



THE
CARNEGIE UNITED KINGDOM TRUST.

REPORT ON
THE PHYSICAL WELFARE OF
MOTHERS AND CHILDREN.

ENGLAND AND WALES.

VOLUME TWO.

BY

JANET M. CAMPBELL, M.D., M.S.,

One of the Senior Medical Officers, Board of Education.

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PREFATORY NOTE.

The Carnegie United Kingdom Trustees have taken steps to secure comprehensive Reports on the existing provision for promoting the Physical Welfare of Mothers and Young Children, because the rate of infantile mortality, with its predominant causes; and the health-supervision of children from infancy to the age of admission to school, are—in their opinion—among the most important questions of the present day relating to the well-being of the people.

It is hoped that these Reports may be the means of assisting in the solution of the various difficult problems involved, by setting out the facts in relation to one another, and by placing on record the views of accepted medical authorities on the subject.

The Trustees have decided to publish the Reports forthwith, before they have had the opportunity to decide what steps, if any, might be taken by them in connexion with the subject. The Trustees do not commit themselves to the acceptance of the lines of policy or of the recommendations which have been submitted for their consideration.

The Reports have been compiled by E. W. Hope, Esq., M.D., D.Sc., Medical Officer of Health for Liverpool, and by Miss Janet M. Campbell, M.D., M.S., one of the Senior Medical Officers of the Board of Education, in respect of England and Wales; by W. Leslie Mackenzie, Esq., M.D., LL.D., F.R.C.P.E., F.R.S.E., Medical Member of the Local Government Board for Scotland, so far as Scotland is concerned; and by E. Coey Bigger, Esq., M.D., M.Ch., Medical Commissioner of the Local Government Board for Ireland, in respect of Ireland. The volume, to which this is a prefatory note, has been compiled by Dr. Janet M. Campbell.

The three countries are in different stages of administrative development in regard to provision for the health of mothers and children; each Report consequently proceeds on the lines

suggested by the predominant problems of the particular country with which it is concerned. Though the general treatment is substantially the same, no effort has been made to secure uniformity of exposition.

In publishing these Reports the Trustees desire to express their indebtedness to the Government Departments which have kindly consented to allow their officials to undertake the work of compiling the Reports and to the City of Liverpool for a similar act of courtesy.

The Trustees also wish to thank the several Government Departments concerned, and their representatives, for putting at the disposal of the Reporters statistical information in their possession, and for affording most valuable co-operation and assistance. It is to be understood that the views expressed are the considered individual opinions of those who have prepared the Reports.

To all Municipalities and other Local Authorities and to the Medical Officers of Health in the United Kingdom the Trustees also express their sincere thanks for kindly co-operation.

A handwritten signature in cursive script, reading "A. H. Hetherington".

Secretary,

CARNEGIE UNITED KINGDOM TRUST.

March, 1917.

FOREWORD.

The subjects with which Parts I and II of this Report are concerned, namely, Midwives and their Practice, and the work accomplished for infant welfare by Voluntary Effort, represent somewhat different aspects of the many-sided problem of the reduction of mortality and the improvement of physical health among mothers and little children. It is a matter of common knowledge that the incidence of infant mortality falls principally upon the first days and weeks of the child's life, with which maternity, and therefore midwifery, is obviously and intimately concerned. The provision of adequate treatment for the woman at the time of her confinement is a matter of considerable urgency and some complexity. Much can be learned from the conditions and arrangements which exist in other countries, and it is regretted that the circumstances of the war have made it difficult to obtain as full information in this respect as was desired. The welfare of infants and little children has been advanced and developed in substantial degree by the devotion of many voluntary workers, and their contribution should receive due place and appreciation from those who are considering similar problems in a more comprehensive or official way.

I should like to take this opportunity of expressing my thanks to all who have been good enough to assist me in the preparation of this Report. In particular I am indebted to Sir George Newman for much helpful criticism; to Dr. Rees W. Rees, the County Medical Officer of Cardigan; to Dr. A. L. Krivsky, Professor of Midwifery and Gynaecology at the University in Petrograd; to Dr. E. P. Hopkins, of Vevey, Switzerland; to Dr. E. Bonnaire, Accoucheur-professeur en chef de la Maternité, Paris; to Madame Henry, Presidente des Sages-femmes de France; and to Miss Muriel Harris, for her assistance in investigating the history of midwifery in this country, and its present position abroad.

JANET M. CAMPBELL.

March, 1917.

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VOL. II.

PART I.

MIDWIVES AND MIDWIFERY.

Introductory.

A midwife is a woman who habitually and for gain attends cases of childbirth without the assistance of a medical practitioner, except in certain specified emergencies. Before the passing of the Midwives Act, in 1902, no special qualifications were required by the State to enable a woman to practise midwifery. Since that time there has been a steady improvement in the standard of practical midwifery throughout the country as a whole. The position of the midwife, her training and the conditions of her practice are however still far from satisfactory in many respects and numerous suggestions have been made with a view to improvement in various directions. It is interesting to note that almost every European country has also been actively engaged in considering plans for raising its standard of midwifery, whether this be high or low, and for the solution of the difficult and complex problems associated therewith.

The history of midwifery is the history of the inter-relationship of three dominating sets of ideas.

1. The conception of childbirth on the one hand as a wholly natural process and on the other as a form of disease.

2. The view that the practice of midwifery could be left entirely to the midwife and the contrary opinion that its proper conduct demanded the whole science and knowledge of the physician.

3. The relation of the parts played in childbirth by nature and art respectively.

The fact that childbirth is a natural physiological process has caused men from earliest times until comparatively recently to treat accompanying abnormalities as unavoidable accidents.

CARE OF MOTHERS AND LITTLE CHILDREN.

Because childbearing could not be assigned to the only category, namely disease, which gave it a claim upon the physician's art, knowledge of the management of childbirth made scarcely any progress from the time of Hippocrates for nearly two thousand years.

Again, the nature—as opposed to illness—of childbearing, placed matters relating to childbirth from earliest times in the hands of women. Secondary factors, such as religion and convention, have assisted in keeping them there. It is scarcely an exaggeration to say that for the best part of two thousand years midwifery was mainly controlled by women. Only during the last three hundred years has there been a growing movement towards the specialised study of the whole subject of childbearing by medical practitioners, and towards the relegation of the midwife from the position of untutored monopolist to that of a specially trained nurse acting strictly under medical supervision.

Finally, the conflict from which was to emerge a truer relation between art and nature, is of comparatively recent origin. A great impulse to the study of midwifery and obstetrics was given by the French. In 16th and 17th-century France the names of Paré and Mauriceau stand for remarkable developments therein. The teaching of midwives was provided for at the Hotel-Dieu, in Paris, and midwives had to pass an examination before the master-chirurgion of St. Cosme before being allowed to practise. As early as 1588, Louise Bourgeois, afterwards midwife to Marie de Medici, was famous and a century later Marguerite du Tertre published a useful book on midwifery.* So great was the technical skill of the French practitioners that the physiological character of normal birth became obscured. The re-invention of the midwifery forceps—they were known to Avicenna in the 10th century—by the Chamberlens further emphasised the surgical aspect of obstetrics and midwifery, with the result that the subject was studied from the abnormal rather than the normal point of view. It was the English 18th-century school which, while the French were perfecting the art of obstetrics, turned its attention to the function of nature and strove to impress upon midwives

* Von Siebold, *Geschichte der Geburtshülfe*. Vol. II., pp. 172, 192.

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the value of following the methods of nature. The absence of State regulations in England, which in other countries had long been an established principle, made the influence of such men as Smellie of the greatest importance in the advancement of midwifery.

It is proposed first briefly to review the history of the development of English Midwifery from earliest times until 1909, when the report of a Committee appointed to consider the working of the Midwives Act was issued; and subsequently to discuss present day conditions of midwifery in the light of modern requirements.

CARE OF MOTHERS AND LITTLE CHILDREN.

I.

THE DEVELOPMENT OF ENGLISH MIDWIFERY.

Early
English
Midwifery.

Little is known of early English midwifery. Henry says of the Ancient Britons that in the case of a difficult birth, a girdle was put round a woman in labour "to facilitate the birth of heroes." Such girdles were kept until recently in Highland families. They are comparable with the famous "Nothhemd" or "Chemise de necessité" worn by women for their protection during delivery.* The girdle was impressed with mystic figures and the Nothhemd was spun by virgins during Christmas week, and was also symbolically decorated. An indirect reference to midwives occurs in the 7th century in the "Liber Poenitentialis" of Theodore, Archbishop of Canterbury, who says "Mulier baptizare non praesumat, nisi cogenti necessitate maxima." In view of the subsequent association of the Church with midwifery, this is of interest. In Pierce the Plowman's Crede, the friars are blamed because they

"Maken wymmen to wenen,
That the lace of our ladye smok lighteth hem of children."

Midwifery in England, as elsewhere, was in the hands of women for centuries. Up to the 18th century surgeons sometimes helped the midwife in case of necessity, but they were rarely called in until it was too late. In the 14th century a book treating of midwifery was published by a minorite, one Bartholomaeus, but he only speaks of midwives who are distinguished for rubbing in ointments. His precepts and theories are an unwholesome mixture of superstition and foolishness. About the same time John of Gaddesden wrote recommending magnets and coral as useful at such a time.†

A 15th-century midwife whose name has come down to us was Margaret Cobbe who attended Elizabeth Woodville when she was delivered of Edward V in November, 1470. She was afterwards granted a salary of £10 per annum. Alice Massey attended Elizabeth of York in 1469. Another midwife of a somewhat later period, Johane Hammelden, was notorious for having slandered Queen Anne Boleyn with considerable skill. (Aveling, "English Midwives," p. 15.)

* Madox-Hueffer. "Book of Witches," p. 287.
† Siebold. Vol. I., p. 344.

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THE SIXTEENTH CENTURY.

Superstition and sorcery have ever played a formidable ^{16th Century} role in connection with so important and common a subject ^{Midwifery.} as child-birth, bringing it once again into direct contact with the Church. In John Bayle's "Comedy Concernynge thre Lawes," written in 1538, "Idolatry" says—

" Yea, but now ych am a she,
And a good mydwife perde;
Yonge children can I charme,
With whysperynge and whysshynge,
With crossynge and with kysynge,
With blasynge and with blessynge,
That sprites do them no harme."

Thus we find Bishop Bonner decreeing a few years later that a midwife shall not use charms and incantations. In the Canterbury province the clergy were asked whether parsons were diligent in teaching midwives how to christen children properly in time of necessity, and in the oath taken by midwives in the 16th century, they are required to swear that they will only use the proper words of the baptismal sacrament. Baptism by midwives obtained until the 17th century. In view of the attitude of the Church it is not surprising to find the Church regulating the practice of midwifery by means of licences. A 16th century bishop asks "Do any undertake the office of midwife without licence?" and in Elizabethan times midwives' licences were granted by the bishops. A licence was granted by the Archbishop of Canterbury to Eleanor Pead in 1567 to be a midwife "Whereby it may be perceived what were the disorderly practices of midwives in those days." Then follows a list of sorceries and such practices as "hurting the child, or destroying it, or cutting or pulling off the head, or dismembering it."* This seems an illuminating commentary on the need for a Midwives' Act before 1902.

In the middle of the 16th century some glimmering of the unsatisfactory state of midwifery seems to have been perceived, and the need for midwives to be educated, trained and controlled began to be expressed. In the "Brevyary of Health," Andrew Boorde says:—

* Strype's Annals, Vol. I., Part 2, chap. 50.

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16th Century
Midwifery.

“Every mydwife shulde be presented with honest women of great gravitee to the Bishop, and that they shulde testify for her that they do present, shulde be a sadde woman, wyse and discrete, havynge experience and worthy to have office of a mydwife. Then the Byshoppe with the consent of a doctor of physick ought to examine her and to instructe her in that thynge that she is ignorant; and thus proved and admitted is a laudable thynge, for and this were used in Englonde, there shulde not be halfe so many women myscary, nor so many chyldren perish in every place in Englonde as there be.”

At the same time considerable prudery was exhibited in a reluctance to write of these matters in a language that could be popularly understood and men were further afraid of attempting it for fear of falling under suspicion of sorcery or scandal.* In 1540, however, Richard Jonas ventured to translate the “De Partu Hominis,” of Rhodion, of which the manuscript, presented to Catherine, Queen of Henry VIII, still exists. It was afterwards revised by Raynald and called “The Woman’s Booke.” At this time Eucharius Roesslin of Worms wrote “Der swangern Frawen und Hebammen Rosegarten,” which was a compilation of the works of physicians from Hippocrates onwards. Roesslin himself knew so little that he pictured unborn twins as arm in arm, but his great merit is that he assisted in introducing the use of the text-book of midwifery.† His work was continued by Jacob Rueff (1554), of whom mention is made later on, who wrote a ‘Hebammen Lehrbuch’—really a new edition of Roesslin—in which for abnormal births he could only prescribe means to relieve pain. It is of interest that Reiff (1545) insists that for towns there should be especially sworn midwives—a declaration which shows that attention was being drawn to the subject. He also mentions the custom of Italy where women of distinction insisted on the presence of a doctor.‡ Towards the middle of the 16th century, Roesslin’s book also was translated by Raynald under the title of “The Byrth of Mankynde.” This work was the source of all teaching in England up to Paré’s time, that is the latter half of the 16th century, when French doctrines began to reach England. Though these books were designed to instruct midwives, they were not altogether

* Aveling, *loc. cit.* p. 10.

† Siebold. Vol. II, p. 3.

‡ *Ibid.* Vol. II, p. 19.

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successful, since, in the absence of the obstetric physician, midwives were left without practical guidance, and Jonas dilates on their ignorance, "rudeness and rashness." Women's diseases began to be studied, and about this time Jacob Primrose wrote "De Mulierum Morbis et Symptomatibus."*

16th Century
Midwifery.

In the 16th century the social position of midwives seems to have been widely recognised. Though untrained and uncertified, they commanded considerable respect. They were wont to receive handsome presents—a custom that survived until at least the time of Pepys.†

THE SEVENTEENTH CENTURY.

The 17th century saw important developments of midwifery in England. Not only was there a strongly marked movement to regularise the position of midwives and to establish some minimum standard of knowledge, but an impulse towards the study of anatomy and a more profound study of obstetrics, particularly in France and in Holland, brought the man-midwife into common practice.

17th Century
Midwifery.

In France chirurgy had flourished as early as 1271. Midwifery remained in the hands of women, but the attention given to surgery led Ambrose Paré, about 1550, and later his pupil Guillemeau, to give their special attention to female anatomy and to midwifery. Paré's works show that surgeons and midwives worked together and also that the boundary between their respective spheres of action was by no means fixed. In 1588, Louise Bourgeois, having read Paré, began to practise with much success. The name of Mauriceau, who worked on the principle that an exact knowledge of female anatomy and physiological functions must be the basis of all principles of midwifery, is prominent in French 17th-century medicine, and his connection with Hugh Chamberlen, unfortunate though it was, introduced his teachings to our own country. Mauriceau's "tire-tête" was the result in France of this connection and was responsible in that country for a prejudice against the use of instruments. Portal, Peu, Viardel all busied themselves with obstetrics and midwifery. There were recognised schools where prospective midwives had to pass an examination, that of the Hotel-Dieu for example, and men and women worked together.

* Siebold. Vol. II., pp. 120, 239.

† Princess Mary, for example, in 1537, "paid for a bonnet and a frountlet, and the same given to Maistre's mydwife, 28s." Queen Elizabeth, too, was accustomed to give £5 to the midwives of her godchildren (Aveling, p. 20).

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17th Century
Midwifery.

In Holland, Van Deventer placed midwifery on a scientific basis, and for half a century distinguished Dutch doctors were at the head of a School of Obstetrics in Amsterdam, where they taught and supervised midwives and only permitted them to practise when they were thoroughly well instructed. When Hugh Chamberlen on the deposition of James II was forced to fly from England, it is significant that he went to Holland.

English midwifery in the 17th century, especially the latter half, received a considerable stimulus from the French and Dutch investigations and discoveries.

During the Civil Wars the midwives presented to Parliament a petition called the "Midwives' Just Complaint." The petition contained a demand that the war should be ended for the reason that it stopped the procreation of children and thus deprived midwives of a living. Whereas they "were formerly well paid and highly respected in our parishes for their great skill and midnight industry," there was no longer any work for them to do and they prayed Parliament therefore to stop the war. Evidently there was a certain amount of cohesion in the profession which gave it sufficient importance for the presentation of such an appeal.

In 1605, Alice Dennis was given £100 for the confinement of Anne of Denmark with Princess Mary. Henrietta Maria, whose own country was so advanced, had neither physician nor other professional attendant near her at her confinement, and when the old woman, who usually officiated at Greenwich was fetched, she was so overwhelmed by the rank of her patient that she fainted. (Strickland, Queens of England, Vol. 4, p. 182.)

Conditions in Germany at this time were notoriously bad. As late as 1580, Duke Ludwig of Würtemberg issued an ordinance forbidding shepherds and herdsmen to attend women's confinements. The circumstances of the Thirty Years' War were not such as to encourage the scientific investigation of obstetrics. It was probably on account of the difficulty of securing a competent midwife that Margaret Mercer was sent from England to Heidelberg to attend the delivery of James I's daughter, the Princess Electress Palatine, for which service she received the sum of £84 4s. (Aveling, p. 34.)

However content the midwives were with their own "skill," it did not impress the two Chamberlens, father and son, who practised at the beginning of the 17th century. Peter Chamberlen, founder of the famous family of accoucheurs of that name, agitated for improvements in the practice of midwifery. In 1616 he presented a petition to James I "That some

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order may be settled by the State for the instruction and civil government of midwives." Peter's son had an immense practice; "The burthen of all the midwives, in and about London, lay only upon my shoulders." He laments that "ignorant women, whom either extreme povertie hath necessitated, or hardheartedness presumed, or the game of Venus intruded, into the calling of midwifery (to have the issue of life and death of two or three at one time in their hands besides the consequences of health and strength of the whole nation) should neither be sufficiently instructed in doing good, nor restrained from doing evil." In 1633, he tried to provide for the instruction of midwives, whom he calls the "uncontrolled femal arbiters of life and death."

17th Century
Midwifery.

Unfortunately, in direct opposition to the wishes of the College of Physicians, Chamberlen attempted to obtain Crown authority to organise female practitioners in that department into a company, with himself at their head as president and examiner. He took too much upon himself and the scheme failed. At the same time, says Aveling, English midwives owe the first suggestions for their betterment to the two Peter Chamberlens. To finish the story of the Chamberlens, Hugh Chamberlen, of whose family several members had been accoucheurs to the Court, went to Paris in 1670 and worked with the famous Mauriceau, one of whose books he translated. This book dealt with the more interesting of no fewer than 3,000 cases of child-birth, the fortunate as well as the unfortunate. Hugh Chamberlen announced that his father and two brothers had found a means to deliver under the greatest possible difficulties, and he undertook a case in which Mauriceau had not succeeded. He failed entirely, and thus was discredited with Mauriceau and the French doctors.* After his flight to Holland he gave lessons in accouchements and sold his secret to Van Roonhuysen and others, who sold it again. The secret was indeed held so important that the College of Medicine in Amsterdam would not allow anyone to practise midwifery unless he could prove that he knew the secret, which the examiners offered to sell him. The withholding of this secret caused a certain amount of general indignation, and it

* Siebold. Vol. II., p. 150.

CARE OF MOTHERS AND LITTLE CHILDREN.

17th Century
Midwifery.

was eventually disclosed by a public-spirited woman to whom it had descended. There was even then much dispute about the original nature of the secret, and it was not until 1813 that the famous midwifery forceps were discovered in the country house of the Chamberlens.

William Harvey, the discoverer of the circulation of the blood, was one of the first physicians to rescue the practice of midwifery in England from ignorance and superstition. Siebold says "from Harvey's 'In naturali et genuino partui, due requirunter, quae sibi invicem operas mutas praestant, nempe parturiens mater et parturiendus foetus' came the doctrine of the mechanism of accouchement." Harvey dwells upon the ignorant haste of the midwife where things should be left to Nature. To him Nature was paramount. He denounces the meddling midwives of his time: "The younger, more giddy and officious midwives, who mightily bestirre themselves and provoke the expulsive faculty and who, persuading poor women to their three-legged stool before the time, do weary them out and bring them in danger of their lives."*

Popular English literature on the subject at this time was poor in quality. Almost it might be said to be non-existent. There was still considerable prejudice against dealing with such a subject in the vulgar tongue. In 1637, for instance, Rueff's book, "De Conceptu et Generatione Hominis," was translated as the "Expert Midwife," but it was translated anonymously. Harvey's writings on midwifery were not translated into English until 1653. In 1665, Hugh Chamberlen published a book on midwifery for the instruction of midwives. Tirades against the practices of midwives appear in Willughby's "County Midwife's Opusculum."

"They will leave nothing unattempted," he says, "to save their credits and cloak their ignorances." They use "pothooks, pack-needles, silver spoons, thatchers' hooks and knives to show their imagined skills." Willughby further says "The midwife's duty in a natural birth is no more but to attend and wait on Nature and to receive the child." "Let midwives know that they be Nature's servant." "I could heartily wish yt some publick good order might be made for ye better educating of all, especially ye younger midwives, and for ye helping and saving of

* Aveling, p. 35.

MIDWIVES AND MIDWIFERY.

mothers and their children. When ye meanest of ye women, not knowing how otherwise to live, for the getting of a shilling or two to sustain their necessities, become ignorant midwives, their travailing women suffer tortures." 17th Century
Midwifery.

At this time the man-midwife was not employed in ordinary cases, and midwives did their best to encourage prejudice against Willughby. His own daughter was a midwife, and in order to assist her in a difficult case, Willughby himself was obliged to don female attire and to crawl into a darkened room on his hands and knees.*

Concurrently with the work of William Sermon, Nicholas Culpeper, Salmon, and others, appeared the first book by an English midwife, Mrs. Jane Sharp. It was dedicated to Lady Ellenour Talbutt.

Jane Sharp describes the miseries women endure at the hands of midwives "without any skill in anatomy—which is the principal part effectually necessary for a midwife—merely for Lucre's sake." She takes as a standard for midwives that of Egyptians mentioned in Exodus, who saved some of the children they were commanded by the King of Egypt to kill. She takes a broad-minded point of view. "Some," she says, "perhaps may think that it is not proper for women to be of this profession because they cannot attain so rarely to the knowledge of things as men may who are bred in universities, schools of learning," and so forth. She finds her position justified, however, and continues: "I cannot deny the honour due to able Physicians and Chyrurgions when occasion is." She dwells on cleanliness and fitting surroundings, on temperance, and also on the value of occupation for the expectant mother. (Midwives Book, 1671, p. 1 ff.)

A few other notable midwives of the period were Mrs. Labany who delivered Mary of Modena in the absence of Dr. Hugh Chamberlen and received 500 guineas therefor, and Elizabeth Cellier, who, arraigned for high treason, put in the pillory for libel, and being generally concerned with politics, turned her attention to a plan whereby all the midwives in London were to be united in one college. This plan she laid before James II. It excited some attention, but being really a monopoly for herself, fell through. (Aveling, p. 40.)

Thus in the 17th century we have the hitherto complacent midwives threatened by an invasion of foreign learning and example, the invention of the midwifery forceps by the Chamberlens, and the increasing practice of men-midwives. Their position was further shaken by the rise of a school of physicians, of whom the foremost was Harvey, who looked

* Zinke, Bulletin of the Lying-in hospital of the City of New York, April, 1916.

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upon midwifery as worthy of their attention, and devoted themselves especially to its study. Until now the monopoly of midwifery by women had been synonymous with its monopoly by ignorance and superstition. During this period the way was opened for the scientific investigation of this all-important subject, a way that was never again to be closed.

THE EIGHTEENTH CENTURY.

18th Century
Midwifery.

In his book "The Female Physician," John Maubray set forth the doctrines of Deventer very fully. His chief merit is that of having made generally available more enlightened ideas on the subject of midwifery. He shows himself systematic in method and protests against the use of dangerous instruments. He gives an interesting statement of the position of men and women midwives in the eighteenth century. "In France," he says, "men only profess this bussiness; in Italy and Germany, Men and Women promiscuously; in England and Scotland men are stiled extraordinary Midwives, being seldom or never call'd but in extraordinary Cases of difficult and preternatural Births."

In the 18th Century midwives were still granted licences by the bishops. The form of oath differed from that of the 16th century and was very elaborate. Before the bishop or his chancellor administered it, the midwife had to be recommended by matrons who had experienced her skill; she had to bring a certificate from the parish minister guaranteeing her mode of life and conversation, and that she was a member of the Church of England. The oath taken cost 18s., and was religious rather than medical in character; it is not surprising that it carried little weight as a certificate of efficiency. Nevertheless, in spite of great ignorance among midwives themselves, the art of midwifery, thanks to French and Dutch stimulus, stood high at the beginning of the 18th century, and promised to stand higher still.

Walter Needham did valuable work on pre-natal conditions, the development of the foetus and conditions of pregnancy. In an "Essay on Midwifery," in 1733, Edmond Chapman says that "The secret mentioned by Dr. Chamberlen was the use of forceps, now well known by all the principal men of the profession both in town and country."

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Gifford used forceps—the “extractor,” as he calls them, or “the 18th Century Extractor as improved by Mr. Freke, surgeon to St. Bartholomew’s Hospital.” This instrument now seems to have been generally at the disposal of the accoucheur. In 1742, Fielding Ould wrote an excellent book on accouchements, devoting much attention to normal, rather than as hitherto to abnormal, confinements. Midwifery.

Midwifery began to be taught systematically. Richard Manningham established a private maternity home for poor women in his house for the purposes of study and for the training of skilful midwives. He hoped to found a home from public subscription for such study, and wrote a clear and systematic text-book which was well received. One of the physicians who exercised the most noteworthy influence on midwifery was William Smellie, who practised in London, 1739-1760. In ten years he conducted 1,100 confinements before his pupils and midwives. He was the first to appreciate exactly the work of nature in parturition. He compiled anatomical tables, founded what was known as the “London” method of accouchement, employing artificial assistance as seldom as possible. In France, his great contemporary, Levret, was also the founder of a considerable school of obstetrics. He improved the forceps and gave them a new curve. He was the founder of rational obstetric surgery. Both Levret and Smellie came in for much criticism at the time. Smellie’s most violent opponent was John Burton, who secured a considerable following. William Hunter and R. W. Johnson were also well-known writers of the day. Denman, an enlightened physician, made a special study of the mechanism of midwifery and devoted much time to studying the induction of premature labour with a view to preserving the child, a practice which was opposed by the Church. Generally speaking, the tendency of the English School was to study the work of nature in midwifery, in contradistinction to the tendency of the French to study art in the matter. Only in the union of the two Schools was the best treatment to be found.

The remarkable progress of obstetrics in England naturally diminished public confidence in midwives, and, as naturally, midwives sought to protect themselves by every means at their disposal. An extensive literature was produced by the midwives of the time, in which they endeavoured to deprecate the

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instrumental intervention of doctors, to show the harm proceeding therefrom, and finally to suggest the immodesty of the attendance on women by men.

A satire of the time was written on the College of Medicine in the form of a "Petition of the Unborn Babes" that they might not be tortured and destroyed before they had a chance of being born. The figure of Dr. Slop in "Tristram Shandy" also gives some idea of the feeling of the times. In her book, in 1737, Mrs. Sarah Stone opens a campaign against men-midwives, but she admits that women need proper training. "In my humble opinion," she says, "it is necessary that midwives should employ three years at least with some ingenious woman in practising this art." Her book on midwifery was practical and useful and a great improvement on that of Mrs. Sharp. Mrs. Kennon, midwife to Queen Caroline, was also active in the combat between women and men-midwives and "instrumentarians." Mrs. Nihell, a famous midwife, born in 1723, was trained at the Hôtel-Dieu in Paris for two years and took upon herself to fight the great Smellie himself. She looked on the man-midwife as a silly fashion and attacked Smellie's hands and dress in such terms as "the delicate fist of a great horse-godmother of a hemidwife, however softened his figure might be by his pocket nightgown being of flowered calico" and so on and so forth. Public interest in the contest was keen, but the midwife had really no chance from the first. Smellie himself trained a new school of midwives of whom Mrs. Simpson became so accomplished that she was retained by him to teach his students. Mrs. Stephen was taught by a pupil of Smellie "in his day the father of midwifery in London," and at the end of the 18th century wrote an excellent little book "The Domestic Midwife." She says "I intend to continue my lectures as usual to women entering upon the practice of midwifery, until the men who teach that profession render them unnecessary by giving their female pupils as extensive instruction as they give the males." She still opposes the man-midwife to a certain extent, but admits that the "forceps are of the greatest utility." She wishes that women of good education and respectable connections would turn their attention to this science, they "would become a blessing to society instead of being a dead-weight upon their friends." By the time that Martha Mears' book appeared in 1797, the controversy seemed to be over and she acknowledges gratefully the services to the cause of Harvey, Leake, Smellie and Denman.

But although everyone was agreed that midwives should receive efficient instruction and be given a legal status, more than another century was to elapse before differences were sufficiently composed for the State to act. Hitherto the Church had not only given licences to midwives, but also to physicians, surgeons and apothecaries. When the Medical Faculty became responsible for the granting of licences, midwives were omitted

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altogether, and no qualifications were insisted upon—the one retrograde step, says Aveling, in the whole century. In spite of this, public opinion and the progress of the obstetrician did much to raise the standard of practice. Solicitude for poor pregnant women was becoming evident, and while the public felt the necessity for skilled treatment for those who could not afford to pay for it, the doctors were glad to take the opportunities offered them by the establishment of public lying-in hospitals.

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Among the Sloan MSS. may be found the first proposal for the establishment of a dispensary for the diseases of the expectant mother. The first dispensary of the kind was established in Leicester Street under the patronage of the Duchess of York. In 1745, a lying-in hospital was founded in Dublin, and public charity was further responsible for the Middlesex Hospital in London. The British Lying-in Hospital and the City of London Lying-in Hospital for eighty women were established; Queen Charlotte's Hospital was founded in 1752 and the Royal Maternity in 1757. Unfortunately, only married poor women were admitted, and no opportunity for study was afforded. In 1765, however, John Leake, an accoucheur, established by subscription the Westminster Lying-in Hospital, which admitted, in addition to married women, unmarried mothers whose confinements could be attended by pupils under direction. From that time onwards private institutions of this kind for purposes of instruction have never wanted in London.

The end of the 18th century found midwives still unlicensed, but frequently excellently trained and with good facilities for learning their profession. Murderous operations were no longer conducted either by midwife or doctor, and the importance of preserving the lives of mother and child was recognised. Schools of obstetrics were created and lying-in hospitals were established.

THE NINETEENTH CENTURY.

Here again before considering the condition of affairs in England it is interesting to note the progress made in other European countries.

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The invention of the forceps had to a certain extent turned the attention of obstetricians to the use of artificial aid rather than to the study of a natural process. At the beginning of the 19th century, the great Boer, of Vienna, who had visited Baudelocque, in Paris, and the various London institutions, came to the conclusion that in obstetrics there was a higher principle than anything yet recognised. Boer's

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English experiences and his position as Director of a great lying-in hospital where he could observe annually 1,000 births, caused him to form the opinion that pregnancy should be studied from the normal, that the midwife and the accoucheur must understand the physiology of obstetrics thoroughly before studying abnormal conditions. Incidentally it is interesting to note that he followed the English principle that in extreme cases the life of the mother should be preserved before that of the child. Oslander, of Göttingen, on the other hand, advocated free use of the forceps, and believed firmly in operations. The emphatic views of these Schools brought the practice of midwifery into considerable prominence, and regulations for the training and licensing of midwives early appeared in Germany and Austria.

In France, inadequate facilities for observation and practice caused some decline in the study of obstetrics. There was a lack of public institutions for the teaching of obstetrics, and the Grande Maternité, reserved for midwives, was prohibited to men. Thus midwifery was largely given up to women, and in the early part of the 19th century midwives often instructed the young doctors. In France, therefore, while obstetrics failed to make much progress, the standing of the midwife was very high indeed.

In England, in view of the advance made by obstetricians, and of the high standard set, in view also of the fact that false shame did not prevent the employment of obstetric physicians and men-midwives, midwives by no means enjoyed the consideration they received in France. Throughout the 19th century the struggle for the registration of midwives really had its centre in the vexed question of status. The inferior social position occupied by the midwives had much to do with the retardation of registration. Repeatedly, the point of view seems to have been that midwives were not worth registering, and that, registered, they would become dangerous rivals to the doctor—notwithstanding the fact that there were not enough doctors to undertake this work—and a menace to the public. While societies and associations separately recognised the need for public control of the midwife, this undercurrent of suspicion and distrust effectually prevented anything definite from being done.

In 1813, about which time Austria, Belgium, and France, were engaged in making laws for the State control of midwives, the Society of Apothecaries endeavoured to persuade Parliament to pass a law for the examination and control of midwives, making it penal for women to practise without a licence. In

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each of 24 districts into which the country was to be divided there was to be a Committee properly constituted to grant licences. The Committee of the House of Commons, however, would not allow any mention of women midwives, notwithstanding the fact that, in spite of the increase of men-midwives, there was still a certain prejudice against men. In 1816, Dr. Samuel Merriman put in a strong plea for the man-midwife. He says:—

“ From 1657-1681 inclusive, a period of 25 years, there were 273,763 christenings and 14,397 abortive and stillborn children, so that the children deadborn were to those born alive as one is to nineteen. But during the last 25 years, from 1791-1815, when the practice of midwifery has been more generally conducted by men, the number of christenings is 492,464, and the stillborn children 15,984, which is to those born alive as one to thirty—diminished more than one-third.” He shows that in the first 25 years, of 288,160 cases, 6,686 died in child-bed, that is one in forty-three. In the second, 508,448 cases, there were 4,684 deaths, that is one in 108. “ To what cause this diminution of mortality in child-bed is to be attributed, except to the more careful and judicious management of women in labour and after delivery adopted by the accoucheur, I am at a loss to conceive.”*

During the settlement of social and economic questions after the Napoleonic war, little seems to have been done for the advancement of midwifery, though instruction of midwives was carried on in London, Manchester, Liverpool, and other large towns by medical officers connected with the lying-in hospitals.

In 1858 the Obstetrical Society, which was soon to do excellent work in the cause of efficiency of midwives, was founded. Women also banded themselves together for the purpose of mutual instruction in obstetrics and were assisted by male lecturers. The most important of these associations was the Obstetrical College in Great Portland Street. Miss Florence Nightingale speaks of the Female Medical Society and is anxious that women should receive as good a medical education as men. The programme of the Female Medical Society was (1) attendance at lectures during two winter sessions; (2) attendance during the intervening summer for clinical practice at a lying-in hospital or maternity charity, with personal attendance upon at least 25 deliveries. Miss

* London Medical and Physical Journal, March 14, 1916, p. 289.

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Nightingale criticises this scheme and says that it is insufficient. She proposes a good lying-in institution for 40 beds with a matron, head-midwife, assistant-midwife and deputy assistant-midwife, thirty pupils and four servants and a medical officer, who would be called upon when necessary to give instruction.

In 1869, Dr. Farr, of the Registrar-General's Department, suggested to the Obstetrical Society that they should undertake an investigation of the subject of infant mortality. A committee was appointed to undertake this work, and it was asked to report on the following points:—

1. What proportion of births is attended by medical men and by midwives respectively?
2. Are the midwives instructed?

In the report on these two points the answers may be summarised as follows:—

1. Among the poor population of villages, a large proportion of cases varying from 30 to 90 per cent. is attended by midwives. In the small non-manufacturing towns many fewer midwives are employed. In large provincial towns, especially manufacturing towns, almost as many midwives are employed as in agricultural villages. In East London, 30 to 50 per cent. of the cases employ midwives, while in West London 2 per cent. or less make use of them.

2. The answer is a decided negative. The Committee reports gross ignorance and incompetence and complete inability to contend with any difficulty. In London many women had received a certain amount of instruction, but they were quite unequal to any emergencies.*

Following this report the Obstetrical Society in 1870 passed a resolution for a voluntary examination for midwives. In 1872, a scheme for examination was submitted to the Society and approved, and from henceforward the Society granted a diploma guaranteeing that its possessor was a "skilled midwife, competent to attend natural labours." This implied however no-provision for the instruction of midwives. The midwife had to provide proof of having received a course of instruction in the theory of midwifery, and of having attended

* Transactions of the Obstetrical Society, 1869, Vol. XL, p. 133.

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not fewer than 25 labours, but a minimum of knowledge often sufficed to gain the diploma. Moreover, the possession of a diploma was entirely optional.

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At this time England was the only European country (save part of Belgium) which left this question unregulated. In every other country, the State undertook the instruction of midwives, their licensing, registration and supervision. In drawing attention to the condition of midwifery in this country the Obstetrical Society did yeoman service. Its examination of midwives set up a standard of instruction for medical students as well as for the midwives for whom it was established. As late as 1860, London University students only had to attend six labours and attendance at lectures on midwifery was not compulsory.* At the Royal College of Physicians there was no examination in midwifery, no obstetric expert being on the Board at the time. At the Royal College of Surgeons of England, candidates had to attend three months' lectures on midwifery, but they were not obliged personally to attend any confinements. As late as 1879, there was no representative of obstetrics on the General Medical Council. It was the Obstetrical Society which demanded that the standard of education and examination in midwifery should be as high as that obtaining in medicine and surgery. The general result of its agitation was a great improvement in the training of both students and midwives. Also in hospitals, obstetric physicians were appointed whose duties were those of an accoucheur.

The remarkable mortality among women in lying-in Institutions, as compared with women in their own homes, was causing considerable comment at this time. In 1871, Miss Florence Nightingale writes:—

“Why is it that these death-rates from all causes in childbirth, beginning at 5.1 per 1,000 for all England (town and country), successively become among the same people 9.0, 10.9, 14.3, 25.3, 33.3; and if we cross the channel, why should they mount up to 69, 70 and 95 per 1,000? . . . There must be some reason besides the fact of childbirth why diseases and accidents of this condition should be four times more fatal in a London lying-in hospital, and fifteen times more fatal in Parisian hospitals, than they are in towns in England.†

* Dr. Amand Routh, Royal Soc. of Med. Proceedings 1911-12.

† Notes on Lying-in Institutions, p. 22.

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In 1872, the General Medical Council passed the following resolutions:—

“1. That a Committee be appointed to consider and report whether the General Medical Council has powers to make rules for the special education of women, such as may entitle them to obtain a qualification to be certified by the Council.

“2. That the Committee do further report for what purpose such qualifications, if any, should be granted; what are the most desirable means for educating, examining and certifying in respect of them, with special reference to midwifery, the management of medical institutions, dispensing and nursing.”

In 1878, a bill was put forward by the General Medical Council for the regulation of medicine generally, but the portion relating to midwives was dropped, for fear that it should cause confusion between the rôles of doctors and midwives. In 1882, another Bill, framed by the British Medical Association, met the same fate. In 1889, the General Medical Council resolved:

“That this Council regards the absence of public provision for the education and supervision of midwives as productive of a large amount of grave suffering and fatal disease among the poorer classes, and urges upon the Government the importance of passing into law some measure for the education and registration of midwives.”

The Midwives Institute established in London in 1881 “to raise the status of midwives and petition Parliament for their recognition,” drafted and promoted a Bill in 1890 which was amended by the Obstetrical Society, the British Medical Association, and a Select Committee of the House of Commons. It failed to pass the second reading in the House because Mr. Bradlaugh objected to midwives being required to have a certificate of moral character when doctors were exempt. In 1891 the Royal College of Physicians appointed a Committee to report on the Midwives’ Bill, and this report expresses the conviction that legislative action is desirable in order to secure due education, examination and registration of midwives. It further recommended that a Parliamentary Select Committee be asked for.*

* British Medical Journal. Vol. 1, 1891, p. 986.

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In 1892, a Select Committee was appointed and it reported in the same year a serious and unnecessary loss of health to mother and child throughout the country, and in 1893 that the work of properly trained midwives had been most beneficial among the poor and working classes. The Committee declared that a service of midwives was a necessity, that ignorant and unqualified women were to be discouraged from practising as midwives, and that women should practice under suitable regulations and be called Registered Midwives.* It recommended that the General Medical Council should frame rules by regulating:—

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1. The admission to the register (a) by practice, or (b) by examination, or by both.
2. The conditions of admission to such examinations.
3. The conditions of such examinations.

