want the duty, and they do not think that it should be placed on their shoulders—that is, as a general principle.

4632. In spite of the fact that in many rural parts of Lancashire there is a considerable scarcity?—To put it in another way, if you will allow me to do so, in spite of the fact that there is very little scope for midwives in the rural districts of Lancashire. If we placed them there they would simply starve if they had to depend for their living on midwifery. Of course, we could subsidise them. A midwife might make 5*l.* a year, and we think she ought to live on 50*l.*, but in that case we should have to pay 45*l.* That is subsidising, which is alarming to contemplate.

4633. (Mr. Dary.) What is the population of your district?—I think it is roughly about a million and three-quarters.

4634. You do not know the population of all Lancashire?—It is immense.

4635. Four and a half millions?—Four or five millions, I suppose.

4636. With reference to this payment of fees to medical officers, I presume you think there should be a uniform fee?—That is a detail.

4637. Who would fix the fee?—The local supervising authority should fix the fee.

4638. Each one for itself?—I do not know about that. That is a detail. I think myself there ought to be an indication as to what they should pay, but I do not think it is the correct thing for the guardians to say that in ordinary cases it should be 10*s.* and two guineas in instrumental cases, because there would be a great many instrumental cases. It would be a premium on instrumental deliveries.

4639. Do you think that would happen?—I do not wish to go beyond what I say, but I think that it would be a premium on it. I am not sufficiently connected with practice. I have had no experience of private practice, but human nature is so constituted that it might influence some men and they might say, "I know if I go to the case I may have to wait a couple of hours, and it might be better to get it over quickly."

4640. You would advocate one fee for everything?—I would not make such a difference as that between 10*s.* 6*d.* and two guineas.

4641. Can you suggest any sum that would be right?—I have not considered that. That is a detail. I consider that would be readily adjustable.

4642. In the circular of the Local Government Board, these words occur: "the guardians will, on being satisfied that the woman is too poor to pay a medical fee, be prepared to exercise their power and pay a reasonable remuneration." Do you think that qualification would satisfy the medical man's requirements?—I think it is a very admirable thing, if you will allow me to say so, and if carried out I think it would probably very largely solve the difficulty, but at the same time I think there are a good many women who ought not to have to appear before the guardians.

4643. But I ask you, do you think this recommendation, such as it is, would satisfy the medical profession? Do you think the limitation that the guardians shall be satisfied that the woman is too poor to pay the medical fee would be accepted?—Really it is a question of private practice. I do not think, with the knowledge of what the guardians have done, that medical men would have quite the necessary confidence in payment by the guardians. If I were in practice, I would rather that I had to go to another authority than the guardians for payment.

4644. Have you in Lancashire a great many friendly societies?—Yes.

4645. Medical benefit is part of the insurance, is it not?—Yes.

4646. Is it the practice to insure for confinements?—I cannot say; I cannot speak as to that. But I do not know that it does cover confinements at all.

4647. I may tell you there is a benefit for confinement in a great many friendly societies; I only wanted to know whether the societies in Lancashire have taken to using midwives?—That is a point I cannot give information on, I am afraid.

4648. (Dr. Champneys.) With regard to your suggestion that power should be given to the local supervising authority to suspend for other reasons than to prevent the spread of infection, can you tell us at all what is exactly the scheme that is in your mind? A woman, we will say, does not keep her book in order, or does something wrong; should she be suspended from practice, and if so, for how long?—If she does not comply satisfactorily with Rule 11, for instance, or Rule 18, or Rule 16, or Rule 20, subsection 1, or Rule 22, that should apply. As to Rule 11, it is that a midwife shall be responsible for cleanliness. That is one thing.

4649. What is the next one?—Then there is Rule 18.

4650. That is as to sending for medical help?—Yes.

4651. What else?—Then we have Rule 16, which is, "no midwife shall lay out the dead." We very often find them laying out the dead, and if they persist in that, I say they should be dealt with. That is the sort of thing meant.

4652. Would you suspend them?—It is a matter that might be dealt with, and then if you will allow me to go further to Rule 22, that says that a midwife shall keep a register. Now we find instances very often where these registers are not properly kept. The temperature is put down perhaps two or three days after the time of taking it, and I think there is a great deal of bogus in filling it up. In such cases if we found these people were doing wrong, or say, in a case of drunkenness, or one of a great many matters that perhaps would jeopardise the life or the health of the woman in confinement, we should simply say: "we will stop you; we will suspend you," and instead of reporting the case to the Central Midwives Board, and waiting for the Central Midwives Board to stop the midwife, we might possibly stop her ourselves at once, and, if required, report it as a *prima facie* case to the Central Midwives Board, and then the Board, after they had considered the matter, (and sometimes I am afraid it is after a long consideration of months), would take action.

4653. To suspend them in the meanwhile if they are likely to do harm in other ways than merely spreading infection?—That is the idea, to prevent them doing harm. The power would really be used only in very bad cases.

4654. You would suspend them till they came up before the Central Midwives Board?—Yes, or if it were a small matter with reference to these various Rules it would be an effective measure to say: "We have had quite enough of this, and we will suspend you for a fortnight." I think it would be useful as an effective measure.

4655. Now with reference to the question of the difficulties experienced by certain midwives in your county in obtaining the assistance of a medical practitioner in a case of emergency, how many of those cases can you vouch for yourself? You have given the



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

case of Oswaldtwistle, and then there is the case in Ince-in-Makerfield?—I cannot vouch for any of them. The cases mentioned have been reported to me by midwives, and I do not know about them myself. They date back to 1907. I am afraid they have not been specially inquired into.

4656. So that they may not be quite correct?—That is so. I simply give them as complaints received. Some of the matters I dare say might properly be inquired into; but I am afraid we have not considered them sufficiently important to have made any special inquiry.

4657. Would you think it right for a doctor to refuse to attend a case because he was unlikely to get his fee, if it were a case of the saving of life?—Personally, if I were called in to a woman *in extremis* by anyone, I should go and make no difficulty about it. The question of the fee would not influence me. But at the same time, if this were repeated, and I was really dependent on my practice for a living, I should think it a very wrong thing to ask me to take part in this scheme for attending women in confinement, and for promoting a sort of looking after midwives without payment, because these people could not practise unless they were really under the supervision of medical men. So that you really take advantage of the responsible medical men, and the possibility of a kind-hearted man coming in. No doubt the very large majority of medical practitioners would very properly go to any such cases when called in, and they would attend in cases of difficulty, although knowing that they might get nothing. So far as Lancashire is concerned, there have been very few complaints.

4658. I agree with you that it should be remedied, and that it is very wrong?—Yes, but these complaints are matters that I cannot vouch for. They have been sent by these midwives, but whether they are correct or not I cannot say.

4659. Now, with regard to this question of reinstatement on the roll; you say that they are reinstated without the Central Midwives Board communicating with the local supervising authorities. Can you tell me any case in which anybody has been reinstated without reference to the local supervising authority?—Did I say that?

4660. Yes?—I do not know the proper procedure. My impression is they are reinstated without an inquiry.

4661. May I say, your impression is not correct. We always do inquire.—Then I am quite open to that correction; but at the same time, what I said as to these people being removed from the roll and then being given a document telling them that they will be taken back on certain conditions, is a fact, at any rate.

4662. You think that is objectionable, but it is in the Rules as to restoration to the roll of a name removed. Do you think it is not right to inform them?—I think it would be better avoided. I would not go so far as to say "not right." But then I think there ought to be a period of probation. I do not know whether you have the period of probation.

4663. That is in the discretion of the Board?—Yes.

4664. Do you know of any case in which a woman has been reinstated until more than a year had elapsed?—I am afraid I am really not competent to say.

4665. Then I may say there is not.—Very well. I think I may say generally I do not wish to make any strong remark about that. It is not a matter of very grievous importance, because so few, comparatively, are struck off the roll.

4666. But I may say that, as a matter of fact, the procedure adopted is always to refer to the local supervising authority beforehand when an application is made for reinstatement, and you may tell your Society that.—Very well, I accept your statement as being correct.

4667. (Dr. Downes.) Do the Society of Medical Officers of Health object in any way to the legitimate and ordinary practice of maternity nurses acting in confinement cases?—There is no objection to that at all.

4668. That is to say, the woman engages a certain medical man?—She practically is a nurse really.

4669. The maternity nurse at all events is a woman under the direction of a doctor?—That is so, and he is absolutely responsible.

4670. You are not objecting to the ordinary and customary practice, are you?—No, not at all.

4671. Then does the statement of your Society that the sufficiency of midwives after 1910 will depend on the meaning of "under the direction of a medical practitioner" mean that there is so much, shall I say, not legitimate practice in the case of these maternity nurses in connection with medical men?—I am afraid I cannot say more than I have already said. It is a little cryptic, to my mind.

4672. If anything, it must mean that the practice is extensive if it ought to be altered by legislation?—I am afraid I cannot quite grasp the idea, not sufficiently at any rate. May I write a letter to the Secretary, because we have made inquiry, and I think that might be gone into? I will make a note of that.

4673. I should like to put it in this way, that if a medical man does allow himself to be nominally engaged in order to enable the woman habitually to practise for gain as a midwife, it becomes a collusive arrangement to obtain an unlawful end, and that would be a very serious position for the medical man, if so?—Yes.

4674. And if there is any implication or charge on the part of your Society against the profession at all, the evidence should be forthcoming, or it should be defined and explained?—I quite see what you require, and I think it is very proper.

4675. Now, with regard to the question of the payment of fees, I understand that it is suggested that the guardians of the poor might provide for destitute persons, but that another authority should deal with those that are temporarily poor. Would there not be a danger in having two authorities in a matter of this sort, because I do not quite know how you are to draw the distinction between them?—Yes, I think that I have given you really my own views with reference to that only. These views are my own views. The Society say simply that "provision should be made in the Act for securing the payment by the local supervising authority of the fee to any medical practitioner called in by a certified midwife." I do not think that really the Society split hairs, and say the guardians should do this and that; but that, I think, is really the view that I gave myself. I myself, in explanation, and giving perhaps my own personal view, say that I think that the duty on the guardians is more especially to look after the destitute. I also recognise that there are these other poor people who are temporarily destitute, who yet are not paupers.

4676. But my point is that it might be rather dangerous to set up two classes between which there might be a very shadowy boundary, one to be looked after by one authority, and the other by the other authority, and there might be a danger of falling between two stools?—Yes, but the guardians would continue their work in regard to paupers.

4677. Do you think that it is right in itself that there should be two authorities?—The paupers are not attended by midwives now. A person who engages a midwife has something that she can pay, a matter of, say, 7s. 6d.; but the pauper does not pay anything, and does not want to. So that there is that division, and really these midwives never attend pauper cases, and therefore we have nothing to do with paupers.

4678. But you are no doubt aware that the statute of 1848 does not relate to paupers only. That is, the statute under which the guardians can pay these fees does not relate to paupers only?—Is that so?

4679. It speaks of poor persons, and not necessarily poor persons in receipt of outdoor relief?—That is so.

4680. Then in your précis you speak of the conditions of some of the boards of guardians being so stringent that the suggestion of the Local Government Board has not been operative. Could you give us some indications of these conditions?—For instance, a great many have declined. Chorley is a place where the arrangements are said to work satisfactorily. Then at Chorlton there was no arrangement. In Oldham a sum not exceeding



31 March 1909.]

MR. E. SERGEANT.

[Continued.]

one guinea is paid to medical practitioners. Then Prescott is in a fairly satisfactory condition. In Rochdale the guardians declined to arrange a scale of fees for private medical practitioners. They do not favour the matter at all. Then at Salford, a fee not exceeding one guinea is paid, but the poor law medical officer must be called in. Now to look for the poor law medical officer is a very roundabout way of doing things if he is not available without undue delay. Then the question arises as to what is undue delay.

4681. But in your précis you state that the arrangement at Salford works satisfactorily?—Yes.

4682. So that there do not appear to be any insuperable conditions in Salford?—No.

4683. What are those stringent conditions, then, to which reference has been made?—That is the note from the guardians which I give in my précis. They say it is satisfactory. It is not my note. The guardians report that.

4684. Have you any reason to doubt that statement of the guardians?—No, but it is *their* statement.

4685. But at the same time if you doubt it you should tell us so?—I do not doubt it, but I think that it is not a desirable thing to call in a poor law medical officer. I think any practitioner, the nearest practitioner—or, at any rate, the most available practitioner—should be called in. I do not think it is desirable that the district medical officer should be sent for first. I do not see why he should be. Therefore, although they say that it works satisfactorily, I think, so far as my knowledge has gone, that it would work more satisfactorily if they could send for any medical practitioner, or the nearest practitioner, or if some condition of that kind were inserted.

4686. But the statement is that “the conditions are so stringent” in some cases, “that although a number of applications have been received, in not a single instance has the fee been paid”?—I want to refer to Wigan, the case in which it says, “A number of applications have been received, but after inquiries by the relieving officer the guardians have not considered that the circumstances in any one case justified them in paying the fee.” That is the statement there. There are very few districts that have taken any action at all, and where they have taken action it is the exception. We consider the conditions must have been of a stringent character in Wigan, because they have not paid a single fee.

4687. But do you know anything more of what the actual results of those inquiries were?—No. This is only a statement I have got. I think on the face of it it would indicate there was difficulty in those places.

4688. Do you know how many cases were dealt with in that way in Wigan?—I should think very few, if they could not get paid. I do not know the facts. I only place the information before you as I got it.

4689. (Mr. Pedder.) Do you have any difficulty with women who have been struck off the roll continuing to practise?—We have one case, and that is the case I have referred to.

4690. Do you want new powers to deal with it?—That woman was struck off the roll and she continued to practise. I think it was reported to the Central Midwives Board, and they put in the local paper an advertisement as to her being struck off the roll. Then she must have called in her legal adviser. I think, because she inserted an advertisement that said, “Mrs. — wishes to inform the public that she can take her cases as usual.” That woman has continued to practise, and she has not been altogether satisfactory. In fact, I think quite recently she has been reported, and her name was very prominent in a case before the coroner.

4691. You think she ought to be stopped?—I think she ought to be stopped, but we have no power.

4692. And you would agree with the provision that a woman struck off the roll should be prevented by a penalty from practising, would you?—But that will be stopped in 1910.

4693. Do you think that is enough?—Such practice will cease. Now any woman can practise if she does not call herself a midwife, but she will not be able to do that after 1910.

4694. You say that there are very few midwives in the rural part of Lancashire?—Yes.

4695. Will they want midwives there, or will they do with handy women?—There is no demand for handy women, and I really object to handy women. But I have here the particulars about all these districts. You can see them (*handing particulars to Mr. Pedder*). There is really no want there, according to the medical officers.

4696. Do they get on without midwives at all, and will they continue to do so?—I presume so. There is no demand. The medical officers say that they are not aware of any woman being able to make a living in those districts.

4697. (Mr. Fremantle.) Is the evidence you have adduced to-day given by you as the representative of the whole body of medical officers of health in England and Wales?—I have given these suggestions as representing absolutely the views of the Society of Medical Officers of Health.

4698. Was the matter referred to the branches?—It has been referred to the branches.

4699. How many branches are there of the Society?—I cannot say.

4700. But it covers the whole of the country, does it?—Yes, the whole of England.

4701. Does it, do you think, cover also those counties which have not been much to the fore in administering the Act?—Yes, it covers the whole of England.

4702. Those counties, for instance, where they have no county medical officer of health?—Yes, I think so.

4703. It would be only the views of medical officers that you represent?—They are the views of branches of the Society of Medical Officers of Health.

4704. It would not touch counties where the Act has not been administered?—Where, for instance, do you mean?

4705. Some Welsh counties have not appointed medical officers of health, and your Society would not be representative of those counties?—No, not altogether.

4706. I mean to say it is possible, as has been suggested to us, that the condition of affairs in these counties may be different, and there may be a greater difficulty in getting midwives or medical men in these counties, and it occurred to me that possibly those counties had not been entirely represented in the views of the Society of Medical Officers of Health?—Yes, but I think we might say, generally, the Society covers the whole ground of England and Wales.

4707. In your précis, you say: “The term ‘under the direction’ of a qualified medical practitioner ‘needs clearly defining to guard against a system of covering, and so as to imply a previous engagement and regular attendance after the confinement on the part of the medical practitioner.’” Would it not be better to include the words “at and” after the words “regular attendance,” so as to make it read “regular attendance at and after the confinement on the part of the medical practitioner”?—I think it would be better, but at the same time I think that would make it rather difficult, because it is a common practice for medical men to send nurses, who “follow” them, to such cases, and occasionally the confinement might take place in the doctor’s absence. Of course it is implied that a medical man should be present at the confinement.

4708. That is implied, you say?—When a medical man engages to go to a case it is implied that he will attend the patient and be present at the confinement, and also attend subsequently. I presume that is the implication.

4709. With regard to the suggested amendment of section 10, and the proposed definition of the phrases “practise as a midwife” and “acts as a midwife,” you say: “this provision should appear in the Rules as ‘well as in the Act.’” What is the particular point about its appearing in the Rules as well as in the Act?—It is somewhat difficult to understand the suggestion, and in order to ascertain the view of the Society I wrote to the secretary, and I have already read the



31 March 1909.]

Mr. E. SERGEANT.

[Continued.]

letter.\* I was really nebulous as to what was meant, and I wanted to get light. I hope it has given light to the Committee. I am afraid even now it has not given to my mind a very satisfactory view as to what was intended.

4710. On the question of the suggested extra penal clause to the effect that "any interference by a midwife with the proper administration of the Act by the local supervising authority should be deemed a penal offence," have you had any experience of such interference?—Personally, I have none whatever.

4711. But if your inspectors are going round to visit midwives, the latter may resent the appearance of these officials?—I have had no reason whatever to desire any penal clause to be introduced to prevent interference by a midwife in the proper administration of the Act. Personally I have had no difficulty. Therefore I simply give it to you as the recommendation of the Society, and I cannot give you the basis of it. I could not gather the basis on which this was suggested at all.

4712. Then, as regards the question of discipline, have you had experience at all of a woman being unsatisfactory, and of her disappearing while you are trying to get *prima facie* evidence against her?—No, I cannot call to mind a case of that kind, but I rather think that some of these people really do not mind being struck off the roll. I have a suspicion in my mind that they do not like supervision.

4713. But as regards the woman who is certified by examination, the trained woman who comes and settles down from outside, have you had experience of any of them being unsatisfactory in general character, and women you wanted to get rid of?—Who have come from outside districts, do you mean?

4714. Yes, who have come from outside to settle down in your county and work as midwives and who are unsatisfactory?—I can quite understand that undesirable people might come. I know that undesirable people from an administrative county have gone to other districts when they have found it unduly warm, so to speak.

4715. As things go, you can understand such women therefore after a time going first to one county, and then, when things had got too warm for them

there, going to another county?—Yes, I can quite understand such a thing occurring, but how would that be guarded against?

4716. Do you consider that that question would be assisted at all if the local supervising authority held the certificate of the practising midwife, so that she could not go and settle in another place until she had got her certificate back from the local supervising authority? That would be an easy method of controlling them, would it not?—It would mean a great deal of trouble to keep a thousand certificates; you might lose a few occasionally. But I can quite understand a woman skipping from one district to another, and I think that some provision might be made for preventing that. She would skip to a district where the conditions were more favourable for her purposes, and where she would meet with little or no inquiries. The more carefully the Act is enforced in a district, the more awkward it is for some of these women to carry on their bad practices.

4717. I gather your Society think that the payment of fees to medical men should be primarily the affair of the local supervising authority?—Yes.

4718. But I take it that when the Local Government Board's circular to the guardians was sent out, if that had been fully effective as was intended, your Society would have been entirely satisfied?—The local supervising authority in Lancashire would have been very well satisfied, and I may say, as you know quite well without my giving you the information, that that view is the view of the Association of County Councils.

4719. But I gather the Society of Medical Officers of Health would have been quite satisfied if the boards of guardians had fully acted on the Local Government Board's circular?—No. They think that the local supervising authority should be responsible. They say: "that provision should be made in the Act for securing the payment by the local supervising authority of the fee to any medical practitioner called in by a certified midwife."

4720. That is quite apart from the question of pauperising or not? From the sanitary point of view it is considered essential to ensure the payment of the fee?—From the sanitary point of view, it is absolutely essential that these people should have attention *in extremis*, and that the question of money ought not to jeopardise the health and lives of these people at all.

\* See Question No. 4547.

The witness withdrew.

## NINTH DAY.

Wednesday, 28th April 1909.

PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (Chairman).

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.  
Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (Secretaries).  
Mr. F. J. WELCH }

Miss K. STEPHENSON called and examined.

4721. (Chairman.) You are Honorary Secretary of the Wiltshire County Nursing Association, are you not?—Yes.

4722. Will you kindly say with what object that association was formed?—For developing district nursing and meeting the requirements of the Midwives Act.

4723. On what lines does it work?—It is for training. Our chief line is training nurses and midwives free, in consideration of which they have to work where we place them for three or four years in poor districts which could not otherwise afford to have a nurse or a midwife.

4724. You have different grades of nurses?—Yes. The first grade or class (a) nurses we do not train. They are fully trained and certificated district nurses. We simply advertise for them and get them in the open market. The other three grades we train; and those are the kind of nurses most required in the rural districts.

4725. Will you kindly explain what particular qualifications these three classes have?—Nurses in class (b) have general training and midwifery training; those in class (c) have the same, the only difference is in our way of employing them. They sign the same contract, but the former work as district nurses, and



28 April 1909.]

Miss K. STEPHENSON.

[Continued.]

the latter as cottage resident nurses taking one case at a time. The place they go to entirely depends on the class to which they belong. Nurses in class (d) have only midwifery training.

4726. There is no difference between the qualifications of classes (b) and (c) except willingness to take a lower salary?—No, none at all. One class have to keep themselves, and the other are kept; hence the difference in salary.

4727. They are substantially the same, but they are employed under somewhat different conditions?—Yes. As a matter of fact, if a nurse has the shorter training I more willingly put her in class (c) because she is more likely to lose her head, and in class (c) she would usually work under a doctor. Class (b) has more responsibility.

4728. It is a matter of local selection, really?—Yes, it is.

4729. Do you bring all nursing associations in the county into line so far as you can?—Into line as to payment, or what do you mean?

4730. I mean into line in the sense of working harmoniously and co-operating?—Yes, I should say absolutely so. There is a tremendous interchange of nurses.

4731. What sort of control do you exercise over affiliated associations?—We see their rules. We have never really interfered with any of the rules that a nursing association have made, except where they have suggested taking too low a fee for midwifery, and then we only interfere for the sake of the doctors.

4732. You say you must insist on a minimum fee?—Yes, but that is the only interference we have ever made with local associations.

4733. How do you manage in regard to very small parishes which are probably not capable of supporting a nurse? I mean, where there is no combination of small parishes possible, how do you organise your system so as to give such a parish the benefit of a nurse?—We require them to make a payment at the rate of 3*l.* per annum per 100 of population, up to 400, and for that they get 21 weeks' nursing free.

4734. They can get a nurse for how many weeks?—For 21 weeks they can get a certified midwife free, and after that they will have to pay a guinea a week to other associations.

4735. But her services are available for them either as nurse or midwife for 21 weeks without paying anything more?—Yes.

4736. Is that all that is necessary in such an area?—Yes, I think so. It brings the services of a certified midwife within the reach of absolutely the poorest and most isolated cottages.

4737. What does the association charge affiliated associations for supplying nurses in emergencies or for holiday work?—A guinea a week for a certified midwife and 15*s.* for a general and monthly nurse.

4738. In both cases, they would be women included in classes (b) or (c), I presume?—Yes.

4739. Now will you give us some particulars in regard to your system of training and what fees you charge?—We have our own training home at Swindon, where we give midwifery and general training at a reduced rate to candidates sent up by the local associations. Our fees are as follows:—for training as a general and monthly nurse, 3 months, 6*l.* 10*s.*; 6 months, 13*l.*; for midwifery training, 3 to 4 months, 14*l.*; and for general and midwifery training, from 12 to 18 months, 26*l.* Examination fees, journeys, uniforms, &c., are "extras." At Swindon we train eight at a time. At present we have only turned out about twelve a year, but we shall do more this year.

4740. Do they all hold midwifery certificates?—Yes, those twelve do. We get about eight through their midwifery at Swindon, but this year we shall do better. We had a low average last year, because, owing to the doctor's illness, we had to miss two examinations. The general training we do largely at cottage hospitals; that is why the training lasts 18 months. The probationer goes for a period to a cottage hospital.

4741. What is the cost of a probationer?—Each probationer costs us between 30*l.* and 40*l.*, but we charge affiliated associations less.

4742. The charges you have mentioned are those made to the local associations?—Yes.

4743. And your association defrays the balance?—Yes. If there is no loss of time owing to dates of examination or illness, or anything of that kind, we practically can get a midwife through her training of over three months for about 14*l.*, not including the extras: examination fee, journeys, uniform.

4744. And there are her expenses for attending the examination?—Yes.

4745. Is London the nearest centre?—Yes, except Bristol; but it is a greater waste to keep them waiting two months in order to send them to Bristol, than it is to send them to London.

4746. You think considerable expense might be spared if the written part of the examinations held by the Central Midwives Board could be done locally?—Yes.

4747. Would that be done by sealed papers being sent down and opened before a local committee, and sealed up again and sent back?—Yes. I should think that could be managed without any question of fraud.

4748. We are familiar with the way the Board of Education conduct their Science and Art examinations, and I should have thought that was practicable. I do not know what you think?—There is a very strong feeling over it. I have been to a great many training homes, and they say it is quite possible.

4749. But you have not thought it necessary to see what the Central Midwives Board would say to such a suggestion?—I should like very much to bring it before them.

4750. How should you propose that the oral examination should be done?—The candidates would continue to come up for that. That is only one journey, but the present arrangement is that they have to come up twice for the two examinations, and I cannot keep them in London.

4751. But you could meet the expense of sending them to London for the oral examination?—That would be only one half the present cost.

4752. You do not think that the oral examination could be dispensed with?—No, or that would make a different standard.

4753. What difference would it make in the expenses?—It would be exactly half.

4754. What is the expense of the examination of each candidate that you send up?—Each candidate, I think, pays 1*l.* 4*s.*; that is the very least. The cost of the double return journey is 30*s.* for each candidate, and we ought to be able to do it for 15*s.* Many of these girls are very nervous for the first time, and one must face the fact that they generally have to go in twice for their examinations, so that there is a great waste of money over that.

4755. Does it prevent candidates from coming in?—Yes. With a girl going in for 12 months' training and going in for lectures at the end, if she has an examination to go through she is frightened, and I generally have to send them up twice because they usually fail the first time.

4756. And you cannot face the cost?—No.

4757. What is the work done by the Wiltshire nursing association in providing nurses and certified midwives?—The association has assisted in the formation of 27 local associations employing 33 midwives. That is the average out of 95 certificated midwives working in the county. Sixty-six are actually maintained by our affiliated associations. I think perhaps one of the biggest things we have done in the county is starting the training home at Swindon, and therefore the money subscribed by the county never goes out of it. It all goes to nursing and providing midwives trained in the county for the people in the county.

4758. Is that contributed to by the public authorities in any way?—Practically not at all. The Highworth board of guardians give 10*l.* a year for the general nursing we do. They frankly admit that the work we do for it is worth about 20*l.*, and of course there is nothing given for midwives at all by the board of guardians.

4759. Do you not get anything from the county council?—Absolutely nothing. The boards of guardians,



28 April 1909.]

Miss K. STEPHENSON.

[Continued.]

I think, all over the county are extremely good to all nursing associations, and they make enormous use of the nurses.

4760. They pay locally?—Yes.

4761. And that is the only subscription from a public authority that the county association receive?—It is only 10*l.* a year from the Highworth board of guardians for general nursing at Swindon. It does not touch midwifery.

4762. The remainder of the association's income is, I suppose, the result of public subscriptions?—Some comes from the midwifery fees.

4763. That all comes into the net?—Yes.

4764. All the midwives receive salaries, and you take the fees?—It amounts to 105*l.* at Swindon for midwifery in the Swindon training home alone. We took 386 cases in 1908.

4765. That is in addition to 1,107 cases taken in the county?—Yes, and there are more beyond that.

4766. What is the average fee that you charge for them?—At Swindon, 5*s.* is the lowest. We have a scale.

4767. What regulates that scale?—The position of the women.

4768. How do you judge of that?—By the amount of the weekly wage. We started at Swindon by having a rent test, and only at a certain rent were they allowed to have a midwife free. But that system failed, because the very poorest very often live in very highly rented houses, and their income is made up by letting lodgings. We have no settled regulation, but there is an understanding that, if we take a case that ought to be a doctor's case, and we receive a complaint, the matter is inquired into, but in 2½ years we have had absolutely no complaints.

4769. The effect of the work of your association has, you claim, been to reduce infantile mortality considerably?—Yes, I think that is conclusively proved. You must put it down to something.

4770. Can you give figures to show the change?—In the rural districts it is most considerable. For the county, in 1902 the infant mortality was 97·23 per 1,000 births; in 1908, it was 77·9 per 1,000 births. Taking the rural districts alone, the rate of infant mortality in 1902 was 99·8 per 1,000 births, and in 1908 it was 66·4 per 1,000 births.

4771. Do you hold then that your system works more efficiently in the rural districts than in the urban districts?—Except in Swindon, we have paid most attention to the rural districts, and that is really my point. I do not think that, as a voluntary association with our income supplemented by subscriptions, we ought to spend money in the urban districts.

4772. You mean that the persons who want attendance in such places can, in general, pay for doctors?—In an enormous quantity of cases they can. Another point is that in urban districts a midwife can earn sufficient to support herself. It is less easy for a midwife in the rural districts to earn a living.

4773. Have you had any difficulty in obtaining suitable candidates for the work?—Absolutely none. I have always more candidates for training than I can take.

4774. Is that because your system of salary for these people provides them with a livelihood?—Yes.

4775. And you are responsible for any deficiency their fees may show?—Yes, they never touch their own fees.

4776. Will you kindly explain what rules you have in regard to doctors' fees, because that is a point of very great importance and you seem to have met the difficulty very successfully?—We always advise that the local associations should make themselves responsible for the doctor's fee when the midwife, according to the Rules of the Central Midwives Board, has to call one in. In Swindon when a midwife sends for the doctor she encloses the guinea. At the same time, when we undertake a case we explain to the patient that she will be responsible for the doctor's fee if he has to be called in, and though we pay it at the moment we recover it from the patient afterwards. In five years

we have only lost 3*l.* Last year the doctor had to be sent for 64 times.

4777. And was the fee recovered in every case?—In the five years we have only lost three guineas.

4778. Will you kindly go on and explain the system then?—I think in a voluntary organisation that is the most important point, namely, that they should make themselves responsible for the doctor's fee, and I am sure that it is because of that rule we have the support of the doctors all over the county. I do not think there is one association in the county that is not supported by the local doctors.

4779. There has been no opposition, then, to the working of the Act on the part of the medical profession in Swindon?—None when it is worked through the nursing association. But I came across some opposition the other day because there was some idea of the town council taking up the training of midwives.

4780. I presume your association covers nearly the whole of the ground in Wiltshire?—Yes, but there are one or two associations in the county not affiliated to us.

4781. But they will be affiliated in course of time, I suppose?—Yes, I suppose so.

4782. Were you early in the field in starting this association?—It came into existence practically when the Midwives Act came into operation.

4783. But you appear to have carried it to a finer point of organisation than in most other parts of the country?—I do not think it is the organisation.

4784. (*Mrs. Hobhouse.*) It was not by any means one of the first organisations?—No; it was the Midwives Act that gave it the impetus.

4785. (*Chairman.*) Do you think that there will be any shortage of midwives on the 1st of April 1910?—No, I do not think so. I do not look for it then, but in the subsequent years I look for it, as the certified but untrained women die or cease to work.

4786. But will not your system of distribution by that time be so highly organised that the difficulty will be got over?—I think we ought to train more than our funds will at present allow, and that is why we are applying for a grant from the county council.

4787. Have you any reason to believe that you will get it?—I think if anybody in the least attends to the Act, and how it ought to be carried out, we must get it, because our method is the very cheapest way of doing the work.

4788. What do the county council contribute now to the funds of the association?—They give us nothing, but they give 40*l.* a year for midwifery scholarships to their own candidates.

4789. Are they trained by your association?—No. They are trained independently, anywhere they can get training.

4790. Have they ever come to you for training?—Yes, they have done so, but they do not come habitually.

4791. Where do the county council send them to?—To Bermondsey and other London centres.

4792. Are any of them trained in the poor law infirmaries in the county?—No.

4793. Have any of the infirmaries applied for recognition as training schools?—No.

4794. Not even in Highworth?—No, I am sure they would not allow it in regard to Highworth. The population is so scattered in Wiltshire, and there is no big centre.

4795. Is the inspection of midwives efficiently carried out in the county of Wiltshire?—It is carried out by the medical officer of health, but as he is not allowed any grant for it, naturally I do not think one can complain if it is not done very efficiently.

4796. But still it is felt that there is some sense of responsibility to the public authority?—I think the great thing is the fact that practising midwives have to notify the medical officer of health of their intention to practise, but I do not know that the medical officer's inspection really comes to very much. I have never been able to trace the effect of it.



28 April 1809.]

Miss K. STEPHENSON.

[Continued.]

4797. But the work of your association would be supplementary to any action on the part of the medical officer of health, and you would report to the local supervising authority any neglect of duty on the part of a midwife, would you not?—We should if necessary.

4798. So that your action is ancillary to that of the disciplinary effect of the Act of Parliament?—Yes, and with many of these young girls we contend that it is a great element of safety that they are working under a committee; it keeps up the standard of their work and prevents any irregularity. The medical officer would be absolutely unable to find out everything.

4799. Is the standard of competency and general conduct well maintained in your association?—Of our nurse-midwives, certainly.

4800. Do the midwives themselves make any complaint at all? Are they perfectly satisfied with the working of the Act now, or do you hear any complaints?—None from ours, because we pay their salaries and we maintain them.

4801. You think you have substantially solved all the problems connected with the matter?—For the rural districts, yes.

4802. (*Mrs. Hobhouse.*) You said in your evidence that your association recognises and encourages four grades of nurses.\* Is that the usual rule with county nursing associations generally?—I think the fourth grade is quite unusual; that is, nurses with midwifery training only, who do not act as general nurses.

4803. Is it usual for county nursing associations to include the third grade?—Yes, even county associations affiliated to Queen Victoria's Jubilee Institute have cottage resident nurses.

4804. Does your committee as a rule encourage one particular grade of nurse?—No, it is absolutely left to the local organisation to choose.

4805. You merely supply what is asked for?—Yes, unless our advice is asked.

4806. And when it is asked, what then?—Then we make personal inquiries and go into the matter as to districts and population.

4807. And sometimes you recommend one class of nurse and sometimes another?—Yes.

4808. You say that, whenever possible, your nurses obtain their training within the county?—Yes.

4809. Can you say in what hospitals they obtain that training?—In two hospitals and one workhouse infirmary.

4810. Is that for general or maternity work?—For general work only.

4811. Where do you get your maternity work?—Entirely in Swindon, and through the maternity training homes in London.

4812. The only place within the county where you can train them for maternity work is at Swindon?—Yes.

4813. How long does the general training in these hospitals last?—Always a year.

4814. Do you as a matter of practice train your nurses for less than a year?—Those that are trained by us for less than a year have always received some training before, sometimes as much as two years in one class of work, such as fever, or one year's mental training; then very often we train them for only six months.

4815. In that six months you give them general and midwifery training?—Yes.

4816. I should like a further explanation of your system in dealing with small parishes. I rather understand that the nurses supplied in such cases are class (c) nurses, that is, the cottage resident nurses. Is that so?—Yes, and it is almost obliged to be so, because getting a nurse like that they would have to provide for her board and lodging, so that they naturally arrange that she should board and lodge with the patient she is nursing. It is a matter of economy that those parishes which apply for a nurse under that system should get a cottage resident nurse and make her lodge with the patient. But there is no rule to prevent them using her as a district nurse if they choose.

4817. The second arrangement, which takes into consideration the number of week's nursing required at the rate of a guinea a week, applies more to a visiting nurse than to a resident nurse, is not that so?—The charge is the same for either. It is according to her qualifications.

4818. Do you send a class (a) nurse under that system?—No, we have none under that system.

4819. You only send nurses in classes (b), (c), and (d) under that system?—Yes. There is no class (a) nurse who would accept the terms of emergency work.

4820. You say that your association has assisted in the formation of 27 local nursing associations employing 33 midwives. Can you tell us what proportion of those associations employ the resident nurses?—There are very few resident nursing associations. In the whole county there are 9 cottage resident nursing associations, and some 37 or 38 district visiting nurses.

4821. In regard to starting new associations, you have started more district nurses than cottage resident nurses?—Yes, but we have enormously increased the number of nurses actually employed by the cottage resident nursing associations, so that they cover a larger ground, though as a matter of fact we have only, I think, helped to form three cottage resident nursing associations.

4822. Then as regards your statement that in the training home at Swindon half the working expenses are at present being raised locally, was that always the case from the first?—No; when it was started, the county association took the whole of the financial responsibility.

4823. Since when have the local people come forward?—After the first year. As the association take the whole of the voluntary fees, which last year amounted to 105*l.*, they practically only raise in charitable subscriptions about 40*l.*, as they have the board of guardians' grant of 10*l.* and the grant of 20*l.* from the Great Western Railway Company.

4824. The local association undertook that financial liability?—Yes, thinking they would have to raise 100*l.* in subscriptions, and they are quite prepared to do so. Unfortunately, the money having been raised through fees and these grants, Swindon is quite content with raising 40*l.* a year.

4825. As regards the doctors' fees, is there any rule in your association other than the one of which you have spoken, under which the money is always paid to the doctor by the association?—No, there is no other rule, and even that is not a fixed rule. It is only what we recommend, and it has not been passed by our committee at Swindon, but it has become a custom and the committee are never likely to object it, as we have never lost by it, and I attribute the good terms we are on with all the Swindon doctors largely to that system.

4826. It is not a rule universally adopted by the other associations, is it?—No, the associations established before the passing of the Midwives Act of course never dealt with it at all, and they are carried on in the way they always have been, varying enormously on that subject. It is only those associations which have started under our supervision since the passing of the Act that have dealt with it so.

4827. In some associations, therefore, the doctor's fee is not paid by the association?—No.

4828. Do they take the midwife's fee as well as make the patient pay the doctor?—Very seldom. There is usually an understanding that, when the patient has to pay the doctor, the midwife's fee is returned.

4829. That is, therefore, the usual practice if the first rule is not complied with?—Yes, in the old-established associations.

4830. You say, as regards the maintenance of midwives in rural districts, that in every district in which it has been attempted it has been found possible to raise sufficient funds locally, to support an association that will provide a trained midwife when required. Do you mean to imply by that that the association is able to pay for their training as well as their maintenance?—No, only for their maintenance.

4831. Who pays for their training then?—The county association.

\* See Questions Nos. 4724, 4725.



28 April 1909.]

Miss K. STEPHENSON.

[Continued.]

4832. For all new associations?—For all new associations. We have never asked a new association to pay anything towards training.

4833. Do the county association pay also for the older established associations?—No. It is decided entirely by the executive committee as to whether the locality would be able to raise sufficient funds to pay for the training, or something towards the training.

4834. Generally speaking, the county association then is responsible for the training of the nurses?—Yes.

4835. The local nursing associations are responsible for their maintenance?—Yes. We have a rule that says that we may give a grant for maintenance, but we have never exercised it in any way, and I hope we never shall.

4836. As regards the number of midwives required to cover the county, you say that you consider the number would be considerably reduced by extending your system of "lending centres": have you considered at all the number that would be required for efficiently nursing the county?—Yes; it is almost impossible to be accurate on that sort of question, but I should think between 120 and 130 certificated midwives ought to cover the whole county, and that is allowing for the doctors taking cases in towns.

4837. That is between 30 and 40 more trained midwives than there are at present?—Yes.

4838. But considerably less than there are at present altogether?—That is, of course, if worked from lending centres.

4839. Yes, exactly, and how many centres have you in full working order at present?—I do not know whether you could count every district association as a centre, because it is always possible to obtain an extra midwife for any association which is affiliated to the county association; it has been done several times already this year. The district association have some trained midwives and nurses in their district, and they have applied for an extra emergency nurse to take a special case.

4840-41. But you have two special "lending centres" where there are a good number of resident nurses?—There are three already in Warminster and the Wylde Valley and Corsham.

4842. How many more do you hope to establish?—Four more, I should say. I should like to establish four more; at Malmesbury, Cricklade, Marlborough, and Mere.

4843. You consider that with those additional centres the county could be quite efficiently worked without difficulty?—Absolutely.

4844. You only ask for an extra 100*l.* a year for this purpose, other than the funds you now possess?—Yes; that is, assuming that the funds keep up to their present average, which is 350*l.*

4845. Do you consider that, broadly speaking, 500*l.* would be sufficient annually to keep the association going, and to work the county efficiently?—Yes.

4846. (Mr. Dary.) Do the nursing associations at present cover the whole county?—Very nearly, but there are one or two districts that we have not been able to touch yet, but I hope they are now on the high road to starting there with associations.

4847. Have you as a central association any offices?—No.

4848. Or any paid officers?—No.

4849. It is all voluntary?—Yes. The paid organisation is the Swindon training home, where the matron of the home is also county superintendent.

4850. What sum do you think it is really necessary to raise by voluntary subscriptions?—We raise 350*l.* a year now.

4851. And you want another 150*l.*?—We want another 100*l.* for certain, not counting all that is wanted for inspection.

4852. Do you find there is any difficulty in raising subscriptions?—I think it is perfectly extraordinary the way people do give.

4853. I gather that your system of paying medical men does not extend all over the county; that is, the system by which you pay the doctors' fees for attending?—No, it varies with each association.

4854. Do you know if in any case the guardians pay the fees?—Yes, they pay them if they subscribe to our local nursing associations. They sometimes use the nurse as a midwife, and they then pay the fee if she has to send for the doctor.

4855. But as to other fees, what do you say?—I do not know about other fees for certain, as to whether any are guaranteed.

4856. Have the midwives a list of the doctors who are willing to attend those cases?—No.

4857. (Dr. Champneys.) On the first page of your *prices* you refer to your nurses as belonging to four classes (a), (b), (c), and (d). Class (b) you describe as "village district nurses with not less than six months' general and maternity training, holding recognised midwifery diploma." What do you mean exactly by that?—It means a diploma recognised by the Central Midwives Board.

4858. But at this date what does it mean?—The same thing now. We may take a nurse who has passed the London Obstetrical Society's examination and we give her general training. She would not be a class (a) nurse, but in class (b) after she got general training.

4859. She would not be a certified midwife?—Yes, because you recognise the L.O.S. and others.

4860. That is a certified midwife then?—Yes, it is the old wording.

4861. And does the same apply to class (c)?—Yes, because there is no question of training them. They get the Central Midwives Board certificate.

4862. They are all certified by the Central Midwives Board?—Yes.

4863. And class (d) the same?—Yes.

4864. Now the other thing I want to speak about is this question about the written examination being done locally, and the idea that it is a good thing to send a candidate up beforehand to get used to the examination. Do you think it would be quite fair to ask for relief in the way of expense if the candidate were to come up simply to get experience of the examination? If she has two half expenses it comes to the same thing as if she had the whole present expense?—But she gets through. Looking at it from my point of view, I want to get as many through as I possibly can, and yet I have to face the fact that many of them are very nervous, and, though they know the work absolutely, the mere fact of having papers before them makes them unable to spell their own names.

4865. Do you send them up knowing they will fail?—Not now. It is a great waste of time. I do not want to send a candidate up twice to fail, because of the expense.

4866. But supposing the expense were less, you would not mind so much?—No, she could have a go at it then.

4867. But if the Examination Board discovered that candidates were sent up on speculation, they would be rather more chary of letting them through?—I have always understood that the Central Midwives Board set the standard.

4868. Quite so, but it is possible that, if it were discovered that a woman had come up simply to see what the examination was like, the examiners would not let her through?—That might be so.

4869. (Chairman.) If they were allowed to do the paper work locally, they might get over their stage fright?—Yes.

4870. And very probably they would pass if quite prepared to pass?—Yes. I should be quite prepared to see them turned out on the written examinations locally. There is no question that they should be fully trained, and that we should keep up the standard, but at the same time, in training these country women, who do suffer from stage fright, one has to face the fact that it adds largely to the expense.

4871. (Dr. Champneys.) I understood from you just now that you would be prepared to send them up rather on speculation, if it were less expensive?—Yes, I think I should. I should send them up, and I should not spend so much a month. Let them get examination nerve. At Swindon they come across the doctors, and I should let them get up their examination by facing it. I think the great object of the Central Midwives Board is to



28 April 1909.]

Miss K. STEPHENSON.

[Continued.]

get candidates through, and that object would be helped in this way. There would be a great saving of expense. All our candidates in training are always applied for to take places long before they are actually wanted, and it is a great waste of time to keep them two more months at Swindon for the next examination.

4872. Is it your experience that candidates do as a matter of fact get rejected at the examinations when they would get through if it were not for their nervousness?—Yes, it is so to an extraordinary degree. The doctors in Swindon have told me that they have got candidates absolutely sound in theory and practice, and who have taken as many as 60 cases, and yet they have failed.

4873. Are they treated gently and helped at the examination, or are they frightened in any way?—I think they are treated well as a whole. But I think some of them get hopelessly frightened.

4874. (Chairman.) While on that point, do you think that your association through the medium of a local committee might, on the lines on which the Science and Art Department's examinations used to be conducted, guarantee a method of receiving the examination papers from the Midwives Board and distributing them so that there would be no copying, and so that no communication between the candidates would be permitted, and afterwards sealing them up and returning them to the Midwives Board for examination?—I should not like it put upon the association.

4875. Somebody must do it locally; it must be done by some local body?—Yes, and I do not know whether it would be possible to use the county court room, or the magistrate's room for it.

4876. The question of the room is not of much importance, but could there not be some local committee to open the papers and distribute them, and see that there is no communication between the examinees, and collect the papers and send them back? That is all that is required?—I think it would be possible in a big town like Swindon to find somebody outside the nursing association to do it.

4877. The difficulty would be for the Central Midwives Board to get into communication with any such committee?—I should be delighted if such a plan were possible, but nobody having any connection with the nursing association should, I think, take any active part.

4878. There might be some sort of a committee in a local area?—Yes; that would be, I think, quite possible.

4878A. (Dr. Doenges.) You have told us that you only lost 3*l.* of the amount that had been paid by the association in doctors' fees?—Yes.

4879. Can you say approximately how much you have paid altogether?—I can only give you the figures for last year. Then we paid 6*4*l.**

4880. Is that a fair average, or is the number of cases increasing?—It is increasing, but we increase our number of cases. The year before it was less, but we had less cases.

4881. Was that in Swindon only?—Yes. There were 330 midwifery cases.

4882. Do you pay the doctors' fees in other places besides Swindon?—The practice as to that varies enormously. In some they do, and in some they make the patient pay it.

4883. Does the loss of 3*l.* cover the whole of your transactions?—Only in regard to Swindon. The training home comes directly under my supervision there, so I can give the figures.

4884. It has been suggested that wages are good in Swindon, but has there not been some reduction of railway works there lately?—Yes, and there has been a great deal of poverty; in consequence, we have let them have a certain number of midwifery cases free, but this is the first winter we have done that.

4885. But, notwithstanding the poverty, you have found that your system of paying the fees has not resulted in any great loss?—No, because we only took a certain number free this winter; I do not think more than eight.

4886. Were any of these guardians' cases?—No, none of them. I think at Swindon we are extremely

fortunate with the doctors. We have a very good class of doctor to deal with.

4887. You recognise the importance of working through the local doctor?—I think that is the most important thing.

4888. Do the local doctors become members of local associations?—They very often subscribe and support the associations.

4889. Would there be any facilities for their meeting the association in a local committee?—Yes, they always can get into direct communication with the local committee, and some of them are actually on the committees.

4890. With regard to your emergency cases, you say that the association will provide a trained midwife when required on a sort of lending system?—Yes.

4891. Does distance interfere with that arrangement at all?—No, because they have to go by train to these outlying places, and of course the midwifery case is never an emergency case. The midwives are booked months beforehand, and they are kept in the Home.

4892. Then in one of the latter paragraphs of your *précis* you speak of a certain danger of overlapping, and you say "under the present system candidates for midwifery training refused by the county nursing association apply for a county council scholar-ship"?—Yes; that is very bad in Wiltshire. There has been no official communication between us and the Midwives Act committee of the county council.

4893. And you speak again of the possibility of double inspection going on?—It does very often happen.

4894. Or that two women may be trained as midwives to work within the same district?—Yes.

4895. As a result of that your association has made a proposal that members of the county council should be appointed to serve on your committee?—Yes, and I go even further than that, and I say that the notifications of midwives intending to practise should be given to our executive committee, and the withdrawal of the same. We should then know where our work was most required.

4896. What has been the result of your proposal to the county council?—Only a formal acknowledgment from the county council.

4897. How long ago is that?—It is quite recently; within this last month.

4898. Then they may be considering it?—Yes, I think so.

4899. (Chairman.) Have you a map of the area covered by your association?—Yes, this is it (*handing in map*). That is simply the map I work from. There is an organisation at all the places marked. It does not necessarily mean that the midwife is living there, but there is an organisation there at which she can be obtained.

4900. (Mr. Pedder.) You say you send the fee to the doctor?—Yes, at Swindon.

4901. How do you manage that? The midwife advises that the doctor should be called in?—Yes. She sends the form prescribed by the Central Midwives Board, and sends the guinea with it.

4902. How does she get the guinea?—From the county association.

4903. The doctor is not called in directly through you?—She sends directly to him, but she is given the guinea when she goes out in case it is wanted.

4904. Is she always supplied with the guinea?—Yes.

4905. Have you heard of any difficulty with the doctors in cases where the fee is not paid, or not so certain of being paid?—No, not in our county.

4906. Is there any part of the county not covered by your associations?—Where it is not quite covered by our associations I am not quite sure as to what is happening. At Malmesbury there are a certain number of uncertified midwives who will, of course, go off in time. I rather think the doctors are holding their hands, to see what will happen.

4907. Then is there any case of a certified midwife sending for a doctor there and not getting him?—No.

4908. In one part of your *précis* you say, "All associations are recommended to have a scale of fees



28 April 1909.]

Miss K. STEPHENSON.

[Continued.]

"for the midwifery work, and only allow the midwife to be engaged as such by the labourer class whose wages do not exceed 20s. a week. Other subscribers (the artisans and farmers class) would be allowed to engage the midwife as monthly nurse to work under the doctor." That is a rather important point, I think, and I want you to elaborate that. You make it a rule to advise that, do you?—Yes.

4909. And you say the midwife is only to serve the strictly labouring class?—Yes.

4910. Do you put a limit of wage?—No, because it varies so enormously in different parts of Wiltshire. In some places, the labourers only earn 14s. a week or even 12s., and in other places it is 21s., and yet they belong to the same class of people.

4911. With 21s. they would still get the midwife?—Yes, because it is probably the case that, as compared with the most poorly paid class, the cottages cost more.

4912. And you find that works well?—Yes, admirably. There are some old associations in my part of the county which allow the midwife to attend the better classes for 15s., and the doctors raise no objection, because the doctors at Salisbury and in other big towns do not want to work in the villages. They are only too thankful not to have to come out, and very often, when they have a case, they send for our midwives to work under them, on the understanding that they are not sent for unless it is absolutely essential.

4913. Then the nurse is ostensibly to work under the doctor, but is actually to act as midwife?—Yes.

4914. That is by arrangement?—That is by arrangement with the association. The doctor says, "I do not want to take the case at all"; or he will take it and have the midwife and use her as a monthly nurse.

4915. So that your rule limiting midwives to the poorer classes in the different districts is governed by the wish to work in with the doctors?—Yes.

4916. The object is to meet the doctor?—Yes, that is the whole object of it.

4917. You do not expect any great shortage of midwives, next year, when the Act comes into full operation, do you?—No, but I do in the years following. I think the women who are certified now and untrained will go on. Last year, I think there were 230 certified women who notified their intention to practise, but this year it is only 189. But I do not think they will drop any more after that.

4918. Except when they die off?—Yes, except when they die off. I think the biggest drop has been now.

4919. So that the remedy is merely keeping up the machinery to produce new midwives?—That is so.

4920. Therefore you do not want any delay?—No. I only want more money for training, and I am very anxious that there should be no question of help for maintenance.

4921. Do you mean help from a public authority?—Yes.

4922. To maintain the midwife in practice?—Yes.

4923. You want to keep that purely voluntary?—Yes.

4924. So that the midwife should make her own living?—Yes. I think any help for maintenance would stop all voluntary effort, and the grant would have to be enormous to take the place of what is now given voluntarily. Secondly, I think you would have to start new machinery altogether so as not to work against the doctors. To maintain a woman in a skilled profession against the doctor would make a most extraordinary muddle of it in rural districts.

4925. You do not want maintenance, but you do want training assistance?—Yes, I am very anxious to see it come in the shape of a grant for work done. I think that would be the best way.

4926. Do you suggest that the grant should be given to the association?—To a county. I think it ought not to be small or local. If it comes from the county council or the Local Government Board as so much per year allowed for training according to area, for work done, the county would have to show that they had trained, say, five midwives, and they would work in the county, and, therefore, we should have the money for training, and we should use that money for

another lot. It would prevent overtraining, and also spur on those counties that do nothing.

4927. Would it?—Yes. I do not think any county would like to know that there was a certain grant available, and not have a go for it.

4928. I do not know about that. Much more depends on the person being there to work the organisation?—The grant should be given by the county council, and not by a voluntary association. No county council would know that there was a grant available, and not apply for it.

4929. It might be their own grant, and why should they not keep their money in their own pocket?—I should prefer to see it come from the Local Government Board, and to make the county council apply it; but, short of that, I think the county council ought to be forced to make the grant.

4930. That is a new point, I think?—There is always a danger, under the present system of county council grants, of overtraining; because they want the candidate first, they go the wrong way round. They will have the candidate first, and very often she fails and there is an endless waste of time and money, and nothing is done.

4930A. (Mr. Fremantle.) When you say that you do not desire any maintenance from any public authority, do you mean to say that you have no contributions from guardians in Wiltshire to local associations?—Yes, but they only pay for the work they get from us.

4931. Per case treated?—They pay us most generously in Wiltshire, but it varies according to the board of guardians. But they usually pay so much per village or per parish, and then so much for every case we take, and I am sure they do it because it pays them to get their nursing done in that way.

4932. But that is an indirect form of maintenance, is it not?—Yes, it is; but it is for work done. You might say the midwifery fee is maintenance in the same way.

4933. Quite so. As regards the wage limit, I do not quite understand what you mean in your précis when you say "all associations are recommended to have a scale of fees for the midwifery work and only allow the midwife to be engaged as such by the labourer class whose wages do not exceed 20s. a week." You said just now it was impossible to have such a definite scale?—That is the limit.

4934. But you said just now that sometimes the labourers might get 21s. a week?—I think 20s. or 21s. is the extreme limit. It is usually below that.

4935. But do you recommend such a scale of fees to be taken?—Yes, but it would vary locally. I do not think it ever exceeds 20s., but it might go a long way below it.

4936. Do you insist on some such wage limit as that in all the local associations?—No, not unless the doctors want it.

4937. In your précis, in regard to the terms offered to candidates for training, you say: "Employment for three or four years according to whether they receive one or both trainings." Does that mean to say employment is guaranteed by the county nursing association, or that the candidate contracts to serve for that time?—Both. We guarantee employment, and they contract to serve for a low wage.

4938. And you do not find that the three or four years in comparison with the usual two or three years is a deterrent to candidates?—No, it is rather the other way round, I find. If they have both general and midwifery training they serve for four years, and if it is only one, they serve for three years.

4939. At your Swindon home what fees do you charge for cases attended?—Midwifery cases or general cases?

4940. Both?—Midwifery begins at 5s. and goes to 7s. 6d., 10s. 6d., and 15s., according to the position of the patient.

4941. And what is the scale of general fees?—2d. per visit.

4942. These fees go a considerable way towards paying the expenses of the training home?—Yes, the really important thing is the midwifery fees, because twopences mount up very slowly.



28 April 1909.]

Miss K. STEPHENSON.

[Continued.]

4943. But the total amount received helps considerably to support the training home and to meet the cost of training?—Yes. We got 105*l.* in fees last year.

4944. What was the total cost of the training home for a year?—549*l.* That is according to the balance sheet.

4945. The patients' fees then are, roughly speaking, nearly one-fifth of the total cost of the training home?—Yes.

4946. Now, adverting to that point about the stage fright, or examination fright, on the part of the candidates, do you think it would be materially less if, other things being equal, some women examiners were employed by the Central Midwives Board?—I am certain it would be a great deal less.

4947. (*Dr. Champneys.*) There are women already on the list of examiners?—I did not know that.

4948. We get all the eligible lady doctors we can.—Is that always so?

4949. Yes.—I am afraid my candidates have been particularly unfortunate then.

4950. (*Mr. Fremantle.*) You think they are less deterred by women examiners than by men examiners, other things being equal, do you?—I think they would be, and more so still if they got through the written examination locally, and knew they had done well. They would face the doctor with a better nerve then. They are wonderfully demoralised by travelling up to a strange place.

4951. Your association has no recognition by the county council, has it?—Absolutely none.

4952. Is there any co-operation between them officially?—No.

4953. Would it be possible for one woman to combine the post of inspector of midwives under the Act and county superintendent?—Yes, I think it would.

4954. Do you think it would be to the advantage of the working of the Midwives Act?—I think it would be for the advantage of both parties.

4955. Do you know whether in Wiltshire there is a system of health visitors at all?—No, there is no recognised system.

4956. Has it ever suggested itself to you that the more highly trained nurses might be used in that way, and employment so provided for the best class of nurses?—No, I do not think that has occurred to me. The Highworth board of guardians have asked us lately whether we would let our nurses be the Infant Protection visitors, and we may come to some arrangement with them as to that.

4957. Has any suggestion yet been made, officially or otherwise, as regards the employment of any of your nurses as school nurses in connection with the medical inspection of school children?—No, only unofficially. Several district medical officers have asked me whether it could be managed.

4958. Would you like to see these different measures brought into operation so as to give greater scope of work for the village nurse-midwife?—Yes, I think it would be a very good thing.

The witness withdrew.

Miss LILIAN K. TRENDLELL called and examined.

4959. (*Chairman.*) You are inspector of midwives for the county of Hereford, and at the same time county superintendent of the county nursing association in Hereford?—Yes, I was.

4960. You are not at present?—No.

4961. Which place have you given up?—I have given up both.

4962. Did you find any difficulty in discharging the two duties?—No, I did not.

4963. But you served two masters, I suppose?—Yes, two committees.

4964. But you did not find any difficulty in adjusting your obligations to the one with your obligations to the other?—No, not the slightest.

4965. You say there were two committees there?—Yes.

4966. Will you explain how the two worked, and how your obligations to the two were discharged?—Some members of the county council committee were on the other committee as well.

4967. That secured harmonious co-operation between the two?—Yes.

4968. But they were not both committees of the county council, were they?—No, they were not; one was the committee of the county association.

4969. But it comprised members of the county council?—Yes, one or two.

4970. And you think that in that way overlapping was entirely obviated?—Yes, that is so.

4971. Did you effectually keep in touch in that way with all the midwives in work in the county?—Yes, I visited them twice each year.

4972. What other methods were adopted in the county to give effect to that? What system of education was employed?—We had two sets of lectures given to these women.

4973. Were they promoted by the county council?—Yes.

4974. Were they paid for by the county council?—No, they were not paid for; they were given gratuitously.

4975. But I mean, somebody was paid to give them, was there not?—No.

4976. It was volunteer work?—Yes.

4977. Were they largely attended?—Yes, very fairly.

4978. Was it found an efficient means of giving these people the instruction they needed?—Yes, I think it was.

4979. Did it encourage them to present themselves for examination by the Central Midwives Board, and so on?—Yes.

4980. What is the number of midwives practising in the county at the present moment?—136.

4981. How many of those notify their intention of practising?—They practically all do now.

4982. They have all notified their intention to practise?—Yes.

4983. And they all do practise, do they?—Yes.

4984. What class of women are they? Do many of them hold the certificate of the Central Midwives Board by examination, or are a great number those who were in *bonâ fide* practice at the time of passing of the Act?—A good many of them, about 36 or 37, hold certificates.

4985. After examination since the Act came into operation?—Yes.

4986. That is a class that is gradually supplanting the other, is it not?—Yes.

4987. I suppose the others are mostly women of mature age?—Yes.

4988. But are they fairly competent as a class?—Yes, fairly so.

4989. Are these midwives working under supervision, or are they working on their own account?—Eight of the trained ones are working on their own account, and all of the *bonâ fide* ones.

4990. And the remainder work under local committees, I suppose?—Yes.

4991. Answerable to the central authority?—Yes.

4992. Do the local committees pay salaries to the midwives they employ?—Yes.

4993. Then do they recover the fees from the patients?—Yes.

4994. I suppose that leaves a considerable balance to be provided by the local committee, does it not?—Yes, it does.

4995. What is the character, generally speaking, of the women who are employed in this capacity?—Those who are employed under committees, do you mean?

4996. The whole class?—I think they are deemed to be respectable women on the whole.

4997. But the greater part of them are ignorant?—Yes.

4998. Those are the *bonâ fide* women, I suppose?—Yes.

4999. So that that defect will be remedied in the course of time?—Yes.



28 April 1909.]

Miss L. K. TRENDLE.

[Continued.]

5000. What is the cost of these women to the local associations?—Between 40l. and 50l.

5001. You have no higher class than those having a certificate of midwifery?—No.

5002. Are they all trained in the county under the supervision of the local authority?—Yes.

5003. Do the county council and the nursing association combine to provide for the training of these women?—Yes, the county council give a grant of 150l.

5004. Is it administered by the association?—Yes, by the association.

5005. The county council, then, give a lump sum, and leave it in the hands of the county association to administer?—Yes.

5006. They do not give it in the form of scholarships, or anything of that kind?—No.

5007. Have the association a training school of their own?—No. Candidates are sent to be trained outside.

5008. Where do they obtain their training, as a rule?—Generally at Plaistow or Kingswood.

5009. Where is Kingswood?—Near Bristol.

5010. Plaistow is, of course, a long way off?—Yes.

5011. What is the annual cost of training midwives at these centres?—About 30l. for the nine months.

5012. But you have not to give that amount of training in midwifery, have you?—No, but we generally give them nine months' training.

5013. You think that is necessary, or at any rate expedient?—Yes.

5014. Do you get plenty of candidates?—Yes, we have had plenty lately.

5015. You have had no difficulty in that way?—No.

5016. You do not find that the examinations of the Midwives Board deter candidates from presenting themselves?—No, I do not think so at all. We had a little difficulty at first.

5017. They do not shrink with fear from presenting themselves, do they?—No.

5018. Do you think the written examination has any terrors for them?—No, I do not think it has.

5019. Are you an advocate of conducting the written examinations locally to a larger extent than they are at present?—No, I do not think I am.

5020. Your association do not feel the expense of sending candidates twice to a centre, first for the written examination and then for the oral?—No, I do not think so at all.

5021. But I suppose the expense is greater than if the written part of the examination were done locally under proper conditions and supervision?—Yes, I think it is.

5022. They are examined at their training centres?—Yes, so that they are on the spot.

5023. In point of fact, one is close to London, and one is close to Bristol, so that they are both close to a centre?—Yes.

5024-5. Is sufficient money obtained in the county of Hereford for the work that has to be done in this connexion?—Yes; there has been no difficulty in that respect so far.

5026. You do not think that the contribution of the county council wants supplementing from any central body?—No, I do not think so.

5027. Then, in regard to the Act coming into full operation in 1910, do you think that any difficulty will be found in any part of Herefordshire in regard to the supply of midwives?—No, I do not think so. This is a map that I have brought up, and it has a red line in every case where a midwife lives (*exhibiting map*).

5028-30. That is to say, a certified midwife; one who is recognised by the Central Midwives Board?—Yes.

5031. And, as the older and less competent class die off, or retire from business, do you think you will have any difficulty in training a sufficient number of competent persons to succeed them?—No, we think not.

5032. You have more people coming forward in this county, and that is due largely to your guaranteeing them a salary, is it?—That is so.

5033. So that they have no anxiety as to the future, if they pass the examination?—No.

5034. (*Mrs. Hobhouse.*) Do you ever train your nurses for longer than nine months?—No, we have not done so, so far.

5035. You have two classes of nurses, have you not, in your association, the highly trained, and the short trained ones?—Yes, but we have not trained any of the longer trained ones. They have just been affiliated to us.

5036. But there are some employed?—Yes, there are some employed.

5037. Did you in your organisation recognise the two systems of nursing, the resident as well as the visiting system?—Yes, but there was only one association which employed a resident nurse.

5038. Was that started by the county association?—No, they are affiliated to us.

5039. You train for them, as well for others, if required?—Yes, if required.

5040. You say in your précis that your appointment was made originally in 1905?—Yes.

5041. Was that early in the year?—In July.

5042. Then I do not quite understand the subsequent paragraph in your précis as regards the notification of the *bona fide* women, where you say, generally speaking, notification had been neglected through ignorance, and not with the intention of avoiding inspection. When your appointment was made, I understand that there were 70 women who notified their intention to practise?—Yes.

5043. And there are now 99?—Yes.

5044. How do you account for that difference?—Simply because I heard of them, and looked them up.

5045. But you are not able to have them placed on the roll, surely?—No, they were already on the roll, but had not notified their intention of practising.

5046. Can you say, speaking generally, the age of the *bona fide* women; are they elderly women as a whole?—They are elderly, as a rule, I should say.

5047. They are likely, therefore, to give up practising before many years are past?—Yes, within the next ten years or so.

5048. Within the next ten years you think on the whole that they will be out of practice?—A greater part of them, not all of them.

5049. A large majority will?—Yes.

5050. And you think that always, with the funds at your disposal, you will be able to train sufficient women to take their place?—Yes, I think so.

5051. Without any extra increase of funds?—Yes, we hope so.

5052. What is the total annual sum spent in the county upon training?—About 250l., I should think.

5053. How many do you train for that?—That all depends. Last year we trained a great many. It is when we have the districts wanting them that it pays.

5054. Probably in the future you will require to train more than you do now?—Yes.

5055. What is the greatest number you have trained in the course of a year, up to the present time?—About eight, I should say.

5056. That is the greatest number?—Yes.

5057. Have you had any difficulty as regards the medical men in Herefordshire?—No, not the slightest.

5058. They have acted with you in every way?—Yes.

5059. The usual arrangement is that the association do not take the midwife's fee, I understand, when the doctor is called in?—Yes, that is so.

5060. Is there any instance where the association pay the doctor's fee, or guarantee paying the doctor's fee?—I believe it has been done.

5061. In some parts of the country the county association guarantee the fee?—Yes, but that is not the case in Herefordshire.

5062. But you have had no difficulty in that respect?—No, we have not.

5063. (*Chairman.*) Do you yourself hold the certificate of the Central Midwives Board?—Yes, I do.

5064. (*Dr. Downes.*) I understand that you have found the combination of the two posts of inspector of midwives and county superintendent advantageous?—Yes.



28 April 1909.]

Miss L. K. TRENDALL.

[Continued.]

5065. How did you get about the county?—I have done it partly by cycling and partly by train, and my expenses were allowed.

5066. Could you have covered a larger area than Herefordshire?—No, I bicycled about 4,000 miles a year. The train service is particularly bad in Herefordshire, but in other counties it might be different perhaps.

5067. (Chairman.) Do you live in Hereford?—Yes, I do.

5068. That is fairly central, is it not?—Yes, fairly so.

5069. (Dr. Downes.) With regard to forgoing the midwife's fee if the midwife sends for the doctor, have you found that renders her reluctant to send for him?—No, I do not think so at all.

5070. It has had no bad effect?—No.

5071. (Mr. Pedder.) Have you had any difficulty with doctors not coming when called?—No, we have not. I think that is partly because we have made a great point of the nurses not attending the better class people, who may be regarded as doctors' cases.

5072. But have you had any difficulty in cases of emergency, when a doctor was required?—Not the slightest.

5073. There has been no demand by the doctors that their fees should be guaranteed?—No.

5074. The doctors have taken up the cases, and taken their chance of payment?—Yes, they have.

5075. (Mr. Fremantle.) Is your association affiliated to the Queen Victoria Jubilee Institute for Nurses?—Yes, it is.

5076. Then you are yourself a Queen's Nurse?—Yes, I am.

5077. Is it your opinion that there is much scope for Queen's Nurses in the rural districts as opposed to towns?—Supposing higher fees could be guaranteed, do you mean?

5078. Supposing a fund could be found for her in any way?—Yes.

5079. You would like to see Queen's Nurses established?—Yes, I should, decidedly.

5080. You think that the system of the Village Nurse-midwife, trained, as you say, for nine months, is only a half measure?—Yes, quite so.

5081. Can you suggest any means by which the poorer and more scattered local districts might be able to get sufficient funds for the employment of the more highly trained and more expensive Queen's Nurses?—No, I am afraid I cannot.

5082. Have you in Herefordshire any system of health visiting?—No, we have not at present.

5083. Have you considered the question of the employment of Queen's Nurses as school nurses, in connection with the medical inspection of school children?—Yes, that has been discussed, but there was nothing done.

5084. Do you think if Queen's Nurses were given the duties of health visitors and school nurses, some districts might be able to employ Queen's Nurses, which are at present not able to do so, and do you think that such duties would be compatible with their primary duties?—It would be very difficult, I think, because of the scattered population in Herefordshire and the distances the nurses would have to cover.

5085. Of course the distances they would have to cover would be less if they had more work in a given area, would they not?—Yes, they would.

5086. Apart from the question of distance, do you think the combination of duties I have suggested would be compatible; that is, would the fact of the Queen's Nurses being health visitors visiting in the homes, and school nurses visiting the children in their schools, be compatible with their work as district nurse-midwives?—Yes, I think so.

5087. It has been stated that Queen's Nurses are not very well suited for the work in rural districts, they having been accustomed to the higher branches, as they are called, of medical and surgical nursing. Is that your opinion generally speaking, or do you think that some nurses would be quite prepared to take on this work, and would be well suited for it?—Yes, I think they would.

5088. And that people would accept them?—Yes, I think so.

5089. As well as the more homely Village Nurse-midwife?—Yes, I think so.

5090. You think the Queen's Nurse is quite as suitable for that work?—Yes, quite.

5091. She would, however, feel the comparative lack of important cases, would she not?—Yes, I think she would feel that decidedly.

5092. Would that act as a deterrent to her staying for a considerable length of time in any one rural district, do you think?—No, I should not think so at all.

5093. As regards the question of the examination, do you think that the medical men who conduct the examination are able to inquire into all the regulations, and so on, as well as a lady inspector of midwives could?—Yes, quite.

5094. You do not see that there is any need for, or that there would be any advantage in having, lady inspectors of midwives as examiners?—No, I do not think so at all.

5095. Now, in your county work, have you had some cases of notification from a midwife attending on a case of puerperal fever?—Yes.

5096. Have you adopted in the county any definition of puerperal fever for working purposes?—No.

5097. Have you ever had any difficulty in that matter with a midwife sometimes calling a case a puerperal fever case, which on examination the medical man refused to admit as a case of puerperal fever?—No, I have not.

5098. Have you ever had cases notified to you as cases in which the midwives are attending on cases of puerperal fever, which on further investigation you found had not been notified as such to the local sanitary authority?—No.

5099. Do you work in touch with the local sanitary authority?—Yes.

5100. Do they communicate with you as regards any notifications they receive as to puerperal fever?—I receive all the notifications.

5101. From midwives?—Yes, from midwives.

5102. But you know also that the medical men have to notify cases of puerperal fever?—Yes. They notify them to the county council. We have no medical officer of health in Herefordshire.

5103. But these cases are notified to the district medical officer of health?—Yes.

5104. Have you any means of finding out from the district medical officers of health the cases of that kind which are notified to them?—The doctors are all paid for notifying their cases to the local supervising authority.

5105. What is the amount of the fee, do you know?—2s. 6d.

5106. And those notifications came to you?—Yes.

5106A. Did they generally coincide with the cases of notification you got from the midwives?—Yes.

5107. You did not have cases which the midwives notified, but which the medical men did not notify?—No, I did not.

5108. (Chairman.) May I ask, did you resign your position because you found the work too hard for you, taking into account the 4,000 miles of travelling?—Yes; an assistant was appointed after I had been there about two years. I worked by myself there two years.

5109. How long did you fill this position?—Three and a half years.

5110. From your experience do you think that midwives are under any disability, or is there any grievance which might be removed by legislative or administrative methods?—I think, perhaps, the cost of the books and notifying is a grievance. There are these two things.

5111. You mean postage?—Yes.

5112. You think the midwives might be relieved in respect of minor matters of that sort?—Yes, I do think so.

5113. But there are no larger grievances that you can think of, are there?—No, I think not.

5114. Do you think it would be an expedient and useful thing if the local supervising authority were



28 April 1909.]

Miss L. K. TRENDLE.

[Continued.]

entrusted with the power of suspension on general grounds as well as to prevent the spread of infection; that is, would you approve of the local supervising authority being entrusted with the investigation of any charges of misconduct, or malpractice against midwives in the first instance?—Yes, I think I should.

5115. You would approve of their conducting such inquiries?—Yes.

5116. But, of course, leaving the midwife concerned a right of appeal to the Central Midwives Board?—Yes.

5117. The Central Midwives Board would necessarily take cognisance of any cases notified by the local supervising authority, and if they came to a decision adverse to the midwife her removal would be necessarily in the hands of the Central Midwives Board?—Yes, quite so.

5118. Do you think the midwives would gain rather than lose by some such change?—Yes, I think so.

5119. And you think that possibly the disciplinary powers of the local supervising authority would be more efficiently exercised in that way?—Yes.

5120. (Dr. Champneys.) In your précis, you say: "no great diminution is expected in Herefordshire in 1910, as it is recognised that, with an organised distribution, the number of midwives required to cover the ground effectively would be much smaller than the present number of uncertified women." Do you mean to say that the present uncertified women are not so efficient as those who are coming up, and that, therefore, fewer will be required?—Yes, and there are many more of these younger women who cycle, so that they cover a larger area.

5121. On that account you think that in your county, and in others where county nursing associations have been started chiefly on account of this, the shortage that has been alleged in some quarters will not be felt?—Yes, I think so.

