THE MIDWIVES ACT.

PRACTICAL SUGGESTIONS FOR REDUCING THE
PUERPERAL DEATH-RATE.

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THERE is no class of deaths more tragic than that occurring in puerperal women. The tedious months of pregnancy are at an end, labour has been satisfactorily terminated when in some unexpected way ominous symptoms develop in the mother, and in a few days an apparently healthy young woman loses her life in carrying out a perfectly ordinary natural process. To the obstetrician the tragedy is intensified by the haunting reflection that the fatality might have been avoided.

The redeeming feature of the Midwives Act is the knowledge that its promoters hoped by its means to lessen the death-rate from puerperal fever. They would better have achieved their purpose had they obtained legislation for the compulsory training of maternity nurses, or gone further and insisted that fully-qualified medical assistance should be at the disposal of every parturient woman. However, they have arrested, and in five years' time will have stopped the habitual practice of midwifery for gain by the frequently unclean and hopelessly uneducated midwife of the past.

It is well to remember here that women do not employ midwives from any sex bias. Women medical practitioners at the present day are not overwhelmed by the number of their midwifery engagements. Cheapness is the sole recommendation of midwives in the minds of most pregnant women. It thus occurs that the poorer classes have the services of a midwife who to a certain degree officiates as a skilled and clean maternity nurse; while the strata above who can pay a small fee employ a medical practitioner, and promptly horrify him or her by introducing some decrepit and untrained woman to act as their nurse, whose ignorance is capable of untold mischief when the doctor's back is turned. Here, then, in providing trained maternity nurses is ample room for philanthropic reformers who desire to see this puerperal death-rate lessened.

At present it remains, then, to make the best use of the present Act in lessening puerperal fatalities.

It was recognized that the Midwives Act could only be efficiently administered by the establishment of Local Supervising Authorities to exercise supervision, and on occasion to investigate charges of negligence, etc., and suspend a midwife from practice. In addition, they are to make reports to the Central Midwives Board.

It was, of course, impossible for any body of laymen or laywomen comprising a Local Supervising Authority to have the scientific knowledge of midwifery which would enable them by themselves properly to comprehend and efficiently carry out these duties. They have in most cases fallen back on the medical officer of health to advise them. But in many districts the time of the medical officer of health is being more and more occupied by the demands of the public for increased efficiency in sanitation and public health, and it would be impossible for him to give the necessary personal attention to the numerous details of efficient supervision of midwives. So in some cases the Local Supervising Authorities appear to have appointed an outside medical practitioner as inspector of midwives, and in others to have selected a midwife for that responsible post.

When the duties of an inspector of midwives are considered, it will be seen that the selection of a midwife for that work is unfortunate, and that the post should be filled by a fully-qualified medical practitioner residing in the district.

The inspector is to have a personal knowledge of all the midwives. A midwife in difficulties appeals not to a sister midwife, but to a medical practitioner who on attendance ascertains what has been done by the midwife. It follows, therefore, that a practitioner at the present time knows far more about any individual midwife and her methods of practice than another midwife would.

The inspector must regularly inspect their homes, so as to ensure the practice of domestic cleanliness. This is not work that absolutely requires a midwife's qualifications, but a doctor's eye would at once detect an insanitary house reacting on the health of the inmates; the midwife's

festered finger or eczematous ear would at once arrest his attention, and he would take steps to prevent danger to the midwife's patient.

The inspector must ensure attention to sanitary details in the midwife's clothing and appliances. The details of importance in the midwife's clothing are laid down in Section E of the rules of the Central Midwives Board—the dress of washable material, the clean washable apron, the sleeves capable of being tucked up—and there are hints as to care of nails and hands. The dangling strings of bonnets should also be prohibited. The midwife would submit to a scrutiny of her hands and nails by a doctor, but would probably resent such action on the part of a sister midwife. The inspection of her appliances should include an inquiry into her methods of disinfecting both appliances and her own hands. This work implies a knowledge of bacteriology and of the comparative values of the various antiseptics in vogue far beyond the education and comprehension of a midwife. The inspector, too, must help the midwife to understand properly the confusing Rules 2 and 14, Section E, of the Central Midwives Board, which compel the midwife to carry four antiseptics—(1) for disinfecting the hands, (2) for douching, (3) an antiseptic lubricant, and (4) for cleansing the eyelids. No particular antiseptic is named in the rules, but the midwife in practice will gladly rely on a doctor's advice.

The inspector is to make strict investigations into the antiseptic precaution taken by the midwives to prevent the entrance of infectious diseases into the lying-in room. On this point, again, the midwives would gladly come to a medical inspector for advice when they feel in doubt as to the presence of any infectious disease or its dangerous proximity to the room of their patient. It is not likely that they would appeal with the same amount of confidence to a sister midwife.