Public feeling was growing stronger on the subject, and in 1894 in charging the Grand Jury at the Old Bailey, the Recorder said he greatly regretted that the registration of midwives was not compulsory. In the same year a discussion took place between the Obstetrical Society and the General Medical Council, who took the view that by granting certificates colourably resembling those of medical practitioners the Obstetrical Society purported to issue "qualifications" to a new class of practitioner, who was only partially educated and in midwifery alone, and that they were thus evading the conditions of the Medical Act of 1886. The "Lancet," in 1890, had pointed out that it was questionable whether doctors would in any sense be injuriously affected by a legalised examination and registration of midwives; that midwives as an institution were older than doctors; that a large proportion of the poor were quite unable to pay doctors' fees and that they

* "Your Committee are of the opinion that a large number of maternal and particularly infant deaths as well as a serious amount of suffering and permanent injury to women and children is caused from the inefficiency and want of skill of many of the women practising as midwives without proper training and qualification. They find that amongst the poor and working classes, both in the country and in the towns, the services of properly trained midwives have been eminently successful and of great advantage to the community. As proved by the evidence before your Committee, the services of midwives are a necessity, and, consequently, every precaution should be taken to discourage the practice of women who are ignorant and unqualified.

Your Committee are of the opinion that by legislative enactment no woman should be allowed to call herself or to practice as a midwife except under suitable regulations, but that the term "Registered Midwife" should be protected and restricted to those who have been properly trained and who alone should be placed on 'The Midwives' Register.'" (Report of Select Committee, 1893).

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thus ran serious risks at the hands of pretended but unauthorised midwives. Untrained ignorant midwives were undoubtedly instrumental in spreading puerperal fever, in causing injury to mother or child at the time of confinement and in failing to apply proper measures to restore apparently inanimate infants. Further their habits and practices, such as the administration of large quantities of alcohol to their patients and themselves, had undesirable effects both immediate and remote.*

In default, therefore, of State registration, the examination of the Obstetrical Society was continued, and was recognised by such public institutions as the Queen Victoria Jubilee Institute and the Midwives' Institute. Both expected those of their nurses who took up midwifery to qualify themselves by undergoing the training enjoined by the Society and by taking its examinations. Not until the passing of the Midwives' Act, after various similar Bills had been drafted and rejected, were these examinations superseded by those of the Central Midwives' Board.

* The Lancet, May 24, 1890, p. 1131.

The following statements made by witnesses before the Select Committee also illustrate these points —

"A.—Cases attended by Midwife 'Alpha.' (1) M. W., age 40; became ill from eating of decomposed tinned salmon; died on 18th April; the cause of death certified as peritonitis. Her body was laid out by the above midwife. (2) E. J., aged 28, was confined on the 19th of April, attended by this same midwife; notified as being ill of puerperal fever, and died on May 5th. The residences of these two persons are in the same locality in a healthy open way on the hill side. Sanitary arrangements and water supply good.

"B.—Cases attended by Midwife 'Beta.' (1) E. D., aged 38; confined on 11th of April, attended by this midwife; notified as being ill of puerperal fever on 15th of April; died on 18th. Body laid out by midwife 'Beta.' (2) E. L., aged 30; confined on the 19th April, attended by midwife 'Beta.'; notified as ill of puerperal fever; died on 22nd April. Body laid out by midwife 'Beta.' (3) C. T., aged 23; confined 28th April; attended by midwife 'Beta.'; notified as ill of puerperal fever on 30th of April; died on 3rd May. Body laid out by midwife 'Beta.'

"They are women who do not depend upon that midwifery for their living?—They are. As a rule they are old women who call themselves midwives. They are perfectly ignorant, and they make no attempt to resuscitate the apparently still-born children. They think it is the will of God that they should die. If the child is alive, it is alive, and there it is, but if not they must leave it, that is all. That is the reason why we have so large a number of still-births among this class of women. Women have told me how children have been apparently born still and simply left; they were purposely left by the midwife."

"Then as to the rearing of children; these ignorant midwives have very peculiar notions of their own on the bringing up of young children, and they are fed, as a matter of fact, when first born, with all sorts of rubbish, butter and sugar, and a variety of things they have no business to have, things that lay the seeds of mischief in children, and drugs are given to keep them quiet."

"It is an axiom with the generality of them that spirits are a necessity to the well-being of the women, and that they must give them this 'glass of something hot' to help them; and many and many a woman has been made a drunkard simply from that cause."

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THE MIDWIVES' ACT.

In 1902, the Midwives' Act was passed "to secure the better training of midwives and to regulate their practice." Thus from the first proposal by Andrew Boorde for the Licensing of Midwives, three and a half centuries elapsed before the State control and registration of midwives was secured. The Act came into force on April 1st, 1903. According to its provisions "any woman, who not being certified under the Act, shall take or use the name or title of midwife" after April 1st, 1905, shall be liable to a fine not exceeding five pounds (Section 1 (1)). Further, after April 1st, 1910, "no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act," the penalty for infringement in this case being a fine not exceeding ten pounds (Section 1 (2)).

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Provision for the claims of existing midwives was made in Section 2 of the Act which stated that "any woman who, within two years from the date of this Act coming into operation claims to be certified under this Act, shall be so certified provided she holds a certificate in Midwifery" from the Obstetrical Society of London or various other examining bodies approved by the Central Midwives' Board, or "that at the passing of this Act she has been for at least one year in bona fide practice as a midwife, and that she bears a good character." The last clause necessarily admitted to recognised practice many women who possessed a most inadequate knowledge of the subject. This was unavoidable, partly because it was necessary to cause as little unmerited hardship as possible to midwives already in practice and dependent on their profession, but also because the creation of a service of well-qualified midwives was clearly a matter of some years and in the meantime the demands of women desiring the attendance of a midwife must be met.

The administration of the Midwives' Act was placed in the hands of the Central Midwives' Board, a body directly responsible to the Privy Council and constituted as follows (the first Chairman being Sir Francis Champneys):—

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(1) Four registered medical practitioners, one to be appointed by the Royal College of Physicians of London, one by the Royal College of Surgeons of England, one by the Society of Apothecaries, and one by the Incorporated Midwives' Institute; and

(2) Two persons (one of whom shall be a woman) to be appointed for terms of three years by the Lord President of the Council; and

(3) One person to be appointed for a term of three years by the Association of County Councils, one person to be appointed for a term of three years by the Queen Victoria's Jubilee Institute for Nurses, and one person to be appointed for a term of three years by the Royal British Nurses' Association.

The duties of the Board are:—

I. To frame rules—

- (a) regulating their own proceedings;
- (b) regulating the issue of certificates and the conditions of admission to the roll of midwives;
- (c) regulating the course of training and the conduct of examinations, and the remuneration of the examiners;
- (d) regulating the admission to the roll of women already in practice as midwives at the passing of this Act;
- (e) regulating, supervising and restricting within due limits the practice of midwives;
- (f) deciding the conditions under which midwives may be suspended from practice;
- (g) defining the particulars required to be given in any notice under section ten of this Act;

II. To appoint examiners.

III. To decide upon the places where, and the times when, examinations shall be held;

IV. To publish annually a roll of midwives who have been duly certified under this Act;

V. To decide upon the removal from the roll of the name of any midwife for disobeying the rules and regulations from time to time laid down under this Act by the Central Midwives' Board, or for other misconduct, and also to decide upon the restoration to the roll of the name of any midwife so removed.

VI. To issue and cancel certificates.

And generally to do any other act or duty which may be necessary for the due and proper carrying out of the provisions of this Act.

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Any woman thinking herself aggrieved by a decision of the Central Midwives' Board to remove her name from the roll of midwives, may appeal therefrom to the High Court of Justice within three months after the notification of such decision to her; but no further appeal is allowed.

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Local Supervision. The duty of the supervision of practising midwives is placed upon the Local Supervising Authorities, namely, the County and County Borough Councils, who may delegate their powers and duties to a Committee appointed by themselves, or in the case of a County Council to any District Council within the area of the County. These Authorities exercise a general supervision over all midwives practising within their area, investigate charges of malpractice, negligence or misconduct, suspend any midwife from practice in accordance with the Rules, report to the Board the name of any midwife convicted of offence, or whose death has occurred, and also supply an annual list of the midwives who have notified an intention to practice within their area.* The Authorities appoint Inspectors who are usually either medical practitioners or qualified midwives.

In regard to the delegation of powers to District Councils, the Report of the Central Midwives' Board for the year ending March, 1916, states: "When the Midwives' Act came into operation in 1903, ten counties took advantage of the power given them by Section 9 to delegate their powers and duties under the Act to the District Councils within their areas. It was found that delegation, with the consequent multiplication of Local Supervising Authorities (of which there were 65 in the County of Kent alone), impeded the efficient administration of the supervision of midwives, and to a large extent nullified the benefits conferred by the Act. These facts gradually became apparent to the delegating counties themselves, who one after another, with the entire approval of the Board, revoked their delegations, and themselves undertook the administration of the Act."

In 1908, a Departmental Committee was appointed by the Lord President of the Council to report on the working of the Midwives' Act. The Committee reported in 1909. The report gave a generally favourable account of the Act and its administration:—

* In the year ending March 31, 1916, the total number of Midwives who notified their intention to practice was 12,087, of whom 6,754 (55·8%) were trained, and 5,333 (44·1%) were untrained.

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“ So far as the operation of the Midwives' Act has come under review of the Committee, there has been singularly little effective criticism directed against its main provisions or the methods by which it has been sought to give effect to them. The extensive powers enjoyed by the Central Midwives' Board, in spite of the experimental character and somewhat fortuitous constitution of that body, have, on the whole, been exercised with judgment, prudence and sympathy.”

Various recommendations were made as a result of the inquiry, in regard to the Supply and Training of Midwives and other associated subjects.

At the end of this nineteenth century period therefore no woman might commence practice as a midwife who had not received a certificate of proficiency from a legally constituted body of examiners, (the Central Midwives' Board,) after undergoing a definitely prescribed minimum training. Further her subsequent practice was subject to the control of this central body and her certificate was liable to be withdrawn if she failed to conform to certain authorised rules of conduct. A large proportion of midwives actually in practice, however, had received little or no systematic training. The status of the midwife was still low and she laboured under various disabilities which will be discussed at some length in the subsequent portion of this report.

II.

THE PRACTICE OF MIDWIFERY IN ENGLAND AND WALES UNDER PRESENT-DAY CONDITIONS.

Midwifery, throughout England and Wales, is to a considerable extent in the hands of midwives. Their activity varies in different areas, but in view of the existing scarcity of medical practitioners, caused by the circumstances of the war, it is likely to increase rather than diminish during the next few years.

The Table on the following page shows the percentage of cases attended by midwives in a number of large towns in 1915, and also the Infant Mortality Rate and Maternal Mortality Rate for the same period. It is not possible to deduce definite conclusions in regard to the results of practice by midwives from the figures given in this Table. The infant mortality returns, for example, do not show the causes of death; the deaths are not distributed throughout the twelve months; it is not known in what proportion of cases a doctor was called in to assist the midwife. Yet there must be some intimate relation between the competence of the midwife and the infant and maternity mortality rates. It is true that the infant mortality rate is based upon the deaths which occur during the first twelve months of life, and that the direct responsibility of the midwife ceases after the tenth day; but it must be remembered that a large proportion of infant deaths occurs in the first month, and particularly the first week, of life, and the influence of the midwife and the effects of her treatment may be regarded as covering this period. The midwife may exercise an even more definite effect on the health of the mother at the time of and subsequent to her confinement. The facts set out in the Table relate to one year only, and no obvious correspondence appears between the number of cases attended by midwives and the infant and maternal mortality rates in the different areas. But the Table is of much interest, and in view of the importance of collecting further data bearing on these death rates, and in particular of investigating the reasons why so many infants die within the first few weeks of life, it is suggested that full records might be kept by Local Authorities and reported annually to the Central Authority, of the relation

Proportion of
Midwifery in
the hands of
Midwives.

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of midwifery practice, by doctors and midwives, (a) to the total infant mortality rate, (b) to the causes of infant deaths, and (c) to the maternal mortality rate.

| Area. | Percentage of total births attended by Midwives. | Infant Mortality Rate per 1,000 births, 1915 | Maternal Mortality Rate per 1,000 Births, 1915. | | |
|----------------------|--|--|---|------------------|----------------------|
| | | | From all causes. | Puerperal Fever. | Other Complications. |
| St. Helens | 96 | 129 | 5.3 | 1.0 | 4.3 |
| Merthyr Tydfil | 96 | 157 | 5.0 | 1.8 | 3.2 |
| West Bromwich .. | 92.5 | 133 | 2.5 | 0.5 | 2.0 |
| Newport (Mon.)..... | 88 | 99 | 7.3 | 4.1 | 3.2 |
| Wigan | 85 | 163 | 9.7 | 1.76 | 7.94 |
| Bolton | 80 | 123 | 5.2 | .27 | 4.93 |
| Bootle | 80 | 142 | 4.9 | .5 | 4.4 |
| Brighton | 80 | 97 | — | — | — |
| Barnsley | 79 | 172 | 4.79 | 1.36 | 3.42 |
| Liverpool | 78 | 133 | 3.15 | 1.25 | 1.9 |
| Stoke-on-Trent | 78 | 147 | 5.8 | 1.7 | 4.1 |
| Salford | 76 | 134 | 4.0 | 1.1 | 2.9 |
| Cardiff | 75 | 106 | 3.5 | .86 | 2.7 |
| Derby | 75 | 94 | 2.26 | .76 | 1.5 |
| Rochdale | 75 | 118 | 4.32 | — | 4.32 |
| Coventry..... | 73.2 | 87.8 | 2.33 | .68 | 1.7 |
| Wallasey | 73 | 80 | 3.3 | .5 | 2.8 |
| Warrington | 72.4 | 111 | 3.1 | .5 | 2.6 |
| Hull | 70.9 | 120 | 5.5 | 1.9 | 3.6 |
| Gloucester | 70 | 104.5 | 3.46 | .86 | 2.6 |
| Nottingham | 70 | 130 | 3.4 | 1.09 | 2.36 |
| Southampton | 70 | 87.5 | 4.06 | .74 | 3.32 |
| Stockport | 65 | 127 | 3.7 | .8 | 2.9 |
| Preston | *64.5 | 155 | *7.8 | *.7 | *7.1 |
| Portsmouth | 62 | 88 | 5.2 | 1.2 | 4.0 |
| Oldham | 60.65 | 126 | 6.0 | 2.0 | 4.0 |
| Sunderland | 60.2 | 151 | 4.0 | .4 | 3.6 |
| Sheffield | 60 | 133 | 4.8 | 2.6 | 2.2 |
| West Ham | 60 | 112 | 2.14 | .83 | 1.31 |
| Birmingham | 59 | 118 | 3.4 | 1.65 | 1.79 |
| Bristol | 56.8 | 118.5 | 2.04 | .96 | 1.08 |
| Huddersfield | 55.14 | 109 | 4.65 | — | 4.65 |
| Wakefield | 52 | 117 | 5.8 | 1.9 | 3.9 |
| Bradford | 51 | 123 | 7.25 | 3.33 | 3.92 |
| Ipswich | 50 | 92.4 | 3.67 | — | 3.67 |
| Manchester | 50 | 128.6 | 3.68 | 1.45 | 2.23 |
| Tottenham | 50 | 88.9 | 2.7 | .82 | 1.9 |
| Stockton-on-Tees ... | 49 | 127 | 4.7 | 1.7 | 3.0 |
| Carlisle | 48 | 144 | 2.5 | — | 2.5 |
| Rotherham | 43 | 129 | 4.2 | 2.18 | 2.07 |
| Tynemouth | *41 | 136 | 3.87 | .64 | 3.22 |
| Leeds | 40 | 127 | 4.35 | 1.21 | 3.14 |
| Southend-on-Sea ... | 39 | 86 | 6.3 | 2.8 | 3.5 |
| Blackpool | 37 | 128 | 9.0 | 3.0 | 6.0 |
| Dewsbury | 36 | 116 | 6.1 | 1.7 | 4.2 |
| Newcastle-on-Tyne | 32 | 137 | 3.7 | 1.06 | 2.6 |
| West Hartlepool ... | 32 | 153 | 7.0 | 1.1 | 5.9 |
| Bournemouth..... | 21 | 94.1 | .84 | — | .84 |

* In 1914.

MIDWIFERY UNDER PRESENT-DAY CONDITIONS.

The Table does indicate, however, how commonly confinements are not attended by medical practitioners, and this emphasises the importance of ensuring competent midwives in adequate numbers. It will be useful, therefore, to consider the conditions under which midwifery training is carried out and the subsequent career to which practitioners of midwifery may look forward.

General Conditions of Midwifery Training.

Originally the period of training required by the Central Midwives' Board was three months. This has recently been extended, and since June, 1916, the minimum period of training accepted has been six months, except in the case of trained nurses, who are only obliged to give four months. The training of Midwives

The training may either be carried out in connection with lying-in hospitals, poor law infirmaries, or associations recognised for this purpose by the Central Midwives' Board, (a list of institutions is published), or practical experience may be gained in district work under the supervision of an approved practising midwife, while instruction in theory is given by lecturers recognised by the Board.

The fees for a three months' training at an institution formerly varied from about £15 to £25, whereas the usual cost of training with a practising midwife was £1 per week, together with incidental expenses and fees for lectures. The lengthened training will involve raising the fees, though the amount of the increase has not yet been generally decided.

The training includes attendance at twenty maternity cases, and the subsequent nursing; instruction in elementary anatomy, physiology and hygiene; the management of labour; the care of the child at and after birth; and recognition of complications or diseases connected with pregnancy. (See Appendix A, p. 133.)

The examinations for the C.M.B. Certificate are now conducted six times a year at London, Birmingham, and Bristol; three times a year at Liverpool, Leeds, Manchester and Newcastle-on-Tyne. After obtaining her certificate a midwife must strictly adhere to the Rules of the Board, which precisely define the limits within which she may practice without medical

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aid. Cases of misconduct, etc., are reported to the Board by the Local Supervising Authorities, and the midwife may then be summoned to appear before the Board, which dismiss the case, administer a caution, or withdraw the certificate, according to circumstances.

The
Midwives'
Roll.

The number of names on the Midwives' Roll on March 31st, 1916, was 40,513,* but a relatively small proportion of these women is in actual practice. The number of candidates who entered for the examination during the year 1915-16 was 2,468, as against 2,499, in the preceding year, and 1,979 passed as compared with 2,086. Only about 40 to 45 per cent. of those women who obtain the certificate intend actually to practise as midwives, and these numbers include women who may become district nurses. The supply of midwives, except in rural areas, and especially in Wales, is reasonably adequate, but their distribution is not satisfactory.

Conditions of Practice.

Choice of
employment
after
certification.

A midwife who intends to practise after certification may either be employed by a Nursing Association at a fixed salary, or may establish herself independently and gradually build up a connection. In existing circumstances it is practically impossible for her to make a living in independent practice except in a town. Consequently nearly all midwives, other than those who do not depend entirely on the earnings of their profession, are to be found in the more densely populated districts. Country districts, therefore, are apt to be ill-supplied with competent midwives, except where some outside agency has undertaken their provision.

The Midwife.

Before the Act of 1902 the ordinary midwife was usually a woman whose only training was derived from actual experience, who was often illiterate, incapable of reading a

* Of the 40,513 Midwives on the Roll, 21,014 have passed the Board's Examination and 9,529 have been admitted in virtue of prior certification under Section 2 of the Midwives' Act. The trained Midwives are consequently 30,543 in number, and the untrained 9,970; the respective proportions being 75.4 and 24.6 as against 73.6 and 26.4 at the corresponding period of the previous year. The percentage of trained Midwives who practise may be estimated at less than 22 per cent. of those on the Roll. Of the untrained Midwives it is probable that about 53.5 per cent. are in practice though frequently to a small extent only. (Report of the Central Midwives' Board for the year ended March 31st, 1916).

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thermometer, ignorant of modern methods of nursing or the use of antiseptic precautions, and of the meaning of "cleanliness" in a surgical sense. There was also a limited number of well educated and properly trained women who practised midwifery in a thoroughly competent way, but these formed the minority, and it is not surprising, in view of its past history, that the term "midwife" was apt to convey an impression of low social status and a lack of training.

As facilities for training increased, women of all grades of education and intelligence, from the middle-aged village woman to the qualified hospital nurse, desired, or were encouraged to obtain, the C.M.B. Certificate. Of late years this certificate has come to be looked upon not only as a licence to practise midwifery, but also as a useful additional diploma for women wishing to become monthly nurses, health visitors, superintendents of schools for mothers, gynæcological nurses, etc. There is indeed an unfortunate, though comprehensible, tendency for the better educated midwives to shrink from the arduous life, uncertain earnings, and serious responsibilities of the practising midwife, and to utilise their certificate as an additional means of obtaining a post with a fixed salary and regular hours of work, leaving the women whose sole qualification is the C.M.B. Certificate, and who are thus not eligible for other nursing or social work, to follow what should be looked upon as the nurse's highest calling. This is clearly a most unsatisfactory position.

In existing conditions, the competent midwife is a necessary part of any organisation for the care of women in childbirth. Many such women would rather be in the hands of a midwife than a medical practitioner. Apart from the fact that a midwife's fee is less than a doctor's, they prefer a woman attendant on personal grounds, while, in addition to the actual delivery, the midwife undertakes the nursing and care of the patient for ten days after the confinement. At the present time the services of midwives are more than usually in demand on account of the shortage of doctors, but even before the war it was noticed in many districts that medical practitioners, especially those engaged in busy panel practice, were becoming less anxious to attend normal cases of midwifery, and were

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satisfied that such cases should be attended by midwives. The midwife, indeed, seems likely to become a more rather than less important factor in the nation's medical and nursing service.

The Position of the Midwife.

The responsibilities and arduous life of the Midwife.

The midwife occupies an exceptional position in the nursing profession in that she is called upon during her ordinary work to be directly responsible for the lives of two patients, mother and child.* The most apparently straightforward case may unexpectedly develop complications, and a safe and satisfactory sequel often depends entirely on the watchfulness, skill, resourcefulness and good judgment of the midwife. Her work makes large claims upon health, time and leisure. For the single-handed midwife there is no such thing as being "off duty." She must respond by day or night, if called; she must never relax her vigilant alertness, must often forego rest, food, relaxation, while always there is the anxious fear of danger to her patient which may result in disaster if she fails to exercise a wise discretion. The highest devotion and self-sacrifice are demanded from her, and she needs a high sense of vocation and a love of her profession for its own sake to enable her cheerfully to meet her numerous difficulties. It is small wonder that many are unwilling to incur these responsibilities, and choose an easier form of service.

But apart from the inherent disabilities of the work, the midwife suffers from other disadvantages which are not always fully appreciated, but which serve to explain much of the disinclination of educated women to become practising midwives.

The term "Midwife" should be regarded as a title of honour.

In the first place the relative status of the midwife is not high. There are admittedly many inferior midwives, not only barely capable of fulfilling what should be the ordinary duties of their profession, but altogether unable to respond to any demand for a wider interpretation of these duties. Unfor-

* Between midwifery nursing and all other hospital nursing there is this distinction, viz., the operator is herself the nurse; and the head operator (or midwife) ought to be a woman and is, in Paris and Vienna and elsewhere. (Florence Nightingale, 'Notes on Lying-in Institutions').

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Unfortunately there is a tendency to regard these women as the typical midwives, and to expect no more than they can give, instead of looking upon the excellent work of educated and highly trained midwives as the true standard of attainment desirable, and endeavouring to raise the general capacity to this level. Greater efficiency and skill will certainly be forthcoming if the right steps are taken to encourage this. The old stigma attaching to the term "midwife" will disappear, and the title will receive the respect and recognition which are its due.

But it is not sufficient to require the higher degree of skill, which itself connotes a more adequate training; the earning capacity of the midwife must at the same time be increased so that she may be relieved of many of the financial worries which harass her, and enabled to obtain remuneration more commensurate with her responsible employment.

The need for an increased earning capacity.

The fees usually paid to midwives vary from 10s. 6d. to 15s., but sums lower than this may be accepted. As much as a guinea may be obtained, but this often carries the obligation to pay the doctor if his services are needed. Opinions differ as to how many cases an unaided midwife can deal with successfully in a year. In an ordinary urban district, provided she herself does the usual nursing and attends to the baby, she probably cannot satisfactorily undertake more than 120 to 150, and even this means hard and continuous work. It is admitted that a number of midwives do, in fact, attend many more cases than this. For example, Dr. Hamer states in his Report to the London County Council for 1914 that eight midwives in London attended over 500 cases, four between 400 and 500 cases, thirteen between 300 and 400 cases, fourteen between 250 and 300 cases, and twenty-two from 200 to 250 cases. The explanation of the successful treatment of such large numbers of patients may be that the population of the district was exceptionally dense, that pupil midwives were taken for training and were thus available to give assistance, or that, if no pupils were taken, "handy-women" were employed as nurses. It is impossible for one woman to give full attention to so many births, and in any event the physical strain is

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immense. Further, there is bound to be an unduly large number of babies born before the arrival of the midwife.

The cost of instruments, drugs, etc.

The midwife must provide not only her own instruments and appliances (scissors, thermometer, catheter, enema, syringe, etc.), but also all drugs, antiseptics, wool, tow, and so forth that are needful. The cost may vary from 6d. to 1s. a case, according to the conscientiousness of the midwife. She must further supply her own register and temperature charts, and is obliged to spend a certain amount on postage. As regards her own home, she must keep a maid, or an equivalent domestic helper, as she will have little opportunity for doing her own housework. Her net earnings can in no case be large, but in practice they are likely to be further diminished by bad debts, (though these are much less numerous since the payment of maternity benefit), by reduced fees or free cases, and by the occasional payment of an assistant or substitute. The midwife is usually most kind and generous to her patients, and puts their well-being before her own pecuniary advantage in innumerable cases.

Pecuniary loss consequent upon suspension from practice.

A further difficulty is the fact that in complying with the Rules of the Central Midwives' Board, a midwife, through no fault of her own, may find herself forbidden to practise for several days, during which time she may miss a number of cases. For example, a midwife who inadvertently came into temporary contact with a child suffering from diphtheria was unable to obtain a clean bill of health for a week; as a result of suspension from practice she lost seven cases. The suspension was necessary no doubt in the interest of the patients, but it entailed a considerable loss of income to the unfortunate midwife.

Competition with Hospitals and Charities.

A source of discontent in some districts is the under-selling of the midwives by local hospitals or charities. A training school naturally desires to attract sufficient patients for its pupils, and to this end may find it necessary to offer some special inducement, such as low fees. In the case of a charity formerly offering free treatment, it may be contrary to the rules, or at any rate repugnant to the governing body, to charge a fee of, say, 15s., even to women who can afford to pay. Whatever the cause, however, the low fees charged by institutions may be

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instrumental in keeping down the average midwifery fee in the neighbourhood.*

Thus, financially, the prospective earnings from long practice are not attractive, and afford little opportunity for saving or for making provision for holidays, sickness, or lean years. The net income does not compare favourably, for example, with the average salary paid to a health visitor or school nurse who has an official position, no responsibility involving life and death, regular hours, nights in bed, and fixed holidays. It would seem obvious that the midwife rather than the health visitor should be in the more advantageous circumstances as regards salary, and that she should receive at least equal consideration.

* See also in the Supplement to the Report of the Medical Officer to the Local Government Board for 1914-15, containing a Report on Maternal Mortality in connection with Child-bearing, an appendix by Dr. Janet Lane-Claypon, on the Economic Aspect of Midwifery.

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III.

THE PRACTICE OF MIDWIFERY IN OTHER
EUROPEAN COUNTRIES.

Before considering what is desirable for the improvement of midwifery practice in England, it will be interesting to consider the following brief accounts of the conditions which obtain in France, Switzerland, Germany, Austria and Russia.

France.

Midwifery in
France.

The French midwife has a position unlike that of almost all her fellows in other European countries. This is due no doubt in part to the long and careful training which she receives, but it is also due to past tradition—the tradition of many celebrated midwives. Mme. Le Boursier du Coudray, who, in the eighteenth century, travelled from province to province giving instruction to midwives with the help of a mannequin approved by the Academy of Chirurgie, affords only one example of the high position to which many French midwives have attained. The very name “sage-femme” gives some indication of the social and professional standing of the midwife. This position has been to some extent undermined by the closer acquaintance of the people with the great maternity hospitals, but a competent midwife may still undertake cases for not less than a thousand francs, the doctor being called in for an emergency only. The French midwife practises as a specialist of higher standing than her English colleague, and is prepared to undertake greater responsibilities. The actual nursing is often done by the family, or on occasion by an ordinary sick-nurse.

Until August, 1916, the French midwife obtained a diploma as “sage-femme de première classe” or “seconde classe,” according to the nature of her training. Since that date the second class midwife has been abolished, in order to raise the standard of midwifery and to establish uniformity of training. As large numbers of second class midwives are still in practice, it may be of interest to state the conditions of training of both classes.

MIDWIFERY IN OTHER EUROPEAN COUNTRIES.

To become a midwife a Frenchwoman has to submit her ^{Midwifery in France.} birth certificate; if married, her marriage certificate; if a widow, the death certificate of her husband; a certificate of good conduct from the mayor of her commune; and a certificate showing that she has been vaccinated within the last two years. A married woman has further to produce the authorisation of her husband to take up the profession of a midwife. Pupils are accepted from the age of 19 to 35 years. First class pupils have to pass a preliminary examination of the standard of the *brevet simple* or its equivalent. Second class pupils had also to pass a preliminary examination, including dictation and elementary arithmetic. Both classes were required to undergo the two years' training, but the second class pupils were permitted to take it in a preparatory school of medicine or pharmacy or in a maternité. Pupils of the Paris Maternité are considered to be the best qualified and most competent. There are no private training schools in France. At the Ecole d'Accouchement de la Maternité, formerly the old convent of Port-Royal and descendant of the famous Hôtel-Dieu, pupils are trained for the sum of 1,000 francs a year, with a few extra fees for books and instruments. No pupils are taken gratis, but a certain number of bursaries may be obtained from a department, or commune, or hospital administration. An examination takes place at the end of the first year, and includes anatomy, physiology and elementary pathology. The second year examination deals with the theory and practice of accouchement. If successful, the midwife receives her certificate, without which she cannot legally practise. First class midwives may practise anywhere in France or the colonies; second class midwives may only practise in the district in which they were trained.

Once certificated, a midwife may practise as she likes; she is under no supervision, nor is she obliged to keep a record of her cases. All births, including still-births, must be reported at the *mairie* within three days. This is usually done by the parents, but the midwife is ultimately responsible for seeing that the birth is notified. Certain contagious diseases must also be notified.

CARE OF MOTHERS AND LITTLE CHILDREN.

Midwifery in
France.

The midwife may perform all the hand operations in midwifery, but is not allowed to use instruments. The use of instruments is indeed a burning question with French midwives; at the Maternité, for instance, a qualified midwife uses instruments, and even trains students in their use. Once outside the hospital, she is no longer allowed to do so. Yet since she usually delivers her patient without help, it is often difficult to obtain a doctor with sufficient rapidity in an emergency when instruments are needed. The illegal practice of midwifery is punished by a fine of from 100 to 500 francs, and after a first offence from 500 to 1,000 francs with imprisonment for six months or a year, or one of these penalties only. In addition to her ordinary work, the midwife may vaccinate and prescribe certain antiseptic preparations approved by the Academy of Medicine.

In Paris, and most of the large towns in France, provision is made by the Municipality for necessitous women who apply for assistance at the maternity hospitals. Enquiries are made as to their circumstances, and if it is proved that they can pay something towards the cost of the nine days period of treatment at the hospital, they are expected to contribute five francs a day. If the mother does not wish to go to the hospital, and can prove indigence, a midwife belonging to the *Bureau Central* is employed by the Municipality to attend her. These midwives receive no regular salary, but are paid 50 francs for each Municipal case and are permitted to undertake private work as well.

There seems to be a sufficient number of midwives in France as a whole. In the large towns there is an over-supply, and in the country districts something of a scarcity. At the same time, in rural districts in France old customs die hard, and the qualified midwife has to contend with the "matrone"—the village Gamp and friend of the family, who often assists, and to whom it is difficult to trace the reception of payment for her good offices. - Sometimes no one at all is employed. In one little "pays," for example, the farmer was accustomed to assist his wife in her confinements, and he helped her successfully fifteen or sixteen times.

MIDWIFERY IN OTHER EUROPEAN COUNTRIES.

Generally speaking, the standard of midwifery in France is high, and the system of training is steadily improving as it gains uniformity. Women of inadequate education are certainly employed, but on the whole the preliminary general education is probably above that of the English midwife. The *brevet simple*, for instance, is an examination which ranks above the Oxford and Cambridge Local Junior Examinations. One of the reforms advocated is that every candidate should be required to have taken her *brevet élémentaire*, instead of the equivalent examinations which permit her to train at the *Maternité*. Another reform suggested is that midwives should be better paid, though the complaints of bad payment seem to be less justified in France than elsewhere. The long period of training for midwives has given rise to a desire for an even more adequate professional education. Suggestions have been made by midwives for an extension of the training to three years, the third year being devoted to experience in difficult cases, and to the use of instruments. It has also been proposed that all midwives should have a medical training, which seems indeed a counsel of perfection.

At a meeting of the *Société de l'Internat des Hôpitaux de Paris*, in 1910, one member, in discussing depopulation, expressed the opinion that this was in part promoted by the fact that midwives, induced by commissions offered by the registry offices, advised mothers to put their children out to nurse on the pretext of improving their health; that the mortality of bottle-fed children was five or six times as great as that of breast-fed infants; that cases of abortion induced by midwives were numerous; and suggested, finally, that the remedy for these unsatisfactory conditions was to give midwives the status of public officials, and distribute them uniformly over the whole of France. One of the difficulties in France, as in other countries, seems to be the relationship between midwife and doctor. The midwife naturally desires to improve her work and opportunities; the doctor fears infringement of his own practice and a lowering of the standard of midwifery in general.

Midwifery in
France.

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Switzerland.

Midwifery in
Switzerland.

The conditions under which midwifery is practised in Switzerland vary considerably, since the country is divided into twenty-two independent Cantons, each of which frames its own sanitary laws. During the last two years, however, an attempt has been made to codify the civil rights for the whole Federation. Some idea of the existing conditions may be obtained by noting those of the Canton of Vaud, of which Lausanne is the centre.

Midwifery in Vaud is governed by the law of September, 1897, and the "Règlement concernant l'école cantonale des sages-femmes," dated August 30th, 1893. It is under the jurisdiction of the Ministry of the Interior, and certificates are awarded by the Council of State. The law prescribes compulsory training for midwives, and penalties for those who practise without a certificate. Theoretical and practical instruction in midwifery is given at the hospital at Lausanne. Candidates must pass an entrance examination, which includes arithmetic, geography, reading and dictation. They must produce a medical certificate, and also a certificate of good conduct from the authorities of the town in which they reside. There are two classes of pupil-midwives, resident and non-resident. The cost of the training, which lasts one year, amounts to about twenty-five pounds. There are no free training schools, and midwifery training in private institutions is not permitted. Practical experience is gained in the maternity hospital and in the "Policlinique" which is attended by out-patients. The examining board has power to compel a candidate, if necessary, to take a further three months' course at the maternity hospital before awarding the certificate.

No midwives are specially appointed by the Local Authorities. Patients who are unable to pay a midwife's fee may call in any midwife, who is then paid by the Authority of the district to which the woman (if single) or her husband originally belonged, whether by birth or by acquisition of "bourgeoisie"; the payment is made according to a tariff regulated by the Council of State. The minimum fee for an

MIDWIFERY IN OTHER EUROPEAN COUNTRIES.

ordinary confinement is twenty-five francs, but the charge varies according to the financial status of the patient. Midwifery in Switzerland.

The midwife's diploma entitles her to practise anywhere in Switzerland, but if she wishes to do so elsewhere than in the Canton in which she received her certificate, she must obtain the permission of the authority in the district selected. She is not obliged to keep a full record of her work, but she has to keep a register of the confinements which she has attended. This must be available and up to date at any given moment, as it can be requisitioned at any time by the head of the sanitary service. Each district is expected to have a certificated midwife within its bounds, but the Council of Public Health and Hospitals may, according to the circumstances, authorise an exception to this rule. Appeal can be made to the Council of State against a refusal of the Council of Public Health to grant this authorisation.

The midwife is not in any case allowed to use instruments. When she is called in, in the absence of a doctor, by a patient suffering from a disease of a contagious or infectious nature, she is bound to report it at once to the Authority. In case of complaint against a midwife, the Council of Public Health make an inquiry, and, if necessary, compel the midwife to take a supplementary course of training, of which they determine the length.

The possibilities of earning a sufficient income are as unsatisfactory in Switzerland as in most other countries, and the midwife is often obliged to augment her income by massage, sick-nursing, and the application of dry cuppings, etc. One of the reforms, among many suggested, is the limitation of the number of midwives, so that those who are allowed to practise may be able to earn a living. At present there are too many, particularly in the large towns. The tendency in Switzerland, even more than in other countries, is for the midwives to crowd into the towns, as the mountainous nature of the country makes the calling of the rural midwife exceptionally arduous. One result of the inadequate payment is shown in the type of woman who chooses to become a midwife. Here again Switzerland is no exception, and midwives there are drawn from a class of women which does not make a high standard of work probable.

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Midwifery in
Switzerland.

Few educated women are found practising as midwives, and they, as a general rule, practise from a sense of devotion, and not from a desire to make a living by their profession. Maternity hospitals are not much used in Switzerland, the poor preferring to be nursed in their own houses.

Generally speaking, the position of the midwife is not particularly favourable; it differs from that of most other countries in the right of the necessitous patient to the choice of a midwife whose services are paid by the State. This State payment of the midwife suggests the possibility of considerable reform in the matter of fees, and therefore in this and other ways, of eventually raising the status of the midwife.

Germany.*

Midwifery in
Germany.

According to Section 30 of the Industrial Code, the German midwife has to undergo a course of training which varies from four to six months, according to the regulations of the different States. At the end of this period she has to pass an examination, and only then is she legally entitled to practise. In each State there are special institutions for training midwives. There exist also private institutions for the purpose, which, however, have to be duly licensed and recognised. The training varies considerably in the different States.

In *Prussia* the training of midwives and the maintenance of the teaching institutions is the business of the provincial administration. Usually candidates for examination must be between the ages of 20 and 30 years. They must produce four certificates: one of good character—which they obtain from the police—a birth certificate, and testimony that they possess good bodily health and sufficient mental capacity to have given

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satisfaction in the elementary school. The cost of training is borne partly by the institution and partly by the pupils, and ranges from £2 10s. 0d. to £30. The fee for private pupils varies from £10 to £30. In 1907, 925 pupils were trained in 27 training schools, and in 357 cases the expenses were paid by the local authorities and in 568 by the pupils themselves. In some cases the cost is borne by the authorities of the urban and rural districts, who in return impose on the midwife the duty of serving for a definite number of years in a given locality as district midwife on receipt of a small salary, with the obligation of attending the confinements of poor women without further remuneration. If a midwife has paid for her training she is free to go where she likes within Prussian territory; if not, she has to remain in the district in which she was trained.

Midwifery in
Germany.

Midwives are appointed to certain districts by the Government. They can only practise in the State in which they have passed their examination. If they wish to practise elsewhere they must pass the examination prescribed by that particular State. They must use an official text-book, which is uniform all over Germany. They are supervised by the district medical officer, to whom they report themselves, and who inspects the register, which is in the form of a diary, of the deliveries which they have conducted.

The midwife may conduct normal births, but in all cases of abnormality she must call in a doctor. In the absence of a doctor she must herself do what is possible to counteract danger to mother or child, and she must therefore be able to recognise the signs of abnormality. She must notify every illegitimate birth, every case of puerperal fever, and every death of a pregnant or labouring woman which occurs within her practice. She must notify fever of 38° C. in child-bed or after abortion; ophthalmia, and certain other diseases; also infectious illnesses, such as scarlet fever and smallpox. She must also declare any suspicion of syphilis occurring either in herself or in the patient. Thus a great deal is demanded from a woman whose period of training is not long, and who, generally speaking, shares with her sisters in other countries a low standard of education. For any irregularities of conduct or practice her certificate can be withdrawn.

