LEGISLATIVE MEASURES AGAINST MATERNAL AND INFANT MORTALITY: THE MIDWIFE PRACTICE LAWS OF THE STATES AND TERRITORIES OF THE UNITED STATES.

BY

JOHN A. FOOTE, M. D.,

Washington, D. C.

THE important part played by faulty obstetrics in causing a heavy infantile mortality at birth and during the first week of life, has been emphasized time and again whenever the question of infant mortality is considered. The International Medical Congress, in London, in 1913 was the last international gathering to give this problem merited attention. Since the great world war, probably every European country has taken it under consideration. In the United States the General Medical Board of the Council of National Defense appointed a Committee on Infant Welfare, which, in turn, named a Committee on Midwife Practice (1918) to look into this important matter. This committee, consisting of Dr. Taliaferro Clark, of the United States Public Health Service, Dr. J. Whitridge Williams, Dean and Professor of Obstetrics, Johns Hopkins Medical School, and the writer, believed that a survey of the existing laws enacted by various state legislatures would be of value in determining what additional remedial measures would be necessary to improve the present situation. Much of the material in the ensuing digest of laws, therefore, was gathered for the use of this committee. It is based on a partial digest in the records of the Children's Bureau, U. S. Department of Labor, prepared in 1916 by M. J. Wesel Providence, R. I., but hitherto unpublished, and on personal investigation by the writer of recent enactments of state legislatures.

Awakened interest in child hygiene has caused legislative bodies within the past few years to pass many new regulations or to amend old ones, so that these laws are constantly changing—usually for the

better. This report has been prepared, therefore, as accurately as possible from the data at hand (1918), from which certain summaries have been made and conclusions drawn. The passage within the past two years of model laws by Virginia and other Commonwealths shows that progress is still being made. The writer acknowledges the invaluable aid of the library of the Children's Bureau, U. S. Department of Labor, but the Bureau is in no way responsible for any statements or conclusions found in this report.

Regulation of Practice.—Many State laws attempt to confine within definite limits the midwife's activities. In Maryland, she is forbidden to make a vaginal examination, attempt delivery of a retained placenta, attempt to use forceps, version or forcible delivery. In all abnormal labors a physician must be notified.

New Jersey does not attempt to define abnormal labor, but requires the midwife to summon a reputable physician "whenever any abnormal symptoms or signs appear in either mother or infant."

New York has provisions practically identical with Maryland. In addition the Health Commissioner of New York City, in the regulations which he made under authority of the Sanitary Code, limits the midwife's practice to uncomplicated vertex presentations and gives a list of ten symptoms, the occurrence of which makes it obligatory on the midwife to summon a physician. Careful details are given as to equipment, precautions for internal examination and an additional list of conditions during labor in which a physician must be summoned, is cited (Rule 10). When any one of seven specified conditions occur *after* labor, a physician must also be summoned (Rule 20). The New York Code is the most complete regulation of midwifery practice available. It was the only law up to the time of its publication which specified certain definite conditions in *the child* after birth, the occurrence of which should oblige the midwife to summon a physician.

Ohio defines abnormal cases as "to perform version, treat breech or face presentation or do any obstetric operation requiring instruments."

In Pennsylvania the limitation of practice lies with the State Board of Health.

Wisconsin limits the midwife to such practice as shall not include "the use of any instrument except such as are necessary to sever the umbilical cord, nor the assisting of childbirth by any artificial, forcible or mechanical means, nor the performance of any version nor the removal of adherent placenta, not the administering, prescribing, advising or employing in childbirth of any drug, herb or

medicine other than disinfectant or ergot after delivery of the placenta." The act particularly points out also that the midwife cannot practise medicine, surgery or osteopathy, or assume any title, conveying the impression that she is other than a midwife.

Not every State which requires registration of births requires the midwife to report reddening or swelling of the eyelids. Separate penalties are specified for failure to do this, as well as for failure to use prophylaxis at the time of delivery in the States of Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, New Jersey, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Vermont and Wisconsin (1915–1916).

In New York the treatment of such eyes is required to be placed in the hands of the local health authorities.