The witness withdrew.

Mrs. ELIZABETH MILES called and examined.

5138. (Chairman.) You are a certified midwife in the county of Herts?—Yes.

5139. Will you explain what your qualifications are?—I hold a certificate from Queen Charlotte's Hospital, having received three months' training there in midwifery in the year 1881. During the 28 years I have practised, I have attended 3,643 cases; two mothers died; one was a case of adherent placenta and post-partum hemorrhage, the other rupture of duodenum through ulceration, which caused septic poisoning. I worked as district midwife and general nurse (no infectious cases), in the parishes of Offchurch, Radford, and Cublington, Warwickshire, under the Dowager Countess of Aylesford, seven years, and for the Leamington Provident Dispensary five years. I have also had private practice in town and district.

5140. How many years have you given to the work in Hertfordshire?—For the past 15 years I have held the position of district midwife and maternity nurse to the Hertford and Bengoe Nursing Association, under the Honble. Mrs. Reginald Abel Smith, at a salary of 96*l.* per annum.

5141. The fees chargeable for attendance are of course paid to the Association, are they not?—They are always paid to me, and I pay the Association.

5142. They are paid to the midwife?—Yes, because Mrs. Smith has made it as easy as it can be, and they pay a little at a time if they pay beforehand.

5143. They prepare for the event by paying beforehand?—Yes.

5144. What is the amount of the fee charged?—From 8*s.* to 1*l.*, according to the husband's earnings.

5145. It is graduated in that way, according to the prosperity the people enjoy?—Yes. When the husband's wages are under 12*s.* they pay 8*s.*, and it goes from that up to 1*l.*

5146. Have you any other sources of remuneration?—No, none whatever. We have no private practice.

5147. Do you not take doctor's cases?—I nurse for the doctor.

5122. (Mr. Dary.) Were you paid a salary?—Yes, I was.

5123. Of how much?—110*l.* I began with, and it went up to 120*l.*

5124. With expenses?—Yes, with expenses.

5125. (Chairman.) By expenses do you mean the provision of a bicycle?—Yes, and the keeping of it in repair, and so on.

5126. (Mr. Fremantle.) Have you had any experience in Herefordshire of unsatisfactory midwives, as to whom you have thought it advisable to consider the question of reporting them to the Central Midwives Board?—Yes, and we have reported one.

5127. Was she in that case removed?—Not removed, but censured.

5128. Do you want to see any modification in, or alteration of, that procedure?—No.

5129. It works well, does it?—Yes.

5130. Have you had any experience of a midwife engaged in the county, against whom you have certain suspicions, and who removes from the county before you are able to make out a *prima facie* case against her?—No.

5131. It takes some time to make out a *prima facie* case against a midwife, does it not?—Yes, exactly.

5132. And you can imagine her disappearing during that time?—Yes.

5133. You would have no means of tracing her, would you?—No.

5134. I mean to say, what would happen in that case?—Would you give up the search if she had removed from your authority?—Yes, I suppose I should.

5135. What would you do with the evidence that you had collected about her?—I suppose we should collect it, and keep it.

5136. In case she turned up again?—Yes.

5137. You would not communicate with anybody on the subject?—No, I do not think so.

5148. The association has nothing to do with those cases, has it?—Yes, the money all goes to the association, and the patient pays 10*s.* 6*d.* a week for my work under the doctor.

5149. This system of payment beforehand safeguards the association against any loss of fees?—Yes, because in private practice there is a great loss of fees.

5150. But is no difficulty experienced in raising this money beforehand?—It is very seldom we lose a fee; perhaps twice a year.

5151. How long beforehand do they begin to pay?—Five or six weeks before, a shilling at a time, or what they please, so long as it is paid beforehand.

5152. When a doctor has to be called in, what happens then?—Mrs. Smith gives them half the fee, unless they are very poor, and then the guardians pay. The guardians are always left out in those other cases.

5153. But, I understand the association hands back half the fee?—The association hands back half the fee that the patient has paid for the midwife's services. They pay the remainder to the doctor, whatever he charges.

5154. Then they supply the balance?—Yes.

5155. Except in the case of very poor people, where the guardians come in?—Yes.

5156. Do the guardians make any difficulty about that?—No, they are always quite willing.

5157. They make enquiries, I suppose?—Of course they make enquiries; it must be a case of necessity for them to take it up.

5158. Have you any assistants in the area in which you practise?—Yes, I have had a midwife lately, trained at the City of London Lying-in School, Miss Williams.

5159. Are you the only person practising in the area?—No, a woman, aged 72, certified as *bona fide*, but not trained, attended 18 cases last year.

5160. She does hold a midwife's certificate?—Yes, but she has not been trained.

5161. At that mature age, is she capable of doing the work?—I should not like to say she was. I am



28 April 1909.]

Mrs. E. MILES.

[Continued.]

sorry to say she employs her daughter, not for delivery but for nursing shortly afterwards, and the doctors have told her that she is not to do it. The daughter has had no training, and holds no certificate, but, of course, at present the law cannot touch her, although she is really a most dangerous woman. All the cases that come under her hand are really very serious, but the inspector cannot interfere with her at present.

5162. But are there many people whose practice will be interfered with on the 1st April 1910, in the area where you practise, or is this the only one?—There are several women who work in the same area. In some way they have got to know that, so long as they do not call themselves midwives, they are safe.

5163. That is the law at present?—Yes, they have found that out, and they do not call themselves midwives, and therefore they think they can work when they please, but there is a great deal of mischief done.

5164. Do people employ them readily?—Yes, those who are not sober and clean, and do not care for their places to be cleaned up, employ those women.

5165. Because they are cheaper?—Because we make them clean up their places, and do not let them have a lot of drink.

5166. You involve them in more trouble, and you exercise some restraint upon their habits?—Yes, it goes against their habits. I do not think these women are in any way cheaper.

5167. They are not paid on the same scale, are they?—They are paid even more at times, and then often they have beer and lunch, and that kind of thing, when they go out nursing; but we go in and out, and do our work and go away, and we have nothing but our fee from our association.

5168. You mean to say, that those who employ them rather prefer that convivial type of assistance?—Yes, so that they can all drink together. The patient has a little drink as well as the midwife.

5169. You suggest rather, in your *précis*, that you are working at a disadvantage as compared with these women?—Not altogether with these women; it is their disadvantage.

5170. But you refer to being harassed by inspectors, and rules and regulations, and notifications?—That has not to do with these women.

5171. No, but as compared with them you are at a disadvantage, having to act under these rules?—Yes.

5172. But is not the expression "harassed" rather a strong one in the circumstances?—It is the very great deal of writing that has to be done that used not to be done. I have been in practice 28 years, and there used not to be all this writing; then there is the notification of still-births, and there is not a penny paid towards the expenses for that. Even my association does not pay that; I have to pay that myself.

5173. You mean the expenses of postage, and so on?—Yes, all these things, and all the writing, and so on.

5174. But you admit the Act has done much good during the four years it has been in operation, do you not?—Yes.

5175. As a conscientious and trained midwife?—Yes.

5176. But surely that is a little inconsistent with the idea that the qualified midwife leads a harassed existence?—I, perhaps, should not have used the word "harassed," but I mean there is so much more writing, and so many more restrictions in every way compared with what used to be many years ago.

5177. True, but is that not incidental to any efficient supervision by a central authority which feels some responsibility towards those who pay?—You call in a medical man, say, to the case of a baby that has been prematurely born. He has to be called in to look at that child, born, it may be, at six or seven months, and there it is, it is born, and you have done your best. Then, again, years ago, we gave a certificate for it as a still-birth, and the same in the case of a prematurely-born child. The child may have lived for a few hours, and then we notified that that child had lived, and we went to the inspector or the registrar of births and deaths, and sent our certificate to them, and it was registered, and there was an end of the work so far.

But now they have to pay the doctor to come and look at that child, or else there is a very great fuss made about it.

5178. Who has to pay?—The people have to pay. I do not pay in that way.

5179. The midwife does not suffer?—Or else it is in this way, that the guardians have to pay. A doctor may charge a guinea for coming to look at that premature child.

5180. But, by the Act, they cannot give a certificate of death?—No, but they can give a certificate of still-birth.

5181. Still-births are not registered?—No, but a great deal of the cause of infantile mortality and still-birth at the present day is the fact of women taking drugs.

5182. Drugs for what purpose?—Drugs to procure abortion.

5183. Is that prevalent?—Very much so.

5184. To whom do they go for advice in that case; is it to these unqualified women?—They need only look in the weekly periodicals, and there it is. It is advertised to that effect, and they get all these kind of things. I fail to see why that kind of thing cannot be done away with under the Food and Drugs Act.

5185. From whom do they procure these different drugs?—Through these advertisements from many chemists.

5186. Do chemists sell them?—Yes, many chemists supply them.

5187. Many qualified chemists?—Yes.

5188. Registered chemists?—Yes. One woman tells the other, and so on, and if the babies are not born dead, they are made so that they die soon afterwards. They are like a cut flower, and they fade away. Three parts of the children's ailments are caused by that. The rickets and all these minor ailments of children are caused by the taking of drugs to procure abortion.

5189. Do you believe that to be prevalent?—Very much so, and it is very much on the increase.

5190. What proportion of the women with whom you come in contact take such drugs, do you think?—A very great proportion, I believe.

5191. 20 per cent. or 30 per cent.?—Yes, quite that.

5192. Would you go so far as to say 50 per cent.?—30 per cent. you could easily say.

5193. One third, that is to say, nearly?—Yes.

5194. There is no difficulty felt, is there, in the area where you practise, in regard to the payment of the doctor's fee when he is summoned?—No. As I told you before, the guardians pay in some cases.

5195. Therefore, the doctor is always ready to attend, and does attend?—I have never had any difficulty in procuring medical advice.

5196. The guardians pay the fee without demur, do they?—Yes.

5197. They make use of the powers they have got under a certain Act of Parliament?—I think there should be a little—what shall I call it—a little rule as to what sum should be paid by the guardians, I think it makes it a little hard otherwise.

5198. The practice varies, does it, as to the amount paid?—Yes, it is rather a hard practice to charge a guinea to come and look at a baby that has lived a few hours. That is rather hard on the rates.

5199. Is there a guinea payable in that case, whatever the doctor has to do?—I think there are two guineas when it is a case of forceps and special instruments.

5200. But it varies?—Yes. Of course, in some cases they earn their money, but as a rule, I do not think the doctors are any worse off than midwives, at present.

5201. But probably they have more employment on the whole?—We are all quite willing, speaking of myself and a few others that I know of, to help the doctors at any time that they want our help, and they are very often very glad to get it in making examinations, and in regard to calling them in just at the last moment, where one is engaged as a monthly nurse.

5202. There is no friction in your county between the doctors and the midwives, is there?—No, except in one part.

5203. Where is that?—That is Cheshunt.



28 April 1909.]

Mrs. E. MILES.

[Continued.]

5204. Why has that arisen?—There the doctors will not attend a case where the midwife calls them in, unless there is a guinea and a half sent to them, either by the patient or the midwife. Cheshunt is a very poor district, inhabited chiefly by men at work in the gardens for market gardeners, such as Paul's Nurseries, and those kind of places. The men only earn about 15s. to 18s. a week, and how can they send a guinea and a half to a doctor?

5205. Have you any nursing association in the county of Herts?—There is one just started.

5206. But it is not general in its operation, is it?—No, they have only just begun. Lady Cowper and Lady Salisbury and several other ladies have started it in Watford.

5207. But only in Watford?—Only in Watford, but I think they would be sent out anywhere in the county. It is for the county; it is not only for Watford.

5208. Have you a sufficient number of women coming forward to act as midwives in the county?—I do not think there will be any shortage of midwives when those untrained women are done away with.

5209. You think a proper class of trained women will come in in sufficient numbers to take their places?—Yes. And in rural districts there is not really enough work to enable them to earn a living. For instance, I know at Watton, near Hertford, the midwife has only had twelve cases in the year. Now, if they get a guinea a case, it would be only twelve guineas, and that is not sufficient to give her a living.

5210. I suppose your Hertford and Bengoe Nursing Association will affiliate itself to the county association?—I do not think so. It is affiliated already to Queen Victoria's Jubilee Institute. It may do so, but I do not think it will, because it is affiliated already to that institution.

5211. True, but is there any reason why it should not act in co-operation with the county association?—No, but I could not answer as to that.

5212. (Mrs. Hobhouse.) Will you tell me the size of the district that you work; what sort of area is it?—It is four miles north-east, and four miles north-west of Hertford.

5213. You work in Hertford, itself, do you?—Yes, in Hertford, Bengoe, Waterford, Cole Green, and Hertingfordbury.

5214. How do you get from one end of your district to the other?—If it is a call in the night, I have a fly to outside places, and the association pays for that. Then sometimes I tricycle, and I get so far in that way, but it always takes more in the way of expenses for the outside districts than they pay, because most of the patients are of the poor agricultural class, earning about 12s. a week, so that it really costs more than ever we get in the fee.

5215. Do you find that there is any difficulty in their sending so far as four miles for you?—No, I am always there in time. They always send as soon as they begin to feel any pain at all, because they are always afraid. I do not think a birth has taken place without me, when I have been wanted, since I have been there, because they are afraid. That does not happen as often as in the towns.

5216. How many cases do you take in the year now?—160 cases.

5217. That is a good number, is it not?—But I have an assistant. I am obliged to have a certified assistant, because you cannot engage an uncertified person. Before that, I had trained two of my daughters, but one has gone out to Buenos Ayres and she practises out there, and one is now married, but she could work all the same for that, but the Act says now that they cannot act. She has not passed the examination yet.

5218. But you have trained her?—Yes, I have trained her as a monthly nurse, so that, when I was away, she always washed the babies. One doctor would take cases for me, but we returned the fee to him. I have never had any trouble with the doctors at all. I have always gone and helped them whenever I have been asked. The only thing that I complain about is this, that in a very great many instances where they take cases they are not there when the child is born,

and therefore they do not see what has happened. No antiseptics have been used, but the doctor sees the baby washed and dressed, and he says "you have done that beautifully, and I am glad you did not send for me," and the like. That is how things are managed, and yet the midwife has paid her last pound for her training. That is one thing I refer to when I speak of being harassed. The midwife who has paid her last pound for training has to work under a doctor, and be ruled and harassed and looked after. Miss Burnside is a very strict inspector; she is very just and very strict.

5219. Then, as regards the fees which you say the patients give the association, is there 1l. to pay sometimes for the services of the midwife?—Yes, but that is with regard to small tradespeople. I always say to them, "do you not think you had better have a doctor?" But when once they have had a midwife they will not have a doctor. If ever I go to a doctor's cases, even with the doctor, and he is not there, and I satisfy the woman, and do my duty by her, the next time she is going to have a baby she comes to me, and I say, "you had the doctor last time; do you not think you had better have him now?" But she says, "no, nurse, the doctor did nothing for me, and why should I pay the doctor anything?" I say, "I do not like robbing the doctor of a fee, and do you not think you had better engage the doctor?" and I say, "if you can afford to pay 10s. 6d. for me, you can get the doctor," and they say, "no, he will not attend."

5220. Do not the doctors object?—They say they have to pay that fee, but, there it is. I never tout for work; they come to me, I never go to them.

5221. Then you do no general work in your present place, do you?—No.

5222. It is all maternity work?—Yes, all maternity work. There are two Queen's Nurses there.

5223. Are you a Queen's Nurse yourself?—No, but there are two Queen's Nurses in the town.

5224. Do either of those hold a maternity certificate?—No.

5225. It is not a usual thing for the Queen's Nurse to do maternity work, is it?—I think it is done.

5226. But not as a rule?—I think in the outlying districts some of them do, because there is not sufficient general work, and then they make it up with maternity work. I have worked several years in general nursing, and I never saw any bad results from it. I think it is only a matter of common sense and cleanliness. I always went to my maternity cases first.

5227. You say that there has been a hardship to many in the way of keeping registers and sending notifications out?—I think that should be paid for by the county council, and not out of the midwife's pocket. I am not complaining as to myself, but for the young beginners it is really a hardship, as they have such a small salary.

5228. Do you pay for your own books and registers, or does the association pay?—No, I pay for my own.

5229. Who is the supervising authority in Hertford; is there a county superintendent?—Dr. Francis Fremantle.

5230. Then there is also a committee which supervises the working of the Midwives Act?—Yes, the county council. Miss Burnside is our inspector.

5231. Have you ever told her about this hardship with regard to postage and notifications?—She knows of it quite well.

5232. Have the midwives ever applied to the county council for payment for those things?—I do not know that they have; I am sure I have not.

5233. But you do not know that application has been made?—No, I do not think any has been made.

5234. (Mr. Dargy.) Do you get part of the fees paid?—No, I get a salary of 96l. a year.

5235. Therefore, it does not matter to you?—No, but still I like to have the case. They sometimes have none to care for them. I have worked so many years that I should not be happy without it, and I shall work as long as I can, or as long as no harm comes to anyone else.



28 April 1909.]

Mrs. E. MILKS.

[Continued.]

5236. (*Dr. Champneys.*) With regard to this question of shortage, you are pretty sure that there will not be any in Hertford, are you?—I am quite sure there will not. There are so many now that have taken the C.M.B., but they do not care to work with these people, and they just go monthly nursing, or whatever they can get to do.

5237. You think, when the uncertified women have ceased to practise, they will come forward and fill the vacancies?—Yes.

5238. Do you complain about anything else with regard to notification, except the expense of having to buy your books, and the expense of postages, and so on?—I have never found any difficulty about it.

5239. But you did complain just now?—Well, I say it is an extra for young beginners, especially.

5240. Then, if the expense of buying the books and the expense of postages were defrayed, you think there would be no further grievance?—I think not. I think everyone would be quite willing to pay for their training, and I think it is a proper thing to do, because I am sure they are more satisfied with it and they value it more, if they have to pay or to pinch in some way to pay for training. Speaking for myself, I was left a widow with five children, and I had to pay for my own training, and I have had six children since I have been at work, so that I do not see why married women cannot work as well as single women.

5241. You said something to the effect that in former days you did not have to notify still-births and children dying soon after birth, but you do not object to notifying these things, do you?—No.

5242. That is, if expenses are paid?—If it is the law, I do not object to it, but I do say that I think it is rather hard on midwives that the doctors should have so much money just to come and look at a baby. You have not the slightest idea of the consequences of this drug-taking business. I have several women who work at a laundry, and I find one tells the other to take this and that, and when the babies are born they are so blue and limp that they are like a little bit of soft rag.

5243. What do they take?—There are thousands of things that they take.

5244. Do you know?—They have all sorts of things. There are all sorts of things advertised that they get. A young woman came to me not long ago, and she said that that she was afraid that she had got a tumour, or something of that kind, or a growth, or something of the kind, and I said, "well, what have you done?" She said, "I have taken 15 boxes of Williams' Pink Pills," and I said, "they have not done you much good." Then I said, "what else have you taken, or what is the cause of it?" She said, "I do not know, but I feel as if there was a something like a lump here, and a lump there, and one somewhere else, when I lie down." She said, "I have got Nurse Somebody's pills for all female irregularities." She had paid a guinea for that. "I could not tell you who it was, but I could find out from the woman herself," she said, and I said, "I am afraid I can do nothing for you. The best thing to do is to have a proper medical examination." "But," she said, "nurse, I could not let the doctor come to my business place to examine me." No," I said, "that would not be very wise, but I will tell you what I will do. If you will ask the doctor—or, I will ask him for you—to come, I will have you to my house, and he can come and examine you." Of course, it was a baby. The young woman gets so far, but when that baby comes it will be one of the poorest, puniest, and most ricketty of little things. If this nurse charges 1*l.* for a box of pills she ought to be had up for fraud on the general public, and, if there was something injurious in them, then that would come under the Food and Drugs Act, I should have thought. But really it is that that is making the children of the present day such poor things. It is not the matter of food a quarter as much as it is that. The babies brought up on Robinson's Prepared Food and milk do splendidly, even if the mothers have to go out to work, and cannot nurse them. They do splendidly on it.

5244A. (*Mr. Pedder.*) Do you think that when the handy-women, to call them so, cease to practise next

year, the mothers who have hitherto engaged that class of woman will be ready to employ a proper midwife?—Yes.

5245. They will not want to go on with the others?—No, I am quite sure they will not. I am quite sure it will be so in all my district.

5246. But will it not be still possible for one of these handy-women to go on attending cases, because, not doing so habitually, or for gain, or pretending not to do so, they might go on doing it? Do you think there will be much evasion of that sort?—No, I do not think so.

5247. You think directly the Act comes fully into force it will all be changed?—These people get very scared if they know you can come down upon them with the law.

5248. Do you mean the handy-women are scared?—Yes. There is one uncertified woman who continues to practise, though she has been warned by the inspector, and told by the doctor, that, owing to a septic throat, she ought not to go near a lying-in woman, but the law cannot touch her till 1910. The doctors have told her that it would be infectious to attend a lying-in woman.

5249. Will she stop then, or try to go on?—I think she will try it on, but she will have to stop then. If Mr. Longmore, the clerk of our county council, or Miss Burnside, the inspector of midwives, wrote her a note, and said "you must never practise again, the law being such, or, if you do, it is a punishable offence," she would stop, I am sure.

5250. And the mothers would not be inclined to help these women to go on secretly, would they; they would get a proper midwife?—I quite think they would; I am sure, a few years ago, there was a terrible case of a woman who had a baby born; the cord had been dragged away leaving the placenta not expelled for two days, and the doctors know perfectly well what an awful thing that is.

5251. (*Mr. Fremantle.*) What kind of women do the doctors employ as their monthly nurses?—Such as handy-women, that go out scrubbing and cleaning.

5252. There is no check upon whom they do employ, is there?—No.

5253. Then you say these women that they employ as monthly nurses are very often, perhaps generally, in charge and actually do conduct the confinement?—Yes, wholly.

5254. Although they have had no training?—Yes.

5255. Do you think the doctors will employ people like those unqualified people, who at present practise as midwives, and will still keep them at work to a certain extent, when the Act comes into full force next year?—I do not know, but I should not think they would.

5256. But still, these other women are being employed by the doctors, and are in competition with the midwives, are they not, in a way?—They are really as bad as these other women; that is, as the uncertified midwife, and they do as much mischief.

5257. What would the doctors say to that? Would they not say these women are under their supervision the whole time?—But, if they do say so, they are not, because I can assure you that doctors are not present at the birth of all by any means in towns. That I can vouch for.

5258. Would not the doctors know these women so well that they could trust them to conduct their cases properly?—But there is no disinfectant used.

5259. You think there is none?—I do not think; I know it.

5260. To what extent are these women clean that are used by the doctors?—They do the vegetables, and clean up, and things of that kind, and these things tend to poison a lying-in woman. They have to do all the cleaning and dusting, and do the grates, and everything in connection with household duties, and yet they go to these patients. It is very seldom that the cord is inspected, or anything of that kind.

5261. Do you think for the good of the people that these monthly nurses ought also to be properly trained?—As midwives?

5262. Yes, or anyhow, as monthly nurses?—Yes, I think they should have a certain amount of training so as to be able at least to wash and dress a baby in the



28 April 1909.]

Mrs. E. MILES.

[Continued.]

proper way, and I do not think that they should be left to deliver. I think it is only those who are properly trained for delivering that should be allowed to do that, and who know the use and abuse of antiseptics. I think every doctor should do his best to be present. I know a doctor perfectly well, who the whole of this winter has never gone out to a case, and he has had a lot of cases.

5263. I suppose you would say that, with the best will in the world, the doctors cannot always be present?—No, they cannot always be present.

5264. So that sometimes a doctor must leave a case to the monthly nurse to deal with?—Yes.

5265. With that in view, do you think it would be a good thing to insist, or that it is necessary to insist, that these monthly nurses should have a full midwifery training?—I think that when the Midwives Bill was introduced it was said that doctors should try more to be present at the birth. Of course, I know that many doctors try their best to be there, but there are others who will not try or trouble themselves in the least.

5266. Now about this question of places like Watton, and those villages round Hertford. Considering how small the fees are that are to be got there, what are the prospects in the future of being able to get a fully trained, or properly trained, midwife to work those villages?—There is a properly trained midwife at Watton, and she had only 12 cases last year. But the Honble. Mrs. Reginald Abel Smith makes it up for her,

I expect; and the same at Tewin, with the Countess Cowper. That is where the doctors are really better off by all these restrictions on the midwives, because the ladies help them so much more than they used to do. For instance, if the guardians did not think a man earning 11. a week was one whom they should pay for, I am quite sure Mrs. Smith would say directly, "poor man, they have had a lot of expenses," or, "do this, and I will help to pay," and there are plenty of other ladies who will do the same. I think the doctors are better off since they have worked under associations. I am quite sure that before the Act the doctors did not get paid one half as quickly as they get paid now.

5277. In those circumstances, do you think the profession of midwifery will attract for the rural districts a good class in the future, or do you think there will be any difficulty in getting women to come in?—I do not think there will be any difficulty in getting candidates to come in. I think it is very much better if they pay for their own training. I think they will appreciate it very much more then.

5268. (Mr. Pedder.) Is this practice of taking drugs to procure abortion of recent origin?—No, it has been going on for a good many years, but it is growing very much.

5269. You think it is a growing practice?—Very much so, and the children really are crippled by it, I can assure you.

The witness withdrew.

Miss ALICE GREGORY called and examined.

5270. (Chairman.) Will you explain your qualifications for giving evidence here?—I have been a midwife for 13 years. For eight years I worked in a country district. Now I am District Superintendent of the Training School for District Midwives which I have founded at Woolwich, and I am also the Vice-Chairman of the London County Council Committee under the Midwives Act.

5271. Does that superintendence cover any distant area?—It is not absolutely laid down as to how far we should go, but we do not as a matter of fact go much further than a mile and a half in either direction from the hospital.

5272. Where is the hospital?—In Wood Street, Woolwich.

5273. So that it is practically a metropolitan institution?—Yes.

5274. What is your opinion of the women generally who at the present moment are engaged in practice as midwives?—I am afraid they are not very well qualified for their office.

5275. Do you include in that condemnation those who hold the certificate of the Central Midwives Board after examination, or merely those who came in under the Act because they had been in practice before for a certain number of years?—Everybody who has had only three months' training.

5276. But that is the minimum training, and a good many who present themselves for examination have had more?—That is very uncommon. The usual midwifery course is three months, and they pay for that; if they want more, they have to pay more.

5277. You are an advocate of increased training?—Yes, to bring us nearer to the standard of foreign countries.

5278. What period would you say was necessary?—The same sort of period as is regarded as necessary in Holland and France and Belgium and Italy; say two years. Scandinavian countries give one year. Russia gives three years, but I think that is perhaps rather excessive.

5279. Do you think if two years' training were necessary you would get any considerable number of women to go in for the work?—It depends on the terms offered and on what one aims at getting. An educated woman would prefer to have an adequate training, and if you give her three months' training, she will not take it up afterwards because she recognises how very responsible the work is.

5280. Do you think the necessity for a two years' course will increase?—Yes, and we are not poorer than those other countries.

5281. But the opportunities of obtaining a livelihood afterwards have to be considered?—Yes.

5282. In these other countries does the midwife work independently of the medical practitioner?—Yes, as she does here; those countries recognise that the lives of the mothers and the eyesight of the babies are so important that the salaries are supplemented by the State to a certain extent.

5283. And I suppose they do work there which in this country is held to be more properly discharged by medical men?—Not very much more than midwives would be allowed to do in England; but in some countries they are allowed greater freedom.

5284. Then in your judgment will there be any considerable shortage of properly qualified midwives on the 1st of April 1910?—I think that in towns there will be plenty of certificated women, but again much depends on what one means by properly qualified.

5285. We assume that those who hold the certificate of the Central Midwives Board are for the purposes of this investigation properly qualified?—I am afraid I cannot assume that. I do not find that the English women can be trained more quickly than the foreign women, but I think we shall have enough certificated women, or of those who will be legally qualified, in the towns. There will be an insufficiency in the country.

5286. That is not consistent with the information we have had recently from persons who speak with authority in regard to different parts of rural England. They do not profess to speak of the condition of things in the towns, but they are quite satisfied that, with proper distribution and organisation, there will be plenty of qualified midwives in rural districts. We have had one witness from Wiltshire to-day, and another from Hereford, who could speak as to those counties, which are typical rural counties, and they are absolutely satisfied on that point?—I do not think that the public will know about it. I think the doctors will undertake a great many more cases, but they will be quite unable to attend them. And as they are doing at present in the country, they are leaving women to look after the cases.

5287. But we understand they are at present leaving women like charwomen, and so on, with no qualification, to look after the cases, but if they leave them in the hands of women after the 1st of April



28 April 1909.]

Miss A. GREGORY.

[Continued.]

1910 they will be women with certain pretensions to being qualified?—In many parts of the country that I know about there will not be even the legally qualified woman, and therefore I suppose they will be the original old "Gamps" probably.

5288. But under the Act such women will be running a very considerable risk in practising?—But it is usually impossible for a doctor to sit through a long confinement, and he will probably say, "I will come back presently. I hope I shall come in time. Get a friend to sit with you," and the woman will get in a friend who has been doing this sort of work for a number of years past, and if the baby comes in the meantime, things will be as they were before.

5289. But the doctor will have to use every effort to be there?—As to that, I have looked through the correspondence from several pupils I have sent out, and I keep very voluminous notes, and it is already being done to a great extent without any superhuman efforts on the doctor's part to be present. They say, "why should the nurse object to my booking the case, so long as she has the responsibility and practice?" I do not see that one can blame the doctor if it is absolutely impossible for him to get there. They cannot leave all their better class of patients and sit for six or eight hours in a cottage. They cannot possibly know when it is coming off, and when once embarked on their rounds they cannot say when they will be back.

5290. But I suppose cases of labour are not, as a rule, so protracted as all that?—There are many such cases.

5291. In extreme cases that may be the result?—Yes. It will be quite a common occurrence.

5292. In regard to the payment of the doctor by poor law authorities, do you think that the present practice sometimes leads to the doctor not always getting his fee in particular districts?—Yes, I think it does very much.

5293. Even if they are disposed to act on the recommendation of the Local Government Board?—Yes.

5294. And would you advocate it being made a statutory obligation on them to pay in the first instance?—Yes, I should.

5295. With power to recover from the patient?—Yes.

5296. Do you think that the poor law authority, or destitution authority, or public assistance authority, or whatever it may be called, should be invested with that power in preference to any other body?—Yes, because they would have more power to recover the fee.

5297. You think they should have that authority?—Yes.

5298. (Mrs. Hobhouse.) Just now you stated in your reply to one question in regard to the maintenance of midwives that in most European countries their salary is supplemented?—In very scattered districts that is, but not in towns.

5299. Can you tell me which particular countries you refer to?—In France, every Department gives a purse every year for the training of a midwife, and in poorly inhabited districts they receive a certain sum, I do not know how much, and they get fees from the patients too. I am quite sure about France as to that, and I think it is the same in Holland, but I am not quite certain about that. I have heard rather vaguely about the other countries, but France I know most about in that respect.

5300. They pay for the training of midwives in rural districts; is not that so?—A large number of the Departments do, and bind them afterwards to go to poorly inhabited districts.

5301. You would advocate three years' training for midwives who are to act in rural areas as in the case of Russia?—It is certainly a very thorough plan. I should never be satisfied with less than two years for either town or country midwives.

5302. I think the training there is free?—Yes, if they are going to the scattered districts, but there is not universal free training.

5303. Do they get no salary during the three years' training?—I think not. I know a little less about Russia than about the other countries, because the reply

I received was in Russian, and I have had difficulties in coping with it.

5304. In Germany it is two years?—It is much less than two years. That is one of the worst cases. It is getting on to five or six months, but it is quite the worse instance. Holland is quite the best. It gives two years, which can be increased to four years, if the pupil is not apt.

5305. During that time do they receive any salary?—No, I am sure they do not. Some of them pay, but a certain proportion receive their training free.

5306. Do you know at all the usual amount they earn when they go back to the different districts?—I have tried to find out about it, but it varies as much as it does in England, I think. In England, of course, in some counties they receive 15s. a case, and in some it goes down to 3s. 6d.

5307. In individual cases?—Yes. I think it is a very sliding scale. I do not know how much the Government gives. I did hear in Denmark what it was, but it was in Danish money, and it has slipped my memory, but it was a small sum, I know.

5308. Then they supplement it by a payment per case?—In Denmark they supplement it and give a pension. It is a very small sum, and rather a small pension.

5309. Do they supplement the salaries in Holland?—In the very scattered districts I believe they do. I understood they did it in all European countries.

5310. If they supplement the salary they must surely have something in the way of a scale by which they can go, as to what they should consider the correct training?—Yes, but I have never received a full account of that. All my letters were sent out as private letters, and therefore all my questions were not thoroughly answered as to that.

5311. You cannot give any definite information on that?—No.

5312. Then you also mentioned that in your opinion midwives should invariably be educated women?—Yes, I do think so.

5313. Have you estimated at all what sum would be required to nurse this country adequately?—No, I have not. I am satisfied that, if other countries can afford it, we ought to be able to do so too, whatever the cost. I think, of course, it is always a mistake to put a midwife down into a small area. I believe in a large number of young and strong women taking a large bicycling area, because then the woman would get more cases and keep her hand in, and be much better at her work. In my old district I undertook 16 different villages. That would very much lessen the number of midwives required. The fewer the cases they do the larger area they could take.

5314. But at all events the number required would be very large?—It would be very large undoubtedly, and it could not be done in a year or two. It would take a considerable time to work it out, but it would be worth doing. One cannot supply England with that number of trained midwives in a hurry.

5315. Not if you train them for two years?—No.

5316. Do you imagine it would be possible to secure a sufficient number of educated women to supply the number that is required?—Yes, I think it would. But I take, perhaps, a somewhat wide interpretation of what is meant by education. The two years' training in itself is a certain amount of education. I do not think they need all be gentlewomen. The more educated they are the better midwives they would become, according to my experience.

5317. I mistook your definition of education, I think?—One would have to have a rather wide interpretation of it, and the two years' work is in itself a certain amount of education.

5318. Do you consider that sufficient?—No, I do not think the cottage women will be able to fight the enormous amount of superstition they have to fight, however long training they may have had. Their own mothers and grandmothers have done these things, and one cannot expect their new learning to override all their old authorities.

5319. Do you include in that the artisan class?—Yes.



28 April 1909.]

Miss A. GREGORY.

[Continued.]

5320. You would take those required from the farmers and tradespeople and clerks?—Yes, the lower middle class, I should say, and as many of the upper middle classes as one could get to join.

5321. Do you take probationers to train for one year?—We never receive them unless they have received at least a year's general training somewhere. We prefer them to stay for a year, and we keep them at very little more expense to themselves than the six months' training.

5322. You practically train for a year?—We should like to, but the average has been nine months. Many find it difficult to be without a salary for the whole year, and as the law does not support us, we cannot insist upon it.

5323. What is done as to their subsequent employment?—Of course, as they stay for nine months, we have not yet trained a great number. We have only trained 19, and no pupil of ours has failed in her Central Midwives Board examination. Out of that number a few have left the work, and of the others several have been women of the upper and middle classes, and they have started their own practice in different parts, and they are making it a success. A good many have gone under committees, and some have actually started as Queen's Nurses, and receive 80*l.* a year. They are mostly to be divided into those classes.

5324. You do not try to train them as teachers?—Not all of them. Many of them would not be particularly qualified for it. We very often are asked to supply teachers. If they are qualified, they are handed on to teaching.

5325. You have some who act as teachers?—Yes.

5326. Your experience in midwifery and general organisation deals more with town areas, does it not, than with country districts?—No, our people go out a good deal into the country. I have worked mostly in the country, but one has to train in the towns, because one gets more patients in that way. I think the majority of them have gone to the country. My own personal experience was eight years in Somersetshire in a village called Paulton, and I have worked in Radstock and Midsomer Norton, and a good many other places round there.

5327. That is a very hilly district?—Yes, very.

5328. And with a very large population?—Yes, it is a mining district, and therefore the villages were larger than in some other places.

5329. And yet you managed 16 of them?—Yes, but I did not have anything like all the cases. I had a tremendous lot of old "Gamps" to contend with, but I would go to these 16 villages if they wished it.

5330. Were you working under an association?—No.

5331. About what number of cases did you take in the year?—I never had more than 120, but when I left I started a midwife with a guaranteed salary, and she has taken 140 cases. They pay her 10*s.* a case, which would give about 70*l.* a year.

5332. Is she working the same area?—No, not quite so large an area, because she gets more cases in each place, and therefore we have taken off a few of the villages.

5333. Has it come within your experience that there has been a difficulty in obtaining good training in midwifery at all?—That is rather an invidious question. Do you mean they would not be well trained in the existing hospitals.

5334. No, but do more people require training than there are vacancies for?—No, I do not think I have found that at all. I have heard of a good many maternity hospitals who would be rather glad of more pupils than they can get.

5335. It does not come within your knowledge that it would be an advisable thing that municipalities should legally be able to start training homes?—No, I hardly think so. If they did they would probably give the least possible training, and my whole feeling is strong for increasing the training, even if there were a deficiency of midwives. I would go in for turning out a better class and working it up gradually. Otherwise I think that would be putting us in a worse position

than we are in at present, if they were content with the shortest possible training.

5336. I should not have thought so myself, but probably that is a matter of opinion and locality?—Yes.

5337. (*Dr. Champneys.*) Have you worked out the cost of training for two years?—No, I have never done that. I have always been content to think that, if other countries could do it, England will possibly become rich enough some day to follow their example.

5338. In the meanwhile, what do you wish to have in regard to the period of training? Do you wish to have the period of training gradually lengthened compulsorily?—Yes, intensely so.

5339. What is your idea as to what it should be for the immediate future?—Six months I should like better than three months, and still more a year.

5340. From a practical point of view you would make six months compulsory?—Yes.

5341. Would you make any other alteration in the number of cases attended, for instance?—No, I do not think so, because I think they want to learn more about the nursing of their patients, and if one puts it all into attendances one gets less nursing.

5342. Would you reduce the number of cases attended?—No.

5343. Would you insist on each woman delivering each patient?—I think there are very great difficulties about that, because if you insist that she should do so, in how many cases is she going to control the uterus, which is equally important? She is not likely to get another 20. I think that is a great difficulty.

5344. Do you think she would really get sufficient experience with a less number than 20?—I think she should have 20 cases. Personally, I should think there should be rather greater freedom in regard to the definition of her duties respecting the cases accounted for. Definite examination would always have to be made to count, and only one pupil to each case. I should insist on that. But I do not think I should have insisted that each should personally deliver. I think I should have laid down that in some of the 20 cases responsibility for the uterus should suffice, so long as no other pupil was counting the case.

5345. I do not quite understand that. Do you think, if she delivers a woman, she cannot be responsible for the uterus?—Of course, when one has been at it long, but not a pupil learning.

5346. But you always did have to do both when practising yourself?—Of course I did it in my own practice naturally.

5347. It does not take, generally speaking, two men or two women to attend a woman in confinement?—When learning I think their attention would be so intensely divided that they would muddle both.

5348-49. Then at what period would they learn to do all that is necessary, because it is rather difficult to insist on two men or two women being present at each confinement?—I do not think there is the least necessity for this. Let them first learn one part of their work, and then the other, and finally how to unite them.

5350. I suppose you would think that, at some period of her training, she ought to become familiar with the whole of the duties that she will have to perform when she is alone?—That is so undoubtedly, and I think that no attention at all has been called in the regulations to the necessity of controlling the uterus. It has been entirely tied down to the actual delivery.

5351. I think not. I think the Central Midwives Board imagine that the delivery of a woman includes everything concerning the care of the woman.—It is different lately. We used to think that, so long as only one pupil counted the case, it did not matter if she delivered or controlled the uterus, and other training centres did the same. But the wording has been changed lately.

5352. There has been no change in the wording of the Rule, but I will not go into that now. You cannot tell us at all what the cost of the two years' training would be?—No, I am afraid I cannot tell that.

5353. Not approximately?—No, I have not estimated it in the least.



28 April 1909.]

Miss A. GREGORY.

[Continued.]

5354. A very expensive training ought to bring in a very considerable return, unless there is to be a tremendous amount of payment from public money?—Yes, but I do not see how it can bring in a very large return. It brings in a return in the way that the nation would not be spending at the rate of 50*l.* a year per child for 12 years on the education of blind children. That is how the nation would get it back.

5355. (Mr. Pedder.) In the last paragraph of your précis, you say there is a tendency to abuse in the payment of fees to medical men because, if I understand it rightly, the medical men get a larger fee from the guardians than they could recover from the patient?—Yes, that is so.

5356. But, all the same, you would like to see payment by a public authority made universal?—Yes. It seems the only possibility, and that the public authority should get it back. I think that is the only abuse I know of.

5357. How would you stop it?—I think it is a very great difficulty, but I should think personally that the payment might be on a different scale. I think the doctors receive an undue amount from the poor law authorities for a visit.

5358. Some poor law authorities pay two guineas?—Yes, and for an ordinary visit 3*s.* 6*d.* is received from a patient sometimes, and 10*s.* 6*d.* from the poor law authority.

5359. Would you put any obligation on the doctor to try to recover it from the patient first?—No, that is quite impossible, I think. I think the authority ought to pay and recover.

5360. You want to meet the abuse by some other system of graduated payments?—Yes.

5361. But it is very difficult?—Yes, exceedingly so. It is easier to see an abuse than to find any remedy. But that is one abuse I have met with undoubtedly.

5362. Do you advocate the payment being made from a public fund for either or both the training and the practice of the midwife?—I do not recommend that public funds should be used for training, except for very scattered districts. In many country places it would be well to supplement the midwife's income. It would be better to insist that the midwife should have a longer training. If the public authorities are going to pay they should pay larger sums for the training of the individual midwife for a longer period.

5363. Then you would advocate something to be given from public funds for training?—For scattered districts, but not for towns.

5364. Do you want midwives subsidised in country districts?—Yes.

5365. What about voluntary funds and the conflict between public payment and voluntary work?—That

The witness withdrew.

Mrs. MESSENGER called and examined.

5376. (Chairman.) What is your position, may I ask?—I am in practice as a midwife.

5377. Do you hold the certificate of the Central Midwives Board?—Yes.

5378. I suppose you were in practice before the Act?—Yes, I was in practice before the Act.

5379. Have you the London Obstetrical Society's diploma?—Yes.

5380. You are now in practice in the borough of Southwark, are you?—Yes.

5381. What number of cases do you attend a year?—About 700, but I have two assistant midwives.

5382. You practise on your own account, and not in connection with any association, do you?—Some of the cases are from the York Road Lying-in Hospital.

5383. Outside cases?—Yes, in the extern department.

5384. You do that number of cases annually, do you?—Yes, about 700. That includes about 300 in connection with the York Road Lying-in Hospital.

5385. And you have two assistants?—Yes, I have two assistants.

5386. What fees are charged in the cases you attend?—The patients are very poor indeed: a great

would have to be gone into, of course, very carefully. But there are many places where so little can be raised by voluntary funds—not enough to secure the services of a well-trained midwife. One would like to have a better class of woman, but an educated woman, of course, costs more. The grant could be in proportion to the voluntary efforts made.

5366. (Mr. Fremantle.) In regard to the training for one to two years that you suggest is the ideal for a midwife, is that for midwifery only, or general nursing too?—I should have preferred to have a foundation of general nursing, because they want to learn antiseptic thoroughly in practice as well as in theory before they go anywhere near the mother.

5367. How long would the training for midwifery be?—A year's training for midwifery, and a year's general training, would be the ideal scheme.

5368. In your institution at Woolwich are they trained in district work as well as in the Home?—Yes.

5369. Do you consider that is essential?—Yes, both are essential.

5370. You do not think the district nursing is sufficient without the other training?—No. You cannot teach everything to pupils in a district, whereas you can call a nurse out of a ward in hospital and explain things as you go along.

5371. Your district is a purely urban district in Woolwich, is it not?—Yes.

5372. You do not think it matters much as to their not having training in a rural district?—No, I do not think that matters at all, because I think the fact of having very few conveniences in such cases applies equally in town or country.

5373. Only, of course, they have less responsibility because they have more supervision in a town, do they not?—Yes, that is so, but then so long as they are pupils they must have supervision, or else they are not getting proper training.

5374. We have had evidence of the fact that many monthly nurses practically control the labour in the absence of the medical man, even with the best intention on the part of the medical man of being present; do you advocate any change in regard to the regulation of the monthly nurse?—No, I do not see that that can possibly be stopped except by stopping the midwife. One cannot legislate that mothers shall have nobody present at all, and you cannot legislate that doctors shall give up all their best paying patients in order to sit by those who pay small fees.

5375. Do you recommend that legislation should be carried into effect, providing that either a midwife or a doctor should be there?—I think it would be rather dangerous.

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28 April 1909.]

Mrs. MESSENGER.

[Continued.]

5395. But we know that the very poorest by taking time by the forelock can sometimes provide for what is coming?—Yes, but I am afraid they do not do that.

5396.—There are no insurance societies, or provident societies in the area you are familiar with, that encourage the poor parents in that way, are there?—No.

5397. But, in your opinion, something might be done to protect them against these risks?—Yes, occasionally, when we are obliged to send for the doctor, we get 5s. from the patient; but it is very seldom they are able to pay it.

5398. Then, does the doctor go without remuneration in many cases, or do the guardians pay?—I have been paying the doctor's fee myself for some time now.

5399. But that is no part of your duty; is it because the doctors do not care to come without a fee?—Yes.

5400. But what has been the attitude of the boards of guardians? Have they refused to exercise the powers that they have of paying?—The doctors tell me that they refuse in some cases, but in some cases they pay a fee, and then afterwards get it from the husband.

5401. You do not know how many boards of guardians control the district with which you are familiar, do you?—No, I do not know that at all.

5402. In what poor law union is your area of operation?—Southwark, I think.

5403. You do not know what the general practice of the boards of guardians is in that particular area?—No, I do not know anything about it.

5404. Then, do you think that the attitude of the doctors has been unnecessarily hard in the matter?—No, I do not think so at all.

5405. You think they have ample justification for what they do?—Yes, I do; I think they are very good. They have often been called in, and have not a fee at all—very often, I know. They have been very good, but they are getting rather tired of it, because they do so much for nothing, and they have told me they will not come unless there is a fee.

5406. In what proportion of the cases that you attend has it been necessary to send for the doctor at all, how many per cent.; is it 10 per cent., or 20 per cent., or 25 per cent., or what?—I could not say without looking up my books.

5407. What do you think is a fair estimate?—I should think about 10 per cent., but I am not quite sure.

5408. In what proportion of the cases do you think the doctor goes without his fee, or has difficulty in obtaining it?—He will have great difficulty in obtaining it as a confinement fee, but we get sometimes 5s. from the patient towards the fee.

5409. In a certain proportion of cases the board of guardians do pay, I suppose?—I suppose so.

5410. But do you not think that the doctor probably improves his reputation in the district he practises in, if he is known to be willing to come to the rescue of cases of emergency?—I do not think so in our part, because the patients are so very poor.

5411. They are all of the very poorest class, are they?—Yes, they are all of the very poorest class. They are not working men; they are, many of them, odd job men.

5412. Are the doctors very hardly worked in that area?—Yes.

5413. I ask that, because, if the doctor has not much to do, he does not suffer much if he gets no payment, because in attending a case of parturition on emergency it keeps his hand in?—I think they have plenty to do; the fees are very small.

5414A. (Mrs. Hobhouse.) You have been training a great number of people for many years, have you not?—A great many.

5414B. For both the London Obstetrical Society's examination, and then afterwards for the examination of the Central Midwives Board?—I did some work in York Road as resident midwife in the London Obstetrical Society's days, and I have been assistant in training to the hospital.

5415. How many years have you trained on your own account?—It is seven years since I left York Road, but I went into practice as a trained nurse after that time, and we had a large private practice as well, and I have been taking private pupils since then.

5416. What class of pupils do you get? Are they working class women?—Many of them are trained nurses, who want to get their certificate, and we have also trained for the rural districts.

5417. Have you found these women for the rural districts, and those who perhaps do not come quite under the category of educated women, easy to train sufficiently to pass the examinations?—Yes, generally so. I find that most of them make quite as good midwives as the trained nurses. They are more difficult to teach, or it is more difficult to get them to understand their work; but I think they do their work quite as well as the nurses with three years' training.

5418. How long do you take your pupils for?—For three months for trained nurses, and four months, and six months sometimes, for those who have not had training.

5419. Is that length of training fairly usual throughout the country, so far as you know, for the untrained women?—Yes, four months is.

5420. But, you have come in contact with other training homes, besides your own, in London, have you not?—Yes. It is certainly three months for the trained nurse, and I think four and six months for others.

5421. You say you give the doctor a fee when you find it necessary to call him in; what fee do you give?—I pay the fee that the doctor asks, which generally runs on a scale. If they are called up in the night, and it is a difficult case, and they remain several hours, they always ask a guinea, but, if it is a case in the day time, and there is not very much to be done, the fee is much smaller.

5422. A guinea is the maximum fee, is it?—Yes, they never ask for more than that from us.

5423. Then you consider, ordinarily speaking, that a guinea fee would be sufficient remuneration?—Yes, I have not found the doctors ask for more.

5424. So far as you know, there are no clubs in your district into which the women can pay?—I have not heard of any anywhere.

5425. Not anywhere?—I have not heard of such a thing at all.

5426. Then, do you find that your less educated pupils fear the examination a good deal?—They all fear them.

5427. Do you find that they suffer more from nerves?—They are all terrified by the examination.

5428. But you have not found, so far as you know, that they have got any real cause for being frightened of the examiners, or anything of that sort?—No, I do not think so.

5429. Do you consider that it would in any way be a help to them if they were examined more frequently by women than by men?—No.

5430. You do not think so?—No, I have no reason to think so.

5431. There are a certain number of lady doctors who examine, are there not?—Yes, there are. The examiners might be lady doctors; they are gentle in their manner towards the nurses.

5432. What area do you find you can work from your home in a thickly populated district like that? How far would it extend?—I think we go something like a mile and a half round. It is a very thickly populated district. It is a mile, or over a mile, round.

5433. Could you take more cases, or cover a wider area, if you could get the cases, or would the patients not send so far?—I do not think they would care to send further than that, because there are no means of travelling at all, or anything of that sort.

5434. (Dr. Champneys.) You are an approved teacher under the Central Midwives Board, are you not?—Yes.

5435. You spoke to us of defraying the doctors' fees out of your own pocket?—Yes.

5436. You mean, you have had to do that?—Yes.

5437. You do not get them repaid, do you?—No.

5438. May I ask what your own fee is?—A few shillings.



28 April 1909.]

Mrs. MESSENGER.

[Continued.]

5439. How much?—5s. to 7s. 6d., and, in some cases, 10s. 6d.

5440. Then you have to pay a matter of 15s., or 10s. out of your pocket, sometimes?—Very often I have had to do that. Of course, the patients are very poor, and it is impossible to get it from them. They are all out of work, and this winter has been far worse than ever it has been before.

5441. Could you give us any sort of idea how often, in a hundred cases in which the doctor is called in, you would have to pay the doctor out of your own pocket?—I should in most of the cases.

5442. You would have to pay the doctor in most of the cases out of your own pocket?—Yes, and sometimes I get 5s. from the patients; they struggle to do it where they can.

5443. It is a very poor district, of course?—Yes, one of the very poorest in London.

5444. That means that you are 15s. out of pocket by it very often?—Yes, very often I am.

5445. Can you give us any opinion as to the use of drugs for the purpose of procuring abortion; is it much done, do you think?—I do not think so.

5446. You do not come across it?—No, I have not come across it at all. On the contrary, the people round about seem to have so many children every year that I do not think it is done in our neighbourhood.

5447. You do not think it is done in your district?—No, and the women never talk about it at all, or seem to have any idea of that sort of thing.

5448. And you do not find, for instance, that their neighbours put them up to going and buying this drug, or that drug?—No.

5449. Or that the papers do it?—No, I do not think it is general at all with our people.

5450. With regard to the training of your own pupils, of course they have to make abdominal and vaginal examinations?—Yes.

5451. In the course of the labour, with regard to vaginal examinations, what would be the sort of rule you would enforce? When would you let them examine, and in what circumstances, and how often?—They examine as soon as they have thoroughly disinfected their hands. Then they make their examination.

5452. What period of the labour would that be?—It would be as soon as they arrive; it might be in the first stage.

5453. Then, afterwards, what?—If we find there is no great change in the pains, and we think nothing very much is going on, we wait a little, and then, when a change appears to be going on, the nurse makes another examination to see what is the state of affairs, and in the first cases they may take perhaps another look, or something like that.

5454. That is the rule you make for the instruction of your pupils?—Yes.

5455. And you think it is necessary?—I think it is necessary very often for them to ascertain how the case is progressing.

5456. Apart from instruction?—Yes.

5457. And that would be so, whether there were any Rules of the Central Midwives Board or not? That is what you would teach your pupils to do?—Yes, and I should require to make an examination myself, to be sure that things were satisfactory.

5458. Could you tell us, from your experience as a midwife, what kind of dangers would be likely to occur from want of vaginal examination. I mean, if no vaginal examination is made, how would the woman fare; would she do at all worse in certain cases?—There might be prolapse of the cord, and then the labour might be obstructed, and, unless we made an examination, we should not discover it. Sometimes the pelvis will be contracted, and one does not always recognise contracted pelvis at first. The head is sometimes too low down, and it is necessary to take that into account at times.

5459. You think it is entirely necessary that there should be more than one vaginal examination made in the course of labour for the sake of the woman and

child?—Yes, if the labour is at all prolonged it is necessary.

5460. Do you think that the patients run any real risk if the rules as to the disinfection of the hands are carefully observed?—From my experience, I do not think so. I do not know when we had a case of sepsis.

5461. How long have you been teaching midwifery? 27 years.

5462. (Mr. Fremantle.) Do your pupils go into rural work in the country, or do they work in the towns?—Many of them work in the country; many of them come to be trained on purpose to go back to work in the country.

5463. Which, in general, offers the best prospect for them from a remunerative point of view?—The town, I think.

5464. Do you find that you ever have had much difficulty in getting pupils?—No, I have no difficulty whatever. I always have more than I can take; I always have to refuse some.

5465. Do your pupils mostly come to you from the rural districts, from associations or privately?—Privately, mostly. I take a few from the rural associations, but I always have more than I can take besides those. One nurse recommends another, and they apply when vacancies occur.

5466. How do you think the prospects as to the profession of the midwife stand at the present time; do you think it is likely to continue to attract a large number of women?—Yes, I think from my experience that is so. But, may I say that all the trained nurses want to get their Central Midwives Board certificate, but a very large number of them are only training to get the certificate, and then go abroad, and so on.

5467. They do not intend to act as midwives?—A very great many of them never intend to act as midwives at all.

5468. But, from the point of view of the profession of midwife, do you think the supply of women training for the profession is likely to keep up, despite all these regulations?—Yes, I think it is likely to increase.

5469. And you think it will appeal to an equally high class of woman, do you?—Yes, I think increasingly so. They are of a higher and improving class now.

5470. They are of an improving class?—I think they are improving, certainly.

5471. (Chairman.) Arising out of that point I should like to know whether you think that there are any disabilities touching the practice of midwives at the present day, or any grievance under which midwives in practice suffer, which might be removed either by administrative or legislative action. Do you think midwives in practice are subject to any grievances or disabilities, which impede them in their practice, and deter persons from entering the profession?—I think in some neighbourhoods they may come to grief with the doctors; I mean, in poor districts.

5472. You mean there is some opposition on the part of medical men?—Yes.

5473. But there is nothing in the conditions of their practice that prevents women from entering the profession, or impedes the success of those who practise?—No, I cannot think of anything.

5474. Midwives, as practitioners, do not suffer from any difficulties that it is in the power of those who regulate their service to remove, do they?—I think their only difficulty is that in many neighbourhoods the fees are so small that they find it very difficult to get a living.

5475. But that is a difficulty of supply and demand, which no action of the legislature or administrative action can overcome?—Quite so.

5475A. (Mr. Fremantle.) Have you any reason to believe that abortifacients are being increasingly used at the present time?—No, I hardly ever hear them even mentioned.

5475B. Is it possible that they might be used without your hearing of it?—I feel sure I should have heard of it, if such a practice were at all common.

5475C. And you work among some of the very poorest classes in London?—Yes.

The witness withdrew.



## TENTH DAY.

Wednesday, 5th May 1909.

## PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.  
Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.  
Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Mr. J. SMITH WHITAKER called and examined.

5476. (*Chairman*.) You appear here on behalf of the British Medical Association?—Yes.

5477. And the evidence you propose to give is mainly confined to questions directly affecting the medical profession?—Yes.

5478. What in your judgment is the principal question?—The question of non-payment of medical men called in by midwives in cases of emergency.

5479. How do the British Medical Association think the consideration of this question should be approached?—The Association would submit that in the consideration of this question due regard must be paid to the fact that, inasmuch as there exists no statutory obligation upon a medical practitioner to attend in response to a summons to render medical help in an emergency to a patient under the care of a midwife, the objects with which the Midwives Act was passed must largely depend for their successful fulfilment upon the voluntary co-operation of private medical practitioners.

5480. What in your opinion is the chief obstacle to this co-operation that you think is desirable?—The chief obstacle to such co-operation under existing conditions is that the medical practitioner, when called in such an emergency, has no means of ascertaining whether the patient is able and willing to pay for the services rendered, and frequently after attending finds himself unable to obtain payment.

5481. But, may I ask, is that a risk confined to cases arising under the Midwives Act?—No, it arises also in other cases. We have had the same difficulty, for instance, in the case of medical men called in by the police.

5482. And no medical man absolutely knows beforehand whether he will get his fee or not when he attends in a certain class of case?—No, but a difference arises when a medical man is called in by a person who already is in some responsible position. For example, to take the case of an accident in the street, the policeman calls in a medical man, and in a great many towns, I believe in about half the towns now in England and Wales, provision has been made that the medical man called in in these circumstances shall be paid out of the borough fund.

5483. But the policeman is a public servant, whereas the midwife is merely the attendant upon a private person?—Exactly.

5484. The position is quite different, though there may be very good reasons for altering the law with regard to the payment of doctors in midwives' cases. The analogy seems to me to be wholly false.—I do not suggest that it is because the policeman is a public servant, but he is a responsible person who is able to judge of the necessity of the relief to be given. In the same way the midwife is already in attendance, and you have a certain guarantee by the fact that she, acting under the orders of the Central Midwives Board, considers that medical help is required.

5485. She is supposed to have special knowledge as to risk to the patient?—Quite so.

5486. You would not suggest that the policeman has special knowledge of that kind?—No.

5487. I am only putting these questions with a view of suggesting that the analogy which you draw is a wholly false one?—I do not want to press the analogy,

but on the general question of the attendance of the medical practitioner when he is called in in a midwife's case, it may be in an emergency case, by some casual messenger, I say it is a common experience that he finds when he comes to the case that there is no emergency. He is told the patient is dying, and he finds the case is one of hysteria. I understood the question put to me was: "why should any obligation rest upon the State in these cases in which the medical practitioner is called in by the midwife, more than in ordinary cases of emergency?" and I say that in ordinary cases of emergency the State has no previous connection with the matter at all, but in the case where the medical man is called in by the midwife there is the fact that she is a person already in a responsible position, and already in attendance on the patient, and her certificate affords a certain guarantee that the case is one in which medical help is really required.

5488. Does not that create a stronger obligation on the medical man to attend the case in the first instance, instead of making the condition that he should have his remuneration promised beforehand?—No, I do not think so.

5489. I mean, referring to the law as it stands, doctors are constantly in the course of practice called in to attend cases where the chances of remuneration are slight?—They constantly refuse to attend.

5490. That is so, but they constantly do attend. I have never discussed the question with a medical practitioner without being told that a great deal of his practice was unremunerated, but what I put to you here is that, when a doctor is summoned by a midwife, at any rate he has reason to believe that it is a case of genuine emergency?—Yes.

5491. Do you justify his refusal to attend in such circumstances?—Certainly.

5492. Perhaps you will now state what is the general view of the British Medical Association as formulated by you?—That it is an obligation on the community to make the necessary provision for medical attendance upon those who are unable to provide it for themselves.

5493. But that begs the whole question, to suggest that, because a medical man is summoned by a midwife, therefore it is a case where he is not likely to get remuneration?—No. All we say is that the question of whether the patient can afford to pay for the attendance or not shall be settled afterwards. We do not say that the doctor should be paid by the community.

5494. That is in reference to an alteration in the law which you wish to see introduced, but you, being a practical and a humane man, would deal with the law as it stands, and the effect of your attitude, or the attitude which you appear to justify on this question as to the power of the person to pay, would require that that question should be settled while the person to be succoured is dying. That is what it means, is it not?—No.

5495. By the way in which you present the case it would mean that, would it not?—No, we say the State should make such provision that there would be no necessity to go into that question.

5496. I quite agree, but there is no such provision now, and you apparently think that, pending the creation of such a provision, the question should be asked while,



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

as I say, the patient is perhaps dying?—No, I have not suggested that.

5497. But you say the State should make a provision?—Yes.

5498. And it cannot under the existing law?—But I suggest it can. I suggest it is done already in many towns.

5499. It is done by the goodwill of the boards of guardians, true, or the public health authority, but there is no power to compel them to do it. They have only got the power to do so if they like, which is a different thing?—There is no statutory obligation, but there is a moral obligation.

5500. We are discussing the question of statutory obligation, and not of moral obligation. A great many people think there is a moral obligation on a doctor to attend cases of life and death?—There is up to a certain point, but we do not think it should be systematically recognised beyond reason.

5501. I do not know that it is, and naturally nobody wishes to suggest that it should be. Do I understand that the British Medical Association put forward this view in order to rebut, in advance, any suggestion of inhumanity?—Yes.

5502. But do you not think that, in the shape in which it is sometimes put forward, it raises that question of inhumanity in an acute form?—I do not know to what cases you refer.

5503. We have had evidence of cases where the doctor, either as an individual or as one of an association of doctors, apparently thinks that he is justified in declining to attend in cases of emergency till the question as to whether he is likely to be paid or not has been settled in a way that is satisfactory to himself?—I think we must draw a distinction here between the action of associations and the action of individual doctors. As a matter of fact, we know in practice medical men can speak of cases in which they have attended, and we know they do attend. When I was in practice myself I attended many cases where I knew perfectly well there was no chance of being paid. But when you consider from a public point of view the question whether an individual doctor, faced with the knowledge that somebody is at the point of death, has to take his chance of being paid or not, then the question of whether the individual doctor in these circumstances is bound to attend is one thing, but the question of whether the community should rely on that spirit in medical men, and practically place them in a position in which they should be obliged to attend in that way, is quite another thing. We urge that the community should make an arrangement to meet this difficulty, and we suggest that they ought not to rely on the spirit of humanity in medical practitioners.

5504. I daresay the Committee are entirely with you to the extent that they consider an alteration of the law is required?—We have been under the impression that no alteration is necessary, and that the powers of the local authorities under section 133 of the Public Health Act, 1875, are quite enough.

5505. If they choose to exercise them?—Yes, and pressure should be brought to bear on them, we think.

5506. How can you do that except by legislative action? You cannot make a person discharge a duty which does not devolve upon him by statute, except by making it a statutory duty. No amount of moral admonition obliges a local authority?—I should have thought otherwise, but of course I do not want to press that point. That is rather a point for the politician.

5507. But surely you would admit that emergencies do create exceptional circumstances, which even the self-interest of the medical profession ought to take into account?—Yes.

5508. You condemn, no doubt, as strongly as any man the words that a medical man is recorded to have used as to one case where he was asked: "surely you do not wish the mothers to die?" and he replied: "let them, and we shall all the sooner get rid of the midwives"?—I suppose he was in an exasperated frame of mind when he used such language.

5509. But at any rate the British Medical Association would be the last body to justify such language, I take it?—Quite so.

5510. I am very glad to hear that repudiation from you. You consider that the State has accepted a position of special responsibility in those cases?—Yes.

5511. Then do you not think that the State also considers there is special responsibility in the profession which charges itself with obligations concerning the health of the community? I mean, that a doctor called in in a case of emergency is under a stronger obligation to give help in such a case than an ordinary person would be, because he is a skilled person, and his help would therefore be likely to be of greater value?—There is a greater moral obligation upon him.

5512. Just so. As regards the Rules of the Central Midwives Board, do you think they deal with this point in a sufficiently practical spirit?—We take no exception to them.

5513. But the point you wish to make is that these Rules should be supplemented by a definite arrangement as to medical help where it is called in?—Yes.

5514. You know the powers that the local authorities possess under the existing law, do you?—Yes.

5515. And you recognise that the power, which you would prefer to see exercised by the local sanitary authority, is only permissive?—Yes.

5516. Therefore, from your own point of view the matter does require further legislation?—We should be glad to see it dealt with by legislation. As I have said already, it is rather outside our province, as an Association, to deal with the question of whether representations from the Local Government Board to the local sanitary authorities such as are made to the boards of guardians would not be more likely to yield a successful result.

5517. I understand that will be dealt with by one of the gentlemen with you, who will give evidence to the effect that the admonition of the Local Government Board has not produced any result in the case of at least one board of guardians that he knows?—That is so.

5518. Therefore I do not know why you should suppose that similar representations addressed to health authorities would have greater effect?—No.

5519. In your judgment the present machinery of the poor law, as it is at present administered, is hardly adequate to the purpose?—That is our view.

5520. But you are aware that the poor law authority is not solely concerned with persons who are paupers?—I am aware of that.

5521. But its powers do extend to giving relief to the sick poor?—Yes.

5522. Then what is there, in the view of the British Medical Association, which renders such cases as arise under the Midwives Act unsuitable to be dealt with by the poor law authority?—We think that we cannot shake off from all the officers engaged in the administration of the poor law the atmosphere in which they are regarded by the poor. The relieving officer, for example, is accustomed in his official capacity to deal harshly with poor people, necessarily perhaps.

5523. Is that his normal attitude, do you think?—I do not say that it is his normal attitude.

5524. Not any more than you would say it is the normal attitude of the doctor to be inhuman?—No. He may appear harsh to the poor, when he does not desire to be harsh, but the fact is that, in his official position, his ordinary work with poor people makes him not exactly popular at all events, and we think that probably the machinery of lady health visitors, or the machinery of inquiry officers employed by a municipal corporation to inquire into the people's capacity to pay, would be more satisfactory than the relieving officer.

5525. But is there any reason why health visitors should not perform their functions in correspondence and communication with the poor law authorities?—At present there is what we call the poor law atmosphere, which has to be remembered.

5526. But is that not a thing that social reformers should seek to get rid of?—We are hoping to see that dealt with as suggested in the reports of the Poor Law Commissioners. They hope to get rid of that atmosphere, but pending their recommendations being put into force we suggest that the poor law as at present administered is an obstacle.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

5527. Therefore any reformed or re-constituted destitution authority might exercise these powers with less objection from your point of view than the present authority?—Yes. Both sections of the Poor Law Commission really tend to identify what is objectionable with the poor law administration.

5528. How would you classify the persons who come into consideration in this connection?—We think that those who are obviously subjects for public assistance are people already receiving relief, and people who are already obviously destitute. Then there are those who would be included by the thought of anybody paying for them, and who could and would pay. Then you have a considerable class of people who are not paupers, and who would not be made paupers, but whose ability or willingness to pay is not immediately ascertainable.

5529. But does not the doubt as to the large intermediate class suggest the propriety of leaving it to the public assistance authority to decide the point as to their capacity to pay?—To some public authority, certainly.

5530. But putting that point on one side, they must and probably do overlap the class which is entitled to poor law relief, and is it not better that the public authority charged with the administration of poor law relief should determine their capacity to pay instead of some altogether new authority?—Yes, on the other hand, you have the analogy of the isolation hospitals, where in many districts, at all events for some time after the adoption of the Public Health Act, the local sanitary authorities made inquiries as to the capacity of people to pay, and charged those who were believed to be able to pay.

5531. You do not think that the medical man has much relief afforded him in the power that he possesses under the Medical Acts of recovering fees?—No, it is a very unsatisfactory form of relief.

5532. None of us like to go to law for money that we think is due?—No, and the tendency of the county court judges is against any harsh measures with the destitute. You cannot get orders.

5533. Are they very tolerant in their feelings towards debtors?—Yes.

5534. Then will you formulate the proposals of the British Medical Association in this matter?—First, we submit that it is the duty of the State, or the general community, and not of the medical profession, to make provision whereby medical assistance, if required, may be rendered without delay to every parturient woman or newly born infant, and to bear any financial risk involved. Secondly, that the only system whereby this can be secured is that the State should guarantee the payment of the fee to the doctor, and should recover it from the patient, when this is desirable or possible, in the same manner as municipal authorities have, in many instances, recovered from patients admitted to local isolation hospitals the cost of their maintenance therein, and boards of guardians have recovered relief obtained "upon loan." Thirdly, that the matter should be dealt with through the local health authority, and not through the poor law, as it is undertaken more in the interests of the public than in the interests of the individual.

5535. Have you formed any opinion as to what would be a suitable fee in cases in which medical men are called in?—We have considered the question, but feel that it is difficult to lay down any uniform scale of fees which will be applicable to the whole country.

5536. Would you leave it to the discretion of the local authorities?—Not absolutely. We think the Local Government Board should exercise supervision over the matter, as they do over the fees paid by guardians.

5537. Would you like the Local Government Board to prescribe a scale leaving some discretion to the authority to pay?—There are differences of opinion on that point. Some members of the Association prefer that the fee should be settled absolutely by the Local Government Board, and others think that it should be left to the local authority.

5538. What fee would the Association suggest, or do you feel a difficulty in making any suggestion?—I do feel a difficulty. Perhaps those who are with me may be able to give evidence on this subject.

5539. The conditions must vary so greatly in the cases attended that one would think it would be better, if possible, to give some discretionary power?—Yes, there should be some elasticity. We have fixed an approximate scale of 3s. 6d. for a day visit in an ordinary case, and 7s. 6d. for a night visit, 2l. for operative interference, and a guinea for the administration of anaesthetics. Those would be ordinary fees.

5540. Have you formulated that in any public document?—That was formulated at our representative meeting as a suggestion, but was not adopted as an absolute scale.

5541. As a basis for consideration?—Yes, as a basis for consideration. It appeared to be about the right standard.

5542. Turning now to other matters not directly affecting the medical profession, are you satisfied with the constitution of the Central Midwives Board?—We feel there should be a representative of the general medical practitioners on the Board.

5543. But is there not one now in Mr. Parker Young?—He was appointed by the Society of Apothecaries, and represents only about 6,000 members of the profession.\*

5544. But his appointment does not invalidate his position as a general medical practitioner, does it?—No, but we feel that there should be someone who is representative of the general body of the profession.

5545. But the Society of Apothecaries are almost certain to appoint a medical practitioner of that type, are they not?—They are a very small body, and represent only a very small section.

5546. But I suppose there are general practitioners who are members of it, and they share the views of medical practitioners generally?—I could not say.

5547. You do not think that Mr. Parker Young is a satisfactory representative, then?—Not sufficiently representative of the general body of practitioners in the country.

5548. What would you suggest? Do you suggest a system of popular election?—No. I suggest a nominee of the British Medical Association.

5549. What do you propose as to the inspection of midwives?—That they should be placed definitely under the supervision of the medical officers of health. We are informed it is not so sometimes. In Bristol, the Chief Constable is nominally responsible for the inspection of midwives, I have heard.

5550. Do you think that would be better done by direct legislation, or by empowering the Central Midwives Board to make Rules to that effect?—If the Central Midwives Board have the power, we suggest it should be left to be done by them. Then may I make an explanation on the second part of paragraph 23 of my précis, which says: "As regards midwives engaged in training candidates for the Central Midwives Board certificate, the Association recommend that strict supervision should be carried out by the Board itself. This might be done by a staff of inspectors, whose conditions of appointment and duties resemble those of the inspectors of the Local Government Board." It says, "this might be done by a staff of inspectors." Unfortunately that is not very clearly drafted. The intention is to suggest that those inspectors should not actually inspect the midwives, but that they should simply inspect the arrangements by which the local authority carries out this provision. They would be rather the inspectors of the local authorities than the inspectors of the actual midwives. They would be the inspectors of the arrangements made by the local authority to secure that the midwives do their work properly, and particularly as regards whether pupil midwives receive proper supervision.

5551. Do you wish to see medical officers of health invested with the power of censuring the local supervising authority?—No, we propose to assign that to

\* Mr. Parker Young in his evidence (Question No. 6688) estimated the membership of the Society of Apothecaries at about 10,000. In reply to a subsequent enquiry, the Clerk to the Society stated that the number of licentiates (*i.e.*, of persons holding the diploma granted by the Society) was about 6,000.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

the inspectors appointed by the Central Midwives Board.

5552. But there is no question of that. I do not understand that the Central Midwives Board would appoint an army of inspectors. They have not got the means to do it. They could only make provision for inspection by the local authority under the supervision of the medical officer of health?—Or the inspectors appointed by the Local Government Board, who might be in touch with the Central Midwives Board.

5553. You are not in favour of any lowering of the present standard of registration of midwives, are you?—No.

5554. You approve of the existing standard of examinations?—Yes.

5555. Are there any other points in regard to the administration of the Midwives Act that you would like to call attention to?—We think that the question of possible collusion which has been suggested between the midwife and the doctor, so that the same midwife should always call in the same doctor, might be met by trying to arrange that the patient should nominate the doctor to be called in at the time of making her engagement with the midwife. It is very undesirable that the midwife should have any arrangement to call in always a particular doctor.

5556. Do you think there is any risk of that?—Yes, there is a distinct risk.

5557. You mean that the doctor would give her some consideration in return for being called in?—I do not say that would be a common practice.

5558. Do you not think that the General Medical Council would at once take notice of such a practice?—If they had evidence.

5559. I should not have thought that evidence would be lacking if it were a common practice?—No, if it were a common practice it would be known, certainly, but still we think it better that the patient should have her own choice of doctor so far as possible, and that the opportunity should not be given to the midwife to select the doctor. Then we think that the registered midwives who have not had training under a doctor should be debarred from the administration of drugs.

5560. You would exclude the *bona fide* woman, would you?—Some of them really could produce evidence of training probably, though they have not obtained the certificate of the Central Midwives Board. Definite evidence of training to satisfy the Central Midwives Board would be enough.

5561. The Central Midwives Board should determine the point as to whether or not any woman should administer drugs?—Yes. Then I believe the next question referred to in my précis, viz., as to the extension of the Midwives Act to Scotland, does not come before this Committee?