An official scale of fees is fixed for the midwife, which varies between 1s. 6d. and 12s. In rural areas midwives are appointed generally for a large district or group of parishes,

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Midwifery in
Germany.

and in return for a fixed salary, say, from £15 to £20 per year, are required to attend all cases in the district. In Germany as a whole, 90 per cent. of the deliveries are conducted entirely by midwives, but even in the towns it is difficult for them to earn a living wage. Figures quoted for 1902 showed that in Prussia, out of 19,665 midwives, 18·6 earned a total income of £10 or under, and 51·2 earned an income of £20 or under. In October, 1908, a ministerial order was issued providing for the payment of a State subvention to the local authorities appointing district midwives, subject to the conditions that such women were to be guaranteed a minimum income ranging from £18 to £25, that they were to be supplied gratuitously with the necessary instruments and disinfectants, and that they were to receive compensation for loss of employment not resulting from their own fault.

Midwifery attendance is granted free when it cannot be paid for out of the patient's own resources. In urban districts, the poor law authority provides the services of a midwife gratuitously for all impoverished lying-in women. Midwives are here paid in accordance with a fixed scale, ranging from 6s. to 12s. for each case. This, of course, is given only to those women who are not receiving a fixed annual salary, and the charges are defrayed out of general funds available for the poor. Since midwives are obliged to call in a doctor for abnormal cases, a certain number of doctors is appointed by the poor law authority to attend the sick poor. These officers receive a fixed sum, and as a rule the patients must accept the doctor appointed by the authority, and have no free choice.

Insurance against child-birth is included in insurance against sickness, under which women who are employed industrially, and are thus compulsorily insured, receive for six weeks an allowance equal to half the earnings lost.

In view of the lack of uniformity of midwifery practice in Germany, of the low standard of education and training accepted, and the high standard of practice required by modern obstetrics, the agitation for reform is persistent. For example, the proposals frequently demand at least one year's training, a hospital training as a sick-nurse previous to specialising, or a higher rate of pay so that educated women may be induced to

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enter the service. Puerperal fever is still common in Germany, and according to Dr. Weisswange of Dresden, 8,000 women die every year in labour and in child-birth. It is pointed out that while sick-nurses are given excellent instruction in methods of asepsis and antisepsis, and a year's training is required before they are called "sister," and a much longer time before they are permitted to help in aseptic operations, the midwife in Germany is considered fit to attend a confinement after only a few months' training, and it is therefore suggested that fewer but better educated women should be trained. Dr. Eckstein suggests that the real remedy is for poor women to have their confinements in properly equipped institutions. He considers that at least a year's sick-nursing should be undertaken by the midwife before she specialises, and that this is even more important than formerly on account of the war. For the improvement of midwifery, Brennecke demands a more highly qualified teaching staff in the training institutions, that all pupils should pay for their training, that a higher educational standard should be insisted upon, that the course should last a year, that appointments should not be in the hands of the district councils, that midwives should have a minimum salary of £35 to £45, and that provision should be made for old age and invalidity. Other proposals suggest the total abolition of midwives, thus leaving midwifery in the hands of the doctor and the sick-nurse.

Midwifery in
Germany.

In *Saxony*, where the standard appears to be highest, continuation courses for midwives are compulsory. Every five years midwives are convened for fourteen days, including the journey, and receive from M1 to M2.50 per day compensation, as well as free board and lodging. The regulation is unpopular with midwives, and in many cases its enforcement has disclosed carelessness, ignorance and retrogression. Effective disinfection has been found to be the precaution most neglected.

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Austria.

Midwifery in
Austria.

In all large towns in Austria there are maternity hospitals in which midwives are able to undergo their training, which is provided free of cost. In Vienna the training lasts for five months, and in each institution there is a professor whose duty it is to instruct midwives. Each midwife is required to pass an examination in elementary education, to reside in the neighbourhood of the hospital, and attend the cases there. She has to attend lectures on anatomy, physiology and pathology, and she receives clinical instruction in the hospital. She is examined by her teacher, a university professor, and a government commissioner. She has to register in the district in which she means to practise, and she is supervised by a medical officer appointed by the Government. She may conduct normal cases, but must call in a doctor under certain exactly laid down conditions.

The same complaints of midwives are made here as in Germany. Only women of meagre education take up the profession and the training is inadequate. Suggestions have been made to limit the number of midwives in certain prescribed districts so that those in practice may thereby be able to earn a living wage.

Russia.

Midwifery in
Russia.

In Russia, midwifery is provided by the State free of cost to the patient, and all matters pertaining to the appointment, transfer, dismissal and pay of midwives are controlled by the medical department of the Ministry of the Interior. A midwife may not practise for gain unless she has obtained a certificate of competency. The examination of midwives and the issue of certificates are carried out by the medical councils and chief obstetric physicians of the midwifery training schools. A duly licensed midwife is excluded from the tax-paying class to which she would otherwise have belonged.

There are two classes of midwives. To belong to the *first*, candidates must produce a certificate of general education showing that they have been satisfactorily through the fourth class of the gymnasium. (Altogether there are eight classes in the gymnasium and nearly 20 per cent. of the candidates have

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been through them all.) The training lasts two years—a period ^{Midwifery in Russia.} which compares favourably with the few months that suffice both in Germany and in this country. The first four months are devoted to the theory of midwifery and the rest of the time to both theory and practice. Each pupil must deliver not fewer than twenty to twenty-five cases, but in some schools pupils have much greater experience, from 150 to 200 cases falling to their lot. In the case of the *second-class* midwife, the only educational qualification demanded is that she must be able to read and write. The course, though abbreviated, is similar to that for first-class midwives, but the ground is covered in a year. The age limit, both for first and second class candidates, is from eighteen to forty years.

There is a number of schools in Russia devoted to the training of midwives. Most of them are State or provincial institutions, but a few are private. The training fees are not high, and range from 30-35 Rbbs. per year. When pupils live at the schools the fees are proportionately higher, and vary from 100-150 Rbbs. In certain schools training can be obtained free of all cost and in return the midwife has to give her services for a period in the district in which she was trained.

The majority of midwives are in the service of the Zemstvos or elective councils, both provincial and district. In each province there are from five to fifteen districts, each with its Zemstvo, making in all Russia about eight hundred. In each district there are from one to ten midwives in the service of the Zemstvo or of the State, according as the province has a Zemstvo or not. Each midwife has to report to the district medical officer every month giving a list of the cases which she has attended. She earns from 20-50 Rbbs. per month according to the area in which she works. Many midwives are also in private practice, especially in large towns. They too report to specially appointed medical inspectors. Fees are in such cases a matter of arrangement between midwife and patient.

Midwives can attend repetition courses but these are not compulsory. They are prohibited from using instruments but are taught to use their hands for certain operations. For failure to call in a doctor when necessary a midwife may be brought to trial.

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Midwifery in
Russia.

Some of the best and most highly trained midwives are to be found in Russia. An idea of the thoroughness of the training may be inferred from the fact that while German midwives use a short elementary text-book for purposes of study, Russian midwives use almost the same books as does the medical student. As far as practicable the midwives are well distributed. Where possible, first-class midwives or a class of practitioner called 'feldsheiritzy,' to whom reference will be made later, are placed in far-off districts, such as Siberia, where it is difficult or impossible to obtain a doctor quickly.

In view, however, of the immense size of the Russian Empire, the midwifery service, though well-organised, is not adequate to the need. On the one hand is the district served by an admirably trained midwife; on the other whole communities of peasants are attended by no skilled person at all. It is indeed no exaggeration to say that the majority of births in Russia take place without the help of any qualified person, while among the minority, the greater number is conducted by midwives without the help of a doctor. There are not nearly enough midwives or doctors, and in many cases the law is almost necessarily evaded and the unlicensed practitioners flourish. The peasants are often ignorant and prefer the old village woman to help them, if only for the reason that she will also help in the house during and after the confinement.

The shortage of doctors and midwives has given rise in Russia to a class of practitioner called *feldsheirs*, or assistant-surgeon, whose function most resembles perhaps that of the old chirurgeon. Without the full qualifications of a doctor, the 'feldsheirs' are much more highly trained than either nurses or midwives. Both men and women practise in this capacity and become surgeons' assistants. The men are of rather lower education than the doctors, but the women are much more highly educated than are midwives. In some schools, the women (*feldsheiritzy*) are instructed in all branches of medicine and must also have the certificate of feldsheiritzy-midwife. In others the midwifery certificate is dispensed with. The 'feldsheiritzy' continually act as substitutes for doctors or midwives as the case may be, and they do much towards compensating for the lack of midwives. At the end of 1913 there were about

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30,000 'feldsheirs,' of whom 6,000 were women. There are in ^{Midwifery in} Russia about 70 schools for 'feldsheirs' (men and women) and for 'feldsheiritzy-midwives.' These latter are trained for a period which varies from one to three years, while at a school in Petrograd and another in Moscow the training period is four years.

In spite of the high standard required of midwives in Russia, improvements are constantly being advocated. The medical department of the Ministry of the Interior, for example, recently proposed a programme which included the following recommendations—(1) An increase in the number of doctors and midwives; (2) An increase in the number of beds available in the lying-in and other hospitals. It is considered that when the majority of confinements are enabled to take place in the lying-in hospitals, the mortality of women during child-birth from puerperal fever and other causes will be greatly decreased.* An increase in the number of trained midwives is necessary, not only to provide efficient assistance to women at their confinements, but also to combat the ignorance and prejudice which are largely responsible for the high death rate among infants during their first year of life.

* A special Commission appointed for the revision of medical and sanitary legislation has drafted a Scheme for the provision of a sufficient number of maternity hospitals to meet the needs of the population. It is estimated that 37,000 beds are required to ensure hospital treatment for 50 per cent. of the cases of child-birth. Further the number of midwives should be increased from about 15,000 to 60,000, in order that the total number of confinements (about 3,000,000) may be properly conducted. (Professor A. D. Redlich, "The War and the Care of Maternity and Child Welfare," a paper read in March, 1916, before the Pan-Russian Institution for the Care of Maternity and Child Welfare).

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IV.

SUGGESTIONS FOR RAISING THE STANDARD OF
MIDWIFERY IN ENGLAND AND WALES.

Three conditions seem necessary to produce midwives of the type required to raise the level of midwifery practice throughout the country as a whole, to a degree of efficiency which will, as far as is humanly possible, afford a guarantee that the health of women and children entrusted to the care of midwives shall suffer no injury from lack of skill or knowledge. These conditions are:—

- (a) a better and wider training;
- (b) an improved status; and
- (c) larger and more certain earnings.

It is necessary to consider these conditions seriatim.

(a) Improved Training.

A notable advance has been made by the Central Midwives' Board in deciding to increase the minimum period of training from three to six months. This extension is not enough to satisfy some teachers who hold, with much reason, that a previously inexperienced woman requires not less than twelve months' training before she can be considered a safe practitioner of midwifery, and does not compare favourably with the period of training required in France and Russia. A further lengthening of the training period is thus ultimately possible, but the most important immediate consideration is to secure that the additional three months of training now demanded shall be spent to the real advantage of the pupil. The main requirement is to prevent the pupil wasting any of this valuable time in routine drudgery, to give her greater opportunity for quiet study, and more oral teaching as opposed to lecturing. At present much of the theoretical instruction given is not fully comprehended and consequently, is not remembered as it should be. Much patient repetition on the part of the teacher is needed to ensure a real assimilation of the information given.

It will now be possible to devote greater attention to matters hitherto somewhat neglected, such as instruction in breast

The Period
of Training

An enlarged
curriculum.

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feeding and in hand feeding, in infant care and management generally, in the ante-natal care of the mother and in personal and domestic hygiene. Further, the pupil should understand the social agencies available for promoting the welfare of mother and child and the part which it is desirable that she herself should play in this connection.

As regards clinical experience, the Board still require the pupil to attend 20 cases, but it is to be hoped that she may now have extended opportunities for seeing additional cases, both normal and abnormal. It is of the highest importance that this practical training shall be thorough, and it is not possible to make wholly satisfactory provision unless clinical teaching in a hospital is available, as well as district experience. Teachers of midwifery would probably all agree that the pupil requires a thorough grounding in correct obstetrical methods, which can only be taught and applied in their entirety under hospital conditions, before she attempts work on the district where she must be content to do her best with make-shift equipment. Experience under both conditions is essential; the first to inculcate a high standard of surgical cleanliness and method, which the midwife should always have in mind even in the most ill-provided cottage, the second to teach her resourcefulness under adverse conditions, and to give her a sympathetic insight, if she does not already possess it, into the home life of her poorer patients. The in-patient beds also afford opportunity to pupils of being present at additional cases and of observing the treatment given for various forms of abnormal labour. Bed-side teaching and demonstrations are rendered possible and the out-patient department affords valuable experience in numerous directions.

Training in the hospital or on the district only, may be adequate for pupils who do not intend to practise, but it is most emphatically insufficient for midwives who intend to follow the profession, and the course of training given to them should be carefully framed fully to equip them for their future work.

Training Institutions.

The Central Midwives' Board recognise 129 Institutions in England and Wales at which midwives may be trained. Of

The desirability of training in a lying-in hospital as well as in the homes of the patients.

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these, 66 are Poor-Law Institutions. The Institutions, other than the Poor-Law Infirmaries, vary somewhat in character and many, though not all, have lying-in beds. Sixteen of these Institutions are in London, the remainder for the most part are in the larger towns.*

The need for increased lying-in accommodation.

The need for further in-patient accommodation is great, partly in order to provide a better and fuller training for midwives, and partly to increase the accommodation for women who would be more satisfactorily treated in an Institution than in their own homes. Here we are mainly concerned with the former need which is accentuated by the extension of the training period. Institutions will now be unable to train as many pupils per annum as was formerly possible.†

Practice under supervision for newly certified midwives.

A further matter to which the attention of Training Institutions might be directed is the desirability of providing some means for the newly qualified midwife to practise under supervision. The mere possession of a certificate does not do away with the terrors of midwifery, and the young midwife fresh from her training and unused to assuming responsibility for her cases, suffers much anxiety and mental strain which could be avoided if she had even one month's experience under the aegis of her school or hospital, taking full responsibility for her patients, but able to call for assistance in case of need. For the sake of the patient as well as to give confidence

* Birmingham has one Maternity Hospital with 25 beds; Leeds has a similar Hospital with 50 beds; York Maternity Hospital has 16 beds; St. Mary's Hospital, Manchester, has 56 beds; the Liverpool Maternity Hospital, 25 beds; the Leicestershire Maternity Hospital, 23 beds; the Maternity Hospital at Newcastle-on-Tyne has 18 beds; the Jessop Hospital, Sheffield, has 19 beds, 17 for lying-in cases and 2 for puerperal fever; Derby has 20 beds in the Nightingale Maternity Hospital; Wales has as yet no Maternity Hospital, the nearest Lying-in Institution being the Training Centre for Midwives at Newport, Monmouthshire, which has 8 beds. Beds are to be reserved in the King Edward VII Hospital at Cardiff for complicated and other maternity cases.

Many towns such as Nottingham, Preston, Rotherham, Stoke-on-Trent, Swansea, Wigan, Wolverhampton, Middlesbrough, Blackpool, Darwen, Blackburn, have no lying-in accommodation other than Poor-Law Infirmaries.

† An interesting scheme to provide a National Training School for District Midwives at Woolwich has been suggested.

"It is proposed that this hospital shall consist eventually of 70 beds, but in the first place, owing to the lack of the necessary funds for upkeep as well as building, it is only contemplated that accommodation should be found for 32 patients. The Hospital will include a large block for ante and post natal work, fitted with waiting room, examination and dressing rooms, dispensary, lavatories, etc., as also a laboratory fitted for research work where examinations of secretions can be conducted. A massage department will be instituted. A lecture-room, study-room and museum will be included in the building.

"The hospital will contain accommodation, at first for at least 24 pupil midwives, some of whom will be employed on district, and others in the wards, theatres, nurseries, and infants' and mothers' clinics. The minimum course to untrained candidates will be a year, and as many as possible will be kept for a second year, as staff nurses."

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and experience to the midwife, some arrangement of this kind is eminently worthy of consideration. It is, in fact, in operation to a limited extent in some Training Institutions, but its more general application might well be considered.

Post-graduate Teaching.

It is not only necessary to ensure a satisfactory course of training for pupil midwives, it is also desirable to provide opportunity for subsequent teaching, either by class instruction or by lectures and discussions. This is already done to some extent in various ways.

Arrangements for the Instruction of Midwives in Practice.

The *London County Council* having abandoned their former scheme of lectures on midwifery, as this proved not entirely satisfactory, now arrange a series of special lectures to meet the needs of midwives in practice. Several courses have already been organised successfully.

The first Course was arranged in connection with the West London Hospital and the Kensington Infirmary. It consisted of six lectures dealing with ante-natal hygiene, venereal diseases, infant feeding and management, complications of labour, abnormal presentations, etc., and twelve bedside lectures. The combination of formal lecturing and clinical teaching is interesting and should prove of considerable practical value.

Liverpool. The Liverpool and District Trained Nurses Association arrange a course of lectures given mainly at the University of Liverpool. Fourteen lectures were arranged for 1916, for example. Most of the addresses are given by medical practitioners, some by trained midwives, and they deal with points likely to interest the midwives and keep them informed of local arrangements for infant and maternal welfare.

York Road Lying-in Hospital arranges an annual meeting for its old pupils at which lectures are given and discussion encouraged. This seems to be much appreciated as a means not only of keeping in touch with the hospital but of learning modern methods of treatment.

The North Islington School for Mothers, which has made special efforts to gain the confidence and co-operation of the midwives in its district, arranges short courses of simple lectures, the subjects being chosen by the midwives themselves and the teaching given by doctors experienced in midwifery. The response from the midwives has been most encouraging.

This post-graduate instruction is not only a means of keeping certificated midwives up to date, but of giving some training to the *bona fide* midwives* who have had little or no previous instruction. Provided the teachers are competent and

* A "*bona fide* midwife" is the description commonly given to a woman who, at the time of the passing of the Midwives' Act, had been in *bona fide* practice as a midwife for at least one year, but who has not obtained a certificate by examination.

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the subjects of the lecture suitable and practical, it is found that the midwives welcome the classes and attend in considerable numbers, but it is useless to expect them to attend lectures on matters of elementary midwifery which they already know, or theoretical discourses having little practical bearing on their work. Free discussion should always be encouraged.

Midwives
Associations.

Midwives Associations have been formed in various places. They are partly educational and partly protective in character. They aim at raising the status of the midwife and at maintaining a high standard of general efficiency; they endeavour to guard the interests of the midwives as a whole and they fix and enforce minimum fees; they organise lectures and discussions on subjects of professional interest. The Associations are at times somewhat weak and ineffective but in other cases are flourishing, influential bodies. The membership is occasionally confined to trained midwives and this seems unfortunate, as where *bona fide* midwives are in practice they need all the support and additional training available. Midwives Associations are usually affiliated to the Midwives' Institute, the central organisation which has done admirable service on behalf of midwives in many directions.

Professional
Libraries.

The formation of local Associations is certainly to be encouraged and the scope of their activity might usefully be enlarged. A suggestion has been made that professional libraries should be provided for the use of midwives. Such libraries might be established in connection with the local Associations and would probably prove of great value. It is most difficult at present for a midwife to keep in touch with the modern developments of her profession. She cannot afford to buy text-books, reports, Government circulars, etc., and usually has no other means of obtaining them.

Additional Qualifications.

It is a debatable question whether or not a second certificate indicating more advanced knowledge and experience than the existing C.M.B. certificates would be advantageous. At present the uneducated village woman who has with much difficulty succeeded in passing the examination, and the highly trained and experienced matron of a maternity teaching hospital, have

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precisely the same qualifications, and in theory the same privileges and limitations. An additional diploma indicating considerable practical experience as well as more advanced theoretical knowledge, and possibly entitling its holder to some extension of responsibility, might well prove an incentive to educated women to train and become midwives. The possession of such a certificate might be made essential for Inspectors of Midwives (other than doctors) and for approved teachers. It should not prove an impossibility to give some increased measure of freedom to the competent and experienced midwife without permitting her to usurp the functions of a medical practitioner.*

(b) Improved Status.

It is most desirable that public opinion shall be taught to appreciate the highly responsible nature of a midwife's calling, and to accord her the consideration received by her colleagues in other branches of the nursing profession. The mothers themselves are apt to look upon the "midwife" as occupying a lower social and professional position than the "nurse." It is not suggested that the title should be abolished, or necessarily modified, but it is certainly desirable that it should be regarded with increased respect. This no doubt will gradually come to pass as the training and education improve and the midwife's value to the State becomes more clearly recognised. But at the same time greater demands should be made upon her in order to stimulate and encourage her and to make her realise the need for a wider outlook and field of activity.

Endeavours should be made to include her in schemes for maternal welfare, and she should be associated with any maternity centre established in her district. She should be represented on the Infant Welfare Committee established under the Notification of Births Amendment Act. Midwives themselves feel,

* " I call a midwife a woman who has received such a training, scientific and practical, as that she can undertake all cases of parturition, normal and abnormal, subject only to consultations, like any other accoucheur. Such a training could not be given in less than two years.

I call a midwifery nurse a woman who has received such a training as will enable her to undertake all normal cases of parturition and to know when the case is of that abnormal character that she must call in an accoucheur. No training of six months could enable a woman to be more than a midwifery nurse." (Florence Nightingale, 'Notes on Lying-in Institutions').

Association
of the
Midwife with
Maternity
Centres, etc

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often with much reason, that they have frequently been largely ignored when proposals for maternity centres, etc., have been framed. There are certainly difficulties in making midwives an essential link in a scheme, mainly because of their varied standard of education and training. But the difficulties are not insuperable, and the midwives clearly have a right to be associated with a project which affects their own patients and which may exercise a considerable influence on their own practice and livelihood. The maternity centre should aim at obtaining help and advice for the midwife while fully recognising her professional relations with her patients. It will then receive her co-operation and support. If she is ignored, not only will a valuable opportunity for giving her further training be lost, but her great personal influence with her patients may not be exercised in favour of the centre. That this is not an impracticable suggestion is shown by the success of arrangements in Liverpool which are largely due to voluntary enterprise and sympathy, and which show that it is practicable to co-operate with the midwife and utilise her valuable assistance in regard to ante-natal care.

In *Liverpool* pre-natal work has its centre at the Maternity Hospital. Nine sub-centres in different parts of the town have been organised. At present they are open once a fortnight, but it may be necessary later on to open them once a week. Each centre is attended by a Medical Officer who is paid a guinea an attendance. A qualified nurse is in charge and pupil midwives from the Hospital also attend.

The patients are sent in most cases by their midwife or doctor. If no midwife has been engaged, the woman is told to come again when she has made arrangements for her confinement. Midwives are encouraged to bring their patients themselves. Special care is taken to notify the midwife of the treatment suggested and properly to safeguard her susceptibilities and professional rights. If operative treatment is necessary, the midwife is invited to be present and her attendance is welcomed.

Incidental ailments such as anaemia, varicose veins, etc., are treated by the medical officers. Patients pay 4d. for medicine, 2d. for pills, and bandages, and so forth, are supplied at a cheap rate. The Sanitary Authority pay for the upkeep of premises, and the Committee of the hospital pay for the medical attendance.

The Committee of the *Broadstairs School for Mothers* engaged as their Superintendent in September, 1916, a trained midwife, who had had a long experience of practical district midwifery. The Committee give her rooms in the house used for the School for Mothers, and pay her

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a salary of £80 a year, £50 of which is refunded to them by the Urban District Council in return for her services as Health Visitor under the Notification of Births Act.

The Superintendent undertakes midwifery cases, the women engaging her personally as though she were in private practice; but only women attending the School for Mothers are allowed to make use of her services, and the fees, which are graduated at the midwife's discretion, to suit their circumstances, are paid in by her to the Committee. The question of the advisability of the Committee undertaking to pay the fee if a doctor has to be called in, is at present under consideration.

The assistance of the midwife will become more effective as her personal training is improved. She should be expected adequately to examine her patients and to keep accurate records of her findings. She will learn by degrees to attach more importance to signs of general or special ill-health and will become more ready to encourage the mother to seek expert advice. She will acquire enough knowledge of domestic and personal hygiene to give advice in regard to home conditions, or to know when to seek the help of an expert visitor. She will be in touch with the agencies for providing assistance when necessary, and will be able to secure ready attention for her patient. As the range of her activity increases, she will gradually come to occupy a position not accorded to the midwife whose sole business it is to hurry through as many cases as possible. She should be regarded as standing in the same relation to her patient as a doctor, and should be kept informed of any advice given, or professional visits paid, by representatives of the maternity centre or other body.

It is fully admitted that many midwives are not at present capable of responding to these demands, but this makes it even more important to offer sympathetic encouragement to those who are so qualified, and to make it easy for the younger, better trained women to find their place in the scheme. Maternity centres should indeed be looked upon as the natural source of help for all midwives, as well as for expectant mothers, in the district.

(c) Improved Financial Position.

A more adequate training and enlarged opportunities are not alone sufficient. The midwife must also have a reasonable prospect of earning a higher and more certain wage than is now

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the case. Also the mental and physical strain of attending an unduly large number of cases should be diminished.

It is not altogether easy to see how this may best be done. One obvious plan is to appoint a number of municipal midwives at a fixed salary, the fees earned by them being paid to the Authority. Another is to increase the provision of midwives employed by Nursing Associations. Arrangements of this kind have the merit of securing for the midwives a regular income, definite holidays and ready assistance in case of need.

Importance
of midwives
continuing
independent
practice.

All midwives, however, do not desire to be so employed. They prefer to carry on an independent practice. Further, full freedom of choice should be available for the patient. Midwifery establishes particularly intimate relations between nurse and patient, and many mothers, married or single, prefer to choose their own attendant to act in a purely private capacity. It is most desirable that independent practice should be encouraged and supported and it may be found practicable for the Local Authority to assist the independent midwife in such a way as to leave her freedom of action as regards her patients, while bringing her into closer touch with their own officers. For example, one or more of the following ways might be adopted:—

Assistance
towards
initial
expenses,
drugs, etc.

(a) The midwife has various initial *expenses for equipment*, namely, midwifery-bags, nursing apparatus, drugs, antiseptics, dressings, etc., and in the course of her work she continues to supply her patients with all drugs and antiseptics needed. The more conscientious the midwife, the more she is out of pocket on this account. Drugs and apparatus might be supplied free by the Local Authority, due precautions being taken to avoid waste.

Subsidies.

(b) A *subsidy* might be given to well-educated and qualified midwives, indefinitely, or for the first few years of practice, while patients are few and fees scarce. This might take the form of a house, rent, or a weekly payment. By such means the Authority could ensure an adequate supply of midwives in all parts of their district.

Relief from
responsibility
in regard to
doctors' fees.

(c) *The payment of the medical practitioner* called in to assist in a difficult case not infrequently devolves upon the midwife. She is bound by her rules to call in medical aid in

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certain conditions, but the patient may not be able to pay the fee. In such a case it is either necessary to call in the parish doctor if he can be obtained and if the patient agrees, or the midwife may be obliged to make herself responsible for the money before she can secure the required help.

This is a most unsatisfactory position. If the patient is too poor to pay the doctor, it is grossly unfair that the midwife should have to do so out of her none too adequate income. With well-to-do patients the difficulty does not arise, but in poorer class practice it is an urgent problem in some districts.*

The matter was fully considered by the Departmental Committee in 1908 which decided that on the whole medical fees could most suitably be paid by the Guardians.†

* A Memorandum on this subject which was submitted to the Privy Council by the Central Midwives' Board in 1908 contains the following statement :—

"The omission of any specific provision in the Midwives' Act for the payment of medical practitioners summoned, according to the Rules of the Central Midwives' Board, to assist midwives in emergencies, has not unnaturally led to discontent among a large section both of the medical practitioners and the certified midwives of the country, and has seriously impeded the effective administration of the Act.

"Section 3, VI., of the Act imposes on the Board the duty, and gives it the power, 'to do any other act or duty which may be necessary for the due and proper carrying out of the provisions of this Act.' Adequate security for the payment of a medical fee under the circumstances mentioned is 'necessary for the due and proper carrying out of the provisions' of the Act, and the Central Midwives' Board is accordingly desirous of discharging, as far as it can, the obligation attached to it by the sub-section quoted.

"In many cases the patient and her husband are unable, or only with great difficulty able, to pay even a small fee to the doctor. Recognising this fact the Local Government Board, on July 29th, 1907, issued a Circular to the various Boards of Guardians in England and Wales pointing out that under the existing law it was 'competent to the Guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon a poor person in case of difficulty.'

"The Local Government Board further suggested that the 'medical men and certified midwives practising in the Poor Law Union should be informed that, in cases arising under Rule 18, the Guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the section and to pay a reasonable remuneration to the medical man called in. Any such payments should be on a definite scale which should be suitable to the local circumstances and to the services rendered, and which should be duly notified to the local medical practitioners.'

"It is to be observed that, while there is power to pay medical fees in these circumstances there is no obligation to do so. The option of exercising the power rests with the Guardians, and there is reason to think that in many cases Boards of Guardians have refused to act on the suggestion of the Local Government Board.

"In some cases the Guardians, while paying a fee to their own District Medical Officers, have declined to act on the larger powers they possess of paying the fees of other medical practitioners in similar cases.

"From communications which reach the Central Midwives' Board, or individual members of it, it is feared that the Circular of the Local Government Board has, to a large extent, failed to secure its object."

† The Committee are not insensible to the important part the Act plays as an instrument of public health, nor to the prejudice which attaches in certain quarters to the action of the Poor Law Authority in connection with such matters, but looking to the large number of cases that must arise, when the determination of the ultimate source whence the fee is to be derived will be mixed up with questions touching the capacity of the patient or her relatives to pay, they think it would be inexpedient to divorce the duty to pay in the first instance from the authority primarily invested with the functions of public assistance. (See par. 75 of the Report).

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The position has been altered for the better by the introduction of maternity benefit under the Insurance Act, which made it less difficult for the patient to pay a reasonable fee for medical attendance.

At the present time arrangements vary in different areas. In many, nothing has been done for the relief of the midwife. In others medical fees are paid by the Guardians, the actual payments varying with the views of the respective Boards.

In *Coventry* the Guardians pay £1 1s. 0d. when necessary; in *Portsmouth* 10s. 6d. is allowed by the Guardians to medical men called in in emergencies if certain conditions are fulfilled; in *Warrington* the Guardians pay £2 2s. 0d. in operation cases and £1 1s. 0d. for ordinary cases; in *Newcastle* the Guardians' scheme is confined to assistance by their own Medical Officers, and the necessary formalities are often inconvenient to the patients.

Thus the system of payments by the Guardians even when in operation, is not uniform, and the assistance may be contingent on the parish doctor being employed.

In some districts midwives have combined to ensure the payment of medical fees without unduly burdening individual midwives. For example, in *Nottingham* there has been a Midwives' Club for paying doctors' fees since 1913. In *Liverpool* the Midwives Association have arranged a scheme in conjunction with the Public Health Committee. Every midwife pays 1s. to the Midwives' Guarantee Fund in respect of all Births attended, and an additional 1s. when medical aid is required. These contributions are used for the purpose of paying medical practitioners called in to render assistance, the balance, about one-third of the total amount, being paid by the Health Committee. Although arrangements of this kind do ensure prompt medical aid and prevent much anxiety on the part of the midwife as regards the doctor's fee, it is not right that any of the cost of medical assistance should fall upon her.

Of late years it has been recognised with increasing clearness that the only satisfactory solution of the problem is to make the Sanitary Authority, and not the Guardians, responsible for medical fees in necessitous cases. Payments are indeed made by the Authority in some places, and the fact that the Local Government Board are now prepared to pay grants in

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respect of the provision of a doctor for the aid in confinement of necessitous women, should do much to stimulate action by Local Authorities.*

(d) *Certain additional duties might be placed upon the midwife by the Local Authority for which she would receive payment.* For example:— Duties to be carried out by the midwife for the Authority.

(i) Midwives might be asked to examine their patients, keep notes of their observations and test specimens of urine at necessary intervals. These records would be open to investigation by the Inspector of Midwives, who would report on their adequacy, and on the action taken by the midwives in cases requiring further advice. Payment for such records, provided the confidential nature of the findings was respected, would be a great incentive to accurate observation and careful pre-natal advice. Although many midwives now in practice might not be capable of making proper notes, all recently certificated women ought to be able to do so.

(ii) All capable midwives in the district might be definitely associated with a Maternity Centre, be made responsible for the ante-natal care of such of their own cases as did not require medical assistance, and be paid for this work by the Local Authority. This would not only bring the midwife into closer association with the Authority, but would tend to popularise the Centre with the midwives and their patients and avoid duplication of visits. Provided that she is competent, the midwife is likely to be the most satisfactory as well as the most acceptable counsellor to her future patient and her influence is far reaching.

(e) *Provision of professional assistance.* Another way in which the Local Authority might aid practising midwives is by the appointment of one or two municipal midwives who could be called in in case of necessity, as for example when a midwife is summoned to two cases simultaneously, or who might take temporary charge of a practice while a midwife took a short holiday. The difficulty of obtaining such relief adds greatly to the strain of midwifery practice. Professional assistance for Midwives.

*Regulations under which grants will be paid by the Local Government Board in aid of Maternity and Child Welfare, 1918.

CARE OF MOTHERS AND LITTLE CHILDREN.

The Inspection of Midwives.

Qualifications
of an
Inspector of
Midwives.

The effective inspection of midwives should be one of the most important means of securing and maintaining a good standard of midwifery. If the inspection is to give the best results the inspectors must be suitably qualified, that is they should not only be capable and experienced midwives themselves, but they should have a wide personal knowledge of midwifery practice in working-class homes. They are then not only competent closely to criticise shortcomings of all kinds, but they are able to bring a sympathetic insight to bear on each case of infringement of the rules of the Central Midwives' Board, and to consider how far censure is in fact merited and how far circumstances may mitigate the fault.

Functions of
an Inspector
of Midwives.

But criticism is not the only or indeed the principal function of the Inspector. She is appointed with a view to securing an improvement in the midwifery practice of the district, and there are many ways, other than the discovery of mistakes or misconduct, by which this may be effected. In the first place, the Inspector should endeavour to gain the confidence of the midwives and should become their friend and adviser. She should encourage them to bring to her their troubles and difficulties and they should learn to rely upon her support and guidance. Her assistance should be particularly valuable to the *bona-fide* midwives who have never passed through a systematic course of training. She should be able to do much towards arousing the interest of the midwives in classes arranged by the Local Education Authority for their benefit, and she should be consulted in regard to the curriculum of such classes as she is in a position to know precisely what instruction is most needed. Further, the influence of the Inspector is likely to have an important effect in determining the attitude of the midwives towards any maternity or ante-natal centres which may be established.

A medical-woman, (not too young,) is likely to make the best Inspector of midwives, provided she has had the requisite experience of district midwifery. Failing a woman doctor, a well educated and experienced midwife, (again not too young,) should be chosen. She should not only have had experience in

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the district and a lying-in hospital, but, when possible, she should also be a fully-trained nurse. Her knowledge of midwifery should be unquestionably superior to that of the midwives she will inspect, otherwise she will not gain their professional respect. Even where the Medical Officer of Health himself acts as Inspector of midwives, it is essential that he should be aided by a fully competent midwife who would carry out the routine inspection. It is further important that the Inspector shall be paid a salary which is adequate to attract and retain a thoroughly efficient officer.*

A source of justifiable irritation among midwives in some areas has been the appointment of inadequately qualified health visitors as inspectors. To appoint to such a position a young health visitor who may, indeed, possess the C.M.B. Certificate, but who has never actually practised midwifery is absurd. Such an officer is clearly incompetent to criticise justly and with knowledge, and this fact provides ready opportunities for friction between the midwives and the inspector, altogether apart from the difficulties which may be experienced by a young inspector in handling a body of women, many of whom are older and more able practitioners of midwifery than herself.

Importance
of avoiding
unwise
methods of
inspection.

In some districts health visitors, (not acting as inspectors of midwives,) are instructed to visit the homes during the first ten days after the confinement. This is done partly with a view of supervising the work of the midwife, but mainly in order to instruct the mother in matters of infant management. It is however, an unfortunate arrangement, and is scarcely likely to lead to good results. The advice given by the health visitor may not always coincide with that of the midwife, and this naturally causes annoyance to the midwife and often irritation to the mother. Even if the health visitor is correct, which is not always the case, it is not fair to the midwife that her professional relations with her patient should be subject to interruptions of this kind. Moreover, she is personally responsible for the welfare of mother and child during this period. If the midwife is competent, there

* The Local Government Board are now prepared to pay grants in respect of the salaries and expenses of Inspectors of Midwives. (Regulations. 1916).

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is no need for the health visitor to visit until after she has ceased to attend; if she is suspected to be incompetent, this should be ascertained by the Inspector of Midwives in other ways.

The importance of securing effective inspection of midwives is an argument against the delegation of the powers and duties of a County Council to a District Council within their area. The County Council can afford to employ a properly qualified officer at an adequate salary. The District Council may not require the whole-time services of an inspector and may possibly content themselves with an inexperienced inspector who will not be altogether acceptable to the midwives themselves. This is obviously most undesirable.

V.

MIDWIFERY PRACTICE IN RURAL AREAS.

Much of what has been said already applies mainly to towns and urban districts. The problem in rural areas presents special difficulties and must be separately considered. The relative sparseness of the population makes it impossible for a midwife who is solely dependent on her profession to make an adequate living, and consequently many country districts, and notably Wales, are insufficiently supplied with midwives. In such areas medical practitioners undertake as much of the work as possible, but the mothers are largely dependent on untrained "handy-women" for nursing and attention.

The scarcity of certificated midwives in certain areas, together with the prejudice of some patients in favour of the "handy-woman" with her homely and time-honoured ways, has led in a number of cases to the "covering" of unqualified midwives by medical practitioners, a practice which has lately received the attention of the General Medical Council.* The

Practice by
unqualified
women

*On November 28th, 1916, the following letter and warning notice were issued in conformity with a resolution of the General Medical Council, viz. :—

(a) LETTER.

"General Council of Medical Education and

"Registration of the United Kingdom,

"44, Hallam Street, Portland Place, London, W.

"DEAR SIR,—AS PRESIDENT OF THE GENERAL MEDICAL COUNCIL I have been requested by that body to bring to your special attention the provisions of the Midwives Act, 1902, and the Midwives (Scotland) Act, 1915, which (in Great Britain) prohibit any woman who is not certified under one or other of these Acts from habitually and for gain attending women in childbirth, *otherwise than under the direction of a qualified medical practitioner*. The importance to the public welfare of the effective administration of these Acts of Parliament cannot be over-estimated.

"In certain disciplinary cases which the GENERAL MEDICAL COUNCIL have recently had to consider, it has been shown that, notwithstanding the salutary provisions of the above-mentioned Acts, uncertified women have been in effect enabled to defy the law through the countenance, assistance, or connivance of qualified medical practitioners. This has been done either by practitioners paying perfunctory visits to confinement cases (which have been attended by an uncertified woman), and signing certificates and kindred documents required by certain Acts of Parliament—for example, in relation to National Health Insurance or Notification of Births—or by their countenancing in other ways the false pretence that the uncertified woman was acting under the direction of a qualified medical practitioner.

"Conduct of this character is, in the opinion of the Council, discreditable in that it directly tends to defeat the due working of Acts of Parliament which are of the utmost importance to the welfare of the poorer classes, and therefore of the nation, particularly at the present time. The Council accordingly have issued a *Warning Notice* upon the subject, of which I beg leave to enclose a copy.

"Your attention is called to the fact that the penal provisions of the Acts do not apply to any one rendering assistance in a case of emergency."

"I am to add that the GENERAL MEDICAL COUNCIL regard it as the duty of

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fact that unqualified women have been able to act as midwives with the tacit consent of local doctors is significant, and indicates a condition of affairs which could not have arisen if an adequate number of skilled midwives had been available. Some attendant a woman must have; if there is no midwife, if she cannot afford to engage a doctor, or if the doctor is unable to attend, she inevitably falls back on the "handy-woman," nominally perhaps engaged as a nurse.

Alternative
Schemes for
Rural
Districts.

Various alternative schemes have been adopted or suggested to secure adequate provision. For example, midwives may practise as:—

- (a) Village midwives, usually married women, who are only partially dependent on their earnings;
- (b) Independent, well-trained midwives subsidised by the County Council.
- (c) Cottage nurse midwives.
- (d) Village nurses, fulfilling other functions in addition to midwifery.

