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MATERNAL MORTALITY

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Report presented to the
Meeting held at Central
Hall, Westminster, on
October 30, 1928



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MATERNAL MORTALITY

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THE following Report, presented to the representative Meeting convened by the above Committee on October 30, 1928, has excited widespread interest and is being reprinted in deference to many requests. The Committee suggest that the Report will be useful for distribution among all those interested in the problem of Maternal Mortality. It could form the basis for discussion at meetings and concentrate attention on the need for stimulating the Local Authority in each area.

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REFERENCE
ONLY

MATERNAL MORTALITY

THE Meeting at the Central Hall, on February 28, was opened by the reading of a message from H.M. The Queen and closed by the unanimous passing of a resolution, the recommendation of which should carry that message into effect. The message was as follows :—

“The Queen views with grave concern the continued high rate of maternal mortality. Her Majesty feels that a very real endeavour should be made to remove this reproach from our national life. The Queen trusts this may be achieved through the education of mothers themselves in the need for ante-natal care, through inquiry into the immediate causes of mortality in child-birth, and through a wider provision of first-rate medical and midwifery services. The Queen considers that the time has come for concerted action to be taken in dealing with so pressing an evil, and will await with interest the conclusions of this conference.”

The resolution was :—

That this Meeting consisting of individuals and representatives of Societies in touch with work among mothers and infants pledges itself to work in all ways for the reduction of the continued high death-rate of mothers in child-birth.

It is clear that more information is needed as to the causes of nearly 3,000 deaths occurring annually; that the professional care available for mothers, both from midwives and doctors, should be as perfect as possible and, when necessary, free to mothers both at the time of child-birth and for ante-natal care; and that in every locality adequate maternity services should be available.

This Meeting, therefore, recommends :—

That steps should be taken to obtain a medical inquiry into every maternal death due to child-birth.

That the attention of the Authorities responsible for the education of medical students should be drawn to the need for further training and experience in midwifery as a preliminary to general practice in medicine.

That an official Committee should be set up to advise upon the whole question of the training and employment of midwives.

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That action should be taken in every area to induce all Local Authorities to make their maternity services adequate.

That the provisions of the National Health Insurance Acts should be readjusted and extended so that medical and midwifery services should be available for mothers both for ante-natal care and during and after confinement.

We have now, therefore, to consider in how far the recommendations embodied in the resolution have been carried into effect.

(1) In April a circular, 888, was issued by the Ministry of Health. By this circular all Local Authorities were urged to institute investigations into every maternal death and all cases of puerperal fever by "experienced officers." The Ministry proposed to set up a Maternal Mortality Committee to consider the results of this investigation, to draw up a questionnaire to serve as a guide in making the investigation, and to collate and classify the information received and to formulate conclusions as to what further action can be taken to bring about a progressive reduction of maternal mortality.

The British Medical Association is communicating with their local divisions urging them to give all assistance possible towards making the investigation accurate and complete.

The appointment of this Departmental Committee was announced on June 4. Its terms of reference are to advise upon the application to maternal mortality and morbidity, of the medical and surgical knowledge at present available, and to inquire into the needs and direction of further research work. The Committee consists of: Sir George Newman, K.C.B., M.D. (chairman); Professor F. J. Browne; Dame Janet M. Campbell, D.B.E., M.D.; Dr. Ethel Cassie; Dr. Leonard Colebrook; Professor Archibald Donald; Dr. C. E. S. Flemming; Sir Walter M. Fletcher, K.B.E., M.D.; Dr. Harold Kerr; Dr. W. H. F. Oxley; Professor Miles H. Phillips; Dr. C. E. Tangye; Dr. O. L. V. S. de Wesselow; with Dr. Margaret Hogarth, of the Ministry of Health, as secretary.

(2) We are informed that the General Medical Council has in recent years given much attention to ensuring that medical students shall receive an adequate training in midwifery, and in general it may be said that the medical schools are now trying to provide improved facilities for study in this connection. The British Medical Association at their Annual Meeting, in July, passed a resolution recommending that increased facilities should be provided for training medical students with special reference to ante-natal work.

It will be observed that the question of increased facilities is also dealt with in the next paragraph.