5562. No.—Then as to the prevention of ophthalmia neonatorum, I understand that the gentleman who was chairman of the committee appointed by my Association\* has been invited to give evidence on that subject.

5563. One general question. May I take it that, as the body representing organised medical opinion, the British Medical Association are not hostile to the Midwives Act?—You may take that to be absolutely so. The Association are in no way hostile to the Midwives Act.

5564. (Mrs. Hobhouse.) The number of members of your Association is over 21,000?—That is approximately the number.

5565. Are they chiefly rural practitioners?—No; they come from all over the world; for example, in London we have about 2,500 members.

5566. But they are from all over the world?—Yes.

5567. A very large proportion are in rural districts, are they not?—Yes. I suppose that our proportion of members to the total membership of the profession is probably higher in rural districts than in the towns. I should think in the rural districts we include the large majority.

5568. You would have a greater volume of opinion from the rural districts than from the urban districts?—No, because the number of urban practitioners in any meeting called is so much greater. The predominating opinion is the opinion of the towns, because there are so many more practitioners in towns.

5569. You say in your précis: "The principal question directly affecting medical practitioners, which has arisen up to the present from the working of the Midwives Act, 1902, is that of the difficult and anomalous position in which a private medical practitioner is placed when summoned to render medical help." In what way do you mean the position is anomalous?—The difficulty and anomaly of the position is that the private practitioner is called upon to do things that, before the passing of the Midwives Act, he would not have had to do. He is called upon to render assistance without any assurance of being paid, and the difference between the position now and the position before the passing of the Midwives Act is that usually, before the passing of the Midwives Act, the doctor called in to a confinement had been previously engaged by the patient to attend, but, since the passing of the Midwives Act, in a larger number of cases he is engaged after the midwife attends; no previous arrangement is made with the doctor, and the doctor has no previous knowledge of the case whatever. The doctor's difficulty is that he knows nothing about the people before he goes to them. If he is called to attend people whom he knows to be very poor but for any reason has been willing to attend, he makes his decision and takes his risk, but he does not like to be put up as a mark to be fired at by all kinds of indiscriminate people of whom he has no previous knowledge, and who are not his own patients in any sense. He is called upon to attend them, and there is the fact that the requisition comes from a midwife, and, of course, the form of requisition originally adopted by the Central Midwives Board was responsible for a good deal of irritation. It read too much as if it were an order on the doctor to attend, and many medical men resented it very much. The feeling of the profession was, "here we have a document put before us which certainly does impose a serious obligation upon us, and we incur a very serious responsibility if we do not go, but, on the other hand, we feel irritated at being continuously called upon to attend, without any guarantee of payment, people to whom we are under no previous obligation; if we have any obligation to these people, it is the general obligation of the community." Where the doctor has been in the habit of attending the patient, or the family, or is engaged to attend, he has a special sense of obligation, but since the passing of the Midwives Act he receives calls of the most urgent character to attend people he is under no special obligation to attend at all, and it is difficult to refuse to attend on the call, though it is from people to whom he is under no more obligation than is any other member of the community.

5570. You do not think that midwives take away his patients from him, do you?—I do not know. I should think among the artisan classes his practice has fallen much more into the hands of the midwife, but it is very difficult to distinguish, because there has been a fall in the birth rate. We know midwifery in medical practice is diminishing on the whole, but we do not know how much is due to the operation of the birth rate, and how much to the operation of the Midwives Act. As to abnormal labour, it is quite possible that that branch of midwifery is increasing. The gentlemen with me, who are in actual practice, can answer these questions much better than I.

5571. But you have no figures from the British Medical Association to prove that midwifery has been taken from the doctors and placed in the hands of midwives, have you?—We have not attempted to collect information, but the general impression is that midwifery has passed into the hands of the midwife in the towns.

5572. We have had no figures to show that, and I particularly wanted to know whether you had any evidence that such was the case?—We have only the general impression that midwifery has fallen off very

\* Mr. Sydney Stephenson, for whose evidence see Questions Nos. 6017 to 6194.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

much, but we cannot tell to what extent it is due to the diminution of the birth rate, or to what extent to the increase of the midwives' practice.

5573. You have no figures?—No, we have no figures.

5574. There has been in the public press a statement to the effect that where a doctor formerly had one midwifery case he has now 48, which is in direct opposition to what you say?—One hears this discussed very much up and down the country by medical men quite frankly, and I should have thought that was quite out of the question. It must be a very exceptional case, the case of some man who got a large number of cases from the midwives to attend, or something of that kind.

5575. I gather that it is the feeling of your Association that the Midwives Act has encroached upon the doctors' practice, and that this is somewhat of a grievance to the medical profession?—No, I do not think that is so. There has been no resolution certainly indicating any such opinion. I am afraid that perhaps the resolutions of some small local societies may have given the impression of its being a grievance, but those are individual opinions, of course. If there had been any strong feeling of resentment at the passing of the Midwives Act, or any strong feeling of encroachment by midwives, it must have found expression in some resolution brought up at our representative meetings. There could not be a very strong feeling of that kind in the medical profession without its showing itself in definite resolutions, and we have not had them.

5576. There was a definite resolution passed at West Penwith?—We have heard of that.

5577. And there is the definite resolution of Cumberland?—Yes.

5578. There are special reasons for that, are there?—I did not know of the Cumberland resolution. There is great irritation against some district nursing associations for the way in which they have employed midwives, but that has nothing to do with the Midwives Act. It is the way in which these associations have carried on their work.

5579. You mean as against the medical profession?—Yes. That has nothing to do with the working of the Midwives Act; it is quite independent of it.

5580. Then I gather that you imply that this resolution of West Penwith, and the attitude of the medical men in Cumberland, came about because of the district nursing association?—We cannot accept any responsibility for the West Penwith society. As far as the Cumberland resolution, I have not heard of it. Could you tell me who passed it, and what it is?

5581. No, I cannot tell you that, I am afraid, but it is a fact that it is so.\*—In the North Northumberland Division of the Association they have passed some resolutions, but those again relate to the working of the district nursing association.

5582. In Cumberland the Midwives Act has become a dead letter, because of the attitude of the medical men, but I cannot give you the resolution, I am afraid?—Of course, if we heard that anybody felt that the attitude of the profession in any part of the country was unreasonable, and they brought the matter officially to the notice of the British Medical Association, the Association might be able to adjust the difficulty. As to the difficulties that have arisen in Cornwall, we are now in negotiation with Queen Victoria's Jubilee Institute to bring about a settlement of them, and we quite hope to be able to do so. As a large central organisation we are able to take a more detached view of these things than the local practitioners would be likely to do.

5583. Then you say in your précis: "the Association submit that the same general conception of the duty of the community requires the provision of definite arrangements for obtaining medical help." Can you explain that?—The State, by the adoption of the Midwives Act, has taken up a position of special responsibility towards parturient women, and we feel that the protection of the whole process of childbirth is a matter in which the State is very much concerned. The State

has established a new order of midwives, and provided for the registration of the midwives themselves, and on this ground we say that the general interest of the community and the position of those interested require that you should make arrangements so that a woman in labour, if it turns out to be a very serious case, shall be able to obtain medical help with the least possible delay, and that this cannot be done unless the medical practitioner has some guarantee from the community that he will not go unremunerated for his work.

5584. The definite arrangement suggested refers to the medical man's fee, and not to the supply of midwives?—Yes. Of course, the Midwives Act has made arrangements for the supply, and no doubt those arrangements will be perfected as time goes on.

5585. The supply of medical practitioners will increase, will it not?—Yes, there will be no difficulty about them.

5586. You think it is a question of fee, purely?—I do not think it is a question of fee. It is not that they mind the fee so much. A man will attend without a fee if he is to do it as a voluntary agent, but he resents being put under pressure by this order. I should think about a fourth of an ordinary medical man's work is unpaid, but he does it quite cheerfully and willingly. But he does dislike being thrown into the position of being compelled to do it by the community. He resents the community throwing upon him their obligations.

5587. Have you any statistics to show the numbers attending without fee?—We have no statistics, but we have evidence from all over the country. We can give evidence of one case in which the doctor not only got no fee, but lost the patient he previously attended through fear that a fee might be expected.

5588. We have had certain statistics put before us to show the number of times that medical men have been called in as compared with the ridiculously small number of times they have received no fee.—Yes.

5589. There is one case of 2 non-payments out of 230 cases, and 1 out of 64 in one particular town, and so forth.—Yes.

5590. It is by no means a quarter of the practice?—No. But might I know how the statistics were obtained; how was the information obtained?

5591. The one is from the notifications sent in to the local supervising authority, and in another it was through a large nursing association, from the secretary?—Are they cases in which medical help was obtained, and then evidence obtained as to the number of cases in which the doctor was not paid?

5592. Yes, and they are rather striking figures?—Yes. And one case of non-payment causes more irritation to the profession than the gratitude produced by 20 cases in which the fee is paid.

5593. But these are rather strong cases of evidence against non-payment?—It depends on circumstances. The figures of one town would be no indication as regards another. Towns differ so very widely as regards prosperity, and so forth.

5594. Then you say in your précis: "Many boards of guardians, with the apparent approval of the Local Government Board, say that the medical profession must bear this risk." Can you say why you use the word "apparent" there?—The question is one as to the powers of the Local Government Board, and whether it could exercise any pressure. We only know that the guardians have refused to act, or have not taken action. We know that a large number of boards of guardians have not taken action, and, so far as we are aware from anything that appears to the contrary, the Local Government Board have done nothing to compel them to take action, or to put pressure upon them.

5595. But you suggest that the Local Government Board should?—Yes. The Local Government Board issued a circular in 1907 to the effect that they should take action, and there the matter has rested so far as that goes. We know a large number of boards of guardians have not done what was suggested.

5596. That is so, but I rather gather that the whole point of your evidence lies in the fact that you wish to eliminate the moral obligation on the medical profession to attend in these cases, and that if the

\* See Questions Nos. 899-904.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

money is there you naturally assume they will attend?—I do not know that we eliminate the moral obligation. We think it is very largely recognised already. When Dr. McManus was asked to give evidence, we had no knowledge that he would have any special experience of these cases, but the four cases within his own experience show that he recognised the moral obligation, and that the community did not recognise any financial obligation towards him.

5597. (Mr. Dwyer.) On this last question as to the action of the Local Government Board, I suppose it would be right to find out what the powers of the Local Government Board were?—Yes.

5598. For instance, the Local Government Board are barred by statute from interfering in any individual case of relief?—That is so.

5599. What is the particular procedure of the nursing associations to which your Association take exception?—But I do not think the Association have taken exception to them. It is only inquiring into the matter.

5600. You told us that what you complained of was not the midwives' conduct, but the action of certain nursing associations?—That is what our divisions have complained of, but, so far as the British Medical Association as a whole are concerned, the matter is still under inquiry. The North Northumberland case has never been brought officially to our notice. We have only seen a report that they have been in negotiation with the nursing association.

5601. Do you know what the nursing associations do which causes feeling among medical men?—My impression is that medical men feel that the nursing associations employ midwives without any safeguard that their work will be confined to those cases in which they cannot call a doctor. They think the midwife is set up and subsidised by the nursing associations as a direct competitor with the doctor. I think that is the point, but I am speaking from recollection, and without having looked up the question at all.

5602. All forms of eleemosynary relief would be adverse to the position of the practitioner, would they not?—If such relief is given to persons who can afford to pay for it, that is so.

5603. Now, with regard to your Association, can you tell me the actual number of members belonging to it?—It is over 21,000.

5604. What is the number represented by the Society of Apothecaries?—We believe, about 6,000.\*

5605. With reference to the payment of fees, I will put a scheme to you which is in work in some parts of England. The midwife summons on her own responsibility any medical practitioner on a list which is supplied to her of medical practitioners willing to attend in such cases. After the case is attended, the medical practitioner sends to the local authority a statement that he has been summoned by the midwife, that he has attended, that he has made reasonable efforts to secure his fee and that he has not secured his fee or any part of it; and he is then paid his fee. Have you considered that method of procedure?—No, we have not.

5606. Would you express any opinion on it?—It seems a very satisfactory procedure.

5607. The medical practitioner is not entirely relieved from the onus of trying to get his fee?—No.

5608. But he has merely to say he has made reasonable efforts to obtain it, and has failed?—Yes, and speaking without consideration, I should imagine there would be no objection to that system.

5609. Then as to the actual fee itself, it has been put rather strongly that it is very much to the advantage of all concerned that it should be a uniform fee all round, in every case fixed by the fair average worth of the services performed?—Applying to the whole country?

5610. Not necessarily so, but that in each district there should be a uniform fee. There should be no special fee for the use of instruments, which might give rise to a suggestion that instruments had been unnecessarily used, but it is suggested that there should be

a general fee all round?—We say "operative interference." We purposely avoided using the word "instrument," because we do not want to suggest any special fee for the use of forceps.

5611. It is suggested that one fee all round would cause less friction than having a special fee for operative interference?—But that is a fee for attendance on labour.

5612. Yes?—But these are not the fees for going to see a case in any of the emergencies that may occur during pregnancy, or being called in to see the child. The fees are simply for attendance in labour, I understand?

5613. Yes, but the proposal is that it would be better, in the interests of administration, that you should have some sum fixed for attendance in these cases, even though sometimes the medical man would be overpaid, and sometimes underpaid?—But in the majority of the cases the attendance on actual labour in a case to which you are called by the midwife would involve operative interference, or it would in a very large number of cases.

5614. Then, do you say the fee should be fixed higher, or what do you think of fixing an all-round fee?—For attendance in a case of labour?

5615. Yes?—I should think a uniform fee would be perhaps regarded as satisfactory.

5616. So as to avoid the medical practitioner sending in a detailed bill to the local authority?—Yes.

5617. *Prima facie* you do not see any objection to that?—No, I do not see any objection for the moment, provided it is clearly understood that that fee is not to cover everything afterwards. It would be impossible to average the fee satisfactorily for cases of visits paid during pregnancy, and for inspection arising during pregnancy, in which the midwife thought that medical advice ought to be obtained. You could not very well average it for all those things and for labour. The fee for labour must be distinct from that paid for visits made during pregnancy.

5618. Do you not think it would be possible by negotiation to get a fee to cover all cases all round?—Not to cover all stages.

5619. Now, with regard to section 133 of the Public Health Act, 1875. I will read that section to you. It says: "Any local authority may, with the sanction of the Local Government Board, themselves provide or contract with any persons to provide a temporary supply of medicine and medical assistance for the poorer inhabitants of their district." That is a section which you suggest should be used so that the sanitary authority might pay medical practitioners for attending in midwifery cases?—Yes.

5620. Do you find in that section any means for recovering the fee from those who are capable of paying it?—We have only the kind of analogy that we obtain from the fact that we know local authorities have recovered the fees in cases of patients attended in isolation hospitals, of course.

5621. On that point, section 132 of the Public Health Act says: "Any expenses incurred by a local authority in maintaining in a hospital, or in a temporary place for the reception of the sick (whether or not belonging to such authority), a patient who is not a pauper, shall be deemed to be a debt due from such patient to the local authority, and may be recovered from him at any time within six months after his discharge from such hospital or place of reception, or from his estate in the event of his dying in such hospital or place." Such expenses are covered by a special provision, but these are not so covered. The board of guardians have the means of recovering, as you are aware, from the patient?—Yes.

5622-3. (Dr. Champneys.) I should like to hear you say that you think that payment is really the only obstacle, and that there is no intention anywhere, so far as you know, to refuse to attend because a midwife has been called in?—I would not say that there is no intention to refuse. We cannot accept responsibility for the peculiarities of all medical practitioners throughout the country.

5624. But, so far as your Association are concerned, that is so?—So far as our Association are concerned I

\* See footnote to Question No. 5543.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

should say definitely, there is no hostility to the Midwives Act, and the Association would certainly discountenance any attempt to refuse to attend simply because a midwife had previously been in attendance.

5625. But there have been such cases in various parts?—Quite so, but the British Medical Association are not responsible for them, and would not approve of them.

5626. Now, you say in your précis of evidence: "registered midwives who have been registered on the strength of having been in *bona fide* practice, but who have not been able to produce evidence of having obtained the training required by the Act, should be debarred from the administration of drugs." What do you mean by drugs?—We certainly think they should be debarred from administering ergot.

5627. You think that the drugs which they may use, and those which they may not use, ought to be scheduled, or, at any rate, the drugs which they may use ought to be scheduled?—Yes.

5628. To leave a poor woman without castor oil would be rather hard?—Yes, but I do not know whether it would be thought that members of the community generally would be incapable of administering castor oil. A mother would think nothing of giving castor oil on her own responsibility.

5629. You say that the form in which the summons to attend was drawn up is a source of irritation?—Yes, the first form used.

5630. The midwife had to summon in the first instance, but, according to the Rules which have been amended, and which bear date 1907, she is not now bound to do so. Rule 18 says: "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 21 (a)), properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner?"—Yes. But may I explain that that form is very different from the original form, which gave rise to the trouble. I do not say that this form causes trouble; it was the original form which caused the trouble.

5631. You think that the present form does not cause the same difficulty?—No.

5632. And anything in the way of trouble that exists now is the result of the original form?—Yes, so far as the question of the form has anything to do with it.

5633. You have had this Memorandum\* of cases in which there has been difficulty in getting medical men to attend. I believe?—Yes.

5634. In that Memorandum, instances are given of some very terrible cases. In one case, for example, it is alleged that the husband went for eight doctors, but could not get one to attend. I suppose the attitude of the British Medical Association would be that that is a terrible thing to have happened?—Yes, certainly.

5635. And they would not justify, in any cases of that sort, any individual acting in accordance with such a resolution, would they?—You mean, acting in accordance with that resolution to refuse to attend.

5636. Yes?—No, I think not. But of course we feel that it is so very difficult in these cases to know what to do. The doctor feels that he is suffering an injustice, and a man's sense of irritation may carry him too far, perhaps. But what we resent is the idea that the community should rely upon the sense of humanity in the medical practitioner as a means of compulsion to compel him to do work gratuitously.

5637. (Mr. Davy.) I suppose that, occasionally, a medical man is sent for in a great hurry, and then he finds there is nothing in it, and that the midwife has made a mistake?—That is a common experience,

particularly in some departments of our work, and that increases the irritation.

5638. (Dr. Champneys.) Now, about this scale of fees; the scale that is under consideration works out in this way, does it not, that with instrumental help 2*l.* is charged?—Operative help, I will say, because it covers turning, and so on.

5639. Quite so. Operative interference, 2*l.*; anaesthetic, one guinea?—Yes.

5640. That means to say that any forceps case would cost 3*l.* 1*s.*?—Any forceps case in which you had to produce full surgical anaesthesia, but in some cases the medical man in attendance might himself administer an anaesthetic just to the extent of abolishing the pain, and there would be no fear for the patient.

5641. The extra guinea would only be paid in cases where the attendance of another man is necessary to produce full surgical anaesthesia?—Yes, where you must have someone who is solely responsible for it.

5642. We have had evidence given before us of one locality where the fee of one guinea all round for everything, taking the rough with the smooth, satisfied the practitioners of a large city. Sometimes the medical man is overpaid and sometimes underpaid, but as an all-round payment that was found to be satisfactory. That was an early suggestion that was adopted by the medical practitioners of the town, and it has worked, we are informed, extremely well. Do you think that that is worthy of consideration?—I can only say that the scale which I have mentioned was the only one that was approved of. The argument that has been used is that the ordinary fee for attendance in labour, which is a guinea, covers all cases of normal labour, but if you are going to settle the fee for cases in which the doctor is called in for what is presumably an emergency, you are eliminating all normal labours, and the fee must be more than the normal fee.

5643. But there are a large number of cases, if you look at the Rules of the Central Midwives Board, in which that does not apply. For instance, the midwife is bound to recommend that a doctor should be sent for in the case of a pregnant woman, where the patient is a dwarf, or is deformed, and when there is loss of blood, or when there is any abnormality or complication, such as excessive sickness, puffiness of the hands or face, or dangerous varicose veins. Then, of course, there are the cases of lying-in women when there is any abnormality or complication, such as abdominal swelling and tenderness; offensive lochia, if persistent; rigor with raised temperature; rise of temperature above 100·4 degrees Fahrenheit, with quickening of the pulse for more than 24 hours; unusual swelling of the breasts, with local tenderness or pain; secondary post-partum hæmorrhage; and white leg. And then with regard to the child, the Rule says: "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 the eyes, however slight; serious skin eruptions; and inflammation about the navel?"—I should think we would suggest that all that is included under the head of "Pregnancy", or under the head of "Lying-in," or under the head of "The Child." That should be treated as stated before, there being a fee of 3*s.* 6*d.* for a day visit and 7*s.* for a night visit. We only ask the community to provide the fee for emergency attendances. We think that if a doctor is called in when there is time for him deliberately to decide whether he will go on attending the case, he must take his own risk, and take his chance of being paid. But we suggest the labour is the emergency, and for that a somewhat higher fee should be charged.

5644. But if a fee of a guinea all round were charged it was thought it would rather tend to make it less likely that the doctor would put on the forceps unnecessarily in order to get the higher fee?—Our suggestion is that the fee for any case of the doctor being called in in labour, should be the higher, and we prefer to leave it so.

5645. With regard to the question of what is an emergency, would pregnancies count as emergencies?—Some of them are undoubtedly emergencies, but, for

\* Central Midwives Board. Memorandum on the subject of the difficulty experienced by midwives in obtaining the assistance of medical practitioners in consequence of the absence of provision for the payment of medical fees under such circumstances. Printed by Spottiswoode & Co., 1908.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

example, in the case of a dwarf, or a deformed person, there is plenty of time, and I do not see why the community should have any liability in such a case. There is time for the parish doctor to be called in.

5646. At the beginning of rule 19 it says, "In all cases in which a woman during pregnancy, labour, or lying in, appears to be dying, or is dead." Would that come under the higher or the lower scale?—I should imagine the lower scale, unless some operative interference is required. It is really a visit to give an opinion.

5647. (Dr. Doenges.) Have your Association considered the question of the difficulty involved in some of these cases in which the midwife may advise that the doctor should be called in in a case of emergency, and the patient may really be the patient of some other practitioner. What would be the position as regards continued attendance of a doctor called in in such a case?—May I preface my answer by saying that we are rather anxious, for that reason, that the patient shall, so far as possible, be given the choice of the doctor? We say that, so far as possible, the patient should exercise the choice as to the doctor, and then if there is a case in which the patient cannot exercise the choice, and some other doctor is called in, the ordinary rules of medical ethics would apply. That is to say, the doctor would have been called in in the emergency, he would give the necessary relief, and then would hand the case over to the ordinary attendant, unless the patient had any strong objection to that.

5648. It may happen that, although the woman nominates the doctor she would like to have called in, he may not be available, and another may have to be called in on account of the urgency of the case?—That is the ordinary case of emergency.

5649. Except in those cases where the ordinary difficulty of procedure would come in, would you consider that the emergency fee should cover the whole attendance on labour?—No. We advise that the fee should be fixed to cover the immediate attendance only, and that any subsequent attendance should be separately arranged for between the doctor and the patient. The liability of the community should extend only to the emergency attendance. When that has been rendered, then there is time for the doctor to make his own bargain with the patient, and make his own arrangements, and to decide whether he will go on or not. All that we have to provide for is the emergency.

5650. Supposing that the emergency be one or other of the stages of labour, then would the doctor's duty be discharged when he had reached the complete stage of delivery?—Yes.

5651. Would there not be in the minds of some men an objection to hand over the case at that stage? Supposing anything went wrong on the third day, or any other day, is there not a danger that the blame of that would be thrown upon the man who attended the case in the first instance?—We have accepted the position that the midwife is competent ordinarily to attend the case. If, when the doctor had completed the attendance on labour, he found the state of a patient to be such that he did not like to leave her in the hands of the midwife, but thought that there were complications which made it necessary to continue to attend, he would have to make his own arrangements, and go on attending and look to the patient for his fee, or go without his fee.

5652. I am thinking of the case in which we have, say, Dr. A., a medical man, who has delivered a woman, and she has subsequently developed symptoms of puerperal sepsis, and then it becomes the duty of the midwife again to recommend that some doctor should be called in. What is your position then? Dr. A. may not come perhaps. Has the difficulty which seems to be involved in these considerations come before the British Medical Association?—It has been considered, but only to the extent that it was thought that, on the whole, it was better that the doctor's attendance and his liability should be confined to the emergency he is called in for, and that the after-care should be left with the midwife who is with the patient. It has been considered that his position should be taken to be that of a man called in in consultation with another prac-

titioner. A doctor calls in another medical man in consultation, who perhaps carries out the actual operative interference, and delivers the patient, and then the consultant's responsibility ends, and the ordinary attendant carries on the case.

5653. In the case which I have suggested it might be rather difficult to obtain a medical man to attend a case of puerperal fever in such circumstances?—He might perhaps be reluctant to interfere in a case which another man had already attended.

5654. That is one reason, and another would be that his own practice would be rather hampered by it?—And his dislike to attend these cases.

5655. There would be also the question of the fee again to be considered, but, however, you will admit that it is a matter of some difficulty?—Yes.

5656. Was there any consideration given to the question of payment according to mileage?—That has been considered, and Mr. Flemming will give evidence upon it.

5657. May I ask how the views of the British Medical Association were collected, and what the basis of this evidence was?—They were collected chiefly in the years 1904, 1905, and 1906, through the resolutions that came up from the divisions. At our annual representative meeting the matter was referred to a committee to consider. The question of payment to medical men called in to assist midwives was raised very soon after the Act came into operation, and certain resolutions were put on the agenda at our Oxford meeting in 1904, if I recollect rightly, or at the Leicester meeting in 1905, and the committee was instructed to draw up a report on the whole subject. The report was prepared and circulated through the whole of the divisions, and they were asked to instruct their representatives to vote on it. At the next annual meeting the subject was voted upon, and these resolutions were arrived at.

5658. Is there any report of the dissentient views, or were there any strong dissentient views?—There were not many strong dissentient opinions, but there have been differences of opinion as to whether the guardians or the local sanitary authority should deal with the matter, and the majority favoured the local sanitary authority. Then there were divisions of opinion on the question of the scale. It was considered that a very simple scale was most desirable. There have been differences of opinion as to whether the fees should be fixed locally or fixed centrally.

5659. The point as to whether the payments should be made by the poor law authority or the sanitary authority was the point I was leading up to, and, if I remember rightly, when you gave evidence before the Poor Law Commission you did not consider it a very material point as to which of the authorities should pay, provided the payment was forthcoming?—That is so. The opinion had been expressed then, but I should say there has been a growing feeling since then in favour of the sanitary authority as against the poor law authority.

5660. May I take it, then, that you rather press the view that it should be the sanitary authority instead of the poor law authority?—Yes, I do.

5661. Then, if that is so, in what way do you differentiate midwifery from any other medical attendance?—Just as we differentiate education. There is the public interest in the matter. There is a difference between a matter which is a matter of public concern and a matter which is merely one of relieving the necessities of an individual.

5662. That is to say, the birth of a child is an important matter to the welfare of the nation?—Yes.

5663. But if that is the case, supposing that the child, having been born, subsequently develops illness and has got abdominal pains, which may be simply due to indigestion, or, it may be, a twist of the bowels, does not your reasoning come in again then?—I do not say we can push it to extremes; but the community is taking up that attitude to some extent. The Notification of Births Act, the provision of visitors to look after infant feeding, and the machinery for medical inspection of school children, and the provision for the treatment of children, have to be so considered.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

5664. May it therefore be put thus, that we may pass on by easy stages from the obligation on the State to pay for midwifery to the obligation to pay for all medical services?—You can draw a line, but it is only a practical line and not a logical line.

5665. What is your practical line?—At present, that you should put midwifery on the sanitary side and not on the poor law side.

5666. On the ground of the benefit conferred on the community?—Rather on the ground that the whole matter is better looked upon in the way in which the sanitary authority would be likely to look upon it than in the way in which the poor law authority would be likely to look upon it.

5667. Could you explain why the sanitary authority should look upon it in a better way than the poor law authority?—Because there would be less rigour with the patient. The poor law authority is, as we understand, very strict in seeing that only necessitous persons get relief.

5668. Then if you transfer this duty to the sanitary authority you would transfer the other duty to them, would you not?—I think there is a tendency in that direction, certainly.

5669. That is to say, the duties in regard to medical relief which are now discharged by the poor law authority would then be discharged by the sanitary authority?—Yes, and I think the tendency is in the direction of transferring medical relief to the sanitary authority.

5670. You have already told us that the relieving officer sometimes exercises harshness, but you qualified that, and you said perhaps that was necessarily so; now if those duties are transferred simply to another officer, will not the same thing occur over again. You will have simply another man and another authority discharging the same duties, and probably in the same way?—But the question is whether he would discharge them in the same way, and in the same spirit. The spirit in which a man discharges his duties will depend very much on the authority under which he serves.

5671. There would be no uniformity, that is to say?—No.

5672. Then, would you give relief to all classes?—We do not suggest that the relief should be given to all classes, but only to those who are found not to be able to pay.

5673. That means there must be inquiry as to means to pay?—Yes, that is so.

5674. And, in fact, the same sort of machinery that the relief authority have would be required by the sanitary authority?—Yes.

5675. Would that not mean that there would be, eventually, two kinds of authorities giving relief and exercising inquiry?—That is to say, assuming medical relief is all transferred to the sanitary authority, and that other relief remains with the poor law authority?

5676. Yes?—I would suggest that, if all medical relief were transferred to the sanitary authority, that would be under such a complete reorganisation of the poor law that it might apply to other forms of relief as well. We cannot say.

5677. I dare say you are aware that, in the report of the Poor Law Commission, certain reasons are given why medical relief should not become free?—Yes. That is to say, not free to all sections of the community.

5678. Then I think it is pointed out there what the difficulties are in which you will be involved, if you transfer the duty of relief to the sanitary authority. For instance, there would be the impossibility of limiting it to the really needy. You will find that in paragraph 206 (Part V.) of the published report of the Poor Law Commission?—Yes.

5679. Then there would be the destruction of voluntary assistance, or provident societies, and the destruction of medical clubs, and the prejudice of medical practice, and special and prohibitive cost, and the destruction of independence; you will find these are all mentioned in the Poor Law Commission's Report as telling against your suggestion to make all medical relief a sanitary matter?—Yes, but may I suggest that we say that the dividing line is a practical one. Even now the system is not logical, and you cannot get a

logical system in such a matter. You can only take into account the practical considerations, and deal with each case on its merits. That would be our suggestion. We suggest simply, without going into the general question, that this particular matter is one to be dealt with on its merits, and it should be one to be dealt with by the sanitary authority.

5680. Have you also taken into account that there are more than 1800 sanitary authorities as against some 600 poor law authorities?—Would that be an argument against it?

5681. It would mean that there would be some very small sanitary authorities, and it also involves an inquiry as to the efficiency of the different sanitary authorities, but I do not know whether you consider that all the sanitary authorities of this country are exercising their functions in a proper way?—We, as an Association, think on general grounds that the small districts ought to be merged or combined with the larger ones.

5682. So that placing the matter with the sanitary authority involves some rearrangement of the sanitary administration of the country generally?—We think that would be a very good thing in itself.

5683. Then there is the difficulty of drawing the line between medical relief and ordinary maintenance?—Yes; but it is only attendance that we are actually considering here.

5684. But can you draw the line between attendance and treatment?—The line is drawn. I mean, for example, medical treatment does not involve disqualification for the franchise, but maintenance does involve disqualification. The pauper who receives purely medical relief does not lose his vote. But the person receiving poor law relief does lose his vote.

5685. I will not press that any further. Then, in your précis you speak of the objects of the Midwives Act as affecting the question. The object of the Midwives Act is to secure better training of midwives, and the regulation of their practice?—But with the object of securing better attendance to women in labour.

5686. But would that be different from the ordinary general Medical Acts, which are to secure better medical attendance for people at large?—The Midwives Act prohibits unregistered persons from practising. Unregistered midwives are not to be allowed to practise habitually and for gain.

5687. But has any argument of the kind you have put before us to-day been founded on the Medical Acts, allowing for the difference you have mentioned?—But I suggest that is a very material difference, because you actually prohibit a woman from employing an unregistered person in labour.

5688. After a certain date?—Yes, after a certain date.

5689. I think the view of the Contract committee of your Association is in favour of the encouragement of provident associations, is it not?—Yes.

5690. And the nominating of the practitioner by the woman?—Yes.

5691. And would you not go a step further and encourage the patient to join a club so as to ensure attendance?—Yes.

5692. With regard to registration, I quite agree that the higher the standard the better, but is there not a consideration which comes in there that the standard of registration must eventually depend on the supply of candidates?—Yes.

5693. You will admit that?—Yes.

5694. If candidates are not forthcoming to a high standard, that is to say, it may be necessary to lower the standard in order to get them?—Yes, but of course you would want very considerable evidence of that. It is a very serious step. We should say there is no evidence justifying the lowering of the standard at present.

5695. Though you would admit the principle?—Yes, but of course very considerable evidence would be required to justify a lowering of the standard.

5696. (Mr. Pedder.) What proportion of the profession in England and Wales is represented in your Association?—About 50 per cent. to 55 per cent.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

5697. I understand you to say, just now, that this evidence was based on communications made in the years 1904, 1905, and 1906?—Yes, confirmed subsequently.

5698. I wish to suggest that there might have been views at the beginning of the working of the Act, which would not be maintained after the Act had been in operation some time; what do you say to that?—Yes.

5699. The continued operation of the Act has not altered the views of the Association, has it?—Not on this point.

5700. Or on any point?—When I spoke just now, as to how this evidence was prepared, I was thinking more particularly of the question as to the payment of medical men called in to assist midwives.

5701. Has no change taken place as the Act has proceeded in operation?—No, I should think not, unless it were to strengthen the feeling in favour of the sanitary authority rather than the poor law authority as the body by which the work should be done.

5702. Has no experience been gained, in consequence of various arrangements for payments of doctors who attend on the call of a midwife, in the direction of showing that State interference is not necessary?—No. We made some inquiries on that point while we were actually preparing evidence to put before this Committee, and the tendency of our evidence was to show that the provision was quite inadequate.

5703. What difference in the circumstances as regards the doctor has been made by the coming into operation of the Midwives Act?—I say that, in the first place, the doctor in many cases is engaged by the midwife instead of being engaged by the patient. When the doctor is called in now, he is called to a case with which he has had no previous connection and which he has not been engaged to attend. Secondly, he has evidence of the urgent nature of the case in the message sent that he had not previously.

5704. But, before the Act came into operation, if a midwife were engaged by a woman, she might or might not have called in a doctor. If she had called in a doctor what difference would there be between that case and the call now?—There is the more responsible character of the woman who now sends the call.

5705. The doctor knows it is a case that ought to be attended?—Yes.

5706. But that rather goes against your argument, does it not?—Of course, there is a sort of recognition of the importance of the matter imported by the passing of the Midwives Act. I should think the fact that this Committee have been asked to consider this question shows it is regarded as a matter of importance; it has arisen as the result of the passing of the Midwives Act.

5707. I want to try to discover the principle on which the Midwives Act has made a real difference, and I do not see it quite; have you any evidence, or have you any impression, as to whether or not there are more calls on the doctors now to come to midwives' cases than there were before the Act?—Our impression is that there are more cases attended by the midwives. There are no statistics, but that is our impression.

5708. That is, instead of a case being muddled by an incompetent woman herself, the doctor is called in?—Yes.

5709. To that extent the Midwives Act has been an advantage to the medical profession?—Yes. I think, perhaps, I should state that I do not think it is intended to convey, and I should have hardly thought it was conveyed by our précis, that the Association think it is because the Midwives Act was passed that therefore there should be this provision. We say that the existing state of affairs is such that it shows that a considerable number of women do not get medical help, because of the medical men being unwilling to attend without some security for payment of their fee. That is the present position. Whether the Midwives Act has created that position, or whether it has arisen through general social causes, we have the position to-day that a certain number of women are not getting the medical help they require, and we can say that is because the doctors do not feel that they have the security they ought to have as to the payment of their fees. They may have acquired in the last few years a stronger sense of the

duty of the community towards the profession. I think it is possible they have. But this case does not stand alone. There is the case I alluded to before, of the payment of the medical man called in in an emergency case by the police. There is the case also of the position of medical witnesses at assizes, and that kind of thing, which was brought to a head by medical men refusing to give evidence, because they thought the fee was too unsatisfactory.

5710. But it has been stated by others, and by you also, I think, that the midwife was recognised by the State, and that that was in consequence of the Midwives Act?—Yes.

5711. But I have a difficulty in following that argument. What difference is there?—It creates a greater obligation upon the doctor to attend.

5712. But it also gives him some information as to the nature of the case to which he is called?—It makes the responsibility of refusing to attend very much more serious.

5713. But that is only because he then would be wilfully neglecting a chance of saving life if he refused?—Exactly.

5714. But that is no reason why his payment should be any more guaranteed?—But I submit, with all respect, it is, and on this ground: that we regard the obligation to provide for the necessities of the poor as an obligation not thrown on the profession but on the community, and we say that, unfortunately, a very serious injustice is inflicted by the community on the profession, by the fact that they should take advantage of our feelings of humanity, and our feelings of moral obligation, practically to compel us to give gratuitous assistance. We say the obligation to provide attendance for the poor is on the community.

5715. But I do not think that could be placed on the Midwives Act; it does not follow as a consequence from that?—But that forms part of the change certainly, and it adds to the responsibility of the medical man. You carry your machinery up to a certain point, but you do not make it complete. You have provided your trained midwife, but you have not provided effective machinery for securing the necessary attendance to be given in the case of an emergency.

5716. I think you said, in answer to one question, that you did not disapprove of the suggestion made that the doctor should be required to try to recover his fee?—That was put to me, but I had not really considered it, though I do not see any objection to it on the spur of the moment.

5717. Had that been fully considered before your précis was written, because the précis gives me the impression that your Association desire that the fee should be guaranteed on the doctor's request without any more being done by him?—No, I do not think that was intended. What was intended was that the doctor should have a guarantee of the payment of his fee if he cannot obtain it otherwise.

5718. That is to say, that you would think that the doctor should try to get his fee in the ordinary way?—That appears to me to be a desirable and reasonable arrangement.

5719. It has been suggested to us that the doctor should have no trouble at all, but that he should have his money, if called in, without further trouble; what do you say to that?—I hesitate very much to give an opinion. The impression on my mind would be that it seems a reasonable arrangement that he should make an effort to get his fee, but I do not think he ought to be put to the extremity of having to take county court proceedings, or anything of that kind.

5720. On the point of figures I think you stated that the impression was that the general practitioner's midwifery work was going down?—Yes.

5721. You did not know whether that was due to a drop in the birth-rate or to the poaching of the midwife, so to speak?—I may say it indicates our general attitude, but we should not regard it as poaching at all.

5722. Why should the drop in the birth-rate make fewer cases of midwifery; there is no drop in the actual number of births?—There are fewer births in proportion to the number of medical practitioners, but the



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

proportion is all moving together, and the one thing that is diminishing is the birth-rate, while the number of medical men is increasing slowly.

5723. It is complicated by the birth-rate?—Yes.

5724. Then, with regard to the recommendation of your Association, as to the discretion allowed under Rule E. 2 (a), can you explain that, because I am afraid I do not understand it?—The discretion is the discretion of the local supervising authority in the case of untrained midwives. We desire that untrained midwives should be prohibited from carrying catheters and appliances for giving vaginal injections, and that any discretion in the matter should only be conferred on those authorities who have a competent supervising officer, that is to say, a medical officer of health.

5725. You want to prohibit the carrying of these things?—Yes, except in proper cases, as in the case of a woman of competent qualification.

5726. (Mr. Fremantle.) You said, in reply to one of the questions that was asked you, that you did not see any logical distinction between special State provision for midwifery and provision for other things, but surely you will admit that there is a logical distinction in that midwifery concerns two lives, and other sickness only one life?—That had not occurred to me at any time.

5727. Would you not also agree that there is a tremendous difference in the mortality in the first week and the first month of life and that at later ages, and that therefore there is a considerably greater reason why the State should take extra care of midwifery?—I think those are reasons, certainly.

5728. That is a logical reason, is it not?—The question is the drawing of the line. One could not give a logical reason for drawing the line at one point rather than another, though there are practical reasons for it.

5729. Would you agree that it is a very good logical distinction that it is the case of two lives instead of one?—Yes, I should have thought there was force in that.

5730. At one point of your evidence you said that the British Medical Association represented from 50 to 55 per cent. of the whole profession: will you tell me what is the total number in the profession?—Of course the Association includes a much larger proportion of active men. I mean, among the 45 or 50 per cent. who do not belong to the Association there would be included the very large proportion of men who have retired as well as the men who have only recently joined the profession. The Association would include a much larger percentage than 50 or 55 per cent. of those in active practice.

5731. What proportion of men in active practice do the British Medical Association represent?—It is very difficult to give a fair estimate, but it is much more like 60 or 70 per cent.

5732. Have you any evidence as to how that compares with the representation of other professions in corresponding bodies?—We have considered the matter, and we believe the British Medical Association is much more representative of the medical profession than any other analogous society is of any other profession.

5733. Can you give me figures as to that?—No, I cannot.

5734. What about the Incorporated Law Society?—That includes, I believe, about a third of the solicitors.

5735. In your précis you say that municipal authorities have, in many instances, recovered from the patients admitted to local isolation hospitals the cost of their maintenance, but is it true that authorities have in many instances recovered the cost?—That was the impression of the committee who drew up this evidence. Individual members of the committee were aware of instances.

5736. They were actually aware of instances in which payments had been recovered?—Yes.

5737. They thought there were many instances, did they?—They certainly thought so.

5738. You do not suppose they had actual figures before them at the time?—Not as to the number of cases; it is only a general impression.

5739. Because my own impression is strongly to the contrary?—There was also the impression, of course, that the system has been discontinued of attempting to recover.

5740. That the system has been discontinued?—Yes. I know that at Yarmouth the fees were recovered for some time, but the town council dropped it, it not being thought worth the trouble.

5741. Now your Association think that the matter of the payment of medical fees should be dealt with by the local health authority and not by the poor law authority. Do you definitely mean the health authority, that is the local sanitary authority, that is the district or borough council, or do you mean the local supervising authority under the Midwives Act?—I think what was meant was the sanitary authority.

5742. The sanitary authority and not the local supervising authority?—Yes.

5743. Do you remember whether your committee considered the question of how the district council should co-operate with the county council, which has the control of the midwives, in this matter? Because they are two separate bodies; there happen to be one or two county councils who have given up their powers to the district councils, but usually they are different?—Yes; that question was considered.

5744. Your committee did not consider the possibility of the local supervising authority under the Midwives Act undertaking the payment of fees?—No, I do not think they did.

5745. Of course the local supervising authorities would number, I believe, about 136 authorities as compared with 700 poor law authorities and many more health authorities?—Yes.

5746. You state that the number of births per 1,000 of the population is decreasing, but is it not true that the number of medical men per 1,000 of the population is also decreasing?—Yes, I should think it is. Certainly the number of general practitioners is. But I could not say positively that the proportion of registered practitioners to population is decreasing, though I should think it is.

5747. Can you tell me whether it is within the experience of your Association that monthly nurses who are well qualified and in whom the medical man has confidence frequently do not send for the medical man in a normal case of labour until after the birth has taken place?—Do you mean a monthly nurse or a district midwife?

5748. No; I mean the monthly nurse and not the district midwife?—It is very common, of course, for the baby to be born before the doctor gets there.

5749. That is a different point. The question is whether the monthly nurse, as a matter of general practice, does not send for the medical man if everything goes straight?—I could not say anything on behalf of the Association on that point. I have only my own recollection of what happened when I was in practice.

5750. What would your general impression be in regard to this point?—I think it is not uncommon for a self-confident nurse to send for the doctor very late.

5751. Especially in country districts?—Yes, I should think so; but I think some of the other gentlemen who are going to give evidence would be better able to answer such questions than I am, because they are actually in practice now.

5752. Could you say on behalf of the British Medical Association whether they consider that such an arrangement comes under the head of covering unqualified practice?—I should think any arrangement between a doctor and a nurse by which the doctor countenanced her doing the work for him for which he was going to be paid would certainly be open to objection. Of course it would rest with the General Medical Council to say whether it constituted "covering."

5753. Would your Association then definitely discourage a medical man saying to a nurse, "well, nurse, I am glad to see you here. You will go on and deal with the case and you will not call me unless it is necessary"?—We are dealing with a nurse who is not a registered midwife, I understand?

5754. Yes?—I should think that it would be regarded as unsatisfactory by the Association, but on that I am speaking without authority. I can only give my impression.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

5755. Assuming there are some medical men who indulge in this unsatisfactory practice, have you any suggestion to make as to how it should or could be prevented?—No, I am afraid I could not say as to that. But if it became at all a serious abuse, I take it the test would be to lodge a complaint with the General Medical Council.

5756. But you would admit it would be extremely difficult to get evidence on that point, would you not?—It would be very difficult.

5757. And therefore very difficult to submit a definite case to the General Medical Council?—Yes.

5758. You realise that it would be a serious matter if medical men should continue the use in this way as monthly nurses of unregistered women who will be debarred in 1910 from practising as midwives?—If they had any of the responsibilities of the midwife thrown upon them, certainly.

5759. Thrown upon them either officially or by the medical man, that is?—Yes.

5760. Would your Association, do you think, recommend, or do you think that they would object to, any extension of the Act in such a way as to render illegal the practice of monthly nurses taking charge of a confinement in the absence of the doctor, except of course in cases of emergency?—Practically acting as unqualified assistant of the doctor, that is?

5761. Yes?—I should think that it would be regarded as very undesirable.

5762. And your Association would not take any objection to some regulation of that practice?—I do not see how the General Medical Council could distinguish such a case from the case of a medical man employing an unqualified assistant. I mean, he is surely employing an unregistered person to act as a registered person in that case.

5763. Therefore it could not be considered a hardship on the medical practitioner if it were definitely laid down that, except in an emergency, he must be present at a confinement for which he is responsible?—He cannot evade his responsibility for anything that happens. I do not see how you can put it higher than that. Supposing he is engaged to attend and he does not attend, and supposing nobody is there, if all goes right nothing happens, but if anything goes wrong he has the liability.

5764. If it were shown that a medical man deliberately did not attend at a confinement because he was cognisant of the fact that a monthly nurse was going to attend, you would say that constitutes "covering"?—I should think that would depend on the extent to which he in any way allowed it to be supposed that that nurse was acting for him. I mean, it would seem to me that the presence of the nurse is to be ignored. She makes no difference to the position. It is as though no one were there so far as he is concerned. He has been engaged to attend and he is not present, and the presence of the nurse should make no difference. If he suggests the nurse is there to act with his authority it seems to me then that he is employing her as his assistant.

5765. Therefore he would not expect his fee for attendance on that confinement?—Not any more than he would, I suppose, if he were not there at all. Of course, if, as often happens, a doctor is engaged to attend, and through circumstances for which he is not responsible he is not present, that is one thing, but if he makes an engagement to attend and if all the same he does not get there till after the labour is over, and he continues the after-attendance, he would be legally entitled to his fee. It seems to me that the presence of an unregistered person makes no difference at all to the case.

5766. You say in your précis: "as regards midwives engaged in training candidates for the Central Midwives Board certificate the Association recommend that strict supervision should be carried out by the Board itself. This might be done by a staff of inspectors." Supposing the local supervising authority does not include in its list any midwives who are engaged in training candidates for the Central Midwives Board certificate, your Association would not

in that case recommend any inspection?—No, there is no suggestion of it in this paragraph.

5767. Therefore you would recommend that the arrangements of the local supervising authority should be inspected solely as regards the midwives engaged in training candidates?—That is the idea.

5768. But not as regards the general carrying out of the Act?—No.

5769. You limit it in that way?—Yes.

5770. Do you think a simple inquiry at the headquarters of the local supervising authority, perhaps 30 miles away from the midwife engaged in this work, would really be material evidence as to the value of the training?—I think the question would rather be what arrangement the local supervising authority had made for inspecting the training and seeing that the midwives did actually give personal attention to the cases. One point that we feel very strongly on is that the midwife should not be allowed to employ her pupils as practically unqualified assistants and get them to do her work for her. There ought to be some system of check by which any abuse of that kind should be brought to light at once.

5771. Do you think a staff of inspectors could do that without actually inspecting the midwife herself?—They might think it their duty to inspect the midwife. That would rest with them. Their business would be to inspect the arrangements of the local supervising authority. I take it that their duties would be carried out in that way. They would be invested with full power to inspect the whole of the arrangements and to go into any point necessary to be gone into in order to satisfy themselves that the midwives were being properly supervised, and if that involved going to see the practice and paying a surprise visit to the midwife, they would do that.

5772. With reference to the resolutions which have been passed by local medical associations boycotting the midwives, what is the object, in your opinion, of these local boycotts of midwives' practice? Do you imagine that the opposition is definitely in most cases against local nursing associations, or do you think that it is a definite move in policy to force the hand of the legislature?—I do not think it is a move to force the hand of the legislature; I do not think they have gone deeply enough into the matter for that. These meetings have been called by very small irresponsible bodies, I think, from my consideration of the local reports.

5773. Would your Association object to pronouncing and publishing in your weekly journal a definite recommendation that, from a public-spirited point of view, the boycott of midwives should now be withdrawn?—Of course I could not answer for that. It would rest with our committee or council to decide a point of that kind.

5774. But your Association agree that this boycott is not a thing to be recommended, do they not?—Certainly it has not been recommended.

5775. But that it is against the public interest?—I do not like to pronounce judgment on the action of these people in that way. I mean it is going beyond my instructions. At least one of those cases is actually under consideration, and one would rather say nothing about it.

5776. (Dr. Champneys.) I understood you to answer Dr. Downes, when he asked you whether you thought the standard of examinations was too high, by saying "no," and then Dr. Downes suggested, I think, that if there were a shortage and a difficulty in getting midwives it might be necessary to lower the standard, and you, I think, acquiesced?—One acquiesces very reluctantly. The Central Midwives Board would have to be very fully satisfied of the necessity before they contemplated such a thing as lowering the standard.

5777. Supposing that the present standard is the limit of safety, that is to say, taking it on the analogy of the flashing point of petroleum as being the lowest point consistent with safety, would it in any circumstances be safe to lower that standard?—Might I answer that with a qualification; that is to say, any kind of examination or training is in parts, and there



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

are some parts of which you certainly could not lower the standard; for example, the standard of practical training, or anything of that kind; but there might be other parts, such as the literary parts of the examination, or the part concerned with general knowledge, which, if you found by practical experience was cutting down the supply of candidates undesirably, you might be tempted to lower the standard although you would regret the necessity. But, on the other hand, your practical training is certainly the limit of safety which you must not go below.

5778. But supposing, as a matter of fact, the question of passing or failing depends not upon marks added up for a good paper, for a good oral examination, and so on, but on the consideration of the whole question whether the woman is safe to practise as a midwife or not, apart from anything about illiteracy or anything else, your answer would then be that, if the examiners came to the conclusion that she was not safe to practise, no question of supply ought to influence them?—No, you must try to get your supply in another way. There are other ways of stimulating the supply.

5779. (Chairman.) Arising out of the answers you gave to Mr. Fremantle, I should really like to ask your opinion as to whether, in the event of a doctor being absent from a confinement and claiming his fee, you think his claim to the fee should not depend on his being able to show that he acted with due diligence in response to any summons for his presence?—Yes, I think it would. At common law the right of a doctor to recover his fee would depend upon that. That would be purely a legal question. We are entitled to our fee if we are not present, provided we have been engaged to render those services.

5780. And provided you show due diligence?—Yes, certainly you must show due diligence.

5781. Then, further, in regard to this report upon ophthalmia neonatorum which you have been good enough to submit, it is marked "private and confidential," but I presume you wish it to be taken as incidental to your evidence, and that we should print it in our report?—As a matter of fact, this report will appear in the "British Medical Journal" next week.\* It was only marked "private and confidential" while under the consideration of the council.

5782. (Mr. Pedder.) About the police question which you have mentioned in connection with your suggestion as to dealing with the question of medical fees; can you tell me more about that? What is the practice in these emergency cases?—Speaking from memory, I should say that payment of the doctor's fee is guaranteed in a considerable number of towns. In Oxford, as an example, the corporation, through the watch committee, guarantee the fee of any medical practitioner called in by the police in an emergency case.

5783. A regulation fee?—Yes. I think it is 2s. 6d. in Oxford.

5784. For everything?—For the attendance, whatever it may be.

5785. Do you know what the practice is in London?—No; but I think Dr. McManus can tell you.

5786. Then where there is no such rule (I think you said that would be the case in half the towns or so), is there any difficulty in getting the attendance of the medical man?—Yes, and there have been scandals in consequence of it. In West Hartlepool there was a case where a doctor was called in, who was rather irritated by something, and he refused to go; a paper called "John Bull" has taken up the case, the doctor has had an "open letter" addressed to him, and it has been copied into all the local papers.

5787. What is the feeling of your Association in regard to that?—Our feeling is illustrated by a question raised with the watch committee at Colchester in consequence of reflections made by the coroner at an inquest in such a case, when the medical man said he was very frequently called to cases which were said to be cases of emergency, but which turned out not to be so.

5788. By the police?—No, not by the police, but by private people. I think in this case he was not called by the police. There is no arrangement in Colchester for the police to call the doctor.

5789. But take the ordinary street accident which the police would get hold of. In a properly policed town they would naturally be the persons to call the doctor?—Yes.

5790. If there is no rule that the doctor is to be paid a fee, is it the practice that the doctor should refuse to go?—They often have refused to go. He would say he is engaged on other work and cannot go. In Colchester the doctor said he was expecting a call from a patient of his own, and he was under an obligation to him, and he told the police to go to the police surgeon. The police surgeon can be obtained, of course.

5791. But do your Association recommend that there should be a rule that the police should pay?—They recommend that the watch committee or the corporation of every town should make provision, as a matter of public interest, for all kinds of emergency illnesses, so that it shall be secured that the community bears the burden of seeing that immediate relief shall be given to every person who needs it. All questions of payment should be settled afterwards, but let the public authorities see that any person who needs medical attendance in an emergency can obtain it.

5792. And where there is no such arrangement you think there ought to be one?—Yes, we think there ought to be one.

5793. (Dr. Downes.) Have you had cases where medical men have rendered services in street accidents and have not been able to obtain their fees because they have not had a formal police call?—Yes, there have been cases where no fee has been paid because there was no formal police call, and cases where no arrangements have been made whatever. There are numbers of cases where doctors are called on to attend accidents by any casual passer-by, and they give assistance, but everybody afterwards repudiates calling the doctor, and the patient, too, refuses to pay.

5794. Are there cases where the police call and do not pay?—Yes.

5795. Where there is no definite arrangement the police may call?—Yes, and then there is no pay.

5796. That is actually so?—Yes, that is actually so.

5797. It is suggested in the evidence that the State should guarantee the payment to the doctor; have the British Medical Association considered what would be the position of the medical man if the State guaranteed payment, and whether there would not be a reciprocal call upon him on the part of the State; that is to say, that his attendance would be more or less compulsory?—Yes.

5798. And the State might perhaps even impose a penalty on a man who did not attend?—Unless he could show reasonable cause for not attending, it is quite desirable. It seems to me the whole of our argument points to that conclusion, namely, that if it is the duty of towns to pay, it would certainly be clearly the duty of medical men to attend if such an arrangement were made.

5799. Would that be so even to the extent of imposing a penalty if due cause were not shown for non-attendance?—I think that is quite a reasonable conclusion. The whole object is to provide that women needing this help should obtain it.

5800. There would be two sides to the bargain?—Yes.

5801. (Mrs. Hobhouse.) Arising out of your statement to Dr. Champneys, as regards the practical training of midwives, I gather you refer to the 20 cases which it is necessary for the pupil to deliver personally before being able to go up for examination?—Yes, but not that alone: training in the actual profession she is going to exercise. I also include her training in so much of anatomy and physiology as it is necessary for her to know, and all that sort of thing.

5802. But are you of opinion that 20 cases are essential in order that a woman may become a safe

\* See the Supplement to the "British Medical Journal" of 8th May 1909.



5 May 1909.]

Mr. J. SMITH WHITAKER.

[Continued.]

midwife subsequently?—I do not know that I am competent to express an opinion, but I think the Association would be of opinion that the number should not be reduced.

Mr. C. E. S. FLEMMING called and examined.

5805. (Chairman.) You are in general practice in Wiltshire, I believe?—Yes.

5806. You have heard Mr. Smith Whitaker's evidence; may I understand that, from your experience as a general practitioner, you are in agreement with him?—Quite.

5807. Are there any points arising out of your experience as a medical practitioner which you wish to emphasise?—Of course in country districts the conditions are somewhat different. There is certainly no opposition to the midwives there. We rather welcome them.

5808. Have you a very efficient county nursing association in Wiltshire?—Yes, and also in Somersetshire. We have a good association there, but it is not so well organised for the whole county. There is one point as regards fees in the country that I think I might say a word on. We think there should be some mileage fee, though it is a difficult matter to decide on definitely.

5809. You think the fee should be graduated in accordance with the distance the doctor has to travel?—Yes, we think that we should have an additional mileage fee. Distance is really a very serious matter in the country.

5810. That is the only point that occurs to you, is it?—Yes, that is the only point, except that I do not know whether I might make an observation with regard to visitors, if visitors were appointed, that is.

5811. Certainly?—I mean visitors or inspectors to inspect the work of the local supervising authority. There would not be a large amount of work entailed upon them. It would be merely, perhaps, once a year, or once in a shorter time, but it would harmonise the work of the different supervising authorities if the Central Midwives Board could appoint some one or two visitors who would work in regard to the local supervising authorities, and see on what system they carried out their work, and see into their system of training midwives. We might have more uniformity, I think. Then there should be no chance of depreciating the standard. We do feel very strongly that the standard should not be in any way lowered. The working of the Act would cause perhaps some friction if the standard were lowered. We are very satisfied with it, because the midwives, we think, are quite efficiently trained, but if we felt there was any doubt about their efficiency we should feel some discomfort as to leaving our cases in their hands. As to the number of cases they do and the amount of interference with our work, I speak for myself and for a very large number of men in the district round about my residence; I represent the association of a considerable district, representing nearly 400 medical men, the opinions of the majority of whom I know very well on this matter, because we have been talking about it for some years. A large number of them admit that they have lost a considerable amount of practice, but they do not grudge it in the country. I do not say that this applies to the towns so much; but in the country, though they have lost a considerable amount of work under the existing fees, which are very small in the villages, and which are bound to be small, they really do not grudge it, because cheap midwifery at a distance cannot possibly pay. They would willingly give that up, but on consideration that they must be better paid for emergency or serious cases that they have to take.

5812. (Mrs. Hobhouse.) With regard to an inspector from the Central Midwives Board, I gather that will apply to the *bona fide* women, and not to the trained midwives?—To the training rather of the midwives. It will simply be inspecting, or rather visiting the supervising authority who have in their hands the training of midwives.

5803. It should not be below that required for medical students?—That is so.

5804. There must be personal delivery in 20 cases?—Yes.

5813. The training of midwives can only be done in recognised schools, or by recognised teachers through the Central Midwives Board?—But it is the recognised teachers we rather wish to be inspected.

5814. Not the recognised lecturers?—No, not the recognised lecturers. Practically there is no difficulty with them. But a difficulty arises with some of the midwives who take pupils, and the visitor could inquire as to whether the local supervising authority were sufficiently assured as to the competence and methods of these midwives.

5815. Then you do not mean to imply that it is for the *bona fide* women that you wish these inspectors to be appointed, they being a dying-out race?—They are dying out, and there is no need for an alteration in the legislation with regard to them.

5816. In the area with which you are well acquainted the age of the *bona fide* midwife is considerable, is it not?—Yes.

5817. They are mostly elderly women, are they not?—Yes, and they are becoming extinct very largely.

5818. So far as you can say, will their place be taken by trained women?—In our district it has been very largely the case, because we are fortunate in having a considerable number of well-managed nursing associations.

5819. But not by women working on their own account?—No, not by women working on their own account. I do not see how women working on their own account are to be able to do it.

5820. Such a woman cannot make a living?—I do not see how she can do so in the country districts. Of course the fact that she will not be able to make a living prevents any competition.

5821. So far as your experience goes in regard to the opinion of the 400 medical men for whom you speak, have you found any opposition to nursing associations generally?—As regards midwives, no.

5822. Nor in other ways?—No, I cannot say they are opposed. One knows in certain districts there is opposition to the way in which some of the work is done by nursing associations.

5823. (Dr. Champneys.) Would you tell the Committee who, in the scheme that you have in your mind, would be the inspectors of these midwives authorised by the Central Midwives Board to train pupil-midwives? What sort of people would they be?—I could not say, but that is an important point.

5824. Do you suggest men or women inspectors?—Medical men or medical women.

5825. They should be medical practitioners?—Yes, I think so, but I am only speaking for myself.

5826. Would you utilise any existing authority or any existing official for the purpose, or would you suggest that they should be entirely new officials?—I have not thought about it.

5827. It is rather difficult to apprehend what is the idea?—I think some medical man or somebody who is well acquainted with the working of the Act and with the needs of the community, and possesses the necessary qualifications, might very well carry out this work.

5828. Some existing local official?—Yes; possibly somebody who had been a medical inspector of midwives, or some lady doctor might be able to do it, one who knew the work well.

5829. You have nothing more definite to say on that?—No, I am afraid I have not.

5830. (Dr. Downes.) As regards the question of mileage, has any scale been suggested?—No.

5831. You heard my question to Mr. Smith Whitaker about the difficulty as regards the after-attendance in some cases, and the possibility of cases of sepsis arising and another medical man being called in; will you say what your view, as a medical practitioner, would be as



5 May 1909.]

Mr. C. E. S. FLEMMING.

[Continued.]

regards that point?—I should not like to be called in to a case and not have the full responsibility of it afterwards.

5832. Right through?—Right through; not being interfered with in any way for operating purposes, certainly.

5833. Should you prefer an arrangement by which the fee covered the whole case, unless it were by voluntary arrangement taken over by another medical man?—I do not think any other medical man would like to take over such a case. If I were operating in a case I do not think another man would like to take it over, and I should not like to give it up.

5834. Speaking of ordinary cases in which you possibly have operated, but in which the patient may wish the family practitioner to take it over, what would you say in regard to that point?—In that case I think the family practitioner should take it over.

5835. It would be subject to a voluntary arrangement of that sort?—Yes, certainly.

5836. (Mr. Pedder.) Do you know of any cases in your own experience, or in the experience of the circle of medical men you speak for, in which fees have been lost?—Yes, a considerable number. I have three cases of my own; I did not take any steps beyond asking for the fee, but I got nothing at all.

5837. There was no arrangement with any public authority which helped you?—No. I have asked the question of local authorities, and they will not do anything more than what they will do in the ordinary case of poor law relief.

5838. Not even if it were a poor law case?—It might be different then, but these cases were not in the ordinary sense poor law cases.

5839. And there was no arrangement with the health authority, or the county council, or anything of that sort?—No.

5840. And you say the other medical men, your colleagues, have had similar experiences?—Yes, several. I have spoken to them, and they have had similar experience of being called in to cases and getting nothing, but I have never heard of a man refusing to go.

5841. You have not heard of that at all?—No; but in a country district one does not get the great number of calls that one gets in a town. Of course, it is very annoying to be called late at night, when you are very tired, to go a case three or four miles off, and get nothing for it.

5842. But that occurs?—That occurs undoubtedly.

5843. (Mr. Fremantle.) I should like to ask you what I asked Mr. Smith Whitaker, that is, whether it is a practice common among general practitioners, in cases where they have confidence in their monthly nurses, definitely to make the arrangement of not being present at a confinement?—I have never come across it at all.

5844. Do you think it would be recognised as a practice that could not be made public?—Certainly. The patient would object, I should think.

5845. Could you suggest any means by which it could be prevented?—I should think the patient would want to prevent it, naturally, and would object to it. You are talking of cases where the medical man is wanted, I understand.

5846. Yes.—I should think that, having engaged the medical man, the patient would object.

Dr. L. S. McMANUS called and examined.

5847. (Chairman.) You are in general practice in Wandsworth?—Principally in Battersea.

5848. You heard Mr. Smith Whitaker's evidence; may I take it you are in general agreement with him?—Yes, but there are one or two points on which I should like to say something.

5849. Will you kindly mention them?—The first one is the question of humanity or inhumanity on the part of the medical practitioner in not attending. You emphasised it, sir, at the beginning of Mr. Smith Whitaker's examination.

5850. Yes. That requires elucidation, I think.—There is a great deal of feeling among general practitioners, especially those practising in slum districts, like myself. I think the community, though it is owing to no fault of our own, have got into the habit of exploiting our humanity and sweating our labour till they have arrived at the point that they express surprise and disgust and horror at a case in which a tired medical man has not attended immediately on the summons of a midwife. We protest against it, and say that the community has no more right than to demand from a baker that he should go to a starving man and give him a loaf of bread, or that a grocer is bound to give him a pound of tea in the same circumstances, or that a tailor should go down to the Embankment and clothe those men whom he finds there shivering. We have always been in the habit of going to emergency cases, but that is no reason why the community should sweat us in the way they do.

5851. But do not bakers and others often make bad debts; do you suggest that the medical profession should be exempted from making bad debts?—No, I am talking of these cases in question. Supposing you rang up a baker at 2 o'clock in the morning and asked him to give a man a loaf of bread, could he be expected to give it?

5852. The cases are not parallel?—I say they are parallel.

5853. It only shows the extreme strength of feeling on your part, but I advise you, in the interest of your profession, not to pursue that line of argument?—It is the feeling of the general practitioner.

5854. Then I will point out to you that you are now expressing that feeling in an extremely vehement and ill-judged form.—But we feel very strongly on it, and I should like to give you some concrete cases.

5855. If you have anything in your own sphere of experience as a medical practitioner to illustrate what Mr. Smith Whitaker has stated in much more conciliatory language, we should be glad to hear it?—I say we are frequently called in by both midwives and nurses and not paid. I was called upon myself a short time ago to attend a case in Canterbury Place, Battersea, but I was out of town, and my assistant refused to go. That was about 7 o'clock in the evening. At 2 o'clock in the morning the midwife came and asked me to come. She said she had been to seven doctors, and they had refused to go without a fee. It was a case of arm presentation, and the case was a very serious one, the woman being exhausted. I went, and I found it was a most serious case. It was a case of twins, and the head of one child was presented in the arm of the other. I had to chloroform the patient myself and to deliver. I did so and I saved the mother and both the children. The mother was exhausted, and I do not think she could have lived any longer. I went out into the kitchen to tell the father I had saved his wife and children, and he ran out to the scullery or into the back yard and hid sooner than face me, he being under the impression I was going to ask for a fee. I never got a fee, though that family were in the habit of coming to my surgery for medicine. They never came afterwards.

5856. They were a family you had been in the habit of attending?—Yes.

5857. And you knew all about their circumstances?—Yes, but it was a question of humanity on my part, and I went, but I never intended to ask for a fee, because it was a question of saving human life. The child in the arm was safely delivered as well as the other, but I lost the patient absolutely because they thought I was going to ask for a fee. That is all I have got with respect to that case, but I could give scores of similar cases.

5858. Arising out of your own personal observation?—Yes, arising out of my own personal observation. I had another case some time ago where a man came in



5 May 1909.]

Dr. L. S. McMANUS.

[Continued.]

and told me to come to the case of his wife. She was very bad, but I said, "you have not engaged me and I will not go." He said, "you have got to go; you followed her." It was a lie, because I followed nobody. However, I told him to go about his business, and he said, "if you will not go I will report you." He went away in a great state of indignation, but he came back afterwards and said to me: "for God's sake, come," and I said, "now you are talking sense. I will." I found it was a case of eclampsia. The case was one of twins. I chloroformed the woman. One child lived 20 minutes and the other an hour. I saved the mother's life, but I got no fee. Then on the 11th January of this year, my assistant was called in to Britannia Place, and there he saw a woman who had been delivered of twins by another woman who was not a certificated woman.

5859. Not a midwife at all?—That is so. She was in a very grave condition. It was a case of very serious hemorrhage. He saw her again the next day. She was not so well. The third day she had a rise of temperature. My assistant got in a district nurse and she was removed to the infirmary, where she died of puerperal fever. There was an inquest on the 16th January, and the verdict was brought in in accordance with the medical evidence. However, we never got a fee in that case. Then on the 5th December my partner, Dr. Sturdy, was sent for by Mrs. Freeman, who practises as a nurse, but who, I believe, is not registered. He was called in to see a woman in Speke Road. He found it was a case for chloroform and for the forceps, and he acted accordingly, and he received no fee. On the 2nd February he was again sent for by Mrs. Freeman to see a woman in Ingrave Street. He refused to go, and said he had not had any fee the last time he was sent for. A messenger then came to my house late at night, perhaps half-past 12. I sent my assistant. He found he could not manage the case by himself, and he sent for another doctor to do the chloroforming. He did that, but he received no fee.

5860. Were any steps taken to recover the fee?—No, but what can you do in those cases? The man says, "I have paid the midwife," and if you take legal proceedings against a man with only 25s. a week, it is throwing good money after bad.

5861. Did you apply to the local authority?—No, but I may tell you I afterwards heard that these people were in work. They were not paupers. Then on the 2nd of April, Dr. Sturdy was again called in to see a woman in Grant Road. He delivered her. He had to give her chloroform and use instruments, but he received no fee, though these people were in work. The case of the Wandsworth board of guardians was brought before the local division of the British Medical Association. They have had in the last two years six applications for fees. They have not paid them. They paid one or two. They paid the first one to Dr. Ker. The report says that in the circumstances a fee of two guineas was paid to Dr. Ker. Since then they have written to the local secretary of the division and asked if they would be prepared to accept the same fee that they paid to the district medical officers, namely, 15s. They refused to accept that, and then the guardians decided that they would stick to their resolution and only pay 15s., and they circularised all the midwives (I have the circular here) ordering them, in all cases of emergency, not to send to the general medical practitioner, but to send to the district medical officer. So that there is at present a deadlock in regard to the Wandsworth union, and the Wandsworth union is concerned with a population of over 500,000 inhabitants. There are not so many of these cases as one would think, though from what I have heard to-day one would think there were far more of these cases than there are really.

5862. I am myself inclined to believe they are very much fewer than many people suppose?—Yes, and I have had to deliver cases where I have had no trouble whatever as regards the fee, and have been paid.

5863. In what proportion of the cases have you not been paid?—In more than 50 per cent.

5864. But you admit you have made no special effort to get payment, do you not?—No, not from the guardians. There are cases where I have never intended to ask for any fee at all, as in the case of the twins in the Canterbury Place case. I went for the sake of saving human life there.

5865. But still it would appear that you might have got a fee in some cases where you hesitated, or declined to take any steps to get one?—No; I have never prosecuted anybody, but I have always tried to get a fee, naturally, if I could.

5866. But it may be that, if the guardians had had an opportunity of considering the circumstances of any case presented to them, they would have dealt with it as they did in the case given by Mr. Smith Whitaker?—But his case was a first case.

5867. But there is no reason why a later case should not be so dealt with?—No, I do not think so.

5868. But you had not exhausted all the means of getting paid?—I do not think I should have got paid.

5869. (Dr. Downes.) Was the difference with the guardians simply as to the amount of the fee?—Yes, but they object to the employment of anyone but their own medical officers. They are afraid of collusion.

5870. They offered a fee of 15s. which was declined?—Yes.

5871. Was it simply that you did not think the 15s. was adequate that you declined it; was that the ground of the refusal?—Certainly.

5872. Was that to be an inclusive sum?—Yes.

5873. With no allowance for operation?—No, and they say so in their letter.

5874. But they give their own medical men fees for operations?—They give them a guinea, and they give a second guinea if they have to call in a man to help them.

5875. There is a scale fixed by the Order?—No two unions are alike in that respect; I think they all contract out of it.

5876. If they have not contracted out, the fee would be 2l. for difficult cases?—But that does not mean that they pay a second man.

5877. Not necessarily.—I think the parish doctor who called me in paid the fee out of his own pocket.

5878. There is a scale for operative cases where they have not contracted out, so that I am not quite clear as to whether the Wandsworth Board of Guardians intended to exclude the general medical practitioner from the benefit of the scale for operations?—They wished to.

5879. If they told you they would pay you the same as they pay their own medical officers, if they have not contracted out, you will agree it ought to be on the operative scale?—Here is their letter, in which they say this: "that before any action is taken in the matter of withdrawing the circular issued by the guardians, the Wandsworth Branch of the Medical Association be asked whether the members of such association would be satisfied if the guardians placed them on the same footing as the district medical officers, to whom a recognised fee of 15s. is allowed in cases of midwifery."

5880. Then it comes to a question of terms?—Yes.

5881. (Mr. Pedder.) Were these cases that you have mentioned cases of registered midwives?—They were not registered midwives, but some of them were women who had a Queen Charlotte's Hospital certificate. In one of the cases they would not allow the woman to be registered, because her reputation was too bad.

5882. So that a provision that doctors called in by registered midwives should be paid would not affect your case, because those are the only people that any cognisance would be taken of?—So much the worse for us.

5883. What distinction do you draw between not getting paid in an ordinary accident case, and not getting paid in these cases?—If we do not go in these cases we are liable to be censured by coroners' juries, and if we do, we do not get paid. We are the only class of the community penalised in that way, and it is a scandal. Then, with regard to the question of who should be the authority to pay, I am strongly in



5 May 1909.]

Dr. L. S. McMANUS.

[Continued.]

favour of its being the borough council, as opposed to the board of guardians. If you take the case of Battersea, we have very elaborate machinery to deal with it. I have been on the health committee for 18 years, and we have three ladies who are sanitary inspectors, and one of them is employed with regard to the notification of births. We find a lot of people

have the greatest possible objection to having anything to do with the poor law, because they find that there is a certain amount of stigma attaching to it, and the relieving officers are generally considered very harsh and unpleasant, and people would far sooner that their cases were dealt with by a lady who would be sympathetic, like a lady inspector who is also a nurse.

Mr. J. H. TAYLOR called and examined.

5884. (Chairman.) Will you kindly state your qualifications to give evidence here?—The evidence which I desire respectfully to submit to the Committee rests on the following authority: First, as honorary secretary of the Salford Division of the British Medical Association, also of the Joint Divisions of Manchester and Salford and of the Medical Guild of Manchester, I have had the fullest opportunity of becoming acquainted with the working of the Midwives Act in Manchester and Salford, as it affects both the poorer classes of the community and the medical profession, as most matters of importance that occur in connection with the Act are reported to me for the consideration of these societies.