(a) Village Midwives.

An intelligent village woman is selected, possibly a married woman, and sent to an Institution or elsewhere for training. The cost of training may be defrayed by the County Council or private benevolence, or in some cases the woman decides to obtain a training at her own expense. She subsequently settles down in her native village to practise.

(Continued from page 65).

registered medical practitioners to co-operate with the constituted authorities in helping to secure the strict and effective administration of the Midwives Acts.

"I am,

"Yours faithfully,

"DONALD MACALISTER,

"President."

(b) WARNING NOTICE.

"WHEREAS it is provided in the Midwives Act, 1902, and in the Midwives (Scotland) Act, 1915, that 'no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act.'

"And whereas it has been made to appear to the General Medical Council that certain qualified medical practitioners have, from time to time, by their countenance or assistance or by issuing certificates, notifications, or other documents of a kindred character, knowingly enabled uncertified women, on pretence that such women were under their direction, to attend women in childbirth, contrary to the law;

"And whereas such conduct is, in the opinion of the Council, discreditable to the profession of medicine, and calculated to defeat the purpose of the Statutes made in the public interest for the protection of mothers and infants;

"Notice is hereby given that any registered practitioner who is proved to have so offended will be liable to have his name removed from the Medical Register."

MIDWIFERY PRACTICE IN RURAL AREAS.

The *Glamorganshire* County Council, for example, provide 15 Midwifery scholarships a year. The arrangements made are as follows: A course of 22 lectures for midwifery pupils are given in Cardiff every term. These are attended by students from Glamorgan or Cardiff or by any other pupil midwives. In addition the County Council arrange for three lectures in housecraft, which include such subjects as infant feeding, cooking, bed-making, etc. Students attending these lectures enter for a competitive examination and the 15 best candidates are selected for the County Midwifery Scholarships. A Scholarship secures four months' residence at the Maternity Home of the Queen's Nurses in Cardiff. Everything is provided except uniforms. The pupils are expected to practise in the County for three years. Many of them are married women, colliers' wives, who settle down in the colliery towns and villages.

This plan has much to commend it when the midwife has been well chosen. Being a village woman herself she is accustomed to the difficulties and inconveniences of cottage practice. She is acceptable to her patients, who usually much prefer a nurse who is herself married and not too young, and she is content to make the village her permanent home. The disadvantages lie chiefly in the limited education of the midwife, and in the fact that she is one of the women themselves, with many of their inherited prejudices and domestic customs, which the short period of training given is unlikely effectually to eradicate. Particularly when the woman takes her training comparatively late in life (40-50 years) and has previously dabbled in midwifery as a "handy-woman," it is improbable that she will be able permanently to maintain the standard taught at her training school, and in her isolated position she is likely to relapse into some of her old ways. Further, she cannot easily separate herself from village cliques and gossip, and will probably be unable to effect much improvement in the practice of midwifery in the village as a whole.

(b) Independent Midwives subsidised by the County Council.*

The only certain way to obtain in a rural district an educated, well-qualified midwife who practises nothing but

* The Local Government Board are now prepared to pay grants in respect of the provision of a midwife for necessitous women in confinement, and for areas which are insufficiently supplied with this service. (Regulations, 1916).

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midwifery, is for the County Council or other body to guarantee her a minimum salary or to make a substantial contribution towards her income. For example, it has been suggested in one County that the Authority should pay each approved midwife 10s. a week and 2s. 6d. per case attended. Unless there is enough midwifery to keep her reasonably busy, the competent midwife is not likely to be content to remain in a village. Where there is a sufficient number of cases and her sphere of activity can be extended to several villages by means, perhaps, of a motor-cycle, her employment is likely to prove by far the most satisfactory arrangement possible from the point of view of the midwifery. The nurse is able to take a good social position, has enough work to prevent her getting rusty, is sufficiently well trained fully to understand the need for careful application of modern methods, and knows enough of the theory and practice of hygiene, domestic sanitation and infant welfare to give her patients much practical help, advice and individual teaching on these important matters.

(c) Cottage Nurse-Midwives.

These women are chosen mainly from the class to which their future patients belong. They are usually expected to live in the homes of their patients, cook the food and do the housework, as well as attend to the patient herself. The arrangement has decided advantages in that the mother is sure of continuous nursing and is relieved of domestic worry.

Such midwives are largely supplied through the agency of the Rural Midwives Association.

The Association provides free training, board and lodging during training, and part of the necessary uniform. The full period of training is 19 months, one year in a general hospital and 7 months midwifery. Pupils who do not seem likely to profit by the full training are given a short training lasting 7-12 months, which includes midwifery and some district nursing. The fees charged to Associations or individuals who send pupils are £28 for 7 months' midwifery (£22 in the case of pupils nominated by subscribers) and 10 guineas for the General Hospital training. For midwifery, pupils are sent to various training institutions, such as those at Plaistow, Derby, Bristol, or the Salvation Army Hospital.

All pupils must agree to serve for 3 years under any Nursing Association or Committee to which they may be sent by the Rural Midwives

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Association. After that they can work independently in some other part of the country if they choose. During the three years' employment, a minimum commencing salary of £20 is guaranteed and a rise of salary during the second and third years. 47 pupils entered for training in 1914 and 44 in 1915.

In this connection reference may also be made to the Holt-Ockley Cottage Benefit Nursing Association, which was founded in 1883.

Suitable women between 23 and 35 years are given six or seven months' training in district and maternity nursing, and in some cases training in midwifery in addition. The course includes "such elementary instruction as is given at ambulance classes in dressing wounds, bandaging, applying fomentations, poultices, leeches, etc. Also in the use of the clinical thermometer, enema apparatus and catheter, urine testing, noting pulse, moving the bedridden and feeble, preventing and dressing bed-sores, making the beds of patients, preparing invalid cookery, hygiene, and observation and noting down of symptoms." The nurses live in the homes of their patients, and undertake the ordinary work of the house (except washing) in addition to their nursing duties.

(d) Village Nurses fulfilling other functions in addition to Midwifery.

For various reasons it is often considered undesirable that a midwife should undertake other forms of nursing, but in practice, to arrange a combination of duties is often the only way of obtaining a sufficiently well trained and educated woman. If, for example, there are only 10-12 midwifery cases per annum in the area, some further occupation must be found for the midwife. She may undertake the ordinary district nursing of the village, she may act as School Nurse for the Local Education Authority, she may act as Health Visitor under the Notification of Births Act and as Tuberculosis Visitor for the Sanitary Authority. If her district is sufficiently small she may undertake all these duties. The convenience of such an arrangement to the mothers is patent, and the influence of the nurse in encouraging a healthy way of living should be considerable.

The Queen Victoria's Jubilee Institute for Nurses is the Institution mainly concerned with the training and employment of such nurses, and the following account of the arrangements made will be of interest.

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The object of County Nursing Associations in affiliation with the Queen's Institute is to improve the nursing of the sick poor in their own homes and to provide certified midwives:—

- (a) By encouraging the formation of local nursing associations affiliated to the County Association.
- (b) By ensuring an adequate supply of Village Nurses for such local associations by the systematic training of suitable women.
- (c) By regular inspection of the Nurses by the County Superintendent.

Queen's Nurses are supplied to towns of populations exceeding 3,000; Village Nurses to scattered rural districts only where it is impossible to support a Queen's Nurse.

The County Committee undertake to select, train and recommend suitable nurses, and to provide expert supervision of their work. Village Nurses employed by County Nursing Associations must be certified midwives under the Midwives' Act, and shall have twelve months' district and midwifery training; they are usually women of the county who, after training, return to work in the country districts, combining the functions of district nurse and midwife. This system was enquired into and approved by the Departmental Committee which reported in 1909 on the working of the Midwives' Act.

During their twelve months' training the candidates, besides a regular course of practical and theoretical midwifery, receive instruction in the principles of medical and surgical nursing, and nurse patients in their own homes under trained supervision. In addition they receive special instruction in the care of tuberculosis patients, and school children; they also are trained to act as Health Visitors under the Notification of Births Act, and attend Maternity Centres and Schools for Mothers.

The County Association undertake to train women as midwives, to give them additional instruction in sick nursing, and to supply such nurses to rural districts where Queen's Nurses cannot be supported. In return for their training the Village Nurses agree to serve the County Committee for a stipulated period, usually three years, and the Committee undertake to find the nurses employment during this time. On the completion of the training the County Superintendent guided by the report received from the Training Home as to her capabilities, recommends the nurse to one of the affiliated Associations in the County, and usually introduces the nurse to the district herself. The local Committee is responsible for the salary, uniform and maintenance of the nurse engaged by them. In some Associations employing a Queen's Nurse affiliated to the County a Village Nurse is also engaged, in order to assist with the midwifery and maternity nursing, but this work is undertaken on the same conditions as when the nurses are working alone.

The County Superintendent who must be a Queen's Nurse, approved by the Queen's Institute, is appointed by the County Nursing Association. She is responsible to the Committee for the maintenance of a good standard of nursing work throughout the County. Her duties include the interviewing and engaging of candidates, subject to the

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approval of the Committee, and arranging for their training and future work. She superintends the work of all the nurses affiliated to the Association, reporting to the County Committee and to the local Associations as to their efficiency. The Village Nurses are visited more frequently and she renders help to them in serious cases. She keeps a register and a record of the work of all the nurses connected with the County Association; they report to her once a month notifying the new cases. In some Counties an arrangement is made by which the appointments of County Superintendent and Inspector of Midwives under the County Council are combined. The arrangement has proved advantageous, as it reduces expenditure and unifies the nursing and midwifery work in the County.

Village Nurses are trained at Plaistow, Worcester, Three Towns (Devonshire), Leeds (West Riding), Tipton (Staffordshire), and Watford (Herts.). There are twenty-four County Associations in affiliation with the Queen's Institute in England, and the North and South Wales Nursing Associations embrace eleven Counties in the Principality.

No one scheme can be said to meet all conditions, the particular scheme or combination of schemes adopted must depend on local considerations. The essential point is that a competent midwife should be available for all women who desire her services, though the need for general nursing in the area should not be overlooked. Further, the position of the midwife should be sufficiently attractive to induce her to settle down in her district for a number of years. Only by so doing can she gain the confidence of her patients and neighbours and command the consideration that is her due.

The "handy-woman" in some districts is a formidable rival ^{The} "handy-woman." of the midwife, and it was suggested by an experienced County inspector of midwives that she should be subject to inspection. The proposal has much to commend it. There should be little difficulty in arranging for all women who are engaged occasionally, or habitually, in nursing women at the time of their confinements to be registered and also inspected by the Inspector of Midwives. No definite nursing qualification need be required, but the women should be expected to be cleanly in their persons and habits. Moreover, the liability to inspection would be a considerable check on a temptation to deliver the patient in a so-called emergency. A "handy-woman" is sometimes preferred to a midwife mainly because she is not subject to inspection; if she and the midwife were equally liable, the latter would more often be engaged.

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ADDENDUM.

The following notes based on an investigation in *Cardiganshire* commenced by the writer in 1916, may be of interest in this connection as an example of the conditions which obtain in a rural county.

Cardigan (population in 1914, 59,578) is an almost purely agricultural county. Attempts have been made to encourage lead-mining in certain districts, and these efforts now seem to promise success. Communication by rail or other means is bad in most parts of the county. The climate is damp, the prevailing south-west winds bringing a great deal of rain. The soil is said to be cold and damp and to retain moisture. Housing is unsatisfactory in many parts of the county. Cottages are often built of porous stone which is damp and not durable, earth floors are common, there are no damp courses except in the newer cottages, the windows are small and often do not open. The cottages are frequently partly ceiled and have badly lighted and ventilated lofts. In some districts a better type of cottage is being put up, but the Rural District Councils do not seem anxious to undertake housing schemes, and cottages which should be condemned are often allowed to remain inhabited as there is no alternative accommodation available.

The people are said, as a whole, to be temperate, thrifty and religious. They are fond of their children, especially in country districts, and large families are common. They are also ignorant, prejudiced, conservative, and do not accept new standards of hygiene, etc., at all readily. Wages are said to have improved and to average, say, 18s. to £1 a week, while in country districts a smaller proportion of the wage is paid in kind than formerly. The diet is often inadequate and, in the case of the women, is said to consist largely of tea and bread and butter. Little meat is eaten, and less bacon than formerly.

There is considerable inter-marriage in villages, especially in the north. There is much emigration among the younger men to London or the South Wales mines. It is not uncommon for a man to take a small farm and leave his wife and children to manage it while he spends the greater part of his time at the mines. Along the coast many of the men go to sea.

Women are frequently employed on farm work, though to a less extent than formerly. They undertake milking and dairying, and in some cases the entire charge of the cows. They also assist at harvest times, plant potatoes, etc.; they seldom attempt ploughing or harrowing. Farmers' wives are often extremely hard-worked, and it is not uncommon for them to continue their work during nearly the whole of pregnancy.

The marriage rate (11.7 in 1913) is low. The birth rate is also low (17.9 in 1911, 17.8 in 1912, 16.2 in 1913, 15.6 in 1914). This is said to be due largely to the prevalence of emigration and also to the fact that a large proportion of the people are old or elderly. The infant mortality rate shows considerable variation: (1906, 108; 1908, 104; 1909, 121; 1910, 93; 1911, 124; 1912, 82; 1913, 114; 1914, 77).

The County Medical Officer of Health and School Medical Officer is Dr. Rees W. Rees. Since March, 1916, when the Notification of Births Act was adopted, he has had the services of two whole-time nurses who give half their time to school work and half their time to home visiting under the Act. A third nurse is employed by the Aberystwyth Town Council for school inspection and for work under the Notification of Births Act. She also nurses at the Isolation Hospital. The only hospital accommodation (apart from the workhouses) in the county is the Infirmary at Aberystwyth. This has 24 beds (9 for men, 13 for women, and two cots). No lying-in cases are taken, though abnormal cases would probably be admitted if the doctors so desired.

District Nursing.—There is no County Nursing Association, but there are four local associations, the Aberystwyth Association which employs three nurses, two of whom are qualified midwives; Lampeter Association, one nurse, a qualified midwife; Cardigan Association, two nurses, both qualified midwives; Rhyd Lewis, one nurse, qualified midwife. These Associations are all supported by voluntary contributions and patients' fees and receive no grant from the Local Authority.

Twenty-five midwives notified their intention to practice in 1915. Of these, 8 were certified and 17 were *bona-fide* midwives. The certified midwives are usually nurses employed by Associations. It is impossible for a midwife to make a living from the practice of midwifery alone. In the country districts most of the midwifery is carried out by doctors assisted by *bona-fide* midwives, or more commonly by handy-women. Doctors are often engaged for primipara, but otherwise only come in abnormal cases, and are then not infrequently late owing to the long distances. In normal cases it is the custom for the doctor to be present at the time of birth only and not to visit again unless sent for. The handy-women are extremely ignorant in their methods. They usually take no steps to wash or attend to the mother, at any rate for several days. They wash the baby, but as regards clothing, feeding, etc., they know little or nothing. They are paid 5s. or 6s. a week and attend for two, or sometimes three weeks.

MIDWIFERY PRACTICE IN RURAL AREAS.

Midwives' fees vary from 5s. or 10s. to 15s. or even £1 in well-to-do cases. Midwives not employed by Associations frequently undertake monthly nursing in addition to midwifery. There are no arrangements by which the doctors' fees are paid in cases where medical help is called in by a midwife.

There does not seem much endeavour artificially to limit pregnancy. Miscarriages are fairly common among farmers' wives, etc., and may possibly be attributed to their active lives and habit of continuing their ordinary work while pregnant. Illegitimacy is less common than formerly. It is said that babies are not infrequently born three or four months after marriage, but the number of illegitimate babies is not large. For instance, among the cases visited by the nurses under the Notification of Births Act since March there have been 13 illegitimate babies out of 198. At Aberystwyth Workhouse there have only been 6 illegitimate babies during the past 6 years. The midwife employed by the Aberystwyth Association has had the care of eight illegitimate babies out of 321.

The mothers are evidently exceedingly ignorant of all matters of infant hygiene. Breast feeding, even for a few months, is only found in about one-half of the cases. This is said to be due either to laziness or because the practice interferes with the mother's work. In other cases the milk is said to disappear, and it is possible that the unsatisfactory diet has a great deal to do with this. Also the fact that there is seldom anyone to give instructions in proper methods of breast-feeding.

Hand-feeding is often carried out by means of the old long tube-bottle. Boat-shaped bottles are becoming more prevalent, but the mothers find them so much more trouble than the tube-bottles that, though they may possess them, they do not always use them. If a mother has to go to work she prefers to leave a tube-bottle with the baby, possibly in charge of another child, so that the baby can take its food when it wants it. Cow's milk, either raw or diluted, is usually tried. If this is not successful, condensed milk is common and dried milk is said to be coming more popular. There is also much ignorance and conservatism as regards clothing, cleanliness and fresh air, etc.

Particulars were obtained from the Registrars in the Administrative County of Cardigan of 316 deaths of infants under 12 months, which occurred during 1913, 1914 and 1915. Of these deaths 164 occurred during the first month of life; 63 during the second and third months (that is 227 under three months); 41 during the fourth, fifth and sixth months; and 48 during the seventh to the twelfth month. Of the 164 deaths which occurred in the first month, 82 occurred during the first week, 16 in the second week, 18 in the third week, and 48 in the fourth week. Thus, of the total number of deaths of children under one year of age, one-half occurred during the first month, and one-quarter occurred during the first week.

The causes of death during the first year were as follows:—

| | |
|--|----|
| Prematurity, Immaturity, Debility, etc. | 93 |
| Convulsions | 77 |
| Bronchitis, Pneumonia | 59 |
| Diarrhoeal Diseases | 34 |
| Injury at Birth | 6 |
| Other causes | 47 |

316

In view of the high mortality during the first month the causes of death during this period may be separately analysed.

| | 1st week | 2nd week | 3rd week | 4th week | Total |
|--|-----------|-----------|-----------|-----------|------------|
| Prematurity, Immaturity, Debility, etc. | 69 | 6 | 7 | 9 | 81 |
| Convulsions | 15 | 5 | 3 | 17 | 40 |
| Bronchitis, Pneumonia | — | 1 | 1 | 8 | 10 |
| Diarrhoeal Diseases | — | 1 | 3 | 7 | 11 |
| Injury at Birth | 4 | — | — | — | 4 |
| Other Causes | 4 | 3 | 4 | 7 | 18 |
| Total | 82 | 16 | 18 | 48 | 164 |

It will be noted that prematurity, debility and convulsions account for 121 of the deaths during the first month, that is more than two-thirds of the total number. These terms are all somewhat vague and indicate no precise medical diagnosis. They are convenient to use when the exact cause of death has not been ascertained, possibly because the doctor has not been called in soon enough, or because facilities for an extensive examination or inquiry were not available. The large number of deaths attributed to these causes, especially during the first week of life, emphasises the great need for skilful midwifery and subsequent intelligent care and nursing of the child, a need which cannot be met in a county such as this, where medical practitioners are scarce, trained midwives are few, and ignorance is rife, without some special organisation.

CARE OF MOTHERS AND LITTLE CHILDREN.

VI.

MATERNITY HOMES.

Importance
of a
satisfactory
environment
for
midwifery
cases.

It is not yet sufficiently realised, even by medical practitioners, that childbirth should be conducted in a manner which is "clean" in a surgical sense. In the case of a surgical operation, every responsible person realises that ordinary cleanliness is not sufficient to prevent the risk of infection. In a well-managed lying-in hospital care is taken to adhere strictly to rules similar to those drawn up for the management of an operating theatre, but in a private house a confinement is regarded as an ordinary illness and the preparations made are often insufficiently careful. In most houses it would be difficult and laborious to make really adequate preparations for a confinement. In a large number it is wholly impossible, and the fact that so many cases terminate favourably, in spite of an unsatisfactory environment, tends to encourage a certain toleration in the mind of doctor or midwife of conditions which do not offer even the minimum of necessary comfort and cleanliness. Dirt and squalor, associated perhaps with insufficiently skilled treatment, are likely to exercise a deleterious influence on the mother and child at this time, and may contribute, in some degree at least, to the extremely high mortality which occurs during the first week of infant life.

Even apart from real poverty, the accommodation in many reasonably clean and well-kept working-class homes is wholly inadequate for a well-conducted labour and lying-in. But however bad or inconvenient the home conditions may be, the mother has usually no choice. There is no place other than the workhouse to which she can go. In large towns she may be able to obtain admission to a maternity hospital, though the beds here are often largely reserved for abnormal cases. In small towns and rural districts nothing is likely to be available. The fact that the beds in a maternity hospital are rarely empty, and that more applications are always received than can be granted, suggests that there would be no dearth of patients if the accommodation were increased. The women are

MATERNITY HOMES.

naturally conservative and many would rather remain in their own homes, no matter how great the discomfort, than go to a hospital. Others, however, greatly appreciate the value of the skilled nursing provided and would welcome the opportunity of going to a hospital, particularly if help could be given in making arrangements for the home to be looked after during the mother's absence. There seems to be a distinct need for an increased number of maternity homes on simple lines, established primarily with a view of helping the mothers rather than of training midwives.

Maternity Homes might suitably be founded in small towns or in populous urban districts. They should be reasonably near the homes of the majority of their respective patients. A special building need not be erected. An ordinary large house would be suitable, provided that ventilation, sanitation, etc., were sufficiently good. Six to twelve beds would probably be a convenient number. The furnishing and equipment should be of the simplest character consistent with good midwifery. Patients may be accommodated in small wards, but provision should be made for the isolation of a case when necessary.

The Maternity Hospital founded by the Alexandra Nursing Association in Plymouth is an instance of an Institution of this type. The Hospital was opened in October, 1914, by the Soldiers' and Sailors' Families Association, mainly with a view to aiding the wives of soldiers and sailors. The first house was able to accommodate 6 patients, but an adjoining house was subsequently taken and the accommodation doubled. The Hospital is equipped with great simplicity but it provides all that is necessary. Patients pay 15s. to a guinea a week according to their circumstances.

The matron considers one addition to the activities of the Hospital most desirable, namely, a resident crèche for the children of the patients during their stay in the hospital. In many cases women who would like to be admitted are unable to come, because they have one or more little children who cannot be left at home, and they are unable to find a neighbour or relative who will take charge of them. The services of "home helps" would not meet this difficulty as the mothers do not like to leave an unknown woman in charge of their homes while they are absent.

A Maternity Home should be in charge of a competent matron, herself a trained midwife, and medical assistance should be available in case of need. The nursing staff would depend on the number of cases attended and particularly on

CARE OF MOTHERS AND LITTLE CHILDREN.

whether cases were attended in their own homes as well as in hospital. Medical practitioners or midwives might be given the option of attending their own patients in the Home if they so desired. Other patients would be attended by the ordinary staff. The Home should not compete with local doctors or midwives, but should aim at close co-operation with them.

The Home should be available for normal as well as abnormal cases. Fees should be charged which might vary according to the patient's income, and according to whether she was treated by her own attendant or by one of the Home midwives. It might be possible to make separate charges for maintenance and midwifery, the maintenance charge being paid to the Home whoever was in charge of the case. There should be no under-selling of midwives practising in the district.

A Maternity Home might be provided by the Local Sanitary Authority or it might be established and supported by voluntary effort. In any case it is most desirable that it should be closely associated with the Authority, and under the general supervision and inspection of the Medical Officer of Health. Even in a voluntary Home, the Authority might desire to reserve a certain number of beds for necessitous or abnormal cases. The Home should, if possible, possess a motor ambulance for the convenience of patients living at a distance, and for use in case of emergency.

The Home should not be an isolated unit. Its value would be largely increased if it were associated with any or all of the following activities:—

(a) an *Ante-natal Centre*, available not only for intending patients, but for other women in the neighbourhood;

(b) a *School for Mothers*, or Infant Welfare Centre, also available for any women who desire to attend;

(c) a system of *Home Helps*, qualified to do the work of the house during the mother's illness;

(d) a small *Resident Nursery* for the children below school age of patients in the home;

(e) *Post-graduate Classes* for the midwives of the district.

MATERNITY HOMES.

Another institution which may usefully be associated with a Maternity Home is a Pre-maternity or Rest Home, where expectant mothers can spend the last few days or weeks of their pregnancy. Such a home is needed, partly for the sake of women who require special observation or treatment, and also for women who for some reason have no home to go to and cannot continue their usual work during the later period of pregnancy. The Rest Home should be in the near neighbourhood of the hospital or institution in which the women will be confined; it should be simply furnished and equipped, and where possible should possess a garden in which the women can obtain fresh air and exercise under conditions of privacy. Such a home has lately been established in Liverpool in connection with the Maternity Hospital.

Conclusions.

In reviewing the conditions under which midwifery is now practised in this country, three main conclusions emerge; *first*, that a large proportion of midwifery practice is, and is likely to remain, in the hands of midwives; *secondly*, that the midwives as a whole are not sufficiently well educated and trained to do justice to the heavy responsibilities which devolve upon them; and *thirdly*, that the midwives are not properly distributed in urban and rural districts.

This position is clearly unsatisfactory, and is inevitably prejudicial to the health and well-being of numerous mothers and infants. For many reasons it is neither desirable nor practicable to attempt to dispense with the services of midwives; thus the only alternative available would seem to be so to improve their technical capacity that they may become of true economic value to the State. For this it is necessary, (*a*) to attract well educated women to the study and practice of midwifery; (*b*) to provide a training which is sufficiently prolonged, thorough and comprehensive to fit them to carry out their subsequent work with due skill and judgment; and (*c*), with the assistance of Local Authorities, to secure for them a position consistent with the dignity to which their profession

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should entitle them, and a wage commensurate with the exacting and arduous mode of life which they are called upon to follow.

The end desired cannot be attained immediately, nor can it be secured without the co-operation of the midwives themselves, but it seems of vital importance that the claims of the midwives, and thus indirectly the needs of their patients, should not be forgotten or disregarded by those responsible for the initiation or administration of schemes for the promotion of infant and maternal welfare.

PART II.
VOLUNTARY WORK FOR INFANT WELFARE.

Introductory.

As in many other branches of educational and social reform, a large measure of the best pioneer work in regard to infant and child welfare has been carried out by means of Voluntary Agencies. Voluntary workers led the way and marked out the path now being followed by central and local authorities. They stimulated and educated public opinion. They formed associations, they created many admirable institutions and raised considerable sums of money for establishment and maintenance. They enlisted recruits in all parts of the country, they filled them with enthusiasm and taught them high ideals. The energy and persistence exhibited by voluntary workers are now finding a reward in the widespread acceptance of the principles and methods which have seemed to them fundamental, and in the recognition by the State of the claims of mothers and children for teaching, assistance and protection. The lesson has been driven home by the circumstances of the war and the obligations now generally admitted are not likely again to be set on one side.

The present time is a period of transition for Voluntary Associations. The State grants available are largely intended to encourage Local Authorities to take action, and supported and stimulated in this way many Authorities have in fact undertaken schemes of maternal and child welfare which would have been almost unthinkable a few years ago. Voluntary Associations on the other hand find their work in many ways less easy to carry on than before the war; money is often more difficult to obtain and even though assisted by grants in aid from the Government, many organisations are barely able to make ends meet. Again, the call for war work of various kinds has depleted the number of available workers and this adds to the perplexities of those who remain. In some areas voluntary institutions have been absorbed by the Local

The
Contribution
of Voluntary
Agencies.

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Authority into a general scheme, and in such cases the voluntary element may be either entirely displaced or permitted to continue responsible for a part only of the general activities. Whether Voluntary Associations for infant welfare will eventually disappear or whether they will be strong enough to continue an independent existence and fill a place which no purely official organisation can do—even though it may not be precisely the place they at present occupy—remains to be seen. In any case it seems fitting that the admirable work which has been accomplished by this means should be placed on record at the end of the period of free voluntary activity during which, though little assisted, it has been little hampered by official control.

The institutions for infant and child welfare established during the past ten years by voluntary means fall into three principal groups, (i) Schools for Mothers, Infant Welfare Centres, Babies' Welcomes, etc. (ii) Day Nurseries (Crèches), and (iii) Nursery Schools. It will be useful to discuss each of these groups in detail.*

* Maternity Centres and Baby Clinics will not be mentioned in this section of the Report except incidentally. The term "Maternity Centre" has at times been somewhat loosely applied to Infant Welfare Centres or Schools for Mothers, which undertake a certain amount of ante-natal work, mainly in the form of advice to the expectant mother. It is here understood to mean the properly equipped centre, staffed by suitably qualified medical officers and nurses, at which the expectant mother can be fully examined and professionally advised in regard to her approaching confinement. "Baby Clinics" are understood to provide systematic treatment for ailing children under school age. Both types of institution are as a rule, more suitably provided by a Local Authority, or in connection with a hospital than by a Voluntary Association.

I.

SCHOOLS FOR MOTHERS* AND INFANT WELFARE CENTRES.

The School for Mothers had its origin in the "Goutte de Lait" and the "Consultation des Nourrissons." In England one result of these organisations was the establishment of Milk Depôts, a second was the development of the School for Mothers. Milk Depôts, with one exception, have been organised and financed by Local Authorities and will only be discussed here in so far as they are concerned with the beginning of Schools for Mothers.

Consultation des Nourrissons.—In 1890 Professor Herrgott founded "L'Oeuvre de la Maternité" at Nancy; infants born in this institution were brought up for medical examination one month after birth, a small sum of money being given to the mother if the condition of the infant was satisfactory. In 1892 Professor Budin established the first "Consultation des Nourrissons" at the Charité Hospital, Paris. He subsequently founded two others, and his example was followed by various medical men in Paris.† Consultations des Nourrissons were either attached to Maternity Hospitals for the purpose of maintaining supervision over the children born in the institutions or were organised as independent centres available for any women who chose to attend. In both cases the mothers were invited to bring their children once a week for examination by a doctor. The infants were regularly weighed. The importance of breast feeding was always emphasised, and relatively few infants were hand-fed, though sterilised milk might be supplied if absolutely necessary.

The *Goutte de Lait* was founded primarily for the benefit of infants who for some reason could not be breast-fed and were not thriving on artificial food. Breast-feeding was encouraged, but most of the infants were bottle-fed. The business of the *Goutte de Lait* was to supply pure milk in suitable

* It will often be convenient to use the term "School for Mothers" to include Infant Welfare Centres, Mother Welcomes, Babies' Welcomes, etc.

† For further information see "Infantile Mortality and Infants' Milk Depôts," by G. F. Macleary, M.D., 1905.

Development
of Schools
for Mothers.

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dilution and quantity. The first was established by Dr. Dufour at Fécamp in 1894, and his example has been largely followed both in France and Belgium. All children attending the Goutte de Lait were subject to systematic medical supervision, and in many cases the milk was only supplied on condition that the child was brought up regularly to be examined by the doctor in charge.

Milk Depôts. In 1899, at the instigation of their Medical Officer of Health, Dr. Drew Harris, the St. Helens Corporation appointed a committee to visit the Goutte de Lait at Fécamp, and the result of this visit was the establishment at St. Helens of the first Infants' Milk Depôt in England. The example was soon followed in other towns, such as Liverpool, Ashton-under-Lyne, Battersea, Leith, Bradford, etc. These Milk Depôts differed from the original Goutte de Lait in that they provided pure milk suited to infants of varying ages, but undertook little, if any, actual supervision of the children who consumed the milk.

The Finsbury Milk Depôt. In 1904 a Milk Depôt under voluntary management was established in Finsbury by the Social Workers' Association through the influence of Dr. (now Sir) George Newman, then Medical Officer of Health of Finsbury, who acted as Honorary Secretary of the Medical Committee. This was a direct forerunner of the Schools for Mothers: It was "intended that the Depôt should be both a remedy and a school—a remedy by supplying suitable nourishment to infants debarred from natural mother's milk, and, where necessary, a school of infant management."*

The work was undertaken by a voluntary committee of medical men, assisted by some lady visitors, and the object was to establish a Depôt under proper control and in a fully effective way for a few children, rather than to organise a larger institution on less satisfactory lines for a considerable number. The Committee were anxious to deal with individual babies; to supply milk only when the infants could not be breast-fed; to maintain under medical supervision not only the management of the Depôt, but also the babies themselves and, finally, to secure absolute control of the milk provided by the Depôt.

* Special Report on an Infants' Milk Depôt, by George Newman, M.D., 1905.

SCHOOLS FOR MOTHERS AND WELFARE CENTRES.

Satisfactory arrangements were made for the milk to be supplied from a farm in Essex, the milk being modified immediately after milking and sent to the *Depôt* in sealed bottles. The *Depôt* consisted of two rooms, one a waiting room and dressing room, the other a weighing room and store room. Applications for milk were made through medical practitioners, hospitals, sanitary inspectors, nurses, etc., and on the following Wednesday the infant was brought to the *Depôt* to be medically examined and weighed, the particulars being entered in the record book. After this the child had to attend once a fortnight for weighing and examination, otherwise no milk was supplied. No medicine or treatment was given. Each child was visited in its own home once a week, and in some cases more frequently, so that direct personal influence was brought to bear upon the mother and homely advice and teaching were given.

Shortly after this experiment infant consultations began to be established in London and elsewhere. The St. Pancras School for Mothers was founded in 1907. This was an entirely voluntary institution. It was controlled by a strong committee, and received the whole-hearted support and assistance of Dr. Sykes, the Medical Officer of Health of the Borough.

The
St. Pancras
School for
Mothers.

The work of the school included the following departments:

1. Infant Consultations.
2. Dinners for Nursing Mothers.
3. Classes.
4. Provident Maternity Club.
5. Home Visiting.
6. Fathers' Evening Conferences.

The *Consultations* were originally limited to infants under twelve months. (The scope has gradually been extended to include all children under school age.) Infants were weighed and examined by a doctor, and the mother was advised as to the feeding, clothing, hygiene, etc., of the baby. Case papers were drawn up, and records of progress were kept.

Dinners for nursing and expectant mothers were provided at a charge of 1½d. They were given with a view to promoting breast-feeding, from three months before the child was born until nine months afterwards.

The *Classes* included cookery, cutting out and sewing, and lessons in subjects bearing on the health of mother and child.

The *Maternity Club* was a means of encouraging thrift, so that the mother might have some money in hand at the time of her confinement.

Home Visiting was carried out by the Superintendent, who followed

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up special cases where teaching was needed for the purpose of giving the mother practical advice and demonstration.

Fathers' Conferences were organised in order to stimulate the interest of the father in the physical welfare of his wife and family.

The example of the St. Pancras School for Mothers has been followed in all parts of the country, and since 1914 there has been an endeavour to organise ante-natal clinics and maternity centres in addition to the original type of institution.

Grants in aid. In 1907 the St. Pancras School for Mothers made application to the Board of Education for the recognition of classes in sewing, hygiene, etc. The Board agreed to recognise and pay grants in respect of such classes under their Technological Regulations, and in this way began the association of the Board with Schools for Mothers. The number of Schools for Mothers desiring recognition of their class instruction steadily increased, but the grants earned were small, and it soon became evident that regulations intended for Evening Schools were ill suited to Schools for Mothers. Further, the education given by the School for Mothers was clearly not limited to the organised classes, but was an inseparable part of the whole of the work.

Early in 1914 the Government determined that the time was ripe for a revision of the conditions under which they aided Schools for Mothers. The Chancellor of the Exchequer (Mr. Lloyd George), in his Budget speech on May 4th, 1914, announced that his general schemes for devoting increased sums to the provision of education, included the provision of adequate grants for Schools for Mothers. It was subsequently decided that the grants which the Board of Education had hitherto made should be extended in scope and amount, and should be available for the whole of the work carried out by the School for Mothers (as defined in the Board's Regulations), and not merely for the more formal classes or lectures. These grants were to be based on the actual cost of managing the school, and were to be equal to 50 per cent. of approved expenditure.* Shortly afterwards the Local Government Board issued Regulations providing similar grants in aid of Maternity Centres, Baby Clinics, Infant Welfare Centres, etc., where the

* Regulations under which Grants to Schools for Mothers in England and Wales will be made by the Board of Education during the year ending on the 31st March, 1915.

SCHOOLS FOR MOTHERS AND WELFARE CENTRES.

primary consideration was health and treatment, and not education.* Such institutions usually fall within the province of the Local Authority rather than the Voluntary Association.

The development of Schools for Mothers, Infant Welfare Centres, etc., has been greatly aided by the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy. This representative body has already a noteworthy record of service. It has done much to make known the urgent need for a general campaign on behalf of infant welfare, and to stimulate and encourage the voluntary worker. It has organised conferences; it has arranged courses of lectures and addresses; it has been responsible for mothercraft exhibitions. The office in London has acted as a central information bureau, and the resources and experience of the Association have always been readily available for those desiring advice or guidance. Further, an infant welfare workers' Employment Bureau has now been formed, where applicants for posts are registered and given assistance in obtaining suitable appointments.† The total number of institutions now affiliated to the Association is 261; this includes not only Schools for Mothers, but all other types of voluntary institutions for Maternal and Infant Welfare.

Such is the brief history of the development of Schools for Mothers as they exist at present, and it will be of interest to describe some typical institutions in order to demonstrate the work of which these voluntary organisations are capable. The schools selected may be looked upon as representative; but they do not stand alone, and equally valuable work is being carried on at numerous other centres.‡

The purpose
of Schools
for Mothers.

* Regulations under which Grants will be paid by the Local Government Board in aid of Maternity and Child Welfare Work.

† It is hoped that before long a National Institute of Mothercraft may be established in connection with the Association. An influential Committee is responsible for the initiation of the scheme. It is proposed to found in London an Institute which shall serve as a model for all activities associated with Infant Welfare and as a training school for students and voluntary workers. The practical work will be illustrated by a School for Mothers, Infant Clinic, Day Nursery, Nursery School, etc.; there will be an observation ward for resident babies and facilities for laboratory research.

‡ See list of Voluntary Institutions, Appendix B. The Centres described in this report are those which include the education of the mother among their various activities. Infant Welfare Centres, etc., which undertake no systematic teaching are usually similarly organised as regards Infant Consultations, Home Visiting, and so forth.

CARE OF MOTHERS AND LITTLE CHILDREN.

Before, however, dealing with these institutions, it will be well to refer briefly to the principles underlying their foundation and purpose. There is first the problem to be met, and there is secondly the character of the means suggested for its solution. The problem to be met is partly maternal and partly the welfare of infancy. The greatest need of maternity is probably the knowledge and training necessary to give a clear apprehension of the proper way to rear and care for the infant, and at the same time to safeguard the health of the mother. It is the absence of this knowledge which leads to much of the present insufficiency of motherhood, and to much, though not all, of the preventable mortality of infants. There is no doubt about the existence or indeed the simplicity of this problem, which is widespread and in urgent need of remedy. The solution is also relatively speaking simple, but it must be put widely into practice to yield its result. The remedy suggested is to provide a practical homely training by three specified methods, viz. :—

- (a) advice as to infant management at a *consultation*;
- (b) instruction by suitable *class work*; and
- (c) appropriate *home visitation*, to secure uniform and effective practice.

The North Islington Maternity Centre and School for Mothers.

The North Islington School for Mothers was established in November, 1913, by a voluntary committee. The first step was to arrange for infant consultations. This was followed by the organisation of voluntary and professional visiting and the commencement of a sewing class. In November, 1914, it was decided to start an ante-natal clinic. Until January, 1915, the school had been accommodated in various mission halls, but in view of the rapidly increasing number of mothers in attendance, it became necessary to secure more permanent and adequate premises. A house in Manor Gardens was therefore rented, and in July, 1916, the adjoining house was also taken, communication being established between the two houses.

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The activities of the school have steadily increased, and at the present time it is open every day for the following purposes :—

| | | | | | |
|-----------|-----|------------------------------|-----|-----|-----------------|
| Monday | ... | L.C.C. Dental Clinic | ... | ... | 9.30 to 12 a.m. |
| | | alternate Mondays | ... | ... | 2 to 4 p.m. |
| | | L.C.C. Lectures to Midwives, | | | |
| | | alternate Mondays | ... | ... | 2 to 4 p.m. |
| Tuesday | ... | Babies under 2 years of age | ... | ... | 2 to 4 p.m. |
| | | Children 2 to 5 years of age | ... | ... | 2 to 4 p.m. |
| Wednesday | ... | Expectant Mothers | ... | ... | 2 to 4 p.m. |
| | | Sewing Class | ... | ... | 2 to 4 p.m. |
| | | L.C.C. Dental Clinic | ... | ... | 9.30 to 12 a.m. |
| Thursday | ... | L.C.C. Dental Clinic | ... | ... | 9.30 to 12 a.m. |
| | | Babies under 2 years of age | ... | ... | 2 to 4 p.m. |
| Friday | ... | Babies (with ailing mothers) | ... | ... | 10 to 12 a.m. |
| | | Babies under 2 years of age | ... | ... | 2 to 4 p.m. |

The Superintendent is on duty every morning, and is able to see mothers who desire her advice for urgent matters.

