MATERNAL MORTALITY

REPORT

JUNE, 1932

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We have to chronicle with very deep regret the loss of a Member of our Committee, Dr. Marion Phillips, who died in January. Dr. Phillips brought to our work all the power of a great intelligence inspired by the deepest sympathy.

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MATERNAL MORTALITY

IT will be remembered that our Conference of 1930 was called to consider the Interim Report of the Departmental Committee on Maternal Mortality. We restate at the beginning of this Report the resolution on which our Conference of 1930 ended :—

> This Conference declares its agreement with the recommendations of the Report which supports its previous demands for an effective national maternity service based on (i) an increase in the length and content of the training of medical students in obstetrics and on (ii) essential services to be provided as follows :—
>
> (a) The provision in every case of the services of a qualified midwife to act either as midwife or as maternity nurse.
>
> (b) The provision of a doctor to carry out ante-natal and post-natal examination in every case, and to attend during pregnancy, labour and the puerperium, as may prove necessary, all cases showing any abnormality.
>
> (c) The provision of a consultant, when desired by the doctor in attendance, during pregnancy, labour and puerperium.
>
> (d) The provision of hospital beds for such cases as need institutional care.
>
> (e) The provision of certain ancillary services (*e.g.* home helps, transport, sterilised equipment, laboratory facilities).
>
> The Conference recognises that some of the services now in operation have been due to voluntary effort. It urges the co-ordination of such voluntary effort with the work of Public Authorities in order to enlist the widest possible interest and support in solving this problem, and expresses its conviction that the Departmental Committee is right in its conclusion that full success in reducing maternal death and morbidity can only be obtained by the co-ordination and extension of the various services in a national maternity service.

That resolution indicated the lines of our policy for the ensuing year.

When the resolution was passed pledges had been given which indicated that a comprehensive scheme for a National Maternity Service was within measurable distance of fulfilment.

Since then, however, circumstances of such financial stringency have arisen both nationally and internationally, that there seems no immediate possibility of the redemption of the larger pledges.

Without abandoning our conviction that any expenditure on motherhood is a national investment, we accept the limitations imposed on us for the moment with the proviso that they shall not entail any limitation of the development of the present services, which, as we have often pointed out, constitute in the powers given by Parliament to the Local Authorities the nucleus of a National Maternity Service.

Our business is to work for the expansion and the encouragement of these services till the moment comes when they can be expanded into a National Maternity Service such as that envisaged by the Interim Report of the Departmental Committee on Maternal Mortality and by the British Medical Association.

For this reason our work since our last Conference has been concentrated on furnishing our correspondents with information on the need for a development in the Maternity Services of the Local Authorities so that they might encourage and assist that development in every way.

The following steps were taken : the then Minister (the Rt. Hon. A. Greenwood, M.P.), in pursuance of the pledges given at our Conference, circulated to all the Maternity and Child Welfare Authorities a Memorandum and Circular (Circular 1167) showing the powers the Local Authorities could operate. Mr. Greenwood urged the Authorities to put their powers into force and asked to be informed as early as practicable of the action which the Councils decided to take after consideration of the Circular and Memorandum. The Circular and Memorandum were sent to all Correspondents.

Questions suggested by us, and put in the House of Commons, brought up to date the number of replies received to that Circular. In particular, the question put by Dr. Marion Phillips in June, 1931, elicited a full return of the Authorities from whom replies had been received and also all those who had not replied. This Question and Answer was also sent to our Correspondents. The list showed that only 139 out of approximately 400 Authorities had replied.

Later we drew our Correspondents' attention to Sir George Newman's Report for 1929, giving the twelve Counties and Boroughs which showed the highest rates per 1,000 births (1923-1927), and pointing out that the Counties with the highest rate of Maternal Mortality in those years were approximately the same as those for 1929.

Since then in a deputation to the Minister (the Rt. Hon. Sir E. Hilton Young, M.P.), organised by one of our constituent Societies, the National Union of Societies for Equal Citizenship, the Secretary drew attention to Sir George Newman's latest report for 1930 in which he enumerates the eighteen County Boroughs which might be regarded as having a permanently excessive maternal death rate. The Secretary quoted from the Report to show that "up to the middle of May, 1931, no considered reply had been received from any of the eighteen Authorities, except Huddersfield, to the official circular" of December, 1930, and Sir George Newman notes that "replies have since been received from some, but not all, of these areas."