(3) On May 22 the Minister of Health announced the appointment of a Departmental Committee whose terms of

reference are: "To consider the working of the Midwives' Acts, 1902 to 1926, with particular reference to the training of midwives (including its relation to the education of medical students in midwifery), and the conditions under which midwives are employed." The Committee is appointed with the concurrence of the Central Midwives' Board, and its members are as follows: Sir Robert Bolam, O.B.E., M.D. (chairman); Mrs. Barton; Dr. J. W. Bone; Dame Janet M. Campbell, D.B.E., M.D.; Lady Cynthia Colville; Dr. W. A. Daley; J. S. Fairbairn, Esq., F.R.C.S.; Dr. T. Eustace Hill; Miss Alice Gregory; Mr. A. B. Maclachlan; Dr. F. N. Kay Menzies; Mrs. Bruce Richmond; and Miss Stephenson, O.B.E., J.P.; with Mr. W. H. Howes, of the Ministry of Health, as secretary.

Three of the members of this Committee, Mrs. Barton, Lady Cynthia Colville and Miss Alice Gregory, are members of our Committee.

(4) A leaflet on Maternal Welfare, showing the ways in which the Local Authority has power to assist the Maternity Service of the district, was circulated to all our correspondents with the report of the Conference of February 28.

We have received from our correspondents, and in many cases direct from the Medical Officers, Reports and Returns showing what plans have been put into force in their county or borough. The returns from the Metropolitan Boroughs are being held over for a further report, and we have not attempted to obtain returns from Maternity and Child Welfare Authorities other than County or Borough Councils.

We have examined these returns and the results follow. These we believe to be substantially correct, as far as information is available, though the comparison has not been so easy, where only the report has been furnished, as in those cases in which, by the courtesy of the Medical Officer of Health, we have had exact replies to each point in the leaflet. Moreover, some reports are those for 1926, others for 1927.

We should like to comment here on the kindness with which in nearly every instance the Medical Officers have assisted us.

COUNTY COUNCILS

As far as we can gather from our correspondents and from the reports of the Medical Officers of Health of the County Councils, the position with regard to the points in the leaflet on Maternal Welfare, which has been circulated, is as follows:—

There are forty-eight counties: of these, up to date, we have had returns from forty-two.

(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 who, we conclude, 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-two 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 seven County Councils.

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

This power is used by thirteen.

(c) *The appointment, where necessary, of municipal midwives.*
This power is used by six.

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

This power is used by nine.

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

Much stress was laid at our previous Conference on the necessity for "Refresher" courses. It appears that out of the forty-two, twenty-five County Councils only adopt this provision.

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

(a) *Complicated cases.*

It appears that thirty-one counties provide these.

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

Twenty-four counties provide these. It is hoped that a larger number than twenty-four really provide these beds, but where there appears no allusion to them in the Report, and we can get no information from correspondents, we assume that it would have been mentioned if beds were provided for patients whose home circumstances were bad.

(c) *Ante-natal observation.*

Fourteen counties specially mention that beds are reserved for this purpose.

(d) *The treatment of puerperal sepsis.*

Twenty-two counties have reported that beds are specially kept for this purpose. It will thus be seen that the number of counties providing such beds appears to be very few, and the beds appear to be seriously needed.

(5) Home Helps.

Only four 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 provided in twenty-eight counties, though we gather it has been discontinued in Cornwall.

(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 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.*

Sixteen counties note that they use this.

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

We can only find that seventeen provide this.

(d) *Bacteriological examination in cases of puerperal infection.*
This is arranged for in eighteen counties.

(8) Convalescent Home Treatment for Mothers after Confinement.

This is used in only twelve 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-three counties.

(10) Provision can also be made for Assisting Unmarried Mothers and their Children.

This provision appears to be used by nineteen councils.

Roughly speaking, it appears that about sixteen County Councils are aiding the Maternity Service of the district by putting into force half or more of the provisions for which a grant in aid can be obtained, and in a few areas most, if not all, the powers are exercised by the County Council.

COUNTY BOROUGHES

There are seventy-nine County Boroughs. Of these we have little or no data as to five.

(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.

Sixty-six County Boroughs have established ante-natal clinics.

(3) Assistance to Midwives.

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

Only thirteen Borough Councils provide these. Four others state that they provide certain necessaries. Some places note that they have attempted to put this into force, and have discontinued it from lack of success. This appears to be a serious matter, and there may be misunderstanding as to what a "sterilised outfit" really is, as the supply of "maternity bags" is often alluded to in many places as if it were a substitute.

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

Four County Boroughs only operate this.

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

This power is used by ten only. Several Borough Councils note that the town is admirably supplied already.