The staff includes three visiting women medical officers. ^{Staff.} There are five whole-time nurses, including the superintendent and assistant superintendent. There is also a paid secretary and 37 voluntary workers, of whom 21 act as visitors.

The premises now consist of two adjoining semi-detached ^{Premises.} houses which stand in a fair-sized garden. Two large rooms on the ground floor of the houses have been thrown into one, they are separated by sliding doors, and form an excellent assembly room for lectures, social gatherings, etc. Separate weighing rooms and consultation rooms are available, and the accommodation is now convenient and suitable in every way. A shed in the garden provides shelter for perambulators.

Consultations are held on Tuesday, Thursday and Friday ^{Infant Con-} for children under 2 years of age, and on Tuesday for children ^{sultations.} between 2 and 5 years. Children whose mothers are themselves ailing are brought on Friday morning, in order that the doctor may have time to discuss the mother's own health as well as to give advice in respect of the child. Weighing is carried out by two nurses assisted by voluntary workers. All babies are weighed without their clothes and the weights carefully recorded. The doctor does not see every baby, but the nurse sends to her all new babies and all those who are not making satisfactory progress, as well as any others she thinks desirable.

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The doctor may advise various foods and simple drugs such as malt, Marylebone cream, grey powders and citrate of soda. These are sold to the mothers at cost price, together with tooth-brushes, bottles, bath-thermometers, etc. Infants attend once a week for the first few weeks and afterwards once a fortnight.

Home
Visiting.

An endeavour is made to get into touch with every mother once a month, either in the home or at the Centre, and for the home visits professional and voluntary visitors are employed. The doctor indicates which babies she thinks should have a professional visit, and the Superintendent allocates the remainder to the professional and voluntary visitors respectively. The voluntary visitor's work consists largely in ascertaining why mothers are not attending regularly. If a mother says she does not intend to come, a professional visit is paid, and if the mother still persists in her refusal her name is taken off the books. Great value is attached to the voluntary visiting, as if the right visitor can be found she forms a certain friendship with the mother which cannot so readily be established between the nurse and the mother, although the nurse can accomplish many things which the voluntary visitor finds it impossible to do.

Classes.

A *Sewing Class* was organised shortly after the establishment of the school. It has been found that the women prefer a somewhat informal class where they are shown how to make what they actually need at the moment. A special teacher is employed, and voluntary workers assist her both with the needlework and in taking care of the babies. A special point is made of teaching the women to make use of old garments, and especially old stockings. Mothers unable to come to the regular sewing class on account of home ties can obtain advice from the worker in charge of the needlework stall, who comes four or five afternoons a week and is always ready to demonstrate patterns, etc.

The clothing stall, in connection with the sewing class, enables mothers to buy simple ready-made garments or material at cost price. Paper patterns for various model garments designed by the school are available, together with instructions for knitting garments and for washing knitted and flannel

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clothes. Mothers can pay for garments in a lump sum or by an instalment system.

Health Talks are given by the superintendent during a consultation afternoon. These deal with various subjects of domestic and personal hygiene. In addition, several ladies explain to groups of mothers points referred to by the doctor at the consultations, particularly in regard to the diet of the children. Typed recipes for cheap food are given to the mothers, and many demonstrations have been given in Hay-box cookery.

The records of the Centre are kept by means of a card index system. Case papers take the form of cards—pink for girls, blue for boys, grey for the expectant mothers, and white for the visitors. These cards are of the same size as those used by the London County Council for medical inspection. On the front of the card is information relating to family circumstances and health history; on the back are notes made by the doctors. A chart of the child's weight is attached to the case paper. A summary sheet is made out for each case paper which gives the numbers of consultations, weighings, attendances, morning calls and visits paid in respect of that particular child for each quarter of the year. The expectant mother's card is attached to that of her baby when it is first brought to the Centre.

Visitors are supplied with a card showing the advice given by the doctor, and the general circumstances of the family, together with a list of suggestions and points on which the doctor wishes information. They note the result of the visit on this white card, which is available for the doctor at the consultation.

Ante-Natal Consultations are held once a week. This part of the work is carried out almost entirely by the professional staff of the school. General advice is given to the mothers, who, when necessary, are recommended to go to a hospital. Their homes are visited by a nurse from the centre.

An endeavour has been made to secure the co-operation of the midwives in the neighbourhood. The local Midwives' Association has been revived, and now holds meetings at the school. A course of lectures arranged by the London County Council is being held during the winter of 1916-17. The Committee are anxious that the midwives should realise that the aim is not to interfere with their practice, but to give them, as well as their patients, friendly assistance.

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Home Helps.

A Sub-Committee was formed in March, 1916, to organise the Home Helps Department.* The Queen's Fund had paid for some women to be trained as Home Helps at the Queen's Work-rooms. The Committee were asked to give these women a practical training for three months at the school, and in the homes of the mothers. Seven women were so trained, and the school then arranged to retain four of them permanently.

The Home Helps are not trained nurses or midwives. They do the work of the house when the mother is ill, they wash the children, cook the meals, wait on the mother and keep the home clean. They are not allowed to undertake any nursing duties. The Committee have found the work of these selected women highly satisfactory, as they introduce into the houses the spirit of the teaching given at the school. Each Home Help is paid a regular wage (12s. 6d. a week plus 2s. 6d. war bonus), and the mothers pay according to their circumstances from 7s. to 15s. a week. In their free time the Home Helps are employed at the centre in cleaning, sewing, etc.

A room has been fitted up as a *surgery* for the treatment of minor ailments and for the instruction of the mothers in such treatment. Children suffering from discharging ears, for example, attend regularly, and some children suffering from rickets or paralysis come for massage.

Mothers are instructed in giving *test feeds* to their babies, weighing them before and after the meals. Scales are lent for this purpose, as it is found that the test feeds are more satisfactory when conducted at home. It is proposed to use one large room as a ward. At present it contains one cot only. It is hoped later to take babies suffering from malnutrition, etc., and to use the ward as a means of educating the mothers in infant management.

Dinners for expectant and nursing mothers are provided by the Invalid Kitchens of London, which rent four rooms at the school.

In October, 1916, the London County Council arranged to use the school as a *dental clinic* for elementary school children on three mornings a week. One of the nurses is employed to attend the dentist and undertake the keeping of records. The work is under the supervision of the superintendent.

The school, which owes its success largely to the untiring efforts of the honorary secretary, aims at teaching the mothers to care for their children and at the prevention of illness and disease among the children and the mothers themselves.

* The Sick Room Helps Society which first organised the Home Helps, was founded in Whitechapel, about 20 years ago.

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Stockport School for Mothers and Babies' Welcome.

The Stockport School for Mothers was opened in April, 1914, by a representative committee, and affords another excellent example of a voluntary institution. In many ways it is similar to the centre already described, but there are some points of difference, and an account of the arrangements may be of interest. The headquarters of the school are at Churchgate House. This house is most suitable for the purpose; it is situated near the centre of the town, and has the advantage of a large garden. Besides the consultation room, etc., it contains three nurseries, two for babies and one for older children, and the room used for weighing and lectures can seat 80 people if necessary. The kitchen can be used for cookery classes. The garden has a sand-pit, and in summer, while their mothers are attending the classes, the children spend most of the afternoon out of doors, playing on the lawn or in the sand-pit. The garden is open on other days, and the mothers are encouraged to bring their work and sit there while the children play. If they like to bring their tea, hot water is provided from the kitchen. Two additional centres, at Reddish and Heaton Mersey, have been opened, but the greater part of the work is carried out at Churchgate House.

The *staff* includes three visiting medical officers, who are responsible for the infant consultations, a whole-time superintendent, and two assistant superintendents. There is also a number of voluntary workers.

Infant consultations are held at Churchgate House on Monday and Thursday mornings from 9.30 to 11. Consultations at the branch centres are held once a week. All infants attending are weighed, and in most cases are seen by the doctor. No treatment is given, but there is a Milk Fund which provides milk free to babies whose mothers are too poor to purchase as much as the doctor wishes the child to have. In such cases an order is given to a milkman to supply what is necessary, and the money is not handed to the mother. Virol, cod-liver oil, and dried milk, are stocked, and sold to the mother at retail prices when ordered by the doctor. Children's tooth-brushes are also sold. 303 children were on the books during the year ending March 31st, 1916, 1,487 weighings were done, and 941 examinations were made by the doctors.

Home visiting is carried out by the superintendent and her two assistants. 2,149 visits were paid during the year. Visits are paid with the object of securing regular attendance at the school, of obtaining an

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insight into home conditions, and of giving practical advice when necessary. They serve to establish a friendly relationship between the nurses and the mothers.

Sewing classes are held once a week. Flannel, winsey and serge are bought in the piece, and adult and children's garments are cut out for the classes. Adaptation of adult garments for the children is encouraged, and the making of simple baby clothing is largely undertaken. Knitting is a favourite form of needlework. *Cookery classes* are held in the kitchen, which has an open fire such as the women have in their own cottages. The lessons are made as simple and practical as possible. Laundry classes will probably be held next year. During the afternoon a *Health Talk* is given by the superintendent to the mothers. 2,129 attendances at sewing classes and lectures were made during the year by 106 women. Three mothers entered for a mother-craft competition in July, and were successful in gaining five certificates.

An endeavour has been made to interest the *local midwives* in the school. In the first place they were invited to a meeting, and the intention of the school was explained to them. The midwives now hold meetings at the school once a month, and the superintendent acts as chairman of the meeting.

Next year it is proposed to start a *lending library*, the books being on mothercraft subjects, domestic hygiene, etc. The books have been presented by the Chairman, and a small charge will be made for their use. They are intended for the benefit of the different voluntary helpers, and also for the mothers themselves.

Day Nursery.

In June, 1916, a Day Nursery was established at Churchgate House for those children whose mothers were obliged to go out to work. The attendance varies from 7 to 10 daily, and every endeavour is made to keep the children out of doors as much as possible. Soldiers' children are taken if the mother is compelled to go to work, even though they may not have been brought to the consultations. The charges made are 4s. a week for one child, 7s. 6d. for two children, and 10s. for three children from the same family.

The chairman of the committee is largely responsible for the success of the School for Mothers. All members are most anxious that the Centre should be regarded by the mothers as a source of help, advice and sympathy. The women are encouraged to consult the superintendent at all times, and great endeavours are made to secure an atmosphere of informal friendship.

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Co-ordination of Voluntary Centres.

The following organisation illustrates the way in which a number of voluntary centres may be founded and co-ordinated in an area, rather than the detailed arrangements of any one centre.

*Bristol Infant Welfare Association and Central Council of
Schools for Mothers.*

This Association was first formed in January, 1913, by members of the only Schools for Mothers then open in Bristol —Broad Plain and University Settlement. These workers, feeling the necessity for co-operation and co-ordination in Infant Welfare work, formed themselves into a Council and asked the Medical Officer of Health to be their President. The promoter of the first Mothers' School in Bristol, Broad Plain, was elected Chairman, and shortly afterwards the Council was much strengthened by the inclusion among their number of the Acting-Inspector of Midwives and the School Medical Officer. Each organisation affiliated to the Association is entitled to elect two or more representatives to sit on the Council, and the medical officer of the organisation is ex-officio a member.

Co-operation
of
Institutions
with one
another.

The ruling idea of the Association has been from the beginning to promote a high standard of work without interfering with individual effort. The influence of the Association is shown in the rapid increase in the number of Mothers' Schools opened in the district. Twelve months after the first Council meeting five new schools had opened, and at the present time, January, 1917, seventeen Schools, one Infant Clinic and one Day Nursery are affiliated to the Association.

On November 25th, 1916, there were 955 mothers on the registers of the Bristol schools who were attending regularly; 397 children over one year old, and 410 infants under one year were in regular attendance at doctors' consultations.

The Council meets once a quarter, but special meetings are called to discuss matters if the Chairman thinks fit, and sub-committees have been formed to deal with the printing of case sheets and registers and also with

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the annual Mothercraft Competitions, and with any lectures or classes that the Council wish to inaugurate. All the schools now use the same case sheets and register. The Council are the principal means of keeping the schools in touch with one another; their meetings are occasions for much discussion, which no doubt has tended to keep alive a keen spirit of emulation. The Chairman and Secretary both endeavour to visit all the schools regularly so that they may know what are the peculiar conditions and difficulties of each. If they consider a school is not abiding by the principles of the Association they inform the superintendent, and usually arrange to have a general discussion on the particular point at the next Council meeting.

Two factors especially have assisted in keeping this loosely bound Association together. The first is a money grant made to the Association by a wealthy local philanthropic body, called the Grateful Society, which money is distributed to established schools and granted to new schools by the Council. Only schools belonging to the Association are eligible for a grant, and the grants are made dependent on the amount of work done by the school, together with its general circumstances and position in the city. The other bond of union has been the annual Mothercraft Competitions. For the prize giving the Council always endeavour to secure a large hall so that as many of the mothers as possible can be present; tea, and if possible bunches of flowers are provided for everyone. The competitions are in mothercraft, home nursing and hygiene, cooking, laundry, knitting, dressmaking and renovations, and have proved a valuable means of making the women keen on their work and proud of their schools.

Co-operation
with the
Local
Authority.

There is close co-operation with the Local Authority. Up till six months ago the schools helped the Medical Officer of Health by visiting a great many of the Notification of Birth cases, but this work ceased on the appointment of six new health visitors. Information in regard to the nearest Mothers' Schools is given by the health visitors to each mother with a newly-born baby, and they urge her to attend.

Every week, from the superintendent of each school, a paper is sent to the Medical Officer of Health containing the names of any new mothers and babies joining the school, and also informing him if any mother has stayed away without a reason for more than three weeks. The health visitors then visit that mother and if possible persuade her to come back to the school. By this method it is hoped that every baby in Bristol will be under trained supervision, from the time it is born till it leaves school. All the schools have their own nurses, but the Medical Officer of Health has lately arranged that a

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health visitor shall attend any infant consultation if the school's committee think it desirable, and at the present time twelve schools have availed themselves of this additional help.

Infant and Maternal Welfare in Paris.

A brief note on the Infant Consultations, etc., in Paris may be added.

Infant Consultations.—At the great Paris Maternité in the Boulevard Port-Royal there has been established for some years the Institut de Puériculture de la Maternité. Here in a building separated from the lying-in hospital, and specially arranged for its particular purpose, infant consultations take place. There are special days for mothers who have been confined at the Maternité, but on the other days the Institut is open to all. No sick children are treated here, but mothers are advised where to take them. The aim is prevention rather than cure. If the child does not put on weight as it should, advice is given both as to its management and as to the care of the mother herself. The children are brought once a week for inspection by an experienced midwife: they are weighed, and the details of their health and the advice given are noted on a card which must be produced each time. If a child has a cold or is suspect in any way, it is weighed and examined in an isolation room. There is also at the Institut a room for "guests"—that is to say, for mothers and babies who, in spite of care and advice, do not make proper progress. Here they may stay for three or four days, during which time they are under close observation.

It is interesting to note the immaculate condition in which the children are brought to be examined, and also to observe the different classes of mothers who seek to profit from the advice given. There are not only the really poor mothers, who might be induced to come on account of the simple remedies prescribed and given away, but well-to-do women come as well, each with her baby, to consult the midwife or the doctor who visit at stated times to examine the children.

The Care of Delicate Infants.—Incubators are employed for prematurely born or delicate children, and "nourrices" are engaged for these children. (These are women with babies of their own, who are able to undertake the feeding of an extra child.) Where possible, the premature infants are breast-fed in the ordinary way, but where this cannot be done they are given breast-milk from a special bottle. In every case, however, human milk is used, each child having its own "nourrice." The "nourrices" live at the hospital with their children, and stay on sometimes for some months after their own babies have been weaned.

In connection both with the Maternité and the Institut are *convalescent homes*, where mothers may go after the ten days in the hospital. They may stay at these homes as long as they nurse their

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children themselves. Many, of course, prefer to be in their own houses. Others stay as long as six months or a year in the Homes.

The number of mothers attending consultations at this Institut has risen steadily during the last five years, but the number of consultations has increased much more rapidly. In 1912 there were 1,380 mothers on the books, and the number of consultations was 6,500. In 1915 the number of mothers was 1,735, and the number of consultations 11,050. This is but one instance of infant consultations as organised in Paris. There are several other centres also under the Administration Générale de l'Assistance Publique à Paris. Several have been established in the suburbs, and the movement is spreading rapidly.

Allowances for Mothers who work.—By laws passed on the 17th June and the 30th July, 1913, necessitous women who are habitually in receipt of salary or wages can receive during a maximum period of eight weeks (four weeks before confinement and four weeks after) an allowance of which the rate varies according to the locality. (In Paris it is 1 fr. 50 per day.) They receive this sum on condition that they observe certain rules of health and rest which are prescribed to them by lady visitors specially appointed for this purpose. Further, if the mother nurses her child she has the right to a special allowance of 50 centimes per day during the four weeks following her confinement. At the present time Parliament is considering a law, the object of which is to extend these benefits to women who are not habitually salaried. Normally, in order to obtain the benefits of the law of 1913, the applicant has to establish her French nationality, prove that she is a regular wage-earner, whether at home or elsewhere, and show that the family resources are insufficient to admit of the sacrifice of her salary. In cases of urgency—that is, of women who only give notice at the end of their pregnancy or at their confinement—a special application has to be made, and in the former case a medical certificate produced to the effect that owing to her condition the woman is unable to work.

Voluntary Visitors.—The services of the “dames visiteuses” are given voluntarily. Each lady receives a “lettre de service” at the Mairie, with instructions as to her functions. These visitors have two chief duties; first, to see that the conditions of rest and hygiene are observed, and that the case is really one which needs help; and secondly, to give advice and guidance to the women. They should be familiar with all the agencies, private or otherwise, which give help in such cases; it is part of their duty to see that the home is prepared for the confinement or to be able to suggest a suitable lying-in hospital. After the confinement the attention of the mother is directed to the importance of attending Infant Consultations.

Other means of assistance.—There are in Paris various institutions which offer assistance to the mother before and after her confinement. For example, some institutions take in expectant mothers for some months before their confinement, and in all the maternities sick pregnant women are received. There are public lying-in hospitals, and a number of private

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institutions which give money, baby-clothes, food, milk, coal, etc. In some cases also, homes are provided for the other children during the confinement of the mother. There are many convalescent homes for women coming out of the hospitals. These are both public (e.g., Asile National de Vésinet) and private. Further, the Assistance Publique provides help to mothers by renewing the milk allowance, helping when necessary to put a child out to nurse, and securing means of transit for mothers nursing their babies.

Provision is made for the care of babies with or without their mothers and there are eleven institutions of puericulture under the Assistance Publique. Sterilized milk is distributed free of cost at these institutions, and at specially indicated infant consultations. There are besides numerous private institutions such as the Cantines Maternelles (see p. 103) and the Gouttes de Lait. There are also sixty-six Crèches in Paris, of which several are municipal. They admit children under three years of age, whose mothers are obliged to go to work. A charge of a penny or two-pence a day is made.

EDUCATION THROUGH SCHOOLS FOR MOTHERS.

The main object of Schools for Mothers is the prevention of sickness and ill-health among infants and little children by means of the education and training of the mother. A lack of knowledge of the rudiments of hygiene and the simple everyday rules of infant care and management has long been recognised as one of the main causes of much unnecessary infant mortality and illness.

The effect of the ignorance of the mother upon infant mortality is discussed by Sir George Newman in his Report for 1913, in which, after reviewing the opinions of various authorities on the subject, he sums up as follows:—"The principal operating influence is the ignorance of the mother, and the remedy is the education of the mother."* By "ignorance" is not meant culpable ignorance, or even indifference, but rather a lack of knowledge due to an absence of opportunity to acquire the needed information and apprehension of all that concerns child nurture. It is this ignorance that the Schools for Mothers have set themselves to dispel. They endeavour to teach the mother how to keep her baby well and so to prevent much avoidable sickness and disease. In their

* Annual Report for 1913 of the Chief Medical Officer of the Board of Education, Section II (Education and Infant Welfare), page 21.

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task they have received the whole-hearted co-operation of the mothers themselves, without which, indeed, no progress could be made.

In seeking to educate grown-up working women it is necessary to interpret education in the widest possible sense and to adapt the form and content of teaching to the understanding and capacity of the mother. Thus, from the first it was realised that the teaching must be focussed upon the object of primary interest to the mother, namely, the well being of herself and her baby, that in the beginning the teaching must be personal and individual, and that instruction by means of formal classes and lectures should only be arranged at a relatively late stage of the training, a stage, indeed, which may never be reached at some schools or by some mothers.

Individual
teaching.

The Infant Consultation, with opportunities for enquiry and advice by doctor and nurse, is usually the beginning of the teaching. The questions asked, the importance attached to small details of care and hygiene, open the eyes of the mother to the need for more knowledge than she possesses. The visits of the nurse to the home, and her informal and friendly talks on domestic matters and infant welfare, serve further to stimulate the mother's interest and to make her ready to seek more systematic teaching.

Class
teaching.

The simplest form of such teaching is perhaps the "health talk" given to the assembled mothers for fifteen to twenty minutes by the superintendent or other officer of the school. These talks may deal with a wide variety of matters of infant hygiene and child management. They may form a definite connected series, but also provide opportunities of emphasising in a timely manner points of special interest, such as the care of milk or danger of flies in hot weather, or the importance of the proper nursing of measles during an epidemic of the disease.

The first definite class to be formed is usually the Sewing and Knitting Class. It may sometimes be necessary to teach the actual sewing, the mothers often need showing exactly how to put the simplest garments together. Model garments for children of various ages may be displayed so that the mothers may have examples before them of pretty, simple and inexpen-

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sive clothing. Material may be purchased in quantity and sold to the mothers at cost price. Special attention is usefully paid to ways of utilising and adapting old garments.

From the Health Talks and elementary Sewing Classes may be developed more systematic classes in definite subjects, such as infant care and management, home nursing, the care of the home, etc. Special classes may be arranged for expectant mothers. The lessons should be in the form of informal talks, rather than lectures, and should be short, not more than twenty to thirty minutes in duration. Practical demonstrations should be introduced as freely as possible. The mothers should be encouraged to ask questions, to assist with the demonstration, to bring forward their own experiences and to join in the discussions after the lessons. The usefulness of the class may indeed be gauged by the willingness of the mothers to take an active part.

Cookery classes may be formed, and are most valuable, though often somewhat difficult to organise. When attempted they should demonstrate cheap but appetising dishes, and a point should be made of allowing the mothers to take home, or at least to eat what is made, and of giving them the recipes for use at home. Demonstrations showing the preparation of infant food, albumen water, barley water, whey, etc., are of much practical use.

In some schools the class teaching cannot usefully be extended beyond this, but in others, where the women attending are sufficiently intelligent to desire it, more formal classes may be organised in such subjects as first aid, hygiene, dress-making and millinery. The opportunity may also be taken of explaining to the mothers such matters as the need and value of school medical inspection, of discussing with them the importance of beginning to train their children from an early age in habits of self-control, of giving them some knowledge of venereal diseases, etc., so that they may be in a position to guide their older children.

Thus, though the teaching given in individual schools must vary with the intelligence of the mothers and the opportunities for instruction, the field is a wide one, and if the whole question is carefully thought out, the teaching may remain simple and

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yet be sufficiently varied as not to become stale or wearisome. It is not wise, for instance, regularly to repeat the same course of lessons and expect the same women to attend it. It is true that there may be need for much repetition of everyday facts before these are really comprehended, but the same subject can easily be approached from several different points of view.

Teaching
staff.

The question of teaching staff is important. Careless, inaccurate, amateur teaching must be carefully avoided, but teaching which is too advanced or technical is equally unsatisfactory. For the health talks it is usually well to employ the superintendent of the school, who knows the circumstances of the mothers and their home conditions intimately and is aware in what direction they need help and advice. For the sewing classes a trained teacher, possibly assisted by voluntary helpers, is required, and the same applies to cookery. Courses of lessons in hygiene, nursing, etc., should also be given either by the superintendent or by trained teachers, but the teachers themselves must realise the kind of education they are attempting, and must think out their subject from the point of view of the women attending the particular School for Mothers. Unless the teaching appeals to and interests the mothers and makes them think a little for themselves, it will have failed in its main purpose.*

It will be obvious that a centre which makes no provision for simple but systematic teaching, inevitably limits the extent and duration of its influence, and fails fully to utilise its opportunities.

OTHER ACTIVITIES.

All Schools for Mothers make provision for the three essential factors, namely, infant consultations, home visiting and class teaching, but as has been shown, some have found it possible to add other branches of work, such as ante-natal consultations, the treatment of minor ailments, the provision of home helps, etc., and so extend the scope of their activities. Certain other forms of voluntary work deserve mention which

* For further information see Memorandum on Class Instruction at Schools for Mothers (Circular 912), issued by the Board of Education.

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may be either organised by or closely associated with Schools for Mothers, namely, (a) the feeding of nursing mothers, (b) dental treatment, and (c) provision for ailing babies.

(a) Dinners for Expectant or Nursing Mothers.

Dinners or milk for expectant or nursing mothers must be provided out of voluntary funds, supplemented by payments from the mothers themselves. No State grants are available, nor can the meals be paid for out of the rates. One of the earliest responsibilities undertaken by Schools for Mothers was the provision of substantial dinners for nursing mothers. Opinion has not been unanimous as to the desirability of organising these meals. There is no question that nursing mothers should be fed, but in practice it is not always easy to induce the mother who really requires feeding to attend regularly at the Centre, or to exclude the mothers who do not actually need meals, and in some cases dinners provided by Schools for Mothers have been discontinued, because in the view of the committee the results obtained were not sufficiently satisfactory. On the other hand, the value to both mother and child of regular, nourishing meals is undoubted, neither can thrive if insufficiently fed. Where dinners are organised the mother is expected to contribute, say, 2d. towards the cost of the meal, though free meals may be provided for necessitous women. She is also required to eat her dinner at the centre, as if she is allowed to take it home there is no guarantee that she will herself consume it.

The following instances indicate the kind of arrangements made at various centres for the provision of dinners :—

Women's League of Service.

The Women's League of Service was established primarily to promote healthy infancy by providing adequate nourishment for the mother, and so enabling her to nurse her infant satisfactorily. Six Dining Centres have now been organised at which expectant and nursing mothers may obtain wholesome, abundant and cheap dinners. A charge of 1d. or 2d. is made to mothers who can afford it, and in necessitous cases meals are supplied free. The number of dinners given during 1916 was as follows :—

CARE OF MOTHERS AND LITTLE CHILDREN.

| Name of Centre. | Total No. of dinners served. | Dinners paid for by the mothers. | Dinners paid for by Subscribers. | Dinners paid for by other Societies. | Dinners given free. |
|--------------------|------------------------------|----------------------------------|----------------------------------|--------------------------------------|---------------------|
| KING'S CROSS | 8047 | 6232 | 96 | 207 | 1512 |
| BATTERSEA | 10024 | 8817 | nil. | nil. | 1207 |
| MARYLEBONE..... | 10476 | 8706 | 439 | 685 | 646 |
| STEPNEY..... | 5973 | 5231 | 47 | nil. | 695 |
| HAMMERSMITH | 3313 | 2637 | 218 | nil. | 458 |
| SHOREDITCH | 7125 | — | — | — | 4814 |
| | 44958 | 31623 | 3111 | 892 | 9332 |

The Society is not content with providing nourishment alone. It was early found desirable to supplement this activity with the establishment of infant consultations and home visiting. Addresses and health talks are also given to the mothers, and sewing and knitting classes have been formed.

Manchester Schools for Mothers.

Dinners, for which 2d. each is charged, are provided on five days in the week with the object of improving the health of the mothers, and increasing the possibility of breast feeding. These dinners also serve as a practical demonstration of an economical and nourishing dietary. The number of dinners supplied during six years is as follows:—

| | | | | | |
|------|-----|-----|-----|-----|--------|
| 1910 | ... | ... | ... | ... | 5,260 |
| 1911 | ... | ... | ... | ... | 6,530 |
| 1912 | ... | ... | ... | ... | 10,266 |
| 1913 | ... | ... | ... | ... | 6,690 |
| 1914 | ... | ... | ... | ... | 11,998 |
| 1915 | ... | ... | ... | ... | 7,712 |

In necessitous cases where the women are too poor to pay for their dinners these are provided free after careful enquiry by the District Provident Society.

North Lambeth Babies' Care, Kennington.

Dinners are provided for expectant and nursing mothers at a cost of 2d. a head, and the mother is allowed to bring the ex-baby for a half-penny meal if she wishes. Mothers who cannot afford to pay 2d. pay 1d.,

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the other Id. is defrayed in really necessitous cases by various charitable associations. The report of the Centre for 1913 states:—"There is no doubt whatever of the value of such dinners in a locality such as this, where wages are never high, rents are constantly increasing, where the pinch of the rise in prices is realised hour by hour and chronic under-feeding has lowered vitality. So far no other satisfactory method has been discovered of ensuring proper and satisfactory nourishment where it is most urgently needed." Between November, 1913, and March, 1915, 5,771 dinners were served to mothers, and about a quarter of the number of half-penny dinners to ex-babies who could not be left at home alone.

In several cases mothers who had to give up breast feeding previous babies after a few weeks, have been enabled to continue for nine, or at any rate several months. Many of the ex-babies have improved surprisingly after a course of regular, wholesome, hot dinners.

Cantines Maternelles.

The provision made by voluntary agencies in England may be compared with the "Cantines Maternelles" in France.

Organisation.—"In Paris no mother and no nursing must suffer from hunger." The Cantines Maternelles of Paris take this for their guiding principle, and since the founding of the first "cantine" in 1905 they have distributed meals under conditions which go with unusual thoroughness to the root of the question of the nutrition of mother and child. Free distribution of meals takes place every day without exception from 11 to 1 and from 6 to 8 o'clock, to every nursing mother until the child is fourteen months old—often they are kept longer—and to every woman within five months of her confinement. Expectant mothers have to obtain a certificate of their condition from the maternities which work in co-operation with the "cantines." Nursing mothers have to prove that they are feeding their children. Otherwise no conditions, rules, or obligations have to be followed in order to obtain free meals twice a day. Before taking her meal every woman signs her name, or a name she may choose to take, or merely a cross. No questions are asked as to religion or civil status. Papers are not allowed to be examined even if they are offered. The anti-propaganda spirit is carried so far that even temperance work is not permitted. The points upon which the "cantines" lay stress are the promotion of maternal welfare and the saving of infant life.

Since the war, a number of *temporary "cantines"* have come into being, and the Fédération des Cantines Maternelles is subsidised by the Comité de Secours National. Meals cost the Fédération about 35 centimes, and special regard is had to the condition of the women in arranging the dietary. Apart from the temporary "cantines," the thirteen permanent "cantines" of the Fédération distributed between

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the 1st August, 1914, and the 31st December, 1915, no fewer than 1,335,115 free meals to expectant and nursing mothers. In one year, from August, 1914, to August, 1915, 967,577 meals were distributed, as against 361,694 of the preceding year.

Additional Activities.—In view of the distribution of free or cheap meals by the Comité de Secours National, the "cantine" might have been considered superfluous. This has by no means proved to be the case, since side by side with nourishing feeding go medical help and infant consultations, as well as distribution of milk and other necessaries. Infant consultations take place once a week during the lunch hour. Advice and help are given, and visitors keep in touch with all cases. Further, efforts are made to carry on the work after the child is weaned and up to the age of three years. To the "cantine maternelle" of the 18th arrondissement is attached a "cantine of the little ones," where not only is suitable food given to the children, but the mothers are taught to attend properly to their children's wants.

The movement has been privately organised, and general funds are obtained from members of the Fédération, from donations, legacies, and so forth. The idea is taking root, and at Lyons, for instance, the municipal authorities in 1913 opened free restaurants for expectant as well as for nursing mothers, and were organising an auxiliary service with the object of bringing up the children in the outskirts of the town under favourable conditions.

(b) Dental Treatment for Mothers, or for Children Under School Age.

The condition of the teeth of working-class mothers is often deplorable, and is accountable for much of their ill health. Children under 5 years frequently suffer from carious teeth, and although no permanent conservative treatment is called for at this age, relief may be given from toothache, and septic conditions may be prevented. The need for dental treatment is clearly recognised, but it is difficult to organise this as the expense is relatively heavy. Dental clinics are, however, attached to a number of Schools for Mothers, and various other schemes are under consideration.

Mothers' and Babies' Welfare Society, Wimbledon.

The Dental Clinic was founded in April, 1915, for the benefit of children under school age attending the School for Mothers. The Local Education Authority agreed to lend the Society the use of their School Clinic, together with the dental chair and instruments. The Society provides the materials, and pays for gas when necessary. The School

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Dentist undertakes the treatment, and an anæsthetist is also available. Originally it was arranged to open the Clinic twice a month, one hour for extractions and one for fillings. This was later reduced to one day a month, and now the Clinic is open once a quarter. This is sufficient to meet current needs. A voluntary worker attends at the Clinic to take particulars and give advice. Mothers pay 3d. a visit, and this sum includes a tooth-brush and a card of instructions. Sixty-nine children were treated during the eleven months ending on March 31st, 1916.

King's Cross Infant Welfare Centre.

A dental clinic has been opened for the sole use of expectant and nursing mothers and their children up to school age. A dental surgeon and an anæsthetist are employed. The mothers attending this centre are treated free of charge, but other women recommended by neighbouring welfare centres are charged a small fee. During the past year 159 patients attended for treatment, 12 of whom required the administration of gas.

St. Pancras School for Mothers.

The St. Pancras School for Mothers has come to a convenient arrangement with a Dental Association for the treatment of women and children belonging to the School. The Dental Association rent some rooms at the School, mothers are encouraged to consult the dentist when necessary, and in this way obtain treatment free or at a small cost.

(c) Provision for Ailing Babies not sufficiently ill to attend a Hospital.

Among the babies in attendance at a School for Mothers are some who, though not actually ill, frequently suffer from small ailments due to improper feeding, unsatisfactory domestic hygiene, etc. If such children can be placed under good conditions for a few days or weeks they usually respond at once, and after a period of nursery care, during which time the mother is instructed as to the attention needed, they can be sent home with an excellent chance of remaining well. There is no room for them in the ordinary hospital on account of the prior claim of children more acutely ill, and in a few cases an endeavour has been made to supply the need by establishing residential nurseries or homes to which infants and little children can be admitted for short periods for observation, care and simple treatment. The following are examples of such homes :—

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Wyther Babies' Home, Leeds.

Organisation.—In December, 1913, a Nursery for eight babies suffering from malnutrition was opened at 13, Ellerby Road. A resident sister was in charge with two probationers to assist her, and the Nursery was under the direction of the Superintendent of the Leeds Babies' Welcome Association. In August, 1914, a large house on the outskirts of Leeds was placed at the disposal of the Lady Mayoress' Committee, who decided to use it for the accommodation of children of soldiers and sailors in need of a temporary home. The Babies' Welcome Association were asked to co-operate in the scheme, and agreed to do so if room were found for the sick children hitherto housed in Ellerby Road. In September, 1914, Wyther, Armley, was opened as a Home for the children of soldiers and sailors, and for ailing children from birth to school age. The house has large, airy rooms, and was easily adapted for the purpose of a residential home, the excellent garden being a great advantage. As many as 50 children have been in residence at one time, but the number has since been restricted to 40.

After a few months the entire financial responsibility of Wyther was taken over by the Leeds Babies' Welcome Association, the Lady Mayoress' Committee paying 5s. a week for 20 cots for the children of soldiers and sailors. In April, 1915, the Sanitary Committee of the Leeds City Council undertook to pay 10s. a week each for 20 cots for children from the infant clinics held at the "Welcomes," and this arrangement is still in force. The Lady Mayoress' Committee has decided to cease payments for soldiers' and sailors' children at the end of the present year (1916), and after that date the Home will be for sick children only.

Staff.—The Home is under the Medical Officer for Infant Welfare, provided by the Corporation. He attends three times a week, and oftener, when necessary, and all the children are under his care. The nursing staff consists of a fully-trained matron, two sisters, three staff nurses, and from four to six probationers. During the year, April 1st, 1915, to March 31st, 1916, 202 children were in residence. The average length of stay of sick children was 71.6 days, and of other children 54.6 days.

Training Scheme.—The Leeds Babies' Welcome Association has in operation a scheme for training infant welfare workers; this training includes six months' residence as a probationer at the Wyther Home. During this time the students have fixed hours for study, and they attend lectures in preparation for the Sanitary Inspectors' Examination.

Fulham Babies' Nursing Home.

The Home was founded by a voluntary committee in March, 1916, with the approval of the Medical Officer of Health and the co-operation of the various agencies in Fulham, which deal with infant welfare, e.g., the Schools for Mothers, Day Nurseries, Invalid Children's Aid Association, etc.

The accommodation is as follows:—*Ground Floor.* The receiving-room contains a fumigating cupboard, a store of nursery clothes, and a

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cupboard with simple drugs; also records, papers, etc. The ground floor ward contains ten cots. It faces south-west, and has large windows which open on to a verandah, on which there is ample room for several cots. The verandah is protected by an awning, and steps lead from it to a small garden. A bathroom containing sink bath, lavatory basin, and slop sink is also on the ground floor. *First Floor.* The front room is used as a ward, and contains five cots. The room behind could serve as another ward, but is at present used as an airing room. A small room is equipped as a ward kitchen, and contains a milk-safe. The second and third floors provide good staff rooms. The kitchen and scullery, both light and airy, are semi-basement rooms and lead on to the garden.

Staff.—The Medical Officer visits once a day. It was originally intended to staff the Home with crèche-trained nurses. This proved altogether unsatisfactory and it is now proposed to employ only fully-trained hospital nurses under a competent matron.

Children are received up to three years of age. They are mainly children who are not well enough to attend a day nursery, but scarcely sufficiently ill to be admitted to an ordinary hospital, and they usually suffer from malnutrition, digestive disorders, rickets, etc. All cases must be recommended by a doctor who has the option of attending the child when it is in the Home if he wishes. Mothers pay 6d. a day, or more, if they can afford it.

A band of *voluntary visitors* undertake to visit children in their homes after discharge. It is not proposed to have any consultation day at the Home itself. Children are referred back to the Association which recommended their admission.

CO-OPERATION WITH THE LOCAL AUTHORITY.

Schools for Mothers are not constituted to deal with manifest disease, the treatment of which should be carried out by appropriate institutions. But when suitably organised they are eminently fitted to undertake the preventive aspect of the problem of reducing sickness and ill-health among infants and to form a link between the mothers themselves and the more formal official organisations. It is most desirable that their work should be closely co-ordinated with, and, indeed, part of any general scheme for maternal and child welfare which may be organised by the Sanitary Authority. On the other hand, the Authority should realise the value of the voluntary and unofficial element of a School for Mothers, and in deciding to give financial support to a flourishing school under a competent committee, should not crush individual enterprise and initiative by undue limitation of

The importance of making full use of voluntary effort.

CARE OF MOTHERS AND LITTLE CHILDREN.

the powers and responsibilities of the committee, but should rather encourage them to continue their good work by granting them a large measure of freedom to develop and improve the activities of the school. Much energy is expended by a voluntary committee in raising money to carry on a centre. If they were relieved of a great part of this burden and its resulting anxieties, they would be able to devote more time to actual carrying out of the work of the school, a circumstance which, combined with official supervision and support, would go far to enable the school to become and remain fully effective.

The relations between the Westminster City Council and the Westminster Health Society may be instanced as an example of happy co-operation between a Local Authority and a Voluntary Association.

City of Westminster Health Society.

This was founded in 1902 by a small Voluntary Committee, who became responsible under the Medical Officer of Health for visiting persons suffering from tuberculosis. By degrees they also undertook the visiting of homes from which births had been notified, and this activity was greatly enlarged as the Maternity Departments of the various Lying-in Hospitals (Endell Street, Charing Cross, Middlesex, Westminster, St. Thomas's and St. George's Hospitals) sent to the Society the names of women who desired to be attended at their confinements by doctors and midwives working at the hospitals. In 1909, a beginning was made with infant consultations, first at Greek Street, Soho, and later on at St. Anne's Church Hall, Dean Street.