5885. You have also been for some years a general medical practitioner in Salford?—Yes.

5886. You are in general agreement with the evidence that has been tendered by the preceding witnesses, both in chief and in detail, are you not?—I am in general agreement, but there are one or two points that I might refer to.

5887. You mean points arising out of your special experience in regard to the working of the Midwives Act in Manchester and Salford?—Yes.

5888. There has been a very considerable difference in the working of the Act in the one of these places as compared with the other?—Yes.

5889. Will you kindly explain, first of all, how the Act is carried out in Manchester?—In Manchester it is carried out by the local supervising authority, who are a committee of the city council, and it is carried out in a way which the profession is fairly well satisfied with. The supervising authority have fixed a wage standard in Manchester, and all patients whose weekly income is above that standard have themselves to pay the doctor who is called in. Inquiry is made, and, if the patient's income is below this standard, the local supervising authority pay for the medical work done. They have a scale of fees: 5s. for simple cases, and one guinea for operative cases or puerperal fever.

5890. That is the scale that Mr. Smith Whitaker referred to, is it not?—Not quite. The operative cases that Mr. Smith Whitaker referred to are cases in which two guineas are paid, whereas in Manchester it is one guinea.

5891. Has that scale given general satisfaction?—I think on the whole it has given general satisfaction.

5892. The constitution of the local supervising authority is of a somewhat special character, is it not?—It consists of 18 members, 14 being members of the city council, two of whom are medical men, and, in addition, two specialists in diseases of women, one general practitioner, and one medical woman have been co-opted.

5893. Has the influence of Sir William Sinclair had to do with bringing about that state of things in Manchester?—Yes, and the influence of Dr. Niven also.

5894. They have worked together in furtherance of the objects of the Act?—Yes.

5895. There is no prejudice on the part of medical men in Manchester against the Act, is there?—Not at all.

5896. They do not think that the operation of the Act has tended to diminish their profits, do they?—Yes; but that is a very different question.

5897. Do they think it has?—The idea is, and I think it can fairly be proved, that the normal cases of labour attended by medical men have been much diminished in number.

5898. Were they in the habit of attending a very much larger number of simple cases?—Yes. I should

think 10 years ago the medical men in Manchester attended 60 per cent. of the labour cases, but at present that is not so. I can give you the figures. Out of about 18,000 births in Manchester the midwives attend 11,000; in Salford, out of 6,600 births the midwives attend 5,100 births, or 76 per cent. The effect of the Act has been to lessen the number of normal cases, but to increase the number of abnormal cases which the doctors are called on to attend. That is, of course, the natural effect of the Act. Midwives now are compelled to send for a doctor in circumstances in which, 10 years ago, they never thought of doing so. That is where the question of the fee becomes so important.

5899. The Act has had an important effect in keeping the hand of the medical man up to standard in the more complicated cases?—Yes, and that is a very important fact.

5900. It tends to maintain medical efficiency in its highest form in regard to obstetrics?—Very much so, I think.

5901. And that is not only a good thing for the public, but for the doctor also?—Yes, and that has a good effect. We get far more difficult cases to attend to now than we did 10 years ago, in my own experience.

5902. But in the general result, so far as remuneration goes, does the additional fee in these cases of difficulty more than compensate for the fees you lose in ordinary cases?—No; the pecuniary loss has been much greater than the gain.

5903. How do you account for the very different state of things that prevails in Salford from that prevailing in Manchester, beyond the fact of the arbitrary geographical limit between Salford and Manchester? Is it mutual jealousy; is it because, if they do a thing in one way in Manchester, they think they must do it in another way in Salford?—I could not prove that, but my personal opinion is that it is so. I have a strong suspicion that it is that. There has been a great dispute whether Salford should amalgamate with Manchester or not. Manchester wants it, and Salford will not have it, and there is undoubtedly a feeling about it, but if you ask me to prove that the different state of things in Salford arises from jealousy, I say I cannot.

5904. Do not the public of Salford consider that they lay themselves open to invidious comparisons by perpetuating such a state of things?—I think personal feeling largely comes in.

5905. You think they have no sense of shame in Salford?—I am afraid personal feeling counts for more.

5906. This is the letter you have sent to the chairman of the Central Midwives Board, and it has been already submitted to us, I think, in evidence, but we will put it into your evidence, and it will save the trouble of dealing further with it now. It may be taken to illustrate your view as to what the state of things in Salford is, and as to how that state of things differs from that which obtains in Manchester, as you have described it?—Yes. It contrasts the action of the boards of guardians and the more enlightened action of the sanitary authorities. (The witness handed in the following letter:—)

"TO THE CHAIRMAN OF THE CENTRAL MIDWIVES BOARD.

"Dear Sir,

"The urgent need for some amendment of the Midwives Act has been forcibly emphasised by the recent action of the Salford board of guardians in its response to the circular of the Local Government Board

May 27th, 1908.



5 May 1909.]

Mr. J. H. TAYLOR.

[Continued.]

of last July. A short account of what has been done will show the disadvantage under which medical men in Salford labour compared with the position in Manchester. It may be said that on the whole the scheme of the Manchester Midwives Supervising Committee for the payment of fees to medical men called in to the assistance of midwives has worked fairly well, though the maximum fee of one guinea is not considered adequate for difficult operation cases. It must, however, be noted that when the scheme was adopted it was expressly stipulated by the committee that the scheme must only be considered to be temporary, and that speedy amendment of the Act was a matter of urgency. Early in 1907 an attempt was made by the medical societies of Manchester and Salford to persuade the Salford town council to adopt some scheme like that of Manchester. After eight months' delay I finally received in October last a letter from the town clerk saying that the Salford authorities had decided not to deal with the question for the present. Up to the middle of December last, the Salford board of guardians had taken no notice of the circular of the Local Government Board, dated July last, and on December 17th I was instructed to draw their attention to it. The circular from the Privy Council Office of February 1908 again urged the question on the notice of the guardians, and accordingly, on March 9th, 1908, the guardians issued to Salford practitioners a circular, from which the following is quoted: 'In cases where the husband, nurse, nearest relative or friend of the destitute woman is not in possession of an order for the district medical officer, and is too poor to pay for the necessary medical assistance, the district medical officer should be called in; but, if the district medical officer is not available without undue delay, then some other medical officer should be called in, and it shall be open to the husband, relative, or friend to apply to the guardians, who will, if satisfied of such inability to pay, that the case was an urgent one, and that it was impossible to obtain the services of the district medical officer, be prepared to pay the private medical officer called in a maximum fee of 1l. 1s. 0d., this fee to include medicine, &c. and attendance during the whole period.' The conditions named in this circular were such that it was felt by medical men that it would rarely happen that any fee would be paid at all by the guardians, and the liberal intentions of the Local Government Board had been entirely disregarded. Accordingly, a deputation from the Medical Guild and the Salford Division of the British Medical Association waited on the guardians, and urged the following points:—(1) That it is utterly unreasonable to expect it to be proved that 'the nurse, nearest relative, and friend' of the patient are unable to pay for assistance. What have these persons to do with the patient? Inability to pay on the part of the patient alone should be the criterion. (One or two guardians assented to this.) (2) The condition that the case must be proved to have been urgent is putting a premium on the use of instruments. For if the doctor, on receiving an urgent summons, thought after a careful examination that it was better not to use operative interference, but to leave the case to nature, it might be said that the case had not been urgent, and no fee would be paid. It ought to be sufficient that the midwife had considered the case to come under the regulations, and that the medical man had obeyed the summons. (3) It is not just to general practitioners that the guardians should attempt to restrict the attendance to their own district medical officers. Patients would often prefer some other medical man, and object to the stigma of pauperism involved in attendance by a district officer. The seven district officers could not possibly deal with all sudden emergencies over so wide an area as Salford, and to insist on proof 'that it was impossible to obtain the services of the district medical officer' would involve delay that might be dangerous. Moreover, the Local Government Board distinctly suggested payment of any practitioner, and these conditions made by the guardians were in contravention of that suggestion. (4) The evident intention of the guardians in their circular, confirmed by statements of individual guardians, was to pay only in the case of recognised

paupers, which would by no means meet the difficulties. Paupers are already provided for, and the deputation thought that it was the wish of the Local Government Board to provide for persons just above the scale of pauperism; women, for instance, who might with care save up 7s. 6d. for a midwife's fee, but who were quite unable to pay for any extra medical attendance which the midwife might be compelled to advise. No legislation which did not provide for these cases would meet the circumstances. (5) A maximum fee of one guinea would be inadequate for an attendance which might last for many weeks. The district medical officers had a right under the Poor Law Board scale to 2l. for instrumental cases, and it was not reasonable to offer other practitioners any less. But what made the matter much worse was the stipulation that the fee would 'include medicine, &c. and attendance during the whole period.' Thus, if a doctor found it advisable after attending a patient for some time to send her into hospital for an operation which could not be done at home, he would get no fee at all. (Several guardians saw the injustice of this, and thought that the circular might be revised in this point.) It was recognised that the phrase 'inability to pay for medical assistance' is not sufficiently precise, and the deputation suggested that a wage limit, such as that used by the Manchester authorities, might well be adopted. It must be evident that if the action of the Salford board of guardians is a sample of what boards of guardians elsewhere will propose, nothing but dissatisfaction will result, both on the part of the public and the medical profession, and the desire of the Local Government Board 'that no reasonable ground of complaint should remain either to the public or to the medical profession' can hardly be satisfied, except by a speedy amendment of the Midwives Act itself. I remain, Sir, yours faithfully, J. H. Taylor, M.A., M.B., Hon. Sec. of the Salford Division of the British Medical Association and the Medical Guild."

5907. No result has followed any attempt to urge upon the Salford board of guardians the expediency of departing from the rigid attitude that they have adopted, as described in your letter?—There has not been the slightest effect. In addition to the deputation referred to in the above letter, a request was only a few months ago sent to them to receive another deputation, but they refused to see it.

5908. Did they give any reason for that?—Only that they had nothing to do with anybody but paupers. They absolutely repudiated the idea which we attributed to the Local Government Board, that the class of people just above pauperism were contemplated by the Local Government Board.

5909. The Local Government Board insist in their circular that there is a responsibility on the part of the destitution authority to attend to the case of the sick poor?—The Salford guardians themselves say they have nothing to do with anybody but paupers.

5910. You would suggest that if any obligation is to be laid on the local authority to pay fees, the standard of fees should be fixed by a central authority. I understand?—Yes, by Local Government Board Order.

5911. And I understand you are in general concurrence with what Mr. Smith Whitaker said upon that point?—Yes.

5912. Except as to one point, that is, which partly depends on it. Mr. Smith Whitaker was asked whether there would be any reciprocal obligation laid on doctors?—That is, if the State is compelled to pay, ought not doctors be compelled to go?

5913. Yes, and have you any objection to that?—Most certainly.

5914. You would object?—Most certainly I would object to the State compelling all doctors to go.

5915. But it is not "all," it would be only the one asked?—To compel all doctors in cases of poverty to go when sent for, is naturally a thing which no profession could stand.

5916. They would only be sent for under statutory warrant. That is the mutual condition here. It does not affect any general summoning of a doctor. A mid-



5 May 1909.]

Mr. J. H. TAYLOR.

[Continued.]

wife is under statutory direction to send for a doctor, and the point is whether in that case the doctor is to be paid by the public authority, and whether the State, as represented by that authority, has not the right to insist that the doctor should attend, provided there is no physical obstacle. Of course, if he is in another place where he cannot go, that is another matter?—But there are other obstacles. All registered medical practitioners are not competent to attend such cases. Many of them are not.

5917. But it is assumed that they do not ask a man to attend who is not competent?—Then there would have to be a distinction as to those who were willing to attend. You simply could not make a general rule that every medical man sent for by a midwife must go.

5918. But if you made a general rule it would have to be worded with a certain amount of common sense and prudence?—It would cover a few cases, but no general rule could be made to apply to them all. There are the cases of specialists in various branches to be considered.

5919. But you seem to forget that where a midwife sends for a doctor she is acting under statutory direction, and if the doctor is to be paid by a public authority he should be under an obligation to attend. No midwife would send for a consultant.—No compulsion should be put on any medical man to go, though midwives might be furnished with a list of medical men who were willing to attend when summoned.

5920. That is your view?—That is my view.

5921. Then upon the important question as to what public authority should be invested with the obligation to pay the doctor, you hold distinct views, do you not?—Yes, but there is nothing more to say on that, except to emphasise the opinion of the British Medical Association, that the local sanitary authority should do it. Perhaps the phrase "local sanitary authority" is a little too misleading.

5922. What do you mean by that; do you mean the public health authority?—Yes, the public health authority.

5923. That is the local sanitary authority?—Yes, or where there is one, the local supervising committee.

5924. But the local supervising committee represents the county council in all cases, and that, of course, would supersede the local sanitary authority altogether. If you mean the county council, say so. Of course, in Manchester the city council are both the health authority and the local supervising authority?—Quite so; but, of course, the British Medical Association in drawing up this recommendation is looking to the present condition of affairs. It is not looking to what might be advisable under any possible modification of the poor law.

5925. You mean a modified public assistance authority might be the proper authority to undertake this duty?—Yes.

5926. You only refer to things as they stand?—Distinctly.

5927. And you would not object to the converted or reformed public assistance authority being invested with this duty?—No, not at all, provided that your authority has not the deterrent action that the present poor law authority has.

5928. Do you not think that there is great value in that deterrent action, so long as it is not abused?—Provided it is not abused.

5929. There is nothing in human affairs that is not liable to abuse, not even family affection?—That is so, but the condition of things to be dealt with in these cases is extremely serious. The whole object of the Midwives Act is to get women to accept assistance at the earliest time, to prevent possible future bad health to themselves and the community, and any deterrent influence should be minimised as far as possible. Then I want to go back to the question of humanity. I am afraid the opinion of the profession in Manchester is very strong as to what is right, without arguing the question of humanity at all. I am afraid this Committee has got to face a practical question, and not a theoretical or logical question as to what doctors ought

to do or might do. The question is, can the Act be carried out without the co-operation of the medical man? Will that be possible in present circumstances? Now, it may be right or it may be wrong, but I am quite certain it is a fact that medical men will not give their co-operation under present conditions. I am not arguing the point as to whether they ought or ought not to do so.

5930. But they do in a great many places?—In a great many places they do not. They do not in Salford, and they have made it very plain that they will not. It is not a question of right or wrong, but the question is, are the women to have assistance, and if the doctors are not to be paid, will they get it? I say most definitely, they will not.

5931. I think most of us will admit the doctor should be paid, but the question is, assuming a change of the law is to be brought about by which the doctors can be paid, whether the medical profession are, in their own interests, wise in acting as they have done in some cases, and whether they have acted in a way which enlists public sympathy on behalf of their claim, or in a way which tends to alienate public sympathy? That is a point which I wish to put to you?—It is quite possible they may have alienated some public sympathy, but we are afraid of the thin edge of the wedge.

5932. I should have thought that with a strong association behind you, you need not be afraid of the thin end of the wedge, or of anything of that sort?—We have had experience which makes us afraid of it. There is the Notification of Births Act, and so on.

5933. (Mrs. Hobhouse.) Have you an inspector of midwives in Manchester?—Yes, a qualified medical woman.

5934. She is not medical officer of health, is she?—No.

5935. In the statement of the British Medical Association they have advised that inspectors of midwives should be placed definitely under the supervision of medical officers of health, but you have found that the opposite works very well?—She is herself under the supervision of the medical officer of health.

5936. I understand you to say that midwives should be inspected?—The medical officer of health is responsible for the whole. She is a sort of assistant to whom falls special business.

5937. The British Medical Association do not mean that the medical officers of health should be themselves inspectors of midwives?—No. It is simply a question of supervision.

5938. You attribute the decrease in puerperal fever, especially in Manchester, very largely to the efficient inspection carried out?—Yes, referring only to cases occurring in the practice of midwives.

5939. Can you say to what extent it has diminished?—I think I can give you the figures in Manchester for puerperal fever. The cases of puerperal fever attended by midwives alone in Manchester have diminished from 41 to 35 cases in three years. The total number of cases of puerperal fever in the last year was 95. The midwives' cases were 35.

5940. As against what?—As against 95 total cases. The midwives attended in the first instance 35 cases.

5941. But can you give me the figure for three years ago?—41.

5942. Out of what total?—93, I think it is.

5943. Then there is an increase in the total number?—There is an increase in the total number of births, but in the percentage there is a decrease.

5944. But in midwives' cases the decrease is very considerable?—Yes, and especially in deaths in midwives' cases. There is very little doubt that the serious cases have decreased, but there are more cases accepted now as puerperal fever cases than there were three years ago. Now the rule is carried out fairly strictly that cases in which the temperature is 100·4° for over twenty-four hours must be called puerperal fever cases. Three or four years ago that was not so, and only very serious cases were called puerperal fever, as is proved by the fact that the death rate has gone down, as stated here, from 27 per cent. to 12 per cent.



5 May 1909.]

Mr. J. H. TAYLOR.

[Continued.]

5945. The total death rate?—No, the death rate in midwives' cases has gone down to 12 per cent. in three years. That shows, I think, that milder cases are notified than used to be notified.

5946. Has the infant mortality decreased?—Very much so, but I could not give you the figure for three years ago. The latest return gave it as 147 per 1,000 in Manchester. I think it was 160 three years ago.

5947. That is the difference in three years?—Yes, but I will not say definitely what it was three years ago.

5948. Do you attribute that very largely to increased efficiency in the midwives?—No, I do not think that could be so very largely, because a considerable proportion of infant mortality is after the one month when the midwife attends. It decreases over the whole twelve months. The efficiency of midwives must have some effect in the first month, of course.

5949. Do you attribute it more to the Notification of Births Act?—No, not at all. It is not in force in Manchester.

5950. Is there any special cause to which you attribute it?—Yes, to the advice given by the medical officer of health, and there is the fact that quite an army of health visitors is sent round to give advice to the mothers.

5951. Do you distribute literature as to the feeding of infants?—Yes, very extensively.

5952. Not through the midwives?—Yes, in every possible way; through the midwives and the health visitors.

5953. Then you say that the Manchester Corporation have fixed a scale relative to the income of the patient in regard to the payment of the doctor's fee?—Yes.

5954. What is that fixed scale?—For a man and a wife without any children 21s. a week, and then 2s. is added on for each child.

5955. Do they take into consideration whether the man is out of work or in work?—I suppose so. The inquiry into that is put into the hands of the Charity Organisation Society. They are paid by the Manchester Corporation, and they report on each individual case.

5956. Is it your opinion that this possibility of payment has been abused by the patients?—No, I do not think so.

5957. So far as you know no patient who really is able to pay has been relieved from payment?—I do not think so, but it would be very difficult to prove. The Charity Organisation Society are about the best guide for that, and they profess to guarantee that each case is deserving, and you cannot get any better guarantee than that. They are quite an independent body. The number of cases is not very great in Manchester where payment has been made. In the last year 1,514 notifications calling for the assistance of medical men were sent in by midwives, and out of those 288 applications for payment by the medical men were made, and about 40 of those were rejected by the corporation, some because the incomes were beyond the limit, and some because the emergency did not come under the Rules of the Central Midwives Board. But altogether 2471 was paid by the corporation to medical men.

5958. What was the total number of births?—About 18,200. In Salford the guardians paid last year 61., and the estimate for the coming year is that 20l. will be paid. That is under the circular which has been referred to, issued by the Salford board of guardians to medical men, promising payment under certain conditions.

5959. I think you said just now that there were 5,000 births in Salford attended by midwives?—I will give you the exact figures. The total births in Salford are 6,596. The number attended by midwives is 5,047. That is, 76.5 per cent. are attended by midwives in Salford. In Manchester the total births are 18,251, the number attended by midwives is 11,128, or 61 per cent. Those are figures obtained from the annual reports of the medical officers of health.

5960. Have there been any cases in Salford where medical men have been sent for and have refused to go, and in which death has occurred in consequence?—No; they have refused to go on several occasions, but I do

not know that death has occurred in consequence in Salford.\*

5961. Is there no association of any kind, or no midwives' association, which guarantee a fee to the doctors?—No, I do not know of any.

5962. It seems to me from the number of births there must be some arrangement by which the majority of doctors have their fee guaranteed, even although the guardians do not pay it?—There is no arrangement at all in Salford for guaranteeing any fee to the doctors, either by the corporation, the guardians, a nurses' association, or anybody, and not only so, but the doctor often does not get his fee in the county court. If he gets a county court order, it is often useless.

5963. Can you tell us the proportion of cases where the doctor has attended in Salford and has obtained no fee whatever?—No, I could not give the proportion.

5964. Could you give the number of cases?—No, but I have had eight or ten cases brought before my notice by medical men.

5965. In each case he obtained no payment?—Yes, in each case no payment was obtained.

5966. The presumption is that he has had a good number of cases where he has obtained payment?—Yes, where he has obtained payment from the patient personally, but I have had cases where even the midwives have failed to get their fees.

5967. We have had evidence where the midwives themselves out of their own pocket have paid the doctor's fee. Have you heard of such cases?—I have not heard of them, but I had some figures given to me by a midwife who had attended about 200 cases in the year in Salford, and she said that in 58 cases she had received no fee. I have heard of midwives offering to share their own small fee with a doctor whom they have called in, but most doctors would refuse to deprive the midwife in such a way.

5968. (Dr. Downes.) You have given us an extract from the circular issued by the Salford guardians to medical practitioners; have you got the actual letter?—Yes, I have the actual circular here.

5969. There are one or two words here which appear quite inconsistent. For instance, it says, "In cases where the husband of the destitute woman" and so on "is in possession" and so on, "and is too poor." It says "destitute," which would mean too poor, and then later on it says "some other medical officer should be called in"; should not that be "practitioner"?—Yes, it should.

5970. Does that not look as if it was not quite a correct copy?—But it is a quite correct copy.

5971. I have not seen the circular?—But I have seen the circular itself.

5972. And are you sure that is all right?—Yes. The circular itself says, "another medical officer should be called in," and attention was directed to that by the deputation, and the clerk said, "yes, that ought to be 'another medical practitioner,'" and they said they would alter it in the later issue. It obviously means "practitioner" in that case, and it was altered to read "practitioner" in a later issue.

5973. Your point is that they have read the word "destitution" into this circular of the Local Government Board, which does not refer to it, but refers to poor persons?—Yes.

\* The witness subsequently requested that the following footnote might be appended to his evidence on this point:—

In the Newcastle "Daily Chronicle" of 4th May 1909, an account is given of an inquest on a woman at Sunnyside, near Bishop Auckland, where the husband stated in evidence that a doctor had refused to go to his wife in labour, because his fee was not guaranteed. The doctor denied that he had refused to go, and said the husband deliberately turned on his heel. A second doctor was obtained after some delay and found the woman dead on the floor with twins by her side, and he stated that death was due to heart failure from exhaustion. The jury returned a verdict that death was attributable to heart failure arising from exhaustion from want of proper attention at confinement, and a rider was added that it was unwise of doctors to raise the question of fees.

(Signed) J. H. TAYLOR.

† See Question No. 5906.



5 May 1909.]

Mr. J. H. TAYLOR.

[Continued.]

5974. Have they paid any fees to medical men called in in Salford?—6l. altogether.

5975. Have they refused any?—Yes.

5976. On what grounds?—That the cases were not pauper cases.

5977. But they were on the line of destitution?—Yes.

5978. I think you recognise in your *précis* that the Local Government Board did not speak of destitution, but they pointed out the powers of the guardians in the case of poor persons and in the case of poverty, and they also exhorted the guardians to exercise their powers in a careful and liberal spirit?—Yes. That is the first issue of the guardians' circular (*handing in same*) in which the word "officer" appears, and in the second issue it is altered to "practitioner." The second issue of it was in August.

5979. The word "destitution" was used?—Yes.

5980. In Manchester there is some special provision for puerperal fever cases, is there not?—Yes.

5981. What do they do there?—They are taken to the Corporation Fever Hospital. The present senior medical officer has some very elaborate arrangements for treating puerperal fever.

5982. With serum?—Sometimes, but principally by operating and dealing with every case practically.

5983. Would they have any Salford cases there?—No, Salford has its own sanatorium for fevers. They have no special treatment, but only just general waiting treatment.

5984. You sum up your points at the end of your *précis* by desiring that, first of all, the patients' wishes should be consulted in the choice of a practitioner. That, I think, you will see is possible under the Act of 1848, which the Local Government Board impressed upon the guardians. Under that Act any medical man may be called in?—Yes.

5985. You have no objection to that?—Not at all.

5986. Then the second point is that there should be an adequate fee guaranteed by the State. Now is not the point how to preserve the independent responsibility of the woman or her natural guardian with regard to the payment of the fee?—Yes. Of course I do admit that there is a difficulty.

5987. It is also desirable to encourage provident associations?—Yes.

5988. The point is how, with due regard to the responsibility of the natural guardian, and to the desirability of not discouraging provident arrangements, to do what is just to the medical man?—Yes. My own personal idea is that the recommendations in the majority report of the Poor Law Commission would about meet that. But that is my personal view only, and has nothing to do with the British Medical Association.

5989. (Mr. Pedder.) Have the Manchester guardians any practice in regard to fees similar to that of the Salford guardians?—The Manchester guardians have never been approached. I believe they paid in one single case, but they have never been approached, because the Manchester Corporation agreed in 1905 to pay practitioners. Therefore the guardians have never been consulted.

5990. It was not that the guardians had failed and the corporation came in?—No.

5991. The corporation took the initiative?—Yes; Liverpool was the first in the country, and then Manchester followed on.

5992. The Salford Corporation have declined to follow?—Absolutely.

5993. They leave it to the guardians, who do very little?—Yes. They make conditions which practically make it certain that very few payments will be made.

5994. Have there been any cases in Salford in which no medical man has attended at all, and the patient has been left without relief?—I could not vouch for that. I can only say that numerous cases have occurred to which medical men have gone without ever being paid, but I could not vouch that there have been cases to which no medical man has gone. It often happens that several refuse to go, but after some delay one may be obtained.

5995. You do not know of any case left absolutely without a medical man?—No, I do not.

5996. You have said that many more dangerous cases now come before medical men on the summons from a midwife than used to be the case?—Yes.

5997. To what do you attribute that?—A greater number of operative cases are now notified to medical men.

5998. And to what do you attribute that?—Simply to the fact that the midwives now are compelled to send for assistance in cases in which, before the Act came into operation, they were not.

5999. Many people died before?—No, not necessarily that, but 10 years ago, for instance, if a case of laceration of the perineum occurred in a midwife's practice, it was not considered so serious as now, and a doctor was not called in.

6000. It took its own course?—Yes; but now a midwife is compelled to call in assistance. Then a rise of temperature 10 years ago was put down to colic, fever, or chill, and no notice was taken of it, but now a midwife has to send for the medical man, and it is often called puerperal fever. Those two classes of case are the principal ones, perineal rupture and puerperal fever.

6001. Those are what you would call dangerous cases?—Yes, they form the bulk of the additional cases to which medical men are called in.

6002. You attribute it solely to the fact that the midwife now calls in assistance in certain cases where she did not do it before?—Yes.

6003. You do not think there is any increase of dangerous cases owing to midwives undertaking to do more than they can do?—No, I do not think so at all. I think that on the whole in Manchester the midwives are a very competent lot of women, and they do the work extremely well, from all I can gather from Dr. Niven and Dr. Miss Merry Smith.

6004. (Mr. Fremantle.) Has Manchester any power to pay fees to medical men?—Under section 133 of the Public Health Act, 1875, by permission of the Local Government Board, they may.

6005. Is there any attempt in Manchester to recover the fees from those who are able to pay?—Yes, but I cannot give you any particulars of that.

6006. You do not know whether they have power under the Public Health Act to recover the fees, do you?—I am not sufficiently familiar with that point, and I could not say.

6007. Have you had much experience in Manchester and Salford as regards the use of abortifacients?—Yes, my experience is very bad in regard to that. I have had some experience myself personally, and there is no doubt whatever that something will have to be done before long in Manchester and Salford. What is done usually now is that some old "Mother Gamp" goes and buys a quarter of a pound of lead plaster, picks off pieces in her fingers, rolls them up into pills, and sells them at 20s. a dozen.

6008. (Chairman.) What is the cost of the plaster?—3d. or 4d. I am speaking from personal experience now of two cases of lead poisoning which I attended myself. Of course I have notified the medical officer of health about it, and told him that there are some old women in a certain district selling these pills. I got samples of them myself from one patient, and the medical officer of health made full inquiries, but we have not any means of tracing where they come from so far, though the amount used is simply enormous.

6009. (Mr. Fremantle.) Is it your opinion that the use of abortifacients is increasing?—Yes, especially lead.

6010. Does it take effect not only in actually procuring abortion, but also in affecting the health of the children who are born?—Yes, possibly, but I think it is generally used in early stages.

6011. And if it does not take effect is it repeated?—Yes, it is repeated until something happens; either the woman has lead colic and poisoning, and she gets frightened and then stops it, or abortion takes place.

6012. Therefore, there are not many cases where it can really have any effect upon the children born?—



5 May 1909.]

Mr. J. H. TAYLOR.

[Continued.]

No, I do not think so, because it is done too soon, before a viable age.

6013. The last point I want to put to you is about puerperal fever. Do you think that there are some cases in which medical men have cases which, under the Rules of the Central Midwives Board and under Sir William Sinclair's definition, are tantamount to puerperal fever, but which they do not call puerperal fever?—Yes. I am afraid the definition of puerperal fever is too vague to lay much stress on. I do not think any statistics whatever given by medical officers of health about puerperal fever are very much to be relied on.

6014. The definition to which I refer was adopted by the north-western branch of the Society of Medical

Officers of Health. It is tantamount to a rise of temperature maintained for a period exceeding 24 hours in cases of puerperal inflammation?—Yes, that would be satisfactory, if the temperature were always carefully taken; but that is very often missed.

6015. Therefore the figures one gets of puerperal fever, whether in doctors' practice or midwives' practice, are not to be considered as very reliable?—No, they are not very reliable.

6016. Do you think that it is decreasing in either class of practice, so far as you are aware?—I think so, but it would be extremely difficult to prove it, because so many mild cases now are called puerperal fever which formerly were excluded. It would be almost impossible to prove anything with regard to it.

The witnesses withdrew.

## ELEVENTH DAY.

Wednesday, 12th May 1909.

PRESENT:

Mr. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.

Dr. F. H. CHAMPNEYS.

Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.

Mr. F. E. FREMANTLE.

Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Mr. SYDNEY STEPHENSON called and examined.

6017. (*Chairman*.) You are ophthalmic surgeon to Queen Charlotte's Hospital, London?—Yes.

6018. You have recently acted as chairman of the committee on ophthalmia neonatorum of the British Medical Association?—Yes.

6019. You hold very strong opinions as to ophthalmia neonatorum and preventable blindness?—Yes.

6020. What is the opinion on the subject of those well qualified to judge?—It is held that the ophthalmia of babies is the greatest cause of blindness which can be prevented, and should be prevented.

6021. Can you give any figures to illustrate that statement?—Leaving aside figures with reference to foreign children, one may say that, as to the United Kingdom, the number of those blinded by the disease was estimated at 7,000 by the Royal Commission on the Blind, the Deaf and the Dumb, of 1889. Other estimates have placed the victims of the disease at 3,000, and at from 1,000 to 2,000. Quite recently we have secured returns from 3,730 inmates of blind asylums in this country, and of that number 1,083, or nearly 30 per cent., were returned as blind from ophthalmia neonatorum.

6022. Do you think that possibly represents the percentage of the total blindness throughout the country?—So far as we can judge from the blind schools, it does.

6023. In your judgment this preventable blindness involves a very heavy pecuniary charge upon the community. I understand?—Unquestionably.

6024. Will you explain how?—To begin with, there is the question of education. The education of a blind child obviously costs more than that of a child whose sight is normal. It has been estimated that the education of a blind child costs the community ten times as much as that of a sighted child. Then there is the further fact that every blind man represents something of a loss to the community.

6025. You mean, when you have educated him up to the furthest pitch, he is a less capable member of the community than a seeing person?—Yes, and I think it may be fairly taken that every blind person represents

an actual expenditure of 25*l.* a year to the commonwealth, because one must remember this disease occurs mainly among the classes of the community which depend upon charity. Then further there is a loss which may be estimated at another 25*l.* a year in the man's wage-earning capacity. Each person blind from ophthalmia represents an annual loss of 50*l.* per annum. Taking that as the estimated cost of each of 7,000 born blind from ophthalmia neonatorum, a simple sum in arithmetic will show that we are losing a considerable sum of money through these blind people.

6026. What do you ascribe as the cause of this malady?—In every instance, I believe, it is due to the fact that the discharge from the woman is implanted into the child's eyes.

6027. And that is due to the neglect of simple precautions on the part of the woman who delivered the mother?—Yes, or the doctor, as the case may be.

6028. Absence of cleanliness, I suppose, aggravated by ignorance as to the importance of the matter?—Yes.

6029. You have made a computation that about half the number of women in labour are attended by women, all of whom, after the 1st April 1910, will be under the control of the Central Midwives Board?—Yes, but of course the estimate is based on very insufficient data.

6030. Yes; but we must take it for what it is worth?—Quite so.

6031. In the circumstances, therefore, you look to the regulations of the Central Midwives Board as the best remedial agency?—Yes.

6032. Do you think that those regulations are not adequate to the occasion at the present time?—No, I think they should be somewhat modified and added to in some directions.

6033. But, on the whole, you have not any very great fault to find with them, have you?—No. I think the Central Midwives Board have gone perhaps as far as they could go, without having further evidence before them.



12 May 1909.]

Mr. S. STEPHENSON.

[Continued.]

6034. Will you kindly state, for the information of the Committee, what suggestions you have to make by which the efficiency of the Rules of the Central Midwives Board could be improved?—In the first place, I am strongly of opinion, that when a purulent vaginal discharge from the mother is noticed, that should be a case in which medical help should be summoned.

6035. There should be no discretion?—No.

6036. You think it should be done in all cases?—I think it should be done in all cases. May I explain that, practically speaking, if the mother has no obvious purulent discharge, there is apparently little risk for the baby. It cannot be altogether excluded, but that is a practical line to take, namely, that if there is a purulent discharge, the chances are that the baby will develop ophthalmia.

6037. Do you think it is impossible that a midwife, however thoroughly trained, should be sufficiently expert to guard against the consequences of that discharge?—I do not see how she is to do so. There is a difference of opinion, even among the more instructed members of the medical profession, as to the proper steps to take, and I really fail to see that such a duty should be thrown upon the midwife.

6038. Then have you any precise suggestions to make as to what you think should be included in the Rules?—That is my first suggestion. The second one deals with what should be done to the baby's eyes with a view of preventing ophthalmia in presumably normal cases.

6039. Do you mean where there are no indications of risk to the child?—Yes, because I maintain that precautions should be adopted with every child born.

6040. And you hold that the midwife is capable of taking the necessary precautions in a normal case?—I think so, and I think the present Rule of the Central Midwives Board is an exceedingly good one. I have only to suggest that in cases of normal labours it might be strengthened by substituting the word "shall" for the word "should." At present, the Rule reads:—"as soon as the child's head is born, and, if possible, before the lids are opened, its eyelids should be carefully cleansed." I should prefer to see the words, "shall be carefully cleansed," thus making it stronger.

6041. I suppose "should" is there intended to be imperative, but I daresay the word "shall" might make it more plain?—Yes, and after the word "cleansed," I should like the midwives to be given some instruction as to how they are to do it. It should be done with a piece of sterilised wool. I use the word "sterilised" there, and I suppose midwives know the meaning of that at all events.

6042. Then you think the midwives should be prohibited dropping anything into the baby's eyes?—Yes, because there is evidence to show that ophthalmia can be prevented without dropping anything into the baby's eyes.

6043. What have they been in the habit of dropping into the baby's eyes as a rule?—I am not in a position to answer that question.

6044. Is it things that are injurious?—Yes, such as nitrate of silver solution, or perchloride of mercury solution.

6045. You think that, whatever effect these drops may have on the presence of incipient ophthalmia, they are injurious on other grounds?—Yes, possibly.

6046. Then, with regard to abnormal labours, what do you say?—If a baby is abnormal, it ceases to be a normal case, and it should not be attended by a midwife at all.

6047. That falls really under your first suggestion, that the medical practitioner should be sent for?—Yes.

6048. And that the responsibility should rest with him then?—Yes.

6049. What is the third suggestion you have to make?—The third one is so obvious that it seems scarcely worth mentioning, but it is that there should be some sort of Rule to tell the midwife it is a wrong thing to bathe the baby's eyes.

6050. That is not included in the first suggestion, is it?—No.

6051. It was held, I suppose, to be too obvious to be worth mentioning?—Yes. Then the baby's face and body should not be washed in the same water, or with the same sponge.

6052. What is the fourth suggestion?—Finally, I should personally like to see some statement that, in the opinion of the Central Midwives Board, a mother ought not to occupy the same cot as the child.

6053. To prevent overlaying, that is?—Yes.

6054. That was, I think, dealt with in the recent Children Act?—Yes, it was, but only, I think, in the case of drunkenness.

6055. (Mr. Pedder.) It is not a prohibition?—No.

6056. (Chairman.) You think the present Rule of the Board, to summon medical help if there be "inflammation of the eyes, however slight," should be strictly enforced?—Yes. I saw a woman recently who belonged, if I may say so, to the better order of midwives, and we were discussing babies' eyes then, and I said, "well, of course you are very strict about reporting the least inflammation," and she said, "I am not," and she said, "I have a baby now, which is the fourth in a family of six children who have developed ophthalmia," and I said, "what have you done?" The answer was, "I have ordered a boric lotion," and I said, "You had no business to do that, and might be struck off the roll for it."

6057. You think the instruction ought to be emphasized by some suggestion of penal consequences if not observed?—Yes, there are penal consequences at present, and I have seen cases of midwives being proceeded against for not acting on the Rule.

6058. But you would like greater prominence given to it?—Yes, the greatest prominence.

6059. With a view to opening women's minds to the danger to them of neglecting the Rule?—Notice ought to be sent periodically. The machinery exists, and I see no reason why notices should not be sent round periodically.

6060. Every year, when a midwife notifies that she intends to practise in the ensuing year, the local supervising authority might distribute it?—May I point out that the Bradford Royal Eye and Ear Hospital has taken upon itself such a duty. It now distributes once a year a cautionary notice about ophthalmia to midwives practising in the Bradford district. It is clearly out of their province to do so, but still, it is a very excellent thing.

6061. Then you think that the interests at stake are so great that an ophthalmic surgeon might with propriety be appointed as a member of the Central Midwives Board?—That is my view, and I know of no difficulties in connection with it, but the question seems to me to be very largely one of the amount of preventable blindness.

6062. Why should not the Royal College of Surgeons, which nominates a member, nominate a man with special knowledge. Such knowledge would appear to make him a valuable member of the Board?—There is no reason why not.

6063. If a great medical corporation cannot be trusted to appoint the best qualified man, you are not likely to get one from any other source?—The Committee might recommend that that should be done, and then my suggestion would be met.

6064. (Mrs. Hobhouse.) You say that about one-third of all cases of blindness found in the British Blind Schools are the result of ophthalmia neonatorum?—Yes.

6065. And you reckon that the preventable blindness in this country might be reduced by one-half?—Yes.

6066. Are these figures taken in conjunction with each other?—No, the second figure you quote is an assumption that half the women in the country are attended by midwives, but I expressly state that my evidence is not sufficient really to justify the statement. It is really a surmise as to half the women being attended by midwives.

6067. You say that one-half of the blind, as I gather from your *précis*, are attended by women. You say that the Central Midwives Board by their regulations could reduce the cases of preventable blindness by



12 May 1909.]

Mr. S. STEPHENSON.

[Continued.]

at least one-half?—I assume one-half of the pregnant women are attended by midwives who are under the control of the Central Midwives Board, but it is an assumption.

6068. Then this paragraph deals with those children only who are born under the auspices of a midwife?—Yes.

6069. Not blindness in general?—No, not blindness in general.

6070. In your *précis* you say, "the conclusion is inevitable that every effort should be made to educate midwives as to the cause and prevention of a disease that has been proved to be the most fertile cause of preventable blindness." Do you intend to imply by that that their education is defective?—In that respect I think it is.

6071. The subject is not dealt with sufficiently carefully?—No.

6072. You have seen the report of the committee of the British Medical Association?—Yes, I was chairman of that committee.

6073. It is stated there that cases of ophthalmia without adequate treatment have been found to occur among cases attended by medical practitioners as well as those attended by midwives?—Unquestionably.

6074. Therefore, it is not only the midwives?—No, certainly not.

6075. It is a matter that has not been gone into hitherto, I gather, by the medical profession generally?—We have gone into it a great deal, but somehow or other, I do not think the knowledge concerning this disease is quite so widespread as I should like to see it among the members of my own profession.

6076. But there is a slight decrease in the disease?—There is a decrease, so far as one can judge, in lying-in institutions. But then that does not show that there is a decrease in the disease generally. It only shows that, if proper precautions were adopted, the prevalence of the disease might be reduced to a very low pitch. We have no figures for England, so far as I know, to show certainly what is the incidence of ophthalmia neonatorum. I do not speak of the results of ophthalmia, but of the disease itself. We have many estimates, but I do not know of any complete figures.

6077. Do you consider then that the education, both of midwives and of medical men, should be improved?—Certainly.

6078. You say you would insist upon the element of personal responsibility on the part of the person who conducts the labour. Had you considered how the midwife would be made to feel the responsibility?—I had not considered it very carefully, but I want to get the principle recognised that there is a responsibility for this disease resting upon somebody; whether it be the medical man or the midwife I do not care.

6079. It would be rather difficult to enforce, would it not?—Yes, it would. I want to disabuse people of the idea that this is a disease which is inevitable, or a sort of heaven-sent affliction. My point is that it is preventable, and that it should be prevented.

6080. The matter is dealt with rather differently by the State in Germany. Practically it does not exist there?—Yes, it exists, but there the adoption of Credé's method in some of the German States is compulsory; that is the use of nitrate of silver for bathing the eyes.

6081. By medical men or midwives?—By midwives.

6082. Do you recommend that that should be allowed?—I am strongly opposed to their being allowed to do it.

6083. But they have stamped the disease out to a very large extent in Germany, surely, or they claim to have done so?—I should like to see the figures and the facts, but I do not think I am sufficiently familiar with the facts to discuss them.

6084. (Mr. Dargy.) Would your point be that, although these drugs might prevent ophthalmia neonatorum, they might introduce other mischief?—Yes, that is one objection.

6085. Have you formed any opinion as to whether ophthalmia neonatorum is declining or whether it is increasing?—It is rather a difficult question to answer, because I say we have no exact figures. So far as we can judge from institutions whose figures are available here, it is declining. But the returns from blind asylums show that the ultimate results of the disease do not show any declension for the last 25 or 30 years. Ophthalmia to-day is still responsible for one-third of the inmates of those institutions, and it was about the same proportion 30 years ago.

6086. Have the numbers of institutions increased relatively to the increase in the population?—I do not know.

6087. We have had evidence that puerperal sepsis is very much diminished?—Yes, personally I think there can be no doubt that ophthalmia has diminished, but I point out the discrepancy in the figures.

6088. (Chairman.) Any diminution in the disease generally in the last 10 years would not yet have had time to be reflected on the conditions found in blind asylums?—No. If you take the inmates up to 16 or 17 years in the blind school, the elder ones would have been there a good many years, and long before the Central Midwives Board came into existence.

6089. (Mr. Dargy.) When ophthalmia occurs in the child, can anything be done?—Yes, if the child is brought to treatment early, one always hopes to be able to save the sight.

6090. That would be an additional reason for the immediate calling of medical men?—Yes.

6091. Would there be any doubt about it, or could the midwife know when the labour was abnormal?—She would be able to ascertain the presence of a purulent vaginal discharge, at least if it was present in any quantity.

6092. My point is that, if there are to be penal consequences, we must take care that it is possible to ascertain that, and it must be known to the midwife?—Yes, but it is a difficult thing to prevent, anyhow.

6093. That would be to some extent an objection to making the midwife personally responsible in that way, or it would have to be considered?—Yes, and by people who are *au fait* with that branch of medical work, which I do not pretend to be.

6094. Now, as to your statement respecting the undesirability of the mother and the baby occupying the same bed. It is rather difficult to keep the baby warm in a separate cot, is it not?—It may be among very poor people, who have not got proper bed clothing, but still it is not a desirable thing that they should occupy the same bed. Apart from any question of ophthalmia, we all know that they should not occupy the same cot.

6095. Have you any other reason besides the danger of overlaying to suggest for that?—That is the chief reason, and I should think the baby is much more likely to be better in its own cot because of the absence of a vitiated atmosphere from the mother.

6096. Of course, I am not speaking as one who is an ophthalmic expert.—No, I understand.

6097. (Dr. Downes.) Has expert ophthalmic opinion changed in regard to the question of the desirability of using the Credé method?—There are two schools of opinion. One school of medical men believe that the proper way to prevent ophthalmia is to use the Credé method in every instance, both by midwives and doctors. I once belonged to that school. The other school, to which I now belong, having formerly belonged to the first school, think it is inexpedient to let these women use these applications, and that they should be given by medical men. Ophthalmic surgeons have always been insistent in voicing the dangers of ophthalmia. If we have a baby three weeks old, blind in both eyes, it is a dreadful thing to see, and it is a dreadful thing to tell the parents that the child will never see any more. We know it can be prevented by suitable means, and we have always agitated for something to be done. But there is another side to the question. After all, an ordinary man has less to do with this question than a gynaecologist, or even a public health department, but we have been stimulated into our present position by seeing the horrible results of the disease, which the

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12 May 1909.]

Mr. S. STEPHENSON.

[Continued.]

gynaecologist never does see. There is no unanimity of opinion as to the use of the Credé method by midwives, but there are two distinct schools of opinion about it.

6098. Therefore, it would be a little difficult for anything definite to be laid down by this Committee on such a point?—No; I think if the Committee lay down that the child's eyelids should be properly cleansed, there could be no objection from any school of opinion. If you were to suggest the compulsory use of the Credé method, then I am quite certain there would be trouble.

6099. On the other hand, there might be trouble if the Committee were to express an opinion against the Credé method, as you say that experts are themselves divided in opinion at the present time?—Yes, but there could be no objection to the cleansing of the baby's eyelids.

6100. No. But my point is not so much what is to be done in detailed treatment as that there should be a general duty on some central authority in such a matter. You would not remove the discretion as to prescribing anything of this sort from the Central Midwives Board, would you?—No.

6101. You would leave the whole discretion to them as to the Rule?—Yes.

6102. That being so, the whole point is how they should obtain the best advice as to the treatment which should be adopted, according to the best views of the day, whatever those may be?—The answer to your question is that the British Medical Association have published a report\* containing views which are practically identical with those I am expressing this morning, and they are a responsible professional body.

6103. Have the Central Midwives Board referred a question of this sort to any recognised society of experts on the matter? For instance, would the Ophthalmological Society be recognised as a representative body of ophthalmic experts in this country?—Yes, but if I may say so, I regard the opinion of the Committee of the British Medical Association as one which would carry greater weight. It was a representative committee, and there were gynaecologists on it.

6104. Do the committee of the British Medical Association suggest any definite line to be taken?—Yes; they go so far as to say that no liquid of any kind, sort, or description should be dropped by a midwife into the baby's eyes, and that the midwife should be limited to cleansing the eyelids of the baby. That is on page 3 of their recommendations.

6105. Have these recommendations been communicated to the Central Midwives Board?—The Central Midwives Board were asked to appoint a representative on this very committee at the beginning, and they did not do so.

6106. Do you know what their reason was for not doing it?—No, I do not know it.

6107. Did they give you any reason?—I did not myself hear a reason, but I think it was this, that they would prefer to wait and hear what report we made, or something of that sort. But at all events they did not appoint a representative.

6108. (Mr. Pedder.) You say in your précis that gonorrhoea is the cause of the most destructive form of ophthalmia?—Yes.

6109. Do you mean to say that that also can be cured if properly treated, and that blindness is not a necessary consequence even of that form of ophthalmia?—Yes.

6110. Even the worst case can be remedied?—Yes, if seen in time and treated properly.

6111. Then I think, in Germany, you said, the use of the Credé method is compulsory?—On midwives, but I do not think it is so throughout the whole of the German States.

6112. Within what limits is it compulsory? Is it where there is any suspicion?—It is used in every case of a birth, whether there is suspicion or not.

6113. In every birth?—Yes.

6114. That is a very strong measure?—Yes, and I once recommended a similar process myself. In 1903, I opened a discussion on the matter at the Obstetrical Society, who in those days granted certificates to mid-

wives, and I urged the Council to make the use of nitrate of silver compulsory for all trained midwives, and I was then very much annoyed to find that they would not do it, and I find now that they were quite right, and I was quite wrong.

6115. Where there is no need for the treatment, is it actually harmful?—In the hands of midwives, certainly. If there is need for treatment, then I say it is a medical question, and it should be removed from the midwife's hands to those of the qualified medical practitioner.

6116. (Dr. Downes.) Have you any definite instances of harm done by midwives applying this treatment?—I have never seen any myself, but there are instances on record.

6117. Where are they recorded?—They are recorded in a book which I wrote on the subject.

6118. Did they occur in this country?—Yes.

6119. The Credé treatment was among the things recommended by the Royal Commission on the Blind, in 1889, was it not?—Yes, it was. I do not know that they recommended the Credé method, but something equivalent to that.

6120. They quoted Dr. Glascott, who recommended it?—Yes, and they also recommended alum and a few other things.

6121. And that it should be applied by the midwife. Dr. Glascott says, "this simple method of prevention" should be known to and carried out by every midwife "in the country, and what is more, parents should insist "on it being done," and that was quoted with approval by the Royal Commission on the Blind of 1889?—Yes.

6122. So that a considerable change of opinion has taken place since that date?—Yes.

6123. One would rather want to know for practical purposes what the evidence really is which has discredited the Credé treatment?—It is not discredited in regard to its use by medical men. The line I take is that it is not a method which is safe to entrust to midwives.

6124. Have you considered the cases where there would be difficulty in getting medical men in scattered country districts, or the cases where medical men are not available immediately?—Not specifically.

6125. Have you considered the possible harm on the one side, and the possible good on the other?—No, but of course it is known that in country districts cases of ophthalmia are comparatively rare as compared with towns.

6126. Have you had cases of ophthalmia, in which neglect by midwives, or ignorance of midwives, has been traced as the cause?—Yes, instances of both. May I ask whether, in using the word "midwife" you mean a certified midwife, or a woman who acts in the capacity of midwife?

6127. I mean a certified midwife, because after next year there really will be no others, or there ought to be no others. Is your answer still "yes"?—Yes.

6128. Is it also possible that bad instances of ophthalmia may be found even in cases attended by medical men?—Yes, by certain medical men.

6129. Then all the blame cannot actually be put on the midwife's original neglect?—I am on record as having said that the blame is not by any means to be attributed in all cases of ophthalmia to the midwife, but that members of my own profession are sometimes to blame.

6130. You wish to get rid of the chance of ignorance, and go one higher, namely, to the doctor?—Yes; I want to deplete the blind asylums.

6131. You want to cut away the bottom rung, so to speak?—Yes.

6132. (Chairman.) Arising out of the questions that Mr. Pedder and Dr. Downes have put to you, I want to ask you one supplementary question. Does the average medical practitioner, in your opinion, possess more special expert ophthalmic knowledge than the average midwife?—He ought to by his training.

6133. Do you think his training has given him the opportunity of acquiring sufficient knowledge to deal adequately with all these cases?—I think he should be competent to do so.

6134. Would you state that upon your responsibility as an expert in the matter?—Yes.

\* See Question No. 6072 and the footnote appended thereto.



12 May 1909.]

Mr. S. STEPHENSON.

[Continued.]

6135. (Dr. Doucens.) On that, may I ask, does the General Medical Council prescribe any ophthalmic examination for obtaining a degree or diploma?—No, but I think that a course in ophthalmology is now necessary. There is no special examination, I think, except in the case of one or two examining bodies, such as the Irish examining authorities and the Royal College of Surgeons, Edinburgh.

6136. Do you regard it as desirable that more attention should be given to ophthalmology in examinations?—Yes.

6137. (Mr. Fremantle.) I gather you were in very good company when you advocated the Credé method. It was practised and commonly taught in the medical schools, was it not?—Yes, it was taught, and I was in excellent company I thought in 1903, but I have found salvation since, I believe, and I believe I am in better company to-day.

6138. I think the Credé method does figure in certain text books which were commonly used by medical students, such as Galabin's text-book?—I am not familiar with that text-book, but it is mentioned in some books, and my name, I am sorry to say, is appended to them.

6139. Are you aware it was the method systematically in use in the extern maternity department of Guy's Hospital among successive generations of medical students?—No, I am not.

6140. Why do you now feel that Credé's method is so dangerous when indiscriminately applied?—There are a good many objections to it. First of all, it is very apt to produce reaction in the baby's eyes, and that reaction is in itself a source of danger. Parents may see a running from their baby's eyes, and they may say the nurse or the doctor has produced it by using Credé's method. But that is not the greatest danger. That is simply chemical inflammation which, if left alone, passes away. A midwife who has used Credé's method, and seen the result of the reaction, may say it will get over it, and she leaves it alone. If it is really so, that is, if it is really chemical inflammation, it is all right, but if it is true ophthalmia neonatorum, she is losing valuable time. That is the one objection, and the other is one of expediency. Parents are apt to raise awkward questions if you drop anything into their baby's eyes which is a source of inflammation.

6141. Is there any chance of infection being carried into the recesses of the eye by the use of Credé's method?—No, I should scarcely think so. I should think if the drop is put properly into the eye it would nearly always destroy whatever infective matter is present.

6142. But you contemplate its not being dropped properly into the eye?—There is evidence of its being dropped into the baby's mouth in one case.

6143. Now, will you tell us just briefly what treatment should be adopted in a case where the child has already caught the infection in its most virulent form?—In the first place I should put hospitalisation. I should say that the child and the mother should be removed forthwith to a hospital.

6144. Now, what will the treatment have to be in the hospital in order to save the child's eyes?—My own practice would be to keep the eyes clean by the constant and continuous use of certain lotions, and in addition to that I would apply once or twice in 24 hours another kind of antiseptic, which would destroy the infective matter.

6145. In a bad case, that would require bathing the eyes very often?—Yes; every hour.

6146. That would mean practically a nurse constantly in attendance?—A day nurse and a night nurse for one case.

6147. I suppose you see it would be extremely difficult to get such a case properly treated in rural districts?—Unless there is some arrangement for removing such a case to a hospital.

6148. If there is no hospital you would suggest the workhouse infirmary, I suppose?—Certainly.

6149. But it would be necessary to have a stationary nurse on duty day and night in a bad case?—Yes, if it were really a bad case.

6150. You would agree that you probably cannot tell when the midwife has sent the notification whether the case is going to be a bad one or not?—No. She ought to send promptly at the very first, but it is not for her to settle that point.

6151. But the result is that at present the treatment is extremely difficult in rural districts, if a baby once gets the infection?—Of course I have no experience of rural districts. My work is mainly in towns, in London.

6152. I see you have made no mention in your précis of infection from the baby's hands, but is that not actually almost as great as the danger from infective matter that may be on the eyelids?—No, I do not think so, but it exists unquestionably. In all well-ordered places care is taken to clean the baby's eyes after birth, and to see that its hands are washed and kept away from its eyes if possible. But the great danger is from infective material about the eyelashes. When the baby comes into the world it begins to blink, and that action conveys the infection from the eyelashes into the eye itself. Hence, if you move the infective matter from the eyelashes and eyelids before the baby opens its eyes, and use no chemical antiseptic, you will probably prevent infection.

6153. But are there not also cases in which the eyes would escape infection, and the hand be almost certainly affected by a vaginal discharge?—Yes.

6154. Do you think it would be advisable to add something on the subject of the child's hands, because there is no mention of it in the Rules of the Central Midwives Board?—I will take the suggestion if it is practicable; I have not mentioned it myself.

6155. But I do not want to recommend anything that is unnecessary, because the Rules are long enough in all conscience already. The question is, how far it would be advisable?—I think it would be advisable to mention it, and I am sorry I did not do so.

6156. Now both you and the committee of the British Medical Association suggest the use of sterilised wool. Would not that be rather difficult, using the term sterilised strictly, for midwives in actual practice?—I believe wool is sold in sterilised packets now. We had that very point before the British Medical Association's committee, and I objected to the word, but it was pointed out that the word was well understood by midwives, and that packets were commonly used, and could easily be obtained. I would use the words clean wool, because that is well known.

6157. That is a material fact, because the cost of sterilised wool is much greater than that of clean wool?—It is considerably greater to the midwife.

6158. Therefore, in your opinion, it would be sufficient to say clean wool?—Yes.

6159. And it would be no advantage to say sterilised antiseptic wool, or boracic wool?—I should object to antiseptic wool. I want it to be perfectly clean, and that is what the word "sterilised" implies.

6160. Is it not rather strong to say that practically every case of ophthalmia neonatorum is the result of carelessness or ignorance, if it is possible to cause ophthalmia neonatorum even by using Credé's method, which has been definitely taught and recommended as a preventive measure?—I am afraid there is confusion there. It is not possible to cause what I call ophthalmia neonatorum by using Credé's method, but it is possible to cause a reaction, shown by a discharge and redness in the baby's eyes. An additional risk is that ophthalmia neonatorum is a generic term, which implies an inflammation of the newly-born baby's eyes, of which the common cause is gonococcus.

6161. Is that the cause in every case?—No. Two-thirds of the cases have been shown by my figures to be due to gonococcus.

6162. Have you any reason to account for the fact, which you mentioned, that ophthalmia neonatorum is comparatively rare in rural districts?—Yes, but I have not any personal figures to give you on the matter. Of course, where gonorrhoea is commonest, there ophthalmia neonatorum is commonest, and it can be shown that gonorrhoea is less prevalent in the rural than in the urban districts.



12 May 1909.]

Mr. S. STEPHENSON.

[Continued.]

6163. Do you think that the difference in this respect between town and country is in any way due to the comparative numbers of uncertified women doing this work, or medical men doing this work?—I cannot answer that question.

6164. Now to pass on to one or two questions on the report of the committee of the British Medical Association: do you accept these figures showing that ophthalmia neonatorum accounts for upwards of 10 per cent. of all cases of blindness?—Yes.

6165. Then under the heading "Prevention" the report says, "it is advisable to urge upon the Local Government Board that notification of ophthalmia neonatorum should be compulsory." Does that mean notification to the local sanitary authority as opposed to the local supervising authority?—Yes, it does. I would make it compulsorily notifiable all over the country to the sanitary authority.

6166. Now what is the idea in that recommendation? What will the sanitary authorities do with these notifications?—Of course one point is this, that when the public discovers that there is a disease called ophthalmia which the authorities think sufficiently important to be notified, they will immediately begin to inquire what ophthalmia is, and they will familiarise themselves with the dangers to babies' eyes. It will awaken public opinion on the prevalence of the disease, which is the great cause of preventable blindness in the community. In that way you will get at the public.

6167. How will you get at the public?—They will discover it, and they will want to know something about this disease which is thought to be sufficiently important to be notified.

6168. The notification goes to the district medical officer of health, does it not?—Yes.

6169. You mean to say he will in his annual report or quarterly report put it in and make it known?—Yes, and in discussions with the local body the mere fact that such a disease has been made compulsorily notifiable will make them inquire what this disease is. We hope for a great deal from the awakening of public opinion in the matter of ophthalmia neonatorum.

6170. But the sanitary authority will not discuss the matter unless they are concerned as regards preventing it; what steps should the local sanitary authority take in that direction?—The first step would be to send a lady health visitor to the house, who would inquire as to the case and find out whether the case was under proper medical treatment or not, and if not, she would make arrangements for such treatment. I do not know whether I should be in order in telling you what has happened in Liverpool in this matter.

6171. But first may I ask, who will make this notification?—The same people who are at present responsible for notifying scarlet fever, or measles, or anything else.

6172. That is the medical man in practically all cases?—Yes.

6173. Do you think it would be an advantage for the health visitor to attend when the medical man has already notified it?—The health visitor would be sent to the house, but when she finds the case is under treatment, she reports the facts immediately, I suppose.

6174. Would she first advise whether the medical man has given the proper treatment or not?—No, she could not do that.

6175. I mean to say that, in every case of which you are going to get the notification, there will be a medical man in attendance?—Not exactly, or I do not know about that; all the midwives will be under the Central Midwives Board next year.

6176. I only want to see what it is you have to suggest, and what your committee hope the local sanitary authority will be able to do?—One great point we had in mind was that, if cases were notified, efficient treatment would be a certainty. But there are other incidental advantages in the collection of statistics, and we should soon get to know what is the extent of the prevalence of this disease. In Liverpool the local eye hospital has set apart a ward containing so many beds and so many cots, and they co-operate with the local health authority in the treatment of this disease, and the machinery works in this way. When

a case of ophthalmia is discovered, and I think it is discovered through the local supervising authority in many cases now, the baby is taken off to the eye hospital, and the mother is persuaded, if possible, to accompany it to the eye hospital as well, and an ambulance is placed at their disposal by the health authority. The scheme has worked for eighteen months now, and it is dealt with in the report by Mr. Nimmo Walker,\* and the results appear to be admirable. Efficient treatment is secured. If it is of any interest to the Committee, I can deal with Dr. Nimmo Walker's account of his work. This is a new report which will be published in my own paper, "The Ophthalmoscope." The scheme has been running for eighteen months, and some of his figures are really remarkable. As his scheme has become better known, the children are brought earlier; for the first half-year, the average duration of the disease was 23.6 days, but for the second half-year, when his scheme was better known, the average time is 6.7 days.

6177. (Chairman.) At what age are they taken?—They are all babies.

6178. As soon as they are born?—Yes. The scheme deals entirely with ophthalmia in newly-born children. Then there is a reduction in the amount of damage caused to the eye. The earlier the children are got hold of, the better are the results. It is really very striking.

6179. (Mr. Fremantle.) What has been the cost of this treatment?—I do not know. There is no statement about the cost.

6180. What is the number of children with which it deals?—There were 75 cases in the year 1908.

6181. (Mr. Pedder.) These cases would be sent in by private medical practitioners?—Yes. But now the midwives send the cases to the hospital, even if there is only a suspicion of mischief.

6182. (Mrs. Hobhouse.) Are they all cured?—Not all. Mr. Walker's report deals with the condition, on the first visit, of 150 eyes. In 126 cases the cornea was intact; in 7 cases the cornea was slightly affected, and in 17 cases the cornea was severely affected. The sight was already compromised.

6183. (Mr. Fremantle.) I take it then that that is carrying out really the suggestion in paragraph (b) of the recommendations in the Report of the committee of the British Medical Association†?—Yes.

6184. Were these hospital arrangements at Liverpool what your committee had in mind when making that suggestion?—We had the facts before the committee, though not the facts I have given you to-day.

6185. When you said the local sanitary authority should arrange for the efficient treatment of the disease, did you mean that is how they are to do it?—That is one way, but there are several ways of doing it.

6186. Then coming to paragraph (c),‡ in which bacteriological examinations are suggested, the bacterioscopic examination of these discharges would involve a certain amount of expense, would it not, for it has got to be well done, and it is an expensive proceeding and well paid for?—No, I think not expensive.

6187. How much in each case would an examination cost?—The examination would be made by commercial associations. The fee would be 7s. 6d. perhaps. It is only a matter of a few minutes to make one.

6188. What would be the advantage of this bacteriological examination?—You could distinguish in cases of ophthalmia neonatorum whether the disease was due to the gonococcus and belonged to the dangerous variety, or whether it was something comparatively harmless and due to another micro-organism.

\* See Appendix XI. (Vol. I.).

† "(b) *Inspection and Treatment.*—It should be the duty of the local sanitary authority, upon receipt of notification, to enquire as to the facilities for treatment, and, if these be deficient, to arrange for the efficient treatment of the disease. The treatment of infantile ophthalmia should not involve separation of mother from child if this can be avoided."

‡ "(c) *Bacteriological examinations.*—It is suggested that the bacterioscopic examination of vaginal or conjunctival discharges should be undertaken, free of charge, by the local sanitary authority, when such a request is made by a qualified medical practitioner."



12 May 1909.]

Mr. S. STEPHENSON.

[Continued.]

6189. And it would show what the treatment should be?—Yes.

6190. You would feel justified in moderating your treatment if the disease belonged to the less harmful variety?—Yes.

6191. Then as regards the recommendation in paragraph (f),\* where you ask that accurate records should be kept, are not records of ophthalmia neonatorum already kept in the maternity hospitals?—I regret to say they are not always as well kept as they ought to be. The difficulty is the perpetually changing personnel of these hospitals. A resident medical officer is appointed for six months, and then he goes and is succeeded by another man, so that it is difficult to keep in touch with them on the figures.

6192. Would you suggest that the local sanitary authority, to whom you ask the notification to be made,

The witness withdrew.

Dr. SIDNEY BARWISE called and examined.

6196. (Chairman.) Are you medical officer of health for the county of Derbyshire?—Yes. I may say I am a member of the Royal College of Surgeons, a Doctor of State Medicine of the University of London, and I hold the Cambridge Diploma in Public Health. I am also a Bachelor of Science of the University of Birmingham.

6197. The first thing you want to speak of is the difficulty of getting trained midwives in sparsely populated districts?—Yes.

6198. Have you any special views upon that point?—Yes.

6199. What do you want to say upon the difficulty of getting trained midwives?—First, I have special experience with regard to midwives. Prior to holding my present appointment, I was district medical officer in the parish of Birmingham for four years, and there I came into intimate contact with the midwife question in the city. At that time Dr. Kaye was my colleague, so that we both had very close contact with the midwives in practice. At the time of the passing of the Act, notices were issued all over the county of Derbyshire informing all women practising as midwives that they could be enrolled. The result was that 420 women were enrolled, of whom 42 were trained. Since then we have got on our list 405 women, of whom 71 are trained, but we have not increased the number of midwives.

6200. 71 trained in addition to the 42, or altogether?—Altogether 71. At the present time we have on our roll 402 midwives. To start with, we had 420, of whom 42 were trained.

6201. Are there any obstacles that you know of to the training of more midwives?—I shall come to that point as I go along with my evidence, if you do not mind. I have put down some figures here which I will deal with. We have 16,000 births in the county each year. Of that number 10,000 are attended by midwives. I think doctors are called in to attend in about 1,000 cases. As a matter of fact, the records which we have received as to sending for medical help have gone up from 250 to about 700 cases, but altogether the midwives send for a doctor about 1,000 times a year. That is to say, in 250 cases they send for him and do not notify us.

6202. Are the services of the doctor more required now than they used to be?—No, it is not that. It is that we get more records sent to us. They did not carry out the Rules originally, but gradually they are sending the notifications much better. They are doing their clerical work better. Our education committee offer ten scholarships, of the yearly value of 15*l.* each, to train midwives of the type of women we try to get. The type we try to get are women who are married women, who have been nurses in good families, or, if not, who

should make these inquiries and publish them in an annual report?—I should like to see them published every year.

6193. For the whole district?—Yes, certainly. May I put in this document? (*Handing in Mr. Nimmo Walker's Report on the work of the Ophthalmia Ward in St. Paul's Hospital, Liverpool.*)\*

6194. (Chairman.) Do I understand that you support the suggestion contained in paragraph 86 of your memorandum† which is appended to the report of the committee of the British Medical Association as to the distribution by a public authority of an efficient preventive liquid?—No, not in that extended form, but I should see no objection to the distribution of it to the medical profession. But I see every objection to its being distributed to midwives.

were housemaids, so that they know what cleanliness is at any rate.

6203. (Mrs. Hobhouse.) Children's nurses?—Yes, certainly, but before I put the name of any woman before the committee I expect the inspector of midwives to visit her home and to report that her home is kept in a clean state. That shows whether she is a clean woman. In addition to that, we always expect them to bring from a medical man practising in the parish in which they live a certificate showing that they have an aptitude for this kind of work. We can find plenty of single women who would go and be trained, but we cannot find suitable married women, and the difficulty with single women is that they have not got the means to support themselves while getting a practice together, except in the larger urban districts. There is great difficulty in getting married women to leave their homes for a longer period than three months, particularly when they have children. Then, having got away to be trained, taking the case of married women of 45, we find they have very great difficulty in dealing with the written part of the examination.

6204. (Chairman.) Is it desirable to obtain entrance to the profession at such a late period of life as that? I should have thought it was inexpedient?—It depends upon what the profession is. If the profession is one by which 5*l.* a year can be earned, it might be expedient.

6205. But a woman of 45 is not a very adaptable instrument, is she?—No, but if she has been doing midwifery all her life it is different. That is the case with these women, although they are not registered, speaking generally. We sent up four of these women at the last examination in February—women on whom we had spent 15*l.* each in training. They had left their homes and had been trained, and we sent four of them up, and only one passed out of the four, and the one who passed had been up before.

6206. Which part of the examination do you think they failed in?—The written part, I should think.

6207. I am sorry to say that Dr. Champneys, who was to have been here this morning, has been suddenly called away and cannot deal with the point himself just now, but he has assured us that success does not depend on the written part of the examination, if the result of the oral examination is fairly good?—I have gathered that from what is stated in the Central Midwives Board's report, where they say that no woman would be passed who would be a danger. With regard to these women who went up for examination, the public health committee were so taken aback at the results that they appointed two members of the county council who were medical men to examine the candidates.

\* Printed as Appendix XI. (Vol. I.).

\* (f) *Maternity Hospitals*.—It is recommended that "among the members of the medical staff every maternity hospital should include an ophthalmic surgeon. The maintenance of accurate records concerning ophthalmia neonatorum is suggested as a means of keeping the disease constantly under the notice of all concerned."

† "86. Dr. F. Park Lewis (*Journal American Medical Association*, April 28th, 1906) has suggested that an efficient liquid be prepared by some public authority, and be distributed, free of charge, to every obstetrician, physician, or midwife qualified to look after parturient women. As to the particular agent, Lewis states that silver nitrate is at once "the cheapest, the most effectual, and the most permanent at our disposal."



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

6208. Were these the two women mentioned in your précis: Mrs. A. and Mrs. B.?—Yes.

6209. We should like to hear what you have to say on that point?—The medical men, as I say, examined these women. One was Dr. MacDonald, of Crich, and the other was Dr. Duncan, of Clay Cross, and having examined the women, the local supervising authority passed this resolution, "that for districts where there are no satisfactory registered midwives, the Central Midwives Board should be empowered on the application of any local supervising authority to hold a local examination and to grant annual licences to practise in sparsely populated areas to women approved by the local supervising authority; such annual licences only to remain in force for such time as the local supervising authority reports that the licensees are observing the Rules of the Central Midwives Board." With regard to Mrs. B., she is the wife of a retired police officer, and after she had failed I wrote to the medical men.

6210. She had failed for the fourth time, I understand?—Yes, but I know nothing whatever about the previous examinations. But I asked her myself, "what did they put to you in the *visu voce*?" "Well," she said, "the doctor asked me if I had ever seen a germ." "I said 'I imagine it is very small,' and he said 'what do you mean? about the size of your feet?'" "I can only say that I know the woman, and after she had had a question of that kind put, she would lose her head entirely. I should like to read the letter which I have had from Dr. Fentem, of Bakewell, who recommended her to me. He is a Doctor of Medicine of Edinburgh, and Bachelor of Science of Edinburgh, and Barrister-at-Law, and he writes: "Dear Dr. Barwise,—I was certainly surprised to know that Mrs. B. had failed to pass the recent examination of the C.M.B. Being the one who suggested her as suitable for the post of midwife and likely to qualify at the examination, I have naturally taken some interest in her progress. The first case she nursed for me, after her return from Sheffield, was the most desperate case of post-partum hemorrhage with which I have ever had to deal. It was out in the country, far from help, and I am confident if I had not had a nurse as competent as Mrs. B. to help me, that woman must have died. I was quite as much impressed with her capability as with the coolness she carried out her duty, in the face of the most trying ordeal one has to meet. So much was I pleased with her conduct of this and another case, that I recommended her to a lady at Tideswell whom I had to attend, and as this place is some 8 or 9 miles from me, over difficult country, I should not have done so if I had had no confidence in her. One has to take with caution what examinees say about examiners, but a letter in the *Nursing Mirror* of March 20, 1909, page 385, by 'Failure,' seems to bear out Mrs. B. Of course she is not a highly educated woman, and naturally has difficulty in expressing herself. After reading some of the C.M.B. papers I have wondered whether they wish to produce practitioners of the obstetrical art or nurses.—Faithfully yours, Thomas Fentem." Then this is a letter referring to Mrs. A.'s case: "Dear Dr. Barwise,—I was very sorry to hear that our local midwife, Mrs. A., had again failed to satisfy the examiners." My experience of her work is that she is very clean, quiet yet workmanlike in her method, manages her patient well, is not afraid of responsibility, and yet in those cases where she has sent for me she has recognised dangerous symptoms early and acted promptly. I have formed the opinion that she is a capable, quick-witted, woman with a very good knowledge of her work. She has already done very useful work in this neighbourhood. Of course, like so many of her class, she finds the ability to tackle a written paper beyond her. I have questioned her on many practical points and have been surprised to find how well she answered me; if she merely had a *visu voce* examination on the daily practice of a midwife I feel sure she would pass. If she is prevented from acting as a midwife because her written papers are bad, it will be a blunder. —Believe me, yours faithfully, Arthur Lundy."

6211. Referring to Mrs. B.'s case, if her coolness was such as he describes, surely she would not have been flustered by the examiner's reference to her feet?—There is this to be considered, that in the one case she has a sense of duty, overwhelming duty, the duty of doing what she can to save a woman's life. The other is a selfish duty, the duty of passing her own examination for herself. At any rate, Dr. Fentem's opinion is, for what it is worth, that she is the best type of woman to be got in the district.

6212. She has been very unfortunate in her examinations, because I have here the record provided by Dr. Champneys, giving the details of this woman's previous examinations, of which you admit you know nothing. He says she submitted herself for examination in London in April 1908, and as to the results of her examination, the paper then was marked bad and minus, and so on, and the general conclusion was, "I think that she should fail." On that occasion four failed out of 24 at the table at which she was sitting. On June the 20th, 1908, she presented herself for examination at Manchester, the examiners being Dr. Scott and Mr. Walls. Her paper was marked "Minus, S. minus," whatever that means, and the general conclusion was to reject her. The percentage of failure was very low. Two failed out of 16 at this table. Then she presented herself again at Manchester in the same year in October, and the examiners were Drs. Lea and Russell, and there was the same result, with the comment that she was equal to the worst of those presenting themselves on that occasion. Then we come to this examination in Birmingham which you have referred to, when her examiners were Mr. Christopher Martin and Dr. T. Wilson, whose names you perhaps know?—I know them both.