It will be seen that in all the foregoing regulations an attempt has been made to draw a line of demarcation between midwifery and the practice of medicine and surgery. The more complicated and the more specific such regulation becomes, the more closely does the midwife approach the status of a trained obstetrical nurse acting under the authority of the Board of Health, or its visiting physicians, and the farther does she depart from the midwife of rural, or as called in the South, plantation practice.

Registration of Births.—Registration of births is required and the midwife must file a birth certificate in 41 States and Territories, as follows:

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, Wyoming, Alaska and Porto Rico.

Registration of Midwife.—The registration of the midwife herself is required in a number of States. This seems to have a twofold reason: first, in order that local authorities may exercise proper surveillance over her activities, and second, that she may be made acquainted with State and local regulations of her work.

In Connecticut she is required to report to the State Board of Health. In the following 20 States, she is required to register with the local registrar or the local health officer:

Colorado, Delaware, Georgia, Idaho, Illinois, Kansas, Kentucky,

Maryland, Missouri, Montana, Nevada, New York, North Dakota, Ohio, Oregon, Pennsylvania, Utah, Washington, West Virginia and Wisconsin.

Educational Standards, Licensing and Examinations.—As to educational requirements, relatively few States had any adequate regulations until the last few years. In the medical practice acts of Arkansas and Mississippi exceptions are made in favor of the "midwife" or "so-called midwife." In Louisiana a midwifery act of reasonable scope contains a clause exempting those midwives who do "so-called plantation practice."

The following are the regulations concerning licensing in various States. In addition to the regulations cited, special provision is usually made for those who cannot speak English, such being allowed to use an interpreter. Foreign midwifery diplomas are usually recognized.

In Connecticut a certificate of character is required from two reputable citizens for residents, or for non-residents evidence of character satisfactory to State Board of Health. A certificate from a reputable school of midwifery or its equivalent is required plus an examination in writing by a board chosen by the State Board of Health. Examination fee is $15, plus registration fee for examination of $2.

Illinois requires a written application for examination accompanied by proof of good moral character and a fee of $5. The State Board of Health conducts the examination, which "must be of such a character as to determine the qualifications of the applicant to practise midwifery." An additional fee of $5 is payable upon issuance of the license.

Indiana requires a certificate from an obstetrical school of recognized standing to be presented to the State Board of Medical Registration and Examination, and a fee of $5, or the applicant may undergo an examination and pay a fee of $10. A certificate is issued to be exchanged for a license by the county clerk in the county in which the applicant desires to practise. Persons giving gratuitous aid in emergencies are exempted from the provisions of the act.

Louisiana requires submission to an examination by the State Board of Examiners, the Board having full power to determine the eligibility of the applicant. The examination fee is $10. The fee for registration with the Secretary of the State Board of Health or the Clerk of the Sixth District Court is fifty cents. Rural or plantation practice is excepted.

Maryland. Examination is required under the supervision of the

State Board of Health. To qualify for examination applicant must present a certificate from a legal practitioner of medicine or a maternity hospital certifying attendance on at least five cases of childbirth and delivery, applicant to be competent to attend ordinary cases of labor. A certificate of moral character from three reputable citizens is also requested. A fee of $5 is charged for examination; free re-examination is permitted within a year, in case of failure.

Minnesota. The State Board of Medical Examiners has authority to conduct examinations and issue certificates of proficiency. Examination is waived upon presentation of a diploma from a recognized school of obstetrics, with the consent of seven members of the Board. Fee for license upon diploma is $1; or examination $2. License must be renewed annually, subject to a fee of $1 for each renewal. The Board may revoke licenses if cause is shown.

New Jersey defines the practice of midwifery and requires examination by the State Board of Medical Examiners.

Applicants who had never practised before are required to submit to an examination of the State Board of Medical Examiners, the passing of which plus the payment of a fee of $5, entitles one to a certificate of practice, which is then to be filed with the clerk of the county in which applicant resides who carefully registers said certificate and receives for such registration the fee of $1 from the applicant.