The premises first occupied for offices consisted of rooms at Boys' Clubs, etc. Later, the Westminster City Council provided an office in Pimlico Road whilst the Society rented rooms in Golden Square and Greek Street and at a Church Hall in Westminster. The third centre will be moved in January to Rochester Row, where a whole house has been placed, rent free, at the disposal of the Society.

Co-operation with the Local Authority.—The Society has worked since its initiation in close association with the Sanitary Authority and the Medical Officer of Health (Dr. Allan). The Authority are represented on the executive and working committees, and give their support to all the activities of the Society. For six or seven years a grant of £100 was made towards the tuberculosis visiting in South Westminster. This has recently been discontinued as the Authority now undertake the work themselves, but for the past year a grant of £200 has been given towards the salaries of two ladies who undertake the visiting in connection with the Notification of Births and the visiting of expectant mothers; these two officers are chosen and

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engaged by the Society, but the appointments are approved by the Medical Officer of Health. The Authority also provide the premises in Pimlico Road, rent free, including lighting and heating. They also contribute towards the cost of the printing and stationery.

The *staff* of the Society includes three visiting medical officers who attend the infant consultations. There are three paid superintendents, one responsible for each Centre. Each superintendent has one or more assistants under her. There is also a number of responsible, regular, voluntary visitors and office workers, two of whom devote their whole time to the work.

The activities of the Society include:—

The *home visiting of expectant mothers* (740 cases were visited during 1915). Lists are still obtained from the hospitals, and these provide the bulk of the cases. The mothers are visited by one of the superintendents, and encouraged to attend classes at the Centres. If they appear to be ailing they are referred to a hospital.

The *supervision of children under school age* is carried out as far as possible. The organisation provides for the systematic visiting of every child within the years from birth until school age, but the number of visitors is not at present sufficiently large for this purpose.

Home visiting is also carried out in respect of children between 5 and 14 and adults. In 1915, 1,200 cases of children were visited, and 954 adults.

Consultations are held at three centres for children under five years of age, and all children so inspected are followed up in their own homes.

Mothercraft classes, including needlework and cookery classes, are held regularly. Special endeavours are made to induce expectant mothers to attend the sewing classes, and make garments for their children. Pattern garments for children up to 12 years of age have been designed, and the mothers are encouraged to copy these. The results from the sewing classes have been most satisfactory. In 1915, 43 classes were held in the Northern area; 145 mothers were on the roll, and 624 attendances were made. 850 garments were finished. In the Southern area 71 classes were held, with 717 attendances, and 495 finished garments.

The cookery classes are made as practical and simple as possible. Hay-box cookery has been demonstrated, and special war cookery lectures given. Informal health talks are given to the mothers attending the classes.

Records.—The Society keep extremely careful and accurate records of all cases visited or investigated. Particulars of records of individual families are kept together so that reference is facilitated. The number of families visited in 1915 was 5,519. The family records, dating in some cases from 1903-04, become increasingly valuable as the Pre-Natal and Tuberculosis work develop. Close co-operation exists between the Tuberculosis and the Health Visitors.

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SCHOOLS FOR MOTHERS IN RURAL AREAS.

It is impracticable to organise Schools for Mothers in country districts on entirely similar lines to those in towns. The number of mothers attending any one centre is likely to be small, and the cost of providing a highly-trained medical and nursing staff for so few women would be prohibitive even if these officers could be obtained for the numerous centres needed. Country mothers are, however, in great need of instruction, and it is most desirable that Schools for Mothers should be instituted; even though some modification of the usual arrangements is necessary, there is no reason why the work should not be efficiently organised and carried out within the limits imposed by the circumstances of the area.

Organisation
in a rural
district.

For example, in a small village it may be sufficient to hold meetings once a fortnight, all women with children under school age being encouraged to attend. If possible, consultations should be in charge of a medical practitioner, but this cannot always be arranged, especially at the present time. Therefore, it may be advisable to waive this condition and to rest content with occasional visits from a doctor specially engaged by the Committee or employed by the Local Authority. If no doctor is available, the scope of the consultations must be made correspondingly narrow, and "baby-weighings" by a competent nurse should be undertaken. The nurse so employed should have had special training and experience in infant and child management. It is not sufficient merely to employ the district nurse or a local midwife unless these are under effective medical or nursing supervision, but both district nurses and midwives should be warmly encouraged to attend the weighings and to co-operate in the activities of the centre. In the absence of a doctor, no treatment of any kind should be attempted. Home visiting and following up can usually be carried out most conveniently by the district nurse.

Health talks should be given at each meeting, and a sewing class can usually be organised. If the centre is open less often

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than once a week mothers should be allowed to take their needlework home, so that they can go on with it between the classes. The cookery demonstrations, lessons in sick nursing, first aid, etc., are often much appreciated by the mothers.

The following is an example of a scheme for providing Schools for Mothers under voluntary management in county areas :—

Schools for Mothers in East Sussex.

Organisation.—In November, 1915, the East Sussex County Nursing Association organised a scheme for starting small Schools for Mothers in various towns and villages of East Sussex, and seven centres were opened at Balcombe, Crowborough, Bexhill, Lewes, Haywards Heath, Newhaven, and Chailey. At Chailey, which is a long and scattered village, a "Baby Welcome" has been conducted for some years, and this also was brought into the county scheme, so that Chailey has now two centres, bringing the number up to eight. Recently a ninth centre has been opened at Rye. Each of these centres has its own local committee, usually the District Nursing Committee, with one or two co-opted members who are specially interested in the work; but the central organising body is the Committee of the County Association, which, by allowing its superintendent to act as organising secretary to the Schools, ensures a certain uniformity of practice in all of them, and which also supplies a trained lecturer to visit them in rotation.

The County Association pays the salary of the lecturer. The salaries of the district nurses who act as superintendents and visitors are paid by the local committees, and in some cases these committees also pay fees to a doctor, rent of rooms, cost of materials, etc. In other cases rooms are lent, and the doctor's services are given voluntarily, but in no case are these expenses met by the County Association.

Co-ordination.—The County Superintendent visits the centres and attends local committee meetings whenever her other work makes this possible, and during November and December, 1915, gave up many of her ordinary duties in order to start and superintend the work of the centres. At the following places a doctor attends the consultations:—Balcombe, Crowborough, Haywards Heath. In most cases the district nurse weighs the babies and acts as visitor; but at Crowborough the matron of the hospital does this, and at Newhaven, as no nurse has been available since the war, the centre is conducted entirely by voluntary helpers.

Teaching.—The Assistant County Superintendent has been appointed travelling lecturer. At centres where there is no doctor, she also sees the babies, and advises as to feeding, clothing, etc., as many of the local nurses are not fully trained, and are not Queen's nurses, having received only one year's training on a district before being sent to their various villages.

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The arrangements made in East Sussex are proving satisfactory, and it is certainly desirable that small Schools for Mothers in a county should not be founded as isolated units under separate management. There should be some central organisation, either the Local Authority or the County Nursing Association, or some responsible body to control the general management of the centres, though giving freedom to each school to work out its own local arrangements.

VOLUNTARY WORKERS.

Means of
training
Voluntary
Workers.

Training.—It is not proposed here to consider the form of training best suited to whole-time workers at Infant Welfare Centres, but a word may be added as to the need of the voluntary part-time worker for some preparation for her duties.

The full usefulness of voluntary workers will not be secured until they themselves realise that enthusiasm, interest, and even hard work, will only take them a certain way along the road towards efficiency, and that if they desire to travel the whole distance they must be prepared to undergo at least a minimum of training. The training may be obtained partly through attendance at demonstrations and lectures and partly through work under definite supervision at a centre.

In 1914, the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy decided to organise for the benefit of voluntary workers, nurses, etc., a course of lectures on subjects connected with Schools for Mothers, Infant Welfare and Maternity Centres. The lectures were given by doctors who were authorities on their respective subjects, and were supplemented by visits to a number of Centres for purposes of practical demonstration. The lectures were so successful in meeting an admitted need that subsequent courses were arranged and still continue. Provision is made not only for elementary teaching, but also for advanced instruction to workers who have already some acquaintance with the subject but desire a more extended knowledge.

A second type of training is that organised by the St. Pancras School for Mothers, but this is not necessarily intended for voluntary workers.

SCHOOLS FOR MOTHERS AND WELFARE CENTRES.

Organised training was begun in October, 1915. Three students can be taken at once, but the number in training together has rarely been more than two; at present only one is working at the School. Students must be educated women. Previous training, whether in nursing, midwifery, or health visiting is not asked for. The superintendent is of the opinion that the work of a School for Mothers is unique, and that much of the training required for other callings, such as midwifery or sanitary inspecting, is not necessarily required for the training of a superintendent or other officer of a School.

The course lasts three months. During the first month the student learns to cut out and make children's garments, to cook the kind of dishes taught to the mothers, and to keep records. During the second month she works as probationer in the nursery, learning the handling of infants, preparation of infant foods, and feeding of delicate children. In the third month she is allowed to visit in the homes. Students are present at Infant Consultations throughout the whole course, and attend lectures by the Medical Officers of the Centre. Practical demonstrations are given, whenever possible, by the superintendent.

In view of the probable extension of work on behalf of The future of Voluntary Associations. Maternal and Infant Welfare and the increasing interest taken by Local Authorities in these matters, it will be well for Voluntary Associations to take stock of their position and to consider in what ways their energy may most profitably be utilised. Broadly speaking, the provision of systematic treatment, whether for mother or child, is the business of the Authority rather than the voluntary body. But the prevention of illness through education and training, the difficult task of winning the support and sympathy of the mother, the replacement of the old relation arising from a well-meaning, generous, but often unwise "charity," by a bond of mutual friendship between workers and mothers, offer a wide and fruitful field of enterprise with full scope for the high qualities and the capacity for imagination and foresight so often exhibited by Voluntary Associations.

CARE OF MOTHERS AND LITTLE CHILDREN.

II.

DAY NURSERIES OR CRÈCHES.

The need for
Day
Nurseries.

There has been much difference of opinion as to the policy of establishing Day Nurseries for children under school age. It is contended by some that the facilities offered by such Nurseries are likely to encourage mothers to leave their homes more than is desirable, whether for work or recreation, and so render them careless of their maternal duties and the welfare of their children.

This objection may be justified sometimes, but there are arguments on the other side which should also receive due weight. In the first place, many mothers are obliged to go out to work to enable them to support their families. If no Day Nursery is available, infants and little children must be left with a neighbour, who receives a relatively high fee for her often perfunctory services, or else at home in charge perhaps of a child not much older than themselves. Other mothers desire to go out to work in order to supplement the family income, which would otherwise be inadequate to provide proper nourishment, housing and clothing for the children. In both these cases the need of a Day Nursery, where the children will be cared for, washed and fed for a moderate sum, is admitted by most people.

There is greater difference of opinion in cases where the mother is not actually obliged to go to work, but does so either because she is not domestically minded or thinks she can do better for her family by augmenting the income than by her continuous personal service; or perhaps she merely wishes to be relieved of her children for one or two days a week when she is doing the washing, cleaning the house or meeting her friends. Here the Day Nursery is a convenience rather than a necessity, and opinions are not unanimous as to whether or not such a convenience should be provided.

Those who would limit the use of the Day Nursery strictly to the mothers who are obliged to work are sometimes forgetful of the home circumstances of the average working-class mother with several children. They forget that her days begin,

DAY NURSERIES. OR CRECHES.

continues and ends with household drudgery, that the claims made on her time by husband and children for cooking, sewing, mending, cleaning, etc., are unceasing, and that the better the mother the less her leisure. Even when she is able to leave her home for recreation she must take her younger children with her, and is seldom able completely to shake off home worries even for an hour or two. A mother in a better social position thinks it no shame to engage nurses and governesses to care for her children. Why then should the poorer mother be blamed for wishing to get some relief from her heavy burden of daily toil and responsibility? She would do her washing, for example, better, not worse, because of freedom from interruption caused by the needs of her children. She would return more refreshed in mind and body from occasional pleasurings with her husband or friends if she could go without taking one or more children with her. In a Day Nursery the children themselves would be under wholesome conditions, and would receive proper care.

It would not be difficult to regulate the use of a Nursery by means of inquiries such as those now made in regard to all women who apply. Further, it is the careful mother who appreciates the Nursery and is ready to bring her child clean as to body and clothing, rather than the lazy or frivolous woman to whom the physical welfare of her children is a matter of relatively small importance, and who is content to leave them in charge of a neighbour. If the life of a working woman is to become less grey and monotonous, and if she is to acquire leisure to interest herself in matters beyond the daily household routine, she must have greater opportunities of occasionally placing her young children where she can be sure they will receive proper attention under proper conditions.

Until the present time Day Nurseries have been organised entirely by voluntary effort. No local authority has had power to provide or aid these institutions, and it was not until 1914 that Government grants from the Board of Education became available. Some of the Nurseries were founded twenty or thirty years ago. They have been dependent on local energy and goodwill, and their number and distribution have been determined by that rather than the actual requirements of the

The provision
of Day
Nurseries.

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country as a whole. All existing Nurseries are probably needed, but there are many places which have no Nursery where one would be of the greatest value.

Being supported by means of voluntary subscriptions, Nurseries vary widely as to their premises, equipment, staff and organisation. In order to bring about some measure of standardisation, and to prevent Nurseries existing for private profit or other unsuitable reasons, the National Society of Day Nurseries was founded in 1906 by an influential Committee under the presidency of H.R.H. Princess Christian. The Society arrange for the inspection of those Nurseries which desire affiliation, and grant certificates of efficiency where the required standard is reached. An annual grant of two guineas is made by the Society to each affiliated Nursery, and personal and material assistance are given to necessitous Nurseries. A series of model diet sheets, milk charts, etc., have been issued, together with excellent pamphlets dealing with organisation and management.

Grants in aid. In 1914, the Board of Education were empowered to give grants in aid of Day Nurseries for children under the age of five years. These grants are paid at the rate of not more than 4d. per day per attendance, provided that in any case the total grant shall not exceed one-half of the approved expenditure.* In announcing these grants the Board issued a Memorandum explaining and amplifying the Regulations,† and setting out their views as to the organisation, staffing, etc., of the Nurseries. The matter was again dealt with in the Report of the Board's Chief Medical Officer for 1914 in a chapter on Education and Infant Welfare, which was subsequently issued as a separate memorandum.‡ Since that time 106 Nurseries have been recognised and are in receipt of grant from the Board.

It will, perhaps, be most suitable to describe some typical Nurseries, and then to discuss the general organisation.

Jewish Day Nursery.

Premises and Equipment.—The Jewish Day Nursery, 23, New Road, Whitechapel, is a three-storey building, with a large basement. The

* Regulations under which Grants to Day Nurseries in England and Wales will be made by the Board of Education.

† Circular 879. Memorandum in regard to the Regulations for the Payment of Grants to Day Nurseries.

‡ Circular 940. Education and Infant Welfare.

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basement contains a receiving-room, to which all children are brought before having their clothes removed, a bathroom, disinfecting cupboard, and laundry. The receiving-room has a fire and is furnished with twelve canvas cots on iron frames, fixed to the wall at a height of about three feet. It also contains a crawling pen for babies and a few small chairs and benches. The bathroom is equipped with two small fixed baths, two sanitary conveniences and numbered pegs for the children's towels, etc. The laundry adjoining has four large enamelled stoneware sinks, and these also are used as baths during the receiving hour, so that six children can be washed at once.

On the *first floor* is the Infants' Nursery, a long narrow room with windows at the eastern end and along one side. The walls are of glazed white brick. The room contains eighteen cradles, eight of which are canvas cots on wooden frames, the others being light iron cots on stands. There are also seven larger cots for older children, ten low chairs and some high chairs. There is a little table at which children can sit and play. Milk is kept on a table in the nursery in jugs covered with muslin, infants' bottles are kept, and the milk is modified and prepared there also. The room is warmed by hot pipes, but there is also an open fire. Besides this nursery there is a well-equipped kitchen, also with white-glazed walls; and a nursery for children from three to five. This room is much smaller than the infants' nursery, but it is bright and well-lighted, and has doors opening on to a roof playground, where the children live and sleep whenever the weather permits. In any case, doors and windows are left open, so that the children are always in the open air. This nursery contains four low tables with little chairs to go round them, a cupboard for toys, eighteen hammock cots, and a piano. The floor is covered with linoleum, and there is an open fire. On the second floor are a sitting-room, bathroom, and bedrooms for the staff.

Staff.—The Medical Officer visits the Nursery daily, sees all ailing children, and prescribes special diet for those who need it. The resident staff consists of a crèche-trained Matron, a Nurse with a C.M.B. certificate and infirmary training, a nursery-maid, cook, and two servants. A Kindergarten Teacher comes in daily.

The Nursery opens at 8 a.m. The average attendance is about 46, and the mothers pay 3d. a day for each child.

General Arrangements.—The children are brought by their mothers to the basement receiving-room, where they are placed in cots and chairs, and are given toys to amuse them while waiting to be undressed. Biscuits and milk are given to the older ones about 9 a.m. The Matron receives and examines each child, and the two nurses and three servants wash them and dress them in the crèche clothes. As the children are dressed, they are taken to their nurseries; the babies are given bottles and put to sleep; the older children go to the upper nursery, play games, and are given kindergarten occupations by the teacher in charge. The children have a bright confident air, and the elder ones are quick to do small duties, such as putting away toys.

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Dinner at mid-day is varied, and the diet includes minced meat, fish, eggs, milk puddings, vegetables, soup and stewed fruit. After this meal all the children go to sleep, those in the toddlers' nursery being put out of doors in their hammock cots if possible. Thick-knitted jackets are provided for out-door use, and warm blankets. The servants at this Nursery help in the care of the older children in the afternoon, and prepare their tea, which consists of bread and butter, jam or cake, and milk or cocoa. From five o'clock the staff are occupied in taking the children down to the receiving-room and re-dressing them in their own clothes which have been disinfected during the day.

The Nursery is closed from about 4.30 p.m. on Friday till 8 a.m. on Monday.

Notting Hill Day Nursery.

Premises and Equipment.—The Notting Hill Day Nursery, 12, Stoneleigh Street, is conducted in a small double-fronted villa house in a street of working-class houses of good type. The upper floor consisting of five bedrooms, a bathroom, and a sitting-room, is set aside for the staff. The ground floor is given up to the nursery, and has been considerably modified for this purpose. Of the two front sitting-rooms, one has been built out into the garden so as to greatly increase its size, and this is used as a nursery for the "toddlers," (the Day Nursery term for children nearing two years and upwards). The floor of the room is covered with linoleum, and it is warmed by a large open fire. It is furnished with a wide fixed shelf table along one wall, where there is a hatch into the kitchen; a long low table for the children with little benches and chairs; and three "feeding tables" with holes for pudding basins, at which a nurse can sit and feed five or six tiny children at once. All this furniture is light, and can be easily piled away in the sleeping-hour when sixteen light canvas stretchers on wooden frames are used. There are also toys and a rocking-horse.

The other front room is connected by folding doors with the room behind it, and these two rooms are used as one nursery for the infants, and contain eighteen wire cradles raised on iron stands with washing covers tied over them. Besides these rooms there is a playground behind the house in which is a playing-shelter for the other children, and a shelter for infants against the house itself, containing thirteen wicker cradles on wooden stands, which contain blankets and mattresses filled with chopped hay. At the back of the house are a good kitchen and larder, a laundry-room in which all the children's washing is done, a room in which dinners are served to nursing mothers, and a disinfecting chamber. Infants' bottles are not prepared in the kitchen, but in a special small room opening out of their nursery, the walls of which are covered with white glazed tiles. It is equipped with a sink, and water supply, gas-ring, feeding-bottles, test stand and measures: and milk is kept there in muslin-covered jugs.

Staff.—The Medical Officer of the Nursery visits weekly and directs the diet of weakly children. The staff consists of a Matron, crèche-

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trained and with a long crèche experience, a crèche-trained Sister in charge of the infants with a probationer under her, and a crèche-trained Nurse in charge of the toddlers with a nurse-girl. There is also a general servant and a laundry-woman who comes in daily. One or more students who wish to study Infant Care usually work at the Nursery.

Daily Routine.—The staff rise at 6 a.m., and do household work till 7, when they breakfast. At 7.30 the children begin to arrive. The average attendance is about 50, few of the children being over three years old. The matron receives each child from its mother, and examines it before passing it on to the sister and nurse, and every child is then undressed, bathed, and dressed in the Nursery clothes, which consist of a woollen vest, binder, petticoat, and frock. The amount of clothing put on each child is varied so as not to form too sharp a contrast with the home clothes. Toddlers are bathed and dressed in the bathroom, babies in their own nursery; young infants are bathed in a moveable bath before the fire. Each child has its own piece of towelling for washing, and its own small towel; and these are numbered and kept separate and disinfected every day. The home clothes are placed on wire shelves in the disinfecting chamber, in which a formalin lamp is lighted.

At mid-day the children have their dinner, consisting of soup, minced meat or fish for those who can take it, potatoes, milk pudding, and occasionally stewed fruit. After this, tables and chairs are cleared away, stretchers are brought out, and all the children are put down to sleep, covered with blankets, till 3 o'clock. In the summer they sleep out of doors in the playground. Soon after rising, they have their tea, which consists of bread and dripping, margarine or jam, and milk or cocoa; and from 5 to 7 o'clock the time is occupied in dressing them in home clothes and returning them to their mothers.

An interesting activity of this Nursery is the provision of dinners for nursing mothers whose babies are left there. Mothers whose work lies near are encouraged, instead of weaning young babies, to come and suckle them in the dinner hour, and to take dinner, consisting of hot meat, vegetables and pudding, in an empty laundry-room set apart for the purpose.

Beaumont Street Day Nursery, Liverpool.

This Nursery is somewhat different in character to those already described. It is primarily a training school for students who wish to become children's nurses. It was founded in 1908 by the Liverpool Ladies' Sanitary Association, and is accommodated in two large adjoining houses with gardens attached. 30 day, and 16 resident, children can be admitted.

In addition to the usual activities of a Nursery, sewing classes are held weekly by the matron for the mothers of children in attendance; dinners are provided thrice weekly for nursing mothers; and meals are provided for a limited number of children of school age, who have previously attended the Nursery, at a charge of 1s. 6d. per week.

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THE ORGANISATION OF DAY NURSERIES.

Functions
of a Day
Nursery.

A Day Nursery is intended to provide the care which children would receive as a matter of course in their own nursery in a good home. It is not meant to provide treatment or nursing for ailing babies, except in so far as this can be done by means of a carefully regulated dietary for those suffering from malnutrition, etc., as a result of improper feeding. It aims at placing the children in good surroundings with plenty of sun, light and air; it ensures their personal cleanliness, and it gives them suitable food in the right quantity and variety. It should, in addition, train the older children in the beginnings of personal hygiene, and it should teach them to form the habit of doing things for themselves. Definite kindergarten or Montessori teaching may be arranged if practicable, and the Nursery then takes on some of the functions of a Nursery School.

Staff.

The most important consideration in organising a Day Nursery is to secure a competent staff. The actual management of the Nursery devolves upon the Matron. If she is properly trained and capable the Nursery is likely to be a success, even if its premises or equipment leave something to be desired. If she is incapable it will not succeed, however good the other arrangements may be. Indeed, it is often most disappointing to see how rapidly a good Nursery will deteriorate if its Matron is replaced by a less satisfactory officer. Every Matron should have received a suitable training in infant and child management, and have had personal experience of work in a Day Nursery. She need not be a hospital trained nurse, but she should have a full understanding of the care of healthy children and should have an adequate knowledge of modern methods of infant feeding. She should be able to recognise incipient signs of common infectious or other diseases, so that when necessary a child may be referred to the doctor. In most Nurseries the Matron is required to undertake the house-keeping, catering, etc., and she should have some knowledge of laundry-work. The annual salary paid to a Matron is usually from £30 to £45 resident.

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Adequate assistance should be provided. There should be at least one staff nurse able to take the Matron's place if necessary. No attempt should be made to manage a Nursery with a staff of untrained young probationers. These may be employed, but they should be under suitable control and supervision.

While Day Nurseries are under voluntary management it is ^{Premises.} not practicable to make unduly stringent requirements as regards premises. These must be satisfactory from the point of view of sanitation, and be sufficiently light, airy and sunny. They must be reasonably convenient in situation and arrangement, and the number of children must be proportional to the amount and type of the accommodation. It is desirable that the rooms occupied by the children should be large, and a garden or yard available for the children's use is an extremely valuable addition. The accommodation and equipment of Day Nurseries are discussed in some detail in the Appendix to Circular 940, to which reference has already been made.

At present Nurseries are usually accommodated in ordinary ^{Number of Children.} dwelling-houses, and it seems undesirable to provide for more than, say, fifty children in any one Nursery. This is mainly on account of the danger of the spread of infectious diseases, such as measles and whooping cough. On the other hand, small Nurseries, if properly staffed, are relatively costly to maintain. Therefore, if and when Nursery provision is to be largely increased, or Local Authorities themselves become empowered to establish Nurseries, it may prove convenient and economical to design special buildings which will accommodate larger numbers of children, but will be so arranged that the children are organised in comparatively small groups which do not meet or come in contact with each other. The risk of the spread of infection is greatly decreased when each child is fully undressed and examined in the receiving room, by a competent member of the staff, before admission to the Nursery proper.

In view of the importance of preventing the spread of ^{Medical Supervision.} infectious or contagious diseases, as well as of securing a satisfactory standard of health among the children in attendance, it is most desirable that arrangements should be made for effective medical supervision. Most Nurseries have already a

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medical officer, but his services are usually voluntary and he has often no definite duties. At the present time it is clearly impossible to require increased medical control, but when more normal conditions are restored a medical officer should be appointed to every Nursery and be paid a suitable salary. He should visit the Nursery regularly; newly admitted children, particularly infants, should be examined, and instruction given as to the methods of feeding to be employed. Any infants or other children who appear to be ailing should also be seen. The doctor should be responsible for the dietary and the hygiene of the Nursery. The Medical Officer of Health will give instructions as to the closing of the Nursery for infectious disease when this is necessary, but the Nursery doctor should suggest those daily precautions, on the effective carrying out of which the prevention of the transmission of infection so largely depends. All infants under a year should be weighed once a week, and the records of the weighings should be submitted to the medical officer for inspection. Each child should have a health schedule on which its physical history should be recorded. These records should be accurate but not elaborate, as it is not desirable to impose unnecessary clerical work upon the matron or staff.

Cost of
Maintenance.

The cost of maintaining a Day Nursery is considerable. There is the initial expense of modifying, furnishing and equipping a house. The staff is resident, and must be on duty whatever the number of children. In the first weeks, before the Nursery has become known to the mothers, the number of children is usually small, and the amounts received from the mothers' payments, as well as the Government grants earned, are correspondingly low. In normal times the average cost of maintaining a child at a Nursery is about a shilling a day, of which 4d. may be attributed to food. The cost is now about 1s. 6d. a day. Mothers' payments are usually 4d. or 6d. a day for one child, and are often reduced when more than one child is sent. They should cover the cost of the food, leaving the balance of the cost to be defrayed by the Board of Education grant and voluntary subscriptions.

DAY NURSERIES OR CRECHES.

Nurseries for Children of Munition Workers.

Since the commencement of the war, and particularly during the past year or so, the sphere of women's labour has become greatly extended. Women have been urged to work in industries and occupations of all kinds, partly to increase the output of articles essential for carrying on the war and partly to release men for service in the army. A further stimulus to women to seek work is the steadily increasing price of food and other necessaries of life. Women who had just enough to live on in normal times, for example, soldiers' wives or widows, and many women with families whose husbands' wages have not increased in proportion to the cost of living, are being driven into the labour market, partly through patriotism, but also through sheer necessity. As a result of this condition, there is a vital and urgent need for Nursery provision for the young children of these mothers who are doing their best to help their country. It is not just to call upon married women to leave their homes without giving them some guarantee that their children will not suffer, and it is particularly difficult for the mothers to make suitable arrangements themselves, as so many of their neighbours who might have aided them in earlier days have also gone out to work. In certain areas where the munition factories are making ever more urgent demands upon the women in the neighbourhood, the problem before the mothers is not easy to solve.

The needs of
Married
Women in
Munition
Factories.

In July, 1915, some social workers in Birmingham were impressed with the need for increased Day Nursery accommodation. A committee was formed, a fund raised, and the first Nursery intended solely for the children of war workers was organised at Handsworth. A large house with a good garden was taken and simply furnished, a competent staff was appointed, and provision was thus made for about forty children.

The mothers of most of the children admitted were engaged in munition factories. It soon became evident that to meet the

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needs of these women the Nursery must be open day and night. Women working on the day shift were glad to have their children with them at night, but when on the night shift they were often unable to obtain proper sleep during the day because of the constant demands made by the children. It was therefore decided to admit children by night as well as by day when necessary. This involved an increase of staff, and consequent increase of cost. The Nursery was recognised by the Board of Education, but the Committee desired to obtain a special grant in view of the particular character of their work and the difficulty of raising money. They therefore appealed to the Ministry of Munitions for assistance, and although there was no immediate result, the matter was thus brought to official notice.

Grants by the
Ministry of
Munitions.

The need for more Nurseries steadily increased, and in a number of areas where it was most urgent schemes were framed for the provision of suitable accommodation. Everywhere schemes were hampered by the difficulty of obtaining money. The Ministry of Munitions was again approached, and it decided ultimately to make special grants for Nurseries organised for the benefit of women working in munition factories. The grants were to be paid at the rate of 75 per cent. of the approved cost of initial establishment, and 7d. for each attendance of a child whether by day or by night. It was arranged that the Board of Education should be responsible for the investigation of any schemes submitted, and for making recommendations to the Ministry as to the grant which should be paid. As several Sanitary Authorities desired to aid the munition nurseries established in their areas, the Local Government Board granted permission for this to be made a temporary charge upon the rates as a matter of war emergency. Official recognition stimulated effort. There are already 14 to 16 nurseries conveniently near large munition factories, and others are likely to be organised before long. In most cases the nurseries make provision for children by night as well as day.

The *Dunsmoor Nursery at Coventry* deserves special mention on account of its open-air character. An excellent house and garden were secured, and a large open-air shed has been erected. Most of the children spend the whole day in the open air with extremely encouraging results in regard to their health and physique.

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A Day Nursery specially erected at *Woolwich* has also been constructed to provide a particularly ample supply of light and air. The large French windows on the south side of the building lead directly from the nurseries to a covered verandah, and can be opened freely whenever weather permits.

Day Nurseries in Rural Areas.

Munition workers are not alone in their demand for Day Nurseries. In many agricultural districts women are being encouraged to work on the land. In the case of married women such work involves prolonged daily absence from home and the consequent risk of neglect to the younger children. Day Nurseries have been organised in a few districts to meet this need. These rural Nurseries are not altogether comparable with Nurseries in a town. In the first place the number of children is not likely to be large; only a small proportion of the mothers in any particular village will need to take advantage of them. Secondly, the surroundings of a Nursery in the country are totally different to those of a town crèche, which must be in a somewhat densely populated district to be conveniently near the mothers' own homes. It follows that large or elaborate premises are not required, and that a garden or field can often be used to supplement in-door accommodation in a way that is not possible in a town. Further, for a small Nursery accommodated in a cottage, mission room, etc., it will usually be impossible to obtain the services of a highly-trained crèche nurse, and it may be necessary to be content with a more homely and less experienced matron, who should, however, work under the supervision of some competent person, whether this be the medical officer, the district nurse, a member of the Committee, etc. An example of a rural crèche is afforded by the small nursery at Long Sutton.

The needs of
the Married
Women at
work on the
land.

Long Sutton Agricultural Workers' Day Nursery.

This Nursery was opened in May, 1916, to meet an urgent need among the women of the district practically all of whom work through the summer and autumn on the surrounding farms. In the strawberry season, when work begins at 4 or 5 a.m., they have been in the habit of taking their children to the houses of various old women in the neighbourhood before going to work, and leaving them in bed with these frequently undesirable nurses.

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The premises in which the Nursery is conducted are of the most primitive type. It was necessary that it should be close to the farms where the mothers work, and cottages in a suitable district are extremely hard to secure. The house used at present is a fairly large and very old cottage which has been a bakery. It has, however, a good garden. The only rooms available for the Nursery are a small entrance which used to be the shop, a parlour with bay window looking into the lane, a larger room with a glass door leading into the garden, a small kitchen, and a good cool larder.

The entrance is used chiefly for hanging up the children's home clothes. There is no means of disinfection, but as the upper half of the entrance door is usually open, the clothes get plenty of fresh air. The small parlour is arranged as a bathroom, and warmed by a coal stove with a fire-guard. The floor is covered with linoleum, and the room contains a stone sink, two enamel baths, a table with a blanket, on which children are placed to be dressed or changed, and a chest of drawers in which the crèche clothing is kept. The larger room, intended as the principal Nursery, would not have been large enough for the 30 children it was proposed to accommodate, and therefore a shelter has been put up outside it in the garden. This makes the Nursery dark, and it is, in fact, used only as a dining and sleeping room, the children living almost entirely out of doors. The room contains a low table with benches, an oil stove, on which meals are cooked in summer, twelve canvas stretchers, and three canvas "Treasure Cots," which can be folded away when not in use. The rest of the equipment, though as simple and inexpensive as possible, is good in detail and well thought out. Chaff beds and pillows are used, and these, as well as the blankets, are made up of old materials given to the crèche. The children use china mugs and bowls for meals; spoons, forks, and milk saucepans are of aluminium. Simple crèche clothes, of good material, are provided for each child; and these, as well as the stretchers and cots, have been made locally. The only sanitary accommodation is at the end of the garden, and small sanitary conveniences are used for the children in the shelter.

It was found impossible to secure a crèche-trained matron to undertake work under these rural conditions. A private children's nurse who has been specially well trained in nursery details was finally appointed to work as matron, with one assistant, under the close supervision of the Hon. Secretary and the Medical Officer of Health, both of whom visit the Nursery constantly. The district nurse also visits each morning to help and advise the matron.

The children arrive at the Nursery from 7 to 8.30 a.m., except in the strawberry season, when they sometimes arrive at 4 a.m. At that hour they are merely put to bed by the Matron, and not washed till a later hour. Attendance varies from 23 in summer to six or even fewer in winter. Each child is bathed and dressed in the small front room, where bottles are prepared and given to the babies.

At 9 a.m. breakfast is served for the toddlers, consisting of oatmeal porridge with brown sugar and milk, varied by bread and butter or

DAY NURSERIES OR CRECHES.

dripping, and cocoa made with milk. Children are allowed as much milk as they will take. They then play in the garden and shelter, till 12, when they have dinner. After dinner, all the children are put down to sleep till about 2.30; they then play in the garden. Tea, at 4 p.m., consists of bread with butter, jam or treacle, and milk to drink. In summer the children are not fetched until 9 p.m., so that considerable devotion and patience are required on the part of the nurses, who are in charge of them for 17 hours. The women pay 7d. for a baby, and 5d. for a toddler, 1d. being deducted where two children come from one house.

As far as the munition workers are concerned, the need for increased Day Nursery accommodation will cease with the war. ^{The future of Day Nurseries.} But it does not follow that the demand for Day Nurseries in general will return to its former level. It is impossible as yet to foretell what effect the war will have on women's work and position, but at least it is obvious that various new openings are being made for women in the industrial world, while already many women have been wholly, or partly, deprived of their husband's support. Thus there is likely to be an increased amount of married women's work, and if this is so it will be desirable for the benefit of the children, if not for their mothers, that the provision of Day Nurseries shall be augmented and shall bear some definite relation to local requirements. This cannot be done systematically until Local Authorities have power to provide and maintain Nurseries themselves, as well as to contribute to the support of those established by voluntary means. Every credit is due to the energy and devotion of those voluntary helpers who have led the way and shown how a Nursery should be organised and managed, but the time seems to have arrived when the principles they have demonstrated should be made more general in application.

CARE OF MOTHERS AND LITTLE CHILDREN.

III.

NURSERY SCHOOLS.

Report of the
Consultative
Committee.

Nursery Schools, or Free Kindergartens, have been founded by voluntary effort in various parts of the country for children between 2 and 6 years of age, with the object of providing suitable training and occupation under good conditions of hygiene for little children not yet eligible for admission to the infant school, and whose home circumstances are unsatisfactory. The general principles on which a Nursery School may be conducted were set out in some detail in the Report of the Consultative Committee of the Board of Education in 1908.* The Committee considered that although the proper place for a child between 3 and 5 years is at home with its mother, under existing economic conditions, the home surroundings of large numbers of children who attend elementary schools are not satisfactory, and children from such homes should be sent during the daytime to places specially intended for their training. They expressed the opinion that children under five should not be subjected to any mental pressure and undue physical discipline, and that the premises in which they are trained should be roomy and well lighted, warmed and ventilated. Formal lessons in reading, writing and arithmetic should be rigidly excluded, and freedom of movement, constant change of occupation, frequent visits to the playground, and opportunities for sleep are necessary. In view of the importance of training children in cleanly habits at an early age, nurse attendants or school helps should be provided to attend to the physical needs of the children.

Since the Consultative Committee reported, great progress has been made in regard to child hygiene. On the one hand the infant school curriculum has been largely modified, and a number of infant departments now closely correspond in many respects with the type of school recommended by the Committee. On the other hand, great attention has been

* Report of the Consultative Committee upon the School attendance of children below the age of 5. This Report included not only the views of a number of witnesses, but memoranda by special investigators in regard to Crèches, Nursery Schools, Kindergartens, etc., in Belgium, France, Germany, and Switzerland.

NURSERY SCHOOLS.

attracted to the physical welfare of infants and children under school age. The writings of Madame Montessori have also had a considerable influence on methods of training adopted for little children. As a result, the stress laid upon matters of health and hygiene by the Consultative Committee are even more strongly emphasised by later advocates of Nursery Schools, and there is a tendency to regard the Nursery School as a development of and from the Day Nursery, rather than as part of the ordinary elementary school.

Such Nursery Schools as exist are conducted in accordance with the views of the particular individual or committee responsible for their organisation and support. They receive no grants in aid from the State or from Local Authorities, and they are subject to no inspection or central control. There is no Association, as is the case with Day Nurseries, which attempts to standardise their organisation. The schools are therefore free to experiment and to introduce such new methods of teaching and training as seem useful. At the same time they are generally similar in arrangement, though they differ in details of management.

Organisation
of Nursery
Schools.

Broadly speaking, children remain at the school during the whole day. Great attention is paid to cleanliness of the clothes and body. A midday meal is usually provided, this is followed by sleep, and as much use as possible is made of available facilities for open-air training and occupations.

Ardwick Kindergarten, Marsland Street, Manchester.

This Kindergarten was opened in September, 1915, for children between 2 and 5 years old. It is supported by voluntary subscriptions, and controlled by a committee.

The premises consist of four rooms which are the property of the Workshop Lads' Club, and which are lent rent free. There is no outside playground of any kind, and for this reason the committee may decide to take a house with a yard or garden. The children are now being taught and trained in surroundings similar, so far as poverty of housing and accessories go, to those of their own homes. At the same time, the absence of any outside playground is a defect.

Equipment is simple, the furniture consisting of small chairs and a few small tables which can be taken to pieces and put away. Stretchers are provided for the sleeping hour. There is also a piano and a cupboard containing toys and Montessori apparatus. In the cloakroom is a low bench with little basins, some pegs for clothes, and

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ledges for boots and shoes. There are pictures on the walls of the schoolroom, and flowers are grown in the windows.

The *teacher* has evidently a peculiar aptitude for dealing with little children, and she is entirely responsible for the detailed work of the school. All teaching is given by her, but voluntary helpers are usually present to assist in the care of the children. A trained nurse has been engaged to examine the children daily. A medical inspection is arranged for once a term, and a dental inspection also. Treatment is provided at the hospital when necessary, but cases which require dental attention are treated privately.