In view of the above results we have concluded that we can again usefully investigate and report to our Correspondents on the extent to which the Authorities are carrying out their powers. The work has been immensely facilitated by the kind readiness with which nearly all the Medical Officers of Health have responded to our application for Reports, but it is hampered by the great variation in the way in which these Reports have been drawn up. As an example, we have found it difficult to get the returns of the maternal mortality rate. Though every Local Authority gives the number of women dying in childbirth, all do not give the death rate and, in some cases, the rate and the number of deaths are to be found in such different sections of the Report that minute examination of the whole Report has been necessary to arrive at these returns.

Within, however, the limitations which have arisen from these differences of reporting, and from the fact that some reports are so meagre that we question if they have fully stated all the powers that the Medical Officer of Health is in a position to exercise, we submit the following analysis :—

COUNTY COUNCILS

There are sixty-one administrative counties in England and Wales. Of these we have analysed sixty reports.

As far as we can gather from the reports of the Medical Officers of Health of the County Councils, the position with regard to the powers of a Local Authority under the Maternity and Child Welfare Act, 1918, is as follows :—

(1) The appointment of Health Visitors, whose duties include Attendance at an Ante-natal and Post-natal Centre, and the visiting of expectant mothers.

All have Health Visitors part of whose duty is to visit the expectant mothers. It will be observed later that there are County Councils who apparently have no ante-natal centres, and it is difficult to see if any arrangement is made for post-natal examination.

(2) The establishment of Ante-natal Clinics for expectant mothers, and of Post-natal Clinics which mothers can attend immediately after confinement.

In thirty-seven counties it is stated that ante-natal clinics have been established.

(3) Assistance to Midwives.

(*a*) *Provision of sterilised maternity outfits free or at cost price.*

This very valuable provision is carried out by ten County Councils. These figures do not include " bags " lent.

(*b*) *A subsidy to enable a midwife to practise in a district which would otherwise not support her.*

This power is used by seventeen.

(*c*) *The appointment, where necessary, of municipal midwives.*

This power is used by two. We have only included midwives employed by municipal hospitals or nursing homes where these are specifically stated to be working on a district.

(*d*) *The payment of part fees to a midwife when the patient cannot afford the full fee.*

This power is used by nine. Several Authorities have an insurance scheme for mothers who may need the services of a doctor.

(*e*) " *Refresher* " *courses for practising midwives.*

This power is used by fourteen County Councils. We have not included odd groups of lectures to Health Visitors, &c., but only definite post-graduate courses. The necessity for these " refresher " courses is obvious. According to the reports, the number of County Councils providing these courses appears to be lamentably few. We noted in 1928 that twenty-five County Councils adopted the power.

(4) Maternity Homes or beds in a Maternity Hospital for :—

(*a*) *Complicated cases.*

It appears that forty-six counties provide these.

(*b*) *Patients whose home circumstances are unsuitable for a confinement at home.*

Only twenty-nine provide these. It is particularly difficult to get an accurate idea of this number as only a certain number of places specifically state the fact. It is probable that some " special circumstances," and " by arrangement," include these cases.

(*c*) *Ante-natal observation.*

Twenty-four counties specially mention that beds are reserved for this purpose.

(*d*) *The treatment of puerperal sepsis.*

Forty-four counties have reported that beds are specially kept for this purpose.

(5) Home Helps.

Only six counties appear to make use of this provision.

(6) Provision of milk or food during the last three months of pregnancy and during lactation.

This is stated to be provided in thirty-two counties.

(7) Complicated Midwifery.

(*a*) *The fees of doctors called in by midwives for an* " *emergency* " *in connection with a confinement must be paid, if necessary, in whole or in part.*

This being a statutory obligation, is in force in all counties.

(*b*) *The fee of a consultant called in by a doctor for a complicated midwifery case or for puerperal infection.*

Twenty-seven counties note that they use this power.

(*c*) *Skilled nursing for patients confined at home.*

We can only find that six provide this. This figure includes only one or two places who employ special nurses. All the rest are grants to local nursing associations for *more* than simply puerperal sepsis cases.