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

Fourteen out of the seventy-four definitely state that they do not use the power. It is not possible to ascertain from the other reports whether or not it is used, owing to their vagueness. It is noted that in a few Boroughs an insurance scheme, to which the mothers pay, is at work. We have not added these cases either here or in the returns from the counties as they are not part of the Maternity Service with which we are dealing.

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

Definite courses of lectures are provided by twenty Borough Councils. Four provide four or more single lectures in the year. Another provides monthly lectures and has a post-graduate course.

(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.*

It is impossible to get a correct survey of what is really provided, in particular with reference to beds for ante-natal observation, as the replies are exceedingly indefinite. The word "adequate" is frequently used to describe the service, and no definition given. Some of the smaller Boroughs are specific.

One, for example, has a municipal home with a bed for ante-natal observation and beds in two hospitals for puerperal fever and pyrexia. Another has a home with ten beds, and also beds for puerperal and abnormal cases. A third, in its excellent report, describes twenty beds and a few ante-natal beds, and a separate septic block in a Maternity Hospital.

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

(b) Sixty-three Boroughs have beds. One definitely states that it has none.

(c) It can be assumed from the reports that at least forty-eight Borough Councils have beds which they use for this purpose, but, as in many instances the only way of computing this is by observing in the returns from the local Medical Officers how many cases have been noted as ante-natal cases, we feel that these figures may be considerably over-estimated.

(d) One Borough states definitely that there is no provision made. Fifty-seven state that they make some provision, but often only that of the Poor Law Infirmary, which, as we know, is apt to be unpopular among working women.

(5) Home Helps.

Eighteen Borough Councils provide these. Three more provide one occasionally or are preparing to operate this power. One correspondent notes that home helps have been supplied to over fifty homes in one year; another authority gives a municipal grant to a voluntary society. There are enthusiastic allusions to this provision in the cases in which the system of home helps has been properly organised and tried. From one district we hear that "this service is very much appreciated. Increasing demand. Charges are made where justified. In the majority of cases no charge is made."

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

All but two provide this.

(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 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.*

Thirty-seven Local Authorities pay this fee for at least one of these cases, some for both.

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

Thirty-two provide this, five are ambiguous.



(d) *Bacteriological examination in cases of puerperal infection.*
Only thirty-seven reports are definite, many say that facilities exist, but are not used.

(8) Convalescent Home Treatment for mothers after confinement.

We have concluded that probably more are sent away than are stated. Only nine reports are definite, but in five more cases we think it is possible to assume that this is done, which would give fourteen. Forty-four County Boroughs definitely state that they do not provide Convalescent Home treatment. One notes that it makes this provision, and that in all cases there is considerable improvement as a result.

(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.

Thirty-seven definitely state that they do it, but many only for puerperal sepsis, and not for complicated cases.

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

Twenty-one note that they make a grant to Diocesan and other Homes to make this provision. One only stated that it provides a special Home of its own.

Roughly speaking, it appears that about forty-five County Boroughs are aiding the Maternity Service of the district by putting into force half or more of the provisions for which a grant in aid can be obtained.

We have been much impressed by reports from certain areas where the work appears admirably organised and carried out. These make us realise how much can be and is being done where goodwill prevails. Why should we not have equally good service everywhere?

COMMENTS BY OUR CORRESPONDENTS

Apart from the full list of replies which have been sent in by our correspondents, they have commented on special points, concentrating particularly on the following:—

The inadequacy of the present supply of Ante-natal Clinics.

It is a fact that whereas ante-natal clinics should be attached to all Maternity and Child Welfare Centres there are many districts in which there are none at all. The problem is far more acute in county than in town, and it is made clear to us that there are many rural districts in which nurses have the greatest difficulty in visiting the prospective mothers regularly.

To meet this difficulty the suggestion has been put forward in the Press and by some of our correspondents that a travelling clinic would obviate many difficulties, and this suggestion has attracted a good deal of attention.

It is suggested that the sessions of the clinic should be held in the village hall on certain days of the week.

It is pointed out that the general practitioner is often very ill-equipped to deal with ante-natal clinics, and that the doctors who are attached to these clinics must have special knowledge.

Other correspondents have suggested the need for a general provision, in rural areas, of motor-cycles to enable Health Visitors and midwives to get about more easily, but it is pointed out that the use of these cycles tends to be exhausting, and that the provision of a small car, where possible, is infinitely preferable, so that the midwife arrives at her destination nervously and physically fresh.