Daily Routine.—There are at present twelve children attending the school, which opens at 9.30 a.m. They are brought by their mothers, who are interviewed by the teacher. Outer clothes are removed, overalls and shoes being provided, and the children wash if necessary. Personal cleanliness is strongly insisted upon; the co-operation of the mothers is sought, and is said to be always obtained in the end, though the children are often extremely dirty when they first come to the school. Methods of cleansing are explained to the women individually, and the appearance of those children who have been attending for any length of time is most satisfactory. Children are taught to do as much as possible for themselves and for one another, the elder ones buttoning the pinafores of the babies and fastening their shoes. The daily routine of work is as follows:—

10 a.m. Prayers.

10.15. Montessori work.

11. If the weather is fine enough the children are taken for a short walk.

11.30. Lunch: consisting of milk and biscuits. The children then help to clear the tables and sweep the floor with little brooms.

12. School closes.

2 p.m. Children are brought by their mothers and are put to sleep for at least an hour. Those who wake play with toys in the entrance parlour.

4 p.m. School closes.

Results.—The children brought to this school are said to come from some of the poorest and worst homes in the neighbourhood, and, when first admitted, to have been extremely slow, undeveloped, and difficult to deal with. They now give the impression of being considerably more energetic, and alive to persons and objects around them, than children of the same age in an average Day Nursery. Habits of courtesy to one another and to strangers have already been formed, and training in personal cleanliness and good physical habits has had a marked effect upon the children. Their general appearance, and especially the condition of their hair, is most satisfactory.

The Mitre Nursery School, Stepney.

Premises.—Children are received free at this school between the ages of 2½ to 6 years. The work is carried on in a large building originally

NURSERY SCHOOLS.

intended for a people's theatre, and now used in the evening as a girls' club. The rooms devoted to the children by day include a large hall with a small platform at one end, which is steam-heated and well lighted and ventilated; a small lavatory and cloakroom with washing basins; a pantry, kept in order entirely by the children, where the crockery is placed on low shelves, within their reach, and where there is a low table with arrangements for washing up. Upstairs is a small kitchen, and a roof garden where the children play in summer. The hall in which the School is carried on is equipped with little tables, low seats, pictures, and cupboards containing toys and books.

Daily Organisation.—Two teachers are in charge. No fixed routine is followed, the object of the work being to give the children the atmosphere of spontaneous interest and of orderliness and freedom which they would find in the best type of home life. For this reason not more than 24 children are allowed to attend the school. Special clothes, consisting of a woollen undergarment and blue galatea suit, are provided; these are worn at home as well as at school, and are washed by the mothers.

Children arrive at 9 a.m. and go to the cloakroom, where they wash themselves and take off their outer clothes. They then come into the schoolroom, where they walk about freely, talk to the teachers, and choose their own toys and employment. At 10 o'clock a chord is struck on the piano, and all, except two, gather round the teacher for singing, conversation, games, or informal Montessori work. The two children who remain prepare the tables for the morning cocoa lunch. Any child over three is allowed to volunteer for this, and it is done with great exactitude, the number of children present, and the number of mugs on the tables, being carefully counted. After lunch follow drill, games, stories, and sometimes Montessori work until mid-day, when the children wash and then prepare the tables for dinner. They clear away their own dinner, wash up, and tidy the hall, doing everything without any special directions from their teachers. After this, all except a few of the elder ones go to sleep on pallet mattresses in the hall. These elder ones amuse themselves quietly while the teachers have lunch; afterwards stories are read until 4 o'clock, when all the children go home.

Results.—It is stated that the behaviour of the mothers—many of whom are among the very roughest—alters greatly after their children have attended the school for a few months. In many cases the mothers give up violent and capricious punishments, and begin to develop a feeling of respect for their children. Every effort is made by the teachers to keep in close touch with the parents.

It is probably desirable that all Day Nurseries should provide training of the kind which has been found so useful in Nursery Schools, as far as children over three years are concerned. At present many valuable opportunities of inculcating good habits of daily hygiene and laying the foundations of subsequent physical and mental education, are

Future
development
of Day
Nurseries in
relation to
Nursery
Schools.

CARE OF MOTHERS AND LITTLE CHILDREN.

lost because the intention of the Nursery is care rather than training. For infants, indeed, care is all that is needed, but as the child grows older a somewhat more definitely educational regime is of value. It is not suggested that anything in the way of formal lessons should be encouraged. The children require the kind of training which under better conditions might be given by their own mother and an intelligent nurse. One way of introducing the teaching is to engage a visiting Kindergarten or Montessori trained teacher, (as is already done in a number of Day Nurseries), and allow her to organise a "school" for those children old enough to profit, using the nurses on the ordinary staff as assistant teachers when practicable. Another method is to limit the Day Nursery proper to children under three and organise a Nursery School for children over three in close association with the Day Nursery. But the most satisfactory plan is to have the Nursery in charge of an officer who can organise a Nursery School for children over three in close of education permeates the whole organisation.

Conclusions.

The foregoing consideration of agencies concerned with infant welfare appear to lead to the following conclusions:—

First, that in respect of the practice of mothercraft, and the rearing and management of young children between infancy and school age, there is a problem to be solved, a problem which is of vital importance to the well-being of the State.

Secondly, that the methods by which the problem can best be dealt with arrange themselves in relation to three types of institutions, namely, Schools for Mothers and Infant Welfare Centres, Day Nurseries and Nursery Schools.

Thirdly, that its solution depends, in part at least, upon an effective organisation of voluntary effort which would bring to this task a spirit and a service essential to the proper solution of a problem so personal and so domestic. And

Fourthly, that the fundamental principles always to be borne in mind in the organisation and application of such methods include a full recognition, first, of an educational spirit and educational methods in a wide sense, and secondly, of the physical basis of all true nurture.



BABY WEIGHING, INFANT CONSULTATIONS.
(Women's League of Service.)



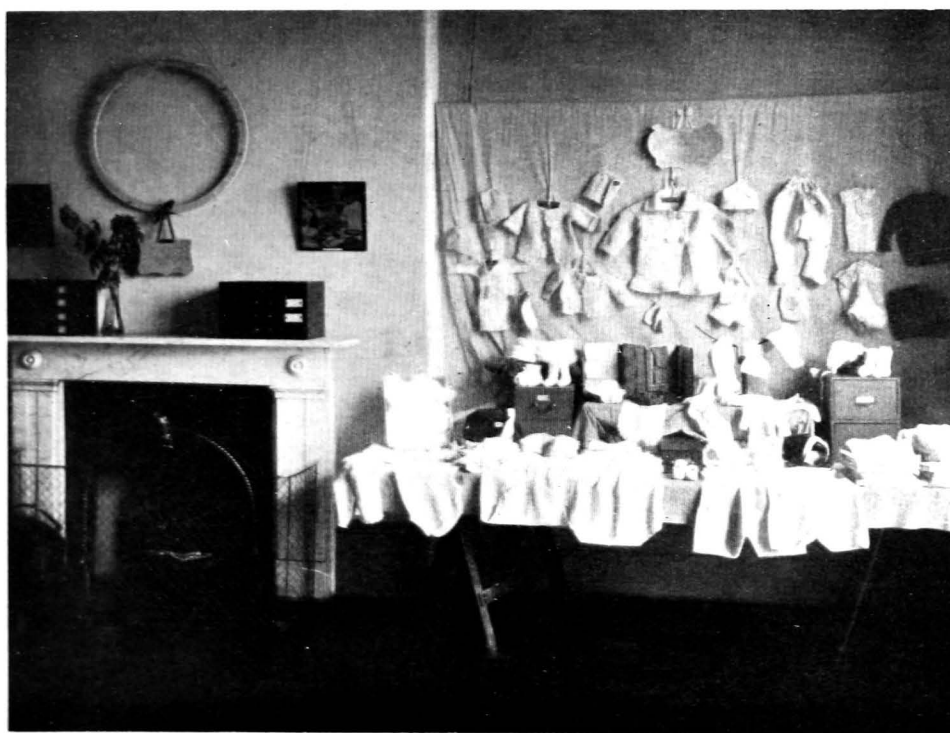
CARE OF THE BABIES WHILE THEIR MOTHERS ARE ATTENDING
CLASSES.
(Women's League of Service.)



INFANT CONSULTATIONS, CAMBERWELL SCHOOL FOR MOTHERS.



WEIGHING ROOM, NORTH ISLINGTON MATERNITY CENTRE
AND SCHOOL FOR MOTHERS.



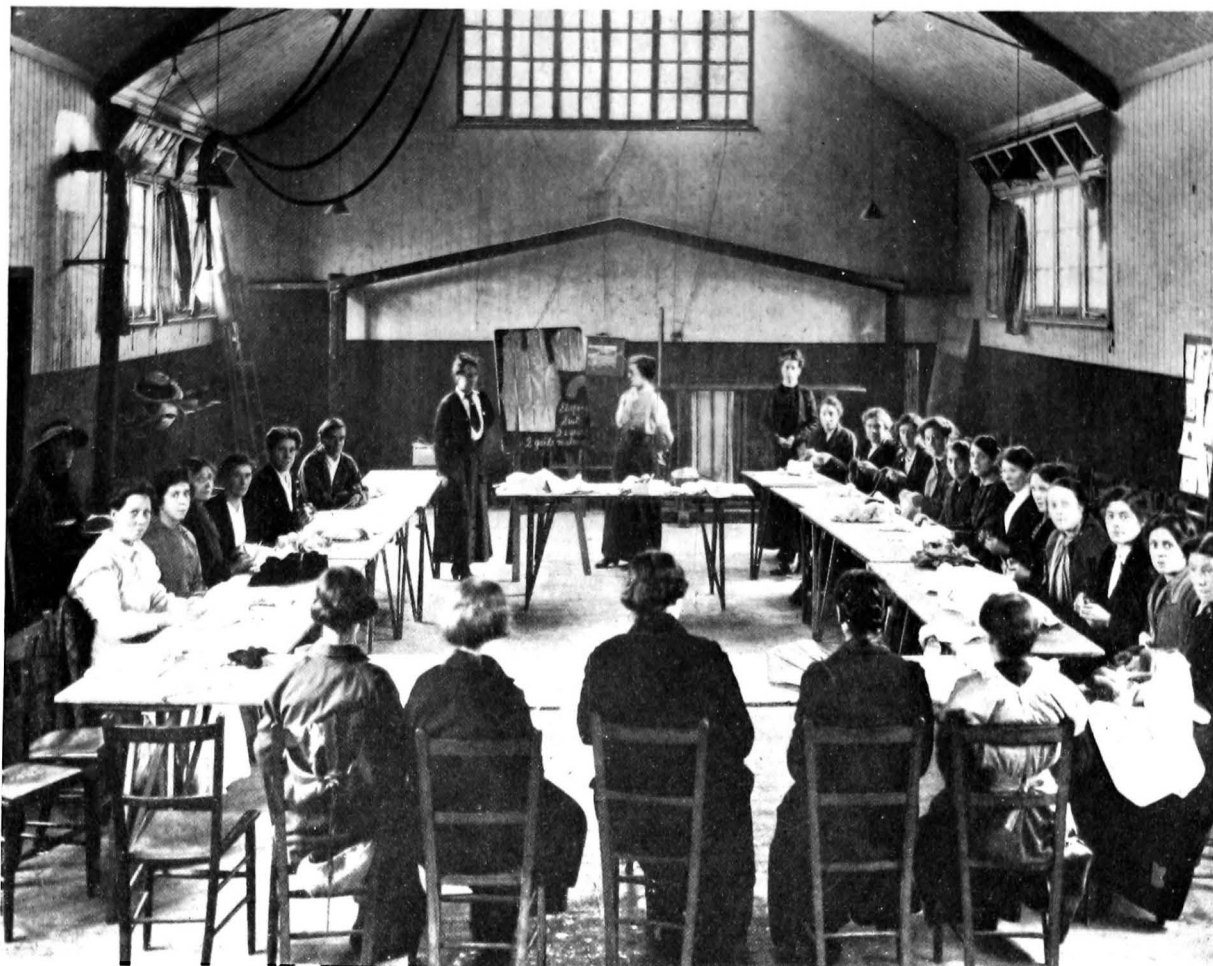
CLOTHING STALL, NORTH ISLINGTON MATERNITY CENTRE
AND SCHOOL FOR MOTHERS.



COOKERY CLASS, ST. PANCRAS SCHOOL FOR MOTHERS.



INSTRUCTION TO MOTHERS IN WASHING AND DRESSING A BABY, STEPNEY SCHOOL FOR MOTHERS.



SEWING CLASS, UNIVERSITY SETTLEMENT SCHOOL, FOR MOTHERS, BRISTOL



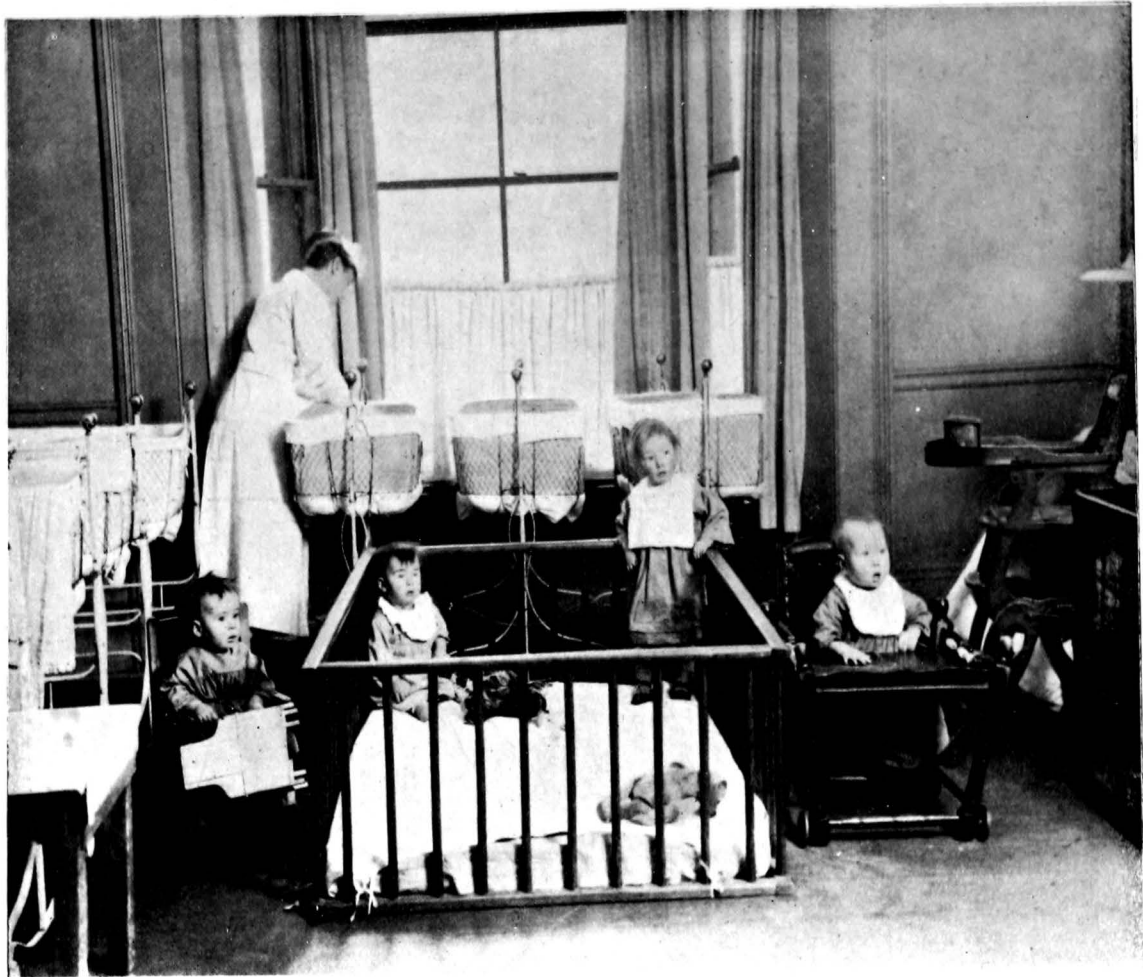
TEACHING MOTHERS HOW TO CARE FOR THEIR AILING BABIES, OBSERVATION NURSERY,
ST. PANCRAS SCHOOL FOR MOTHERS.



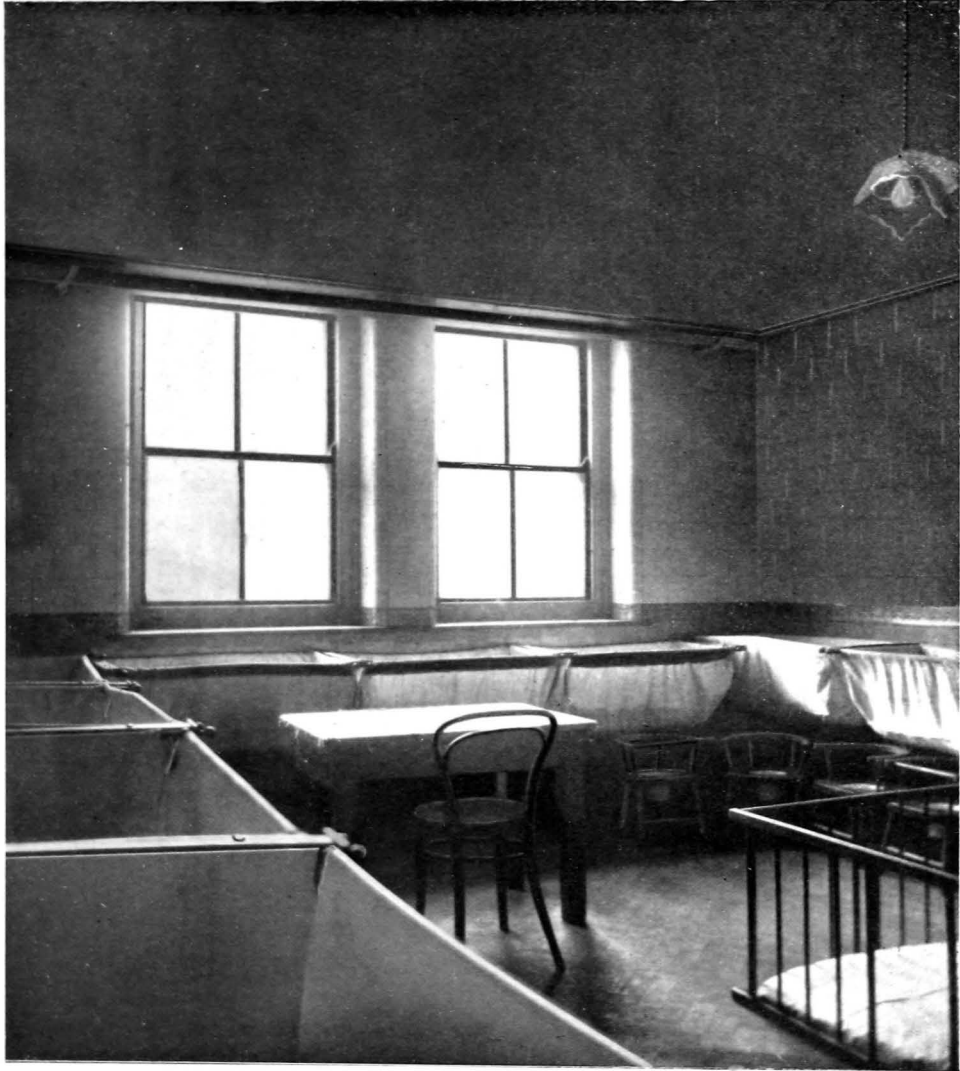
VIEW OF THE BALCONY AT THE LEASOWE BABIES' HOSPITAL.



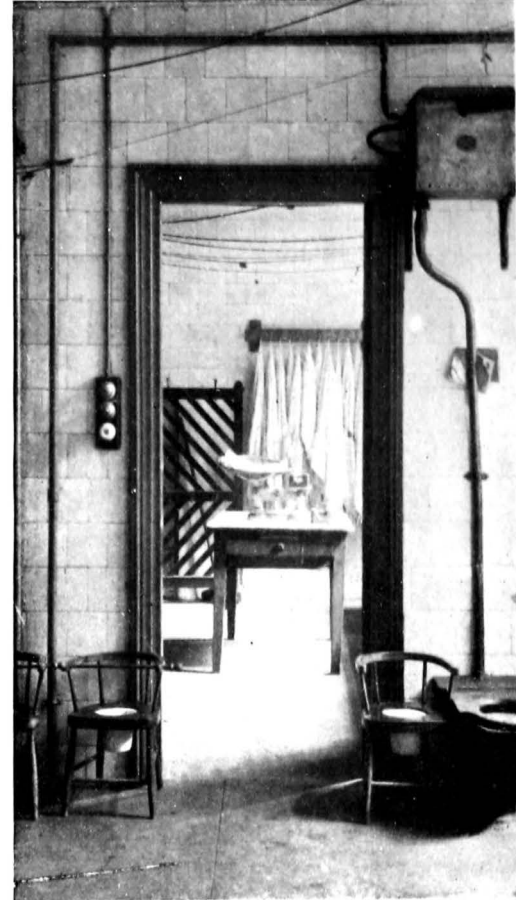
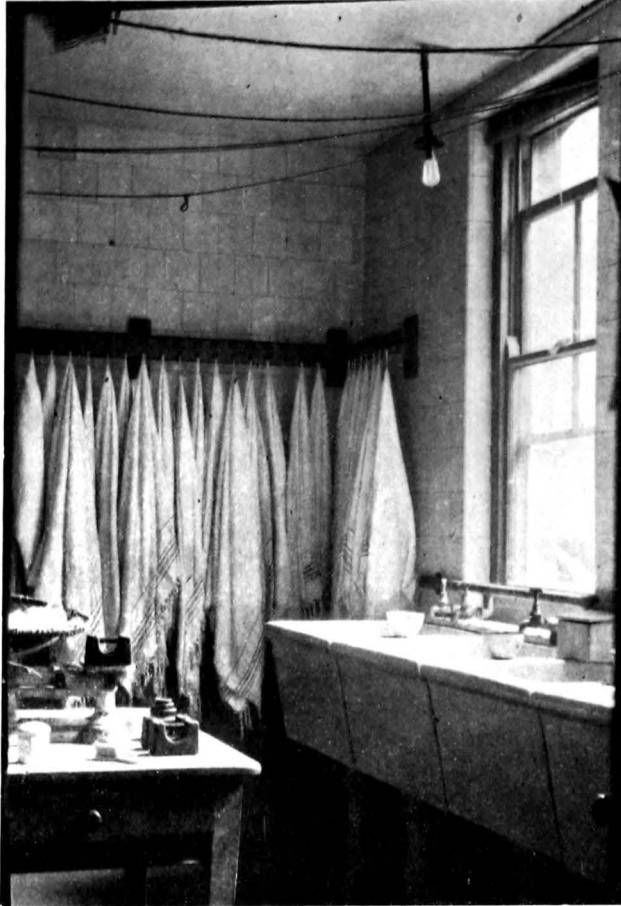
VIEW OF BABIES' WARD AT THE LEASOWE HOSPITAL.
(The wards are so constructed as to afford practically open-air treatment.)



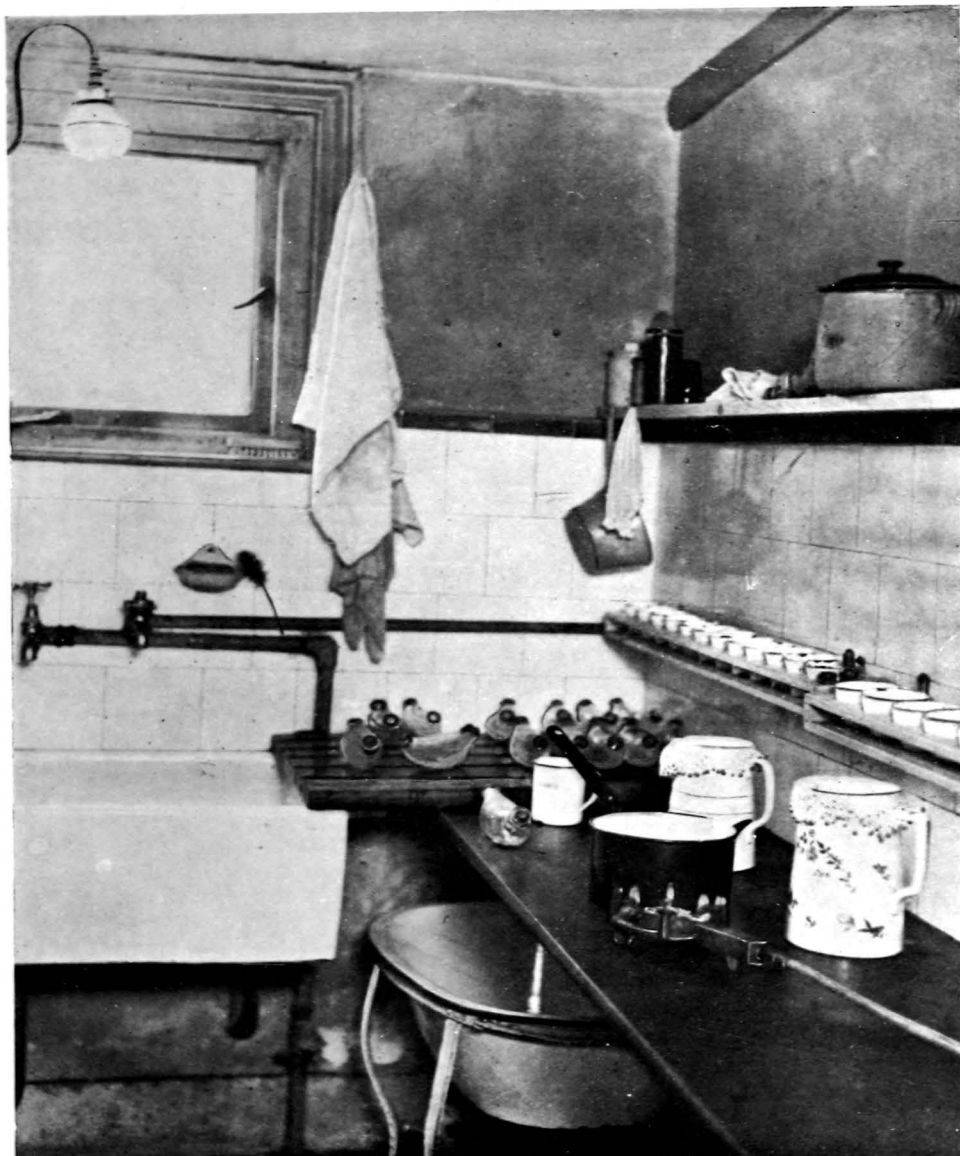
INFANTS' NURSERY, NOTTING HILL DAY NURSERY.



RECEIVING ROOM, JEWISH DAY NURSERY, LONDON.



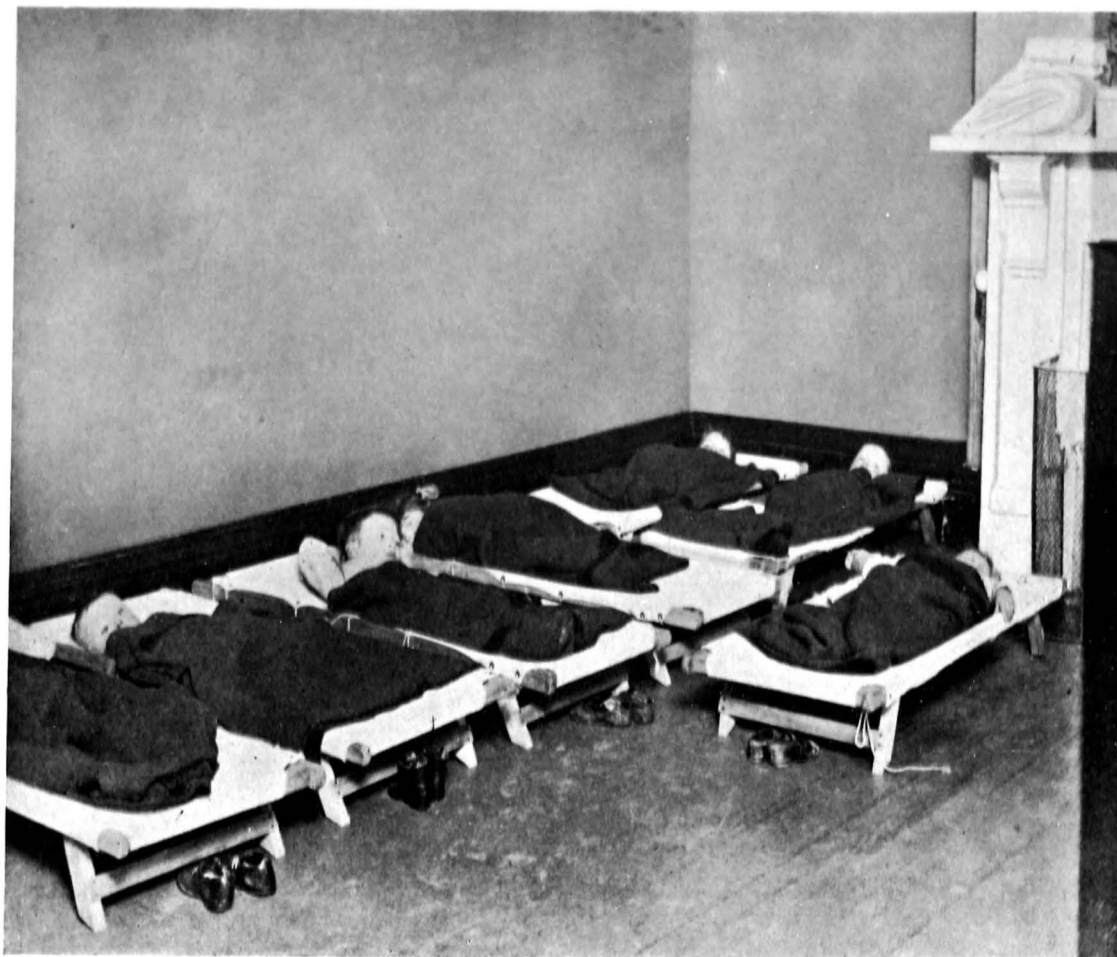
BATHROOM, JEWISH DAY NURSERY, LONDON.



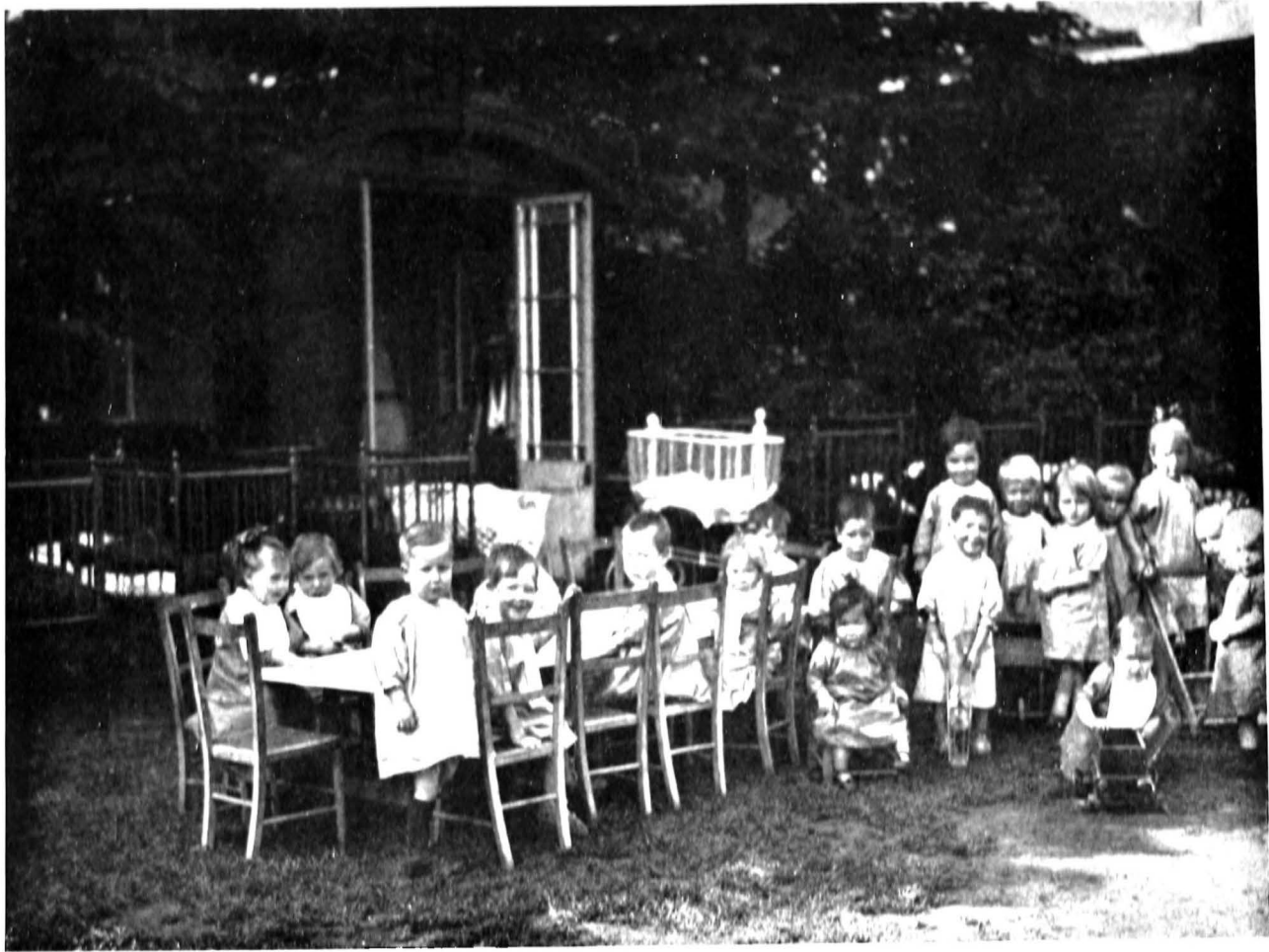
"BOTTLE ROOM," NOTTING HILL DAY NURSERY.



DINNER TIME, HANDSWORTH DAY NURSERY, BIRMINGHAM.



AFTER DINNER, HANDSWORTH DAY NURSERY, BIRMINGHAM.



DUNSMOOR DAY NURSERY, COVENTRY.



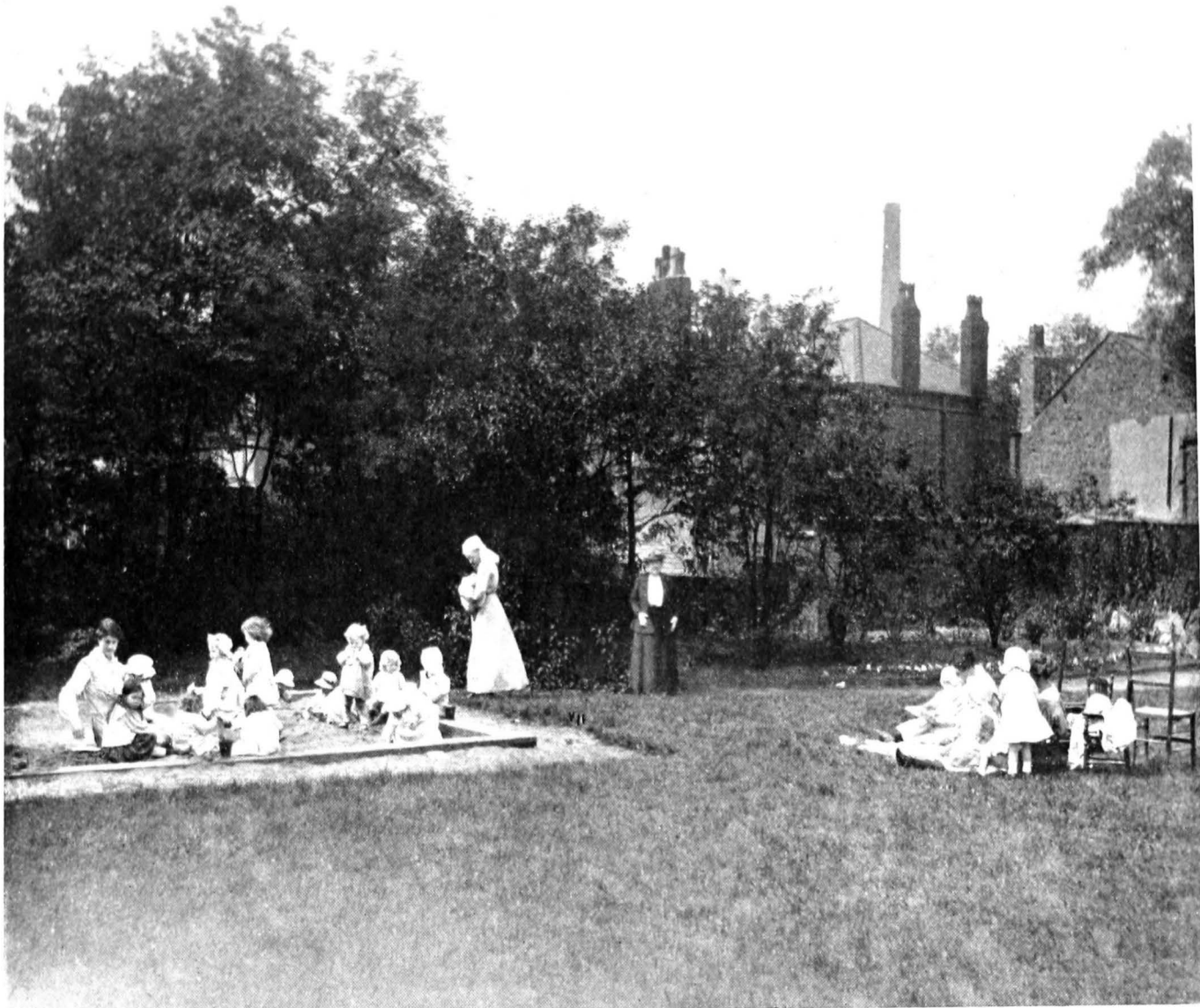
GREET NURSERY SCHOOL, BIRMINGHAM.



THE GARDEN, GREET NURSERY SCHOOL, BIRMINGHAM.
Reproduced by kind permission of the Birmingham People's Kindergarten Association.



OPEN-AIR DAY NURSERY, STOCKPORT SCHOOL FOR MOTHERS.



OPEN-AIR DAY NURSERY, STOCKPORT SCHOOL FOR MOTHERS.

Appendix A.

The following is the Course prescribed by the Central Midwives Board for the training of Midwives:—

The examination shall be partly oral and practical, and partly written, and shall embrace the following subjects:—

- (a) The elementary anatomy and physiology of the female pelvis and its organs.
- (b) Pregnancy.

| | | |
|---|---|---|
| <ul style="list-style-type: none"> (1) Its hygiene (2) Its diseases and complications, including abortion | } | both in relation to:— (a) the mother. (b) the unborn child. |
|---|---|---|
- (c) The symptoms, mechanism, course and management of natural labour.
- (d) The signs that a labour is abnormal.
- (e) Haemorrhage: its varieties and the treatment of each.
- (f) Antiseptics in Midwifery and the way to prepare and use them.
- (g) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter, and the taking of the pulse.
- (h) The management (including the feeding) of infants.
- (i) Signs of the diseases which may develop during the first ten days, including Pemphigus and other skin eruptions.
- (j) The duties of the Midwife as described in the regulations.
- (k) Obstetric emergencies, and how the Midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases and of the mode of their administration.
- (l) Puerperal Fevers, their nature, causes and symptoms.
- (m) The Venereal Diseases (Syphilis and Gonorrhoea) in relation to their signs, symptoms, and dangers in women and children and to the risks of contagion to others.
- (n) The disinfection of person, clothing and appliances.
- (o) Elementary physiology, and the principles of hygiene and sanitation as regards home, food, and person.
- (p) The care of children born apparently lifeless.

CARE OF MOTHERS AND LITTLE CHILDREN.

Appendix B.

(a) Voluntary Institutions for Infant and Maternal Welfare.

The following list of Voluntary Institutions was compiled by the National League for Physical Education and Improvement. It includes not only Schools for Mothers and Infant Welfare Centres, but also Maternity Centres, Dining Centres, etc. It is not a complete list but indicates the wide-spread character of voluntary effort.