(*d*) *Bacteriological examination in cases of puerperal infection.*

This is arranged for in eleven counties. We consider this may be an under-statement and that most counties now have these facilities when occasion arises though they appear not to be used to the full.

(8) Convalescent Home Treatment for mothers after confinement.

This is only stated to be used in two counties.

(9) District Nursing Associations. Payments can be made for midwifery and maternity nursing, or for the nursing of puerperal fever. Assistance can be given towards the establishment of new Nursing Associations in areas where a midwife is required.

It is stated that this is made use of in thirty-six counties.

(10) Provision can also be made for assisting unmarried mothers and their children.

This provision appears to be used by thirteen Councils.

We have not included Public Assistance accommodation except when special facilities are attached, nor diocesan and voluntary homes unless a grant is made by the Local Authorities.

Roughly speaking, it appears that about twenty-three County Councils are aiding the Maternity Service of the district by putting into force half or more of the services they have power to provide.

COUNTY BOROUGHS

There are eighty-four County Boroughs. Reports from all these have been analysed.

(1) The appointment of Health Visitors, whose duties include attendance at an Ante-natal and Post-natal Centre, and the visiting of expectant mothers.

All have Health Visitors.

(2) The establishment of Ante-natal Clinics for expectant mothers, and of Post-natal Clinics which mothers can attend immediately after confinement.

Eighty County Boroughs have established ante-natal clinics.

(3) Assistance to Midwives.

(*a*) *Provision of sterilised maternity outfits free or at cost price.*
Only twelve Borough Councils provide these. This figure does not include " bags " lent.

(*b*) *A subsidy to enable a midwife to practise in a district which would otherwise not support her.*
Twelve County Boroughs operate this.

(*c*) *The appointment, where necessary, of municipal midwives.*
This power is used by eleven only. We have only included midwives employed by municipal hospitals or nursing homes where these are specifically stated to be working on a district.

(*d*) *The payment of part fees to a midwife when the patient cannot afford the full fee.*
Thirty-one Boroughs appear to use this power. Several Authorities have an insurance scheme for mothers who may need the services of a doctor.

(*e*) " *Refresher* " *courses for practising midwives.*
Definite courses of lectures are provided by seven Borough Councils. We have not included odd groups of lectures to Health Visitors, &c., but only cases in which a definite post-graduate course is mentioned.

(4) Maternity Homes or beds in a Maternity Hospital for :—

(*a*) *Complicated cases.*

(*b*) *Patients whose home circumstances are unsuitable for a confinement at home.*

(*c*) *Ante-natal observation.*

(*d*) *The treatment of puerperal sepsis.*

(a) Sixty-seven Boroughs state they have beds.

(b) Fifty-nine Boroughs have beds. It is particularly difficult to get an accurate idea of this number as only a certain number of places specifically state the fact. It is probable that some " special circumstances," and " by arrangement," include these cases.

(c) Sixty-two Borough Councils state that they have beds for this purpose.

(d) Sixty-two Borough Councils state that they have beds for this purpose.

(5) Home Helps.

Twenty Borough Councils state they provide these.

(6) The Provision of milk or food during the last three months of pregnancy and during lactation.

Fifty-nine state they provide this, but this number is probably under-estimated.

(7) Complicated Midwifery.

(*a*) *The fees of doctors called in by midwives for an " emergency " in connection with a confinement must be paid, if necessary, in whole or in part.*

This, being a statutory obligation, is in force in all County Boroughs.

(*b*) *The fee of a consultant called in by a doctor for a complicated midwifery case or for puerperal infection.*

Twenty-six Local Authorities pay this fee.

(*c*) *Skilled nursing for patients confined at home.*
Thirteen provide this. This figure includes only one or two places which employ special nurses. All the rest are grants to local nursing associations for *more* than simply puerperal sepsis cases.

(*d*) *Bacteriological examination in cases of puerperal infection.*
Fifteen reports are definite. We consider this may be an under-statement and that now most towns have these facilities when occasion arises, though they appear not to be used to the full.

(8) Convalescent Home Treatment for mothers after confinement.

We have concluded that probably more are sent away than is stated. Only six reports are definite.

(9) District Nursing Associations. Payments can be made for midwifery and maternity nursing, or for the nursing of puerperal fever. Assistance can also be given towards the establishment of new Nursing Associations in areas where a midwife is required.

Twenty-two definitely state that they do this.