Examinations are held at least twice a year. The applicant must present to the Board of Medical Examiners at least "ten days before the commencement of the State examinations, a written application on a form or forms provided by the said board, setting forth under affidavit the name, age, nativity, residence, moral character and time spent in obtaining a common school education, or its equivalent; that the candidate has received a certificate or diploma from a legally incorporated school of midwifery in good standing at the time of issuing said certificate or diploma, granted after at least two courses of instruction of at least seven months each in different calendar years, or a certificate or diploma from a foreign institution of midwifery of equal requirements as determined by the said Board, conferring the full right to practise midwifery in the country in which it was issued. The application must bear the seal of the institution from which the applicant was graduated. Foreign graduates must present with the application a translation of their foreign certificate or diploma, made by and under the seal of consulate of the country in which the said certificate or diploma was issued. The applications must be endorsed by a registered physician of New Jersey."

Upon the approval of the application, the applicant is entitled to register for the examination and is required to pay a fee of $15, which fee entitles applicant to a re-examination within one year.

"The examination may be oral, written or both, and shall be in the English language; if desired in any other language, an interpreter may be provided by said board upon notification to the secretary at least ten days before the examination. Examinations shall be held on the following subjects:

1. Anatomy of the pelvic and female generative organs;
2. Physiology of menstruation;
3. Diagnosis and management of pregnancy;
4. Diagnosis of fetal presentation and position;
5. Mechanism and management of normal labor;
6. Management of the puerperium;
7. Injuries to the genital organs following labor;
8. Sepsis and antisepsis in relation to labor;
9. Special care of the bed and lying-in room;
10. Hygiene of the mother and infant.
11. Asphyxiation, convulsions, malformation and infectious diseases of the new-born.
12. Cause and effects of ophthalmia neonatorum;
13. Abnormal condition requiring the attendance of a physician.

"Said examination shall be sufficient to test the scientific and practical fitness of candidates to practise midwifery, and the board may require examination on other subjects relating to midwifery from time to time." Board issues license if examination is satisfactorily passed, which entitles holder to practice midwifery in the State upon the filing of the license with the clerk of the appropriate county, who registers it for a fee of $1.

Refusal or revocation of license lies in the discretion of said board for any of the following reasons: "Persistent inebriety, the practice of criminal abortion, crimes involving moral turpitude, presentation of a certificate or diploma for registration or license illegally obtained, application for examination under fraudulent representation, neglect or refusal to make proper returns to the health officers or health department of births, or of a puerperal, contagious or infectious disease, within the legal limit of time; failure to file a state license, or a certified copy thereof, with the clerk of the county in which the licentiate resides or practises; failure to secure the attendance of a reputable physician in case of miscarriage, hemorrhage, abnormal presentation or position, retained placenta, convulsions, prolapse of the cord, fever during parturient stage, inflammation or discharge

from the eyes of the new-born infant, or whenever any abnormal or unhealthy symptoms appear in either the mother or infant during labor or the puerperium."

New York specified that only legally licensed midwives may register with the local register of vital statistics for actual practice (Reg. 2).

License requires a written application sworn to be applicant on forms prescribed by the State Commissioner of Health.

Applicant must "be at least twenty-one years of age."

(*b*) "Be able to read and write; provided that in the case of applicants of foreign birth with extended experience or in other exceptional circumstances, this requirement may be waived.

(*c*) "Be clean and constantly show evidence in general appearance of habits of cleanliness.

(*d*) "Either possess a diploma from a recognized school of midwifery, or have attended under the instruction of a duly licensed and registered physician, not less than fifteen cases of labor and have had the care of at least fifteen mothers and new-born infants during lying-in periods of at least ten days each, and shall present a written statement from said physician or phys cians that she has received such instruction in said fifteen cases, with the name, date and address of each case, and that she is reasonably skilful and competent; and

(*e*) "Present other evidence satisfactory to the State Commissioner of Health of her qualifications and of good moral character vouched for by two reputable citizens." (Regs. 2, 3, 4 and 5.)

Each license so issued is valid for one year from its date unless revoked (Reg. 8).

Revocation of license may result "for cause, after having given the midwife an opportunity to be heard" (Reg. 9).

The following are the regulations in Ohio concerning license and practice:

All new applicants for the right to practise midwifery are required to submit to an examination arranged by the State Medical Board; upon passing a satisfactory examination and paying the fee of $10, the State Medical Board issues a certificate to that effect, which entitles its holder to practise midwifery in the State when it is deposited with the probate judge of the appropriate county. (Code 1910. Ch. 20. Sec. 1283, 4, p. 272.)