Assistance to Midwives.

The second point on which there seems to be a concurrence of opinion is the necessity for refresher courses for practising midwives. It has been impressed on us that post-graduate training must be arranged if the midwives are to be kept up to date in their work. There seems to be a great lack of arrangements for these classes, particularly in rural districts, and our attention is specially called to its need.

Maternity Beds.

The third point on which great stress is laid by our correspondents is the need for maternity beds. We know from Dame Janet Campbell's report that the number of maternity beds is not adequate to the need. It is pointed out to us that the number of mothers whose home circumstances are unsuitable for confinement at home is very large. Owing to the pressure on the beds many cases are sent in too late. The need for more beds is being put forward by the Women's Co-operative Guild and the Labour Party.

Home Helps.

The value of home helps is being much stressed by the representatives of working women. The need for them will obviously be increased if the training of the midwives and the specialisation of their work is improved.

It is obvious from the preceding paragraphs that the demand that in Mr. A. Greenwood's words "All Local Authorities should be required to carry out fully and generously the duties which they now possess" is by no means fulfilled. The provision is in many cases terribly inadequate. It is, generally speaking, better in town than in county, though even in the latter there

are instances in which the enterprise and initiative of the Medical Officer of Health has overcome the difficulties of a scattered district and popular inertia.

But we must not rely on Medical Officers for miracles, and where the constituency is sluggish and ignorant and the Local Authority reflects its apathy the difficulties of the progressive Medical Officer of Health are great indeed.

The blame cannot be fastened upon him. It rests upon us and all our fellow-citizens. If all over the country the great societies in touch with this acute problem of maternal mortality will undertake active propaganda at all seasons, will make this one of their questions at local elections and refuse to tolerate a Local Authority in power which does not assist in every way possible the maternity service of the district, the blame for the maternity death-rate must rest on us, for, in Dame Janet Campbell's words, "We are not likely to make substantial or permanent progress in reducing the maternal death-rate until we have an adequate maternity service in all parts of the country."*

Maternity Benefit under National Health Insurance Act.

Maternity benefit consists of a payment of cash on the confinement of an insured woman or the wife of an insured man. The normal rate is 40s., but at the present time, as the consequence of the disposal of surpluses, the average rate is 46s. The benefit is the mother's benefit, and where husband and wife are both insured the mother receives two maternity benefits, one in respect of her own insurance and one in respect of her husband's insurance.

The insured woman is entitled to a medical benefit, that is to say, the services of a panel practitioner at all times during her insurance except at the time of confinement, but there is no such benefit for women who are not insured but who may in respect of their husband's insurance receive the cash maternity benefit.

An insured woman is also entitled to sickness benefit during any period when she is incapable of work except for four weeks after confinement.

The title to sickness benefit during pregnancy or after is not fully realised by the insured women and not understood by all the panel practitioners. There is considerable confusion on this matter and it would appear that benefit is not always claimed or paid even when an insured woman is totally incapacitated. While there can be no doubt that the distribution of from one and three-quarter million to two million pounds annually on this benefit has been of great help to the worker and, incidentally, has been responsible for the improvement in the standard of

* See *Protection of Motherhood*. (Published by H.M. Stationery Office, price 9d.)

midwifery services, it is disappointing to find that there has been no improvement in maternal mortality, which continues at the rate of nearly three thousand lives lost annually.

Very definite submissions as to the need for ante-natal examinations and services were made by the British Medical Association before the Royal Commission on National Health Insurance, and resolutions were passed at the annual meeting of the Association in July of this year in the same direction.

The Royal Commission on National Health Insurance dealt at considerable length with this subject and outlined a scheme for insured women, but not for the wives of insured men. The recommendations of the Minority Report of that Commission were on similar but bolder lines. The Report of the National Conference of Labour Women deals with the re-adjustment and extension of this benefit, and Approved Societies have a very direct interest in this matter. Considerable anxiety, also continually expressed by societies, was expressed by the Actuarial Committee of the Royal Commission, on the relatively high sickness rate amongst married women, and it is felt that the very definite statements as to the morbidity rate associated with the maternal mortality problem made in several publications by the Ministry of Health itself could not be entirely disassociated from this heavy sickness rate. It follows, therefore, that apart from an ordinary humane desire to reduce the suffering and mortality, the absence of adequate ante-natal services is probably a costly matter to societies.