(10) Provision can also be made for assisting unmarried mothers and their children.

Seventeen note that they make a grant. We have not included Public Assistance accommodation except where special facilities are attached, nor diocesan and voluntary homes unless a grant is made by the Local Authorities.

Roughly speaking, it appears that about thirty-four County Boroughs are aiding the Maternity Service of the district by putting into force half or more of the services they have power to provide.

METROPOLITAN BOROUGH COUNCILS

The position in London is, of course, exceptional. The Borough Councils are the Maternity and Child Welfare Authorities and are thus responsible for most of the maternity work, but the London County Council is the Local Supervising Authority and is, therefore, responsible for the inspection of midwives and for duties arising out of the Midwives Acts such as the payment of fees to doctors called in by midwives. The L.C.C. also provides the post-certificate classes for the midwives.

There are twenty-nine Metropolitan Boroughs, from twenty-seven of which we have received reports.

(1) The appointment of Health Visitors, whose duties include attendance at an Ante-natal and Post-natal Centre, and the visiting of expectant mothers.

All have Health Visitors.

(2) The establishment of Ante-natal Clinics for expectant mothers, and of Post-natal Clinics which mothers can attend immediately after confinement.

All have ante-natal clinics.

(3) Assistance to Midwives.

(*a*) *Provision of sterilised maternity outfits free or at cost price.*
This very valuable provision is carried out by eight Metropolitan Boroughs. This figure does not include " bags " lent.

(*b*) *A subsidy to enable a midwife to practise in a district which would otherwise not support her.*
None of the Boroughs state that they make such subsidies, which are not necessary in London.

(*c*) *The appointment, where necessary, of municipal midwives.*
Five Boroughs make such appointments.

(*d*) *The payment of part fees to a midwife when the patient cannot afford the full fee.*
This power is used by nine.

Several Authorities have an insurance scheme for mothers who may need the services of a doctor.

(*e*) " *Refresher* " *courses for practising midwives.*
This is the business of the London County Council as Local Supervising Authority. It is used independently by only one Metropolitan Borough. We have not included odd groups of lectures to Health Visitors, &c., but only definite post-graduate courses.

(4) Maternity Homes or beds in a Maternity Hospital for :—

(*a*) *Complicated cases.*
It appears that twenty-one Boroughs provide these.

(*b*) *Patients whose home circumstances are unsuitable for a confinement at home.*
Only seventeen Boroughs provide these. It is particularly difficult to get an accurate idea of this number as only a certain number of places specifically state the fact. It is probable that some " special circumstances " and " by arrangement " include these cases.

(*c*) *Ante-natal observation.*
Twenty Boroughs specially mention that beds are reserved for this purpose.

(*d*) *The treatment of puerperal sepsis.*
Twenty Boroughs have reported that beds are specially kept for this purpose.

(5) Home Helps.

Eleven Boroughs appear to make use of this provision.

(6) Provision of milk or food during the last three months of pregnancy and during lactation.

This is provided in twenty-one Boroughs.

(7) Complicated Midwifery.

(*a*) *The fees of doctors called in by midwives for an* " *emergency* " *in connection with a confinement must be paid, if necessary, in whole or in part.*
This duty is undertaken by the L.C.C. in London.

(*b*) *The fee of a consultant called in by a doctor for a complicated midwifery case or for puerperal infection.*
Fifteen Boroughs note that they use this power.

(*c*) *Skilled nursing for patients confined at home.*
We cannot find that any of the Boroughs mention this, but as nursing associations are known to exist in many districts we assume that some arrangement is in force in most Boroughs.

(*d*) *Bacteriological examination in cases of puerperal infection.*
Only four Boroughs mention that they carry out this power.

(8) Convalescent Home Treatment for mothers after confinement.
This is stated to be used in eleven Boroughs.

(9) District Nursing Associations. Payments can be made for midwifery and maternity nursing, or for the nursing of puerperal fever. Assistance can be given towards the establishment of new Nursing Associations in areas where a midwife is required.
It is stated that this is made use of in nineteen Boroughs.

(10) Provision can also be made for assisting unmarried mothers and their children.
This provision appears to be used by five Boroughs.
We have not included Public Assistance accommodation except when special facilities are attached, nor diocesan and voluntary homes unless a grant is made by the Local Authorities.

