

The CHAIRMAN asked what opportunities the patients had for private interviews with the Commissioners. Mr. MACLEOD said that private interviews were always given if asked for, except in the case of dangerous patients.

Dr. BOND, in reply to a question by Sir DAVID DRUMMOND, said that the time given to the visit was certainly not sufficient to satisfy the aspirations of a medical Commissioner, but he thought the time was sufficient to make the visit effective. More and more the Commissioners were appealed to by the officers for guidance and personal advice in the conduct of the hospital. Every patient was spoken to, but, of course, a large proportion of patients were suffering from secondary or other forms of terminal dementia, and in these and some other cases of more acute excitement it was seen to be quite useless to attempt to draw the patients out. Therefore it was possible to see a very large number of patients in an institution in a comparatively short time.

On the second day of the inquiry evidence was given by the Ministry of Health and the Lord Chancellor's department.

THE PROBLEM OF MATERNAL MORTALITY.

CONFERENCE IN LONDON.

AN interesting conference, organized by the Post Certificate School, was held on October 6th at the Royal Society of Arts, when the subject discussed was "How to reduce the maternal mortality by the co-operation of all the health services concerned."

Dr. J. S. Fairbairn, who took the chair, indicated that the subject had been suggested by the recent report by Dr. Janet Campbell of the Ministry of Health; the speakers, for the most part, took portions of this report, and dealt with them from some particular point of view. The importance of ante-natal care was emphasized repeatedly, and Mr. Aleck Bourne urged that it was needed by every pregnant woman, whatever her class or rank. Mr. Bourne described the ideal ante-natal clinic as he conceived it, staffed by obstetric specialists, and acting as a consultative centre for the general practitioners in its district; but it was pointed out by Dr. H. Scurlfield that outside London ante-natal work was very deficient. In rural districts this was especially the case, natural shyness appearing to be a terrible obstacle. Mr. Bourne had suggested that if a woman refused ante-natal supervision no practitioner should undertake the case, but Miss Liddiard, of the Mothercraft Training School, put the matter in a more practical form by insisting that every woman ought to be educated to demand ante-natal care during her pregnancy.

In a letter from Sir Francis Champneys, which was read by the chairman at the beginning of the meeting, one of the points raised was that in every case of death in childbed the person actually concerned in the delivery of the woman should be the subject of studied attention. Speaking from the point of view of the general public, Mrs. Bruce Richmond said that, while midwives were bound by their regulations to maintain a certain standard of cleanliness and asepsis, doctors were often very lax in this respect. She suggested that the General Medical Council should bear this point in mind; and in this respect Sir Francis Champneys's suggestion was particularly pertinent. When a woman died in childbed as much investigation was required as if she had died from small-pox was another point urged by Mrs. Bruce Richmond in the course of a very effective speech; she pleaded for "better doctors, better midwives, and more of them," insisting that midwives ought to receive a more honoured place as members of an important profession. Speaking as a general practitioner, Dr. J. W. Wayte of Croydon described the co-operation necessary between the midwife and the doctor. All midwives should be fully trained, and a full nurse's training was also desirable—a point emphasized by later speakers. He urged that in every confinement a doctor and a midwife should both be available, although both need not necessarily be present. It was obvious that this would necessitate further financial provisions, and Dr. E. F. Palgrave of Ealing made some reference to this in dealing with the work of the local supervising authority. He deprecated the flat-rate system of payment

under the 1918 Act of doctors called in by midwives, but he also dealt with the wider aspects of the co-operation between the doctor, the midwife, and the local authority, insisting that this co-operation must be close and cordial. In the inspection of midwives the instructional element should always be kept well to the fore, and "refresher" courses were eminently desirable. The "handywoman" was severely criticized by several of the speakers, and it appeared obvious that further legislation was desirable to curtail her activities, if not to abolish them completely.

A novel aspect of the problem of maternal mortality was dealt with by Dr. E. W. G. Masterman, who described the increasing activity of Poor Law institutions in providing facilities for confinement cases. In the present state of the housing problem much of the danger of sepsis could be avoided by arranging for confinements to be dealt with in hospitals, and several interesting schemes were indicated for removing the stigma which hindered the use of the many beds in Poor Law institutions which were available for maternity work. Ante-natal care, close co-operation between the authorities and services concerned with maternity work, and provision of increased hospital accommodation, would, however, all be useless without the educating of the public to realize the importance of the problem of maternal mortality. This was the text of Miss Liddiard's remarks, who urged that the present generation ought to be approached through women's institutes and clubs throughout the country; the coming generation of mothers should receive instruction at school in mothercraft and all it meant. Fathers, also, should receive instruction, as was urged by several of the later speakers. Miss Liddiard suggested that the barrier of shyness might be broken through in rural districts if midwives would settle in one place, and by their devoted lives seek to win the confidence of those around them. All women must be encouraged to view motherhood in its proper light as "the grandest of the professions."

During the very interesting general discussion the importance of holding autopsies on all women dying in childbed was stressed by several speakers. These, it was argued, should be conducted by experts, and in this way much useful information might be brought to light. Another point raised was that of the need of closer co-operation between the medical student and the midwife when the former was working on the "district." Did an inexperienced student actually do harm? This and other questions would probably be answered, as the chairman remarked in his summing-up, if in every case of death during childbed the person who actually delivered the woman could be ascertained.

Dr. William Paterson of Willesden represented the British Medical Association at the conference, which was well attended by doctors, midwives, health visitors, and others. The stimulating discussion should help towards promoting the necessary co-operation between all the health services by which this great national problem of maternal mortality may one day be solved.

England and Wales.

CARDIFF ROYAL INFIRMARY.

SIR EWEN MACLEAN, M.D., senior gynaecologist to the Cardiff Royal Infirmary and professor of obstetrics and gynaecology in the Welsh National Medical School, has presented a thousand guineas for the endowment of a bed in the Thompson ward of the infirmary, in memory of his mother, who had always been keenly interested in the institution. No conditions are attached to the gift, but Sir Ewen Maclean hopes that in the expenditure of the money the council will be able to give preference to any special requirements of the obstetrical or gynaecological departments.

RETIREMENT OF DR. E. W. HOPE.

In a report presented to the Liverpool Corporation in the autumn of 1873 by Dr. William Trench, the medical officer of health, it was stated that no death from typhus