The inspector must report any charge of inattention, misconduct, or malpractice. A useful additional rule would be that the inspector should have powers to advise or order a midwife to cease practice pending reference to the medical officer of health or Local Supervising Authority. Circumstances might arise under which a delay of even twenty-four hours in securing the assistance of the medical officer of health in dealing with a self-opinionated midwife would be fraught with danger to her patients. A midwife inspector would have difficulty in dealing with such a woman, who would be far more amenable to the orders of a medical practitioner. The public, however, would hardly approve of such arbitrary powers being entrusted to any one but a doctor. Discretion based on sound knowledge and wide experience would be required to distinguish between well-founded charges and mere idle gossip.

The inspector must give assistance to the midwives in the discharge of their duties and explain to the untrained women on the local roll their obligations and responsibilities. The books which have to be kept by the midwife are to be inspected. The tedium of the inspector's work will here meet with a welcome relief. Jaded practitioners will hear with envy that in the practice of one untrained certified midwife whose case-book came under my notice the average total duration of labour in her 93 cases was two hours and twenty-six minutes. A requisition for medical aid which reached me from a trained certified midwife was worded: "Prolonged second stage, requiring forceps." Both these midwives are on the Roll, but with such innocent ignorance on one side and equally innocent presumption on the other, there is ample scope for further tactful instruction.

What kind of inspector can best give this instruction? If left to another midwife, one is tempted to say curtly but courteously that it would be a case of the blind leading the blind. There are trained midwives practising in various parts of England who have been taught that it is part of their work to sew up a ruptured perineum should such an accident occur in their practice. They have been so taught by their instructors. These instructors, being leading lights in the midwives' world, are just the women that a Local Supervising Authority might be tempted to appoint as inspectors, with the result that under such inspectors the midwives would feel encouraged to take far more in their hands than the law intended or their knowledge justified.

About one-half of the present certified midwives are women who have received no systematic training. These will require continual encouragement and instruction to secure that their work is properly performed, and to endeavour to bring their knowledge up to the standard of the trained midwife. They will attach more importance to a doctor's instruction than that of any midwife. The doctor's orders will be confidently quoted to refractory patients, while the hints of a midwife inspector will probably be sooner or later resented as coming from one who, after all, is only a certified midwife like herself.

The law demands in the interest of the health and lives of thousands of mothers that the practice of trained and untrained midwives should be supervised. Surely it would be safer to entrust this work to a fully-qualified practitioner than to put it in the hands of a certified midwife who need only have had three months' training.

There remains for consideration the matter of puerperal fatalities occurring among the patients of medical practitioners. Only the reflection that he has used skill, scrupulous care, and cleanliness will enable the practitioner to absolve himself from any share in the disaster.

If a shed is burnt down in the City of London, the coroner may proceed to hold a public inquest. Why should not a similar inquiry be held by the coroner or Sanitary Authority on every puerperal fatality? The law already shows more curiosity in the case of deaths occurring during or soon after pregnancy than it does in connexion with any other deaths, for the 11th suggestion attached to our death certificate books says that whenever parturition or miscarriage has occurred within one month before the death of the patient the fact should be certified, even though childbirth may not have contributed to the fatal issue. No midwife nor practitioner with clean hands need fear the result of such an inquiry.

We are all agreed that tragedies are to a certain extent avoidable. My certificate books show that 21 puerperal fatalities have occurred in my eighteen years' practice; 18 of these cases were primarily in the hands of untrained midwives. There is a strong presumption that ignorance, dirt, and neglect were responsible for the majority of these deaths.

These are the methods, then, which would tend to reduce the puerperal death-rate:

The compulsory training and registration of maternity nurses should be enforced.

The inspection, instruction, and control of the certified midwives should be in the hands of a fully-qualified medical practitioner.

A public or semi-public inquiry should be held on every puerperal fatality. As years go on and as the practice of midwifery is improved these inquiries would become fewer and fewer.

NORFOLK.