Roughly speaking, it appears that about seventeen Metropolitan Boroughs are aiding the Maternity Service of the district by putting into force half or more of the services they have power to provide.

A number of Authorities have made extensions or improvements in their Maternity Services during the past year or so, and these have not yet had time to mature or exercise any definite effect.
It would appear from our investigations that while some Authorities are using a large percentage of their powers, none are using them entirely.
We must continue our efforts unrestingly until this slur on our citizenship is removed.

Sir George Newman divided the recommendations of the Interim Report of the Departmental Committee on Maternal Mortality and Morbidity into three headings :—

(1) The necessity of effective ante-natal supervision ;
(2) Better education of the medical student in the practice of obstetrics ; and
(3) The institution of an improved and comprehensive national maternity service.

As all recommendations on the subject of Maternal Mortality and Morbidity, including our own, come under this grouping, we make our comments on the Reports in this order.

Ante-natal Supervision.

It will be remembered that the Interim Report of the Maternal Mortality Committee traced 17 per cent. of the 2,000 deaths investigated by them to the lack of ante-natal supervision.

It is obvious that though the number of ante-natal clinics is increasing there are still not enough.
We note that many Medical Officers of Health comment on the increased demand for ante-natal treatment.
The Medical Officer for Flintshire reiterates the need for ante-natal observation beds, pointing out that the work of the ante-natal centre is hampered by the fact of lack of accommodation in the Maternity Home.
The Medical Officer for Carmarthenshire speaks of the crying need for a central Maternity Home, while out of many others showing the importance of ante-natal care we can instance the strong passage in the Report from Glamorgan, and an illuminating sentence from Cardiff.
The Medical Officer for Glamorgan points out that " the majority of expectant mothers are not yet receiving the necessary advice and supervision during pregnancy, although agreement about the desirability of this is gaining ground steadily among women."
In Flintshire, " the mothers are realising more and more that ante-natal care of their health is of vital importance. They are seeking in greater numbers, and with greater seriousness, ante-natal care at the clinics."
Holland (Lincs) reports :—

Ante-natal Supervision. This can be done at ante-natal centres but none of the County Centres are suitably equipped, and even if this could be arranged it is impracticable for the majority of women concerned to attend the Centres. Arrangements should therefore be made with private medical practitioners to undertake the routine ante-natal examination of uninsured women who have engaged midwives for the confinement.

The same evidence comes from the County Boroughs. At Tynemouth a scheme is under consideration similar to that mentioned in the Holland (Lincs) report.
The Medical Officer of Newcastle-on-Tyne states that over 60 per cent. of the mothers are attending the ante-natal centre.
Salford reports insufficient accommodation at the ante-natal clinic, while in Stockport the ante-natal clinics have increased from one bi-weekly to four per week, and the attendances from sixty-one in 1925 to 920 in 1930, some midwives bringing as many as 87 per cent. of their cases to the clinics.
Hull states that of 2,015 women who attended the ante-natal clinics there were only three deaths. It is interesting to contrast the result here with that at St. Helens, where, reporting six fatal cases of toxæmias of pregnancy, the M.O. says, " The mothers are not entirely to blame [for not insisting on ante-natal care] as five out of six cases attended their own medical practitioner previous to confinement and in only one case was the urine examined."

From West Ham we hear that " prejudice against attending an ante-natal clinic for examination and advice is fast dying out in this Borough ; the majority of expectant mothers regard ante-natal care as a natural and necessary supervision," while from East Ham comes the statement that " more facilities for ante-natal care with the provision of a Maternity Home would appreciably diminish the toll on the lives of the mothers."

In view of the fact that the Maternal Mortality Report traces 9 per cent. of its investigated deaths to negligence of patients and friends to carry out medical advice offered to them we still urge on our Correspondents the need for the education of mothers.

How much has been done can be judged from the Reports we have cited. They are typical of many which comment, for example, on the " pleasing eagerness " of the mothers. But having been urged in the past to educate the mothers, and feeling that our object has been largely attained, we must lay stress on the reasons which we believe in some cases to underlie hesitancy on their part to take advantage of what is provided for them. Where the clinics and hospitals are well equipped, where they are near their patients, or where there is appropriate and comfortable means of transport to them, where doctors are efficient and the midwives trained, there appears to be no lack of demand.