Application for examination must be in writing under oath on a form prescribed by the Board and be accompanied by a satisfactory proof that applicant is more than twenty-one years of age and of

good moral character. At the time of her application the applicant shall file with the Secretary of the State Medical Board such evidence of preliminary education as is required by law of applicants for examination to practise medicine or surgery.

In addition to satisfying the requirements for the preliminary education as above outlined, the applicant "must present a diploma from a legally chartered school of midwifery in good standing, as defined by the Board at the time the diploma was issued, or a diploma or license approved by the Board which confers the full right to practise midwifery in a foreign country with her affidavit that she is the person named therein and is the lawful possessor thereof, stating her age, residence, the school or schools at which she obtained her education in midwifery, the time spent in each, the time spent in the study of midwifery, and such other facts as the State Medical Board requires. If engaged in the practice of midwifery, the affidavit shall state the period during which and the place where she has been so engaged."

In Pennsylvania.—The Bureau of Medical Education and Licensure is empowered to "formulate and issue such rules and regulations from time to time as may be necessary for the proper conduct of the practice of midwifery by midwives; to issue certificates to midwives who fulfill the requirements of the Bureau and to revoke any certificates previously issued;" also, to "refuse to grant a certificate to any person addicted to the use of alcohol or narcotic drugs, or who may have been guilty of a crime involving moral turpitude."

Applicants pay a fee of $10 to the said Bureau upon applying for a certificate to practise midwifery, which fees must be paid over to the Treasurer of the Commonwealth.

In Wisconsin.—In addition to a diploma from a reputable midwifery school the applicant is required to present to the State Board of Medical Examiners a certificate of good moral and professional character. "A college or school of midwifery to be deemed reputable by the Board shall be a training school for midwifery connected with a reputable hospital or sanitarium, giving a course of at least twelve months in the science and practice of midwifery and giving the students practical experience in at least twenty cases of confinement."

The written examination includes the following branches: anatomy of the female pelvis; anatomy and physiology of the organs contained in the female pelvis; symptoms, diagnosis, physiology and complication of pregnancy, diagnosis, course and manage-

ment of labor and care of mother and child for the first ten days succeeding childbirth.

The certificate of registration is granted upon the passage of this examination if at least six members of the Board consent. (Pub. Laws, 1915, Ch. 438, Sec. 1435*p*, p. 556.)

The fee for the above mentioned examination is $10, with an additional charge of $5, for the issuance of the certificate. The fee for the examination itself must accompany the application for examination.

PENALTIES FOR VIOLATION.

Penalties for violation of the midwifery regulations are as varied as the regulations themselves. They may be classified as follows:

REVOCATION OF LICENSE AND FINE OR IMPRISONMENT, OR ALL.

Connecticut.—Fine of $100 or 6 months' imprisonment.

New Jersey.—$10 to $50 fine or imprisonment for 10 to 30 days for violation of provisions other than report of birth. For failure to report or for false report, $50 to $100 fine.

New York.—For first offense, fine of $5 to $50; for third or succeeding offenses, $10 to $100 fine, or maximum of 60 days in prison.

REVOCATION OF LICENSE AND FINE.

Louisiana.—Fine, $50 to $200. Revocation also after second offense.

Maryland.—Fine, $5 to $10. Revocation after second offense.

Ohio.—Fine, $50 to $100, first offense; $100 to $300 subsequent. Revocation implied but not specified.

FINE.

Indiana.—$10 to $50, first offense; $100, third offense.

Rhode Island.—$2 to $20.

Vermont.—$5.

Kentucky.—Not to exceed $200.

Missouri.—$5 to $50.

Virginia.—Old law, $1 to $10.

New Hampshire.—$25.

Massachusetts.—$25 to $100.

Wisconsin.—$100 for failure to use ophthalmia prophylactic.

North Carolina.—$5 to $10.

North Dakota.—$5 to $100, also a forfeiture of all charges for attendance when midwife fails to report ophthalmia.

Porto Rico.—$1 to $15.

FINE AND IMPRISONMENT.