We have received a copy of a report presented in December, 1905, to the County Council by Miss F. M. Bernard-Boyce, Inspector of Midwives. It is stated that during the months of September, October, and November, 140 visits of inspection were made of women who are practising and acting as midwives in the various divisions of Norfolk. Seventy-eight of the women practising, registered and unregistered, were found to be clean and satisfactory in their person and residence, and their mode of work; many of them wore washing dresses, as recommended by the Central Midwives Board; 41 were only fairly clean; 21 very indifferent and dirty. Eleven women have become midwives since the last report was issued. There were 2 deaths of women during childbirth. There were 4 notifications of sending for medical help during the months of September, October and November, and 2 notifications of births of stillborn children. It was found necessary to caution 15 unregistered women as to their method of work and as to the use of the word "midwife." Miss Bernard-Boyce states that in some instances when visiting a centre she managed to pay a second visit of inspection to those women who are now registered. She says: "It is interesting to note the general improvement in the women as regards their general cleanliness and tidiness of their person and belongings, a few of whom were formerly dirty and untidy, with hands and nails indescribable. They have with few exceptions obtained the necessary appliances, and have carried out the various suggestions made to them. The majority of them are glad to learn and improve on their general knowledge in connexion with their work. Many have procured some special sort of working washing dress and keep that solely for their maternity work. Though many of the women cannot read or write, and some indifferently, it is also interesting to note their eagerness and desire to keep the correct necessary record of their cases by

getting some relative or friend to write them up from their rough dictation or copies." A great deal of time has been taken up instructing the women, as the rules and regulations now issued by the Central Midwives Board are too complicated for the majority of the untrained women now practising to understand. Many unqualified women who formerly acted as midwives in the county have ceased to practise. The total number of women who are registered and certified midwives is now 60. Several of these women are very old, and at the end of another four years will possibly be too old to practise. Miss Bernard-Boyce points out that there are many difficulties in the way of training women as midwives. It is difficult to induce many of the women to leave their homes, even for a short time, to enter for a course of training. Others have no real liking for the work. Moreover, there is not sufficient work to enable a woman to gain a living solely as a midwife in many of the rural districts unless she can take up some other form of employment, and work between her cases. Since the coming into operation of the Act, and the circulation and distribution of copies of the Midwives Act throughout the county, a great number of the women who formerly practised in Norfolk have become too frightened to continue work, and have consequently given up acting as midwives.

CANCER IN THE COLONIES.

FURTHER correspondence relative to the Cancer Research Scheme recently issued as a Blue Book¹ contains a considerable amount of information as to the distribution of malignant disease in the British Colonies. A summary of the chief facts will doubtless be interesting to our readers

British Central Africa.

The Principal Medical Officer, Dr. H. Hearsey, writing from Zomba under date January 5th, 1905, states that no difficulties are encountered by medical officers in endeavouring to discover cases of cancer in aborigines. There can be no doubt that cancer in natives of British Central Africa is of the utmost rarity. Repeated efforts made by Government medical officers throughout the country for some time past have so far resulted in the discovery of but a single case. Non-malignant growths, on the other hand, are by no means uncommon.

Hong Kong.

The returns made to the Registrar-General show that the total number of deaths among the Chinese in the period 1895-1904 was 119, giving an annual death-rate from cancer of 4.45 per 100,000 of population, which, as Dr. Francis Clark, Acting Principal Civil Medical Officer, points out, compares very favourably with the death-rate from the same cause in England, which for the period 1891-5 was 71.0 per 100,000. Dr. Clark says the most striking figures are those obtainable from the records of the public mortuary. During the past ten years no fewer than 15,365 *post-mortem* examinations have been made on the bodies of Chinese dying in the Colony, and out of this total number only 10 are returned as having died of malignant disease. This represents a proportion of only 0.65 per 1,000 deaths. It is principally the alimentary canal and the abdominal viscera that are affected. With regard to the habits of the natives, Dr. Clark points out that the Chinese in Hong Kong smoke but little in comparison with Europeans, and practically do not chew at all. Their diet consists in the main of rice with small quantities of fish or pork; spices, peppers, and hot chillies are not used by them to any appreciable extent.

British New Guinea.

Dr. A. J. Craigen, writing from Port Moresby under date February 1st, 1905, reports that during his stay of nearly four years in the Possession he has not yet seen a single case of cancer among the native population. While unable to assign a reason why the disease is absent or comparatively rare, he mentions three causes that have some bearing on the fact: (1) The average life of the Papuan is considerably less than that of the European, and one seldom sees a native over 60 years of age; (2) malaria is found throughout the Possession, and it has been shown that cancer is not so common in such places as it is in non-malarial countries; (3) an item perhaps

¹ London: Printed for His Majesty's Stationery Office by Darling and Son, Limited, 34-40, Bacon Street, E.C.; and to be purchased, either directly or through any bookseller, from Wyman and Sons, Limited, Fetter Lane, E.C., and 32, Abingdon Street, Westminster, S.W.; or Oliver and Boyd, Edinburgh; or E. Pousonby, 116, Grafton Street, Dublin, 1906. Eyre and Spottiswoode, East Harding Street, E.C. Price, 4d.