grade medical and nursing service may be obtained, But in the small towns, generally, rural communities, mountain regions, and great stretches of plain and prairie the plight of mothers and babies is often tragic. Medical and nursing agencies are sadly lacking, and the possibility of a high-grade obstetrician and high-grade nurse for each patient is an impractical dream. But the patients are there, just the same, having babies the year round.

And who looks after these patients during pregnancy, when they need friendly teaching, urinalyses, pelvic measurements, &c., to ward off pending disaster? Who performs the deliveries when absolute asepsis may be a matter of life or death? And who nurses mother and baby afterwards when skill and intelligence may spell safety and health for the future?

This is the answer. In several States any ignorant, superstitious old woman who chooses may gain a livelihood unmolested, by acting as both doctor and nurse to maternity patients and their babies. About 20 per cent. of the births in the United States are attended by, approximately, 50,000 women loosely designated as midwives, the majority of whom have had no training, are illiterate, dirty and superstitious, and naturally know nothing of accepted standards of maternity care nor of the rudiments of nursing. In no State in the Union are there adequate legal requirements for the training, licensure and supervision of women who attend other women in childbirth. In some of the States, notably New York, New Jersey, Connecticut, and Pennsylvania, valiant effort is being made by the State health officials to safeguard patients by supervising the work of midwives, but nowhere are the provisions complete or adequate. In Virginia there are 6,000 coloured women practising as midwives, and Mrs. Bennett, a graduate nurse in the State Department of Health, is attempting to replace their death-dealing superstitions with rudimentary knowledge of hygiene and clean nursing. Her assistants in this work have been trained as nurses, not as midwives. The bent, and wrinkled old darkies know this, and as they puff away at their pipes are sometimes inclined to be mildly amused at the instruction of their legally qualified, but, in their minds, inexperienced supervisors. In another State, North Carolina, Miss Holman, working unofficially and assuming to be no more than a nurse with ready hands and an eager spirit, is caring for maternity patients in her isolated mountain district, where before her arrival they were attended by so-called midwives, grandmothers, husbands, teamsters, blacksmiths, and the like. Because of her appreciation of what these patients need beyond nursing care, she manages with surprising frequency to have primiparæ and complicated cases taken to the nearest city in time for skilful delivery as well as for repair of lacerations. In still another State, Kentucky, Mrs. Breckinridge has been so stirred by the need of the mountain women and babies that she went to England a year or so ago and took the course in midwifery. Thus equipped she hopes to demonstrate what a trained midwife may mean to isolated patients.

How can there be any question about the value of such service, in terms of life and health? The supervision of midwives, with its gradual weeding out of the unfit and improving the care which those practising give to their patients, and also the actual care of the patients themselves who have not direct access to doctors, seems to me nursing service of the most urgent and appealing kind.

The work of public health nurses, the civilised world over, is extending farther and farther into remote districts, and more and more the nurses are giving prenatal supervision and teaching, helping to prepare for clean deliveries and caring for mother and baby afterwards. But in the United States these nurses are in the inconsistent position of being unprepared to perform normal deliveries. Not infrequently, even when there is no doctor within calling distance, a nurse is obliged to stand aside, for ethical reasons, while an even less skilled person than she conducts labour. There can be no question but that our obstetrical service, in a broad sense, breaks down seriously just where this hiatus of neglect occurs between excellent prenatal supervision and postpartum nursing. If public health nurses in rural communities, particularly, had midwife training added to their usual equipment this serious interruption in otherwise good care would be prevented. Certain though it is that every maternity patient should be in the hands of a first-rate obstetrician, there will always be a dearth and sometimes a complete lack, of these practitioners in remote districts. When the choice of attendant for the labour patient is between a brawny teamster or superstitious old negress on one side and a trained intelligent nurse-midwife on the other it is pretty clear in whose hands the patient would be safest.

What maternity patients everywhere need is not that the high peaks of obstetrical work shall be higher to save a few mothers from rare complications, but that the average of care given to all patients shall be higher, high enough to provide safety. Apparently, the patient who has not access to a doctor will have in the hands of a trained midwife the important safeguards: (1) Good nursing and intelligent watching throughout the entire experience; (2) clean delivery and a tendency toward non-interference, and (3) skilled medical attention when complications are present, for experience shows that the trained woman will secure the best medical care possible in the circumstances.

One important feature of this whole situation is that childbirth is, and is likely to remain, a home question. In spite of the advisability of having primiparæ and complicated cases delivered in hospitals, the majority of the patients do quite well at home, with good care, and the majority of all births inevitably will take place at home. Accordingly, if the average of care given to all mothers and babies is to be up to the level of safety then the whole scheme of home care must measure up to prescribed standards. This means delivery as well as prenatal and post-partum care, and it means the rural as well as the city mother. Most of this home service is nursing, whether the ones who give it are called nurses or midwives, and much of the preparation for it must be training in nursing procedures. To this is added, for midwives, instruction in making pelvic measurements and conducting normal deliveries.

I feel strongly that the nursing profession has a responsibility in connection with midwife training and service, just as it has in any other branch of preventive medicine, in which a large part of the service is nursing and health education in the patients' homes. It is the nursing side, and clean, normal deliveries that need to be stressed, in this connection, beyond that it is a question of medical practice.

In my judgment (still seeing it all from the standpoint of the pathetic need of women in the United States) the nursing profession has before it not alone a responsibility that it cannot ignore much longer, but also an opportunity to offer priceless service to women and babies by providing training for midwives and midwife inspectors. Moreover, it should place the training on such a high and dignified plane that it will attract the highest type of nurse.

In what branch of nursing service can there be more appeal, more intense satisfaction, more scope for offering all that one can give as a nurse and as a woman, than in the many-sided care of mothers and young babies during the most critical periods in their lives?

In European countries, where the work of midwives has long been accepted as a logical service, the entire situation is so different from the one confronting us—or, rather, the

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