6213. Now I have only given you the facts with which I have been furnished by Dr. Champneys, and you can see the papers if you like?—Oh, no. The point I want to make is that the type of examination, although suitable for young women of education, is not suitable for a married woman, the wife of a collier or the wife of a police officer, who is between 40 and 50 years of age.

6214. Then, would you do away with the written examination altogether?—I think I would, for the type of woman that I should give an annual licence to. My suggestion is that an annual licence ought to be granted to certain women.

6215. Until the supply of fully-trained midwives has been brought up to the required number?—Quite so. I think I can leave that point now.

6216. Yes.—Then I may state that I have nothing to say against the examination for young women who are admitted young, women who have been nurses in hospitals and who wish to be on the roll. Most of them can go on the roll and go on working with a view to being able to earn higher fees as monthly nurses.

6217. Will you finish what you have to say about the examination of this type of woman?—Yes.

6218. Do you want to make any further remarks about the examination?—Yes, I think it will follow very well on the resolution which I have put in as having been passed by the local supervising authority.\*

6219. In reference to these cases?—I may say as to the necessity for this, first of all, the woman that I have just mentioned to you, Mrs. B., lives in an area in which there is no midwife at all, an area of some 24 square miles. The other woman, Mrs. A., lives in an area in which there is no midwife, which area covers 15 square miles, and the opinion which I have formed is this, that if we could get women of this kind on the roll there would be no difficulty whatever. First of all, this resolution, if put into practice, would only empower the Board on the application of the local supervising authority to hold a local examination and to grant annual licences. It does not make it compulsory on the Board to do it. Then I take it the local supervising authority would be required to make a *prima facie* case as to the necessity for granting such certificates. I may say I have consulted a very large number of medical men, and they are very much

\* See Question No. 6209.



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

more inclined to work with women of this kind than district nurses dressing sore heads and dealing with cases of erysipelas and ulcerated legs, and they think that these women should take up midwifery. On the whole, there is a growing feeling against district nurses, and I should like to call attention to the British Medical Journal of May the 8th, page 1153, in that connection.

6220. I have seen that.—That is the kind of thing that is reported to us regularly.

6221. But I very much doubt whether that is common. One cannot take these rhetorical letters sent to a medical journal altogether without a certain amount of reserve?—Then following up this question of examinations, I have got a note here on one point which I have not made. The medical members of the county council, as well as myself, think that the examiners should be general practitioners and not specialists in surgery and midwifery, and that it would be better not to have them specialists in surgery. Dr. Jordan Lloyd, of Birmingham, I see is on the list, and he is a specialist in surgery.

6222. As to these two gentlemen you spoke of, Mr. Christopher Martin and Dr. Wilson, do you know them?—Yes.

6223. But do you imply that persons who have a knowledge of midwifery are not as a rule employed as examiners?—No, I say that the examiners are not men who ever come in contact with midwives.

6224. But is that so?—I think so. Mr. Christopher Martin is Mr. Lawson Tait's successor, and I do not suppose he ever sees a midwife from one year's end to another. He is doing abdominal sections all the time and not midwifery cases, and he is certainly not working with midwives. The men who know what midwives have to do are general practitioners, and not physicians and consulting surgeons to big hospitals.

6225. You think it would be expedient for the Central Midwives Board to employ where they can general practitioners as examiners?—One of the two at least should be a general practitioner who knows what is expected of midwives, and who works with them.

6226. One at least; you would not put it higher than that?—No, I should not put it higher than that. Then I say that another way in which the difficulty in regard to midwives is felt is in regard to the insufficient number of midwives in sparsely populated rural districts, and that could be got over by their being subsidised out of the rates.

6227. Do you mean to fill up the gaps in their practice?—Yes.

6228. But that is not a suggestion which will commend itself to your judgment, and you do not advocate it at all, do you?—No, certainly not. If there is to be any subsidy from the rates it should go to medical men, on the Irish lines.

6229. With regard to your proposal as to annual licences under the conditions mentioned, do you not think that if that expedient were resorted to it would tend to lessen the vigilance of local associations in trying to secure a sufficient number of trained midwives in practice?—I do not think so, for the reason that I think we should have infinitely more control over midwives if they felt that their remaining on the list depended on the receiving of a good annual report from the inspector, because if this suggestion were carried out, then unless we reported annually to the Central Midwives Board that a midwife was carrying out all the Rules, she would, on the receipt of that report, *ipso facto* be removed from the roll, and I think, on the whole, that it would help rather than otherwise. With regard to district nurses, we only get them where they are not wanted.

6230. That seems to me to be due to a lack of organisation in the county at large?—No, it is a question of pounds, shillings, and pence. Where there are pounds, shillings, and pence, we can get the women, but these are the places where they are not wanted. We want them in poor, sparsely populated districts.

6231. There are counties in England where that has been got over entirely, but perhaps you do not know them?—No, I do not know them.

6232. For instance, that is a difficulty which is not known in Wiltshire?—It could be got over if somebody would provide the midwife with a motor car, but otherwise it cannot be done.

6233. If you know Wiltshire you must know there are some very sparsely peopled areas in that county?—Yes. In Derbyshire I have got three or four areas without a midwife.

6234. I am not disputing your statements about Derbyshire, but organisation is the question?—I do not think a midwife could possibly cover a larger area than 12 square miles. She could not possibly do it in the hills of Derbyshire unless she has a motor car provided for her.

6235. But we need not discuss that proposition?—No. Then, as I say, we have midwives planted by the nursing associations in the rural districts, but not in the sparsely populated poor districts, and it is for these districts more especially that I suggest this. I may say that I have framed this in a way which I think would meet the views of the Central Midwives Board, because we should have in every case to prove to their satisfaction the necessity for it.

6236. Kindly state what you have to say on the general working of the Act?—With regard to the general working of the Act, the midwife is not allowed to undertake the charge of cases of abnormality or disease in connection with parturition. I want to point out that it is extremely difficult for a midwife to tell whether there is disease which will be dangerous, and what is normal and abnormal.

6237. That is your opinion, of course, but we have had a good deal of evidence at this table that there is not much fundamental difficulty arising out of that?—However, that is my opinion, and it is the opinion I have come to after giving the matter very great consideration, and after having investigated cases of women having died when medical men have not been called in, or when they have been called in late. What I suggest is this, that it would be very much better to have something like the Irish Dispensary system. I support the resolution passed by the Midland Medical Union.\* I may say the feeling is growing very strongly, among the medical profession, in Derbyshire at any rate, that they are not treated exactly fairly with regard to this matter of being called in, and they think that they can get over the grievance themselves by making it known that they will not go.

6238. But surely, whatever grievances they may have on that point could be met by other methods than uprooting the present system and substituting an Irish one of which we have no experience here?—I should not think that it was uprooting the present one, but supplementing it.

6239. The Irish system is hardly consistent with the system that has been worked under the Act for the last six or seven years. It would mean practically substituting a new system, would it not?—I should hardly have said that it was an entirely new system.

6240. How should it be worked, would you say?—It would mean a new clause in the Act, undoubtedly, making it clear that it would be the duty of the midwife to find out who was the medical practitioner to be called in in a case of emergency.

6241. That would be imposing in a great many cases a duty upon people which they have not hitherto had to discharge, but you mean to make the attendance of medical men compulsory in certain cases?—Yes, the attendance of a medical practitioner.

6242. That is almost a revolution in the relations between medical men and the public. It may be

\* Resolution passed by the Midland Medical Union:—

That it should be illegal for a midwife to attend a woman in her confinement unless a medical practitioner is retained to be called in, in case of abnormality or disease in connection with parturition. When the wages are less than 18s. a week and 2s. per child under 14, the public assistance authority should issue an order requisitioning the services of a medical practitioner. This order should entitle the medical practitioner to a fee of 5s. for a preliminary examination and advice on the preparation for labour, and to adequate remuneration in the event of his having to take charge of the case on account of abnormality or disease in connection with parturition.



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

expedient, but it is revolutionary, and it would alter entirely the relations between the patient and the medical practitioner to say "you must have a medical adviser by law"—In view of the falling birth rate I think it is justified. I look at it from the point of view of the public health entirely, and I see the birth rate falling and the increase of a certain tendency on the part of women.

6243. A falling birth rate is not a desirable thing, of course?—And under the circumstances the women ought to have the very best assistance that the State can provide for them.

6244. That would mean a woman having at her disposal the best consultants in London, if you press your point to its extreme limit?—Quite so, but I mean what is really practicable. In this case it is something which would be available on a payment of 5s., and only in a very small proportion of cases the State would have to pay the 5s.

6245. From your experience, do you think that midwives, as a rule, are chargeable with breaking the Rules of the Central Midwives Board habitually and wilfully?—Not wilfully.

6246. From ignorance rather?—From ignorance. Speaking generally, *bona fide* midwives are really trying to do their best, and a very great improvement has been effected; a wonderful improvement has been effected.

6247. Do you think that power to investigate cases of malpractice locally would stimulate that?—Yes.

6248. So far as I understand your proposal (and I am in sympathy with it, I may say) you would grant to the local supervising authority a power of punitive suspension which it has not got now?—Yes, I would do that.

6249. Of course any cases involving removal from the roll would come before the Central Midwives Board?—Certainly; and I would make it a misdemeanour to break certain of the Rules, such as that with regard to cleanliness. I think, with regard to that, we should take a woman up before the magistrates.

6250. There would be difficulties, as I think you will find when Mr. Pedder examines you as to that, but I am happy to have that statement of your view on that point. You think the power to investigate locally would have a very material effect in bringing the responsibility of the midwife home to her?—Yes, I am sure it would.

6251. You also think that the working of the Act would be simplified by certain modifications of the Rules of the Central Midwives Board?—That is so.

6252. We are being pressed in some directions to increase the complexity of these Rules; can you indicate any one that you think specially stands in need of simplification?—Yes, there is one particular Rule which is constantly causing us trouble.

6253. Which is that?—The Rule with regard to the temperature of 100·4 degrees and calling in a doctor. If it is a doctor's case, that is to say, if a doctor is in attendance first, they do not record the temperature at all. Two cases came before me in one month, the temperature in one case being 101·6, and in the other case 102 degrees, and neither case was reported because a doctor was in attendance first. The midwife has been in contact with cases of high temperature of that kind and has never reported them to us, and she gets out of it because the doctor is in attendance. A midwife is sometimes attending doctors' cases as a nurse, and at the same time attending a case of her own as a midwife.

6254. That is true, but I should have thought that Rule applied where a doctor has been once, and that if the temperature rises to that point she has to let the doctor know it has reached a critical point?—Yes, but the doctor has not only been there once; it is his case, and she is acting as monthly nurse only, and, therefore, does not notify us.

6255. Then these Rules do not apply to her?—Not when she acts as a nurse, and that is just it. Now, I ask that in every case where the temperature rises above 100·4 she should notify.

6256. To whom?—To the supervising authority.

6257. (Mr. Fremantle.) But she has to notify every case in which she has sent for a doctor?—But,

when engaged as a nurse, she sends for the doctor, because he is engaged, not because of the rise of temperature. She should notify to us all the facts.

6258. But a midwife must explain that the case is one in which the assistance of a medical man is required?—But this is a monthly nurse's case.

6259. (Chairman.) Therefore it might be suggested that it hardly comes within the scope of our province to deal with it?—But she is acting as a midwife also at the same time in other cases.

6260. Then she comes under the obligation?—Yes, and she never notifies us, but we know nothing about the cases at which she is acting as a nurse, with a doctor; but we should have a Rule that in every temperature case she should notify the local supervising authority.

6261. But she is attending a case which is not within the purview of the Midwives Act?—Yes, but it is desirable to alter that, because we have many instances when women are attending one case as a nurse under a doctor, and another as a midwife without a doctor.

6262. Quite so, but that may not be the best means of attaining the object?—Perhaps, but I suggest that it should be compulsory on her to notify every case of an infectious nature that she is attending, and any other case where the temperature is above a certain point.

6263. (Mrs. Hobhouse.) Whether she is acting as a midwife or not?—Yes.

6264. That is bringing monthly nurses within the purview of the Act?—Yes, if they are also midwives, but it is the greatest difficulty we have.

6265. (Chairman.) Undoubtedly it is difficult, and it ought to be surmounted, but whether that is the best method of doing it or not I do not know.—That is so.

6266. (Mrs. Hobhouse.) You state that there are about 10,000 births attended by midwives in Derbyshire?—Yes.

6267. Are they certified midwives or the *bona fide* midwives?—They are, as a rule, *bona fide* midwives.

6268. You suggest that they send for the doctor in about 750 cases, I understand?—At the present time.

6269. Was there any difficulty with regard to the doctors' fees in these cases?—Yes, we have only got one board of guardians in the county who pay fees, the Chesterfield board of guardians.

6270. What do they pay?—They pay a guinea.

6271. In all cases?—In all cases, and as a matter of fact, although they have notified me and notified everybody, I believe the general practitioners do not know it properly, because the clerk tells me they have only paid four or five guineas, whereas they ought really to have paid 40l. or 50l. or more than that, I think.

6272. Do you know the proportion of cases in which the doctor has received no payment?—No, I do not.

6273. You have not gone into that?—No, but it has got less, because they will not go.

6274. The number of cases in which they are sent for is getting less too?—No, I do not think so, but more cases are being put on the parish doctors. There is no doubt about that.

6275. Have you any individual cases where, the doctor having been sent for and refused to come, the case has resulted in the death of the patient or child?—No.

6276. No case has occurred at all in Derbyshire of that kind, so far as you are aware?—No, not that I am aware of.

6277. Do you say that the resolution passed by the Midland Medical Union was very largely on account of this non-payment of fees?—I should not say that—not altogether. I should say that it is general dissatisfaction with the Act. I do not think the profession have liked to receive a printed form asking them to go on the order of a midwife, as it were. It looks like something they cannot refuse, and the profession are being asked to do such a very great deal at the present time for nothing.

6278. They have refused?—But they did not at first.

6279. Was that the only ground against the Midwives Act, that a printed form was sent them?—No, a medical man would much rather have a case in which



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

the woman has not got the patient in a mess first. She gets the patient in a mess, and the doctor has got to put it right.

6280. (Chairman.) Do you think that life should be sacrificed to medical punctilio?—No. I am suggesting that the midwife should not be called in first, and the patient's life not be endangered.

6281. I am dealing with the state of things as it exists?—I am dealing with the state of things as it should be.

6282. You want a change?—Yes. The line that the medical men take is that these half-trained women who attend all kinds of cases of erysipelas, and so on, as district nurses, and do cases of dressing men with cut heads, should not attend these cases, without a doctor being retained.

6284. (Mrs. Hobhouse.) You have already said the majority of these midwives are *bona fide* women?—In Derbyshire.

6285. They are not district nurses?—Quite so. The only case I can think of at present is that of a district nurse who was dressing a cut head. She was called to a case and it resulted in erysipelas, and that resulted in puerperal fever. The medical man would much rather have attended to that case all through, and not had the nurse there.

6286. Have you had other cases where a district nurse has been the cause of trouble in that way?—I cannot think of any.

6287. How long ago did that occur?—A year or two ago.

6288. Since the passing of the Midwives Act?—Certainly.

6289. Then, therefore, you think that the Medical Union passed this resolution very largely because they wanted to pass a vote of censure against district nurses, as it were?—No; a vote of censure on the present Act, but not against the district nurses by any means, but a vote of censure against midwives taking up cases which the doctors would rather have kept their eye on all along.

6290. You said as regards the woman sent in for training in one case her area of employment was 24 square miles?—Yes.

6291. Is there a doctor resident in that area?—Yes.

6292. Your committee considered it was essential that there should be midwives there, did they?—No, the matter has never been before the committee.

6293. But who selected the woman to be trained?—I did; but, I beg your pardon, I see what you mean. They are recommended by the medical man himself.

6294. Who wished to have the midwife?—Yes.

6295. Is he a member of the Medical Union?—I could not tell.

6296. Your evidence seems contradictory?—I beg your pardon, but I do not follow you.

6297. You have stated in evidence just now that the Medical Union are, as a whole, against the working of the Midwives Act and against midwives?—No, I do not think so.

6298. I understood you to say so?—They are against the present working of the Midwives Act.

6299. (Chairman.) That is all we have to do with.—Yes.

6300. (Mrs. Hobhouse.) That is to say, they are doing their best to prevent its working by non-attendance in cases begun by midwives?—No, I think not. I think they are trying to get a better state of affairs in their own way.

6301. (Chairman.) Quite so, but Mrs. Hobhouse is pressing you to admit that they are trying to get a change through a course of obstruction, and to frustrate the legitimate object of the Act with a view to having it altered in a way which is conformable to their prepossessions or feelings or prejudices.—Take one district where the medical man will not take a midwife's case because he gets through the midwifery cases easier if the midwives do not touch them. His wife is the secretary of the local nursing association.

6302. (Mrs. Hobhouse.) At all events, it shows that medical men are divided as to their opinion, if in one

instance a medical man refuses to allow a midwife to take a case?—I am glad you have cleared it up. I see the difficulty.

6303. But in the other case the medical man asks for the midwife to be trained?—But not to be made into a district nurse.

6304. But he asks her to take midwifery?—Yes, he asks for the midwife to be trained, but he would be against her being a district nurse. What they think is this, that we should have the best nursing service if we kept midwives altogether apart from ulcerated legs and cut heads and suppurating sores. We should have married women as midwives, who are doing no district nursing. That is the point.

6305. Then, as regards these married women that you have chosen, you say you sent them into training and paid 15*l.* for the training?—Yes.

6306-7. Where did you send them?—Some to Sheffield, some to Derby, one to Chester, and some to Manchester.

6308. What training home at Derby?—Miss Athill's.

6309. That is specially for cottage women, is it not?—Yes, I think so.

6310. Surely she will not train them for three months?—Five months now; it formerly was three.

6311. But I understood you to say your training was usually three months?—Yes.

6312. And Mrs. B. failed to pass in the five months?—Yes.

6313. Therefore, you have tried training both for three months and for longer periods?—Yes.

6314. And in the majority of instances you found the women failed?—I actually forget the figures, but as to the last four, we were very much hurt that three out of our four were ploughed.

6315. Can you tell me the number you have trained altogether?—Thirteen, I think.

6316. That is to say, you have passed 13?—Yes.

6317. How many have you placed into training?—I have not got the figures.

6318. About how many?—About twenty.

6319. You have practically passed not much more than half the number you have sent up then?—That is so, speaking at a guess.

6320. These women who have passed have usually been young women?—Yes, that is so.

6321. You mentioned casually just now that a fee of 5*s.* was paid to the medical men. Is that paid by the public authority?—I mentioned 5*s.* as part of this resolution. The resolution is that there should be a retaining fee, and this is in work already voluntarily in certain districts in Derbyshire. The medical men have made it thoroughly well known that they will not go to a case unless they receive a retaining fee of 5*s.* The midwives understand that, and the women of the district who are going to be mothers understand it, and they pay the 5*s.* voluntarily.

6322. Whether the doctor attends subsequently or not?—Yes whether the doctor attends subsequently or not. The arrangement is that, if they pay the registration fee in advance, he attends them for a small fee. If they do not, he charges a big fee.

6323. What is the small fee?—A guinea, I think. That is another 16*s.*

6324. It is not over and above the 5*s.*?—No.

6325. Is that the universal practice in the rural districts of Derbyshire?—No, it is the practice in the district of Clay Cross.

6326. Only one district?—Yes, that is all, but it is spreading. Other men are doing it and taking it up.

6327. It is a method of insuring part payment at all events?—Yes.

6328. Are there in any part of Derbyshire, among the voluntary nursing associations, any associations who have resident nurses, that is to say, nurses who live in the houses of their patients?—No.

6329. You have nothing of that sort?—No.

6330. Has starting an association of that kind ever been contemplated?—Yes, a member of our county council has suggested it to me, and I worked it out. From the number of our births I have come to the conclusion that it is impracticable.



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

6331. In what way?—In this way, that if you take the number of births at 16,000 in the year, we should want such a lot of nurses.

6332. But it would only apply to sparsely populated districts and not to the towns?—I have not worked that out as to whether we should carry it out for the sparsely populated districts. I do not know about that. I have only worked it out mathematically for the whole county.

6333. The 24 square mile area you mention is a poor area, I gather?—Yes.

6334. It is a very much cheaper system of nursing if you have a resident cottage midwife and train your younger women, not necessarily married women, because probably the district could then maintain them, working on that system?—I confess I have not tried to work it out for any special district, but I am obliged for the suggestion.

6335. I am merely suggesting to you that, if you are able to train younger women who are unmarried, it is obviously waste of time constantly to train women who fail to pass?—Yes, and that is why the local supervising authority passed this resolution,\* as a temporary matter. I still think that the resolution is a good one, because it is not obligatory. We want these women, but it does not compel the Board to acquiesce in what we say, unless there is a clear case.

6336. You wish to have a regulation made for the whole country, because you know that, in a few instances, your Derbyshire women have failed to pass?—No, it is not a regulation for the whole country. It is a regulation which may be applied to certain special districts. Every case would have to be taken on its merits by the Central Midwives Board.

6337. It would apply to the rural districts certainly, but you do not wish it to be confined to Derbyshire only?—No. I mentioned the matter to the Society of Medical Officers of Health, and to the medical officer for Devon, and he was of the same opinion. He said the same thing was wanted in Exmoor, and Exmoor, I take it, is something the same in character as the Peak of Derbyshire.

6338. You do not wish it to be for Derbyshire alone?—No, certainly not.

6339. (Dr. Downes.) The medical opinion is that there should be a wage limit in regard to payment for midwifery?—Yes, they state that the wage limit of 18s. was given to them by their secretary, and he took it from the rules of one of the county court judges. 5s. is paid by people of a higher wage limit.

6340. As to the fixing of the wage limit, you would not suggest that there should be one wage limit for the whole country, would you?—No, if I had to fix the wage limit, I should take the rates fixed by the county court judges.

6341. You said that the Chesterfield board of guardians had paid about 4l. or 5l., whereas they ought to have paid 40l. or 50l.?—About that.

6342. Do you mean you have calculated the number of cases in which the medical man should be sent for?—No, I mean that when the clerk told me he had only paid such a small sum I knew it was out of proportion to the cases I had heard of.

6343. Cases requiring medical assistance?—Yes.

6344. But would it follow that all those cases requiring medical assistance would be cases that the guardians ought to pay for?—A very large number of them would be too poor to pay the doctor's fee.

6345. You think 40l. or 50l. worth would represent the total who are too poor, do you?—I should not like to pledge myself to it exactly, but I was surprised at the amount being so small. I have heard a large number of cases mentioned to me by medical men in which they have got no fee at all in the district.

6346. But I take it you have no very definite statistics on which to base that statement?—No, but I could get them if it would be of any value to send them in to the Secretary of the Committee.

6347. No, I do not think you need do that?—Very well.

6348. (Mr. Pedder.) I want to ask you about the misdemeanour point. Do you really mean misdemeanour in its technical sense?—Yes. I am advised that misdemeanour is the proper word. I was advised by the clerk to the county council.

6349. But would it not do as well if it were a summary offence?—I went and explained it to the clerk, and I was told that was the correct description of the offence, where we took the persons in question before the magistrates, or before a court of summary jurisdiction, and got a conviction and a fine of a few shillings.

6350. Then the word misdemeanour may be correct, technically, but it conveys rather more than you mean. If it is a misdemeanour, it is a matter for indictment, and the case might have to go to quarter sessions. You want the case to go before the magistrates in the same way as you now take a midwife who practises without being registered?—Quite so.

6351. You want it made a summary offence, that is?—Yes.

6352. But even so, why do you want it to be a summary offence?—Because we should deal with it more quickly, because at the present time we have the greatest difficulty if we have a charge against a midwife. The inspector of midwives goes round, and she lays before me sufficient evidence to justify me in getting affidavits drawn up. She goes to get the affidavits drawn up, but the people have been talking it over, and they will not sign them, and sometimes even when they sign them, and we have sent them up to London, it is a very complicated business for a midwife to come up to London. The last time one came up she was lost. I do not think it is fair to bring ignorant women up to London.

6353. I see the point about the difficulty of bringing the woman up to London, and so on; but do you think you could prove your offence in a court of summary jurisdiction if you could not prove it to the satisfaction of the Central Midwives Board?—I do not think we should be more sure of getting a conviction, but I think that, so far as I can make out, the Central Midwives Board can only censure a midwife or strike her off the roll. I do not think she cares much about being censured; nobody knows anything about it.

6354. (Chairman.) They might suspend her?—Yes, they might suspend her, but it would be very difficult to know whether she took any notice of the suspension; but if she were fined 21s., it would touch her.

6355. (Mr. Pedder.) I have a little difficulty in seeing why that should be more efficacious?—It would be, first of all, quick. It would come immediately after we found out the offence, and it would not necessarily mean that the woman is struck off the roll. It would be a very great warning, and there would be very much more publicity than there would be with the proceedings in London.

6356. You think so?—Yes, I think so. I should rely very much on the publicity of it.

6357. The publicity of the local police court?—Yes.

6358. Then, what you really want is an addition to the Act as it at present stands, and that the various offences which are prosecutable should be shown in the Act?—Yes.

6359. Then there are the Rules made by the Central Midwives Board, the breach of which is only punishable by suspension or removal?—Quite so.

6360. You want a penalty for breach of the Rules?—For breach of certain Rules.

6361. Which Rules?—The particular Rules that I think there should be a penalty for breaking are the Rules with regard to infection and with regard to absence of cleanliness.

6362. Have you had any difficulty in your county with regard to women being struck off the roll?—Yes, we had a difficulty last year, and we reported, and had seven struck off.

6363. What has become of them?—In one case, I believe, the woman is going on practising.

6364. Then, do you ask for any further provision about that?—There ought to be further provision, undoubtedly; but I have not sufficiently thought it out as to what form it should take. But when a woman

\* See Question No. 6209.



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

has been struck off the roll and continues to practise, she ought to be in a very much worse position than if she never had been on the roll.

6365. I see that you recommend that doctors should always be engaged; how are you to enforce that?—I should recommend that a doctor should always be engaged if a midwife on the roll is in attendance.

6366. How are you to enforce that? If the doctor is not engaged, what is to become of the woman when the time comes for her delivery?—When the midwife is sent for, she will ask who is the doctor who is engaged, and she will send for him, and if there is none so engaged she must send for one. You must notify some medical practitioner, it seems to me.

6367. But what about a very urgent case?—She would send for the doctor immediately. In an urgent case she would have to send for the doctor anyhow.

6368. But she ought to do what is necessary at once, ought she not?—And she would do what is necessary at once, but at the same time she would send notice to a practitioner.

6369. I thought you recommended it to be illegal for a midwife to act at all unless a doctor was engaged?—Yes, I do, but if a midwife were sent for, and she went to the case, and found the doctor had not been engaged, she would engage one at once.

6370. It is a matter of phraseology, perhaps, but you would not prevent the midwife from doing what she could in the meantime?—Certainly not.

6371. (*Dr. Champneys.*) I am sorry I was not here when you were giving your evidence-in-chief, but the first thing I want to ask you about is as to those midwives who, you think, have been rather unfairly treated. On what ground do you think so? Is there any other ground than the fact that the two gentlemen to whom you allude thought that they should pass?—Not except this, that I have seen the women myself, and I have had two letters,\* one from Dr. Fentem, a practitioner who lives in the neighbourhood of one of the women, and the other from another doctor who lives in the neighbourhood of the other woman, and they both speak of these women very highly, and two members of the county council, who are medical men, put the women through an examination, and they both came to the conclusion that the women were reliable, practical women. They are both women who are about 47 years of age, I should say, without knowing their exact ages. One is the wife of a coal miner, and one the wife of a policeman. I do not imagine they can write or spell very well, but my point is not that these two women have been particularly badly treated, but that the type of examination is not suitable for married women who have not had the advantages which people have nowadays in the elementary schools.

6372. You think that they probably have failed on the literary side, do you?—Yes, that is my idea.

6373. With regard to the question of literary ability, I may say that is entirely eliminated from the examination. We do not care at the examination form whether the women can spell or not, not a bit.—Just so.

6374. (*Chairman.*) You rather seem to think that the oral examination floored these women?—Yes, by the questions put to them. My suggestion is that a representative of the local supervising authority should be present at the examination to say what is his opinion about the candidates, because a different type of woman, I think, might pass an examination which is suitable.

6375. (*Dr. Champneys.*) That is a thing we try to eliminate, and the examiners are forbidden to ask where they come from, and how they are trained, and so on?—Yes, I know, and also that no examiner takes the same woman twice over. My poor woman has had four sets of examiners, all of whom have come to the same conclusion.

6376. Is not that against Mrs. B.?—Yes, but I am quite sure she is competent.

6377. Have they all been trained by the same person?—No. Our inspector of midwives, who is an absolute enthusiast, had taken and coached this woman herself. She had said to me that she was extremely

stupid at answering questions, and was always trying to use long words.

6378. I feel with you on that, but I do not see how you are to get over it exactly. You know, however, that she failed badly on all these occasions?—Yes, and I am sorry.

6379. All the examiners have really very considerable experience, and they try to get the best out of the women they can, and it is rather an argument that Mrs. B. is not a good examinee anyhow?—She is not. My committee are spending money on training these women, and they would not want to pass these women if they were not fit, but they are married women who have not been to school for 20 or 30 years.

6380. It is almost impossible to know what to do, because you can coach them and get them familiarised with answering questions, which is a very great thing, but you see that you cannot have the thing both ways; you cannot obtain information about the candidate, and at the same time keep the candidate unknown for fear of favouritism. These two things are mutually destructive?—Yes, they are mutually destructive. The only thing I can suggest is that, not the examiner—because I do not think that would be at all proper—but that the local supervising authority should have somebody present who might put in writing (I would not let them do anything without its being in writing) a statement to the examiners.

6381. I wish you would come up some day to the examination hall and go round the tables. I should be very pleased to let you sample the examination.—But I mean a statement as to the character and antecedents of the candidate.

6382-3. You soon discover that by the sort of language they use?—I do not think you can. I should have come to the conclusion that these two women were not at all the type of women they are really, with their gaudy dress; they are not natural when got up for an examination.

6384. But one does not care about their dress.—What I mean is this, that no one would place these women as being hard-working women, if he had seen them.

6385. I do not think that would enter for an instant into the mind of the examiners. The examiner is merely a paid servant of the Central Midwives Board, and he has got to say, "is this woman fit to practise as a midwife?" and nothing else. As to whether she is dressed in one way or another, or whether she is a nice woman or not, has nothing to do with it.—No. But I mean that if the examiner has been examining girls who have been nurses in hospitals, and who have had a good education, and then he suddenly finds among them a woman of this class, he is almost compelled to test her by the same standard as the others.

6386. I should answer that by saying that all these examiners are interested in the midwife question, and they know quite well that some of the best women we get are women drawn from the labouring classes, and they are very apt to discount anything in the way of want of literary education, and to add it to their credit, if necessary.—Just so.

6387. You complain of the technical terms used in the examination, but you cannot suggest any improvement by way of substituting English expressions for the present technical terms used in midwifery?—No, but I think that if a committee were appointed they might simplify it considerably. But I should not like to go into it on the spur of the moment. As you suggest, it would be difficult, and that is enough to prevent me presuming that I could do it. I do not know whether you have seen the resolution of the local supervising authority\* on the question of local examinations.

6388. Yes, and I think it is within our powers as it is?—That I think would get over the chief difficulty.

6389. Would you suggest any way of meeting the expenses, because of course it would be an expensive thing to get a couple of examiners or to get one examiner to go down for the purpose?—You have a local examiner in Derby, Mr. Hicks; we should have absolute confidence in Mr. Hicks.

\* See Question No. 6210.

\* See Question No. 6209.



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

6390. You think if one examiner went down to sit with him that would be quite satisfactory?—Quite satisfactory, I am sure.

6391. I think it is worth considering then.—That would get over all our difficulties.

6392. I assure you it is the wish of the Central Midwives Board to have as many good women of the rural midwife class as we possibly can get. That is our object.—I am happy to hear that.

6393. (Mr. Fremantle.) You ask for power to investigate cases of malpractice and negligence locally?—Yes.

6394. How do you at present make out a *prima facie* case?—We have an inspector of course who is a midwife and who was the local secretary of the nursing association. As an example, she reported to me on Monday a case in which I am going to recommend my committee to find a *prima facie* case against a midwife. Now, the inspector has been round, and she has reported on six or seven cases that this midwife has been attending. She has been to the homes of the women, and I have a statement which she has made in writing of what they have told her. As soon as that is done for my committee, we go round and we draw up statutory declarations that the people have to sign, and having these declarations before them, the committee will then pass their resolution.

6395. Therefore you have investigated that case already?—Yes.

6396. Now what further power do you want?—We do not want any further power, but what I say is that the investigation by the Board as to whether that woman should be struck off the roll or not should be made locally.

6397. You do not mean the investigation, but the judgment, do you not?—Yes, by the Midwives Board.

6398. That is power to judge the case with a view to striking off the roll?—Yes, so that they could have the witnesses before them, I take it, who would appear to give evidence, and my inspector would appear to support our *prima facie* case. We should be, as it were, prosecutors.

6399. (Mr. Davy.) With, I suppose, a fee?—No; it would be the Central Midwives Board holding the inquiry.

6400. (Mr. Fremantle.) With your representative as an assessor?—No, as the prosecuting authority. We should be there to prove that we were justified in saying it was a *prima facie* case.

6401. In fact, the procedure you suggest would be exactly the same as it is at present, only geographically altered?—That is so.

6402. To be local instead of central?—Yes.

6402A. Would you think that by holding the inquiry locally you are more likely to get the witnesses there?—Much more likely. May I say we have great difficulty in getting the witnesses to sign statutory declarations.

6403. But, on the other hand, might there not be greater difficulty in getting people to speak out locally before a large local audience than would be the case in coming up to London, and speaking before those who are quite strangers?—Yes; if you hold the inquiry in the parish, that would be so; but if you hold it, for instance, at Derby or Chesterfield, it would not be so. I should suggest three centres.

6404. You suggest that the local inquiries should be held at two or three centres?—Yes.

6405. You do not think that would prevent some local witnesses coming forward, do you?—No. It would if we held them absolutely in the same place; but if they were held 10 or 20 miles away, it would not.

6406. You say you reported eleven women to the Central Midwives Board last year, of whom nine were struck off the roll, I think?—I do not think I said quite that. Nine and seven were the numbers, I think.

6407. During the preparation of the *prima facie* case, did any of the women, recognising that probably a case would be made out against them, leave the county?—No. But we have had a woman who voluntarily allowed her name to be struck off the roll. I wrote to the woman on Monday, suggesting that she should take that course. She only had a small practice, and I

wrote a severe letter to her, and I think that I shall receive a letter back, saying that she is willing to be struck off, and that she will send me her certificate.

6408. You do not want any improved procedure in the matter, do you?—No, I think not.

6409. You never have had a case then in which a woman against whom you have had reason to have suspicion has left the county before you have made out the case?—No, not leave the county, but a woman whom we caused to be struck off the roll is going on practising.

6410. That you will be able to stop next year, will you not?—Yes, we hope so.

6411. You would not suggest any change with a view to that?—I think that it would be a very great advantage if a woman who has been struck off the roll were subject to a fine if she went on practising, even a more stringent fine than she is liable to at present. I mean to say that the case of a midwife who has been on the roll, and who has been struck off for malpractices or negligence, is a very much worse case than that of a woman who is simply practising but who has never been on the roll.

6412. But that difficulty will come to an end in April 1910, will it not?—No, not to an end.

6413. You think they will still have an excuse, do you?—Yes.

6414. But would not the magistrates before whom any such case will come take note of that in passing sentence?—Yes, I suppose they would.

6415. You suggested as regards the examination that there should be some women appointed as examiners, but, of course, as you know, the number of medical women is limited, and there are some at present appointed; would you suggest medical women being appointed?—Yes, certainly.

6416. You were not thinking of midwives, were you?—I am not sure that it would not be a good thing to have a county inspector, in whom you could have confidence, who had done a large amount of midwifery.

6417. (Chairman.) As examiner?—Yes, as examiner, though that was not in my mind when I made the suggestion before.

6418. (Mr. Fremantle.) Do you have any suspicion sometimes that you are not fully notified of cases of puerperal fever?—Yes. We first of all offered a fee of 10s. 6d. for every case of puerperal fever notified to us by the local medical officers of health. The cases have to be notified to them under the Notification of Infectious Diseases Act, and we offered this fee of 10s. 6d. for the report that they got of the cases; but we got the report so late that it was of no value to us, and this year I have asked my committee to offer 5s., and we now offer a fee of 5s. to any medical man to notify us. We get reports much quicker, but still we do not get all the cases. Many medical men have said to me, "I dare not report a midwife because she could do my practice so much harm."

6419. Do you think it sometimes works the other way round, and that the midwife dare not report a case of puerperal fever to the local supervising authority, because the medical man under whom she is working might do her practice so much harm?—Yes. The corporation of Ilkeston have applied to us to delegate to them the administration of the Act. The medical officer of health there is in private practice, and he has the idea that a midwife with a case of puerperal fever in her practice ought to be suspended for three months, but the thing would be absolutely ridiculous.

6420. (Dr. Champneys.) Does he go out of practice every time for three months if he sees a septic case?—No.

6421. (Mr. Fremantle.) If a woman absolutely infects herself, is there any reason why she should not go on practising the next day?—If I could see the whole thing myself, there is no reason at all, but, speaking generally, we keep them off a fortnight. There are a few trained women we keep off quite a short time, but generally it is a fortnight.

6422. (Chairman.) You are afraid the process of disinfection has not been complete?—Yes.

6423. (Mr. Fremantle.) Do you think that during that fortnight the light and air will have affected the



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

germs, or do you use it as a deterrent?—I think there is a certain amount of constant washing which does them good. Before a midwife returns to work, I always send the inspector to see to the disinfection of the woman's hands, and she goes over and sees to it for herself.

6424. Do you interpret the duty that is laid upon local supervising authorities by Section F. of the Rules of the Central Midwives Board to suspend a midwife "who has contravened any of the Rules laid down for the purpose of preventing the spread of infection" as referring to a definite case, or, generally, as meaning suspension for habits that may eventually lead to infection?—I do not think we have ever suspended except for a definite case.

6425. You were suggesting the notification by midwives of cases with high temperature, quite apart from whether they could be called puerperal fever cases or not, even when the midwife is acting as monthly nurse under a medical man?—Yes.

6426. How would any body like the Midland Medical Union accept a Rule like that, do you think?—I do not think the Rule affects them. I do not think they have any *locus standi* to object to the Rule.

6427. Not legally, but do you not think that they might feel considerable objection to that Rule?—It depends on how the Rule is worked and what the result of it was.

6428. But have you not had experience of cases where a medical man has deliberately not notified a case of puerperal fever occurring in his practice, saying it was not puerperal fever but something else?—I dare say there have been such cases, but I have not had any come before me that I could be certain of.

6429. In such cases he would be very much annoyed if the monthly nurse went and gave him away, so to speak?—Yes, certainly.

6430. And considering the temper some of these Medical Unions are in, there might be trouble on this score?—Possibly.

6431. Or do you think a better spirit would prevail in a matter like that?—I think it would hardly come to their knowledge, or it would only gradually come to their knowledge.

6432. If it were to appear in any suggestion of this Committee it would presumably become public knowledge, and they would know it?—I think if it were made a Rule by the Central Midwives Board that a midwife had to notify to the supervising authority every case of a presumably infectious nature that she was in contact with, and every case of rise of temperature above 100° F., they would think the Rule was so justified that they could not take exception to it.

6433. But how are you going to supervise the carrying out of the Rule in these cases? Is the local supervising authority to go and inspect the doctors' cases?—I really do not know how she finds it out, but I am afraid the inspector of midwives finds out a very great deal that possibly she is going a little bit beyond what her instructions are in finding out, but we hear of those cases at any rate.

6434. You hear of them afterwards perhaps?—Yes, we do hear of them.

6435. Now coming to the subject of keeping midwifery and district nursing separate, would you say that it is advisable to keep midwifery and district nursing separate even when you have a fully trained nurse?—No, not when you have a fully trained nurse; but with a half-trained nurse, that is, a nurse with only twelve months' training, I would.

6436. If they have been properly trained as regards cleanliness, quite apart from length of training, do you consider then that there is danger of transferring infection from dirty hands or ulcers?—I think it would be better not to have the midwife with only twelve months' training dressing ulcers and wounds.

6437. That is not the question, if they are fully trained?—They are not fully trained, except they have had the full three years.

6438. You do not think it is possible to train them to be clean in the twelve months, however clean they may naturally be by habits?—It is possible here and there, but it is not proper that a woman should practise in a

village miles away from anywhere, and deal with all kinds of surgical cases, unless she is a trained nurse.

6439. Then, as regards the school work, are you using these district nurses at all in connection with the medical inspection of school children?—Yes, we are; but some of the district committees have come to the conclusion that school work is such dirty work that they will not let their district nurses do it.

6440. But you hold that that would not matter if they had a fully trained nurse?—No, or if I thought it was a matter of that kind, I should not ask them to do the school work.

6441. How many trained district nurses have you employed in the school work?—I could not give the actual figure to you, but altogether on the school work in our area we are spending 1,300*l.* a year, and about 500*l.* is spent on local nurses, some half-trained and some fully trained, and 700*l.* or 800*l.* on whole-time nurses, all fully trained.

6442. Then you have the district nurse acting also as school nurse in some districts are you also using the same women as health visitors?—We have no health visitors apart from school nurses.

6443. They take the function of the health visitor?—Yes, very largely.

6444. Finally, would you suggest that the fully trained nurses or midwives would be useful people to employ under the Children Act, in the supervision of boarded-out children, or have you not considered the question?—The inspector of midwives would do very well, I should say.

6445. I presume there are a good many functions in district work that could be usefully fulfilled by one fully trained nurse?—Yes.

6446. (*Dr. Champneys.*) I want fully to understand your view about these local inquiries into charges against midwives. You think it would not be advisable to hold the examination in the village itself where she lives?—No, I am sure it would not.

6447. The great argument that has been brought forward here for those local inquiries is that they should be local and held among the people who know the culprit, or the accused?—Yes. But supposing it were the case that the inquiry were held at Derby, it would be perfectly easy for the doctor to come over to Derby in an hour.

6448. But the midwife would not be among the people who know her, would she?—She would not be, but she could bring them to Derby.

6449. How is she better off than she would be coming to London?—In this way, that she can come and bring the clergyman of the village or anyone to speak for her quite easily.

6450. You mean to say it would be less expensive?—Much less expensive.

6451. Then, if a local inquiry were held, should it be held by the local supervising authority?—No, not at all, but by an inspector appointed by the Central Midwives Board.

6452. You would get somebody to go down and hold an inquiry at the place?—Yes, unless you appointed a local examiner, such as Mr. Hicks, of Derby.

6453. Then, in regard to your suggestion as to local examinations for annual licences: of course, the Central Midwives Board simply wish to find out whether a woman in their judgment is fitted and safe to practise as a midwife. We do not want more than that. Therefore, how can you have a lower grade than that to be safe?—You cannot have a lower grade than that, but I think that the kind of woman whom you would pass through, and to whom you would give this annual licence, would be a woman who was of a more illiterate type than one who could pass your present examination.

6454. We do not mind about their being illiterate, I think the women that I have mentioned are, in the opinion of the men who know them, fitted to practise.

6455. I know, but I am only trying to arrive at what you have in your mind?—I know, and I think if we had had those women at the local examination I suggest, the examiners would have been inclined to give them an annual licence, because if they did get



12 May 1909.]

Dr. S. BARWISE.

[Continued.]

into a difficulty the licence would not be renewed. They need not be so strict in those localities where we have not got midwives.

6456. (*Chairman.*) You mean they need not be so strict as to conditions of safety?—No, it is not that. It is not so strict for this reason, that a woman will be struck off the roll if she is not up to the standard of the Central Midwives Board, and she will automatically go off the roll unless we report annually that she is up to the proper standard.

6457. (*Dr. Champneys.*) To take an illustration which I put to another witness. Supposing you take the case of petroleum oil, which has a certain flashing point, and anything above that is danger: we now only keep just below that danger point, and how can you raise it in any way without danger? That is what I cannot see?—My answer to that is this, that the whole system of examinations is wrong.

6458. That is a very big question?—And it is more wrong on the question of midwives than in anything else.

6459. (*Chairman.*) But you cannot ascertain the minimum of safety?—You can obtain it by talking to people who know all about the women. It is not so much the examination itself as having the opportunity of seeing what is their opinion of her character and experience.

6460. (*Dr. Champneys.*) How can you talk to everybody about every candidate?—If you were going to put

The witness withdrew.

Mr. WALTER SCHRÖDER called and examined.

6467. (*Chairman.*) In what area do you exercise the office of coroner?—I am deputy coroner for Central London.

6468. That covers a very wide area, does it not?—Yes.

6469. Your evidence, of course, is confined to one or two points?—Yes.

6470. You think that a great deal of damage is suffered by children, and that possibly their deaths ensue, owing to the midwife failing to obtain medical assistance in time?—That is so.

6471. You think that she is not so acutely alive as she ought to be to the conditions which throw upon her the obligation to call in the medical man?—Yes.

6472. But how would you remedy that?—I think she fails to recognise, or if recognising, to appreciate, the necessity of calling in medical aid in cases of delicate children and prematurely born children.

6473. But how are you to impart to the midwife, who is not a woman of sufficient capacity, or has not the *flair* necessary to ascertain it for herself, that the circumstances require this action?—I think a qualified midwife is capable of recognising it.

6474. Do you think then that she fails owing to want of power or to ignorance?—Because she is too casual.

6475. You mean she does not recognise the importance of the issue involved?—That is so.

6476. How are you to give her the qualities of mind and temper which will enable her to realise that?—From her training she should know.

6477. You think that the importance of it is not urged enough upon her from outside, and that the Rules of the Central Midwives Board might make it more impressive?—I think it should be laid down that, in every case of a prematurely born child, or where there is a suggestion that the child is not breathing properly, the midwife should move to obtain medical advice.

6478. You mean to say the case might be met by strengthening the Rules of the Central Midwives Board?—Yes.

6479. You think that would be sufficient?—Yes, probably so. I think the midwives treat the matter really as of slight importance, and fail to appreciate the value of life.

6480. You put the matter forward from the point of view of the expense to the county involved in holding inquests which are the result of this neglect?—Yes, that

these women on the same grade it might be different, but I want a second grade for them.

6461. (*Chairman.*) You want a temporary certificate?—Yes.

6462. (*Dr. Champneys.*) Would you be able to ask for such an examination on special occasions? Do you wish to ask the Central Midwives Board in special circumstances to send down an examiner to examine perhaps with the local examiner, who is perhaps one of our examiners, and get the Central Midwives Board not to frighten the women by having them taken out of their ordinary surroundings? Was that in your mind?—If there was any chance of getting this done, we should certainly be able to collect for examination, say, eight women for certain localities where we want them, and these women would have to go through the proper training and comply with all the Rules in force at the present time.

6463. But they would be examined locally?—Yes, and not put on the roll, but they would be given an annual licence.

6464. But if they pass, would they not be put on the roll?—But the women do not pass the examination; they cannot learn the terminology.

6465. But perhaps they would if they were examined locally?—Yes; they might, but I doubt it.

6466. But, however, I see the point; it is the annual licence?—Yes, I have given the matter a lot of thought, and I believe that is the only way of getting over the difficulty.

is one point; but it also opens up a very wide question as to whether some of these deaths attributed to natural causes might not be due to other causes. It is a well-known fact that a child prematurely born and weakly may live or may not live, and if you do not keep up a fixed system to aid the child, then death will easily ensue. What has struck me particularly, holding inquests in these cases, is, that on many occasions, the father or the mother, or the neighbour, recognises that the child is delicate and probably will not live, but the midwife takes no action to obtain assistance.

6481. Then you would like the Rule to be so strengthened that in any case of premature birth the doctor should be sent for?—Yes.

6482. Because dangerous feebleness does not necessarily involve that obligation?—No; certainly where the child is very enfeebled he should be called in.

6483. But that is so already according to the Rules?—Yes, but there are cases where the child is a bad colour and not breathing properly. In many of my cases the child has simply been moaning.

6484. (*Dr. Champneys.*) Under the Rules of the Central Midwives Board, a midwife is bound to ask for medical aid when the child exhibits dangerous feebleness. That seems to cover all the conditions to which you refer, but apparently you do not think it sufficient?—That should cover it, I think, but some midwives do not send.

6485. All one has got to do is to report such a breach of the Rules of the Central Midwives Board to the local supervising authority, so that the woman may be had up before the Board and dealt with?—Yes.

6486. (*Chairman.*) Have you as coroner taken such a step?—I give notice of every case to the inspectors of midwives to the London County Council, and they generally attend the inquest.

6487. (*Dr. Champneys.*) What is one to do? How are the Central Midwives Board to do more than say these Rules are to be obeyed, and have women up before them in case of breaches of the Rules?—It is a very serious matter as to the loss of life, to commence with, and it is a very serious matter from the point of view of expense to the county, and I think there should be some method adopted of seeing that the midwives do recognise that these cases of children prematurely born and delicate should be at once seen by a medical man.



12 May 1909.]

Mr. W. SCHRÖDER.

[Continued.]

6488. That is all comprised in our Rules?—But there should be some means of enforcing it.

6489. (Chairman.) Do you think it would be of assistance, supposing there is dangerous feebleness, if the words "especially in the case of prematurely born children" were put in?—Yes, I think that would do. But may I take out a few cases from my papers just to draw your attention to them? Take the latest one here in my notes. It occurred on February 4th of this year. The record is, "a male child; lived 4 days; midwife present; child was full time. The midwife was told and thought it was in good condition as it cried well. This was confirmed by the neighbours. The father did not think it was well. He noticed the child did not cry, but only moaned, and was of a darkish-brown colour about the face. Four days later the child was blue about the face. Slept and died. Post-mortem examination; right lung inflated; left not at all. The doctor stated the conditions at birth indicated that the lungs were not fully inflated."

6490. (Dr. Champneys.) That is a somewhat unusual case, is it not, the death having taken place four days afterwards?—Yes.

6491. That is out of the usual run?—Yes, it is longer than usual. Here is another case of insufficient expansion of the lung; and another of a seven months' child. Take the second case: the midwife recognised that it was prematurely born. The neighbour thought it was dead as it never cried, and had only moaned. She did not expect it to live. The midwife, when I put the question to her, said she would have sent for a doctor if it had been in the daytime, but did not like to alarm the mother. She intended sending to the doctor, if the child was not better in the morning. In the meantime the child died. Here is her letter: "I attended the case of So-and-so, the child being born at a quarter to 12, premature, about seven months. I did not think much of it, but thought it would be all right if I let you see it to-day. But it died a little while ago. They did not let me know till it was gone. Will you kindly see it and see if there is need of an inquest. This is her eighth child, and this is the only one born alive." So that the midwife knew that the child was premature and feeble.

6492. Of course periodical instruction is really a very desirable thing for the midwives all over the country no doubt, if it could be managed?—Yes. Then here is another case which perhaps shows again that they recognise the conditions, but do not appreciate the necessity for action. The midwife and neighbour stated that the child cried well. The midwife recognised the child was premature, but said she warned the mother that a doctor would have to see it. She did not think it necessary to call one in at once. That is, she recognised the child was in a condition that required medical attention, but she deferred sending till too late.

6493. You think that, if some such words were added as the Chairman suggests, it would assist the matter materially?—Yes, I think that would probably assist materially. When these cases come before the coroner, he is placed in this position that he cannot pass them without inquest and let them go uncertified as to cause of death. In addition to that, the cause is not known. It may be anything. They are not all found to be cases of non-complete aeration of the lung. Other conditions are often discovered. In several cases the doctors say that if there had been medical attention they could not have saved the life of the child, but, if called, they could have certified the cause of death. Each such case costs the county probably about 2l. 18s.; that is when an inquest is held. Of course, where there are other inquests being held at the same court and on the same day, it may not be so much. I think these cases tend to show that malpractice and neglect may exist, but are most difficult to prove. In fact, I doubt very much whether you ever could prove it in such cases.

6494. Is it not your opinion rather that the value of a new-born child's life is only just beginning to be realised by the country?—I think so.

6495. Infant mortality was supposed formerly to be a good safety valve, and to prevent too many children

being born into the world?—Yes, but what I also think is that the improved knowledge possessed by the midwives of the present day as compared with those of former years makes them necessarily superior to the neighbour, and should make the midwives recognise the importance of obtaining medical attendance and availing themselves of it at once when possible, or at an early stage, instead of deferring it as they often do.

6496. The local supervising authority should introduce such midwives into their districts?—Yes, but there are difficulties. It is also very difficult to get evidence of neglect. I feel quite assured that the neighbours who to-day might be prepared to say something remarkably strong against the midwife, by the time they come into court probably have had some conversation with the midwife, and they say nothing detrimental to her. I have noticed the difference between the statements made by neighbours and contained in the reports of our officers and the sworn evidence in court. The officer sees the neighbour, and the neighbour thinks the child would have lived; but when they come into court we find the matter cannot be gone into further owing to the different statements.

6497. (Mr. Dary.) Would it be possible for the coroner to report those cases to the local supervising authority?—We do it in this way: we give notice to the London County Council's medical officer of health prior to the inquest. In London certainly that is so, and I think the majority of coroners do so. I happen to be hon. secretary to the Coroners' Society, and if there is any point of special interest as to midwifery I have drawn attention to it.

6498. Supposing there comes one of these cases, and you simply notify the fact to the local supervising authority, is it the fact that they would make some inquiry into the conduct of the midwife?—The officer is generally present at the inquest, and he would do it.

6499. I should have thought the question would arise whether she was guilty of breach of the Rules?—Yes, and is, I presume, enquired into. I ought to say that these cases mentioned by me are decreasing. I have in court so often spoken to the midwives on the matter, and asked them why they have not acted, that it is having some effect. It is not always a question of money. The father in some cases says he would have gone for the doctor, if the midwife had advised it.

6500. (Chairman.) The question of money does not always enter into it?—No. I have asked the question why they have not sent for the doctor, because I thought that might be the reason, and found the father quite prepared to pay.

6501. (Mr. Dary.) It is better that the father should pay the doctor's fee than that the county should pay the cost of the inquest?—Much better.

6502. Have you any discretion as to holding inquests in these cases?—By section 3 (1) of the Coroners Act the coroner shall summon a jury in all cases of sudden death where the cause is unknown. Therefore, these cases come under the category of deaths, cause unknown.

6503. The cause may be pretty obvious without the doctor's certificate?—Certainly, but you may pass murder in these cases, and there is the difficulty. I must say that many inquests I have started have seemed to be very serious cases of neglect on the part of the midwife, but explanation has been forthcoming on oath which has put a different complexion on the whole matter. But there is that tendency in delaying till too late the calling of medical aid. I recall a case that I reported some little time ago, where there was a portion of the placenta retained and the midwife continued attending for some little time without sending for the doctor. That was obviously again a case where she deferred doing that which she ought to have done in the first instance, and the jury added a rider in that case that she should have sent for the medical man earlier.

6504. (Chairman.) Was she reported to the Central Midwives Board?—Yes, and removed from the roll. That was a case in 1907 of a woman 32 years of age. Then there was another case of a child who lived 6 hours, and where the midwife went away before the birth; the woman was suffering from some bowel



12 May 1909.]

Mr. W. SCHRÖDER.

[Continued.]

trouble, and the midwife complained that she had been sent for, and said that she was not to be sent for again till really wanted, or until other conditions arose. When sent for again, she was attending another case. In that case the child had no proper attention, and when the doctor arrived it was in a dying condition, and finally collapsed and died. The jury added a rider that the midwife should have seen the mother again in the afternoon, or if called to other cases, should have deputed another midwife to attend. These cases all tend to the one point I have suggested, namely, that midwives do fail to appreciate the necessity for obtaining medical aid in cases of prematurely born and enfeebled children.

6505. (*Dr. Champneys.*) Cannot coroners, as Mr. Davy has suggested, stir up the local supervising authority when these cases occur, and see that the midwives in their district are impressed with the importance of saving infant life?—As I have already said, the supervising authority's inspector is at the inquest and can report.

6506. (*Mr. Pedder.*) Have you ever yourself reported a midwife to the Central Midwives Board, or to the local supervising authority?—No, and for the reason that the officer is nearly always present. There are one or two cases where the officer has not attended, but I have reported the facts to the London County Council's medical officer of health.

6507. Is the officer under the county council or the borough council?—The London County Council.

6508. In extreme cases you would report it to the Central Midwives Board?—Yes, certainly I should. I think I reported the case I mentioned of retention of the placenta, and they had a copy of the depositions.

6509. You mentioned two riders; have the juries ever expressed any strong view about midwives?—Not more than what I have already said. They have seen that the midwife ought promptly to have sent for medical aid, and that the parents and neighbours have also deferred doing so, owing to the midwife not directing them.

6510. Then the objection is not against the midwife as such, but against the negligence of the midwife?—Yes.

6511. You merely represent that the midwives ought to be stirred up somehow?—Yes, I think so.

6512. Have you ever had a case, such as I have had reported to me from Cornwall, of a certified midwife acting in the case of twins born prematurely, who died at 2 and 7 days respectively; she then had them buried as still-born, and when asked, "have you not any instructions as to what to do?" said, "I have a book at home, but I have never read it"?—No, but some years ago, before the Midwives Act, I had one or two cases where certificates had been given of still-born children where obviously they were born alive.

6513. In this case one was buried as still-born after having lived for 6 or 7 days?—Quite so, and I remember a midwife telling me some years ago that she was of opinion that a still-born child was any child who died within 24 hours of birth, but that was not recently.

6514. (*Mr. Fremantle.*) Following up that point I suppose your duties do not extend to inquiring into still-born births. That would be unnecessary. I mean to say, children who had been allowed not to live?—Of course the coroner has no power to hold inquests unless there is a presumed death.

6515. Therefore the child has definitely to breathe?—Yes. I have had several cases reported to me where the child was said definitely not to have lived, but other circumstances have been such as, I thought, showed the probability of the child having lived and the necessity for holding an inquest: on several occasions I have found that the child has lived. I think registration of still-births is absolutely necessary and should not be delayed.

6516. Have you had any evidence brought before you of midwives, either deliberately or not, or through ignorance, not doing their best to help children to live after they are born?—I have never been able to prove it.

6517. Their negligence may be either deliberate or due to ignorance?—Yes. I think the midwives' casual way of doing things is mischievous; where the father or mother is not anxious to have a large family, such careless negligence may help and enable the parents to obtain their wish.

6518. Where the little stranger is not welcomed?—Yes; what I think is this, that the midwives do not sufficiently keep the parents and those about the child up to the right point; that is, I think, that they by their own laxity allow these children to die.

6519. That means to say you think that the midwife could have a very considerable influence for good with the parents?—Yes, absolutely so.

6520. One other point that has come up indirectly before our Committee is this. Have you had any experience of the use of abortifacients among the population generally?—No, that has not come under my personal observation.

6521. (*Mr. Pedder.*) Have you had instances before you of evil results arising from doctors not attending on the call of the midwife?—Only to the extent that I have mentioned, but I do not think one could prove it, as I say.

6522. But have you had cases in which doctors have refused to attend when the midwife has advised the doctor being called in?—No, not absolutely. I have known delay through red tape.

6523. Through their asking for a fee?—Yes, or for the order, or wanting to be directly informed, or it may be that they have not got the proper call, or something of that kind, but no direct refusal.

The witness withdrew.

## TWELFTH DAY.

Wednesday, 19th May 1909.

PRESENT:

MR. ALMERIC W. FITZROY, C.V.O. (*Chairman*).

Mrs. CHARLES HOBHOUSE.  
Dr. F. H. CHAMPNEYS.  
Mr. J. S. DAVY, C.B.

Dr. A. H. DOWNES.  
Mr. F. E. FREMANTLE.  
Mr. JOHN PEDDER.

Mr. H. J. STANLEY } (*Secretaries*).  
Mr. F. J. WELCH }

Dr. A. RIVERS-WILLSON called and examined.

6524. (*Chairman.*) You are a general medical practitioner in the city of Oxford?—I am.

6525. Have you been long at Oxford?—Eighteen years. I may say I am also the medical officer to the

Lying-in Charity in that city.

6526. So that you have been brought very much into touch with the problems connected with the Midwives Act?—Yes, a good deal.



19 May 1909.]

Dr. A. RIVERS-WILLSON.

[Continued.]

6527. You have formed some view as to what the influence of the Midwives Act has been in regard to the number of lying-in cases attended by medical practitioners?—Yes.

6528. Has it been reduced?—Yes, it has. The number of midwifery cases has diminished by two-thirds certainly in my practice. The diminution has been very marked in the last two or three years.

6529. Midwives have been substituted for the doctors, you mean?—Yes; they have been substituted for the doctors. Of course one gets a large proportion of first midwifery cases, but very few subsequent cases. I used to attend between 80 and 90 cases a year privately, and now I suppose within the last three years I have not attended many more than 20 in the year. Notwithstanding the fact that I have taken a younger man as partner, who would be quite willing to attend these cases, still they have not come to us, and many cases that formerly were attended by me are now attended by midwives.

6530. But do you wish us to understand that that has been attended with any detriment to the patient?—I am not saying that exactly. Of course it has been a financial loss to the profession.

6531. But perhaps it has allowed more time for cases that are more remunerative?—I do not think that. What I mean to say is that the younger practitioners do not regard the Midwives Act as an unmixed blessing from a financial point of view.

6532. But of course the more serious cases in connection with parturition are still reserved for the doctor?—Yes, undoubtedly. We get calls to the more serious cases.

6533. Does that not compensate you to some extent?—It does not in the absence of any scheme for ensuring the remuneration. One gets the cases, but not the payment.

6534. Do you mean that payment is not forthcoming in a great number of cases?—In most of the cases that are attended by midwives there is no payment.

6535. What line have the authorities taken in regard to the obligation to pay?—They have done nothing. In Oxford we have three boards of guardians; the Headington guardians have districts within the range of the city; then there is the Abingdon board of guardians and the Oxford Incorporation, but none of them have done anything at all.

6536. Oxford is a county borough, and has a council of its own?—Yes.

6537. The council have done something, I presume?—Nothing at all.

6538. They could have done something, as they have in Manchester and Liverpool?—Yes, they could have done something.

6539. Do you mean to say that the boards of guardians have made no response to the Local Government Board's circular on the subject?—Nothing at all.

6540. Is that due to any ill-feeling towards the medical profession?—Not at all, I think. It is simply that they have relied on the doctors going to cases out of mere humanity.

6541. Has there been any organised objection on the part of doctors in Oxford to attend cases?—The matter is now being considered by a committee of the British Medical Association.

6542. But I mean locally?—It is being considered by a local committee of the branch there. I had hoped that the committee might have met before I came up here, but it has not done so.

6543. But have medical men made any organised attempt to refuse to attend?—Yes, many of them.

6544. With any bad results to women in labour?—No doubt suffering has been increased. I am not aware that there has been any actual death, but suffering has been prolonged in many instances on account of the difficulty of getting assistance.

6545. Would a man make a difficulty about attending in the case of a woman he was in the habit of attending for other matters?—I take it he would go then. The cases of that kind are generally among the very poor.

6546. Do many of the poor go into institutions for their confinements?—No, not in Oxford. We have no

lying-in institution there. Our Lying-in Charity is an outdoor charity entirely.

6547. Does the charity not help?—It helps a good deal in Oxford, but it only takes cases from certain parishes.

6548. Does it contribute towards the payment of the doctors' fees in cases of difficulty and emergency?—They appoint two surgeons, who divide Oxford into two districts. The people who wish to be attended under the charity obtain a card from a subscriber, so that the doctor is really engaged to attend beforehand, and in no haphazard fashion.

6549. Has that not contributed to compensate medical men to some extent for the loss of that class of practice?—This state of things has existed for about 100 years; it is no new thing. We are exceptionally situated in Oxford with regard to medical attendance on lying-in cases, much more favourably situated than many other places.

6550. Through the agency of this charity?—Yes.

6551. Does that dispense large resources?—The charity attends about 250 cases a year.

6552. How many women of the poorer class are in labour annually in Oxford?—I could not tell you exactly. This charity only covers a certain number of parishes within the old boundary of Oxford. The boundary of the city has been enlarged in the last few years, and the charity does not take in the new parts at all.

6553. It is the central portion?—Yes, the central portion.

6554. Does it take a large proportion of the cases in that area?—Yes, I should think probably 50 per cent.

6555. Then 50 per cent. of the cases are provided with medical assistance through the means of that charity?—Yes, in the case of Oxford that is so.

6556. Have you formed any opinion as to the best means of providing for the attendance and the remuneration of doctors called in on the advice of midwives?—I think that the County Council, or the City Council in the case of Oxford, should be empowered to pay an adequate fee to the doctor who is summoned.

6557. You prefer that to the destitution authority, whatever form it may assume in the future?—Certainly, I think so.

6558. But is it not of some importance that the authority which is to determine the payment should know a good deal about the circumstances of the patients?—Yes, and I think that might be done. It is done in certain cases through the Charity Organisation Society.

6559. Would that be more popular than the boards of guardians?—Yes, there is a strong feeling on the part of the poor against anything connected with the poor law.

6560. Do you know exactly why?—I do not know exactly why, but it exists.

6561. Is it not part of the business of people to break down these prejudices rather than flatter them?—I quite agree.

6562. Then have you formed any opinion as to the amount of the fee that should be secured to the medical man?—Before I suggest anything about that, I should like to say that what we feel about the thing is that, if we go to cases of this kind, having been called in by a midwife, we must be held responsible for the subsequent conduct of the case to the end of the case. For instance, supposing we were called upon to attend a case on the call of a midwife, and instrumental interference were necessary, and we simply contented ourselves with applying the necessary treatment and then left the case to the midwife, and the woman developed puerperal sepsis, we might be held responsible for that subsequent development; so that any fee that is provided should cover that possibility. I mean it should cover the whole responsibility.

6563. What fee do you think would meet the case?—Under the present rules of the Local Government Board, boards of guardians, I believe, are empowered to pay a fee of 2*l.* in each case to which the district medical officer is summoned.

6564. But do you think a fee as high as that ought to be made general?—I think so. I do not see



19 May 1909.]

Dr. A. RIVERS-WILLSON.

[Continued.]

that any other fee would provide adequate remuneration for a case which is admittedly a difficult one.

6565. Yes, or for any other later attendances of some days or weeks in which they might be necessary; but if you are going to have a fee paid in all cases it must hardly be fixed at the point which meets the maximum of obligation?—It would hardly meet the greatest amount of time, because one might have to attend such a case for a period of, say, a month afterwards, and 2*l.* would be a very small fee for such a case.

6566. But such a case would surely be unusual, would it not?—Not very unusual, taking the more difficult of these cases.

6567. But the attendance at the moment may not be followed by any serious conditions?—It may not, but the case requires supervision.

6568. But the supervision of a skilled midwife, so long as nothing serious overtakes the woman, would be sufficient, would it not?—I do not think so, because the doctor would, in my opinion, be held responsible for the subsequent course of the case.

6569. Would not the midwife realise when any serious indication arose?—I do not think any doctor would be disposed to trust his reputation to her.

6570. The doctor would have to attend, consequently, and see the woman in every case after the application of instruments?—Yes, I think he would assume the subsequent responsibility.

6571. Would not some graduated scale of fees which would take account of circumstances be more acceptable generally than a lump fee to cover all kinds of cases?—But the fee of 2*l.* was not considered a very large one in the case of pauper patients, and I do not see why people should pay a lesser fee in other cases.

6572. Is that the normal amount in Oxford?—Yes, in all cases where the doctor attends a case, and it is a case of difficulty to which he is called by a midwife employed by the board of guardians.

6573. You would not in any case leave the amount of the fee to be determined by the authority that pays? You would prefer that it should be fixed by an Order from the Local Government Board, say?—I think that the minimum should be fixed, anyhow.

6574. Such an Order might also lay down the period of attendance that might be involved on the acceptance of such a fee?—Yes, that would be possible. But time might admit, of course, of arrangements being made for the subsequent conduct of the case; that is, if a woman later on developed serious puerperal sepsis which required an operation, or the opening of abscesses, or anything of that kind. But such a thing could be provided for by a subsequent arrangement. I presume the poor law and the general hospitals would come in.

6575. This is the only question, I presume, in connection with the Midwives Act that really touches the susceptibilities of the medical profession?—I think it is the main question anyhow.

6576. (*Mrs. Hobhouse.*) You stated just now that you had lost something like two-thirds of your midwifery practice?—Yes.

6577. Do you consider that to be directly owing to the Midwives Act?—Undoubtedly.

6578. Are the midwives practising in Oxford working on their own account?—Some of them are.

6579. And some under different schemes?—Some are under the Acland scheme of district nursing. There are four working under that scheme.

6580. Does that scheme guarantee the fee to the medical man?—That scheme has a medical man attached to it. These four midwives can summon the medical man who is part of the scheme.

6581. That is to say, one doctor?—Yes, one doctor.

6582. And is he paid?—Yes, he is paid.

6583. Is there a fixed charge?—He is paid a certain fee by the committee who govern those midwives. I do not know what it is. I may say that there was formerly another maternity charity in Oxford, but the managers of this charity amalgamated it with the district nursing scheme. Formerly they had a doctor who was engaged to supervise every case under the maternity charity, and he received a card the same as

in the case of the charity with which I am connected, and he visited each case on receiving notification that the person was in labour.

6584. There are two charities there?—There are two still.

6585. Both employing certificated midwives?—Yes, both employing certificated midwives.

6586. And both having their own medical men attached?—Yes.

6587. Could you state the fee paid by the other charity to the medical man?—I could not tell you that.

6588. You do not know whether it is a fixed fee, or whether there is a sliding scale?—It used to be half a guinea in each case, whether any interference was required or not.

6589. Did that include subsequent treatment?—It includes attendance for one week.

6590. Assuming that the case required further medical assistance, did the charity pay the further fee?—The case has to be handed over to the poor law medical officer in the event of the people not being in a position to pay.

6591. Then I gather that the midwifery work that you have lost does not lie among the very poorest in Oxford?—Not probably the very poorest, but the class of people in regular employment earning, say, a matter of 30*s.* a week, such as employees of the University Press, and such institutions as that.

6592. Would they not naturally come under the two charities you mention?—Yes, but it does not provide for all of them. It is entirely dependent on voluntary contributions, and there are only a certain number of cases that could be attended. The cases that would be attended under the charity must be entirely unable to be provided for in any other way.

6593. In the case of both charities, is that so?—Yes, in both charities.

6594. Do you know the number of cases taken by both charities?—They are very few by the Acland Charity, because there are only four midwives.

6595. But they could take a good number of cases in the year?—They tell me that they take not more than about four at a time.

6596. Still that would include a considerable number?—Yes, but of course, as I said before, we are exceptionally well situated in Oxford with regard to that, except in the outlying districts.

6597. Can you tell me the average number of births in the year in Oxford among all classes?—No, I cannot tell you that.

6598. Have you yourself been summoned to many cases to assist midwives under the Midwives Act, or has your partner?—I was called to them, but I have given them to understand that I do not respond.

6599. And the same applies to your partner?—Yes, the same applies to my partner.

6600. Then you have no personal knowledge of cases coming under the midwife's care?—No, not personal knowledge, except of course the cases that come in to the charity.

6601. You have stated, as I understand, that a considerable amount of suffering was involved by the working of the Midwives Act, but you have not personally come in contact with those conditions, have you?—No. I said that, on account of the refusal of the medical men to go, much suffering was probably caused by delay.

6602. You did not mean to imply that the midwives were inefficient?—Not at all.

6603. Are there any doctors in Oxford besides yourself who have made it known among their patients that they will not attend on the call of a midwife?—Yes, several.

6604. What number?—I know of five or six who have done so.

6605. Do you know how many there are who are willing to attend?—I could not say that. The matter is now under the consideration of the district branch of the British Medical Association, and perhaps until the inquiries they are making are complete, we shall not have the exact figures. But I think there is a very considerable proportion of the doctors in general practice who would refuse to attend.



19 May 1909.]

Dr. A. RIVERS-WILLSON.

[Continued.]

6606. They would refuse solely on account of the probability of their not being paid?—Yes.

6607. If the local authority provided the fee, that would remove all the feeling against midwives, would it?—Yes, I think so. It would go a good way towards removing it.

6608. Do you imagine it would remove it entirely?—I think the younger men will feel the loss of their midwifery practice, but I think that is a matter that will wear off.

6609. Can you tell me the proportion of births attended by midwives as against those attended by medical men?—No. I tried to get it, but I could not get the information, because a good many of them work privately.

6610. (Mr. Davy.) What is the population of Oxford, can you tell me?—It is estimated at 52,000.

6611. That would be the city?—Yes.

6612. In that area there are three unions, I understand?—Yes.

6613. The Abingdon union comes up to the river?—Yes, on the Berkshire side.

6614. Where does the Headington union come up to?—It takes in the whole of St. Giles' and it takes the whole of St. Clement's on the other side of the river.

6615. Then practically this question would only concern the Oxford board of guardians really, would it not?—But there is St. Clement's, which contains a very large working-class population, and that is under the Headington board.

6616. If a midwife sends for the medical practitioner she would naturally send to the relieving officer in such cases?—Yes.

6617. Would she communicate first with the poor law medical officer?—Yes, she would. The doctor would hardly, I think, feel justified in refusing to go.

6618. He would not wait for the relieving officer's order?—No, it is not usual.

6619. Are you a district medical officer yourself?—No.

6620. What would be the fee usually charged to a person in circumstances such as you have described who required a medical practitioner?—Taking them all round as they come, that is to say, the ordinary cases or the normal ones taken with the difficult ones, it would range from one to two and a half guineas.

6621. Do you think it would satisfy the medical profession if the guardians or some other authority paid a round sum of 1*l.* for each case?—For each case that a midwife is engaged to attend, do you mean? That would, I think, cover the difficulty, and it would be a very satisfactory solution.