Minnesota.—$10 fine or ten days imprisonment.

Nevada.—Up to $50 fine or six months imprisonment, or both.

Oregon.—$50 to $250 or imprisonment up to thirty days, or both.

Pennsylvania.—A fine of $20 to $100 and costs or imprisonment from ten to thirty days, or both. Special penalties for failure to report births.

Wisconsin.—A fine of $25 to $100, or imprisonment for a maximum of six months, or both.

The mere passage of laws or drafting of regulations will not of itself regulate midwifery practice. The machinery for the enforcement of these regulations must be at hand This machinery is found in the State Health Department and particularly in the Municipal Health Department of the larger cities. But in thickly scattered districts such as rural communities, especially in the South, no such closely knit organization seems possible, and the regulations which would be admirable in an urban community would have to give way to some other less elaborate arrangement. As an example of a very complete set of Rules and Regulations, suitable for use in cities, the following is submitted.

SPECIAL RULES AND REGULATIONS FOR THE PRACTICE OF MIDWIFERY IN NEW YORK CITY.

Prescribed by the Commissioner of Health in accordance with Regulation 11, Chapter IV, of the Sanitary Code.

RULE 1. MIDWIFE TO SIGN PLEDGE.

Whenever a license is issued to a woman to practise as a midwife she shall be given a copy of the Vital Statistics Law, the Sanitary Code, and the special rules and regulations of the State Department of Health relating to midwives and the practice of midwifery, and she shall pledge herself to carry out said provisions and shall sign a pledge on a specially prepared blank.

RULE 2. MIDWIFE TO ATTEND ONLY NORMAL CASES.

A midwife shall attend only cases of normal labor in which there is an uncomplicated verter (head) presentation. In all other cases a physician must be called.

RULE 3. MIDWIFE'S HOME TO BE OPEN FOR INSPECTION.

The home of the midwife, her equipment, record of cases, and register of births shall at all times be open to inspection to the authorized officers, inspectors and agents of the local Health Office.

RULE 4. MIDWIFE TO BE CLEAN.

Each midwife must be scrupulously clean in every way, including her person, clothing, equipment and house. She must keep her nails short and keep the skin of her hands, as far as possible, free from cracks and abrasions by the use of lanolin or other simple application. When attending a case of labor she must wear a clean dress, of washable material, which can be boiled, such as linen or cotton, and over it a clean washable apron or overall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

RULE 5. CASES TO BE REFERRED TO PHYSICIANS.

If, during pregnancy, any of the following conditions develop or are suspected, the midwife shall not engage to attend the case, but must refer it to a physician:

1. Whenever the patient is a dwarf or is deformed.
2. Whenever there is bleeding, or repeated staining in small amounts.
3. Whenever there is swelling or puffiness of the face or hands.
4. Whenever there is excessive vomiting.
5. Whenever there is persistent headache.
6. Whenever there is dimness of vision.
7. Whenever there are fits or convulsions.
8. Whenever there is a purulent discharge.
9. Whenever there are sores or warts of the genitals.
10. Whenever there is any case known to have syphilis, or suspected of it.

RULE 6. MIDWIFE'S EQUIPMENT.

Every midwife must take to each case the following equipment:
Nail brush,
Wooden or bone nail cleaner,
Jar of soft castile or green soap,
Tube of vaseline,
Clinical thermometer,
Agate or glass douche reservoir,
Two rounded vaginal douche nozzles; not to be used, except upon physician's order,
Two rectal nozzles, large and small,
One soft rubber catheter,
Blunt scissors for cutting cord,

Lysol,

Boric acid powder,

Silver nitrate solution outfit, furnished free by the Local Health Officer,

Medicine dropper,

Narrow tape or soft twine for tying cord,

Sterile gauze in individual packages, for cord dressing,

Sterile absorbent cotton (preferably in one-quarter pound packages)

No other instruments shall be used or owned by a midwife or kept in her possession. (Possession of these instruments will be taken to indicate their use.)

RULE 7. CONTAINER FOR EQUIPMENT; HOW TO BE KEPT.

The equipment specified in Rule 6 must be carried either in a metal case which can be easily boiled, or in a bag fitted with an inner lining of washable material, which can be easily removed and which must be washed and boiled before each case of labor. The bag and its contents must at all times be kept neat and clean. The douche nozzles for rectal and vaginal use must be marked and kept separately.