Sir Thomas Neill, Chairman of the National Amalgamated Approved Society, is entitled to considerable credit for having long since called attention to this problem. In the *National Amalgamated Monthly* for September, 1926, there appeared an article lamenting the terrible loss of mothers at child-birth, and the hope was expressed "that when National Health Insurance is again before Parliament such provisions shall be made for women at child-birth for insured women and the wives of insured men . . . as will remove this terrible scandal from the medical records of the nation. . . ."

In a recent interview Sir Thomas Neill expressed his continued interest in this problem, and it is hoped that his ideas for the adjustment and extension, financially and otherwise, of maternity benefit will soon be available.

An authoritative spokesman for the Friendly Societies thought that the Friendly Society Group "would be quite favourable to changing the character of maternity benefit so as to include in that benefit help in kind as well as cash. The benefit at present was not the woman's benefit the Act proclaimed it to be, and it would not be so until pre-natal medical service was available and skilled attention provided at confinement and subsequently.

"After the issue of the Royal Commission's report, the National Conference of Friendly Societies expressed the view

that the maternity benefit proposals contained therein should have been given priority over some of the recommendations which preceded it in the Majority Report."

The Trade Union Approved Societies group, as well as the National Joint Committee of Industrial Women's Organisations, made special reference to the need for changing this benefit when giving evidence before the Royal Commission, and for many years has demanded the provision of adequate medical and midwifery services during pregnancy and at and after confinement, both for insured women and for the wives of insured men, supplemented by a cash benefit and linked up so far as may be practicable with any Public Health scheme of maternity homes.

Propaganda.

The Report on the *Protection of Motherhood*, page 73, deals with the need for propaganda amongst the mothers themselves, and lays stress on what has been and can be done by the Women's Co-operative Guild, the Women's Institutes, the Mothers' Union, the Y.W.C.A., and generally by those Associations represented on our Committee.

Many meetings have been held all over the country during the year, some of them with the purpose of forming public opinion on the subject and so strengthening the hands of the Medical Officers of Health and other persons or bodies anxious to make progress; some to explain to mothers and voters what is needed and what they can demand.

At their Annual Conference for England and Wales, in May last, the Women's Unionist Organisation of the National Union of Conservative and Unionist Associations, passed a resolution urging His Majesty's ministers to formulate a programme and take such steps as might ensure a rapid and progressive reduction in maternal mortality. Similar resolutions were also carried at local conferences of the organisation.

The British women delegates from the Labour Party raised the question at the Third International Conference of Socialist and Labour Women, and the National Conference of Labour Women, at Portsmouth, in May, outlined their policy which has now been adopted by the Labour Conference.

The Women's Co-operative Guild held sectional conferences all over England and is constantly exercising influence.

We believe a considerable amount of propaganda is being done by the Women's Institutes.


We have received application for help in arranging for speakers on maternal mortality. Wherever possible, we have referred applicants to already existing agencies, the object of the Committee being to assist all the work already on foot so that no overlapping should take place.

Great assistance has been given us by the prompt action taken by the Ministry of Health to give effect to our representations as to the difficulties mothers experience in knowing where to find ante-natal clinics and infant welfare centres. Circular 911, issued from the Ministry in July, stated that instructions had been issued to all Postmasters of Crown Post Offices to exhibit lists of these clinics and centres on the official notice boards of the offices under their control at the request of the local Maternity and Child Welfare Authority. It is to be hoped that every Local Authority will see that this is done.

From the foregoing report it will be seen that so far as the Ministry of Health is concerned the two proposals adopted at the last Conference are being put into effect. We shall continue to hold a watching brief. This is the case also with regard to the action of the British Medical Association, which has shown itself in sympathy with our representations as to the training of medical students and as to our representations as to the need for more and specialised knowledge both among medical students and general practitioners.

When we come to the reports received from Medical Officers of Health it is clear there is much to be done. Every possible step must be taken to spread propaganda. Action is also called for to stir up public opinion in every area where the Local Authority is inert and where the maternity service is not completely in force. That we feel to be our main work for the coming year.

With regard to the position under the National Health Insurance Acts we know now that we have the sympathy of the leaders of the Industrial, Friendly and Trade Union Societies in the claims we have put forward. The business of our Committee will be to co-operate with these representatives, but we urge on the Ministry of Health to give every help in their power to carry the recommendations of Sir Thomas Neill into effect.



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