6622-3. Do you think there would be any objection on the part of the medical profession to make a claim on the authority for that sum, stating in the claim that they had made every reasonable effort to secure their fee?—There might be some difficulty about that, I think. It would involve a good deal of trouble. It would necessitate the medical man proving that he had done all reasonable things to get his fee.

6624. But he could make a statement to that effect?—If it is confined to a statement to that effect I think it might be managed perhaps.

6625. You think that might give us the lines of a satisfactory solution?—Yes, I think so.

6626. (Dr. Champneys.) I want to be quite sure that it is your opinion that, if the question of fees were satisfactorily arranged, there would be no further difficulty with medical men?—I do not think there would.

6627. Are there any institutions in Oxford, such as provident clubs, or anything of that sort, for maternity cases?—Yes.

6628. By which the patients pay beforehand?—Yes, by which they pay by instalments some time beforehand.

6629. Can you tell me at all the scope of that sort of thing; how many patients are attended?—I do not think very many are attended under that scheme at the present time, but the facilities exist.

6630. Do you hear much about patients being attended in those circumstances?—No, not very much.

6631. In your opinion, is that not a very desirable thing to develop?—Undoubtedly.

6632. And it could be developed?—Yes.

6633. Could you tell the Committee at all under whose supervision, or under the supervision of what body, the scheme is worked? Is it a private affair altogether?—No. That again was one of the city medical charities which, by permission of the Charity Commissioners, was converted into a provident scheme. It was called the Cutler-Boulter Dispensary; the late Sir Henry Acland, who was Regius Professor of Medicine, was instrumental in evolving the present scheme, and I think certainly that it is a thing to be encouraged. I may say that, not only under that scheme, but generally the majority of general practitioners are quite willing to accept fees by instalments in advance, in a similar manner.

6634. Then the reason why several medical practitioners in Oxford have declined to meet midwives in consultation is that they have been exploited?—Precisely.

6635. Their services have been used and no attempt at payment has been made?—There has been no fee.

6636. I think you have stated that you were not aware of any cases in which a patient, for instance, has lost her life from hæmorrhage?—No such case has come under my notice, nor so far as I can find has any such case happened in Oxford.

6637. Do you think that, however much a medical man might give out that he would decline to attend, he would decline in such circumstances to save life?—Certainly not. I mean that, although I give notice that I do not respond to midwives' calls, yet if somebody sent to me and said that Mrs. So-and-so was bleeding after her confinement, I should go to her; but I mean also that I should not be held to be compelled to go, though as a matter of fact I should go.

6638. As a human being?—Yes.

6639. Are you aware of the use of abortifacients at all in Oxford?—No, I do not think there is anything general of that kind. I have never come across any evidence of such a thing there.

6640. (Dr. Doenen.) Would you think that your notice that you are not prepared to attend has had anything to do with reducing the number of midwifery cases in your practice?—No, because I have only given this notice within the last year.

6641. I see in your précis you have a note as to lists of all medical practitioners willing to respond to midwives' calls?—Yes, I have. I think if such a list were prepared by the local authority it would obviate unnecessary delay. It seems to me that a midwife might—I do not say she would—deliver a message under the Rules of the Central Midwives Board to the Regius Professor of Medicine, sending it to his house and leaving it there, and not go any further.

6642. The intention would be to circulate this list among midwives?—Yes.

6643. How often should it be revised?—Once a year, I think. There would be no difficulty at all about that.

6644. The proportion of difficult and serious cases coming to medical men tends to be high under the new system, you think?—Yes, because one is only summoned to difficult cases.

6645. With regard to the fee of 2*l.*, I believe the wording of the poor law Order is that it is to be given only in cases of special difficulty, or long-continued after attendance?—These cases are really cases of special difficulty that are laid down in the Rules.

6646. Some of the cases referred to in the Rules of the Central Midwives Board, under which the medical practitioner is called in, are comparatively trivial. I think if you look through the list of them you will find that that is so, so that you would not propose 2*l.* for everything, perhaps?—The cases coming under heading (a) in Rule E. 19 (2), such as that of deformed pelvis, are cases of pregnant women, and the cases I have referred to are those in actual labour.

6647. You do not necessarily include the pregnancy period in the scale, do you?—No, because I think that,



19 May 1909.]

Dr. A. RIVERS-WILLSON.

[Continued.]

except in the case of loss of blood, there is time there for arrangements to be made either for the attendance of the district medical officer under the poor law, or some other medical man. I feel that most of the cases are those occurring during emergencies of labour, for instance.

6648. That is referred to in Rule E. 19 (3)?—Yes.

6649. Is there any provision in Oxford by way of provident societies or medical clubs for a woman to insure, so to speak, against the cost of her maternity? Could she by joining a doctors' club or a provident society do so?—She can pay her fee by instalments in advance.

6650. Is that done?—Yes, that is done to a certain very limited extent.

6651. What sort of payments would be made?—They would pay, I believe, in first cases one guinea, and in other cases 15s., but they must also pay their monthly subscriptions to the provident dispensary. They must be members of the provident dispensary, and then they have the privilege of paying the midwifery fee.

6652. For the additional benefit?—Yes.

6653. Has that been long in operation in Oxford?—Yes, ever since I have been in Oxford.

6654. And notwithstanding the existence of these maternity charities, which of course compete with the provident system?—Yes, but we are, as I have said before, exceptionally situated in Oxford in that respect.

6655. Would that fee of one guinea or 15s. be regarded as a retaining fee to be paid in any case?—Yes.

6656. Supposing the medical man did not attend, would he still keep that fee?—But he would attend; if he were not actually present at the birth he would subsequently supervise the case during the puerperal period.

6657. So that it is really in the nature of a retaining fee?—Yes, it is in the nature of a retaining fee.

6658. Do you regard that fee as a satisfactory one for the services which it implies?—Yes, among the poorer or working classes I regard it as satisfactory.

6659. You spoke of the maternity charity being concerned with old Oxford; is the population moving out of old Oxford into the surrounding and outlying districts?—Yes.

6660. Is there a tendency to a reduction of population in old Oxford and an increase outside?—Yes, for instance, the whole of the suburb of Summertown, where there is a considerable working population, is outside the operation of all these charitable institutions.

6661. (Mr. Pedder.) Is Summertown in the city?—Yes.

6662. Not outside the city?—No, it is in the city now. It was included some years ago.

6663. Your suggestion of lists of medical men would cover the difficulty as to medical men who would not go to cases on the summons of midwives or others?—Yes.

6664. Are there such men in Oxford?—Yes, several.

6665. Are they generally known not to be available for such cases?—They get to be known, I suppose, but still time would possibly be wasted in sending to them.

6666. And your list would obviate that?—Yes.

6667. (Mr. Fremantle.) Do you think there are many instances in which women under the Central Midwives Board standard are employed as monthly nurses under medical men?—Yes.

6668. Under the standard of the Central Midwives Board certificate?—Yes.

6669. Does it happen that occasionally these women may during an emergency be actually in sole charge of the patient at the time of the birth?—Undoubtedly.

6670. Does that seem to you therefore a certain danger to the patient?—The danger there probably does not amount to very much. Of course it is generally in cases of precipitate birth that they may be left in sole charge.

6671. But those cases of precipitate labour may be very serious, may they not?—They may be.

6672. And if the woman is not up to the Central Midwives Board standard there is a danger to the case, or there may be?—Well, it is just possible.

6673. Therefore I suppose, from that point of view, a doctor, if other things were equal and there were no difficulty about payment, as for instance in his highest class practice, would ultimately be satisfied with nothing less than a monthly nurse with the full training of that standard?—He would require a trained monthly nurse certainly.

6674. That is to say, a woman with at least the minimum required by the Central Midwives Board?—Yes, with the amount of training required. The doctor would certainly require her to be trained. The Central Midwives Board insist on six months, do they not?

6675. I think three months is the minimum?—Then it would take another three months to get these cases. It would take six months, I believe.

6676. Then coming down from cases where it might be desirable (money being no object) to have a woman of that standard, do you think that medical men would agree that in the future it would be advisable that monthly nurses should also in particular cases have the same standard of training?—I think so. Of course every medical man knows he works with the greatest sense of security if he has trained help in any case, whether it is a midwifery case, or whether it is an ordinary medical or surgical case.

6677. How much hardship and difficulty would it introduce if the Midwives Act were extended so as to include monthly nurses in its scope?—I do not think that would entail very much hardship, provided there were a sufficient supply of nurses. I do not think it would entail hardship at all, because one's experience, I may say, is this, that the women who are doing monthly nursing are vastly superior to those who have been registered as already in work as midwives, that is, the *bona fide* women.

6678. You mean to say if they have not received a proper training?—Yes. Many have received a training, but not a training perhaps that would enable them to pass the examination of the Central Midwives Board. Many of the institutions formerly trained midwives and they also trained monthly nurses.

6679. That is two separate things?—Yes, two separate things. The midwife was trained for the examination held by the Obstetrical Society, and the monthly nurse was sent out with a certificate of her competency from the institution that trained her, as the result of an examination held by the matron or some of the medical staff. These women are generally very efficient in their work, though they have not the certificate of the Central Midwives Board.

6680. If therefore there were any suggestion that either a medical man or a registered midwife should, apart from emergency, be present at every confinement, you do not think that would be a real hardship in Oxford?—Not at all.

6681. (Chairman.) From your experience as a general practitioner, is there any suggestion you have to make for the amendment of the Act, or have you any suggestions to make in regard to the administration of the Central Midwives Board, so far as it touches the interests of medical practitioners?—No, I do not think so.

6682. You have nothing to say as to the examinations that the midwives have to undergo?—Not at all.

6683. You think they are reasonable in quality and properly conducted, do you?—Yes. Those midwives that I have come across (and a good many have the certificate) seem to me to be very well trained and quite up to the work.

6684. It has been suggested here that special provision should be made that a general practitioner should be always one of the examiners. Would there be any advantage in that?—There might possibly be an advantage in that, because, of course, it is obvious that a general practitioner is better acquainted with the conditions under which midwifery is conducted than would be the case if he practised among people who would not be likely to employ a midwife. I certainly think that.

The witness withdrew.



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

Mr. E. PARKER YOUNG called and examined.

6685. (Chairman.) You represent the Society of Apothecaries upon the Central Midwives Board, do you not?—I do.

6686. That Society represents the general practitioners in this country to a great extent?—Yes. It is not all composed of general practitioners. For instance, one gave evidence here the other day, Sir Shirley Murphy, and there are several others, but the majority are general practitioners.

6687. The majority of the general practitioners are adequately represented in the Society of Apothecaries, are they not?—No; not adequately represented, I think. I do not think there is sufficient representation of the general practitioners upon the Central Midwives Board.

6688. But that is not my point. What I want to know is, whether the Society of Apothecaries may be considered an adequate mouthpiece of the general practitioner?—Yes, I fancy so. We have something like 10,000 members, I think.\*

6689. The main point on which you wish to give evidence is the payment of medical practitioners when called in by midwives?—Yes.

6690. That, you think, should be provided for at every birth?—Yes, certainly.

6691. You believe that under the present system there has been a very general failure to comply with the admonitions of the Local Government Board on the subject?—Decidedly.

6692. With, of course, very considerable friction in the relations of the general practitioner to the working of the Midwives Act?—Yes.

6693. You, as a member of the Central Midwives Board, are aware of that?—Quite so; and we have passed resolutions frequently on it.

6694. You believe that it has been an obstacle to the working of the Midwives Act?—Decidedly.

6695. Then will you kindly explain how you think this payment should be made?—Of course it is hardly for me to say, but I think it is for the Departmental Committee to arrange for the payment.

6696. What would be, in your opinion, the best way of making that arrangement?—The county councils or the borough councils, rather than the poor law authority should do it, although they have the machinery in the poor law.

6697. The county councils can do so now, I believe. The city councils of some of the big places, like Manchester and Liverpool, have done so?—Yes.

6698. Do you not think that the board of guardians or the destitution authority, or whatever it may be called, is the best authority to make the payment?—I do not care whom it is put under, so long as it is put under some authority.

6699. What authority would exercise the power with the least friction, is rather the point, is it not?—I think the poor law authority might carry out these duties.

6700. The poor law authorities have in a large number of cases the best information, I suppose, to enable them to determine whether the condition of the patients is such that they ought to be assisted in that way?—Yes. It is something like the Notification Act. The borough councils receive the notification and pay the fee, and then recover it from the poor law afterwards.

6701. You would wish to see the payment recovered wherever possible?—Yes; I think it is immaterial whether it is done through the borough councils, or the county councils, or the boards of guardians.

6702. So long as it is done?—Yes, so long as it is done, and it is most important that it should be done.

6703. Do you believe that, if that were done, all the suspicion that is at present in the minds of medical men with regard to the Midwives Act would disappear?—To a great extent it would.

6704. Do you believe that their remuneration has been diminished owing to midwives taking cases which

doctors or medical practitioners used to take?—I should say so.

6705. Would you say that that has been the general effect?—I should think so.

6706. But you have no facts before you to enable you to state it as your convinced opinion, have you?—Cases that would have been taken by members of the medical profession are now taken by midwives.

6707. There is no doubt that is so in some cases?—Yes.

6708. But then they have got compensation in other directions, have they not?—I am afraid the general practitioner does not get much compensation in any direction.

6709. In the event of no provision being made, do you think there would be a general refusal to attend?—They refuse to attend these cases sometimes. Of course you have heard, no doubt, of the case of the medical mission in Kensal Green, where the midwife sent for eight doctors before she could get one to attend.

6710. Had there been any organised refusal to attend, or was it independent action?—No, I think it was independent action on the part of the doctors. When you are sent for you do not know whether you are going to be paid or not.

6711. Your practice is in London, is it?—Yes.

6712. Do you believe the position has been more acute in London than elsewhere?—No, I do not know that it has been more so in London. Not only is it bad for the medical practitioners, but it is also bad for the midwives. I had two cases only this last week, where two women who are on the roll of the Central Midwives Board have been practising in London, and they said that they had to pay the general practitioner, whom they called in, out of their own pocket, but they found that it was a losing game, and they gave it up.

6713. Do you mean to say they undertook to pay the doctors' fees?—They were compelled to. They said there was no provision in any way, and they further said they were making nothing out of it.

6714. Was that in order to get the doctor's attendance?—Yes. The doctor would want to know who was going to pay him.

6715. Is there no system in London by which, through any provident or insurance scheme, women may provide for the charges incident to childbirth?—Some dispensaries have such an arrangement, but when women can get attended for nothing, they do it.

6716. But there is no reason to suppose they will get attended for nothing, is there?—Candidates have been wanting to get cases to make up their number.

6717. But surely the Midwives Act has not assisted to give women the impression that they are entitled to attendance for nothing?—I think it has a little.

6718. How?—In this way, that the candidates who are going in for the examination of the Central Midwives Board must get their 20 cases.

6719. But that surely does not affect the question to any great extent, does it?—Perhaps not.

6720. How does it create in the minds of the patients the impression that they are entitled to midwifery attendance free?—Different institutions have midwives attached to them, and they have to supply 20 cases for the training of each candidate for the examination of the Central Midwives Board, and sometimes there is great difficulty in getting these 20 cases. Consequently they get them from other areas that originally were used for medical students.

6721. But then how does that produce in the minds of any section of the public the impression that they are entitled to medical attendance free?—They do get it free. I will give you an instance of a poor woman in my own neighbourhood. The husband asked me if I would attend her. I said, "No. I am afraid you could not pay my fee, but the gentleman who is helping me will take your case," and he said "I have a difficulty in getting a letter; I had no difficulty before with all my children." The husband was earning a very fair wage and was able to pay, but he had always had a letter before.

\* The number of licentiates of the Society appears to be about 6,000. (See Question No. 5543 and the footnote appended thereto.)



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

6722. You think that the members of the Central Midwives Board should have their expenses paid, do you?—Their out-of-pocket expenses, just as we had under the London County Council. That is all.

6723. Do the London County Council pay the expenses of members who attend?—I always had my travelling expenses.

6724. To attend meetings of the County Council?—Always.

6725. Do you think there is any difficulty now with regard to attendance at meetings of the Board?—I think sometimes. I have heard more than one member of the Board say that.

6726. Most of you are resident in London?—Most of us. Sir William Sinclair is not, nor is Dr. Ward Cousins.

6727. You suggest that members should be paid their out-of-pocket expenses for attending meetings of the Board or committees?—Yes, both.

6728. Have you formed any opinion as to what addition to the expenses it would cause?—Very little indeed. If you take the attendances of members you will find that they do not amount to very much.

6729. You do not suggest fees for attendance, do you?—Certainly not.

6730. Out-of-pocket expenses only?—Yes. I think it is important, too, to deal with the attendance at the meetings of the Board; for instance, if you look at those attendances (*handing in list*) you will find there are three country members and three town members, and if you compare them with regard to the attendances you will see that there is sometimes a difficulty, in that it throws the whole of the work upon the London members.

6731. What is your quorum?—Four.

6732. Is that not rather too much for a Board of nine members, to have a quorum of four?—No, we always get a quorum. The work is very important, and you ought to have four members for a quorum.

6733. Do you not think, the more important the work, the more efficiently it is done by a few persons?—Yes, as a rule, and I think four would do it.

6734. Would not three do it as well?—We discussed that, and Mr. Heywood Johnstone and myself drew up the Rule, and thought otherwise.

6735. You have been a member of the Board from the commencement, have you?—Yes.

6736. Now to turn to another subject, do you believe in there being any probability of a lack in the supply of midwives next year?—No, I do not think so, from what I can see, if they are properly distributed.

6737. It is a question of distribution?—Yes, that is the only question.

6738. I suppose the law of supply and demand in big towns really regulates their supply?—Yes.

6739. And it must be left to organisation to do it in the rural districts?—Yes.

6740. You are apparently in favour of subsidising?—No, I am not in favour of it. I should like to do without it. I only say that in extreme cases it might have to be introduced.

6741. But cannot provision always be made by sending a midwife from a centre to the area where she may be wanted, in sparsely peopled districts?—Yes, but it is so difficult in these rural districts to deal with it in that way. There is not sufficient work for a woman to live on.

6742. Not in sparsely peopled districts?—But it is those districts that I am speaking of.

6743. But I am suggesting that she should be sent from a centre into those districts when she is wanted?—But the distances would be considerable in these rural districts.

6744. Quite so, but there is no reason why she should not be sent 20, 30, or 40 miles, and stay there for a few days when she is wanted, because surely it is known beforehand that her services will be needed at a given date?—You cannot always tell.

6745. But I am talking of normal cases, and surely in such cases it is more or less possible to predict when the patient will require attention?—Yes, but sometimes they are out of their reckoning a month or six weeks.

I think some of the midwives should have bicycles to get over the ground.

6746. They do have them in many cases, but I want to press upon you that as a matter of fact the system of subsidising would always be obviated by proper organisation?—I believe that is dealt with in my précis.

6747. But I do not think you quite realise what could be done by organisation?—I believe it could be dealt with if properly arranged. I am only thinking of extreme cases.

6748. Have you any observations to make upon the system of training?—No, I do not think there is anything to be said upon that.

6749. Do you think the county councils do enough in regard to their contributions for training?—I think in London they do, but I do not know whether they do in many of the rural districts.

6750. You do not believe there is any difficulty in getting a sufficient number of women to present themselves for training, do you?—No, but a good many of them will give it up, in the same way as the two women I have mentioned. They have had enough of it, and they would rather go out as nurses, because it pays better.

6751. But a good many nurses take the Central Midwives Board certificate because they find it pays better?—Those two are on the roll, and their mother too, and they find nursing pays better.

6752. In regard to the exercise of the penal jurisdiction of the Central Midwives Board, I should like to ask you whether you do not think some more power might be given to deal with these cases, in the first instance, by the local supervising authority?—Yes, I think that might be so.

6753. Of course, as you know, the local supervising authority is only vested with the power of suspension in connection with infection?—Yes.

6754. Would you like to see that power extended, so as to cover charges of malpractice, and so on?—I think it should be extended. If you do not pay these poor creatures something when they are cited to appear before the Central Midwives Board, I think they are placed at a considerable disadvantage.

6755. In attending meetings of the Board to answer for themselves?—Yes. Take the case of Lancashire or Yorkshire, or cases like those. If they cannot come up and get defended it is extremely hard upon them. We employ a barrister and solicitor, and we pay for witnesses, while, on the other hand, these poor creatures, if they have not got money, have to go without that help.

6756. But do you not believe that substantial justice might be done by the local supervising authority dealing with the case first?—Yes.

6757. Nobody, of course, could be removed from the roll without investigation into all the circumstances?—That is so.

6758. It would relieve the Central Midwives Board of very cumbersome and intricate work?—Yes; the work sometimes is extremely difficult.

6759. From that point of view you would recommend the change too?—Yes; I think these cases have increased rather than diminished.

6760. Have you anything to say as to the constitution of the Board?—My impression is that it should be enlarged.

6761. In any particular direction?—I do not think the general practitioners are sufficiently represented upon the Board.

6762. But you represent the general practitioners?—Yes, but inadequately. I am only one upon a board of nine.

6763. But, after all, one on a board of nine is a very large proportion?—I do not think so.

6764. It is one-ninth on a board of that character, representing the interests of the general practitioner?—But I do not think they are sufficiently represented. We number, I suppose, nearly 40,000.

6765. But in what sense would two general practitioners on the Central Midwives Board represent the interests of the body better than one?—When you are



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

in a minority of one, sometimes you are in a difficult position.

6766. But the same would be the case if you are in a minority of two. The position would not be improved. Would you suggest that the Board should be wholly composed of general practitioners?—No, I would not; but I do not think they are adequately represented.

6767. From what point of view do you suggest that they should have one more representative?—I think it would be important in regard to voting power, for one thing.

6768. But for what purpose are they to use that voting power, or in what sense are the interests of the general practitioners affected by the composition of the Central Midwives Board?—For instance, general practitioners are not put on as lecturers or teachers so often as they might otherwise be.

6769. As examiners?—No, I was speaking of teachers.

6770. Who puts them on; do the Board appoint lecturers?—We appoint teachers and examiners.

6771. You mean recognised teachers?—Yes.

6772. But surely a general medical practitioner's claims to be recognised are considered with as much care as anybody else's?—Yes, but they are not so generally put on as you believe.

6773. I suppose the Central Midwives Board, in the exercise of their wisdom, do not think some persons are as well qualified as others?—Sometimes. We do not put them on sufficiently.

6774. You think their claims to be put on are neglected owing to the fact that you are the only advocate of their interest on the Board?—Yes; I think they would be better looked after if we had another representative or two.

6775. Do you distrust your own powers of representing their case adequately?—I should like to be supported by someone else. I will give one instance to you of this in the case of Newbury. A gentleman applied to be put on as a recognised teacher. He said he thought he could form a class. It was put to the Board, and I was in a minority of one.

6776. Would you be happier if you were in a minority of two?—But then the women at Newbury were told they must go to Reading. A class was to be formed there. These poor women would have had to put their hands in their pockets, and travel from Newbury to Reading and come back again. Newbury is a straggling village, a mile long. The end of it was this, that the gentleman at Reading could not form his class, and then the Board unanimously voted for this teacher whom they had previously refused.

6777. Am I to understand that the other medical practitioners on the Central Midwives Board are unsympathetic towards the interests of the general practitioner?—I think they look more after the interests of the specialist or consultant. We have three specialists or consultants on the Board,—Dr. Champneys, Sir William Sinclair, and Dr. Ward Cousins,—and though, of course, they might possibly undertake other cases than those coming under their peculiar sphere, they could not properly be regarded as representatives of the general practitioners.

6778. (Mrs. Hobhouse.) You consider that the payment of medical practitioners should be guaranteed by some outside body?—Yes.

6779. But have you never thought at all of the amount of fee that it would be fair to pay?—In the poor law they give generally half a guinea or 10s. for an ordinary case, and 2l. if it is an instrumental case.

6780. Do you consider that would be adequate remuneration?—I should fancy it would.

6781. Do you refer to the country or to urban districts?—I am speaking of London more especially.

6782. Do you consider the same fees should be paid in both cases?—I think when there is a long distance to go, that is, if you have to go six miles or more, it might be different, and if you have to continue the case afterwards, the fee would have to be adequate.

6783. Would you suggest some sort of mileage fee?—I think there ought to be something of that kind.

6784. For rural districts only?—Yes, for rural districts. I think that in towns the difficulty is easily got over.

6785. You say in your précis, as regards the distribution of midwives, "there are now too many in some districts like Paddington, Oxford, &c., &c., and in others too few." Do you think that by some method they could be more evenly distributed?—Yes, I suppose simply by voluntary associations distributing them.

6786. You would not suggest that the power of distribution should lie in the hands of the Central Midwives Board?—No, I think we have got quite enough to do.

6787. Or in the hands of local authorities, such as boards of guardians?—Yes, local authorities might do it.

6788. Or county councils?—Yes.

6789. But you have not thought out any definite scheme, have you?—But then comes in the question with regard to subsidising in the rural districts if you are not able to keep a woman there. Take a small place like, for instance, Chilthorne, three miles from Yeovil. They have no midwife there and they have to send three or four miles for a midwife, but they generally send for the poor law medical officer.

6790. The only way you can see of adequately distributing the midwives would be by means of voluntary associations?—Yes, by means of voluntary associations and the poor law. I think that would be so.

6791. Including general nursing as well as midwifery?—No, I was thinking more of the midwife.

6792. You think there should be voluntary associations for the provision of midwives only?—No, I do not think that. I think they might use their time advantageously otherwise.

6793. In general nursing?—Yes, certainly. They would starve upon midwifery cases.

6794. Then where would you recommend that midwives should be subsidised?—Where you could not get them in these out of the way places.

6795. Where it would be impossible to have a voluntary nursing association?—Yes, or almost impossible.

6796. By what means would you judge of where the absolute necessity occurred. In what authority or in whose hands would you put that judgment?—It would be an extremely difficult matter, would it not?—Yes, extremely difficult.

6797. You have not considered that question, have you?—It must be done from some centre, some town near at hand, or something like that.

6798. Then you suggest further that classes should be formed where instruction would be given. Do you mean to apply that to women who have passed the Central Midwives Board examination?—I certainly think that a good many of those who are on the roll are thoroughly inefficient.

6799. Then you mean to apply it to keep them up to the mark?—To the *bona fide* women mostly.

6800. Not to those who have passed the examination?—No, I do not think they would want it so much as the others.

6801. I did not know whether you meant it to be applied to keeping the standard efficient?—Yes, I think it would be a very good and desirable thing.

6802. For both purposes, for the *bona fide* women and for the trained?—The *bona fide* women, I suppose, will rapidly disappear next year.

6803. But they will not be all off then?—No, but some of them are wretchedly ignorant.

6804. You have not considered really whether it should apply to both classes of midwives or not?—I think it should apply to both.

6805. (Mr. Davy.) I take it the grievance of the medical profession is partly cash and partly the feeling that they are being subjected to compulsion?—Yes, but I think it is mainly cash.

6806. You think they would be satisfied with an arrangement whereby any medical man who has been summoned by a midwife and has failed to obtain his fee should make a statement that he had been summoned, and that he had attempted to get his remuneration, and had failed, and on the receipt of that statement the public authority, or whoever it might be, would pay



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

him one sovereign, say?—It all depends on what the case is.

6807. Some cases would be only worth 20s.?—Quite so.

6808.—And some cases more than a sovereign?—Take a case of turning; I had such a case the other day, where I was called in and got a guinea, but it was worth certainly a couple of guineas.

6809. An all-round sum has been suggested as being a fair sum?—We should like a guinea better than a sovereign.

6810. It is more gentlemanly?—It has been the custom generally.

6811. Would a guinea satisfy the profession?—No I do not think so.

6812. What would satisfy them?—I prefer to stay in my bed, except as an act of charity, to going out and performing a case of turning, with the uncertainty of getting paid.

6813 I make the suggestion of a uniform fee taking one case with another. What do you say to that?—If you make it general all-round, do you mean?

6814. Yes; would it meet it?—I think it would be a very good suggestion.

6815. As to the penal jurisdiction of the Central Midwives Board, would you go so far as to approve of leaving all the penal work to the local authorities subject to an appeal to the Central Midwives Board?—I think they might do a great deal more than they do now.

6816. You go so far as that?—Certainly.

6817. Then as to representation on the Central Midwives Board, do you suggest that everybody who is interested in the matter pecuniarily should be represented, or that consultants should be represented?—They are well represented as it is.

6818. And midwives?—They are represented.

6819. And rural midwives and superintendent nurses?—The nurses are represented on the Central Midwives Board at the present time.

6820. Do you think it is making a good administrative body if every person interested is represented?—Yes, I do.

6821. Do you think it would be a good thing to have the county councils represented?—Yes, and we have got them on the Board.

6822. And Government departments should be represented?—Yes, certainly.

6823. Everybody except perhaps mothers and babies?—Mothers should be represented.

6824. (*Dr. Champneys.*) With regard to the question of recognised teachers not being general practitioners, you do not mean to say that there are no recognised teachers who are general practitioners, do you?—No, we have some on the Board's list.

6825. But do you really think that the Board are prejudiced against general practitioners; that is to say, supposing the Central Midwives Board come to the conclusion that a person would be competent if he were not a general practitioner, he would be debarred, in virtue of being a general practitioner, from being recognised?—I have had a feeling rather in that direction, that there has been rather a leaning to give it elsewhere than to the general practitioner.

6826. The Central Midwives Board issue, do they not, a long series of questions to be answered by applicants?—Yes.

6827. Speaking from memory, they go into what previous appointments the man has held?—Yes.

6828. Whether he has had any experience of teaching?—Yes.

6829. And whether he has had any experience of midwifery or lying-in hospitals or lying-in institutions, and details like that; is that not so?—Yes.

6830. And on those particulars the Central Midwives Board come to their conclusion?—Yes.

6831. Then, so far as possible, the Board come to their decision upon plain questions put to the candidate to show his or her efficiency for the post, quite irrespective of the line of practice? There is no question about the line of practice in that paper, is there?—No; your question would be answered in the affirmative

with regard to London and the great towns, but it is impossible to carry it out in the country.

6832. But in the country do we not have general practitioners as teachers?—Yes, because you have to do it *volens volens*; because there is no one else there.

6833. But, generally speaking, is it not the Board's view that we must have the best material to be got?—Certainly. But you cannot get it in the country. You cannot get men practising pure gynaecology.

6834. Therefore you take the best you can get?—Yes. A preference, of course, is given to the best, but I think sometimes general practitioners have been excluded, as in the case of Newbury.

6835. But that is capable of another interpretation, namely, that the Central Midwives Board thought there was an efficient teacher in the neighbourhood, and that people had better go to him, and when they found he could not form a class they said to the women "you had better go to the other man," whom they did not think so good?—Yes, but there was 36 miles to go.

6836. You rather suggested that my feeling was in favour of consultants as against general practitioners, but are you aware of any case of that kind?—There is that case I gave.

6837. But that was because the Central Midwives Board thought with me?—But that man was practising as a general practitioner, and he had had possibly more training in midwifery.

6838. Then that is all right, and in those circumstances we tried to get the best person we could?—Yes, but you could not get him.

6839. But we did our best?—Yes, and then you fell back upon the poor general practitioner afterwards.

6840. Naturally; so that it is capable of two interpretations?—Certainly.

6841. You will bear me out that I have never said anything about its being inadvisable to use general practitioners as teachers or in any other capacity if they were efficient?—No.

6842. (*Chairman.*) Sometimes it is impossible to get any others?—Yes.

6843. (*Dr. Downes.*) You spoke of women tending to regard themselves as entitled to free medical attendance in their confinements?—Yes.

6844. Would that arise from the fact of institutions and midwives taking pupils?—Yes.

6845. These pupils pay considerable fees to the institutions for the instruction they get, do they not?—Yes, they do.

6846. So that it has come to be a money question?—Yes, certainly.

6847. I am referring to the certificates required under the Rules of the Central Midwives Board, Rule C. 1, paragraphs (1) and (2)?—Yes.

6848. With regard to the question of fees it was suggested to you that one fee of 1l. or one guinea, or whatever it might be, to cover all cases, taking the rough with the smooth, might be acceptable?—Yes.

6849. Would your preference be for one uniform fee as compared with a scale of payment?—It would be almost immaterial. General practitioners would do better with a uniform fee of one guinea than with a variable fee of 10s. or 2l.

6850. It would be much better from an administrative point of view to have a uniform fee?—Yes.

6851. If there were a uniform fee would you take the duties of the practitioner called in in compartments; for instance, if called in under the head of "Labour" in the Rules, what he might have to do would be different from what he would have to do if called in the case of "Pregnancy"?—Certainly.

6852. So that it might be necessary to consider it in compartments?—Certainly it might. I think a guinea would be almost too much if a man were called in just once to see a case. You could get a man to do it for a less fee than that, but it would pay all right, taking the rough with the smooth.

6853. Taking the rough with the smooth, would a uniform fee of a guinea be acceptable in cases of labour?—I fancy so.

6854. And the after-attendance?—Yes, I fancy so. But it is a little more now, because in London the



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

practitioner in poor law cases has not to supply medicine, whereas in the country the medical practitioner has to supply the medicine, and medicine will be dearer on account of the Budget.

6855. You have already suggested that a mileage scale would have to be considered in rural districts?—Yes. For instance, take Bedfordshire; I was in a rural district there, and I had to get on to a horse and go out six miles to a case. In such circumstances, I do not think a guinea would pay you, specially if you have to go out five or six times afterwards to see the patient and supply medicine.

6856. Have you any suggestion to make as to what would be a proper mileage scale?—No; I think the Local Government Board should go into that question.

6857. Then with reference to the return† which you put in, that shows that 481 candidates have been presented from poor law institutions?—Yes.

6858. That is as against 5,333 from non-poor law institutions?—Yes.

6859. That is up to March 31st, 1909?—Yes.

6860. What period would that cover?—The whole period.

6861. Do you think that that is a sufficient supply of candidates from poor law institutions?—I should like to see it extended if possible. I should like the poor law cases to be increased. I think they are very good candidates indeed. In fact if you take the percentages they turn out better than the others. Something like 13 per cent. of the poor law candidates have failed, as against 19 per cent. of the other candidates.

6862. Have you the actual figures?—Yes, I have had them worked out on purpose. That is up to the 31st of March. (*Handing in document.*)

6863. (*Chairman.*) We might have this on the notes of the evidence?—Very well.

6864. (*Dr. Downes.*) It is 13·5 per cent. of the candidates from poor law institutions, and 19·5 per cent. of candidates from non-poor law institutions?—Yes, which shows that you could utilise the poor law more.

6865. (*Chairman.*) Is that from the beginning of the Board's administration?—Yes. I got Mr. Duncan to work it out for me. There is a feeling against poor law teaching, but I think we ought to utilise it as much as possible.

6866. (*Mr. Pedder.*) You say there are a good many more midwives than are wanted?—Yes.

6867. From what point of view?—Because they cannot get cases.

6868. How would you cure that? Can it be cured?—I think one of the reasons for it is that they have to pay doctors when called in.

6869. If the doctors were paid that would not be so?—If they were paid, then some of these midwives would stand a better chance.

6870. So that you would not say that there are too many midwives for the work to be done?—I do not think they would get what I call a living wage.

6871. Not even then?—A good many of them would not. We have got plenty in Paddington.

6872. How could it be cured, if there are too many in one place and too few in another?—It is difficult to say.

6873. You cannot suggest a way of dealing with it?—Unless it is taken up by voluntary associations.

6874. But would voluntary associations be able to take away Paddington midwives, and place them somewhere else?—No; but some of them might be prevailed upon to go to places not provided at all with midwives.

6875. Then you say, classes should be formed where instruction would be given, as is done in London. Do you think those classes are working well?—I have not much experience of that. I have not been to the classes to see. But there is gross ignorance prevailing

among some of the midwives upon the roll, and I think it shows they ought to be instructed. It is lamentable. For instance, I frequently put the question, "what do you consider the normal temperature?" and the answer is, "I do not know," and I ask, "would you think 94 was high?" and the answer would be "no;" then I would say, "how about 95?" and the answer would be, "a very high temperature indeed."

6876. Was this when examining candidates?—No, it is when these women come up before the penal cases committee, and it shows that they are grossly ignorant. It is the fault of the Act in putting on a number of women who are thoroughly incompetent to take cases.

6877. You want a system of instruction for acting midwives?—I think they ought to be instructed, now they are on the roll under the Act, and I say that we, as the Central Midwives Board, ought to take off the ignorant women, because they are not safe.

6878. Would you wish for more powers in the Central Midwives Board to control the whole system of midwives and supervising authorities, and the working of the Act generally?—No, I do not think so. I would give more power to the local supervising authorities.

6879. More punitive power?—Yes. We have got as much as we can manage on the Central Midwives Board at the present time, I think.

6880. The impression on my mind is that the machinery from bottom to top of this midwives' business is rather shaky, and that the different parts of the machine do not work well together. You have a Central Midwives Board at the top, the local supervising authorities in the middle with no particular connection with anything, and the midwives at the bottom. Has it occurred to you that there should be more cohesion somewhere, throughout the whole?—I do not follow you.

6881. The Central Midwives Board do not now, do they, take a paternal interest in midwives all over the country?—No, it is the local supervising authorities who inspect them, and so forth.

6882. There is a considerable chance of their not doing their work properly, if they are not responsible to anybody except themselves for doing it properly?—Yes.

6883. Ought they not to be responsible to some one?—I should say they ought to be responsible to the local supervising authority.

6884. But I am speaking of the local supervising authority, which itself is not responsible to anyone?—No.

6885. It ought to be?—I think the Local Government Board ought to be the authority.

6886. Not the Central Midwives Board?—No, we have got such ample duties that, speaking for myself, I do not think we want more duties than we have at present.

6887. (*Mr. Fremantle.*) Would it, in your opinion, ease your duties on the Central Midwives Board if the Board were enlarged?—I should not make it too large.

6888. But if it were enlarged?—There should be, I think, two or three more members put on.

6889. You think that would ease the work, do you?—I think it would a little, because we might put some on committees.

6890. Do you not think, if you had two or three more members on, you might possibly be able to undertake the work of supervising the local supervising authorities, or getting into closer touch with them?—It is possible.

6891. Do you feel much reliance on your present system of getting information from the local supervising authorities?—No, it is very difficult sometimes. Some of them are very difficult to manage.

6892. Would you like to have greater powers of getting into touch with the local supervising authorities?—I think we want power there certainly. We want to be able to compel the offenders to do their duty.

6893. Which method would you favour, the method of your sending down your inspector to the local supervising authority, or their sending up to you periodically

† ANALYSIS OF RESULTS OF EXAMINATION CANDIDATES FROM POOR LAW AND NON-POOR LAW INSTITUTIONS.

	Entered.	Passed.	Failed.	Percentage of failures.
Poor Law	481	416	65	13·5
Non-Poor Law 5,333	4,293	1,040	19·5	
Up to March 31st, 1909. 21 examinations.				



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

a report of their working of the Act?—I think it would be very expensive to send inspectors. We ought to have the power now and then of doing it, but it should be very cautiously exercised.

6894. Would you favour a system under which the local supervising authority should report to you?—I think they should report, and there ought to be some penalty attaching to their not doing it.

6895. In your précis you suggest that "payment" should be provided for midwives attending at the penal "board," and then you say it is "unfair to them when the Board employ and pay for legal assistance and witnesses"?—Yes.

6896. Do you suggest that payment should be made for counsel to defend the midwives?—Supposing a woman comes up and she gets off, she has to pay the whole of that expense, even if she does not get convicted and is not taken off the roll, and I say it is very hard upon these poor women.

6897. What is hard?—That they should have to pay their railway fare up to London, and get a barrister to defend them.

6898. You suggest that payment should be provided for their travelling expenses and also for counsel to defend them?—I think we ought not to be placed in a different position from them. It is not justice to them, in my opinion.

6899. You would include even midwives who consciously and persistently had infringed the Act, and you think that nevertheless they should be given legal assistance to defend them?—Of course that is a difficult question, but when a case is sent up to the Board, we expect a *prima facie* case is made out before it is sent up to us by the local supervising authority.

6900. But how does that affect the question of the midwife defending herself? In coming up?

6901. Yes?—She has to lose her time in going before the authority, and then she has also, if they find a *prima facie* case, to come up before us.

6902. But would you suggest that you should pay, out of public moneys, for counsel to defend the midwife in all circumstances?—No, certainly not in all cases.

6903. Then in what cases would you suggest that you should pay her legal expenses; would it be where she is not convicted?—Where she is not convicted.

6904. Where she is not convicted only?—Yes.

6905. Have the Rules of the Central Midwives Board, especially Rule E. 18, resulted in midwives calling in doctors more frequently?—Yes, I think they do send for them more frequently.

6906. In fact, that has increased the practice of medical men in that respect very considerably, has it not?—No, I do not think it has very considerably.

6907. But it has resulted in their being called in more frequently?—Yes, they are called in, but frequently do not attend.

6908. But it has increased their practice in that respect?—Yes, and diminished the number of normal cases that they attend; they are worse off.

6909. On the balance of the two they are worse off, you say?—Yes, I think the medical practitioner is worse off.

6910. That is simply a general feeling, but I suppose you have not any definite facts to go on in that matter; it is rather difficult to get them, is it not?—It is.

6911. You have estimated the number of confinements lost, but not the number of calls that they have had?—It is simply from what I hear from different men who write to me, and of whom I know.

6912. Now from your own experience, looking back on your own practice, do you not think that there are a considerable number of cases now in which doctors are called in by midwives, and that there would be still more if these Rules were more adequately administered, than was the case in former days?—No, I think they do not come to us. They go to institutions like Queen Charlotte's Hospital. If they cannot get assistance from Queen Charlotte's Hospital, then they will run to us on an emergency.

6913. In rural districts, of course, they go to the general practitioner in such cases?—Yes.

6914. Have you considered how far women of an inferior grade assist in evasion of the Act by being

under the supervision of medical practitioners?—I do not think you ought to lower the standard. I think many of these midwives are not safe.

6915. Many of these women employed by medical practitioners as monthly nurses you mean?—Yes, the women generally.

6916. But do you include women who are working as monthly nurses?—Yes, I think some of these women are grossly ignorant.

6917. Of course monthly nurses are not touched by the Act?—No, but if they take a case on their own responsibility they will be touched.

6918. After next year, of course, that difficulty will cease, where the Act is carried out, in so far as they are taking practice on their own account?—Yes.

6919. But after the year 1910 a few untrustworthy women may still be employed to a considerable extent by medical men in cases where the medical men are also engaged?—Your point is this, I think: what will happen next year when these women cannot go on attending?

6920. My point is whether they will still be practising a good deal under nominal medical supervision?—That question of medical supervision is a most difficult question; it is the question of "covering," and so forth.

6921. Would you suggest it would be feasible to insist on a standard for monthly nurses as well as midwives?—I do not think the standard that we have ought to be lowered. I do not think it would be safe.

6922. (Dr. Champneys.) With regard to the question that Mr. Fremantle has just been asking you, were you considering the question of women acting as monthly nurses, and do you think there should be any recognition of them, or that the Act should be enlarged in any way so as to include monthly nurses?—No, I do not think so.

6923. Now with regard to the Central Midwives Board and their penal proceedings; the midwife comes up from the country, and if the charge is not proved she remains on the roll; do you think that, in all cases where she is not removed from the roll, she should have her expenses paid, or that the Central Midwives Board should have a discretion to allow expenses in cases where they think the woman has been hardly treated?—I think some arrangements ought to be made in that way.

6924. But I thought you answered Mr. Fremantle by saying that, in all cases where she was acquitted, her expenses ought to be paid?—Yes.

6925. But do you think that is so in all cases, or only in certain cases, because we may have a very shrewd idea that the woman is a very bad practitioner though she has escaped, but we cannot prove it; would you pay her expenses in that case?—Yes.

6926. Without any discretion being allowed to the Central Midwives Board?—I think there should be discretion, but we are precluded now. Sometimes we think it is very hard.

6927. But you would not think the thing should act automatically?—No.

6928. You would not say because a woman is not removed from the roll therefore she should have her expenses paid whether we like it or not?—No, I think there should be discretion.

6929. (Chairman.) Do you think that, in the selection of examiners, the Central Midwives Board make as much use of the general practitioner as they might?—No, I do not think they do.

6930. You think they might be employed more often?—Yes.

6931. Do you think the general practitioner would be a very useful type of examiner?—Yes, better than the others, I think. Some men are splendid examiners.

6932. The general practitioner's familiarity with the conditions under which midwives work would perhaps fit him better for examining than a special practitioner?—Yes.

6933. Then with regard to the number of candidates from poor law institutions, do you think that, throughout the history of the Central Midwives Board, sufficient



19 May 1909.]

Mr. E. P. YOUNG.

[Continued.]

encouragement has been given to poor law institutions as centres for training?—No.

6934. But encouragement is given now, you think?—Yes.

6935. You think there has been a material change in the attitude of the Central Midwives Board in reference to that, do you?—Yes. I have been to several institutions. I generally visit them.

6936. And there is no lack of encouragement now?—No. I do not think so. We have taken in almost as many as we can that have applied.

The witness withdrew.

Mr. JOHN THEODORE DODD called and examined.

6939. (Chairman.) I intend to confine myself to only a few points in the précis with which you have been good enough to supply us. No doubt it is full of very interesting matter, but in my judgment a very large part of it is not germane, or at any rate not directly germane, to the points we have to elicit in our examination of witnesses. You are a barrister of Lincoln's Inn?—Yes.

6940. And a graduate of Christ Church, Oxford?—Yes.

6941. For a considerable number of years you have been a member of the Oxford city council?—Yes.

6942. And you have been on the council's Midwives Act committee since its formation?—Yes.

6943. That committee has, I presume, special opportunities of forming an opinion upon the working of the Act?—Yes.

6944. You had taken an interest in these subjects anterior to that, had you not?—Yes.

6945. In your précis you say, "the Committee will have before them evidence showing that, in a very large number of cases, women of the poorer classes have no skilled attendance at their confinements, and the lamentable results occasioned thereby." What makes you think that?—Because it is the fact that they have no skilled attendance at confinement, and also it is so stated in various documents to which the committee no doubt have access.

6946. But when you say "no skilled attendance," what do you mean?—I mean not attended by a skilled midwife.

6947. But on the contrary, so far as our information goes, a very large proportion of women have skilled attendance in the sense of a certified midwife's attendance?—Or a doctor?

6948. Yes.—A large proportion have not.

6949. You can justify that statement, can you?—I think so.

6950. Because it is inconsistent with what we have heard in the course of this inquiry.—Of course a great many poor people have such attendance, but certainly large numbers have not.

6951. When you say "a very large number of cases," I presume you mean a majority of cases?—No.

6952. What number of cases, then?—I could not tell you exactly.

6953. Then you are using language to which it is very difficult to give any definite significance, when you say "a very large number of cases" without being able to tell us what proportion of cases you mean by "a very large number;" because our evidence goes to show that the number of cases of confinements not attended by a doctor or a skilled midwife is very small. What is your experience in Oxford that makes you say that?—Certainly there are many there who are not so attended, and I also say this from what I have read on the subject.

6954. But it is not safe to believe all you read without verifying it?—No.

6955. Upon what is your opinion based that people cannot pay for this skilled assistance; for a certified midwife does not, as a rule, charge a high fee?—She charges a good deal more than some. I can give you some figures as to that, I think. The sort of fee the unskilled women, or "Gamps," charge I can give,

6937. We have heard that a certain number of people have formed an opinion as to your attitude in early days, and people have hesitated to repeat applications when once refused?—Yes, that is right I think.

6938. But there is nothing in the present attitude of the Central Midwives Board at all hostile to the utilisation to the fullest possible degree of poor law institutions, is there?—There are one or two members who are against poor law institutions, but the document that I handed in shows the good work that poor law institutions have done.

speaking of uncertified women, not midwives at all, but the "Gamps."

6956. But that is rather outside the scope of our inquiry?—By an unskilled woman, I mean the uncertified woman. The fees they take vary from 5s. or 7s. 6d. to occasionally as low as 4s. 6d. or 3s. 6d., and occasionally up to 10s.

6957. But surely there are very few people among the working classes who are not able to pay 5s. or 7s. 6d.?—A good many cannot pay that, probably.

6958. But that is the normal fee, as we understand it, in rural districts, of what for the purpose of your argument we will call skilled attendance; that is, the attendance of the certified midwife?—But the ordinary fee for the uncertified midwife is 5s. or so, as I say.

6959. But our evidence goes to show that the certified midwife's services, at any rate in the rural districts, can be obtained for 5s. or 7s. 6d.; sometimes it is as much as 10s.?—No doubt.

6960. Surely there is nothing in the condition of the average working people to make them unable to pay it?—Yes, I think the certified one gets more than the uncertified one undoubtedly, and that often she does not do the same amount of work in the house, or washing of things.

6961. But a woman who foresees for 7 or 8 months that she is likely to be confined on a given date approximately can provide, or her husband on her confinement can provide, 7s. 6d. for the midwife?—I do not think so, because the wages are so low. The wages are not really enough for the maintenance of the family.

6962. When you say "so low," they are very much better than they used to be?—Yes, very much better than they used to be, but lately they have been extremely low.

6963. But do you mean to say that a man with 16s. a week cannot provide 5s. to pay a midwife's fee by paying so much a week?—I should doubt very much if he could. They have not enough for the support of themselves and their families in proper comfort, that is according to Rowntree's figures.

6964. I know of no figures to prove that?—Rowntree puts the minimum expenditure necessary to provide properly for the necessities of a family of two adults and three children at 21s. 8d. a week.

6965. It depends on the scale of living, does it not?—That is for a man and wife and three children. It is the minimum to keep him in health and efficiency.

6966. But that depends upon economic considerations in different places?—He is taking York, and that is very much the same as Oxford or any of these towns.

6967. I am not sure that any general conclusions can ever be based on such data?—But then take the investigation which was made recently into wages. The conclusion came to was that a great many men were receiving wages not adequate for them to bring up their families on. Therefore what really happens is that people have not enough for the sustenance of their wives and families; and if you try to put an extra burden upon them, as this Act does, by compelling them to have a skilled midwife and pay extra fees, that will mean so much out of the money available for their food, and all sorts of evasions of the Act will result.

6968. But your argument rests upon the assumption that the skilled midwife will charge more?—I think in every case a certified midwife must be paid more money



19 May 1909.]

Mr. J. T. DODD.

[Continued.]

than the uncertified "Gamp" has been paid hitherto, and certainly she will necessarily do less work. For instance, in Oxford the certified woman does not do the washing at confinement.

6969. The washing of the whole family?—Of the mother and baby—but the uncertified woman does. I can give you the Oxford figures. The usual charge for the uncertified woman is 5s. or 7s. 6d. This usually includes the washing of the bed clothes and baby's clothes. The charge of the certified woman is not under 10s. or 15s. and sometimes a guinea. She does not do the washing. That is speaking of Oxford. Now I made enquiries about the rural districts and there the fee ranges from 5s. Then in the return from Oxfordshire, made in reply to the Central Midwives Board's enquiries in 1908,\* the answer to the question, "do you anticipate a serious shortage of practising midwives in 1910?" was "yes, certainly." So that the mothers will have to pay more, and they will get less.

6970. No, they will get good attendance instead of bad. Do you consider good attendance is less valuable than bad?—No, not at all. It is very good indeed, but there must be somebody at the same time to attend to the woman. There must be some more nursing done in the rural districts especially.

6971. The certified woman will be better qualified to do good nursing?—Quite so, but she cannot stay. In one case I know of, a woman is paid 5s. a week, and she helps in the family.

6972. Is she working in connection with any association?—I do not suppose she is.

6973. She is an independent person, is she?—I am speaking of an independent person. Then here is a case in Hertfordshire of a midwife, an uncertified person. Usually she went out at 7s. 6d., but she had to charge as low as 4s. 6d. Then here is a case of 5s. a week for 2 weeks, and she had to do the washing and the house work. The woman in the rural districts must have somebody to attend to her, and the midwife may be looking after a dozen parishes, whereas the neighbouring "Gamp" often does some of the nursing, and so on. Therefore the practical result is that, if the midwives are not forthcoming, there will be a difficulty in that respect.

6974. Are you not aware that there are very many organisations all over the country which are giving a great deal of assistance; if they are given time, and their operations are treated with some patience, will they not solve the difficulties which you appear to think insurmountable?—I think they might do it in time perhaps, but also it is essential to the life of the children and to the welfare of the nation that we should take the matter in hand at once and give them, (i.e., the mothers and children), what they have a right to, namely the necessary relief.

6975. That is being done all over the country?—Each woman has a right by law to proper attendance in confinement. 43 Elizabeth, cap 2, section 1, gives the right to necessary relief. The decision of the Court of Appeal in *Attorney General v. Guardians of Merthyr Tydfil* (L.R. [1900], Ch. 516) shows that a woman has this right, although she is married and her husband might have provided for her; and the answer of the President of the Local Government Board in the House of Commons on the 29th November 1906, shows that she has the right to it on her own application. All this refers only to necessitous women, i.e., those unable to pay for themselves. The husband, if able, may be liable to repay.

6976. Proper attendance in confinement is therefore available now if the woman cannot afford to pay for it and chooses to avail herself of the poor law?—Somehow or other she does not get it; and in my opinion, if I may venture to put that forward, the best way of meeting the difficulty is the way mentioned in the précis which I have laid before the Committee.

6977. But what you consider to be the great evils of the present system are to a great extent due to neglect of the opportunities which the law as it stands provides?—That is quite true. This neglect of the opportunity of coming to the poor law exists, because

the guardians have made it so very difficult and very disagreeable to have to do with the poor law. They have done their very best to deter people from coming. It has been their wish to reduce pauperism; and in doing so, unfortunately, they have not given the relief that people are fairly entitled to by law.

6978. You anticipate that these evils are likely to be increased, do you?—Yes.

6979. In April next year, that is?—Yes. In section 31 of my précis I have stated that the unqualified woman acts sometimes not only as midwife but as nurse to the sick woman.

6980. Have you many of these unqualified women acting in Oxford now?—Yes, we have a fair number of them. I cannot tell you how many.

6981. Do they act under a doctor at all, or entirely on their own account?—A great many act with a doctor; some with and some without.

6982. Do you think that doctors are likely, after the 1st of April 1910, to go on making use, under their nominal supervision, of the services of these women?—I cannot say what will be done then.

6983. Do the mothers themselves prefer to employ these women instead of getting skilled assistance?—I think they do prefer these old women sometimes; they are used to them.

6984. On the ground merely of use and wont?—They are used to them. A woman very much likes to have the same woman as in previous confinements; they are neighbours, and so on.

6985. These women are a source of danger you will admit, I suppose, rather than a help to the people who employ them?—Yes, when compared with a certified midwife or a doctor; but they are far better than nobody, and if you do not supply certified midwives, the patients will be in a worse case, because the worst of these women will keep on.

6986. But do you anticipate that there will be any difficulty in obtaining the services of qualified midwives in Oxford after April 1910?—Yes, in Oxford I should say there will be a difficulty in the sense of the poor people not being able to obtain money to pay for them. I do not think there will be any difficulty, supposing the boards of guardians were to appoint midwives and pay them a reasonable fee for attendance upon all women who could not afford to pay for themselves, which could be done by law. Then I do not think there would be any serious difficulty. But then, of course, you would have to encourage the women who were not able to pay to come for such relief. It would have to be explained to them that medical relief would be forthcoming.

6987. But that is sufficiently known already, surely?—I do not think it is, and they do not like going to the relieving officer and standing the brunt of his questions; and what is more, the guardians do what they can to deter them.

6988. In regard to this particular question?—Yes, certainly. Guardians have for many years tried to cut down relief, especially outdoor relief, and they have been told that medical relief is specially dangerous because it leads to other relief, and that confinement cases should be dealt with all the more strictly as they can be foreseen. They say "you knew it nine months beforehand, and you might have provided for it." It is the only illness we know of coming on nine months beforehand.

6989. But it is not an illness.—Most women find it so.

6990. But it is not what we call an illness, in the sense of being due to morbid conditions.—I venture to think it is an illness in most cases, or, if I am not to call it an illness, it is in some ways much more serious than an illness. If neglected it is very serious, because there are two lives in question, and it is that want of appreciation of the seriousness of it by men that has done so much mischief.

6991. But a woman in that case is not in an abnormal state?—She is abnormal as compared with her usual condition. She is not in her usual condition of health, and what is more, as you say it is not an illness, I bow to your ruling; but I say she requires all the care of a doctor or skilled person, just as much as

\* See Appendix V. (Vol. I.).



19 May 1909.]

Mr. J. T. DODD.

[Continued.]

if it were an illness; she requires careful feeding, and more than in ordinary cases. Before an illness you do not usually have to take precautions, but in this case a couple of months beforehand she ought to have proper care and skilled attention, and for a month or so after she ought to have care and skilled attention. So that a confinement is much worse than an illness, because you want attention before and after the confinement.

6992. No doubt she requires a great deal of attention.—But it is not only the woman who requires attention, but the child also. When a person has an ordinary illness, there is an end of it after it is over.

6993. Sometimes they die?—Yes; but in many cases they live, and the child is enfeebled and weak, and will be so all its days, just because a few shillings are not spent on proper attention to the mother; so that it is more serious in her case.

6994. No doubt there may be an element which makes it far more serious, because of the new life that is affected?—Yes, and the grandchildren, and so on, and this omission of skilled attendance increases pauperism. A great deal of pauperism comes from enfeebled constitutions.

6995. But your own evidence goes to show that this Act, as you say, deals with the evils of the present system, and you are prepared to say that, as the result of the operation of the Act, there has been an enormous diminution in infantile mortality in Oxford?—There has been a great diminution of infant mortality in Oxford, certainly.

6996. Will you give the figures upon that point, because they would be very useful to have?—Yes, I refer to it in section 49 on page 18 of my précis.

6997. Will you read the whole of that, because it will be a very good thing to have it on the notes?—I say: "I can show this reduction best from the tables" and reports of our able medical officer of health, "Dr. Ormerod, but will here give a brief account of it. "In his report for 1902, he stated that the health of "a considerable proportion of the parishes of Oxford "was satisfactory, but, he added, 'there are two "parishes, however, St. Clement's and St. Ebbe's, the "vital statistics of which compare very unfavourably "with the rest of Oxford'; and remarked 'that the "fact that out of every 1,000 children born alive in "these districts, 198 in St. Clement's, and 193 in "St. Ebbe's, die before they reach the age of one year, "is a state of affairs that requires attention.' The "infant mortality for 1902 in the whole of Oxford "was 128·8 per 1,000 births. The rate for Oxford for "the year 1908 was 94·4, that of St. Ebbe's had fallen "to 159, and St. Clement's to 97, see pp. 2, 27, of his "report for 1908. This was the third year in succession "that the rate was under 100 per 1,000 births. The "average of the 28 years, 1875 to 1902 inclusive, was "137·2, while the figures for the following years were "94·7, 112·7, 118·4, 97·5, and last year 94·4. I "believe this reduction is chiefly due (1) to the "work done by the ladies' health committee of the "Oxford Sanitary Aid Association, (2) to the plan of "supplying 'unsatisfactory babies' with modified milk "from the Oxford Dairy Company, and the personal "care and attention to the babies given by the Com- "pany's milk chemist, and (3) to the city council, "through the exertions of the medical officer of health "and of Miss Martin, the inspector of midwives and "official health visitor of the city council. Perhaps "some small share of the gratifying results may be due "to the Oxford board of guardians, which relaxed "its deterrent system as to medical relief to infants, "and also, in a very few cases, paid for the modified "milk."

6998. I presume it was the Midwives Act that directed attention to the subject?—I do not think so.

6999. The dates you mention are really suggestive of that. The Midwives Act was passed in the year 1902, which is the year you start from?—I think I can deal with that. No, it was not the Midwives Act, I am sure. It was Dr. Ormerod, our very able medical officer of health, who called attention to it.

7000. You attribute part of the result to Miss Martin, the inspector of midwives?—She has done good, but I put her work in the third category. The

medical officer says there is little doubt that the explanation is to be found in the work done by the Oxford ladies' health committee. This work began in 1905, and, growing ever since, now deals with the infants in all parts of the city. But he is too modest to say he has had much to do with it, though he started the endeavour against infant mortality. He gives the credit to the ladies' health committee. They have paid very great personal attention, and money has been spent on it.

7001. They have given advice to mothers previous to confinement and afterwards?—Yes, that is so; and, where necessary, modified milk has been supplied.

7002. You have that system of modified milk, have you?—Yes, and it has done a great deal of good. I think the personal influence too of the lady visitors has done a great deal of good. The personal influence of the certified midwife would be a very useful thing to have.

7003. It would work on parallel lines with these associations, would it not?—I do not know. I cannot say much about associations.

7004. I mean such as the ladies' health committee; midwives would work in harmony with them?—No doubt.

7005. The objects of these health committees would be served by the assistance of the qualified midwife?—Certainly they would all work together, no doubt, for good.

7006. Do I understand you to advocate the actual payment of the midwife by the local authority?—Yes, where the mother cannot pay.

7007. But that is not what I mean. Do you wish to see salaried midwives?—Yes.

7008. Employed by whom?—By the local authority.

7009. How would you proceed?—It would be done by the boards of guardians. As the law stands now, the certified midwife would be appointed, just as the poor law medical officer is appointed, by the boards of guardians.

7010. But have they the power to do it?—Yes.

7011. To appoint a certified midwife?—Certainly, with the consent of the Local Government Board (4 & 5 William IV. cap. 76, sect. 46). Whether they have it without that consent, I do not know. I could not answer that off-hand. What I would venture to suggest is that the guardians should pay her a small salary, and then pay her according to the services rendered.

7012. On a certain scale?—Just as they do with the doctor in confinement cases, where a fee is paid; and each woman should apply, when necessary, for the services of the appointed midwife. It would be very convenient if the officer to whom she applied was a woman, or if one of the relieving officers was a woman.

7013. But what criterion would the destitution authority apply in order to determine the point as to whether she was a person who should be in receipt of this assistance or not?—The board of guardians would decide it.

7014. Upon the lines on which relief to the poor classes is now given, or sick relief to the poor?—Just the same as sick relief to the poor, but I should be very careful to avoid calling them paupers.

7015. You think there would be no difficulty in defining the recipients of such relief?—No more difficulty than we have now in doing it.

7016. You do not think it would have any regrettable effects upon the class so favoured?—I think it would be a very good thing for them.

7017. You do not think it would sap their self-reliance?—I think it would do them good, and so far from demoralising them, it would have just the reverse effect. It is very demoralising to us of the comfortable classes that these poor women should be lacking what is really necessary, and I think it is very bad for the State.

7018. (Mrs. Hobhouse.) You say in your précis that "the special object of the Midwives Act is to secure that "every confinement should be attended by a skilled "person, viz., either a doctor or a midwife." Do you wish to imply by that that it would be advantageous to ensure the attendance of either a doctor or a midwife



19 May 1909.]

Mr. J. T. DODD.

[Continued.]

in each case?—Do you mean make it a criminal offence if not present? I would not go so far as to make it a criminal offence.

7019. The evidence from rural districts is very considerable as to the number of calls booked by medical men who are not present at the time of birth?—They are supposed to look after the cases.

7020. But the medical man books a case and, having taken the responsibility of the case, is then unable to be present at the birth, and the evidence we have is that in a great many instances that is so; I did not know whether you wished to imply here that some action should be taken in the event of such a thing occurring?—I think if such a thing occurred constantly it would be very unsatisfactory, because accidents will happen.

7021. You would not propose that there should be any legislative action taken, would you?—No, I am not prepared to say that.

7022. Then later on in your précis, you state that "the county borough and county councils are the local supervising authorities of midwives, but they have no power to supply midwifery or medical assistance." Do you wish to imply that you think it advisable that they should have power to supply and maintain midwives?—I think exactly what I should like best is that the midwifery relief should be handed over entirely to town councils; but I see there are great difficulties in the way, and it would, of course, need legislation.

7023. But in the rural districts?—I do not see any need to make any particular alteration there, because the district authorities and boards of guardians there are practically the same people.

7024. But you might have the county council?—I do not think that would be an improvement. The county council would be too far off.

7025. You would suggest municipal authorities or district councils?—Yes, that would be an improvement. I want to lay emphasis on the proviso contained in my précis, that it is essential that we should maintain the "right to relief" that the people now have. In so many instances under sanitary Acts, the sanitary authority are given power to do this, that, and the other, but are not obliged to do it, and very often do not do it. So that I should be loth to give up the right to relief from the guardians that the poor person has now, and merely get in exchange a power given to the town council to give relief. I mean the poor have as much right to necessary relief as I have to my house or land. They have it by law.

7026. Then you consider that these borough councils and district councils should have the power to maintain a midwife, that is to say, to give her a salary upon which she could live?—To give her a salary; not necessarily employing her the whole time; she might not be needed for the whole time.

7027. But they might subsidise her in addition to what she could earn?—Yes, I think so.

7028. To ensure her a living wage?—Yes, provided you maintain these rights to relief, to which I refer.

7029. Would you suggest that each district council should have at least one midwife at their disposal, or more?—I can only say it would be according to circumstances. One might be sufficient, or they might want more. I think there should be at least one. In each district in Ireland they have one now, I believe, or more.

7030. It is worked on rather a different system there?—Yes, it is worked on rather a different system in Ireland.

7031. You think that the public bodies should, therefore, have the power to supply and maintain as well as supervise midwives?—I think it would be desirable.

7032. Would you suggest any co-operation on the part of voluntary associations for this purpose?—I think it would be advantageous to give them the power to co-operate.

7033. You had not thought of that, had you?—Nothing should take away from the public authority their duty to the poor in this respect. They should not be allowed to say "voluntary societies will do, and therefore we will not do it", or "we shall put it in the hands of a voluntary association to do it," or any-

thing of that sort. Obviously it is a very good thing that people who have the same objects should work together as far as possible.

7034. In Oxford there are two charitable societies for this purpose, are there not?—Two or three; two certainly.

7035. And they undertake most of the midwifery cases of the poorer inhabitants of the town?—There is a Provident Dispensary that takes some, and the Free Dispensary that takes some, and there is the Acland Institution.

7036. Do you know how many midwives those three associations supply altogether?—No, I do not know how many the Provident Dispensary has, or whether it has any at all. The Free Dispensary has doctors, but no midwives. The Acland Institute has midwives, and they have of course a doctor in cases of difficulty.

7037. Do you know the number?—I do not know the number.

7038. You do not know the number of cases undertaken by those societies?—No.

7039. You stated just now in your evidence that it was legal for boards of guardians to appoint a midwife?—Yes.

7040. Do you know any case where the board of guardians have acted upon that right?—I do not remember. Many years ago the Poor Law Board cautioned them as to appointing women, but at that time women were not skilled. It may be 40 or 50 years ago. They advised the boards of guardians not to appoint women for confinements, but that is many years ago. (See 11 Off. Cir. 88; Macmorran, 172 n.)

7041. Do you mean no skilled woman at all, or no midwife?—There were no trained women certified as midwives in those days, 50 years ago. They advised boards of guardians not to appoint women to look after confinements.

7042. There were no midwives?—There was no certified trained midwife, but now they are trained and certified.

7043. They could not appoint what was non-existent, could they?—Exactly.

7044. But now is the appointment of midwives encouraged by the Local Government Board?—I do not know.

7045. You do not know at all one way or the other?—No.

7046. In your evidence with regard to the reduction of infant mortality, in Oxford,\* you stated that some small share of these gratifying results may be due to the Oxford board of guardians which relaxed its deterrent system as to medical relief. What was that deterrent system?—All medical relief was given on loan in the first instance.

7047. And how is it done now?—Now in some cases we give it without putting it on loan. The board of guardians had a rule that all confinements relieved should be put on loan, but that has been relaxed to some extent, and it is less difficult to get medical relief for children from the board of guardians than it was. Five or six years ago we had a great struggle to make it so. But I think an immense amount of mischief has been done by boards of guardians in deterring people coming for relief in confinement. There is a great deal about that in the report of the Poor Law Commission.

7048. (Mr. Davy.) I gather from you that you think there are quite a considerable number of people in Oxford who cannot pay for a midwife?—Yes.

7049. People who cannot pay 7s. 6d.?—They cannot properly pay 7s. 6d.

7050. Even if they have seven or eight months' notice to find the money?—I do say so.

7051. And that is a mischief?—That is a mischief.

7052. Are there any friendly societies in Oxford which make it easier for men to make such provision?—There are a great many friendly societies and they do a good deal of good.

7053. Do they give midwifery benefits on payment of so much a week?—I cannot be quite certain of that.

\* See Question No. 6897.



19 May 1909.]

Mr. J. T. DODD.

[Continued.]

7054. Would you discourage that?—Not in the least if they like to do it.

7055. But there is no moral obligation to do it. Would you say a man was under no moral obligation to pay?—I think if a man can provide properly for his wife and children he ought to do so distinctly, but there are a good many that cannot do so.

7056. They are so poor that they cannot find the few pence a week necessary?—Yes.

7057. Those ought to be paid for by the boards of guardians, do you say?—Yes, under the present law.

7058. How would the boards of guardians find out those who could pay and those who could not?—We have the assistance of our relieving officer, and also some of us have knowledge ourselves.

7059. I understood you to say it would require information?—We can get information sometimes also from employers, and so on, where there is any real doubt in the matter.

7060. But I understood you to say that you thought the enquiry of the relieving officer was a deterrent?—I have no doubt that is so.

7061. And they are disliked by the poor folk?—No doubt.

7062. You would not have a relieving officer there then, would you?—I would appoint a special person for that purpose; or, if they had to come to the relieving officer, I should give him instructions which would lead him to encourage those who ought to come, and only discourage those who ought not to come.

7063. But he must form his judgment after some enquiry?—There must be some kind of enquiry, I admit.

7064. That would be a necessary evil?—Yes.

7065. How is the board of guardians constituted at Oxford?—We are 39 in number. We have the Vice-Chancellor and two members appointed by Convocation.

7066. Convocation is not resident, is it?—No, all Masters of Arts whose names are on the Books are members. Then eight are appointed by the heads and bursars of the colleges (excluding Merton, Corpus, and Keble,) and two are appointed by Christ Church.

7067. That is 13 nominated so far?—Then there is the Mayor ex-officio. Ten councillors or aldermen are elected by the aldermen and councillors representing the city of Oxford, and 15 by the parishes.

7068. Fifteen are direct representatives?—Yes, 15 are direct representatives elected by the parishes.

7069. That is, 24 are nominated by various bodies and 15 are directly elected?—Yes.

7070. There is no qualification for the direct election, is there?—There is just the same qualification as everywhere else.

7071. They are elected on a franchise?—The 15 are elected as in other places in England.

7072. Is there any public opinion to compel these gentlemen to do their duty?—There has been a good deal of public opinion expressed upon the subject. The Oxford guardians were formerly extremely reluctant to give outdoor relief, but now they do better.

7073. They give more?—Yes.

7074. Quite freely?—Do you mean give relief quite freely?

7075. Yes.—No, not to a large amount, but they do give more. But the board was considerably modified before they would do that. We had two Acts of Parliament to assist us.

7076. What were they?—One to enable the town council to send aldermen and councillors instead of only aldermen to the board of guardians, and the other was to enable the large parishes to elect more members. Many of the aldermen formerly elected had not attended the meetings of the board at all regularly. Parochial representation was increased from 11 to 15.

7077. Followed by an increasing enlightenment in the board of guardians?—Perhaps.

7078. (Mr. Fremantle.) In your précis you say that they, the mothers, will be afraid to send to the relieving officer for help in emergency lest they should be prosecuted for illegal practice?—Yes, there is a danger there, I think.

7079. Why should the mothers be prosecuted for an illegal practice?—I am speaking of the case of the unqualified person who, after the 1st April 1910, takes these cases for gain habitually. Supposing she does this "habitually and for gain," if she sends for a doctor, and it is found out that she is attending cases, she may be prosecuted.

7080. You mean to say the mothers will be afraid to send to the relieving officer lest the midwives should be prosecuted?—That the "Gamp" will be afraid. The mothers are in the hands of the "Gamps." The "Gamp" would put off sending as long as she possibly could, lest there should be any risk of prosecution. Unfortunately, even now, they do often put off sending for the doctor far too long. I have found that out at Oxford.

7081. (Chairman.) We have been told they often send for the doctor when it is unnecessary to do so?—There are cases where just the reverse is the fact. A case will be two days in labour before a doctor is sent for sometimes. They are reluctant to send for the parish doctor.

7082. (Mr. Fremantle.) Then, further on in your précis, you say: "the county borough councils are therefore in this invidious position: they are the sanitary authority responsible for the health of the community, they have been specially charged with responsibilities as to midwifery, and they are not only unable to supply the necessary help in confinements, but it may become their duty to prosecute women who, though not midwives, are the best and most competent helpers the poor can procure." Will you explain the invidious position in which you consider the county borough councils are placed?—It is in this way. It would be the duty of the borough council to prosecute women who practise "habitually and for gain," but yet at the same time they may be really people who are doing good to these poor mothers. These uncertified women are most available, and they do the best they can do in fact to assist the mothers.

7083. But the councils would use their discretion in the matter and only prosecute where there was no alternative, would they not?—Do you mean that they would accept the excuse that the woman was so poor that she could not afford a midwife? Because that would be awkward.

7084. No, not in that sense at all?—That is the case I am thinking of; the case of poor people who are attended by one of these "Gamps," and then accidents are likely to occur, and the doctor is not sent for till late.

7085. Then with regard to your suggestion that the Local Government Board should require the board of guardians in every union to appoint a midwife, how would you suggest they could get a midwife in outlying districts?—In the villages do you mean?

7086. Yes, and in country districts?—I do not say appoint one for every parish, but every country district could no doubt get one by paying enough; obviously that is so.

7087. But would you suggest paying her a retaining fee?—Yes.

7088. That would have to be rather a large fee, would it not?—It would all depend upon circumstances. They must pay a fee.

7089. Sufficient to keep her?—Yes, with what she received from the guardians for each confinement, and from her private practice, if any. In some cases it might be more and in some cases less. In out-of-the-way districts no doubt it would have to be rather more.

7090. How much do you consider, roughly speaking, would be necessary to induce a midwife to practise in an outlying district where there are no other attractions?—I could not say. It depends upon the circumstances. It is impossible to guess.

7091. (Mr. Davy.) Are you a nominated or elected member of the Oxford board of guardians?—I am appointed by the city council. I am elected to the city council by the West ward of the city, and I am sent to the board of guardians by the city council.

The witness withdrew.



# INDEX TO EVIDENCE AND APPENDICES.

The references are to the numbers of the questions, except where the letter "p" indicates that the reference is to a page. The Roman numeral prefixed to the number of the page indicates the Volume.