Where hesitancy on the part of the mothers still prevails it is mainly due to the fact that facilities are poor, clinics imperfect or too far away, the hospitals crowded, the public institutions not brought up to date, or the doctors or midwives inefficient.

In support of our contention that where the facilities offered are efficient and planned with real knowledge of the mothers' needs they are fully used and appreciated, we give below a few extracts from the Birmingham Health Report for 1930. Birmingham appears to be making every effort to ensure that its admirable service should be complete in any contingency.

The ante-natal clinics have increased from 19,751 attendances at 1,522 sessions in 1929 to 28,323 attendances at 2,071 sessions in 1930.

During 1930 approximately 400 maternity patients (including sixteen ante-natal) had Convalescent Home treatment, thirty-five midwives took post-graduate courses, and fifty Home Helps attended 613 cases—an increase of 239 since 1929.

The maternity feeding centres served 21,314 meals to mothers at a net cost of 4·3d. per meal. Total net cost of food only £503 18s. 0d.

The Birmingham City Council has a Maternity Insurance Scheme and also pays 20s. per case of puerperal fever or puerperal pyrexia to the City Nursing Association.

The Council has a very comprehensive scheme for assisting unmarried mothers, including a special ante-natal clinic with a woman medical officer, and there are two special women officers to help the girls in every possible way.

The Education of the Medical Student in Practical Obstetrics.

To errors in judgment in practice or treatment by doctors or midwives the Maternal Mortality Committee trace another 17 per cent. of the deaths.

Sir George Newman states that action was promptly taken on the Committee's recommendations, which were sent by the Minister of Health to the Lord President of the Privy Council and by him transmitted to the General Medical Council. The question received the immediate consideration of the General Medical Council and is now being dealt with by the licensing bodies.

Unfortunately some time must elapse before we can hope to see the results of improved training on the new generation of medical students. Meanwhile we must encourage every step that can be taken to deal with the situation by the existing powers.

The Medical Officer for Northumberland, dealing with the need for the training of students of the next generation " to examine and supervise the health of the patient prior to delivery, with the idea of prevention rather than cure," comments on the considerable amount of education needed both for medical men and mothers.

The Medical Officer for Finsbury, who notifies a maternal mortality rate of 8·47 which has sprung up, we believe, owing to exceptional circumstances unlikely to recur, from a rate of 2 or 3 per 1000 in several previous years, analyses the cases in what amounts to a terrible indictment. In this the poverty of the home, the lack of transport, the lack of hospital accommodation and the ignorance of the doctor all play their part.

He supports the recommendation that " an experienced midwife should accompany the medical students to their cases during the period of training to help the student and to hold on to the difficult or complicated cases while expert advice is being sought " and recommends that the services of a consultant should always be available.

It is gratifying to learn, as we do, from the Reports from Liverpool and Nottingham, of the co-ordination between ante-natal clinics and doctors and midwives.

We note many allusions to the excellent results arising from the appointment of Obstetric Consultants. Several Medical Officers mention that women's lives have been saved. We may give as instances the Report of the Denbigh County Council where of the cases of puerperal sepsis referred to the consultant all " made a good recovery," and the Report from Carmarthen, in which the Medical Officer asks for skilled obstetric specialists for Maternity Homes.

A good many Boroughs and Counties have found the appointment of consultants for puerperal sepsis as recommended by the

Ministry of Health so satisfactory that they have extended the service to complicated cases.

One interesting feature is to be found in the increase of the fees paid under the Midwives Acts to doctors by the Local Authorities. For example, the Medical Officer for Worcester chronicles an advance from £537 paid in 1926 to £1,282 in 1929.

Opinions of the Local Authorities vary as to the marked increase of appeals by midwives under the rules of the Central Midwives Board to doctors, and it may be that in some cases the midwife's knowledge that the doctors' fees are now secure in necessitous cases encourages a tendency to too early recourse to medical aid.

THE INSTITUTION OF AN IMPROVED AND COMPREHENSIVE NATIONAL MATERNITY SERVICE

Hospital Accommodation.

In our survey of the powers which the Local Authorities can operate, we note that there is a great need for further development for Maternity Homes or beds in Maternity Hospitals.

It will be remembered that the Ministry of Health, in urging the provision of maternity beds, gives instances of a remarkable reduction in maternal mortality as the result of proper supervision of confinements.

