comprehensive reorganisation on the lines originally considered by them. These essentials were: (1) The provision in every case of the services of a registered midwife to act either as midwife or as maternity nurse; (2) the provision of a doctor to carry out ante-natal and post-natal examination in every case, and to attend as may prove necessary, during pregnancy, labour and the puerperium, all cases showing any abnormality; (3) the provision of a consultant when desired by the doctor in attendance, during pregnancy, labour, and the puerperium; (4) the provision of hospital beds for such cases as need institutional care; (5) the provision of certain ancillary services.

The Committee point out, in this connection, that provision for many aspects of maternal care is within the existing powers of local authorities under the Midwives Act, the Notification of Births (Extension) Act, 1915, and the Maternity and Child Welfare Act, 1918. These powers include the provision of midwives by salary or by subsidy, provision of transport, telephone and equipment, payment of midwife's fee in necessitous cases, payment of doctors called to the assistance of a midwife (this is a statutory obligation under the Midwives' Act, 1918), compensation of a midwife when suspended from practice on account of infection, not being herself in default (a statutory obligation under the Midwives and Maternity Homes Act, 1926), compensation of midwives for loss of cases sent to a maternity hospital from an ante-natal clinic, provision of post-certificate courses of instruction, provision of midwives to act as maternity nurses, provision of home nursing for puerperal fever and ophthalmia neonatorum, and provision of home helps.

The Rôle of the Midwife.

The Committee express the opinion that there is no more important matter in the problem which has been engaging their attention than the provision of an *adequate service of trained midwives* to act both as midwives and as maternity nurses working with doctors. They compare the status and conditions of employment of midwives in the Netherlands, Sweden and Denmark with those in England and Wales. The concentration of midwifery training in one or two large institutions, as in these countries, appears to the Committee to give greater opportunity of a high and uniform standard of instruction compared with the multiple small training schools approved for the purpose in England. The training is also longer and more thorough. The status of the midwives is higher, and the employment of midwives by all classes of society a long-standing custom. The conditions of work are regulated by the Local Authority, relief duty is provided for, pensions arranged, and fees paid either as whole-time salary or part-time subsidy. The midwife's position is so stabilised that doctors attend in order to give an anæsthetic, while she remains responsible for the delivery.

With a view to the investigation of conditions in the above-mentioned countries, two members of the Committee, Dr. Oxley and Professor Miles Phillips, together with Dr. James Young, of Edinburgh, a co-opted member of the Clinical Sub-Committee, undertook to visit them. They state that the survey brings out several features of importance.

The investigators found a wide difference between the social conditions and habits of life in those countries and in many parts of England and Wales. A legacy from the rapid industrialism of the early nineteenth century in England is the building, over large tracts of country, of ill-arranged and cheaply-constructed houses which rapidly degenerated into slums where overcrowding is rife and opportunities for healthy outdoor exercise almost *nil*. In such areas the mortality rate is consistently high. No such districts exist in the countries visited. Diet, the importance of which as a factor in the prevention of septic infection has been recently emphasised by competent authorities, appears to be better balanced than in England and Wales, and includes a larger consumption of milk. Probably in consequence of these hygienic conditions, there is a more natural pelvic development, less rickets, and a smaller incidence of contracted pelvis, circumstances which cannot but have a large influence upon the safety of child-bearing and childbirth, and it would appear that in the fight against maternal mortality these countries have an easier task than we have in England and Wales.

The training of midwives in Holland is for three years. Great importance is attributed to the training in ante-natal supervision. The midwife is instructed in the taking and in the significance to be attached to the blood-pressure.

The training school at Amsterdam is staffed by a specialist in obstetrics and gynæcology, assisted by a general practitioner, both of whom are non-resident and in independent practice.

The ambulance service for the transport of cases to hospital is well organised and adequate; and a further feature is the provision of a municipal motor-car service for the use of specialists in the towns called to the rural areas for attendance on emergency cases.

In Denmark there has been a State Service of Midwives since 1714, and the original register of pupil midwives is still in use after 150 years. There is considerable competition for training, and last year there were 78 applications for 24 vacancies.

The investigators state that they were unable to convince themselves that the work of the Danish midwife was in any way superior to that of the better type of English midwife. More is expected of English midwives, although their emoluments and professional status are not nearly so high.

In Sweden, we are told that the Swedes, with their characteristic flair for turning the inventions of science to good use, have done much to diminish the difficulty of communication by means of telephones, and latterly have even instituted an ambulance service of aeroplanes.

(To be concluded.) M. B.

In our next issue we hope to deal with the chapter on Maternal Morbidity and the Conclusions and Recommendations of the Committee.

MATERNAL DEATHS.

MINISTRY AND COMMITTEE'S RECOMMENDATION.

The recommendation of the Departmental Committee on Maternal Mortality that local inquiries into maternal deaths should not be allowed to lapse has been adopted by the Ministry of Health.

A new form of report has been prepared for Medical Officers of Health on lines which experience has shown to be most useful. An accompanying letter points out that in making the necessary inquiries care should be taken to safeguard the susceptibilities of relatives, and that as the information obtained is solely for scientific and public health purposes it should be regarded as strictly confidential.

The report is not to be used for any inquiry which might be called for locally in regard to a particular case, and no copy of the report is to be retained.

Members of all political parties have decided to set up a committee with Sir Basil Peto as chairman to prepare a private members' Bill which will be presented to the House of Commons in the autumn to legalise the voluntary and permissive sterilisation of certain categories of mental defectives. It is hoped that before the Bill is produced the report of the Committee which the Minister of Health recently appointed to go into the subject will be available.

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