At every case, before using the nail brush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors and tape or twine, they must be boiled for five minutes; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nail brush, nail cleaner, must be washed with soap and water and boiled before replacing them in the bag or case.

RULE 8. PREPARATION FOR INTERNAL EXAMINATIONS.

Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands with warm water and soap, must thoroughly wash the patient's external genitals, the internal surface of thighs and the lower part of the abdomen, with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one pint of water. She must then cover the genitals with a clean towel or cloth or cotton, which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleansed and disinfected as follows:

Cut the finger nails short with clippers or scissors. Scrub the hands and forearms up to the elbows with the nail brush and green soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands for three minutes in the disinfecting solution. After having cleaned and disinfected the hands in this way, they must not come in contact with anything before touching the parts of the patient to be examined. Before each examination the midwife's hands and the patient must be prepared as above described. As few vaginal examinations as possible should be made.

No vaginal douche shall be given before labor.

RULE 9. MIDWIFE NOT TO LEAVE PATIENT.

A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the second stage she must stay with the patient until the birth is completed, and shall not leave for at least an hour after the expulsion of the afterbirth. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await arrival and be ready to carry out his instructions.

RULE 10. PHYSICIAN IS TO BE SUMMONED DURING LABOR.

If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately:

(*a*) The presenting part is other than an uncomplicated vertex (head),

(*b*) Fits or convulsions,

(*c*) Excessive bleeding,

(*d*) Prolapse of the cord,

(*e*) A swelling or tumor that obstructs the birth of the child,

(*f*) Signs of exhaustion or collapse of the mother,

(*g*) Unduly prolonged labor,

(*h*) When fetal heart has been heard and ceases to be heard.

RULE 11. IN CASES OF CONVULSION OR BLEEDING, PHYSICIAN TO BE SUMMONED.

After the birth of the child, if the mother develops convulsions or has excessive bleeding or has been lacerated, a physician must be called in attendance.

RULE 12. MIDWIFE TO EXAMINE AFTER-BIRTH.

A midwife must, in all cases, examine the after-birth (placenta and membranes) before it is destroyed and must satisfy herself that it has been completely expelled.

RULE 13. PHYSICIANS TO BE CALLED IF AFTER-BIRTH IS NOT EXPELLED.

Under no circumstances shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the after-birth (placenta or membranes). If, after an hour from the birth of the child, the mother being in otherwise good condition, the after-birth (placenta and membranes) is not expelled or cannot be expelled by gentle manipulation of the uterus through the abdominal walls, a physician must be called to extract it.

RULE 14. PROCEDURE AFTER DELIVERY.

After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned above, and then place a dry sterile pad over the vulva. The midwife must bathe and dress the patient in this manner at least once daily for five days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If it is necessary to catheterize the patient, the catheter must be boiled and the midwife after washing her hands (Rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

RULE 15. SOILED ARTICLES TO BE REMOVED AFTER LABOR.

After the labor is over and before washing the baby, the midwife, should remove the soiled sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

RULE 16. STILLBIRTHS.

Should the child not breathe after birth, the midwife must report the fact at once by telephone or messenger, to the local Health Office, when an inspector will visit the case and countersign the stillbirth certificate which the midwife must leave at the house.

The fetus must not be removed from the premises until this certificate has been approved by the inspector from the local Health Officer and a permit has been issued by him.

RULE 17. USE OF SILVER NITRATE SOLUTION.

As soon as the child is born, and if possible, before the expulsion of the after-birth, the eyes should be washed with boric acid solution. The eyelids must then be separated and one or two drops of a one per cent. (1%) solution of silver nitrate dropped on the eye and the lids brought together.

One application only of the silver nitrate solution should be used, and ordinarily no further attention should be given the eyes for several hours.

The silver nitrate solution will be furnished free by the local Health Officer.

RULE 18. REPORTS OF CASES OF SORE EYES.

When the infant has or develops sore eyes, or any redness, inflammation or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the local Health Officer the name and address of the mother, and state the time when such condition of the eyes was first noticed.