We have laid stress on the fact that where the powers are efficiently and adequately used, they are welcomed by the working mothers.

It is noticeable that there is an apparent increase in the number of beds. The position seems definitely much better in this particular, and has been greatly affected by the Local Government Act amongst other factors. Where a Local Authority has taken over a Public Assistance Hospital there has almost invariably been an effort to provide new, or improve existing facilities for maternity cases. We have included these beds in the figures where they are definitely stated to be reserved for maternity work. The position is probably better than appears from the reports as regards smaller towns within reach of large cities as, particularly for septic cases, the reports frequently refer to " arrangements in force," " available beds when necessary " in the voluntary hospitals or large infirmaries in these places. Conditions appear to be worst in medium size towns in more or less isolated positions.

There are many comments, however, in the Medical Officers' Reports which show that maternity beds are still insufficiently or inadequately supplied.

Holland (Lincolnshire) notes the urgency for the provision of beds for complicated cases or for normal cases in which for some reason the conditions for confinement at home are unsuitable, and East Suffolk emphasises the need for the development of Maternity Homes. The Medical Officer says " It would be a great advantage if every woman whose medical record or home

circumstances were such that confinement at home was highly undesirable was within reasonable reach of and could enter a Maternity Home."

The Westminster City Council report a scheme which is worked from the Westminster Hospital, and which is admirably organised. They have a district midwife working from the hospital. Accommodation at so much per head in hospital is arranged for all classes of maternity cases. All the ancillary services are in force. The whole scheme is worked in conjunction with the Hospital, the authorities there being anxious to co-operate.

Newport (Mon.) gives evidence of deplorable overcrowding, and urges that adequate Maternity Hospital beds would provide the solution.

It has been suggested that the general practitioners taking part in ante-natal work under a Local Authority are often insufficiently equipped with knowledge. On the other hand, although there may be ground for complaint in some quarters we feel that the work is educative to the practitioner and helpful to the patient and her midwife, and that it would not be wise to discourage the calling in of general practitioners. On the whole it is likely that only the best and keenest will take up this work, and it must be remembered that when a scheme for ante-natal supervision by general practitioners is arranged the condition that reports shall be made to the Medical Officer of Health is an additional safeguard.

We note in these Reports, notably in a large centre of population (Wolverhampton) how prejudice against maternity wards in Institutions has disappeared, and from comparison of the Reports we have come to the conclusion that the popularity of these Hospitals depends on their being thoroughly brought up-to-date.

This need seems to us to be one of the most urgent and the present moment is the obvious opportunity for removing, by complete reconditioning and adequate equipment, the stigma from Public Assistance Hospitals which are now being " taken over."

Midwives.

The recommendations of the Departmental Committee on the Training and Employment of Midwives seems to be already bearing fruit ; some of the districts, such as Durham, have been for some time trying to pull up the standard of their nursing and eliminate the handy women.

But as far as we can ascertain, the pay received by the midwife is still inadequate. The Medical Officer for Glamorgan speaks of the unattractiveness of the work in respect of pay, status, and of its unavoidably tedious conditions, " a modest living gained with much anxiety and loss of sleep." Here 86 per cent. of the local midwives are trained women.

The Medical Officer of Health for Bolton, in urging better conditions, says that the midwives " give a better service than

could reasonably be expected in return for their very poor remuneration."

Successful post-graduate courses for midwives are noted by several Authorities, particularly the one at Plymouth, several of the midwives " attending and saving a week of their holidays in order to be able to come."

Home Helps.

Few Authorities appear to be making use of this part of the Maternity Service. In the admirable report from Plymouth we note that sixty were supplied during 1930 as against forty-two in 1929. Hull notes that the scheme is working very satisfactorily. Cardiff provided assistance in 105 cases.

Transport.

We have had occasion to allude to the necessity for improved transport at each of our Conferences, and we can find no allusion to any improvement in the country districts. It will be remembered that on a previous occasion some of our Correspondents recommended the experiment of travelling clinics, and we should be glad to see that the provision by the Local Authorities of motor cars for nurses had become more general.

Our attention has been drawn quite recently to the case of a girl whose life would probably have been saved if she could have attended a good ante-natal clinic. She was very anxious for ante-natal treatment, but the clinic was nine miles away from her home, and there were no omnibuses or means of transport.

