

The Midwife.

THE LONDON COUNTY COUNCIL (GENERAL POWERS) BILL.

THE REGISTRATION OF LYING-IN HOMES.

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Dr. W. H. Hamer, Medical Officer of Health and School Medical Officer of the County of London, was the next witness before the House of Commons Local Legislation Committee. He stated that he was also the Executive Officer of the Council responsible for the discharge of its duties under the Midwives Act, 1902, which involved the supervision of all certified midwives practising in the county, and the carrying out of those sections of the Act which deal with the practice of uncertified women acting as midwives. The Midwives' Act gave certain powers analogous to the powers being asked for in the Bill in regard to certified midwives, but none of the same kind in regard to the uncertified. Broadly speaking, the Bill sought to assimilate the practice with regard to uncertified midwives to that prevailing under the jurisdiction of the County Council with regard to certified midwives. He considered the powers sought for under Part IV of the Bill very much needed, and from his knowledge as medical officer, in the case of lying-in homes in London, he considered it very desirable to obtain some control over the lying-in homes in London. The Council were not fully aware exactly how many of these places there were, but as far as they could judge they divided them into those kept by midwives who had given notice of their intention to practise, of which there were something like 70 to 80, and those of the other class, which might be divided up into two again, those which were kept by women uncertified and uneducated, the class of home with which they particularly wished to deal, and then there was another group, what were commonly known as nursing homes, where the woman was a certified midwife but had not given notice of her intention to practise, and there were probably something like 120 of these. In reply to a question from the Chairman, the witness said that the midwives in the second class of the second group did not give notice of their intention to practise because there was a doctor in attendance on the cases. In the first class in the second group the women were not midwives at all. In London it was especially necessary to control these homes owing to the fact that they were conducted with as much secrecy as possible. London was resorted to by numbers of people from outside. They saw advertisements in weekly papers, and the women were told in these advertisements that their secrecy was maintained, and numbers of women came from a considerable distance round London to these homes. In 1906 the Midwives Act Committee caused inquiry to be made into the

subject of lying-in homes, and an investigation was made by Dr. Wanklyn of the Public Health Department, and his report was read by Sir Shirley Murphy to the Departmental Committee held in 1909 to inquire into the working of the Midwives Act, 1902.

"Speaking generally," Dr. Wanklyn reported, "of no house can it be said that special preparation is made for the reception of pregnant women; all the rooms I saw are domestic, so to speak, instead of being fitted as for a surgical operation. In the majority of cases the rooms were, if not dirty in the ordinary sense, untidy and littered with an abundance of clothes, furniture or ornaments which makes the removal of dust almost impossible. There was no special provision for the reception of the patient; this takes place in the room in which she is confined; her luggage, books, and clothes and personal effects generally remain in this room during her confinement. In very few houses is there a bath room; in many the w.c. is at a distance from the patient's room—one or two floors below it, and the necessary utensils were usually kept in the confinement room. In some houses the midwife sleeps either in the same bed with the recently confined mother, or in another bed in the same room; the infant is in some cases kept in bed with the mother, in others provided with a separate box or cot. Arrangements for waiting on the patients were obviously incomplete, and in one patient's room which I saw were unemptied slops (a stool) which, there was reason to believe, had been left in the room for a considerable time."

Dr. Hamer said that these were conditions which every effort ought to be made to put a stop to. Recent inspections showed that the above accurately described the state of things in many of these so-called lying-in homes.

Dr. Hamer further instanced the case of a house which was unsuitable for the reception of maternity cases owing to its worn-out condition and improper water supply. The whole of the water for domestic use was drawn from a cistern abutting on to the wall of an adjoining w.c. In this wall there was an opening ventilating into the cistern below the cover. The cover was defective, and did not keep out the dust and dirt or the rain water washing down the walls, and in addition to the emanations from the w.c. in question, children using it frequently pushed refuse through the opening into the cistern, and although the occupier said that he frequently cleaned it out the water quickly became tainted. He further stated that this water was used for washing out the infants' feeding bottles, and that it was used in their milk. The same objection applied to this water as regards its use for lying-in cases.

The person who looked after these premises

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