RULE 19. CARE OF PATIENT AFTER LABOR.

After labor, and throughout the lying-in period, the midwife must exercise due care in washing the hands and in dressing or catheterizing the patient.

RULE 20. PHYSICIAN TO BE SUMMONED DURING LYING-IN PERIOD.

If, during the lying-in period, any of the following conditions develop, a physician must be summoned:

1. Whenever there are convulsions.
2. Whenever there is excessive bleeding.
3. Whenever there is foul-smelling discharge (lochia).
4. Whenever there is a persistent rise of temperature to 101° F. for twenty-four hours.
5. Whenever there is swelling and redness of the breasts.
6. Whenever there is a severe chill (rigor) with rise of temperature.
7. Whenever there is inability to nurse the child.

RULE 21. PHYSICIAN TO BE SUMMONED IF CHILD DEVELOPS CERTAIN CONDITIONS.

Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned:

1. Whenever there is a deformity or malformation or injury.
2. Whenever there is inability to suckle or nurse.
3. Whenever there is inflammation around, or discharge from the naval.
4. Whenever there is swelling and redness of the eyelids with a discharge of matter from the eyes.
5. Whenever there is bleeding from the mouth, navel or bowels.
6. Whenever there is any rash, sores or snuffles—suggestive of syphilis.

RULE 22. MIDWIFE TO ATTEND CASES SEVEN DAYS AFTER LABOR.

The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits; she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby sleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in Rules 5, 20 and 21.

She shall give to the child its daily bath and attend to the dressing of the cord and the cleansing of the mouth.

RULE 23. DISINFECTION OF MIDWIFE'S EQUIPMENT, ETC., AFTER INFECTIOUS DISEASE.

Whenever a midwife has been in attendance upon a patient in contact with any person suffering from puerperal fever or from any other condition known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person, a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in Rule 8.

She must make an entire change of clothing and have all garments she wore while in attendace upon the infected person washed and

boiled. Those garments which cannot be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun. Care should be taken to change their exposure frequently so as to insure the sun's reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria, scarlet fever, typoid fever, etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfected herself, her clothing, and all the contents of her bag and other appliances and has received a certificate from the local Health Officer.

After any case of communicable disease the house must be thoroughly cleansed and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which cannot be boiled must be sunned and aired.

RULE 24. REPORT OF BIRTHS.

Within five days of the birth of the child, the midwife must *file* a complete and correct birth certificate with the Local Registrar of Vital Statistics of the Registration District (town, village or city) in which the birth occurred. It is not sufficient to mail a certificate on the fifth day; it must reach the registrar in correct form within five (5) days.

CONCLUSIONS.

As will be seen, there is no uniformity of law, or even of required standards. The establishment of competent and reliable teaching centers to educate women in this work seems hardly possible, even if it were desirable. The ideal regulation seems to be that in which the midwife is told many things which she must *not* do and is placed in the position of a more or less well-trained obstetrical assistant. Dr. Williams believes that community centers, even in the rural districts, with paid physicians as supervisors and well-trained obstetrical visiting nurses as educators, would solve the problem of the midwife and her training. With a supervising nurse to counsel her and watch her and a physician to make preliminary examination and be available in case of need, the midwife would cease to be a practitioner of medicine and surgery, menacing the health and the life of mother and child, and would

occupy a definite place and fill a definite need in the scheme of social welfare of every community.

In regulations prescribed by the Commissioner of Health of New York City are perhaps the best midwifery laws now in force. To apply to smaller or rural communities this set of rules would have to be modified in its details, though not in its essentials.

Uniform legislation for the enforcement of birth registration and ophthalmia prophylaxis, for proper inspection of the midwife by both the Health and Police Departments of the city or state, and for the prohibition of unsupervised obstetrical practice by any midwife however theoretically qualified, are the minimum essentials in which all state and city laws should have complete uniformity. These, in the main, were the recommendations in the unpublished report of the sub-committee on Midwife Practice, recommendations which were based partly on the somewhat negative findings of the foregoing digest of laws, but more largely on the long study and experience of Dr. J. Whitridge Williams in community obstetrics, and Dr. Taliaferro Clark's facility in dealing with problems of public health.

1861 Mintwood Place.