Dental Clinics.

There is a great increase of dental clinics throughout the country in connection with maternity work and very good propaganda appears to have been done with mothers on this point.

Abortions.

We note allusions to the subject of abortion as a contributory cause to maternal mortality from various Medical Officers of Health, notably from Manchester and Plymouth. The Medical Officer of Manchester says, " Of the 165 cases of puerperal fever, forty occurred after abortion or premature labour. Of the abortions, twenty-three were at the second or third month of gestation, thirteen at the fourth month, two at the fifth, and two at the seventh month of pregnancy." The Medical Officer of Plymouth attributes many deaths to this cause and comments very gravely upon it. A memorandum, M.C.W.153, was issued by the Ministry defining the conditions under which advice may be given in regard to birth control to married women in attendance at maternity and child welfare centres, provided it is given on medical grounds in cases where further pregnancy

would be detrimental to the health of the patient, and at a separate session, so as not to disturb the normal and primary work of the centre. On July 14, 1931, a further Circular (1208) was issued.

GENERAL COMMENTS

National Health Insurance.

So far as we are able to ascertain no steps forward have been taken to re-model the maternity benefits administered by the Approved Societies. We would urge the Ministry to do all in its power to effect some agreed action on the part of the Societies. At present we can only record the expression of pious opinion on the part of leading officials of the Approved Societies over a period of years.

Block Grant.

The impression gained from a study of the Reports is that Medical Officers as a whole are doing their best to render efficient the services that they have been able to establish, but they are often good men struggling with adversity. The incomplete character of the services in many cases appears to be due to want of support on the part of the Local Authorities of extensions which involve additional money if they are to develop satisfactorily.

There is an illuminating paragraph in the Report of the Medical Officer of Health for Cornwall in which he explains the extra sum of £5,000,000 in the General Exchequer Grant by which Councils previously unable to provide efficient health services should now be able to do so. He points out that " the Minister of Health may reduce the grants in respect of any year if he is satisfied that the Council have failed to achieve or maintain a reasonable standard of efficiency."

We have on many occasions drawn attention to this power which the Minister possesses and which so far has not been put into force.

Our Correspondents will remember how much anxiety was caused us by the substitution of the block grant for the system of payments by results by which the Government defrayed half the total disbursement of the Local Authority. We urged that in the case of the maternity services the 50-50 grant should be retained in order to stimulate the work of the Local Authorities in this direction.

Dealing with the question of the finance of Maternity Homes, Lambeth reports :—" The true economy, both for the Council and for the applicants is to lower the fees and admit to the full capacity of the beds . . . As a result of this policy, the income has been increased by £370."

We have noted progress in the activities of many Local Authorities ; increased education of mothers, a fuller appreciation

of the need for raising the status of the midwife, and an effort on the part of the General Medical Council to improve the training in obstetrics of the medical students.

This is all to the good, but we would urge on our Correspondents that there must be no diminution of effort. The maternal mortality rate remains at over 4 deaths per 1000 births. Some 3,000 mothers a year still die in childbirth. It would be deplorable if, having helped to bring public attention to bear on this annual loss to the nation, as persistent as it is cruel, we for a moment relaxed our efforts.

We know how great a proportion of these deaths is unnecessary; we can contrast such figures as those given in the Interim Report of the Departmental Committee on Maternal Mortality and Morbidity for certain great maternity hospitals, where the highest maternal mortality is 1·5 and the lowest well under 1 per 1000, with the black spots which report such figures as 9·90, 12·36 and 13·15.

It is our duty to impress upon public opinion, during the time of stringency through which the nation is passing, that saving for the public purse is ill won at the cost of maternal life.

We cannot close this Report without tribute to the voluntary nursing societies. For many years they have worked for the reduction of Maternal Mortality, and the following paragraph in the Annual Report of the Queen's Institute of District Nursing shows the value of such work:—

"The Report received on the 66,003 midwifery cases attended by 811 Queen's Nurses and 2,926 Village Nurse-Midwives in England and Wales during 1930 showed a very good record. These cases represent approximately one-tenth of the total births in these counties. The maternal death rate for the cases undertaken by the Institute's midwives was 2 per 1000, which compares very favourably with the general rate of about 4 per 1000."