- ABINGDON UNION:**  
medical fees: non-payment of, by guardians, (*Rivers-Willson*) 6535-40.
- ABORTIFACIENTS:**  
use of, a cause of infantile mortality, still-births, and children's ailments, (*Miles*) 5181-93, 5242-4, 5268-9.  
use of, in Manchester and Salford, (*Taylor*) 6007-12.  
use of, not common in Southwark (*Messenger*), 5445-9, 5475 A-C.
- ABORTION:**  
temptation to midwives to procure, (*Sinclair*) 2084-5, 2224-8.
- ACCIDENTS OF CHILDBIRTH:**  
diminution of, due to Midwives Act, (*Sinclair*) 2240-1.  
statistics as to mortality from puerperal sepsis and, p. I. 24.
- ALEXANDER, Miss A. M.:**  
memorandum by, as to the appointment of district midwives by guardians, p. I. 47.
- ANNUAL LICENCES:**  
for midwives, with registration fee, (*Duncan*) 244-8; (*Broadwood*) 423, 472-8, p. II. 18; (*Paget*) 829-32; (*Fordham*) 2258-9.  
for monthly nurses, with registration fee (*Broadwood*) p. II. 18.  
for uncertified women in rural districts, (*Barwise*) 6209, 6214, 6219, 6229, 6335-8, 6387-92, 6453-66; (*Kaye*) 3412, 3448-9, 3462-3, 3489-90.  
See also "Temporary licences."
- APOTHECARIES, SOCIETY OF:**  
See "Society of Apothecaries."
- APPORTIONMENT.** See "Central Midwives Board: finances of."
- ASSOCIATION, COUNTY COUNCILS.** See "County Councils Association."
- ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES:**  
evidence of representative of, (*Bruce*) 1323-512.  
"Method of Work," (*Bruce*) 1466.  
training of midwives by, (*Bruce*) 1402-8, 1436-7.  
candidates for: difficulty of obtaining, (*Bruce*) 1403-9.  
cost of, (*Bruce*) 1448-9.  
number trained, (*Bruce*) 1402.
- ASSOCIATION OF MUNICIPAL CORPORATIONS:**  
apportionment of deficit of C.M.B. on population basis not objected to by, (*Fordham*) 2277.  
evidence of representative of, (*Harris*) 1069-161.
- ATTENDANCE ON WOMEN IN CHILDBIRTH:**  
compulsory insurance suggested, (*Sinclair*) 2218-22, 2231.  
desirability of encouraging provision beforehand for, (*Woods*) 1707-11; (*Sinclair*) 2173-5. See also "Provident Maternity Clubs."  
increase of trained attendance since passing of Act, (*Paget*) 535-9.  
legal right of women to, (*Dodd*) 6975.  
medical man should be retained in every case attended by a midwife, (*Broadwood*) 420-2, 496-8; (*Woods*) 1628-39; (*Barwise*) 6237-44, 6321-7, 6365-70.  
serious results of lack of skilled attention, (*Dodd*) 6993-4.  
suggestion that doctor or midwife should be required to be present at every birth, (*Woods*) 1722-3; (*Hughes*) 2044-5; (*Sinclair*) 2238-9; (*Robinson*) 2620-3; (*Handford*) 4063-4; (*Gregory*) 5375; (*Rivers-Willson*), 6680.
- BARWISE, Dr. S.:**  
evidence of, 6196-466.
- BELGIUM:**  
training of midwives in, (*Gregory*) 5278.
- BERKSHIRE:**  
uncertified women practising in: number of, (*Bruce*) 1335.
- BLANKENBERG, Heer J. F. L.:**  
communication from, as to midwifery attendance on poor persons in the Netherlands, p. I. 51.
- BOARDS OF GUARDIANS:**  
appointment by, of district midwives advocated, (*Fordham*) 2321-31; (*Johnstone*) 2713-6; (*Dodd*) 6986, 7007-17, 7039-45, 7085-90; p. I. 47.  
of district nurse-midwives advocated, (*Bruce*) 1420-8, 1438-46, 1452-60, 1495-1512.  
objections to, (*Kaye*) 3554-9.  
desire of, to reduce pauperism: results of, (*Dodd*) 6977, 6987-8, 7047.  
medical fees, payment of, by, (*Duncan*) 159-171; (*Johnstone*) 2768-77.  
action of guardians in regard to:  
in Derbyshire, (*Barwise*) 6269-71.  
in Dewsbury, (*Brown*) 1303-9.  
in Lancs, (*Sergeant*) 4559, 4574-5, 4579, 4680-8.  
in London, (*Murphy*) 4267-9.  
in Notts, (*Handford*) 4130.  
in Oxford, (*Rivers-Willson*) 6535-40.  
in Rotherham, (*Robinson*) 2495-503, 2563, 2611-4.  
in Salford, (*Taylor*) 5906-9, 5968-79.  
in Wandsworth, (*McManus*) 5861-80.  
in West Riding, (*Kaye*) 3588-612.  
in Worcestershire, (*Fosbrooke*) 3182.  
attitude of guardians in regard to, (*Woods*) 1532-3, 1613-27.  
effect of Local Government Board's circular of 29th July 1907, (*Woods*) 1617, 1623-7.  
See also "Remuneration of medical men, &c."  
midwifery orders granted by, (*Broadwood*) 412-8.  
payment by, in Liverpool of fees of midwives summoned in emergencies, (*Hope*) 2904-6, 3020-3.  
prejudice of poor against, (*Rivers-Willson*) 6559-61.  
subscriptions by:  
to associations affiliated to Jubilee Institute, (*Hughes*) 1786-8.  
to nursing associations, (*Hughes*) 2010-21.  
in Cornwall and Sussex, (*Johnstone*) 2772-3.  
objections to, (*Kaye*) 3552-4.  
in Wilts, (*Miss Stephenson*) 4930A-32.  
suggested transfer of powers of, as regards midwifery relief, to town and urban district councils, (*Dodd*) 7022-30.
- "BONÂ FIDE" MIDWIVES:**  
age of:  
usually of mature age, (*Bruce*) 1350-2.  
in Notts, (*Handford*) 4002-3.  
in Wiltshire, (*Flemming*) 5816-7.  
competence of, in Herefordshire, (*Trendell*) 4988, 4997-8.  
improvement of, (*Hope*) 2935-6; (*Kaye*) 3429-30; (*Barwise*) 6246.  
inefficiency of, (*Young*) 6798-9, 6875-7.  
in London, (*Murphy*) 4238-40, 4295-6.  
number of:  
probable rapid diminution, (*Johnstone*) 2690-4.  
rapid diminution in Notts, (*Handford*) 3998-4005.  
in West Riding, (*Kaye*) 3422-5.  
superiority of monthly nurses to, (*Rivers-Willson*) 6677.  
supervision of, in Worcestershire, (*Fosbrooke*) 314.



**BRITISH MEDICAL ASSOCIATION:**

Central Midwives Board should include a representative of, (*Whitaker*) 5542-8.  
evidence of representatives of, 5476-6016.  
number of members, (*Whitaker*) 5564.  
proportion of medical profession represented by, (*Whitaker*) 5696, 5730-4.  
report of committee of, on ophthalmia neonatorum, (*Mr. Stephenson*) *passim*.

**BROADWOOD, Miss BERTHA M.:**

evidence of, 326-507; addendum to, p. II. 18.

**BROWN, Mr. JOSEPH:**

evidence of, 1162-322.

**BRUCE, Mrs. WALLACE:**

evidence of, 1323-512.

**CAMBRIDGESHIRE:**

midwives: difficulty of getting a living in rural districts, (*Bruce*) 1378.

**CENTRAL MIDWIVES BOARD:**

certificate of:

retention of, by woman removed from roll, should be a penal offence, (*Handford*) 3978, 4047-9, 4165.  
value of, (*Duncan*) 25.

to candidates for appointments in poor-law service, (*Wesley*) 3717-8.

constitution of:

administrative representation should be increased, (*Fordham*) 2341-5.

appointments of all members should be for three years, pp. I. 33, 36.

County Councils Association desire a second representative, (*Fordham*) 2341-5.

general medical practitioners not adequately represented, (*Young*) 6687, 6760-77.

should be represented by a nominee of the British Medical Association, (*Whitaker*) 5542-8.

increase in number of members desirable, (*Duncan*) 92-4; (*Young*) 6887-90.

Local Government Board should nominate a medical man as member, (*Parsons*) 3811, 3906-17.

midwives' claim to direct representation on, p. I. 46 (Appendix XIII.).

ophthalmic surgeon should be appointed as a member, (*Mr. Stephenson*) 6061-3.

Poor Law Infirmary Matrons' Association desire representative, (*Wesley*) 3766-71.

poor law institutions should be represented, (*Brown*) 1200-5, 1319-22.

proposals of C.M.B., p. I. 32.

representation on, of Midwives Institute, (*Duncan*) 94.

who should be represented? (*Young*) 6817-23.

co-operation of, with Local Government Board; advantage of, (*Parsons*) 3906-8; (*Handford*) 4104-9.

disciplinary powers of. See "penal jurisdiction" below.

evidence of past and present members:

*Fordham*, Sir H. George, 2242-449.

*Paget*, Miss Rosalind, 508-844.

*Sinclair*, Sir W., M.D., 2064-241.

*Wilson*, Miss, 845-1068.

*Young*, Mr. E. Parker, 6685-938.

evidence of Secretary, (*Duncan*) 1-325.

examinations of. See "Examinations."

finances of, (*Fordham*) 2246-55.

apportionment of deficit (Section 5):

difficulties of present system, (*Fordham*) 2269-73.

population should be basis of, (*Duncan*) 85-91; (*Fordham*) 2268-80, 2444-5;

(*Fosbrooke*) 3140-1; (*Handford*) 3978.

effect of change on London County Council, (*Fordham*) 2279.

should rateable (or assessable) value be also considered? (*Fosbrooke*) 3305-8; (*Handford*) 4110.

statistical table showing effect of suggested alteration, p. I. 33.

**CENTRAL MIDWIVES BOARD—cont.**

audit of accounts, (*Fordham*) 2367-70.

finance committee, (*Duncan*) 5.

interest on overdrafts, (*Fordham*) 2365-7.

proposed "rest" of 2,000l., (*Fordham*) 2248-64; p. I. 36.

inspectors should be appointed by, to inspect arrangements of local authorities for supervision of pupil-midwives, (*Whitaker*) 5550-2, 5766-77; (*Flemming*) 5811-15, 5823-9.

meetings of, (*Duncan*) 5, 6.

members of:

expenses of, should be paid, (*Young*) 6722-30.

recommendation of C.M.B., p. I. 33.

fee for each attendance suggested, (*Fordham*) 2281-306, 2404-15.

"Memorandum on the subject of the difficulty, &c.": references to, (*Paget*) 614-25; (*Woods*) 1589-1605, 1654; (*Sinclair*) 2104; (*Hope*) 3084-6; (*Whitaker*) 5634-6.

Midwives Act: recommendations of C.M.B. for amendment of, p. I. 32.

"Particulars of Administration," references to, (*Duncan*) 106-18; (*Harris*) 1098; (*Bruce*) 1399-400.

penal jurisdiction of, (*Duncan*) 121-5, 181-2, 272-81; (*Fordham*) 2287-301, 2346-50, 2380-403.

appeals against, (*Duncan*) 82-3.

evidence against midwives, difficulty of obtaining, (*Duncan*) 123.

evidence on oath, desirability of, (*Duncan*), 277-81.

how exercised, (*Duncan*) 77-83; (*Fordham*) 2348-9.

investigations into charges against midwives should be made locally, (*Barwise*) 6393-405, 6446-52.

judicial character of work, (*Fordham*) 2382-403.

local supervising authorities should be represented at investigations, (*Handford*) 3978, 3984-9.

payment of expenses of midwives summoned before C.M.B., (*Young*) 6755, 6895-904, 6923-8; p. I. 33.

penal cases committee, (*Duncan*) 4-5.

special meetings should be called for hearing charges against midwives, p. I. 46 (Appendix XIII.).

statutory committee suggested, (*Fordham*) 2346, 2380-403.

suggested transfer of, to local supervising authorities, (*Harris*) 1078-87, 1108-30;

(*Hope*) 3070-6; (*Sergeant*) 4535-46; (*Tren-dell*) 5114-9; (*Young*) 6752-9, 6815-6, 6878-9.

power of control over local supervising authorities, C.M.B. should have more, (*Fosbrooke*) 3142-44, 3368-70; see also (*Duncan*), 302-8.

power of punitive suspension of midwives should be given to, (*Fordham*) 2364.

quorum of four, (*Fordham*) 2285-7; (*Young*) 6731-4.

recognition by, of training schools, (*Duncan*) 136-46, 152-8.

See also under "Poor Law institutions," and "Training of midwives."

report should be made by, annually, (*Fordham*) 2339-40, 2378-9.

Rules of. See "Rules of Central Midwives Board."

Standing Committee, (*Duncan*) 4.

work of, (*Duncan*) 10, 140-2, 253.

suggestions by, for further legislation, (*Duncan*) 84-94; p. I. 32.

summary of information furnished by local supervising authorities to, with reference to supply of midwives in 1910, p. I. 31.

CHATHAM:

midwives' income insufficient to attract candidates, (*Bruce*) 1386.

CHESHIRE:

midwives, number practising in, (*Bruce*) 1399.

CHESHUNT:

difficulty with medical men in, (*Miles*), 5202-4.



**CHESTERFIELD:**

medical fees, payment of, by guardians, (*Barwise*) 6269-71, 6341-7.

**CHILDBIRTH:**

emergencies in: comparative infrequency of, (*Sinclair*) 2078. See also "Attendance on women &c."

**CHORLTON:**

recognition of poor law infirmary as training school, (*Sinclair*) 2161-2, 2191-3.

**"CHURCHYARD LUCK":**

sinister reason for employment of uncertified women in Rotherham, (*Robinson*) 2602-6.  
not known of, in Liverpool, (*Hope*) 2966, 3013.

**COLLUSION:**

between doctors and midwives, (*Woods*) 1544-50; (*Fordham*) 2336-7, 2371-7, 2438-43; (*Robinson*) 2615-7; (*Hope*) 3044-8, 3092-3; (*Murphy*) 4308-9; (*Whitaker*) 5555-9.

**COMBINATION:**

of midwifery and general nursing, (*Broadwood*) 348-52, 398-402; (*Paget*) 707-17; (*Bruce*) 1355-60; (*Sinclair*) 2079-80; (*Johnstone*) 2782-3; (*Barwise*) 6282, 6304, 6435-8.  
of midwifery, general nursing, and work of school nurse, (*Hughes*) 2051-5; (*Fosbroke*) 3387-91; (*Kaye*) 3554-5, 3585-7; (*Handford*) 4098-100; (*Miss Stephenson*) 4955-8.

**COMMITTEES OF C.M.B. See "Central Midwives Board."****CORNWALL:**

difficulty with medical men in, (*Johnstone*) 2844-9; (*Whitaker*) 5582. See also "West Penwith."  
increase of voluntary associations, (*Johnstone*) 2754.  
subscriptions by guardians to nursing associations, (*Johnstone*) 2772.

**CORONER:**

evidence of Mr. W. Schröder, deputy coroner for Central London, 6467-523.

**COTTAGE BENEFIT NURSING ASSOCIATION:**

class of women trained by, (*Broadwood*) 375.  
evidence of Miss Broadwood, Hon. Sec. and Director, 326-507.  
addendum to, p. II. 18.  
operations of, confined to rural and semi-rural districts, (*Broadwood*) 373.  
organization of, (*Broadwood*) 327-34.  
training of midwives by, (*Broadwood*) 375-84.

**COTTAGE HOSPITALS:**

utilisation of, as maternity homes, (*Wilson*) 865.

**COTTAGE RESIDENT NURSES:**

employed by some associations affiliated to Jubilee Institute, (*Hughes*) 1881-4.  
employment of;  
by Cottage Benefit Nursing Association, (*Broadwood*) 499-502.  
by county nursing associations, (*Miss Stephenson*) 4803.  
by nursing associations in Wilts, (*Miss Stephenson*) 4820-1.

**COUNTY COUNCILS:**

appointment of medical practitioners by, to attend cases when required by midwives, (*Wilson*) 911-2, 958-64, 1023-5, 1043-8, 1066-8.  
co-operation between, in regard to supply of midwives: desirability of, (*Hughes*) 1820-30.  
co-operation of, with county nursing associations: desirability of, (*Miss Stephenson*) 4892-8, 4951-4.  
in Herefordshire, (*Trendell*) 4963-70.  
delegation of powers of. See "Delegation."  
grants and scholarships given by, to county associations affiliated to Jubilee Institute, (*Hughes*) 1833-7, 1910.  
medical fees:  
scheme for payment by, (*Paget*) 628-40, 738-44.  
should be paid by, (*Wilson*) 907-12.

**COUNTY COUNCILS—cont.****midwives:**

appointment by, suggested, (*Sinclair*) 2136-7.  
duty of selecting and training, should be entrusted to, (*Sinclair*) 2084-8.  
power to subsidise, advocated, (*Wilson*) 951-7, 1019-21, 1053-4.  
power to subsidise objected to, (*Fordham*) 2310-12.  
training of midwives: county councils should be empowered to make grants for, (*Broadwood*) 362-8, 479-81; (*Paget*) 567-70.  
training of midwives; expenditure on, should be a charge on county fund, (*Fordham*) 2307-9.  
training homes: loans from councils for establishment of, (*Broadwood*) p. II. 18.  
See also "Local Supervising Authorities."

**COUNTY COUNCILS ASSOCIATION:**

evidence of representative of, (*Fordham*) 2242-441.  
finances of C.M.B.: apportionment of deficit on population basis supported by, (*Fordham*) 2277.  
further representation on C.M.B. desired by, (*Fordham*) 2341-5.  
resolution of, as to supply of midwives, (*Fordham*) 2326-31.  
other references to, (*Hughes*) 1803-5, 1822-3.

**COUNTY NURSING ASSOCIATIONS:**

co-operation of, with local supervising authorities: desirability of, (*Miss Stephenson*) 4892-8, 4951-4.  
difficulty of supply of midwives could be met by, (*Paget*) 567, 668.  
in Herefordshire, (*Trendell*) 4963-70.  
formation of, advocated, (*Hughes*) 1756-7.  
funds of, spent upon training, (*Hughes*) 1899-900.  
lack of, in Wales, (*Paget*) 670.  
supervision of, by Jubilee Institute, (*Hughes*) 1920-5.  
work of, in Worcestershire, (*Fosbroke*) 3217-21.  
See also "Wiltshire County Nursing Association."

**CUMBERLAND:**

attitude of medical men towards midwives in, (*Wilson*) 899-904, 1026-30; (*Woods*) 1690; (*Hughes*) 1859-65; (*Whitaker*) 5577-8, 5580-2.  
district nurses not allowed to act as midwives owing to, (*Hughes*) 2053-5.  
school nurse assists county superintendent in inspection, (*Hughes*) 1910.

**DEATHS:**

of midwives should be notified to C.M.B. by registrars of births and deaths, (*Duncan*) 243; p. I. 33.  
from puerperal sepsis, (*Wilson*) 965-8.  
diminution in number of, (*Johnstone*) 2748-51.

**DELEGATION:**

of powers by county councils to committee, under section 8, (*Duncan*) 268; (*Fordham*) 2355-8.  
of powers by county councils to district councils, under section 9, (*Duncan*) 63-67, 267-70; (*Harris*) 1088-91, 1151-3; (*Hughes*) 1868-9; (*Fordham*) 2351-4; (*Fosbroke*) 3188-9; (*Murphy*) 4279-81, 4375-6; pp. I. 33, 36.

**DENMARK:**

midwives' earnings supplemented by State aid, (*Gregory*) 5307-8.

**DERBYSHIRE:**

evidence of Dr. S. Barwise, medical officer of health, 6196-466.  
medical fees:  
difficulty with regard to payment of, (*Barwise*) 6269-76.  
non-payment by guardians, (*Barwise*) 6269-71.  
midwives:  
births attended by; number of, (*Barwise*) 6201.  
number of, in practice, (*Barwise*) 6199-200.  
requisition by, for medical help; number of cases, (*Barwise*) 6201-2.  
scholarships for midwifery given by county council, (*Barwise*) 6202.



**DEVONSHIRE:**

midwives: supply of, and difficulty of getting a living, (*Bruce*) 1378.

**DEWSBURY UNION INFIRMARY:**

medical officer of, an approved teacher, (*Brown*) 1297.

not a recognised training school, (*Brown*) 1295-6.

number of births, (*Brown*) 1276-7.

nurses take outdoor cases in order to qualify for examination of C.M.B., (*Brown*) 1195, 1216-21, 1242-8.

size of, (*Brown*) 1231.

training of midwives at, (*Brown*) 1216-26, 1278-80.

**DISTRICT NURSES:**

employment of, as school nurses, (*Barwise*) 6439-43.

growing feeling of medical men against, (*Barwise*) 6219-20.

guardians should be required to appoint district nurse-midwives, (*Bruce*) 1420-8, 1438-46, 1452-60.

midwives in rural districts should also be qualified as, (*Sinclair*) 2079-80.

objections to, acting as midwives, (*Barwise*) 6282, 6304, 6435-8.

suggested modification of C.M.B. examination for, in rural districts, (*Duncan*) 51.

See also "Cottage resident nurses," "Parish nurses," and "Queen Victoria's Jubilee Institute."

**DISTRICT NURSING:**

conditions essential to successful conduct of, (*Hughes*) 2001-4. See also "Combination."

**DOCTORS.** See "Medical practitioners."**DODD, Mr. J. T.:**

evidence of, 6939-7091.

**DORSETSHIRE:**

midwives: difficulty of maintenance, (*Bruce*) 1378.

insufficient supply of, (*Broadwood*), 342.

**DUNCAN, Mr. G. W.:**

evidence of, 1-325.

addendum to, p. II. 12.

appendices to, pp. I. 31-5.

**EAST SUFFOLK:**

midwives: difficulty of self-maintenance, (*Bruce*) 1386.

uncertified women practising in, (*Bruce*) 1346.

**EAST SUSSEX:**

efficiency of administration of Act in, (*Wilson*) 926.

midwifery scholarships: lack of candidates for, (*Wilson*) 886-8.

**EMERGENCY HOMES FOR NURSES, (*Broadwood*)**

388-91; (*Hughes*) 1905-9.

**ESSEX:**

midwives: difficulty of self-maintenance in, (*Bruce*) 1378.

**EVIDENCE:**

admissibility of Rules of C.M.B. as, (*Duncan*) 282.

in penal cases before C.M.B.: administration of oath to witnesses, (*Duncan*) 277-81.

**EXAMINATIONS OF C.M.B.:**

candidates:

assessment of work of, (*Duncan*) 71; (*Johnstone*) 2784-92.

increase in number of, (*Duncan*) 68.

percentage of, who intend to practise as midwives, (*Paget*) 760.

centres:

existing centres, (*Duncan*) 68; (*Brown*) 1178-9.

insufficient number of, (*Brown*) 1173-4, 1177-80, 1264-5.

Liverpool should be a centre, (*Hope*) 2868, 2876, 2926-32.

necessity for more, (*Sinclair*) 2153-4.

character of, (*Duncan*) 69-71.

candidates not deterred by, (*Trendell*) 5016-7.

excellence of, (*Hughes*) 1870-2.

reasonable and good, (*Kaye*) 3436.

difficulties of, (*Broadwood*) 385-7, 411, 429-50, 505-7; (*Wilson*) 969; (*Barwise*) 6203-16, 6314, 6371-87.

to "handy-women," (*Kaye*) 3436, 3445, 3464-88.

**EXAMINATION OF C.M.B.—cont.**

examiners:

general medical practitioners as, (*Barwise*) 6221-6; (*Rivers-Willson*) 6684; (*Young*) 6929-32.

inspectors of midwives as, (*Trendell*) 5093-4; (*Barwise*) 6416-7.

medical women as, (*Duncan*) 74-6; (*Messenger*) 5431; (*Barwise*) 6415.

women as, (*Duncan*) 74-6; (*Miss Stephenson*) 4946-50.

failures:

decrease in percentage of, (*Duncan*) 72.

percentage of, (*Paget*) 764-7; (*Young*) 6863.

length of interval between written and oral examinations, (*Brown*) 1174-6, 1271-2; (*Johnstone*) 2731.

poor-law institutions: candidates from:

number of, (*Duncan*) 316-21.

success of, (*Young*) 6857-65.

profits of, (*Duncan*) 73; (*Fordham*) 2267.

standard of:

as compared with the L.O.S. examination, (*Paget*) 640-56, 674-700.

law of supply and demand in relation to, (*Whitaker*) 5692-5, 5776-8.

not too high, (*Paget*) 785-9, 793-4, 796-801; (*Sinclair*) 2150-2.

policy of C.M.B. in regard to, (*Duncan*) 39-51, 236A-41.

satisfactory, (*Johnstone*) 2717-22.

satisfactory and should not be lowered, (*Fosbroke*) 3232-3.

satisfactory to British Medical Association, (*Whitaker*) 5554.

should not be lowered, (*Brown*) 1196-9.

suggested modification of, for women in rural districts, (*Duncan*) 39-51; (*Paget*) 580-603;

(*Bruce*) 1365-9; (*Fosbroke*) 3234; (*Barwise*) 6209, 6214, 6219, 6229, 6335-8, 6387-92,

6453-66.

suggestion that examination of rural midwives should be wholly oral, (*Kaye*) 3512.

system of, (*Duncan*) 63-76.

tuition by correspondence for, (*Duncan*) 312; (*Paget*) 773-84, 802.

Welsh language: not necessary that examination, if held in Liverpool, should be in, (*Hope*) 2998-3000.

when and where held, (*Duncan*) 68, 271.

written work should be done at the schools, suggestion that, (*Duncan*) 119; (*Johnstone*) 2723-29; (*Miss Stephenson*) 4746-56, 4864-78.

**FLEMMING, Mr. C. E. S.:**

evidence of, 5805-46.

**FORDHAM, Sir H. GEORGE:**

draft bills put in by, p. I. 35.

evidence of, 2242-449.

**FOSBROKE, Mr. G. H.:**

evidence of, 3096-391.

**FRANCE:**

midwifery attendance on poor persons in: letter from M. Henri Monod, p. I. 48.

training of midwives at Paris Maternity Hospital, (*Sinclair*) 2137.

training of midwives in, (*Gregory*) 5278, 5299-300.

**FULHAM INFIRMARY:**

births in; number of, (*Parsons*) 3812-3.

evidence of medical superintendent, (*Parsons*) 3772-923.

midwifery training:

given only to best probationers, (*Parsons*) 3816-9.

inducement to good class of probationers, (*Parsons*) 3818-9.

nursing staff at, (*Parsons*) 3814-5.

puerperal fever: no deaths from, in nine years (*Parsons*) 3922.

reasons for non-recognition of, as training-school, (*Parsons*) 3794-802.

report on, in British Medical Journal, (*Parsons*) 3868-70.



**GEBAUER, Frau O.:**

memorandum by, as to fees payable to German midwives, p. I. 50.

**GENERAL MEDICAL COUNCIL:**

collusion between medical men and midwives: a matter for, (*Whitaker*) 5558-9.

"covering" by medical men of practice of uncertified women: a matter for, (*Kaye*) 3410; (*Handford*) 4053; (*Sergeant*) 4524-33; (*Whitaker*) 5752-62.

fee paid to members of, for attendance, (*Fordham*) 2304-5, 2412-15.

midwifery training of medical students: standard of, (*Parsons*) 3855-6.

**GERMANY:**

midwifery attendance on poor persons in: communications from Dr. Münsterberg, Dr. Wehmer, and Frau O. Gebauer, p. I. 48.

training of midwives in, (*Sinclair*) 2137, 2142-3, 2146; (*Gregory*) 5304.

**GLOUCESTERSHIRE:**

combination of offices of county superintendent (Jubilee Institute), and inspector of midwives (county council), (*Hughes*) 1912.

midwives: difficulty of self-maintenance, (*Bruce*) 1378; insufficient supply of, (*Broadwood*) 342.

**GOVERNMENT GRANT:**

distribution of, if given, should be entrusted to local supervising authorities, (*Johnstone*) 2762-6.

if given, should be for training and not maintenance, (*Hughes*) 1895-904.

for training of midwives: as to necessity for, (*Hughes*) 1842-7.

for training and travelling expenses: necessity for, (*Johnstone*) 2695-711, 2793-4, 2813-4.

**GREGORY, Miss ALICE:**

evidence of, 5270-475c.

**HACKNEY UNION:**

alleged case of difficulty of midwife in getting medical assistance, (*Murphy*) 4287, 4319-23, 4339-47.

**HAMPSHIRE:**

combination of offices of county superintendent (Jubilee Institute), and inspector of midwives (county council), (*Hughes*) 1912.

**HANDFORD, Dr. H.:**

evidence of, 3924-4177.

**HARRIS, Mr. F. B.:**

evidence of, 1069-161.

**HEADINGTON UNION:**

medical fees: non-payment of, by guardians, (*Rivers-Willson*) 6535-40.

**HEALTH VISITORS [or MISSIONERS]:**

complaint by midwives of interference by, (*Murphy*) 4420; see also p. I. 46 (Appendix XIII).

employment of, in Worcestershire: satisfactory results of, (*Fosbrooke*) 3345-52.

employment of midwives as voluntary health visitors, (*Hope*) 3015-9, 3061; (*Handford*) 4092-7.

work of, in Rotherham, (*Robinson*) 2460-3.

**HERTFORDSHIRE:**

combination of offices of county superintendent (Jubilee Institute), and inspector of midwives (county council), (*Hughes*) 1912.

medical men: no difficulty with, (*Trendell*) 5057-62, 5071-4.

midwives:

*bona fide* women, (*Trendell*) 4987-9, 4997-8, 5046-9.

lectures to, (*Trendell*) 4972-9.

number of, in practice, (*Trendell*) 4980-6.

supervision of, (*Trendell*) 4971.

supply of:

no deficiency, (*Trendell*) 5027-33, 5050-1, 5120-1.

no lack of candidates for training, (*Trendell*) 5014-5.

**HERTFORDSHIRE—cont.**

training of:

co-operation of council and nursing association, (*Trendell*) 5002-6.

grant for, given by county council, (*Trendell*) 5003-6.

State aid not necessary in, (*Trendell*) 5024-6.

**HERTFORDSHIRE:**

Hertford and Bengoe Nursing Association:

evidence of Mrs. Miles, district midwife, 5138-269.

Jubilee Institute: affiliation of association to, (*Miles*) 5210.

midwifery fee charged by: graduation of, on wage-scale, (*Miles*) 5144-5.

midwife's work in district of, (*Miles*) 5212-26.

provident system of, (*Miles*) 5142-3, 5149-51.

uncertified women practising in district of, (*Miles*) 5161-8.

midwives:

difficulty of self maintenance in, (*Bruce*) 1386; (*Miles*) 5209.

no deficiency of, (*Miles*) 5208-9, 5236-7, 5267.

**HOLLAND:**

midwifery attendance on poor persons in: communication from Heer J. F. L. Blankenberg, p. I. 51.

training of midwives in, (*Gregory*) 5278, 5299, 5304-5, 5309-10.

**HOPE, Dr. E. W.:**

evidence of, 2850-3095.

**"HOSPITAL, THE":**

reference to, (*Wilson*) 971-2.

**HOSPITALS:**

exemption of, from some of the Rules of C.M.B., (*Wilson*) 991-6, 1036-7; (*Parsons*) 3903-5.

**HUGHES, Miss AMY:**

evidence of, 1726-2063.

**INCORPORATED MIDWIVES INSTITUTE:**

conditions of membership, (*Paget*) 522-7.

evidence of president, (*Wilson*) 845-1068.

evidence of representative, (*Paget*) 508-844.

journal of. See "Nursing Notes."

members: number of, (*Paget*) 514-6.

membership and objects of, (*Paget*) 803-14.

representation of, on C.M.B., (*Duncan*) 94.

representative character of, (*Paget*) 512.

scholarships given by: conditions of, (*Paget*) 657-9.

training of midwives by, (*Paget*) 519-21, 745-9.

uncertified women in practice: no information as to number of, (*Wilson*) 889-98.

**INDIA:**

training schools for midwives in, (*Duncan*) 15, 24-6.

**INFANTILE MORTALITY:**

abortifacients a cause of, (*Miles*) 5181-93, 5242-4, 5268-9.

appointment by county council of health missionaries, in consequence of, (*Fosbrooke*) 3345-52.

decrease of:

in Liverpool, (*Hope*) 2897-8.

in Manchester, (*Taylor*) 5946-52.

in Oxford, (*Dodd*) 6995-7001, 7046-7.

in Wilts, (*Miss Stephenson*) 4769-70.

effect of Midwives Act in reduction of, (*Robinson*) 2456-9, 2581-7.

**INFECTIOUS DISEASE (NOTIFICATION) ACT:**

reference to, (*Fosbrooke*) 3169, 3175.

**INFIRMARIES, POOR LAW. See "Poor Law Institutions."****INFIRMARY MEDICAL SUPERINTENDENTS' SOCIETY:**

evidence of representative of, (*Parsons*) 3772-993.

**INQUESTS:**

fees of midwives for attendance at, (*Paget*) 833-6.

**INSPECTOR OF MIDWIVES:**

combination of office of, with that of county superintendent, (*Hughes*) 1911-15; (*Miss Stephenson*) 4953-4; (*Trendell*) 4959-64, 5064-66.



**INSPECTOR OF MIDWIVES—cont.**

evidence of late inspector, (*Trendell*) 4959-5137.  
 as examiners for the C.M.B. examination, (*Trendell*) 5093-4; (*Barwise*) 6416-7.  
 medical women as: advantages of, (*Murphy*) 4370-3.  
 notification of births helpful to, (*Fosbrooke*) 3358-9.  
 useful service performed by, (*Paget*) 790-1; (*Fordham*) 2358.  
 work of, in Notts, (*Handford*) 3954-5, 3959-61.

**IRELAND:**

training schools for midwives in, (*Duncan*) 15.

**IRISH DISPENSARY SYSTEM:**

memorandum on, by Local Government Board, Ireland, p. I. 30.  
 retaining fee for medical men in all midwifery cases (on Irish system) suggested, (*Barwise*) 6237-40.  
 similar system desirable for England, (*Johnstone*) 2713-16.  
 other reference to, (*Bruce*) 1498.

**ITALY:**

training of midwives in, (*Gregory*) 5278.

**JOHNSTONE, Mrs. HEYWOOD:**

evidence of, 2654-849.

**JONES, Dr. J. HOWARD:**

statement submitted by, as medical officer of health, &c. for Newport (Mon.), p. I. 45.

**JUBILEE INSTITUTE.** See "Queen Victoria's Jubilee Institute."**KAYE, Mr. J. R.:**

evidence of, 3392-620.

**KINGSWOOD TRAINING HOME:**

references to, (*Broadwood*) 369-70; (*Trendell*) 5008-9.

**LANCASHIRE:**

administration of Midwives Act: efficiency of, (*Wilson*) 926, 935.  
 attitude of medical men in, (*Sergeant*) 4566-73, 4655-9.  
 basis of apportionment: effect of suggested alteration of, (*Duncan*) 89.  
 medical fees: action of guardians in regard to payment of, (*Sergeant*) 4559, 4574-5, 4579, 4680-8.  
 midwives:

difficulty of getting a living in rural parts of, (*Sergeant*) 4632.  
 number of births attended by, (*Sergeant*) 4592.  
 number of cases in which medical aid is sought by, (*Sergeant*) 4576.  
 superfluity of, (*Sinclair*) 2066-8, 2130-4.  
 supply of, (*Sergeant*) 4586-99, 4694-6.  
 training of: responsibility for, not wanted by county council, (*Sergeant*) 4628-31.  
 work for: insufficiency of, (*Sergeant*) 4594-5.  
 scholarships for midwifery given by county council: small demand for, (*Sergeant*) 4629-31.  
 uncertified women: extent of practice of, (*Sergeant*) 4588-91.

**LAWSON, Mrs. MARGARET:**

memorandum by, on behalf of National Association of Midwives, p. I. 46.

**LECTURES TO MIDWIVES:**

in Herefordshire, (*Trendell*) 4972-9.  
 in Liverpool, (*Hope*) 2888-94.  
 in London, (*Murphy*) 4235-7, 4295-7, 4333-6, 4404-9.  
 in Rotherham, (*Robinson*) 2471-5.

**LEEDS:**

maternity home at: use of, as training school, (*Kaye*) 3547-51.

**LEICESTER:**

maternity hospital at, (*Bruce*) 1478-9.

**LEICESTERSHIRE:**

midwives: difficulty of self-maintenance in, (*Bruce*) 1378.

**LINCOLNSHIRE:**

difficulty in, between doctors and midwives, (*Hughes*) 1862-5.  
 midwives in: supply of, (*Wesley*) 3656, 3683.

E 2240.

**LIVERPOOL:**

evidence of Dr. E. W. Hope, medical officer of health, 2850-3095.  
 examinations of C.M.B. should be held in, (*Hope*) 2868, 2876, 2926-32.  
 infantile mortality: decrease of, (*Hope*) 2897-8.  
 Ladies' Charity and Lying-in Hospital: work of, and training at, (*Hope*) 2883-6, 3007-10.  
 maternity clubs or provident societies: absence of, (*Hope*) 3050.

**medical fees:**

municipal arrangements for payment of, (*Hope*) 2914-21, 2968-78, 3024-38.  
 proportion of cases in which health committee were asked to pay, (*Hope*) 2918-9.

**midwives:**

Association of, (*Hope*) 2887-94.  
 births: number attended by, (*Hope*) 2909-12, 2959.  
 cost of training, (*Hope*) 2877-9.  
 employment of, as voluntary health visitors, (*Hope*) 2933, 3015-9.  
 general improvement of, (*Hope*) 2895-6.  
 medical aid summoned by: increase in number of cases, (*Hope*) 2937-9.  
 number of, in practice, (*Hope*) 2855-64.  
 number trained annually, (*Hope*) 2874-5.  
 popularity of, (*Hope*) 2951-3, 2965-7.  
 satisfactory living earned by, in private practice, (*Hope*) 2864-6.  
 still-births: number of, notified by, (*Hope*) 2908-9.  
 supply of: no deficiency, (*Hope*) 2913, 2949-50, 2960.

**Midwives Act:**

harmonious working of, (*Hope*) 2853-4.  
 cause of, (*Hope*) 2942-5.

Notification of Births Act: administration of, and value of, in connection with Midwives Act, (*Hope*) 3063-9.

ophthalmia neonatorum: arrangements at eye hospital for treatment of, (*Hope*) 2900-3; (*Mr. Stephenson*) 6176-82; p. I. 44.  
 payment by guardians of fees of midwives summoned in emergencies, (*Hope*) 2904-6.  
 puerperal fever, arrangements for treatment of, (*Hope*) 2940-1, 3053-4.  
 training schools for midwives in, (*Hope*) 2869-73.  
 uncertified women in practice: number of, (*Hope*) 2855-64.

**LOCAL GOVERNMENT BOARD:**

circular of 29th July 1907:

copy of, p. I. 27.

payment of medical fees by guardians:

action of Poor Law Unions Association, (*Brown*) 1299, 1302, 1310-15.

circular should be made compulsory, (*Duncan*) 59.

effect of circular, (*Duncan*) 53-7; (*Woods*) 1617, 1623-7; (*Fosbrooke*) 3182, 3309-10.

See also under "Remuneration of medical men."

Rules of C.M.B. made applicable to poor law institutions by, (*Wilson*) 851-2, 997, 1005; (*Parsons*) 3868-70.

co-operation of, with C.M.B.: advantages of, (*Parsons*) 3906-8; (*Handford*) 4104-9.

inspection of poor law infirmaries by, (*Parsons*) 3808-88.

local supervising authorities should be responsible to, (*Young*) 6882-6.

memorandum of, p. I. 26.

nomination by, of member of C.M.B., (*Parsons*) 3811, 3906-17.

recognition of poor law institutions as training schools should be vested in, (*Brown*) 1185, 1194-5; (*Parsons*) 3808, 3895-902, 3918-9.

remuneration of medical men:

amount of fees should be fixed by, (*Murphy*) 4276-8, 4318; (*Taylor*) 5910.

amount of fees should be supervised by, (*Whitaker*) 5536-7.

See also under "Remuneration, &c."



## LOCAL GOVERNMENT BOARD, IRELAND:

memorandum by, on Irish Dispensary Midwives System, p. I. 30.

## LOCAL SUPERVISING AUTHORITIES:

acquiescence of, should be obtained before name of woman is restored to roll, (*Fosbroke*) 3130-4.

administration of Act by:

as to enforcement of, (*Fordham*) 2416-23; (*Robinson*) 2641-4.

special medical staff to assist in, (*Fordham*) 2358.

annual reports from: as to requirement of (*Fordham*) 2424-33; (*Robinson*) 2645-53; (*Fosbroke*) 3371-80; (*Young*) 6894.

control over: as to necessity of, (*Duncan*) 302-8; (*Fosbroke*) 3142-4. See also "supervision" below.

delegation of powers of, to special committee essential, (*Fordham*) 2355-8.

disciplinary powers of C.M.B.: suggested transfer to, (*Harris*) 1078-87, 1108-30; (*Fordham*) 2294-300; (*Sergeant*) 4535-46; (*Trendell*) 5114-9.

lists of medical men willing to attend midwife's summons: suggested preparation and circulation by, (*Paget*) 629-33; (*Woods*) 1725; (*Rivers-Willson*) 6641-3; see also (*Taylor*) 5919.

maintenance of midwives: power to subsidise, should not be given to, (*Handford*) 4124.

maternity homes should be under supervision of, (*Murphy*) 4304-7; (*Sergeant*) 4600-3, 4614-8.

notifications by midwives: expenses of postage should be defrayed by, p. I. 33; p. I. 46 (Appendix XIII.).

payment of medical fees:

amount of fee should be fixed by, (*Sergeant*) 4637.

should be made by, (*Sergeant*) 4554-79.

See also "Remuneration of medical men."

powers of, in regard to dealing with charges against midwives: suggested extension of, (*Hope*) 3070-6.

puerperal fever: midwives should be required to report cases of, to, (*Fosbroke*) 3169-77, 3253-7, 3381-4.

punitive suspension of midwives: power of, should be given to, (*Fosbroke*) 3150-61, 3302-3; (*Handford*) 3978, 3981-3; (*Sergeant*) 4534, 4648-54; (*Trendell*) 5114-9; (*Barwise*) 6248-50; (*Young*) 6752-9, 6815-6, 6878-9.

reports should be made by, to C.M.B., (*Young*) 6894. See also "annual reports" above.

returns from, as to alleged shortage of midwives, (*Duncan*) 27-37.

summary of, p. I. 31.

should be responsible to Local Government Board, (*Young*) 6882-6.

sufficiency of present powers of, (*Hope*) 2987-94.

supervision of:

C.M.B. should exercise, (*Fosbroke*) 3142-4; 3368-70.

necessity for, as to, (*Murphy*) 4423-8.

supervision of midwives by: how it should be exercised, (*Fosbroke*) 3145-9.

temporary licences for "handy women" in rural districts:

advocated, (*Kaye*) 3416-7.

objected to, (*Sergeant*) 4613.

training of midwives:

l.s.a.'s should not have to go to Higher Education Committee for funds for, (*Fordham*) 2307-9; (*Kaye*) 3619-20.

power to expend money on, should be given to, (*Handford*) 4121-3; (*Sergeant*) 4605-7, 4627-32.

See also "County Councils."

## LONDON:

Administration of Midwives Act:

efficient and beneficial, (*Murphy*) 4282-5.

non-payment of medical fees only obstacle to, (*Murphy*) 4285, 4324-5.

should be retained by county council, (*Murphy*) 4279-81, 4375-6.

## LONDON—cont.

basis of apportionment (section 5): effect in, of suggested alteration, (*Duncan*) 89-90; (*Fordham*) 2279.

births in: number of, (*Murphy*) 4327.

*bona fide* midwives in, (*Murphy*) 4238-40.

evidence of medical officer of health, (*Murphy*) 4178-441.

maternity homes in: more knowledge of, desirable (*Murphy*) 4303-7.

midwives:

difficulty of starting practice in, (*Murphy*) 4366-9, 4392-3.

improvement of class of women practising as, (*Murphy*) 4213.

inspection of, (*Murphy*) 4370-3.

lectures to, given by county council, (*Murphy*) 4235-7, 4295-7, 4333-6, 4404-9.

number of, (*Murphy*) 4181-5.

proportion of births attended by, (*Murphy*) 4192, 4198-200, 4361.

remuneration of, (*Murphy*) 4191-7, 4219-20.

supply of, in excess of demand, (*Murphy*) 4360.

notification of Births Act in: extent of adoption of, (*Murphy*) 4354-6, 4394-8.

payment of medical fees:

action taken by county council, (*Murphy*) 4249-78.

action taken by guardians (*Murphy*) 4267-9.

scholarships for midwifery given by county council: abandonment of, (*Murphy*) 4235, 4367-9.

uncertified women in practice, (*Murphy*) 4201-12.

number of cases attended by, (*Murphy*) 4217, 4288-9.

## LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY:

evidence of secretary of, (*Woods*) 1513-1725.

number of members, (*Woods*) 1656-8.

objects of, (*Woods*) 1514-17.

## LONDON OBSTETRICAL SOCIETY:

examinations of, (*Duncan*) 120, 240; (*Broadwood*) 385, 406-11; (*Paget*) 640-56, 674-700, 796; (*Wilson*) 979; (*Brown*) 1253, 1283-4; (*Rivers-Willson*) 6679.

candidates sent up for,

from Buckingham Palace Road Workhouse, (*Swinton*) 4500-2.

from St. George's-in-the-East Infirmary, (*Wesley*) 3714-6.

## LYING-IN HOSPITALS:

Act of 1773 (13 Geo. 3, c. 82): references to, (*Murphy*) 4305; (*Sergeant*) 4602-3, 4614-8.

See also "Maternity Hospitals."

## McMANUS, Dr. L. T.:

evidence of, 5847-5883.

## MANCHESTER:

abortifacients, use of, in, (*Taylor*) 6007-12.

infantile mortality, decrease of, (*Taylor*) 5946-52.

midwives:

average remuneration of, (*Sinclair*) 2130-3.

births attended by, number of, (*Taylor*) 5898, 5959.

excess of, (*Sinclair*) 2130-3.

payment of medical fees:

arrangements made by city council, (*Sinclair*) 2109-12, 2118-22, 2176-8; (*Taylor*) 5889-94.

amount of payments made, (*Taylor*) 5957.

wage-standard adopted, (*Taylor*) 5889, 5953-7.

puerperal fever:

diminution of, due to Midwives Act, (*Sinclair*) 2241.

diminution of, in midwives' practice, (*Taylor*) 5938-45.

municipal treatment of, (*Taylor*) 5980-2.

## MARRIED WOMEN:

as midwives, (*Bruce*) 1379-85.

## MATERNITY HOMES:

municipal corporations should be encouraged to establish, (*Wilson*) 854-60, 942-7, 1006-18. See also (*Sinclair*) 2146.



**MATERNITY HOMES—cont.**

- municipal maternity homes :
  - domiciliary treatment preferable to, (*Johnstone*) 2744-5.
  - not necessary, (*Robinson*) 2525-7.
- supervision of, by local supervising authority, (*Murphy*) 4303-7; (*Sergeant*) 4600-3, 4614-8.
- memorandum by Sir S. F. Murphy as to necessity of, p. I. 43.
- utilisation of cottage hospitals as, (*Wilson*), 865.
- voluntary homes should be encouraged, (*Wilson*) 864.

**MATERNITY HOSPITALS :**

- City of London Lying-in Hospital, (*Broadwood*) 428.
- General Lying-in Hospital, Lambeth, (*Wesley*) 3707.
- Ladies' Charity and Lying-in Hospital, Liverpool, (*Hope*) 2883-6.
- Lying-in Charity Maternity Hospital, Birmingham, (*Fosbrooke*) 3212.
- at Manchester and Liverpool, (*Sinclair*) 2090.
- practice of, in London, with regard to admission of single women, (*Wesley*) 3702-12.
- Queen Charlotte's Hospital, London, (*Wesley*) 3706; (*Young*) 6912.

**MEDICAL OFFICERS OF HEALTH :**

- evidence of :
  - Dr. S. Barwise (Derbyshire), 6196-466.
  - Mr. G. H. Fosbrooke (Worcestershire), 3096-391.
  - Dr. H. Handford (Notts), 3924-4177.
  - Dr. E. W. Hope (Liverpool), 2859-3095.
  - Mr. J. R. Kaye (West Riding, Yorks), 3392-620.
  - Sir S. F. Murphy (London), 4178-441.
  - Dr. A. Robinson (Rotherham), 2454-653.
  - Mr. E. Sergeant (Lancs), 4517-720.
- inspection of midwives should be duty of, (*Whitaker*) 5549-50.
- Society of. See "Society &c."

**MEDICAL PRACTITIONERS :**

- absence of, when engaged to attend women in childbirth, (*Page*) 540-4, 718-28; (*Hughes*) 1759-64, 1977-82. See also "covering" below.
- after-attendance in midwifery cases :
  - discretion of medical man as to, (*Woods*) 1552-5, 1696-7.
  - remuneration for, (*Woods*) 1563-9, 1647, 1698-1706.
  - rule of the profession as to, (*Woods*) 1642-8.
  - See also under "Remuneration of medical men, &c."
- appointment of, by county councils to attend midwifery cases when wanted by midwife, (*Wilson*) 911-2, 958-64, 1023-5, 1043-8, 1066-8.
- approved teachers : general practitioners might more often be appointed as, (*Young*) 6768-77, 6824-42.
- attendance on summons of midwife should not be compulsory on, (*Woods*) 1551, 1681-6.
- attitude of, to midwives, (*Duncan*), 52, 58; (*Broadwood*) 358-9; (*Hughes*) 1856-65, 2008-9.
- in Cumberland, (*Wilson*) 899-904.
- justification of, by a midwife, (*Messenger*) 5404-13.
- widespread hostility, (*Handford*) 3962-77.
- See also "boycott" below.
- attitude of, to Midwives Act, (*Woods*) 1690-1; (*Robinson*) 2524, 2577-80; (*Whitaker*) 5563, 5622-5.
- average fee to poorest patients for midwifery, (*Woods*) 1570-2.
- boycott of midwives by, (*Page*) 547-57, 604-23, 729-37; (*Wilson*) 1026-30; (*Woods*) 1589-1605; (*Hughes*) 1989-93; (*Sinclair*) 2102-17; (*Whitaker*) 5772-5.
- Central Midwives Board : general practitioners not adequately represented on, (*Whitaker*) 5542-8; (*Young*) 6687, 6760-77.
- collusion of, with midwives. See "Collusion."
- "covering" by, of practice of uncertified women, (*Woods*) 1556-7; (*Robinson*) 2618-9; (*Fosbrooke*) 3106-29, 3237-50, 3293-301; (*Kaye*) 3409-12; (*Handford*) 4053; (*Sergeant*) 4518-33, 4547-50, 4619-25, 4667-74, 4707-8; (*Whitaker*) 5747-65.

**MEDICAL PRACTITIONERS—cont.**

- difficulties of, in regard to payment of fees in midwives' cases, (*Fleming*) 5836-42; (*McManus*) 5855-61.
- difficulty with, in Cheshunt, (*Miles*) 5202-4.
- district nurses, growing feeling of doctors against, (*Barwise*) 6219-20.
- examinations of C.M.B. : general practitioners as examiners, (*Barwise*) 6221-6; (*Rivers-Willson*) 6684; (*Young*) 6929-32.
- feeling of, against midwives : guaranteed payment of fees would remove, (*Rivers-Willson*) 6607-8, 6626, 6634-5.
- fees of, in midwifery cases ; when engaged beforehand, and when summoned by midwife, (*Page*) 604.
- fees of club doctors for midwifery, (*Woods*) 1573-4.
- increase of demand for, since passing of Act, (*Page*) 545-6.
- irritation of, due to original form of requisition, (*Whitaker*) 5569, 5586, 5629-32.
- lists of, who are willing to attend on midwife's summons should be drawn up and circulated, (*Page*) 629-32; (*Woods*) 1725; (*Taylor*) 5919; (*Rivers-Willson*) 6641-3, 6663-6.
- medical practitioner should be retained in every case attended by a midwife, (*Broadwood*) 420-2; (*Barwise*) 6237-44, 6321-7, 6365-70. See also (*Woods*) 1628-39.
- midwifery, practice of :
  - decline of, (*Whitaker*) 5570-5, 5720-3; (*Rivers-Willson*) 6527-34, 6576-7.
  - effect of Midwives Act on, (*Page*) 545-6; (*Taylor*) 5896-902, 5996-6003.
- Notification of Births Act : non-compliance with, by medical practitioners in Rotherham, (*Robinson*) 2624-30.
- opposition of, to Midwives Act, (*Robinson*) 2524, 2577-80.
- personal attendance in midwifery cases : practice of profession, (*Woods*) 1718-21.
- preference of, in Rotherham, for unqualified women, (*Robinson*) 2514, 2577-80.
- remuneration of medical men summoned to assist midwives. See "Remuneration, &c."
- retaining fee for, in all midwifery cases, (*Broadwood*) 420-2, 496-8; (*Woods*) 1628-39; (*Barwise*) 6237-44, 6321-7, 6365-70.
- right of, to fee if not present at birth, (*Woods*) 1636; (*Fosbrooke*) 3289-92; (*Whitaker*) 5765, 5779-80.
- would always attend midwife's summons if fee were guaranteed, (*Woods*) 1687-9.

**MEDICAL STUDENTS :**

- midwifery training of : standard of General Medical Council, (*Parsons*) 3855-6.

**MEMORANDUM :**

- by Miss A. M. Alexander, on the appointment of district midwives by guardians, p. I. 47.
- by Frau O. Gebauer, on fees payable to German midwives, p. I. 50.
- by Mrs. Lawson, on behalf of National Association of Midwives, p. I. 46.
- by Local Government Board, p. I. 26.
- by Local Government Board, Ireland, on Irish Dispensary Midwives System, p. I. 30.
- by Dr. Münsterberg, on midwifery attendance on poor persons in Germany, p. I. 49.
- by Sir Shirley F. Murphy, for London County Council, on the necessity for supervision of maternity homes, p. I. 43.

**MESSENGER, Mrs. :**

- evidence of, 5376-475c.

**MIDDLESEX HOSPITAL :**

- inspection of, by C.M.B., (*Duncan*) 199.

**MIDLAND MEDICAL UNION :**

- dissatisfaction of, with Midwives Act, (*Barwise*) 6277-304.
- resolution of : medical practitioner should be retained in every case attended by a midwife, (*Barwise*) 6237, 6321-7, 6365-70.



**MIDWIFE:**

definition of "safe midwife," (*Wilson*) 922.

**MIDWIFERY:**

advantages of practice of, as a profession for women, (*Hope*) 2960.  
attracting a better class of women, (*Messenger*) 5468-70.

**MIDWIVES:**

annual licences for, (*Broadwood*) 423, 472-8, p. II.  
18; (*Paget*) 829-32; (*Fordham*) 2256-60. See also "yearly registration" below.  
appointment of district midwives by county councils advocated, (*Sinclair*) 2081-2, 2136-7.  
appointment of district midwives by guardians advocated, (*Bruce*) 1420-8, 1438-46, 1452-60, 1495-512; (*Fordham*) 2321-31; (*Johnstone*) 2713-6; (*Dodd*) 6986, 7007-17, 7039-45, 7085-90, p. I. 47.  
appointment of district midwives by local authorities advocated, (*Wilson*) 951-7.  
appointment of district midwives by town councils and urban district councils advocated, (*Dodd*) 7022-31.  
attitude of medical profession towards, (*Hughes*) 1856-65, 2008-9; (*Johnstone*) 2767-8; (*Handford*) 3962-77.  
in Cumberland, (*Wilson*) 899-902, 1026-30.  
*bona fide*. See "Bona fide midwives."  
boycott of, by medical men, (*Paget*) 547-57, 604-23, 729-37; (*Woods*) 1589-605; (*Hughes*) 1989-93; (*Sinclair*) 2102-17; (*Whitaker*) 5772-5.  
breaking of Rules by, should be a misdemeanour, (*Barwise*) 6249, 6348-61; see also (*Fosbroke*) 3304.  
certificates of, trained by association should be handed to and retained by association, (*Broadwood*) 424-7, 451.  
charges against:  
difficulty of obtaining evidence, (*Duncan*) 123.  
investigation of, should be made by local supervising authorities, (*Trendell*) 5114-9.  
investigation of: L.s.a.'s should be represented at, (*Handford*) 3978, 3984-9.  
See also under "Central Midwives Board: penal jurisdiction of."  
class of women required as, (*Gregory*) 5312, 5316-20.  
classes of instruction for, (*Young*) 6798-804, 6875-7.  
clerical work of, improvement in, (*Barwise*) 6202.  
collusion of, with doctors. See "Collusion."  
deaths of:  
difficulty of obtaining information of, (*Handford*) 4005.  
registrars of births and deaths should notify, to C.M.B., (*Duncan*) 243; p. I. 33.  
demand for:  
increased as result of Act, (*Hughes*) 1792, 1795-7.  
increased in rural districts, (*Johnstone*) 2752-3.  
disciplinary powers of C.M.B. over. See under "Central Midwives Board."  
distinction between work of, and that of monthly nurses, (*Handford*) 4026-9.  
drugs should not be administered by, if untrained, (*Whitaker*) 5559-61, 5626-8.  
employed only by poor women, (*Harris*) 1104; (*Sinclair*) 2127.  
employment by, of unqualified assistants should be checked, (*Whitaker*) 5770-1; see also (*Miles*) 5161.  
employment by, of unqualified substitute should be a penal offence, (*Fordham*) 2359; p. I. 35.  
employment of, as voluntary health visitors, (*Hope*) 2933; (*Handford*) 4092-7.  
employment of, under nominal supervision of medical men, (*Handford*) 4012-22, 4053-60.  
examinations of C.M.B. for. See "Examinations."  
fees of, for attending inquests, (*Paget*) 833-6.  
grievances of:  
cost of books and expenses of notifications, (*Trendell*) 5110-2; (*Miles*) 5172-3, 5227-33, 5238-40; see also pp. I. 33, I. 46 (Appendix XIII).  
objection to amount of writing, (*Miles*) 5172-3, 5176.

**MIDWIVES—cont.**

improvement of, general in large towns, but not in rural districts, (*Robinson*) 2478-80.  
improvement of type of women employed as, (*Hughes*) 2059-61; (*Murphy*) 4213.  
inefficiency of, under present system, (*Gregory*) 5274-5, 5284-5.  
influence and co-operation of, in regard to general sanitation, (*Robinson*) 2638-40.  
Institute. See "Incorporated Midwives Institute."  
interference by, with proper administration of Act should be a penal offence, (*Sergeant*) 4604-5; p. I. 45 (Appendix XII).  
interference with, by health visitors during 10 days after confinement should be forbidden, p. I. 46 (Appendix XIII); see also (*Murphy*) 4420.  
lectures to:  
in Herefordshire, (*Trendell*) 4972-99.  
in Liverpool, (*Hope*) 2888-94.  
in London, (*Murphy*) 4235-7, 4295-7, 4333-6, 4404-9.  
in Rotherham, (*Robinson*) 2471-5.  
lists of medical men willing to attend midwives' cases should be furnished to, (*Paget*) 629-32; (*Woods*) 1725; (*Taylor*) 5919; (*Rivers-Willson*) 6641-3, 6663-6.  
maintenance of. See "remuneration and maintenance" below.  
married women as, (*Bruce*) 1379-85.  
medical aid should be called in by, in all cases of premature birth, or where the child is not breathing properly, (*Schröder*) 6470 *et seq.*  
migration of, when under suspicion, from one county to another, (*Wilson*) 1057-9; (*Fosbroke*) 3362-7; (*Sergeant*) 4712-6.  
co-operation between local supervising authorities a possible remedy, (*Fordham*) 2447-8.  
retention of certificate by local supervising authority suggested as a means of preventing, (*Fosbroke*) 3367; (*Handford*) 4076-89.  
misconduct of: difficulties of dealing with, (*Wilson*) 1055-8.  
monthly nurses acting as. See "Monthly Nurses."  
National Association of: memorandum by Mrs. Lawson on behalf of, p. I. 46.  
neglect of: coroner's difficulty in obtaining evidence of, (*Schröder*) 6496.  
notifications by: expense of postage should be borne by L.s.a.; recommendation of C.M.B., p. I. 33; see also "grievances" above.  
notification should be made by, of all cases of high temperature whether doctor is in attendance or not, (*Barwise*) 6253-65, 6425-34.  
number of, in practice, (*Duncan*) 325.  
offences of: notification of live-birth as still-born, (*Fosbroke*) 3165-8.  
payment of expenses of, who are summoned before C.M.B., (*Young*) 6755, 6895-904, 6923-8; p. I. 33.  
penalty for acting negligently, or so as to spread infection; midwives should be liable to, (*Fosbroke*) 3304; see also (*Barwise*) 6249, 6348-61.  
percentage of candidates for examination of C.M.B. who intend to practise as, (*Paget*) 760.  
premature birth: in all cases of, medical aid should be summoned by, (*Schröder*) 6470 *et seq.*  
prizes for, in Rotherham, (*Robinson*) 2587.  
puerperal fever: midwives should be required to notify cases of, to local supervising authority, (*Fosbroke*) 3169-77, 3253-57, 3381-4.  
removal from roll:  
on voluntary resignation, (*Duncan*) 289-296; p. I. 36.  
penalty for continuing to practise after, (*Harris*) 1118; (*Fosbroke*) 3135-9, 3265-73; (*Kaye*) 3528-9; (*Handford*) 4160-3; (*Barwise*) 6411-14.  
remuneration and maintenance of:  
competition of subsidized midwives causes difficulty, (*Handford*) 4168.  
county councils might be empowered to give subsidy for, (*Wilson*) 951-7.



MIDWIVES—*cont.*remuneration and maintenance of—*cont.*

## difficulty of getting a living:

in rural districts, (*Broadwood*) 347, 395-7; (*Paget*) 528-32, 662, 815-25; (*Wilson*) 868-86; (*Bruce*) 1354, 1378; (*Johnstone*) 2677-80; (*Kaye*) 3400-3, 3436; (*Sergeant*) 4632; (*Miles*) 5209; (*Flemming*) 5819-20; (*Young*) 6741.

met by employment of midwife also as general nurse, (*Paget*) 573-4.

met by grants from county associations, (*Hughes*) 1901.

owing to smallness of fees, (*Messenger*) 5474-5.

when starting practice, (*Robinson*) 2489-90; (*Handford*) 3978, 4050-1; (*Murphy*) 4366-9, 4392-3.

when working on own account, (*Handford*) 4168.

living wage: what constitutes, (*Paget*) 702-6.

minimum fee for midwife, under rules of Jubilee Institute, (*Hughes*) 2046-50.

minimum wage for midwives, (*Bruce*) 1392-3.

payment by guardians of fees of midwives summoned in emergencies, (*Hope*) 2904-6, 2921-3, 3020-3, 3049.

remuneration of midwives practising in London, (*Murphy*) 4191-7, 4219-20; in Rotherham, (*Robinson*) 2508, 2528.

remuneration should be improved, (*Harris*) 1161.

retaining fee for midwives, (*Sinclair*) 2138.

satisfactory living can be earned in Liverpool, (*Hope*) 2864-6.

smallness of remuneration a temptation to malpractices, (*Sinclair*) 2084-5, 2224-8.

subsidy by county councils advocated, (*Wilson*) 1019-21; objected to, (*Fordham*) 2310-12.

subsidy by local authorities advocated, (*Sinclair*) 2081-2, 2138-9, 2217-23; objections to, (*Miss Stephenson*) 4920-4.

subsidy by local supervising authorities objected to, (*Handford*) 4124.

subsidy by State injurious to medical profession, (*Broadwood*) 361.

subsidy from public funds for midwives in rural districts advocated, (*Gregory*) 5362-5; views as to, (*Young*) 6740, 6789-97; objections to, (*Kaye*) 3457-61, 3491, 3552-4.

subsidy from public funds should be given for training or maintenance, according to necessity, (*Paget*) 671-3.

Worcestershire: women trained by county council able to earn a livelihood, (*Fosbrooke*) 3216.

representation of, on C.M.B.; claim to direct representative, p. I. 46 (Appendix XIII.).

roll of. See "Roll of Midwives."

in rural districts, should be qualified in general nursing, (*Sinclair*) 2079-80.

status of, raised by Midwives Act, (*Woods*) 1578-88.

superintendence and control of, (*Broadwood*) 482-98, p. II. 18.

superintendent-midwives: suggested institution of superior class of midwives, p.

supervision of:

arrangements in Liverpool, (*Hope*) 2933-7.

difficulties of, when midwife is acting as monthly nurse, (*Harris*) 1092-7, 1131-50.

how it should be exercised, (*Fosbrooke*) 3145-9.

medical officer of health should have duty of, (*Whitaker*) 5549-50.

supply of. See "Supply of Midwives."

suspension of:

meaning of section 8 (3), (*Handford*) 4030-44.

practice during suspension should be a penal offence, (*Fordham*) 2361-4.

punitive suspension; power of, should be granted:

to C.M.B., (*Fordham*) 2364; p. I. 36.

MIDWIVES—*cont.*suspension of—*cont.*

punative suspension; power of, should be granted—*cont.*

to local supervising authority, (*Fordham*) 2364; (*Fosbrooke*) 3150-61, 3302-3; (*Handford*) 3978, 3981-3; (*Sergeant*) 4534, 4648-54; (*Trendell*) 5114; (*Barwise*) 6248-50; (*Young*) 6752-9, 6815-6, 6878-9.

question of compensation during suspension, (*Hope*) 3005-6.

under section 8 (3) should not be used punitively, (*Duncan*) 284-7; p. I. 33.

trained nurses make the best midwives, (*Sinclair*) 2164; see also (*Wilson*) 988; (*Gregory*) 5366-7.

training of. See "Training of Midwives."

uncertified women in practice as. See "Uncertified women."

use of, as voluntary health visitors, (*Robinson*) 2504-7; (*Hope*) 3061.

voluntary resignation of: difficulties attending, (*Handford*) 4076-84, 4173-4.

yearly registration of, (*Duncan*) 244-8. See also "annual licences" above.

## MIDWIVES ACT, 1902:

absence of provision for payment of medical fees an obstacle to smooth working of Act, (*Duncan*) 52; (*Murphy*) 4285, 4324-5; (*Young*) 6694.

administration of:

annual report on, by local supervising authorities, advocated, (*Robinson*) 2645-53; views as to, (*Fordham*) 2424-33.

better in large areas, (*Duncan*) 270.

enforcement of, advocated, (*Robinson*) 2641-44; views on, (*Fordham*) 2416-23.

in London, efficient and beneficial, (*Murphy*) 4282-3.

in Staffordshire; efficiency of, (*Wilson*) 926-935.

returns from municipal corporations in reference to, p. I. 37.

value of Notification of Births Act in connection with, (*Fosbrooke*) 3353-61; (*Murphy*) 4199-200, 4354-6, 4394-8.

amendment of:

draft bills for, (*Fordham*) 2449; p. I. 35.

suggestions of C.M.B. for, (*Duncan*) 84-94; p. I. 32.

suggestions of Notts County Council for, (*Handford*) 3978.

application of: extent of, (*Duncan*) 24.

attitude of medical profession towards: views of British Medical Association, (*Whitaker*) 5563, 5622-5.

beneficial effect of:

in London, (*Murphy*) 4283.

in Rotherham, (*Robinson*) 2503-7.

British Medical Association: attitude of, to Act, (*Whitaker*) 5563, 5622-5.

county nursing association: effect of Act in formation of, in Wilts, (*Miss Stephenson*) 4722, 4782-4.

decrease of puerperal fever and accidents of childbirth due to, (*Sinclair*) 2240-1.

demand for midwives increased, as result of, (*Hughes*) 1792-7.

dissatisfaction with, of Midland Medical Union, (*Barwise*) 6277-304.

effect of:

in increased demand for nurse-midwives, (*Hughes*) 1792-8.

on midwifery practice of doctors, (*Paget*) 545-6; (*Taylor*) 5896-902, 5996-6003; (*Rivers-Willson*) 6527-34, 6576-7; (*Young*) 6704-8, 6905-13.

in reduction of infantile mortality and deaths from puerperal fever, (*Robinson*) 2456-9, 2581-7.

evasion of, in city slums, (*Broadwood*) 353-7.

extension of, to Scotland: outside scope of reference, (*Whitaker*) 5561.

good effects of, (*Hughes*) 1792-8; (*Miles*) 5174-5.



MIDWIVES ACT, 1902—*cont.*

harmonious working of, in Liverpool, (*Hope*) 2853-4.

due to arrangements made for payment of medical men, (*Hope*) 2942-5.

has worked fairly satisfactorily, (*Harris*) 1071.

importance of, as a public health measure, (*Robinson*) 2633-8.

improvement in class of women practising as midwives, due to, (*Murphy*) 4213.

increase of trained attendance on women in child-birth since passing of, (*Paget*) 535-9.

interference by midwife with proper administration of, should be a penal offence, (*Sergeant*) 4604-5, 4710-11; p. I. 45 (Appendix XII).

monthly nurses: suggested extension of Act to include, (*Rivers-Willson*) 6677; (*Young*) 6922.

opposition of medical men to, (*Robinson*) 2524, 2577-80.

reduction in number of deaths from puerperal sepsis, since Act came into operation, (*Johnstone*) 2743-51.

## section 1 (2):

difficulty of proving that a woman is acting "habitually and for gain," (*Fosbrooke*) 3136-9.

effect of, on number of women practising as midwives, (*Wilson*) 1038-42; (*Bruce*) 1334-50.

emergency: what constitutes, (*Kaye*) 3536-43.

evasion of, not probable, (*Miles*) 5244A-50.

fear that unqualified women will continue to practise, (*Robinson*) 2564-74.

postponement of operation of:

advocated by West Riding County Council, (*Kaye*) 3446-7; for rural districts, (*Broadwood*) 362.

objected to, (*Duncan*) 49; (*Paget*) 577-9;

(*Bruce*) 1370-2; (*Hughes*) 1873-4;

(*Johnstone*) 2796-7; (*Kaye*) 3510-11;

(*Sergeant*) 4613.

"under the direction of a qualified medical practitioner":

definition of, necessary, (*Fosbrooke*)

3106-29, 3237-50, 3293-301; (*Kaye*)

3543-5; (*Handford*) 3978, 4012-22,

4053-60; (*Sergeant*) 4518-33, 4547-50,

4667-74, 4707-8.

no difficulty in London arising out of,

(*Murphy*) 4186-8.

unqualified women who will be affected by:

difficulty of obtaining information as to

number of, (*Hughes*) 1793-4, 1809-14;

(*Johnstone*) 2680-9.

what constitutes acting as a midwife; defini-

tion necessary, (*Fosbrooke*) 3107-29, 3237-

50, 3293-301. See also "section 10."

will create no difficulty in Liverpool, (*Hope*)

2949-50, 2960.

section 2: re-enactment of, advocated, (*Sergeant*)

4606-13. See also (*Hope*) 2995-7 and (*Kaye*)

3571.

## section 3:

approval of Rules of C.M.B. by Privy Council,

(*Duncan*) 249-52.

constitution of C.M.B. See under "Central

Midwives Board."

powers of C.M.B. (V.): acquiescence of I.s.a.

should be obtained before restoration of

name to roll, (*Fosbrooke*) 3130-4.

reference to, (*Duncan*) 183.

## section 5:

apportionment of deficit. See under "C.M.B.:

finances."

audit of accounts of C.M.B., (*Fordham*) 2367-70.

## section 8:

delegation to a committee very desirable,

(*Fordham*) 2355-8. See also (*Duncan*) 268;

(*Harris*) 1088-91.

subsection 1: "general supervision over all

midwives"; how it should be exercised,

(*Fosbrooke*) 3145-9.

subsection 3, meaning of, (*Handford*) 4030-44.

See also "Midwives: suspension of."

MIDWIVES ACT, 1902—*cont.*section 8—*cont.*

subsection 4: definition of word "offence"

desirable, (*Fosbrooke*) 3162-4, 3251-2, 3274-8.

section 9. See "Delegation."

## section 10:

every certified midwife who attends maternity

cases should be required to notify, (*Handford*)

3978.

practising or acting as a midwife; definition

required, (*Handford*) 4013-9, 4026-9, 4053-

60; (*Sergeant*) 4547-50, 4709.

section 11: suggested amendment of, (*Duncan*) 283;

p. I. 33.

status of midwives raised by, (*Woods*) 1578-88.

## MIDWIVES ASSOCIATION:

formation of, at Liverpool, (*Hope*) 2887-94.

See also "National Association of Midwives."

## MILES, Mrs. E.:

evidence of, 5138-269.

## MONMOUTHSHIRE:

midwives:

difficulty of getting a living in, (*Bruce*) 1386.

incorrectness of return of, made to C.M.B.,

(*Duncan*) 117-8.

## MONOD, Monsieur H.:

letter from, as to midwifery attendance on poor

persons in France, p. I. 48.

## MONTHLY NURSES:

acting practically as midwives in absence of doctor,

(*Wilson*) 1061-5; (*Hughes*) 1759-64, 1977-82;

(*Fosbrooke*) 3106-29, 3237-50, 3293-301, 3323-36;

(*Whitaker*) 3747-65.

annual licences for, suggested, (*Broadwood*), p. II. 18.

arrangements between medical men and, in regard

to doctor's attendance, (*Woods*) 1718-21.

class of women employed as, (*Miles*) 5251-60.

confinements very often conducted by, (*Miles*)

5253, 5257, 5262-5.

definition of, (*Woods*) 1583.

distinction between work of, and that of midwife,

(*Handford*) 4026-9.

midwives acting as, difficulties of supervision,

(*Harris*) 1092-7, 1131-50.

Midwives Act, suggested extension of, to include,

(*Rivers-Willson*) 6677; (*Young*) 6922. See also

(*Gregory*) 5374.

midwives when acting as, should still be required

to notify cases of high temperature, (*Barwise*)

6253-65, 6425-34.

regulation of practice of, inexpedient, (*Gregory*)

5374.

same training for, as for midwives suggested,

(*Rivers-Willson*) 6667-9.

should be qualified as midwives, (*Hughes*) 2044.

should have a certain amount of training, (*Miles*)

5261-2.

superior to *bond fide* midwives, (*Rivers-Willson*)

6677.

## "MONTHLY NURSE OR MIDWIFE," by Dr.

## HANDFORD.

references to, (*Handford*) 4026, 4090, 4104.

## MUNICIPAL:

authorities: organisation by, of attendance on

outdoor lying-in cases, (*Wilson*) 948-50.

Corporations, Association of. See "Association."

maternity homes. See under "Maternity Homes."

returns from municipal corporations with refer-

ence to the administration of the Act, p. I. 37.

training homes for midwives advocated, (*Sinclair*)

2146.

## MÜNSTERBERG, Dr.:

memorandum by, as to midwifery attendance on

poor persons in Germany, p. I. 49.

## MURPHY, Sir SHIRLEY F.:

evidence of, 4178-441.

memorandum by, on necessity for control of

lying-in homes, p. I. 43.

## NATIONAL ASSOCIATION OF MIDWIVES:

memorandum by Mrs. Lawson on behalf of, p. I. 46.



# NATIONAL ASSOCIATION OF WORKHOUSE MASTERS AND MATRONS:

evidence of representative of, (*Swinton*) 4442-516.

# NETHERLANDS, The. See "Holland."

# NEWCASTLE-ON-TYNE:

uncertified women practising as midwives: number of, (*Bruce*) 1335-8.

# NEWPORT (MON.):

number of cases in which medical men summoned by midwives have not been paid, (*Sergeant*) 4577.  
statement of medical officer of health as to payment of medical fees in, and as to obstructive conduct of midwife, p. I. 45.  
training school for midwives at, (*Bruce*) 1478.

# NORFOLK:

midwives: deficiency in supply of, and smallness of income of, (*Bruce*) 1386.

# NORTHUMBERLAND:

medical men's objection to working of nursing associations in, (*Whitaker*) 5581, 5600.

# NOTIFICATION OF BIRTHS ACT, 1907:

adoption of:  
in London, (*Murphy*) 4354-6, 4394-8.  
in Rotherham, (*Robinson*) 2590A-2.  
in Worcestershire, (*Fosbrooke*) 3344.  
in Notts, extent of, (*Handford*) 3957.  
non-compliance with, by medical men in Rotherham, (*Robinson*) 2624-30.  
notification of name of person conducting delivery not provided for, (*Robinson*) 2622-3; (*Murphy*) 4355.  
should be provided for, (*Johnstone*) 2746-7.  
use of, in helping to trace uncertified women practising as midwives, (*Hope*) 2945-6.  
value of:  
in connection with the supervision of midwives, (*Robinson*) 2624, 2631-2.  
in connection with administration of Midwives Act, (*Hope*) 3066; (*Fosbrooke*) 3353-61; (*Murphy*) 4199-200, 4354-6, 4394-8.  
other reference to, (*Hughes*) 1955-6.

# NOTIFICATIONS:

payment of postage on notifications required to be sent by midwives, (*Duncan*) 288; (*Trendell*) 5110-2; (*Miles*) 5172-3 *et seq*; p. I. 33; p. I. 46 (Appendix XIII).

# NOTTINGHAM:

administration of Act in, (*Harris*) 1080-1, 1085.  
effect in, of section 1 (2) of Act, (*Bruce*) 1338.  
evidence of deputy town clerk of, (*Harris*) 1069-161.  
supply of midwives in, (*Harris*) 1098-104.

# NOTTINGHAMSHIRE:

administration of Act in, (*Handford*) 4111-2.  
attitude of medical men to midwives: widespread hostility, (*Handford*) 3962-77.  
births in: number of, (*Handford*) 3943.  
*bonâ fide* midwives in: decrease in number of, (*Handford*) 3998-4005.  
effect in, of section 1 (2) of Act, (*Bruce*) 1338.  
evidence of medical officer of health, (*Handford*) 3924-4177.  
inspectors of midwives, (*Handford*) 3928, 3954-5.  
midwives in:  
nine making a living, (*Handford*) 4151-9.  
number of, (*Handford*) 3933-8.  
number of births attended by, (*Handford*) 3943-5.  
probable dearth of, (*Handford*) 3990-7.  
proportion of births attended by, (*Handford*) 3951-3.  
proportion of cases in which medical aid is summoned by, (*Handford*) 4139-41.  
remuneration of, (*Handford*) 3946-50, 4051-2.  
as voluntary healthy visitors, (*Handford*) 4092-7.  
payment of medical fees: powers of guardians not exercised, (*Handford*) 4130.  
scholarships for midwifery given by county council, (*Harris*) 1105-7; (*Handford*) 4006-11, 4113-5.

# NOTTINGHAMSHIRE—cont.

training of midwives in, (*Handford*) 4113-20.  
uncertified women practising as midwives in, (*Handford*) 3940-2.

# NURSING ASSOCIATIONS:

affiliation of, to Jubilee Institute, (*Hughes*) 1576-7.  
difficulty in regard to supply of midwives due to, (*Handford*) 4168.  
growth of, in rural districts, due to increased demand for midwives, (*Johnstone*) 2754.  
nurses not allowed to take midwifery work if local doctors object, (*Hughes*) 1974-6.  
payment of fees of medical men by, (*Paget*) 604; (*Miss Stephenson*) 4776-9, 4825-9, 4853-6, 4878A-86, 4900-7.  
responsibility of, for attitude of medical men to midwives, (*Whitaker*) 5578-81, 5599-5602.  
subscriptions to, by boards of guardians, (*Hughes*) 2010-21.  
value of work of, in supervision of midwives, (*Miss Stephenson*) 4795-8.

# "NURSING NOTES":

advertisements of teachers of midwifery in, (*Duncan*) 312; (*Paget*) 773-84.

# OPHTHALMIA NEONATORUM:

accurate records of, should be kept, (*Mr. Stephenson*) 6191-3.  
arrangements for treatment of, at Liverpool eye hospital, (*Hope*) 2900-2; (*Mr. Stephenson*) 6176-82; p. I. 44.  
bacteriological examination of discharges should be made by sanitary authority free of charge, (*Mr. Stephenson*) 6186-90.  
blindness: proportion of cases of, due to, (*Mr. Stephenson*) 6021, 6064.  
cause of, (*Mr. Stephenson*) 6026-8, 6160-1.  
C.M.B. have no statistics of, (*Duncan*) 130.  
child should occupy cot separate from mother, (*Mr. Stephenson*) 6052-5, 6094-6.  
Credé's method for prevention of:  
compulsory on midwives in some German States, (*Mr. Stephenson*) 6080, 6111-3.  
midwives should not be allowed to use, (*Mr. Stephenson*) 6082, 6097-107, 6115.  
objections to indiscriminate use of, (*Mr. Stephenson*) 6140.  
Royal Commission on Blind, &c., 1889: views of, as to, (*Mr. Stephenson*) 6119-21.  
diminution of, (*Mr. Stephenson*) 6076, 6085-7.  
eyes of new-born baby should not be bathed, (*Mr. Stephenson*) 6049.  
gonococcus the common cause of, (*Mr. Stephenson*) 6160-1.  
greatest cause of preventable blindness, (*Mr. Stephenson*) 6020-5.  
infection from baby's hands: danger of, (*Mr. Stephenson*) 6152-5.  
midwives should be educated as to cause and prevention of, (*Mr. Stephenson*) 6070-1, 6077.  
notification of, to sanitary authority should be compulsory, (*Mr. Stephenson*) 6165-76.  
prevention of: suggestions for, (*Mr. Stephenson*) 6031-60.  
report on, by committee of British Medical Association, (*Whitaker*) 5781; (*Mr. Stephenson*) 6072, 6102, 6164-5, 6183, 6186, 6191, 6194.  
treatment of: suggestions for, (*Mr. Stephenson*) 6143-9.

# OXFORD:

Acland scheme of district nursing, (*Rivers-Willson*) 6579-83, 6594-6.  
board of guardians: constitution of, (*Dodd*) 7065-77.  
Cutler-Boulter Dispensary, (*Rivers-Willson*) 6633.  
infantile mortality in: diminution of, (*Dodd*) 6995-7001, 7046-7.  
Lying-in-Charity: work of, (*Rivers-Willson*) 6546-55.  
maternity charities in, (*Rivers-Willson*) 6579-96; (*Dodd*) 7034-8.  
medical fees: non-payment of, by boards of guardians in, (*Rivers-Willson*) 6535-40.



OXFORD—*cont.*

provident maternity schemes in, (*Rivers-Willson*) 6627-33, 6649-57.  
uncertified women in: fees charged by, (*Dodd*) 6955-8, 6969.

## OXFORDSHIRE:

deficiency of midwives in, (*Broadwood*) 342; (*Dodd*) 6969.

## PAGET, Miss ROSALIND:

evidence of, 508-844.

## PARISH NURSES:

in rural districts: suggested modification of C.M.B. examination for, (*Duncan*) 51.

## PARSONS, Dr. C. T.:

evidence of, 3772-923.

## "PARTICULARS OF ADMINISTRATION OF MIDWIVES ACT, 1902":

references to, (*Duncan*) 106-18; (*Harris*) 1098; (*Bruce*) 1399-400.

## PAUPERISM:

stigma of, (*Wilson*) 1007-14; (*Sinclair*) 2182-7.

## PEMPHIGUS:

necessity for adequate training of midwives in diagnosis of, p. I. 46.

## PLAISTOW MATERNITY CHARITY:

references to, (*Bruce*) 1417-8; (*Murphy*) 4293-4; (*Trendell*) 5008, 5010.

## POOR LAW AMENDMENT ACT, 1848:

references to provisions of section 2, (*Woods*) 1625-7; (*Murphy*) 4249-50, 4254, 4350-1; (*Sergeant*) 4678-9.

## POOR LAW INFIRMARY MATRONS' ASSOCIATION:

evidence of representative of, (*Wesley*) 3621-771.  
representation on C.M.B. desired by, (*Wesley*) 3766-71.

## POOR LAW INSTITUTIONS:

admission to midwifery lectures in, of persons from outside, (*Wesley*) 3736-47.

application to, of Rules of C.M.B. by Local Government Board's circular, (*Parsons*) 3874; (*Handford*) 4107-9. See also "exemption" below.

births in, number of, (*Wilson*) 970-7.

candidates for C.M.B. certificates; number from, (*Duncan*) 316-21; success of, at examinations, (*Young*) 6857-65.

class of persons admitted to, (*Wesley*) 3688-93.

efficiency of nursing in, (*Brown*) 1167.

exemption of nurses in, from Rules of C.M.B., (*Paget*) 837-40; (*Wilson*) 850, 991-6, 1036-7; (*Parsons*) 3871-4; (*Handford*) 4104-9.

infirmaries conducted in same way as hospitals, (*Wesley*) 3809-10.

inspection of, by Local Government Board, (*Parsons*) 3808, 3888.

Local Government Board's views as to utilization of, for teaching and training midwives, p. I. 26.

medical officers of, as approved teachers, (*Duncan*) 102-5, p. II. 12; (*Paget*) 785.

midwifery practice in: dissimilarity of conditions of, to those in lying-in hospitals, (*Wesley*) 3680-2.

midwifery training an attraction to probationer nurses and promotes efficiency, (*Wesley*) 3719-20.

objection of poor mothers to, (*Paget*) 841-4.

representation of, on C.M.B. desirable, (*Brown*) 1200-5.

small number of births involves longer period of training, (*Wesley*) 3697-8.

suggestions for increasing number of midwifery cases available for training in, (*Wesley*) 3721-5, 3751-65; (*Parsons*) 3838-41.

as training schools for midwives, (*Duncan*) 102-5, 143-7, 157-8; (*Wilson*) 936-41, 970-1005; (*Sinclair*) 2089-100, 2188-93; (*Johnstone*) 2743; (*Swinton*) 4442-516.

advantages of, (*Parsons*) 3791.

application of Rule 1, section C, (*Duncan*) 185-90.

Chorlton Union Infirmary, 2161-2, 2191-3.

POOR LAW INSTITUTIONS—*cont.*

as training schools for midwives—*cont.*

development of out-patient department desirable, (*Sinclair*) 2158-9.

differential treatment of, by C.M.B., as compared with voluntary hospitals, (*Parsons*) 3902, 3913, 3916.

economy of, (*Sinclair*) 2167.

feeling against, (*Young*), 6865, 6933-8.

Fulham Union Infirmary, (*Parsons*) *passim*.

full use made of, (*Wilson*) 846-52.

inspection of, by C.M.B., (*Duncan*) 203-14.

lack of outdoor cases a drawback to use of, (*Sinclair*) 2089-90.

no desire to alter present standard of training, (*Wesley*) 3726-30.

not fully utilised, (*Brown*) 1168-72; (*Wesley*) 3625-31, 3651-2; (*Parsons*) 3772-923; (*Swinton*) 4461-2.

number recognized by C.M.B., p. II. 12.

number rejected by C.M.B. (on account of insufficiency of births), p. II. 12.

recognition of, should be left to Local Government Board, (*Brown*) 1183, 1194-5; (*Parsons*) 3808, 3895-902, 3918-9.

refusal of C.M.B. to recognise, (*Brown*) 1206-9, 1227-30.

effects of non-recognition, (*Wesley*) 3719, 3731-2.

effects on nursing service, (*Brown*) 1209, 1223, 1234-41.

grounds for non-recognition, (*Wilson*) 936-41.

reasons for, not given (*Duncan*) 257; (*Brown*) 1204, 1228-30, 1259-63, 1273-5, 1290-4; (*Sinclair*) 2096-9, 2160-2.

resident medical officer should not be an essential, (*Swinton*) 4462.

Rotherham Union Workhouse, (*Robinson*) 2538-62.

structural defects no influence upon character of training, (*Parsons*) 3892-4.

value of training given in, (*Wesley*) 3642-50.

Whitechapel Infirmary, (*Duncan*) 211-9, 256.

utilization of, for training midwives for local service, (*Brown*) 1249-51, 1267-71, 1285-7.

## POOR LAW UNIONS ASSOCIATION:

evidence of President, (*Brown*) 1162-322.

## PORTSMOUTH:

scheme of medical officer of health for establishment of municipal maternity homes, (*Wilson*) 856-7, 944-7.

## POST-PARTUM HÆMORRHAGE:

necessity of adequate training of midwives in reference to, p. I. 46.

## PREMATURE BIRTH:

medical aid should be obtained by midwives in all cases of, (*Schröder*) 6470 *et seq.*

## PRIVY COUNCIL:

approval by, of Rules of C.M.B.: suggested amendment of section 3 of Act, (*Duncan*) 249-52.

## PRIZES FOR MIDWIVES:

result of, in reduction of infantile mortality in Rotherham, (*Robinson*) 2587.

## PROVIDENT MATERNITY CLUBS:

do not provide all the attendance required, (*Johnstone*) 2706-8.

in Oxford, (*Rivers-Willson*) 6627-33, 6649-57.

should be encouraged, (*Whitaker*) 5689-91; (*Taylor*) 5987-8.

suggested formation of, (*Hughes*) 2004-7.

system should not be compulsory, (*Hughes*) 2038-43.

## PUBLIC HEALTH ACT, 1875:

section 132: recovery from patient of expenses under; a dead letter, (*Harris*) 1156; section quoted, (*Whitaker*) 5621.

section 133: contains no provision for recovery of fee, (*Whitaker*) 5619-21; Manchester City Council pay fees of medical men under, (*Taylor*) 6004.



**PUBLIC HEALTH (LONDON) ACT, 1891:**  
reference to sec. 77, (*Murphy*) 4252-4.

**PUERPERAL FEVER [SEPSIS]:**

arrangements for treatment of cases of:  
at Liverpool, (*Hope*) 2940-1, 3053-4.  
at Manchester, (*Taylor*) 5980-2.  
deaths from:  
effect of Act in reduction of, (*Robinson*) 2457.  
number of, (*Wilson*) 965-8.  
reduction in number of, (*Johnstone*) 2748-51.  
statistics as to, p. I. 24.  
in Worcestershire: fluctuation of death-rate,  
(*Fosbrooke*) 3235.  
decrease of, (*Duncan*) 129.  
due to efficient inspection of midwives, (*Taylor*)  
5938-45.  
due to Midwives Act, (*Sinclair*) 2240-1.  
notification of:  
midwives should be required to notify cases of,  
to local supervising authority, (*Fosbrooke*)  
3169-77, 3253-7, 3381-4.  
not complete, (*Barwise*) 6418-9.  
statistics as to:  
not collected by C.M.B., (*Duncan*) 126-9,  
300-1.  
unreliability of, (*Taylor*) 6013-6.

**PUERPERAL MORBIDITY:**

effects of, (*Sinclair*) 2139, 2208-12.

**QUEEN VICTORIA'S JUBILEE INSTITUTE:**

affiliation to, of district nursing associations,  
(*Hughes*) 1876-7.  
meaning of, (*Hughes*) 1962-3.  
candidates for training by: no lack of, (*Hughes*)  
2027-8.  
county superintendents:  
appointment and status of, (*Hughes*) 1979.  
as inspectors of midwives, (*Hughes*) 1911-15.  
development of system of, (*Hughes*) 1753-5.  
emergency homes for nurses assisted by, (*Hughes*)  
1905-9.  
evidence of Miss Hughes, General Superintendent,  
1726-2063.  
funds of, (*Hughes*) 1943-52, 1994-5.  
grants from boards of guardians, (*Hughes*) 1786-8.  
minimum fee for midwives under rules of, (*Hughes*)  
2046-50.  
no official recognition of, (*Hughes*) 1806.  
number of nurses working under, (*Hughes*) 1751.  
nurses of:  
two classes of, (*Hughes*) 1748.  
as school nurses (*Hughes*) 1958.  
object of, and extent and nature of operations,  
(*Hughes*) 1727-47, 1875-6.  
organisation of, (*Hughes*) 1926-42.  
"provident" system of, (*Hughes*) 1765-74.

**Queen's Nurses:**

control over, (*Hughes*) 1964-8.  
cost of, (*Hughes*) 1848-55.  
as health visitors and school nurses, (*Trendell*)  
5084-6.  
not usually employed in rural districts, (*Hughes*)  
2062-3.  
qualification of, (*Hughes*) 1748.  
resident cottage nurses sometimes employed by  
affiliated associations, (*Hughes*) 1881-4, 1998-  
2000.  
shortage of midwives not anticipated by, (*Hughes*)  
2022-6.  
supply of midwives by, (*Hughes*) 1789-91, 1795.  
supervision by, of affiliated county associations,  
(*Hughes*) 1920-5.  
training of midwives for, (*Hughes*) 1816-19.  
Treasury aid not asked for by, (*Hughes*) 1959-60.

**Village Nurses:**

do not contribute towards cost of own training,  
(*Hughes*) 1831-2.  
midwifery fees of, (*Hughes*) 1767-9.  
more numerous in rural districts, (*Hughes*)  
1752.  
not allowed to take outside practice, (*Hughes*)  
1777-85.  
qualification of, (*Hughes*) 1749-50.  
salary of, (*Hughes*) 1775-6.

**QUEEN VICTORIA'S JUBILEE INSTITUTE—cont.**

wage-limit for cases which midwife is allowed to  
attend, (*Hughes*) 2033-5.  
work of, (*Hughes*) 1960-1.  
could be extended, if necessary funds were  
provided, (*Hughes*), 1789-91, 1953-8.  
other references to, (*Bruce*) 1358; (*Johnstone*)  
2818; (*Miles*) 5210.

**QUEEN'S NURSES:**

See under "Queen Victoria's Jubilee Institute."

**RATES AND TAXES:**

suggested remission of, on training homes, (*Broad-*  
*wood*) 368; p. II. 18.

**REGISTER OF BIRTHS:**

suggested entry in, of name of person delivering  
mother, (*Broadwood*) 419; (*Johnstone*) 2746-7,  
2831-42; (*Fosbrooke*) 3337-43; (*Kaye*) 3561-8,  
(*Handford*) 4065; (*Murphy*) 4435-6.

**REGISTER OF CASES:**

difficulty in getting midwives to keep, (*Duncan*)  
121-2.  
improvement in keeping of, by Liverpool midwives,  
(*Hope*) 2895.  
suggested preservation of, (*Duncan*) 121.  
suggested retention of, by local supervising autho-  
rity when midwife leaves district, (*Wilson*)  
1058-9; (*Fosbrooke*) 3367; (*Handford*) 4076-89.  
use of, in connection with penal proceedings  
against a midwife, (*Duncan*) 121-5.

**REGISTRATION OF BIRTHS:**

still-births should be registered, (*Broadwood*)  
503-4; (*Schröder*) 6515.

**REMUNERATION OF MEDICAL MEN SUM-  
MONED IN PURSUANCE OF RULE E. 18:**

absence of provision for:  
cause of hostility of medical men to midwives,  
(*Handford*) 3977, 4023-5.  
great cause of difficulty, (*Payet*) 795.  
obstacle to working of Act, (*Duncan*) 52;  
(*Murphy*) 4285; (*Young*) 6694.  
principal defect in Act, (*Sinclair*) 2101.  
action of guardians in regard to payment of:  
(*Johnstone*) 2768-77.  
in Derbyshire, (*Barwise*) 6269-71.  
in Dewsbury, (*Brown*) 1303-9.  
in Hertford, (*Miles*) 5196.  
in Lancashire, (*Sergeant*) 4559, 4574-5, 4579,  
4680-8.  
in London, (*Murphy*) 4268.  
in Notts, (*Handford*) 4130.  
in Oxford, (*Rivers-Willson*) 6535-9.  
in Rotherham, (*Robinson*) 2496-502.  
in Salford, (*Taylor*) 5906.  
in Wandsworth, (*McManus*) 5861.  
in West Riding, (*Kaye*) 3588, 3618.  
in Worcestershire, (*Fosbrooke*) 3182.  
after-attendance: difficulties as to, (*Whitaker*)  
5647-55; (*Flemming*) 5831-5; question of,  
(*Hope*) 3039-43; remuneration for, (*Woods*)  
1563-9; (*Rivers-Willson*) 6562-74; (*Young*)  
6853-4; should be at discretion of medical man,  
(*Woods*) 1552-5, 1696-706; should be given by  
medical man called in to emergency (*Rivers-*  
*Willson*) 6562.  
amount of fee, (*Woods*) 1536-43.  
fee should cover after-attendance, (*Woods*)  
1647; (*Rivers-Willson*) 6562, 6570.  
fee should cover emergency attendance only,  
(*Murphy*) 4384-7; (*Whitaker*) 5649-50.  
Local Government Board should determine,  
(*Murphy*) 4276-8, 4318; (*Taylor*) 5910;  
(*Rivers-Willson*) 6573-4; should exercise  
supervision over, (*Whitaker*) 5536-7.  
local supervising authority should fix, (*Ser-*  
*geant*) 4637.  
mileage fee for country cases, (*Flemming*)  
5809, 5830; (*Young*) 6782-4, 6855-6.  
poor law scale suggested, (*Young*) 6779-81.  
scale of fees adopted by:  
Manchester city council, (*Taylor*) 5889.  
Rotherham guardians, (*Robinson*) 2498.  
St. Helen's town council, (*Payet*) 604.



# REMUNERATION OF MEDICAL MEN SUMMONED IN PURSUANCE OF RULE E. 18—*cont.*

amount of fee—*cont.*  
 scale of fees suggested, (*Fosbrooke*) 3182-7;  
 by British Medical Association, (*Whitaker*)  
 5539-41, 5638-46; by London County  
 Council, (*Murphy*) 4274-5.  
 should be less than would be paid by well-to-do  
 patient, (*Handford*) 4128.  
 should be uniform throughout London,  
 (*Murphy*) 4228.  
 special fee for instrumental deliveries: dangers  
 of, (*Sergeant*) 4638-41.  
 uniform fee of one guinea, (*Young*) 6806-14,  
 6848-52; for cases of labour (*Young*) 6853;  
 to include after-attendance, (*Young*) 6854.  
 uniform fee of one guinea paid in Liverpool,  
 (*Hope*) 2914-7.  
 uniform fee suggested, (*Whitaker*) 5609-18,  
 5642-4.  
 analogy between midwifery cases and street  
 accidents, (*Woods*) 1674-80, 1712-17; (*Whitaker*)  
 5482-7, 5782-96.  
 attitude of boards of guardians, (*Woods*) 1532-3,  
 1613-27.  
 of medical profession, (*Woods*) 1526-31.  
 British Medical Association, evidence of represen-  
 tatives of, 5476-6016.  
 Central Midwives Board's recommendations in  
 regard to, p. I. 33.  
 collusion between midwives and doctors. See  
 "Collusion."  
 difficulties of recovering fees if paid by health  
 authorities, (*Harris*) 1155-60.  
 difficulty of securing payment at present, (*Woods*)  
 1520-5, 1616-9, 1660-73; (*Rivers-Willson*) 6533-4.  
 See also evidence of representatives of British  
 Medical Association, *passim*.  
 difficulty solved, when guardians have exercised  
 their powers, (*Hughes*) 1866, 1984-8.  
 distinction between midwifery cases and other  
 cases for the purposes of public payment, (*Woods*)  
 1674-80; (*Hope*) 2979-85; (*Handford*) 4133-7;  
 (*Murphy*) 4377-83.  
 doctors would always attend if fees were guaranteed,  
 (*Woods*) 1687-9.  
 emergencies; what should be regarded as, (*Whitaker*)  
 5645-6.  
 form of sending for medical help, sufficiency of  
 information in, (*Woods*) 1650-3.  
 guaranteed payment of, would facilitate working  
 of Act, (*Handford*) 4133-4; would remove feeling  
 of medical men against midwives, (*Handford*)  
 4023-5; (*Rivers-Willson*) 6607-8, 6626, 6634-5.  
 lists of medical men willing to attend should be  
 made and circulated, (*Paget*) 629-32; (*Woods*)  
 1725; (*Taylor*) 5919; (*Rivers-Willson*) 6641-3,  
 6663-6. See also (*Wilson*) 911-2.  
 Liverpool, arrangements in, for payment of, (*Hope*)  
 2914-21, 2968-78, 3024-38.  
 Local Government Board's circular of 29th July  
 1907:  
 action of Poor Law Unions Association,  
 (*Brown*) 1299-318.  
 action taken by guardians in Lancashire,  
 (*Sergeant*) 4559, 4574-5, 4579, 4680-8; by  
 Salford Guardians, (*Taylor*) 5906-7, 5973-8.  
 copy of, p. I. 27.  
 effect of, (*Duncan*) 53; (*Woods*) 1617, 1623-7;  
 (*Whitaker*) 5595; in West Riding, (*Kaye*)  
 3588-9.  
 guardians have not generally complied with,  
 (*Kaye*) 4554.  
 no action taken by boards of guardians in  
 Oxford city, (*Rivers-Willson*) 6535-40.  
 other references, (*Sergeant*) 4642-3, 4718-9;  
 (*Murphy*) 4264-6, 4269, 4314-7.  
 Local Government Board's views as to, p. I. 27.  
 in London, (*Murphy*) 4241-78.  
 London and Counties Medical Protection Society,  
 evidence of representative, (*Woods*) 1513-725.  
 Manchester, payment of, by city council, (*Sinclair*)  
 2110-22; (*Taylor*) 5889.

# REMUNERATION OF MEDICAL MEN SUMMONED IN PURSUANCE OF RULE E. 18—*cont.*

medical men:  
 duty of, to try to get fee from patients, (*Hope*)  
 3035-8; (*Whitaker*) 5605-8, 5716-9.  
 obligation on, to attend if fee were guaranteed,  
 (*Murphy*) 4352; (*Whitaker*) 5797-800;  
 (*Taylor*) 5912-20.  
 Midwives Institute; statement of, in regard to,  
 (*Paget*) 604.  
 necessity of provision being made for, (*Hope*) 2921.  
 Newport (Mon.); statement of medical officer of  
 health as to, p. I. 45.  
 number of cases in which medical aid is sought by  
 midwives, (*Sergeant*) 4576-7.  
 patient should nominate doctor to be called in,  
 (*Whitaker*) 5555, 5647; (*Taylor*) 5984.  
 payment of, by midwife, (*Paget*) 604; (*Messenger*)  
 5398-9, 5421, 5435-44; (*Young*) 6712-4.  
 payment of, by nursing associations, (*Paget*) 604;  
 (*Miss Stephenson*) 4776-8.  
 payment of, should be guaranteed in all cases,  
 (*Duncan*) 159-71; (*Woods*) 1534-5, 1551, 1692-5;  
 (*Fosbrooke*) 3182-7, 3279-88, 3309-22; (*Kaye*)  
 3590-619; (*Murphy*) 4270-4, 4310-8; (*Whita-*  
*ker*) 5534, 5702-15, 5726-9; (*Young*) 6680, 6778.  
 payment of, should be made by:  
 county councils (or local supervising authori-  
 ties), (*Paget*) 628-40, 738-44; (*Wilson*)  
 907-12; (*Sinclair*) 2179; (*Handford*) 3978,  
 4126-50; (*Sergeant*) 4554-79, 4675-7, 4717-  
 20; (*Rivers-Willson*) 6556-61.  
 guardians, (*Duncan*) 59, 159-71; (*Hughes*)  
 1984-8; (*Fordham*) 2332-5; (*Fosbrooke*)  
 3182-7, 3279-88, 3309-22; (*Murphy*) 4270-4,  
 4310-8; (*Gregory*) 5292-7, 5355-61; objec-  
 tions to, (*Sinclair*) 2182-7, 2232-3.  
 health authorities, (*Whitaker*) 5534, 5658-84,  
 5741-5; (*McManus*) 5883; (*Taylor*) 5921-7.  
 See also (*Duncan*) 60-62.  
 some public authority, (*Woods*) 1534-5, 1551,  
 1692-5; (*Kaye*) 3590-619.  
 payment of, should not in general be a charge on  
 public funds, (*Fordham*) 2332-5.  
 proportion of cases in Notts, in which medical aid  
 is summoned, (*Handford*) 4139-41.  
 St. Helens; payment of, by town council, details  
 of scheme, (*Paget*) 604.  
 suggested payment of, by nursing associations to  
 which guardians should subscribe, (*Fordham*)  
 2338.

REPORT:  
 on work of ophthalmia ward, St. Paul's Hospital,  
 Liverpool, by Mr. A. Nimmo Walker, p. I. 44.

RIVERS-WILLSON, Dr. A.:  
 evidence of, 6524-684.

ROBINSON, Dr. A.:  
 evidence of, 2454-653.

ROLL OF MIDWIVES:  
 alteration of form of, suggested, (*Duncan*) 297-9;  
 (*Murphy*) 4413-8.  
 names of dead women on, (*Handford*) 4073-5.  
 penalty for continuing to practise after being  
 removed from, advocated, (*Harris*) 1118; (*Fos-*  
*brooke*) 3135-9, 3265-73; (*Kaye*) 3528-9; (*Hand-*  
*ford*) 4160-3; (*Barwise*) 6411-14.  
 removal from:  
 number of cases of, (*Duncan*) 80.  
 of midwives who voluntarily resign, (*Duncan*)  
 289-96.  
 retention of certificate after, should be a  
 penal offence, (*Handford*) 3978, 4047-9,  
 4165.  
 statutory authority for, desirable, (*Fordham*)  
 2359-61; p. I. 36.  
 restoration to:  
 local supervising authority should be con-  
 sulted before a name is re-instated, (*Fos-*  
*brooke*) 3130-4; (*Sergeant*) 4580-2, 4659-66.  
 no application for, should be considered  
 within one year from date of removal,  
 (*Sergeant*) 4582-5, 4662-6.



**ROLL OF MIDWIVES—cont.**

- suggestion for keeping roll up to date, (*Handford*) 4067-74.
- suggestion that names should be arranged in, according to counties, (*Murphy*) 4413-8. See also (*Duncan*) 297-9; (*Handford*) 4070.

**ROTHERHAM:**

- "churchyard luck"; sinister reason for employment of uncertified women, (*Robinson*) 2602-6.
- difference between numbers of cases attended by individual midwives, (*Robinson*) 2607-10.
- difficulty with medical men ceased when guardians undertook to pay their fees, (*Robinson*) 2495-503.
- evidence of medical officer of health, (*Robinson*) 2454-653.
- female health visitor: work of, (*Robinson*) 2460-3; necessity for more visitors, (*Robinson*) 2594.
- lectures to midwives, (*Robinson*) 2471-5.
- medical fees: payment of, by guardians, (*Robinson*) 2495-503, 2563, 2611-4.
- midwives:
  - beneficial influence of, (*Robinson*) 2504-7.
  - improvement in methods of: means adopted for, (*Robinson*) 2470-5.
  - number of births attended by, (*Robinson*) 2483.
  - remuneration of, (*Robinson*) 2508.
  - supply of: present sufficiency, (*Robinson*) 2481-2; probable future difficulty, (*Robinson*) 2484-94.
  - training of, at workhouse hospital, (*Robinson*) 2538-62.
- Notification of Births Act:
  - in force in, (*Robinson*) 2590-2.
  - non-compliance by medical men with, (*Robinson*) 2624-30.
- uncertified midwives in, (*Robinson*) 2508-16, 2564-74.
- practice of, not diminishing, (*Robinson*) 2602-6.
- voluntary health association in: work of, (*Robinson*) 2460-3, 2595-6.

**ROYAL COMMISSION ON THE BLIND, &c., 1889:**

- views of, on Credé's method for prevention of ophthalmia neonatorum, (*Mr. Stephenson*) 6119-21.
- other reference to, (*Mr. Stephenson*) 6021.

**ROYAL MATERNITY CHARITY:**

- system of, in regard to employment of doctors to attend midwives' cases when wanted, (*Broadwood*) 633.

**RULES OF CENTRAL MIDWIVES BOARD:**

- admissibility of, as evidence, (*Duncan*) 282.
- approval of, by Privy Council, (*Duncan*) 249-52.
- Form VIII.: suggested modification of, for midwives who only practise as such in emergencies, (*Handford*) 4065-6, 4171-2.
- section A., Rule 6. Quorum of four, (*Fordham*) 2285-7; (*Young*) 6731-4.
- section C.:
  - Rule 1: in relation to the recognition of poor-law institutions, (*Duncan*) 185-90; views on requirement of, as to twenty deliveries, (*Broadwood*) 409-11; (*Sinclair*) 2195-8; (*Johnstone*) 2732-41, 2778; (*Hope*) 3091; (*Wesley*) 3636-7; (*Swinton*) 4516; (*Gregory*) 5341-51; (*Whitaker*) 5553, 5776-8, 5801-4; (*Parsons*) 3780-8, 3821-9, 3844-62, 3875-87, 3923. See also "Training of Midwives; standard of C.M.B. for."
- section E.:
  - application of, to poor-law institutions by Local Government Board, (*Handford*) 4107-9; p. I. 26.
  - exemption from some Rules in, of hospitals, (*Parsons*) 3903-5; of hospitals and poor-law institutions, (*Wilson*) 991-6, 1036-7; of poor-law institutions, (*Paget*) 837-40; (*Parsons*) 3871-4; (*Handford*) 4104-9.
  - Rule 2 (a): untrained women should be prohibited from carrying catheters, (*Whitaker*) 5724-5.
  - Rule 14: suggested alteration, (*Mr. Stephenson*) 6040 *et seq.*

**RULES OF CENTRAL MIDWIVES BOARD—cont.**

- section E.—cont.
  - Rule 16: reference to, (*Broadwood*) 399-401.
  - Rule 18: see "Remuneration of medical men," &c.
  - Rule 19: medical aid should be obtained by midwives in all cases of premature birth, (*Schröder*) 6470 *et seq.*; in all cases of purulent discharge, (*Mr. Stephenson*) 6034-6.
  - Rule 21 (a): Form of sending for medical help: sufficiency of information in, (*Woods*) 1650-3.
- section F.: how interpreted in Derbyshire, (*Barwise*) 6421-4; see also "Midwives: suspension of."
- suggestions for alterations in, with a view to prevention of ophthalmia neonatorum, (*Mr. Stephenson*) 6031-60.

**RURAL DISTRICTS:**

- annual licences for handy-women in, might be issued by local supervising authorities, (*Kaye*) 3412, 3448-9, 3462-3, 3489-90. See also "temporary licences" below.
- central homes for emergency nurses, (*Broadwood*) 388-91.
- combination of district nursing, school nursing and midwifery, (*Hughes*) 2951-5; (*Kaye*) 3554-5, 3585-7.
- desirability of resident cottage nurse system, (*Broadwood*) 499-502.
- difficulties in Wiltshire solved by county nursing association, (*Miss Stephenson*) 4801.
- district training best for midwives in, (*Broadwood*) 376-7.
- grants by county associations for maintenance of midwives in, would remove difficulties, (*Hughes*) 1901.
- grouping of nursing associations in, (*Broadwood*) 389.
- increase of voluntary associations supplying midwives in, (*Johnstone*) 2754.
- "lending centres": a means of supplying midwives for, (*Miss Stephenson*) 4836-45.
- midwives:
  - deficiency of, (*Barwise*) 6226-8.
  - difficulty of, in getting a living in, (*Broadwood*) 347, 395-7; (*Wilson*) 368-86; (*Bruce*) 1354, 1378; (*Johnstone*) 2677-80; (*Kaye*) 3400-3; (*Sergeant*) 4632; (*Miles*) 5209; (*Flemming*) 5819-20; (*Young*) 6741.
  - highest class of, required in, (*Sinclair*) 2072-8, 2163-4, 2168-72.
  - increased demand for, in, (*Johnstone*) 2752-3.
  - inferior social class of, more useful in, (*Johnstone*) 2781.
  - should be qualified in general nursing, (*Sinclair*) 2079-80.
  - should receive more training than town midwives, (*Wilson*) 875, 919-25.
  - supply of, in, (*Duncan*) 30-1.
  - difficulties of, (*Bruce*) 1372-96.
- modified examination for candidates who intend to serve in, (*Duncan*) 39-51; (*Paget*) 580-603; (*Bruce*) 1365-9.
- payment of travelling expenses, examination fees, &c., of candidates from (*Kaye*) 3573.
- Queen's Nurses not usually employed in, (*Hughes*) 2062-3.
- telephones in, (*Kaye*) 3531-5.
- temporary licences for uncertified women in:
  - advocated, (*Barwise*) 6209, 6214, 6219, 6229, 6335-8, 6387-92, 6453-66; (*Kaye*) 3412, 3448-9, 3462-3, 3489-90.
  - objected to, (*Wilson*) 1049-52; (*Sergeant*) 4613.

**RURAL MIDWIVES ASSOCIATION:**

- evidence of President, (*Johnstone*) 2654-849.
- objects, resources and work of, (*Johnstone*) 2655-62, 2798-811.
- training of midwives by, (*Johnstone*) 2755-9.

**RUSSIA:**

- training of midwives in, (*Sinclair*) 2143; (*Gregory*) 5278, 5301-3.



**ST. GEORGE'S-IN-THE-EAST:**

medical men of, resolve not to attend midwives' cases, (*Duncan*) 172-80, 264-5; no arrangements by guardians for payment of, (*Murphy*) 4430-4.

**ST. GEORGE'S-IN-THE-EAST INFIRMARY:**

accommodation of, (*Wesley*) 3631-5.  
births in: number of, (*Wesley*) 3633-4, 3679.  
candidates sent up from, to London Obstetrical Society's examination, (*Wesley*) 3714-5.  
evidence of matron of, (*Wesley*) 3621-771.  
five certified midwives on staff of, (*Wesley*) 3678.  
refusal of C.M.B. to recognise medical superintendent as a teacher, (*Wesley*) 3667-9, 3733-5.

**ST. GEORGE'S UNION WORKHOUSE, BUCKINGHAM PALACE ROAD:**

candidates formerly trained for London Obstetrical Society's examination, (*Swinton*) 4464, 4500-2.  
evidence of matron of, (*Swinton*) 4442-516.  
probationers from infirmary might have midwifery training at, (*Swinton*) 4490-1.  
recognition as training school not applied for, (*Swinton*) 4454-6, 4465-6.  
Rules of C.M.B. carried out, so far as applicable, (*Swinton*) 4509-11.

**ST. HELENS:**

scheme in force for payment by town council of medical men summoned to midwives' cases, (*Paget*) 604.

**SALFORD:**

abortifacients: use of, in, (*Taylor*) 6007-12.  
attitude of medical men in, (*Taylor*) 5930.  
births attended by midwives: number of, (*Taylor*) 5898, 5959.  
medical fees, payment of:  
action of board of guardians, (*Taylor*) 5906-9, 5968-79.  
amount of payments by guardians, (*Taylor*) 5958.  
difficulties in, as regards, (*Sinclair*) 2108-9, 2235-7.

**SANITARY AUTHORITIES:**

recovery by, from patients of cost of maintenance in isolation hospitals, (*Harris*) 1155-6; (*Whitaker*) 5620-1, 5735-41.  
suggested payment by, of fees of medical men in midwives' cases. See under "Remuneration of medical men."

**SCANDINAVIA:**

training of midwives in, (*Gregory*) 5278.

**SCHOLARSHIPS FOR MIDWIFERY:**

given by county councils: Derbyshire, (*Barwise*) 6202; Essex, (*Bruce*) 1378; Lancashire, (*Sergeant*) 4629-31; Leicestershire, (*Bruce*) 1378; London, (*Murphy*) 4235, 4367-9; Notts, (*Harris*) 1105-7; (*Handford*), 4006-11, 4113-5; West Riding, (*Kaye*) 3436-40; Wilts, (*Miss Stephenson*) 4788-92; Worcestershire, (*Fosbrooke*) 3197.  
difficulty in West Riding of obtaining suitable candidates, (*Kaye*) 3436-40.  
small demand in Lancashire for, (*Sergeant*) 4629-31.  
want of success of, in London, (*Murphy*) 4235.  
given by Midwives Institute, (*Paget*) 657-9.  
list of, given by county councils in counties affiliated to Jubilee Institute, (*Hughes*) 1833.

**SCHOOL NURSE:**

assists county superintendent in inspections, (*Hughes*) 1910.  
employment of village nurse-midwives as, (*Hughes*) 2051-5; (*Fosbrooke*) 3387-91; (*Kaye*) 3554-5, 3585-7; (*Handford*) 4098-100.

**SCHRÖDER, Mr. W.:**

evidence of, 6467-523.

**SCOTLAND:**

extension of Act to, not within scope of reference, (*Whitaker*) 5561.  
training schools for midwives in, (*Duncan*) 15.

**SECRETARY OF CENTRAL MIDWIVES BOARD:**

evidence of, (*Duncan*) 1-325.

**SERGEANT, Mr. E.:**

evidence of, 4517-4720.

**SHROPSHIRE:**

child-birth mortality in, (*Wilson*) 1031-5.  
midwives in rural districts of, (*Wilson*) 879-83.

**SINCLAIR, Sir WM., M.D.:**

evidence of, 2064-241.

**SOCIETY OF APOTHECARIES:**

evidence of representative on C.M.B., (*Young*) 6685-938.  
not sufficiently representative of general medical practitioners, (*Whitaker*) 5542-8.  
number of licentiates, (*Whitaker*) 5543, 5604; (*Young*) 6688.

**SOCIETY OF MEDICAL OFFICERS OF HEALTH:**

evidence of President of, (*Sergeant*) 4517-720.  
representative character of, (*Sergeant*) 4697-706.

**SOMERSETSHIRE:**

combination of offices of county superintendent (Jubilee Institute) and inspector of midwives (county council), (*Hughes*) 1912.  
midwives:  
difficulty of earning a living in, (*Bruce*) 1386.  
insufficient supply of, (*Broadwood*) 342.  
uncertified women in practice, number of, (*Bruce*) 1346.

**SOUTH SHIELDS:**

effect in, of section 1 (2) of Act, (*Bruce*) 1339.

**STAFFORDSHIRE:**

administration of Act in, (*Wilson*) 926-35.  
effect as regards, of alteration of basis of apportionment, (*Duncan*), 89.  
other reference to, (*Wilson*) 1034-5.

**STATISTICAL INFORMATION:**

mortality from puerperal sepsis and accidents of childbirth, p. I. 24.

**STEPHENSON, Miss K.:**

evidence of, 4721-958.

**STEPHENSON, Mr. SYDNEY:**

evidence of, 6017-194.

**STILL-BIRTHS:**

abortifacients as a cause of, (*Miles*) 5181-93, 5242-4, 5268-9.  
inferior midwives have more, than better qualified ones, (*Hope*) 3057-8.  
notification by midwife of live birth as still-born, (*Fosbrooke*) 3165-8.  
number of, notified by Liverpool midwives, (*Hope*) 2908-9.  
registration of: necessity for, (*Broadwood*) 503-4; (*Schröder*) 6515.  
value of Notification of Births Act in connection with, (*Fosbrooke*) 3353-6.

**SUFFOLK:**

midwives: difficulty of self-maintenance in, (*Bruce*) 1386. See also "East Suffolk."

**SUPERINTENDENT MIDWIVES:**

suggested new class of midwives with increased training, to be known as, (*Broadwood*) p. II. 18.

**SUPPLY OF MIDWIVES:**

annual licences for uncertified women in rural districts. See "Annual Licences."

candidates for training:

difficulty of obtaining, (*Bruce*) 1403-9.  
expense a deterrent to, (*Wesley*) 3664-5, 3672; (*Handford*) 3978, 3990.  
no lack of, (*Hughes*) 2027, 2056-8; (*Johnstone*) 2712, 2760, 2821; (*Miss Stephenson*) 4773-5, (*Trendell*) 5014-5.

co-operation between county councils in regard to: desirability of, (*Hughes*) 1820-30.

could be increased by fuller use of poor law institutions as training schools, (*Brown*) 1190-5.

County Councils Association: resolution of, (*Fordham*) 2326-31.

deficiency in:

anticipated in 1910, (*Johnstone*) 2795.  
C.M.B.'s figures as to, (*Duncan*) 106-18; views on, (*Duncan*) 27-51.

co-operation between county councils and voluntary associations would meet, (*Paget*) 567-76, 668.



**SUPPLY OF MIDWIVES—cont.**

## deficiency in—cont.

- due to action of nursing associations, (*Handford*) 4168.  
 extent of, (*Duncan*) 29-31.  
 in Herefordshire: no deficiency, (*Trendell*) 5027-33, 5050-1, 5120-1.  
 in Herts: no deficiency, (*Miles*) 5208-9, 5236-7, 5267.  
 in Lancs: not considerable, (*Sergeant*) 4586-99, 4694-6.  
 in Liverpool: not anticipated, (*Hope*) 2913.  
 in London: no deficiency, (*Murphy*) 4214-8 much exaggerated, (*Sergeant*) 4586, 4623.  
 no deficiency in, if properly distributed, (*Young*) 6736-9, 6785-93, 6866-74.  
 not anticipated, (*Hughes*) 2022-6; (*Sergeant*) 4623.  
 in Notts: probable deficiency, (*Handford*) 3990-7.  
 returns from local supervising authorities as to extent of, (*Duncan*) 27-37.  
   summary of, p. I. 31.  
 in rural districts, (*Duncan*) 29-31; (*Paget*) 532-4; (*Gregory*) 5285; (*Barwise*) 6226-8.  
 will be general, (*Broadwood*) 335-46, 452-65.  
 will depend upon interpretation of sect. 1 (2), (*Handford*) 3978; (*Sergeant*) 4623.  
 in Wilts: possible deficiency as *bona fide* midwives drop out, (*Miss Stephenson*) 4785-6, 4917-9.  
 in Worcestershire: deficiency not expected, (*Fosbrooke*) 3190-221.  
 demand will create supply, (*Johnstone*) 2820; (*Murphy*) 4214-5.  
 depends upon remuneration, (*Harris*) 1161.  
 difficulty of obtaining midwives for rural districts, (*Bruce*) 1372-96.  
 effect of section 1 (2) of Act, (*Wilson*) 1638-42.  
 excess of; in London, (*Murphy*) 4360; in North of England, (*Sinclair*) 2065-70, 2130-4, 2213-4.  
 improvement in class of candidates for training, (*Johnstone*) 2761-2.  
 increase of, probable, (*Messenger*) 5464-70.  
 "lending centres": a means of reducing number of midwives required in rural districts, (*Miss Stephenson*) 4836-45.  
 limitation of, suggested, (*Sinclair*) 2214-5.  
 no difficulty in getting suitable women, (*Hughes*) 1820.  
 organised distribution the necessity, (*Hughes*) 1807-8; (*Johnstone*) 2674-6; (*Kaye*) 3491-6; (*Trendell*) 5120-1.  
 qualified midwives who neglected to enrol themselves might be given a further opportunity, (*Hope*) 2995-7, 3055-6, 3088-9. See also (*Kaye*) 3572-3; (*Sergeant*) 4606-13.  
 by Queen Victoria's Jubilee Institute, (*Hughes*) 1789-95.  
 summary of information furnished to C.M.B. by L.S.A.'s, with reference to, p. I. 31.  
 temporary licences for uncertified women. See "Temporary licences."  
 women in *bona fide* practice before 1902 and not enrolled should be given another opportunity of enrolment, (*Kaye*) 3572-3; (*Sergeant*) 4606-13. See also (*Hope*) 2995-7.  
 would be sufficient if local supervising authorities would make arrangements for training, (*Hope*) 2962.

**SURREY:**

midwives practising in, (*Duncan*) 34-5.

**SUSSEX:**

grants to nursing associations in, by boards of guardians, (*Johnstone*) 2772-3.  
 See also "East Sussex."

**SWANAGE:**

cottage hospital at, used as maternity home, (*Wilson*) 865.

**SWINDON:**

training home at, (*Miss Stephenson*) 4739, 4822-4, 4939-45.

**SWINTON, Mrs.:**

evidence of, 4442-516.

**TAYLOR, Mr. J. H.:**

evidence of, 5884-6016.

**TEACHERS OF MIDWIFERY.** See under "Training of Midwives."**TEMPORARY LICENCES:**

for uncertified women in rural districts:  
 advocated, (*Kaye*) 3412, 3448-9, 3462-3, 3489-90; (*Barwise*) 6209, 6214, 6219, 6229, 6335-8, 6387-92, 6453-66.  
 objected to, (*Wilson*) 1049-52; (*Sergeant*) 4613.  
 See also "Annual Licences."

**TIVERTON UNION:**

payment by guardians to local nursing association based upon services rendered by midwife, (*Hughes*) 1788, 1969-73.

**TRAINED NURSES:**

number of deliveries required by Rules of C.M.B. to have been performed by candidates for certificates might be reduced in case of fully-trained nurses, (*Parsons*) 3780-8, 3821-9, 3844-62, 3875-87, 3923; objected to, (*Johnstone*) 2732-41, 2778.

**TRAINING OF MIDWIVES:**

assistance from public funds:  
 cost of training should not be a charge on public funds, (*Fordham*) 2313-9.  
 county councils should be empowered to give grants for, (*Broadwood*) 362-8, 479-81; (*Paget*) 567-70, 671-3; (*Wilson*) 867; (*Hughes*) 1838-40. See also (*Miss Stephenson*) 4925-30.  
 expenditure by county councils on, should be chargeable on county fund, (*Fordham*) 2307-9.  
 grants and scholarships for, given by county councils in counties affiliated to Jubilee Institute, (*Hughes*) 1833, 1910.  
 grants for, by county councils, are available only for women in county, (*Hughes*) 1820-30.  
 Herefordshire: grant given by county council, (*Trendell*) 5003-6.  
 Government grant, if given, should be applied to, (*Hughes*) 1895-1904.  
 necessity for, (*Hughes*) 1842-7; (*Johnstone*) 2695-711; (*Trendell*) 5026. See also (*Miss Stephenson*) 4925-30.  
 local authorities should help, (*Robinson*) 2518-24.  
 Local Government Board or county council should give grants for, (*Miss Stephenson*) 4925-30.  
 local supervising authorities should be empowered to contribute to, (*Handford*) 3978, 4121-3; (*Sergeant*) 4605-6, 4627-32.  
 subsidy from public funds for rural districts, (*Gregory*) 5362-3.  
 by Association for Promoting the Training and Supply of Midwives, (*Bruce*) 1327-31.  
 combination of public authority and voluntary effort necessary, (*Wilson*) 867-8.  
 co-operation for lectures between different training schools in one centre, (*Hope*) 2882, 3080-3.  
 cost of, (*Broadwood*) 365-6; (*Paget*) 571-2, 745-59; (*Bruce*) 1448-9; (*Hughes*) 1816-19; (*Johnstone*) 2663-6; (*Hope*) 2877-9; (*Wesley*) 3638-40; (*Murphy*) 4226-34; (*Trendell*) 5011.  
 a deterrent to candidates, (*Broadwood*) 411; (*Wesley*) 3664-5, 3672; (*Handford*) 3978-90.  
 midwives should pay for their own training, (*Miles*) 5240, 5267.  
 probable cost of, in suggested municipal maternity homes, (*Wilson*) 858-9.  
 Swindon Training Home: fees charged at, (*Miss Stephenson*) 4739.  
 county councils should be entrusted with selection and training of midwives, (*Sinclair*) 2084-8, 2224-30.  
 at Dewsbury Union Infirmary, (*Brown*) 1216-26, 1278-80.



TRAINING OF MIDWIVES—*cont.*

in foreign countries, (*Sinclair*) 2137, 2142-3, 2146;  
(*Gregory*) 5278, 5299-310; see also p. I. 48.  
inspection of arrangements made by local  
authorities for supervision of, should be in  
hands of C.M.B., (*Whitaker*) 5550-2, 5766-77;  
(*Flemming*) 5811-15, 5823-9.

length of:

longer training necessary in small institu-  
tions is an advantage, (*Wesley*) 3697-8.

midwives for rural districts should have longer  
training than town midwives, (*Wilson*)  
919-25.

minimum period should be increased, (*Bruce*)  
1351-3, 1410-12.

three months insufficient, (*Gregory*) 5274-8;  
should be the minimum period, (*Johnstone*)  
2779-80.

two years' training desirable, (*Gregory*) 5277-  
82, 5301, 5337-40, 5366-7.

Liverpool: more candidates could be trained at,  
(*Hope*) 3095.

nature of:

class-instruction: desirability of, (*Duncan*)  
259; (*Sinclair*) 2194-207.

district training: best for rural midwives,  
(*Broadwood*) 376-7; (*Johnstone*) 2669.

importance of, (*Sinclair*) 2141-5.

general nursing training desirable, (*Wilson*)  
988; (*Sinclair*) 2164; (*Gregory*) 5366-7.

hospital and district training should be com-  
bined, (*Bruce*) 1416; (*Swinton*) 4469, 4516;  
(*Gregory*) 5368-70.

some institutional training desirable for all  
midwives, (*Wilson*) 913-15.

value of institutional training, (*Wesley*) 3695-6.

pemphigus: necessity for adequate training in  
diagnosis of, p. I. 46.

poor law institutions: use of, for. See "Poor law  
institutions."

post-partum haemorrhage: necessity for adequate  
training in reference to, p. I. 46.

recognised training schools:

conditions of recognition imposed by C.M.B.  
create difficulty, (*Brown*) 1181-8.

continuity of cases in: necessity of, (*Duncan*)  
259-60.

in Liverpool, (*Hope*) 2869-73.

in-patients not a *sine qua non*, (*Duncan*) 101.

poor law institutions as. See "Poor law  
institutions."

reason of C.M.B. for fixing minimum number  
of labours, (*Duncan*) 259-60.

recognition of, by C.M.B., (*Duncan*) 9-26,  
95-105, 136-46, 192-223, 229-32, 259-63.

grounds not given for refusal of, (*Duncan*)  
220-2, 257-8.

Rotherham: difficulty of getting training in,  
(*Robinson*) 2543-7.

Rural Midwives Association: work of, (*Johnstone*)  
2755-9.

scholarships for. See "Scholarships for Mid-  
wifery."

small institutions for: disadvantages of, (*Wilson*)  
916-8.

standard of C.M.B. for:

number of deliveries: might be reduced to 10  
in case of fully-trained nurses, (*Parsons*)  
3780-8, 3821-9, 3844-62, 3875-87, 3923;

restricts number of candidates, (*Brown*)  
1253-8; should not be less than 20, (*Hope*)  
3091; should not be reduced even for

trained nurses, (*Johnstone*) 2732-41, 2778;  
the irreducible minimum, (*Sinclair*) 2195-8.

requirements not too severe, (*Swinton*) 4516.  
should not be lowered, (*Fosbrooke*) 3232-4.

See also "Rules of C.M.B.: section C, Rule 1."

teachers of midwifery:

approved of, by C.M.B., (*Duncan*) 10, 15-23,  
95-100, 136-42, 148-51, 226-8, 233-6.

general practitioners might more often be  
appointed, (*Young*) 6768-77, 6824-42.

list reviewed by C.M.B. every year, (*Paget*)  
771.

TRAINING OF MIDWIVES—*cont.*

teachers of midwifery—*cont.*

poor law medical officers as, (*Duncan*) 102-5,  
p. II. 12; (*Paget*) 785.

private teachers should not be recognised,  
(*Sinclair*) 2155-7.

tuition by correspondence, (*Duncan*) 312-5;  
(*Paget*) 773-84, 802.

training homes:

establishment of, suggested, (*Broadwood*) 368-  
72; (*Johnstone*) 2742.

loans from county councils for establishment  
of, (*Broadwood*) p. II. 18.

might be nearly self-supporting, (*Broadwood*)  
369; (*Johnstone*) 2822-8.

municipal training homes advocated, (*Wilson*)  
854-60; (*Sinclair*) 2146; not desirable,  
(*Gregory*) 5335.

necessity for more, (*Hughes*) 1916-9.

rates and taxes on: suggested remission of,  
(*Broadwood*) 368, p. II. 18.

support of, not within the scope of Jubilee  
Institute's work, (*Hughes*) 1918-9.

used by Jubilee Institute: list of, (*Hughes*)  
1816.

vaginal examinations, necessity of, (*Parsons*) 3847-  
51, 3884-7; (*Messenger*) 5450-61.

by Worcestershire local supervising authority,  
(*Fosbrooke*) 3197-212.

TRAINING SCHOOL FOR DISTRICT MID-  
WIVES, WOOLWICH:

evidence of Miss A. Gregory, district superinten-  
dent, 5250-475c.

length of training at, (*Gregory*) 5321-2.

TREASURER OF CENTRAL MIDWIVES  
BOARD:

evidence of, (*Fordham*) 2242-449.

## TRENDELL, Miss L. K.:

evidence of, (4959-5137).

## UNCERTIFIED WOMEN:

"covering" by medical men of the practice of,  
(*Fosbrooke*) 3106-29, 3237-50, 3293-301; (*Kaye*)  
3409-12; (*Sergeant*) 4518-33, 4547-50, 4619-25,

4667-74, 4707-8; (*Whitaker*) 5747-65.

effect of section 1 (2) in Rotherham, (*Robinson*)  
2564-74.

fees charged by, in Oxford, (*Dodd*) 6955-8, 6969.

modified licences for: issue of, objected to,  
(*Sergeant*) 4613.

Notification of Births Act: use of, in helping to  
trace, (*Hope*) 2945-6.

number of, in practice as midwives: difficulty of  
obtaining information as to, (*Hughes*) 1793-4,  
1809-14; (*Johnstone*) 2680-9.

number of, practising in Liverpool (*Hope*) 2858.

qualified midwives who neglected to enrol them-  
selves might be given a further opportunity of  
doing so, (*Hope*) 2995-7, 3055-8, 3088-9.

reasons for employment of, (*Miles*) 5164-6.

remuneration of, in Herts, (*Miles*) 5166-7.

sinister reason for employment of, in Rotherham,  
(*Robinson*) 2597-606.

suggested re-enactment of section 2 of Act,  
(*Kaye*) 3571; (*Sergeant*) 4606-13.

## UNQUALIFIED ASSISTANTS:

employment by midwives of, should be checked,  
(*Whitaker*) 5770-1; see also (*Miles*) 5161.

## UNQUALIFIED SUBSTITUTE:

employment of, by midwife should be a penal  
offence, (*Fordham*) 2359; p. I. 35.

## VILLAGE NURSE-MIDWIVES:

as health visitors, school nurses, and infant pro-  
tection visitors, (*Stephenson*) 4955-8.

VILLAGE NURSES. See under "Queen Victoria's  
Jubilee Institute."

## VOLUNTARY HEALTH ASSOCIATION:

work of, in Rotherham, (*Robinson*) 2460-3, 2595.

## WALES:

inactivity of authorities in, (*Duncan*) 87.

lack of county nursing associations in, (*Paget*) 670.

lack of nursing associations in, (*Johnstone*) 2818.

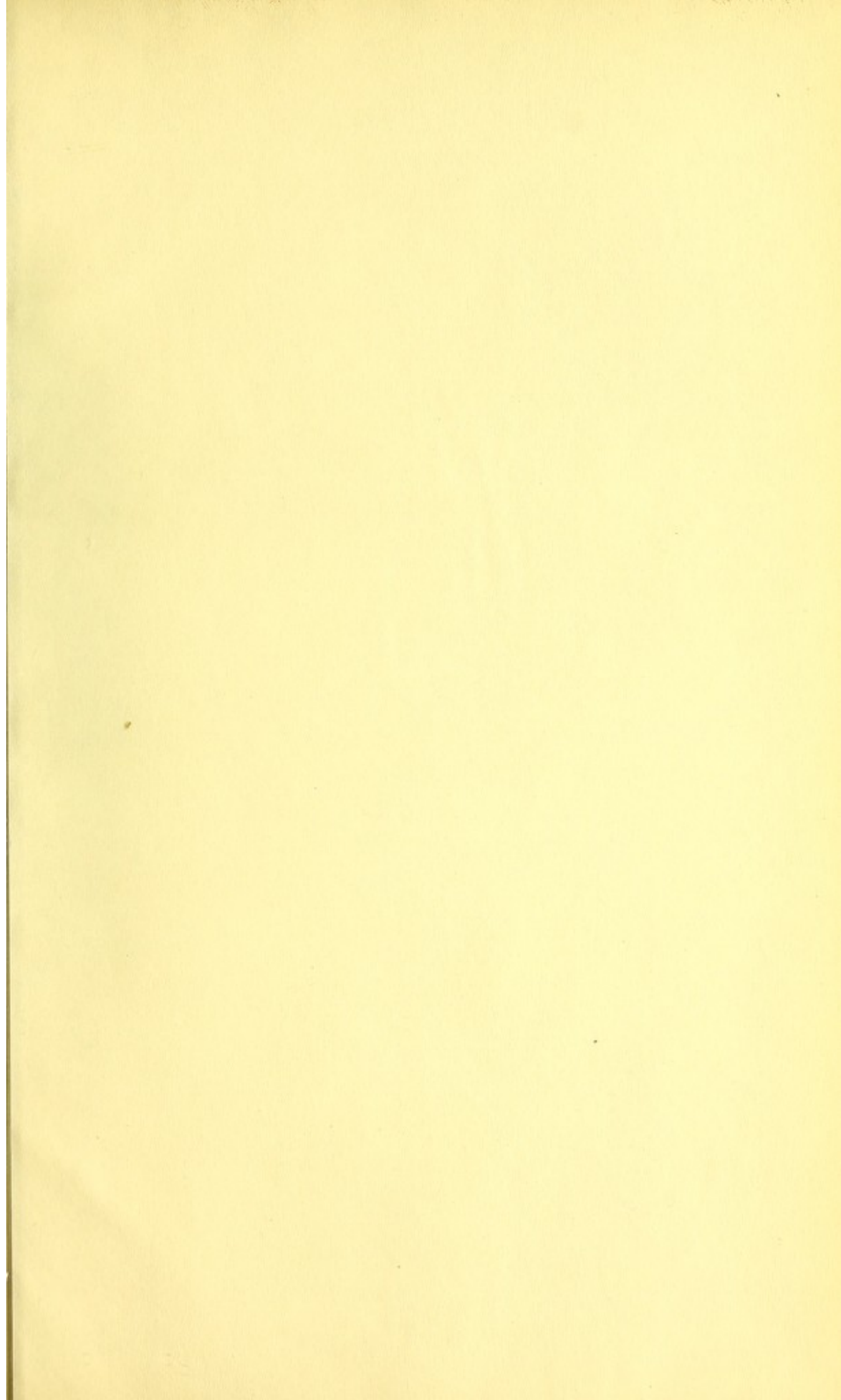


- WALKER, Mr. A. NIMMO:**  
report by, on work of ophthalmia ward in St. Paul's Hospital, Liverpool, p. I. 44.  
references to, (*Hope*) 2901; (*Mr. Stephenson*) 6176-82.
- WALTHAM AND CHESHUNT MEDICAL SOCIETY:**  
reference to, (*Duncan*) 309.
- WANDSWORTH UNION:**  
action of board of guardians in regard to payment of medical fees, (*Murphy*) 4337-8; (*McMaus*) 5861-80.  
midwifery work in workhouse of, (*Wesley*) 3644.
- WARWICKSHIRE:**  
midwives: difficulty of maintenance in rural districts, (*Bruce*) 1386.
- WEHMER, Dr.:**  
communication from, as to midwifery attendance on poor persons in Germany, p. I. 48.
- WESLEY, Miss E. A.:**  
evidence of, 3621-771.
- WEST PENWITH:**  
attitude of medical men at, towards midwives, (*Whitaker*) 5576, 5580.
- WEST RIDING:**  
administration of Midwives Act in, (*Kaye*) 3418.  
attitude of medical men in, (*Kaye*) 3588-90.  
basis of apportionment, (section 5); effect of suggested alteration, (*Duncan*) 89.  
births in, (*Kaye*) 3397.  
attended by midwives, (*Kaye*) 3398-9.  
*bona fide* midwives in: rapid decrease of, (*Kaye*) 3422-5.  
doctors' clubs in, (*Kaye*) 3416-7.  
evidence of medical officer of health, (*Kaye*) 3392-620.  
large rural area in, (*Kaye*) 3396.  
large areas without either doctors or midwives, (*Kaye*) 3426-34.  
medical fees, payment of; action of guardians in, (*Kaye*) 3588-612.  
no county nursing association in, (*Kaye*) 3404-6, 3492-5.  
midwives:  
decrease of number in practice, (*Kaye*) 3421-2.  
difficulty of getting a living in rural districts, (*Kaye*) 3400-3.  
statistics as to, (*Kaye*) 3395.  
supply of; condition in regard to, (*Kaye*) 3498-3511.  
probable difficulty in sparsely populated areas, (*Kaye*) 3395, 3431-6.  
training of, at Leeds maternity home, (*Kaye*) 3547-51.  
scholarships for midwifery: difficulty of obtaining suitable candidates, (*Kaye*) 3436-40.  
uncertified women in practice, (*Bruce*) 1346.
- WHITAKER, Mr. J. SMITH:**  
evidence of, 5476-804.
- WHITECHAPEL UNION INFIRMARY:**  
application for recognition of, as training school, (*Duncan*) 211-9, 256.
- WILSON, Miss:**  
evidence of, 845-1068.
- WILTSHIRE:**  
medical fees: payment of, by nursing associations in, (*Miss Stephenson*) 4776-9, 4825-9, 4853-6, 4878A-86, 4900-7.  
midwives: difficulty of self-maintenance in, (*Bruce*) 1386.  
"lending centres": a means of reducing number required, (*Miss Stephenson*) 4836-45.  
maintenance of, by local nursing associations, (*Miss Stephenson*) 4835.  
supervision of: value of work of nursing association, (*Miss Stephenson*) 4795-8.
- WILTSHIRE—cont.**  
midwives—cont.  
supply of, insufficient, (*Broadwood*) 342; probable future deficiency, (*Miss Stephenson*) 4785-7, 4917-20.  
training of, (*Miss Stephenson*) 4811-2; county nursing association responsible for, (*Miss Stephenson*) 4830-4.  
scholarships for midwifery given by county council, (*Miss Stephenson*) 4788-92.  
subscriptions by boards of guardians to nursing associations, (*Miss Stephenson*) 4930A-2.
- WILTSHIRE COUNTY NURSING ASSOCIATION:**  
boards of guardians: help from, (*Miss Stephenson*) 4758-61.  
candidates for training: no lack of, (*Miss Stephenson*) 4773-5.  
control over affiliated associations, (*Miss Stephenson*) 4729-32.  
co-operation of, with medical men, (*Miss Stephenson*) 4887-9, 4915-6.  
emergency cases: arrangements for, (*Miss Stephenson*) 4890-1.  
emergency nurses: charge for, (*Miss Stephenson*) 4737-8.  
evidence of Miss K. Stephenson, Hon. Sec., 4721-958.  
impetus given to, by Midwives Act, (*Miss Stephenson*) 4782-4.  
infantile mortality: reduction of, due to work of, (*Miss Stephenson*) 4769-70.  
midwifery fees charged by: scale regulated by wages, (*Miss Stephenson*) 4762-8, 4908-16, 4933-6.  
midwives employed by affiliated associations, number of, (*Miss Stephenson*) 4757.  
nurses employed by: grades and qualifications of, (*Miss Stephenson*) 4724-8, 4802-7, 4857-63.  
objects of, (*Miss Stephenson*) 4722-3.  
organisation and funds of, (*Miss Stephenson*) 4846-52.  
small parishes: arrangements for, (*Miss Stephenson*) 4753-6, 4816-9.  
training home at Swindon: fees charged at, (*Miss Stephenson*) 4739; maintenance of, (*Miss Stephenson*) 4822-4, 4939-45.  
training of nurses and midwives by, (*Miss Stephenson*) 4739-45.
- WOODS, Dr. HUGH:**  
evidence of, 1513-725.
- WORCESTERSHIRE:**  
administration of Act in, (*Fosbrooke*) 3098-9.  
doctors' clubs in, (*Fosbrooke*) 3107-31, 3223.  
evidence of medical officer of health, (*Fosbrooke*) 3096-391.  
health missionaries: satisfactory results of employment of, (*Fosbrooke*) 3345-52.  
infantile mortality in: satisfactory result of appointment of health missionaries, (*Fosbrooke*) 3345-52.  
medical fees: action of guardians as to payment of, (*Fosbrooke*) 3182.  
midwives: number of, (*Fosbrooke*) 3100-2.  
supply of: no deficiency (*Fosbrooke*) 3190-215.  
Notification of Births Act: extent of adoption of, (*Fosbrooke*) 3344.  
prejudice against trained nurse-midwives on part of the labouring population, (*Fosbrooke*) 3221-30, 3262-4.  
puerperal fever: fee paid to medical officers of health for notification of, to county council, (*Fosbrooke*) 3381-6.  
puerperal sepsis: fluctuation of death rate from, (*Fosbrooke*) 3235.  
scholarships for midwifery given by county council, (*Fosbrooke*) 3197-212.
- WORKHOUSES.** See "Poor law institutions."
- YORKSHIRE.** See "West Riding."
- YOUNG, Mr. E. PARKER:**  
evidence of, 6685-938.

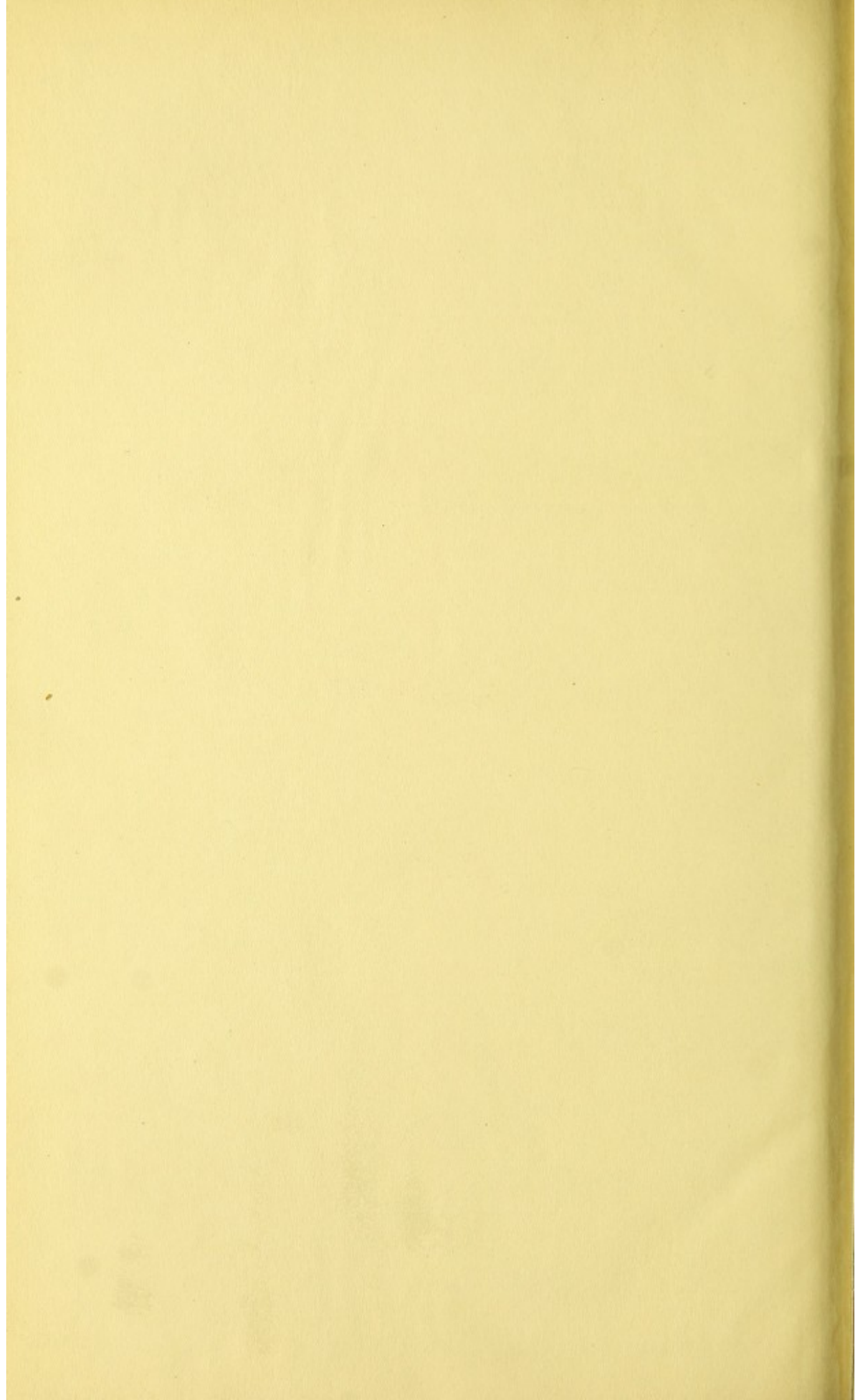














2533