- *Partly Municipal.
 †Affiliated to the Association of Infant Welfare and Maternity Centres.
 §Associated with the National League for Physical Education and Improvement.
- ABINGDON Babies' Welcome Club, Church Rooms, Ock Street.
 ACTON Women and Girls' Social Club and Mothers' Welcome, 44, Stanley Road, South Acton.
 ALFRETON Infant Welfare Centre. Branch at Ironville.
 ALTRINCHAM School for Mothers.
 *ANDOVER Babies' Welcome and Help for Mothers, The Parish Room, The Vicarage.
 †APPLEDORE Infants' Welfare Centre.
 *ARNOLD Infant Welfare Association, 12, Front Street, Arnold, Nottingham.
 †ARUNDEL Infant Welfare Centre, Granville House, Maltravers Street.
 ASCOTT-UNDER-WYCHWOOD School for Mothers and Baby Clinic.
 ASHOVER Infant Welfare.
 †ASHTON-UNDER-LYNE Ladies' Health Society.
 *ATHERSTONE Maternity and Child Welfare Committee.
 ATHERTON Babies' Welcome.
 *BALA Infant Welfare Centre, C. M. Chapel School Room, Bala, North Wales.
 BALCOMBE Mothers' and Babies' Club.
 BANBURY Mothers' Parlour (organised by the Banbury Nursing Association).
 BANGOR Mothers' and Babies' Infant Welfare Centre, District Nursing Institute, Bangor, North Wales.
 BANSTEAD Infant Consultations.
 *BARKING Infant Care Association, Public Offices, Barking.
 BARMOUTH Mothers' Club.
 †BARROW-IN-FURNESS Infant Welfare Centre, Abbey Road.
 BARWELL AND DISTRICT Mothers' Welcome. Branch at Earlsilton.
 †BASINGSTOKE Maternity and Child Welfare Centre.
 †*BATH Infant Consultation and Baby Visiting Society, Rosewell House, Kingsmead Square.
 BEDFORD Mothers' and Babies' Welcome. Infant Welfare Association.
 *BEDWORTH Infant Welfare Centre, Parish Rooms, Bedworth, Warwickshire.
 BEMBRIDGE Infant Welfare Centre.
 BERKHAMSTEAD Mothers' at Homes, 90, High Street.
 †*BEVERLEY Babies' Welcome, Baptist School, Lord Roberts' Road, Beverley.
 †BIDEFORD Mothers' Guild and Baby Welfare Centre, 2, Butt garden Street, Bideford.
 BIRKENHEAD Maternity Hospital Infant Consultations.
 †*BIRMINGHAM Infants' Health Society and School of Mothercraft, Medical Mission, Floodgate, Street. Maternity Hospital Consultations. Nursing Mothers' Dinners Society, Digbeth Institute, Birmingham.
 *Handsworth Infant Welfare Centre, Grovelly House, 6, Holyhead Road, Handsworth, Birmingham.
 †Selly Oak and District School for Mothers and Babies' Welcome, The Village Bells, Harborne Lane, and 74, Exeter Road, Selly Oak, near Birmingham.
 †*Birmingham Women's Settlement School for Mothers, 6, Gosta Green, Birmingham. Yardley Infant Health Society. South Edgbaston School for Mothers, 100, Wynn Street, Edgbaston.
 †*Sparkhill and Greet Maternity and Infant Welfare Centre.
 †Stirchley and Cotteridge School for Mothers, Leahouse Road, Stirchley, near Birmingham.
 †*St. Chad's Babies' Meeting, St. Chad's Hall, Bath Street, Birmingham.
 BISHOP AUCKLAND Babies' Welcome, Temperance Hall, Victoria Street.

LIST OF VOLUNTARY INSTITUTIONS.

- BLACKBURN Nursing Mothers' Aid Society, 10, Mary Ann Street.
- †BLAENAU FESTINIOG Infant Welfare Centre.
- BOLSOVER Infant Welfare Centre.
- †BOLTON Kitchen for Mothers, 7, Crook Street.
- †School for Mothers and Babies' Welcome, The Thomasson Reading Rooms, Crompton Street, and Branches at the Congregational School, Derby Street; the Free Church, Halliwell Road; Congregational School, Nelson Street, Rose Hill; and the Girls' Club, Kensington Street, Bolton.
- †*BOOTLE Health Society, Bootle Masonic Hall, Merton Road.
- †*BOROUGH GREEN Mothers' and Babies' Welcome.
- †*BOURNEMOUTH Health and Mothers' Aid Association. Branches at Cromwell Hall, 72, Cromwell Road; Temperance Hall, Haviland Road; Primitive Methodist Schoolroom, Wimborne Road; and St. Andrew's Institute, 127, Malmesbury Park Road.
- †Branksome Kitchen and League of Help for Mothers (organised by the Liberal Christian League).
- BRADFORD Health Association.
- †BRENTFORD Maternity and Child Welfare Centre.
- †BRIDLINGTON Babies' Welcome.
- †*BRIERFIELD Infants' Aid Society, 11, Mayville Road, Brierfield, Lancs.
- †BRINSCALL Babies' Welcome and School for Mothers.
- †BRISTOL Infant Welfare Association.
- *†Bedminster Maternity Centre and Mothers' School, 14, Bedminster Parade.
- *†Broad Plain School for Mothers, Girls' Club, Broad Plain.
- *Callowhill Street School for Mothers.
- *Durdham Down School for Mothers.
- *†Hotwells School for Mothers, Tipperary Club, 118, Hotwells Road.
- *†Kingswood School for Mothers.
- *†Moorfields School for Mothers, 28, Chapter Street, Dean Lane.
- *†North Bristol School for Mothers, St. Agnes Girls' Club, Newfound-land Road.
- *†St. Augustine's School for Mothers, Hamilton's Rooms, 40, Park Street, Bristol.
- St. James' and District School for Mothers, The Lewins Mead Mission Hall, 10, Montague Street, St. James', Bristol.
- *†St. Lawrence Babies' Welcome, Church House, Leadhouse Road, Bristol.
- *Shirehampton School for Mothers, The Mission Hall, Shirehampton.
- *Southmead School for Mothers, the Mission Hall, Southmead.
- *†University Settlement School for Mothers, Ducie Road, Barton Hill.
- BRISTOL—con.
- *†Westbury School for Mothers, Old Jacobean House, Westbury-on-Trym.
- BROAD CAMPDEN School for Mothers.
- †BROADSTAIRS AND ST. PETER'S Mothercraft Club.
- †BROADWAY: Stanton Maternity Centre.
- *†BROMLEY Infants' Health Society (Branch of the National League for Physical Education and Improvement).
- BROMSGROVE School for Mothers.
- BULWELL Mothers' and Babies' Welcome, Salvation Army Barracks, Bulwell, Nottingham.
- BURGESS HILL School for Mothers and Infant Welfare Association.
- †BURNHAM Infant Welfare Centre.
- *†BURNLEY League of Service School for Mothers.
- *†BURTON-ON-TRENT Health Society and Mothers' and Babies' Welcome, 55, Union Street, Burton.
- BURY Mothers' Welcome, 12, John Street, Bury, Lancs.
- CAMBORNE Babies' Welcome, War Service Depot, Basset Road.
- †CAMBRIDGE Branch of the National League for Physical Education and Improvement and Infant Welfare Committee. Branches at the District Nurses' Home, Newmarket Road; St. Paul's Institute, New Town; St. Giles' Parish Room, Castle End; and Hope Hall, Romsey Town.
- †CANNOCK and District Infants' Welfare and Nursing Society.
- †CANTERBURY Maternity and Mothercraft Association, 5, Church Street, St. Paul's.
- †St. Gregory's Mothers' and Babies' Welcome.
- †*CARLISLE Mothers' and Babies' Welcome.
- (1) Central School, West Wall.
- (2) Heads School, Caldewgate.
- (3) Waldegrave Hall, Botchergate.
- CARLTON Mothers' Welcome, 40a, Main Street.
- CATSHILL School for Mothers.
- †CAVERSHAM School for Mothers.
- CHAPEL-EN-LE-FRITH Mothers' and Babies' Welcome.
- CHELMSFORD Infant Welfare Centre, G.F.S., 127, London Road, Chelmsford.
- †CHELTENHAM Voluntary Health Society, Clarence Parade House. Branches at 2, Bath Street and St. Peter's Institute.
- *†CHESTER Ladies' Health Society, Crook House, Crook Street.
- CHESTERFIELD: Brampton Baby Clinic.
- †CHILD'S HILL Maternity and Infant Welfare Centre, 2, Granville House, Granville Road, Child's Hill, N.W.
- *†CHISWICK Infant Welfare Centre, 15, Essex Place, Belmont Road, Turnham Green. Branch at Chiswick Mission, Fraser Street.

CARE OF MOTHERS AND LITTLE CHILDREN.

- CHURCHAM AND HUNTLEY School for Mothers and Babies' Welcome, Churcham Schools, near Gloucester.
- *†CINDERFORD Mothers' Club and Babies' Welcome, Domestic Science Rooms, Higher Elementary School.
- CIRENCESTER Women's Institute Infant Welfare Centre (in course of formation), Women's Institute, Cirencester.
- *†CLARENCE AND HAVERTON HILL Mothercraft Club. Branches at the Parish Hall, Haverton Hill, and the Wesley Schoolroom, Clarence.
- †CLEETHORPES School for Mothers and Babies' Welcome, Market Place.
- CLITHEROE Mothers' and Babies' Welcome.
- †COLCHESTER Mothers' and Babies' Welcome Club, Girls' Club Room, St. Botolph's Street, Colchester.
- *CORWEN Infant Welfare Centre, Featress Temperance Hotel, Corwen, N. Wales.
- †COVENTRY Infant Welfare Centre. †Care of Maternity Committee, Tipperary Club, Palace Yard, Earl Street.
- †CROSSHILLS and District Infant Welfare Centre.
- *†CROYDON Mothers' and Babies' Welcomes. Branches at 1, Northumberland Villas, Sanderstead Road, S. Croydon; 20, Albert Road, E. Croydon; 141, Portland Road, S. Norwood; 91, Clifton Road, Thornton Heath; and the Parochial Hall, Sylverdale Road, Old Town, Croydon.
- CUCKFIELD Children's Welfare Society.
- DANEHILL and HORSTED KEYNES Infant Welfare Centre.
- DARLINGTON Maternity Centre.
- *†DARTFORD Babies' Club, Co-operative Hall, Dartford.
- *DARWEN Mothers' Club.
- †DATCHET Infant Welfare Centre, County Club Buildings.
- †DERBY Hostel for Mothers and Day Nursery, 36, Full Street.
- *DERWENT VALLEY Infant Welfare Centres. Branches at the Old Grove School, Cutler's Hall, Shotley Bridge, and at Durhan Road, Blackhill.
- †DINAS POWIS Infant Health Club, Eastbrook Church Room.
- DOLGELLY Infant Welfare Centre.
- DROYLESDEN Infant Welfare Society, Wesleyan Schools, Manchester Road.
- *DUNSTABLE Infant Welfare and Maternity Centre, Burr Street Schools, Burr Street, Dunstable.
- DURHAM AND DISTRICT Mothers' and Babies' Welcome.
- EASTBOURNE Infants' Welfare Hostel.
- †EAST GRINSTEAD Mothers' Welcome.
- †*ECCLES Ladies' Health Society. ECCLESHALL Mothers' Welcome.
- †*EDMONTON School for Mothers and Child Welfare, Lambs' Institute, Church Street, Lower Edmonton.
- *ETON WICK Nursing Association School for Mothers.
- *EXETER Babies' Welcome Club, 51, Magdalen Street, Exeter.
- FALLINGS PARK Garden Suburb Health Culture Society.
- †FALMOUTH Mothers' School and Infants' Milk Club, Guild of Help Rooms, Quay Hill, Falmouth.
- FARINGDON Infant Welfare Centre, Mission Hall, Coxwell Street.
- *FARNWORTH Maternity Centre.
- *†FINCHLEY Schools for Mothers: 7, Woodhouse Parade, North Finchley and Old Wesley Hall, King Street, East Finchley.
- FOLKESTONE Public Health Association.
- GATESHEAD School for Mothers.
- *†GLOUCESTER Mothers' Club and Babies' Welcome Centres at St. Mark's Church Institute, Kingsholm; St. James' Mission Hall, High Street, Tredworth; Wesley Hall, Frampton Road; 3, Roundhouse Buildings, Lower Westgate Street; Union Jack Rooms, Southgate Street.
- Longlevens and District Child Welfare Centre, The Church Room, The Avenue.
- GOOLE School for Mothers.
- GOSPORT AND ALVERSTOKE Mothercraft Club, Thorngate Hall, Gosport.
- GRAVESEND Babies' Welcome.
- *GEIMSBY School for Mothers, Adult School, Albert Street.
- GUISBOROUGH Mothers' and Babies' Welcome.
- HALIFAX Infants' Consultation Home, 10, Haley Hill.
- *Halifax Public Health Association, Rawson Street, Halifax.
- †HANLEY Infant Welfare Centre.
- *†HARROW: Wealdstone Babies' House, Homewood, Wealdstone.
- HASTINGS Service of Help for Motherhood and Infancy, 71, Albion Street, Halton.
- *HAYWARDS HEATH Infant Welfare Centre.
- HEATON MERSEY Mothers' and Babies' Welcome.
- †HENDON (West) Maternity and Infant Welfare Centre, the Co-operative Hall, Telford Road, West Hendon.
- *†HEREFORD School for Mothers, C.O.S., Percival Hall.
- †*HEXHAM Mothers' and Babies' Welcome.
- †HIGH WYCOMBE Health Society, Church House.
- HOLMEWOOD Mothers' Welfare Club.
- †HORNSEY Maternity and Infant Welfare Centre, Parkinson Hall, High Street.

LIST OF VOLUNTARY INSTITUTIONS.

- HORSHAM Guild of Health.
 HOYLAKE Infants' Welfare Centre.
 HUCCLECOTE Infant Welfare Centre.
 HUCKNALL Infant Welfare Centre.
 †*HUDDERSFIELD and District Public Health Union.
 †*HURST School for Mothers.
 †*HYDE Maternity and Child Welfare Society.
 *†ILFORD School for Mothers. Friends' Meeting House, Albert Road. Branch at the United Methodist Free Church, Barkingside.
 ILFRACOMBE School for Mothers.
 IRONVILLE Babies' Welcome. (See Alfreton.)
 *JARROW Catholic Women's League Infant Care Clinic.
 Infant Welfare Centre.
 KEIGHLEY Infant Aid Society, Mansion House, Victoria Park.
 *KENDAL Infant Consultations, The Working Men's Institute, Highgate.
 †KENILWORTH Maternity and Infant Welfare Centre.
 KIDDERMINSTER Expectant and Nursing Mothers' Society.
 †KINGS LANGLEY School for Mothers.
 *†KINGS LYNN Infant Welfare Centre, The Friends' Meeting House.
 †KINGSTON and SURBITON Mothers' and Babies' Welfare Society.
 †KNARESBOROUGH Babies' Welcome, Town Hall.
 KNUTSFORD School for Mothers.
 †*LANE END Mothers' and Babies' Welcome, Lane End, High Wycombe.
 *LEAMINGTON SPA Infants' Health Society, Albert Hall, Kenilworth Street, and Mission Room, Althorpe Street.
 LECKHAMPSTEAD Babies' Welcome.
 *†LEEDS Babies' Welcome Association, 12, Market Buildings, Vicar Lane. Branches at Burmantofts Street; School Street Mission, West Street; St. Oswald's Schools, Hunslet Carr; University Club, Berking Avenue; Adult School, Cross Chancellor Street, Woodhouse; St. John's School, Sweet Street West, Holbeck; Methodist School, Hall Lane, Armley; Babies' Home at Wyther, Armley.
 Leeds Public Health and Welfare Association (A Standing Committee of the Yorkshire Ladies' Council of Education).
 †Holbeck School for Mothers, 47, Meadow Road, Holbeck, Leeds.
 †LEES and District School for Mothers, Primitiva Methodist School.
 *LEICESTER Health Society.
 (1) Bedford Street School for Mothers.
 (2) Belgrave Hall School for Mothers.
 (3) St. Barnabas' School for Mothers.
 (4) Clarendon Park School for Mothers.
 (5) St. Stephen's School for Mothers.
 (6) Oxford Street School for Mothers.
 (7) Crafton Street School for Mothers.
 (8) The Priory School for Mothers.
- LEICESTER—continued.
 †Infant Consultation Centre (Newton Ward), 119, High Cross Street.
 LEVERSTOCK GREEN Babies' Welcome.
 LICHFIELD Infant Welfare Centre.
 LIMPSEFIELD Infant Welfare Centre, Boys' Home, Titsey Road, Limpsefield.
 †LINCOLN Mothers' and Babies' Welcome, Newland Lecture Hall.
 LINSLADE Infant Welfare Centre, Foster Institute, Linslade, Bucks.
 *†LITTLEHAMPTON Infant Welfare Centre, 20, East Ham Road.
 †LIVERPOOL Ladies' Sanitary Association, 19, Beaumont Street, including Nursery Training College and Nursery for Resident Babies; Day Nursery and Mothers' Visitors and Mothers' Helps: Babies' Welcome and Infant Consultations at St. Catherine's Hall; Domestic Mission, St. Martin's Hall and 23, Norwood Grove; Classes and Dinners for Mothers at 7, Clarendon Terrace.
 Bankhall Girls' Institute School for Mothers, 384, Stanley Road.
 Infant Welfare Centre, Church House, Kempston Street.
 †Central Liverpool School for Mothers and Sick Room Aids, 141, Smithdown Lane.
 †Dispensary Infant Consultations, 334, Netherfield Road.
 *East Liverpool Mothers' and Babies' Welcome, 63, Everton Road.
 Maternity Hospital Infant Consultations.
 *Holy Cross School for Mothers.
 St. Brigid's School for Mothers, 33, Burrough's Gardens, Liverpool.
 St. Malachy's School for Mothers, Beaufort Street.
 Invalid Children's Association Infant Consultations and Clinic, 62, Seel Street.
 †University Settlement School for Mothers, 17, Upper Parliament Street.
- LONDON:
 †Women's League of Service, 31a, Mortimer Street, W. Dining Rooms for Mothers at 128, Pantenville Road, King's Cross; 111, Bridge Road West, Battersea, S.W.; 39, Lisson Street, N.W.; 161, Sulgrave Road, Hammer-smith; 49, Church Street, Minories, E.C.; Boyd Hall, Tidal Basin, E.; and 152, Kingsland Road, Shoreditch, N.
 †Four Boroughs Maternity Centres, 4, Tavistock Square.
 †Home Helps Society, 4, Tavistock Square, W.C.
- BATTERSEA, BOROUGH OF:
 *†Battersea Infant Care Centres, St. George's Parochial Hall, New Road, South Lambeth; branch at St. Peter's Club Rooms, Plough Road, Clapham Junction.

CARE OF MOTHERS AND LITTLE CHILDREN.

BATTERSEA, BOROUGH OF—con.

Our Lady's School for Mothers, 75, High Street, Battersea.

Gonville and Caius Mission School for Mothers, Harroway Road, Battersea.

BERMONDSEY, BOROUGH OF:

†Rotherhithe Babies' Institute and Babies' Guild, 39, Prince's Street, S.E.

†Princess Club School for Mothers, 39, St. James' Road, Bermondsey, S.E.

Dockhead Maternity Centre, 34, Oxley Street, Bermondsey, S.E.

South East London Mission School for Mothers, St. George's Hall, Old Kent Road, S.E.

BETHNAL GREEN, BOROUGH OF:

†School for Mothers, King Edward Institution, Albert Street, Spitalfields, E.

CAMBERWELL, BOROUGH OF:

‡Camberwell School for Mothers, Cambridge House, 137, Camberwell Road, S.E.

East Dulwich Branch of the National British Women's Temperance Association School for Mothers, 114, Lordship Lane.

†St. Luke's Mothers' Welcome, 2, Commercial Road, Peckham, S.E.
Mothers' and Babies' Welcome, 17, Coburg Road, Old Kent Road, S.E.

†United Girls' School Settlement School for Mothers, 17, Peckham Road, S.E.

†Nunhead Mothers' Welcome, 29, Nunhead Grove, S.E.

CHELSEA, BOROUGH OF:

†Chelsea Dinners for Nursing Mothers.
†Chelsea Health Society and School for Mothers.

DEPTFORD, BOROUGH OF:

*†The Children's Guild of the Deptford Fund.

*Deptford Health Society.
Deptford Sanitary Aid Committee.

FINSBURY, BOROUGH OF:

Claremont Central Mission "Young Mothers' Meeting."

†Peel Mission Mothers' Guild, 32, St. John's Lane, Clerkenwell, E.C.

†St. Anne School of Mothercraft, 9, Lloyd Square, W.C., and at 61 and 62, St. Helena Street.

†*Finsbury Council of Social Welfare (Health Committee), 51, Clerkenwell Road, E.C.

Finsbury Infant Care Association, Town Hall, Rosebery Avenue, E.C.

†Finsbury Kitchen for Mothers. Home of Service, 36, King Square, E.C. (organised by the Liberal Christian League).

Finsbury Infant Welfare Centre, 11, Henry Street, Old Street, E.C.

Northern District Jewish Belgian Refugees Welfare Centre, Lindrick House, 1, Beaulieu Villas, Seven Sisters Road, Finsbury Park.

FULHAM, BOROUGH OF:

*†Fulham School for Mothers, 90 and 92, Greyhound Road; 170, Wandsworth Bridge Road; and at Heckfield Place.

HACKNEY, BOROUGH OF:

†Mothers' and Babies' Welfare Centre, 41, Hackney Grove, N.E.

HAMMERSMITH, BOROUGH OF:

†Hammersmith School for Mothers, 1, Shaftesbury Road East, W. Branches at Victoria Hall, Becklow Road; College Park; and Parish Hall, Great Church Lane.

Uxbridge Road Ante-Natal Clinic and Infant Consultations, Loftus Precinct, 290 Uxbridge Road.

HAMPSTEAD, BOROUGH OF:

†*Hampstead Health Society.

†West Hampstead Branches at the Health Institute, 89, Kingsgate Road, Kilburn, and Emmanuel Hall, Broomsleigh Street, N.W.
East Hampstead Branch at Lyndhurst Hall, Lyndhurst Road, N.W.

HOLBORN, BOROUGH OF:

†Holborn Maternity Centre, 75, Lambs Conduit Street, W.C. Branches at St. Peter's Schools, Onslow Street, Clerkenwell Road, and the London Medical Mission, Short's Gardens, Endell Street, W.C.

ISLINGTON, BOROUGH OF:

Islington Health League (Branch of the National League for Physical Education and Improvement).

†Islington (North) Maternity Centre and School for Mothers, 9, Manor Gardens, Holloway Road, N.

†*Islington (South) Mothers' and Babies' Welfare Centre, 9, Tyndall Place, Upper Street, Islington.

†West Islington Infant Welfare Centre, 44, Richmond Road, Islington.

KENSINGTON, BOROUGH OF:

The Baby Clinic, 12, Telford Road, N. Kensington.

*†Bramley Road School for Mothers, 102, Bramley Road.

†*Golborne Ward School for Mothers, 186, Kensal Road, W.

†Lancaster Road School for Mothers, 663, Lancaster Road, W.

*†Raynede School for Mothers, 344, Portobello Road, W.

†Campden Hill Infant Welfare Centre, St. George's Hall, Kensington Place, W.

LAMBETH, BOROUGH OF:

†*Balham Mothers' and Babies' Welcome, Jennor Hall, Cavendish Road.

†Brixton Infant Welfare Centre and School for Mothers, The Dispensary, Water Lane.

General Living-in Hospital Clinic, York Road, Lambeth, S.E.

Lambeth (North) Babies' Care, 147, Kennington Road, S.E.

St. Thomas' Hospital Baby Clinic.

†The Mothers' Institute, 8, Johanna Street, Lower Marsh, S.E.

LIST OF VOLUNTARY INSTITUTIONS.

LAMBETH, BOROUGH OF—con.

- St. Anne's Catholic Settlement Mothers' Welcome, Harleyford Road, Vauxhall, S.E.
 Holy Trinity Parish Babies' Welcome The Institute, Royal Street, Lambeth, S.E.
 Infant Welfare Centre, The Moffat Institute, Esher Street, Upper Kennington Lane, S.E.

LEWISHAM, BOROUGH OF:

- †St. Mary's School for Mothers, St. Mary's Mission House, 44, Ladywell Park, S.E.
 †Borough of Lewisham Women's Health Society.
 Catford School for Mothers, Wesleyan Church Schools, Rushey Green.
 †Forest Hill School for Mothers, St. John's Mission Hall, Ewart Road, S.E.
 Streatham Infant Welfare Centre, Wesley Hall, Blegborough Road.
 †Sydenham Babies' Milk Depot, Clinics, and Hostel, 2, School House, Champion Park.
 †Lower Sydenham School for Mothers, 157, Perry Rise, Forest Hill, S.E.
 West Norwood Mothers' and Babies' Welfare Centre, Scott Memorial Hall, Romany Road, Norwood.
 Upper Norwood Branch of the National British Women's Temperance Association Mothers' and Babies' Welcome.
 Hither Green Babies' Welcome. United Methodist School Room, Torridon Road, Catford, S.E.

PADDINGTON, BOROUGH OF:

- †Paddington School for Mothers and St. Mary's Kitchen, 232, Harrow Road, W.

POPLAR, BOROUGH OF:

- †Poplar Infant Care Association.
 The Workers Suffrage Federation.
 †Restaurants for Mothers and Infant Consultations at 400, Old Ford Road, 20, Railway Street, Poplar, and 53, St. Leonard's Street, Bromley-by-Bow.
 Royal College of St. Katharine, Bromley Hall, Brunswick Road, Poplar, E. Infant Consultations at three Centres, Ante-Natal and Dental Clinics.

ST. MARYLEBONE, BOROUGH OF:

- *†St. Marylebone Health Society, South Marylebone Consultations at Welbeck Street Dispensary, 77, Welbeck Street, W.; Classes and Consultations at 8, Ogle Mews, Foley Street, W.; North Marylebone Consultations and Classes at 136, Church Street, Edgware Road, N.W., and at the Lord Roberts Club, Chalburt Street, St. John's Wood, N.W.

ST. PANCRAS, BOROUGH OF:

- †Kentish Town Dining Room for Mothers, Lyndhurst Hall, Warden Road, Kentish Town.

ST. PANCRAS, BOROUGH OF—con.

- †Passmore Edwards' Settlement School for Mothers, 36, Tavistock Place, W.C.
 Royal Free Hospital Baby Clinic, Gray's Inn Road, W.C.
 St. Pancras Organising Council for the Welfare of Children from Birth to School Age, 1, Ampthill Square, N.W.
 †St. Pancras School for Mothers, 1, Ampthill Square, N.W.
 †St. Pancras (North) School for Mothers, 4, Rhyll Street, Malden Road, N.W., and Branch at Gospel Hall, Winscombe Street, N.W.
 †Argyle Square Mothers' and Infants' Welcome, 40, Argyle Square, W.C.
 Camden Town Mothers' and Infants' Welfare Centre, St. Michael's Mission Buildings, Greenland Street, Camden Town.

SHOREDITCH, BOROUGH OF:

- †Medical Mission of the Good Shepherd, 45, Harman Street, N.
 Shoreditch Public Welfare Association (Health Sub-Committee).
 †Shoreditch School for Mothers, 51, Brunswick Place, Charles Square, Hoxton, and 130, Brunswick Street, Haggerston.

SOUTHWARK, BOROUGH OF:

- Crossway Central Mission Mothers' and Babies' Welcome.
 Mothers' and Babies' Welcome.
 †Southwark Health Society.
 †Walworth Mothers' and Babies' Care Centre, 41, Larcom Street, Walworth Road, S.E.
 †Surrey Square Infants' Welfare Centre, The Church Hall.

STEPNEY, BOROUGH OF:

- Borough of Stepney Council of Infant Welfare.
 *†St. George-in-the-East and Wapping Infant Care Committee, 235, Cable Street, E., and Branches at Congregational Chapel, Watney Street; 22, Raine's Mansions; The Institute, 136, George Street; The Institute, Planet Street; Wesleyan Chapel, Cable Street; St. Mary's Mission Hall, Johnson Street; and Our Lady's Hall, Johnson Street.
 †Sick Room Helps Society, 24, Underwood Street, E., Baby Clinic at 53, Vallance Road, E.
 Babies' Welcome of the Settlement of the Holy Child, 21, Great Prescott Street, E.
 †Stepney School for Mothers, 587, Commercial Road, E., and Branches at the Ben Jonson Street Schools and Limehouse Institute.
 Mile End Infant Care Centre, Congregational Church, Burdett Road, E.
 East End Jewish Mothers' Meetings and Baby Consultations, Camperdown House, Half Moon Passage, E.C.

CARE OF MOTHERS AND LITTLE CHILDREN.

- STEPNEY, BOROUGH OF**—con.
 †Whitechapel School for Mothers, St. Olave's Hall, King Edward Street, E.
 †*Dame Colet Infant Consultation Centre, Care Committee Cottage, 50, Emmott Street.
- STOKENEWINGTON, BOROUGH OF:**
 †*Stoke Newington Child Welfare Centre.
- WANDSWORTH, BOROUGH OF:**
 †Wandsworth Mothers' Welcome, "The Anchor," 275, Garratt Lane.
 †Putney Mothers' Welcome, Sefton Hall, Sefton Street, Lower Richmond Road, S.W.
 †Tooting Maternity Centre and Babies' Welcome, Shaftesbury Society and R.S.U., Fairlight Hall.
- WESTMINSTER, CITY OF:**
 †*Westminster Health Society, Health Office, 1, Pimlico Road, S.W., and 60, Greek Street, Soho.
 Charing Cross Hospital Babies' Clinic.
 Victoria Chapel School for Mothers, 90a, Vauxhall Bridge Road, S.W.
- WOOLWICH, BOROUGH OF:**
 Given-Wilson Institute Baby Health Centre, 87, Pelly Road, Plaistow, E.
 North Woolwich and Silvertown Day Nursery and Infant Weighing Centre, 39, Albert Road, Silvertown, E.
- LONG ASHTON Mothers' and Infants' Welfare Association.**
- †**LOUGHBOROUGH Infant Welfare Centre**, 11, Victoria Street.
- LOUTH Infant Welfare Centre**, 32, Queen Street.
- †***MACCLESFIELD Public Health Society**, 43, Park Green.
- †**MADRON Urban District Infants' Welfare Centre**. Branches at Madron and Heamoor.
- *†**MAIDENHEAD and District Infant Welfare Association.**
- MAIDSTONE Infant Welfare Centre.**
- †**MALVERN and District Maternity and Infant Welfare Association**, The Church Institute, Malvern Link, and Branches at the Salvation Army Room, Newtown; the Mission Room, Barnard's Green, and the Gate House, Madresfield.
- †**MANCHESTER Schools for Mothers** (see Manchester, City of, Child Welfare Centres). Branch at Elm Grove, Didsbury, and Nursery at 5, Manipur Street, Gresham Street Openshaw.
- †**Catholic Mothers' and Babies' Welcome**, St. Anne's Hall, Junction Street, Ancoats.
- †**St. John's (Cathedral) Mothers' and Babies' Welcome**, Chapel Street, Salford.
- MANSFIELD Mothers' and Babies' Welcome.**
- ***MANSFIELD WOODHOUSE Mothers' and Babies' Welcome**, the Council Office.
- MAYFIELD Mothers' and Babies' Welcome.**
- MELTON MOWBRAY Health Culture Society.**
- †**MIDDLESBROUGH Settlement School for Mothers**, 132, Newport Road.
- †**Middlesbrough (East) Mothers' and Babies' Welfare**, St. John's Parish Hall.
- †***Middlesbrough Maternity and Infant Welfare Central Committee.**
- NANTWICH Infant Welfare Centre.**
- NEATH School for Mothers and Infant Consultations.**
- *†**NEW BILTON School for Mothers**, Church Hall.
- *†**NEWBURN and District Mothers' and Babies' Welcome Society**, Working Men's Institute, Beaumont Terrace, Westerhope; Adult School Institute, Montagu Street, Lemington-on-Tyne; and Church Mission Hall, Throckley.
- *†**NEWCASTLE-ON-TYNE Mothers' and Babies' Welcome Society**. Branches at 20, Wharmcliffe Street; 27, Dalton Street, Byker; 49, City Road, All Saints; Elswick Station Approach, Benwell; Dunn's Terrace, Spital Tongues; and 52, Wesley Street, Shieldfield.
- NEWCASTLE Babies' Welcome.**
- †***NEWPORT (Mon.) County Borough Infantile Health Central Committee**. Five Centres.
- NEWTON ABBOT Babies' Welcome**, St. Ursula House, 3, Union Street.
- NORMANTON: Hopetown Babies' Welcome.**
- NORTHAMPTON Infants' Welfare Centres**. (7 Branches.)
- †***NOTTINGHAM Mothers' and Babies' Welcome**, 3, Howard Street. Branches at 136, Radford Boulevard and 25, Wilford Road.
- OADBY Welcome Club for Mothers and Babies**, Cookery Schoolroom.
- OLDHAM Day Nursery and Mount Pleasant School for Mothers**, Overens Street, Lees Road, Oldham.
- †**Bent House School for Mothers**, 180, West Street, Oldham.
- †***Hollinwood School for Mothers**, St. James' Free Church, Manchester Road, Oldham.
- *†**Mothers' and Babies' Welcome**, St. Mary's, Fisher Street.
- OLTON School for Mothers.**
- †**OTTERY ST. MARY Infant Welfare Centre.**
- *†**OXFORD Heath and Housing Association**. Centres at: 70, Church Street, Hinksey; The School, South Street, Osney; 23, Church Street, Summertown; 4, Marston Street, Cowley St. John; The Mission Room, Caroline Street, St. Clement's; The Town Hall and Scouts' Headquarters, Fen-chay Road.
- PAINSWICK Baby Clinic.**

LIST OF VOLUNTARY INSTITUTIONS.

- *†PENARTH Babies' Welfare Club, Free Library.
 PENRHYNDEUDRAETH, Nth. Wales, Infant Welfare Centre.
 PENZANCE Infant Welfare Centre.
 †PETERBOROUGH Infant Welfare and Maternity Centre.
 †PETERBOROUGH: Fletton Mothers' and Babies' Welfare Centre, 167, Persimon Terrace.
 PETERSFIELD Infant Welfare Centre, St. Peter's Hall.
 PILL Baby Clinic.
 †PLYMOUTH School for Mothers and William Astor Day Nursery, 49, Embankment Road, Plymouth.
 PONTEFRAC T Babies' Welcome.
 *†POOLE Mothers' Association, 6, New Street. Branches at Conservative Hall, Ashley Road, Branksome, Church Army Hall, Upper Parkstone, and Conservative Hall, Newtown.
 PORTISHEAD School for Mothers. Branch School, Mission Room, Weston Road.
 †PRESTON School for Mothers, 22, Kendall Street, Preston.
 †RAMSGATE and ST. LAWRENCE Maternity and Mothercraft Association.
 *†READING Health Society, Schools for Mothers at St. Mary's Episcopal Schools, Castle Street, and at the Adult Schools, Norris Road, Earley, Reading.
 REDCAR Mothers' and Babies' Welcome.
 RETFORD Ladies' Health Association.
 RICHMOND Infants' Health Association.
 RIPLEY Babies' Welcome.
 ROCHESTER Mothers' and Babies' Welcome.
 ROMFORD Babies' Welfare Centre.
 RUBERY Mothers' School.
 †RUGBY Mothers' and Babies' Welcome, Moat Street.
 ST. AUSTELL Infant Welfare Centre.
 †ST. BLAZEY AND PAR Infant Welfare Centre.
 *†SALFORD Ladies' Public Health Society and Mothers' Guild. Branches at Rosamond Street, Haworth Hall, and John Street.
 †SANDWICH Maternity Society and Mothercraft Club and Babies' Welcome.
 †SCUNTHORPE and District Babies' Welcome.
 †SEATON and BEER Infant Welfare Centre.
 *SETTLE Mothers' Guild of Health and Babies' Welfare Centre, Wapping Room.
 SHEFFIELD Federated Health Association and Motherhood League.
 SHENSTONE Infant Welfare Centre.
 SHEPTON MALLE T Nursing Association, School for Mothers.
 *SHREWSBURY School for Mothers Committee.
 *†SIDMOUTH Babies' Welcome, Woolcombe House.
- *SILSDEN Infant Aid Committee.
 SLOUGH Infant Welfare Centre.
 †SOUTH WEST HAM Health Society, Lees Hall, 81, Barking Road.
 †Baby Clinic at the Medical Mission, Quadrant Street, Old Canning Town, and School for Mothers at Lees Hall, 81, Barking Road, E.
 SOUTH WIGSTON Mothers' Club and Babies' Welcome.
 †SOUTHAMPTON Babies' Welcome and School for Mothers, Holy Trinity Schools, New Road; and King Street Mission Rooms, East Street.
 †Woolston Babies' Welcome and School for Mothers, Masonic Hall, Manor Road, Itchen, Southampton.
 SOUTHBOROUGH Babies' Welfare Centre.
 SOUTHPORT School for Mothers and Babies' Welcome, Mission Hall, Hampton Road, Birkdale.
 †STAINES School for Mothers, Friends' Meeting House, High Street.
 STALYBRIDGE School for Mothers, Kay Street.
 STANLEY Infant Welfare Centre.
 *STEVENAGE Maternity Centre.
 †STOCKPORT School for Mothers and Babies' Welcome, Churchgate House, Churchgate. Branches at The Aspinall Institute, 398, Gorton Road, Reddish, and at the Congregational Schools, Heaton Mersey.
 †*STOKE-ON-TRENT Health Association.
 †Stoke-on-Trent Mothers' and Babies' Welcome, 312, Etruria Vale. Branches at the Town Hall, Burslem; Mission Room, Paddock Street, Hanley; Girls' Club, William Street, Stoke; Town Hall; Longton.
 STONY STRATFORD Babies' Welcome and School for Mothers.
 *STOPSLEY and ROUND GREEN Infant Consultations.
 STOURBRIDGE and District School for Mothers.
 †STRATFORD: Trinity Mission Mothers' Welcome, Oxford Road, Stratford, E.
 †STRATFORD-ON-AVON Mothers' and Babies' Welcome.
 *†SUDBURY School for Mothers.
 *†SUNDERLAND Pottery Mission Mothers' and Babies' Welcome, Pottery Buildings.
 *Mothers' and Babies' Welcome, The Thompson Memorial Hall, Dundas Street.
 There are also Mothers' and Babies' Welcomes at Tyne Street, Hendon District; Lambdon Street, Central District; and St. Mark's, Deptford.
 SUSSEX County Nursing Association's Schools for Mothers at: Balcombe, Bexhill, Chailey North, Chailey South, Crowborough, Cuckfield, Lewes, Newhaven, and Rye.

CARE OF MOTHERS AND LITTLE CHILDREN.

- *SUTTON (Surrey) Mothers' and Babies' Welfare Centre, the Adult School, Benhill Street.
SUTTON COLDFIELD Mothers' Welcome, Council House.
†SWANSEA Mothers' and Babies' Welcome.
*TAMWORTH Infant Welfare Centre and Mothers' Welcome, The Assembly Rooms.
†*TAUNTON Mothers' and Babies' Welcome Club, the Reading Rooms, Bridge Street, Taunton.
*TEIGNMOUTH Mothers' and Babies' Welcome, 44, Upper Brook Street.
THURMASTON Health Society, The Rookery Garage.
TIPTON School for Mothers.
TORQUAY Mothers' and Babies' Welcome.
*TOTTENHAM School for Mothers, 97, St. Ann's Road.
*TOWYN Infant Welfare Centre, The Council Chambers, Towyn, N. Wales.
*TEURO Maternity Centre and Babies' Welcome, Truro Dispensary.
*TYLDESLEY Mothers' and Babies' Welcome.
*ULVERSTON Infant Welfare Centre, Virginia House, 24, Queen Street.
†TUTTOXETER Mothers' and Babies' Welcome, 39, Carter Street.
†*WADEBRIDGE Mothers' and Babies' Welcome, Molesworth Street.
WAKEFIELD Babies' Welcome.
*†WALLASEY Maternity Centre and Babies' Welcome, Oakdale Mission, Lucerne Road.
†WALSALL and District Child Welfare Association, Council House.
†WALTHAMSTOW Child Welfare Society, Brookcroft, 564, Forest Road. Branches at Higham Hill, N. Walthamstow, and Markhouse Road, S.W. Walthamstow.
WARSOP Babies' Welcome.
†WARRINGTON Mothers' Welcome, Academy Street and Catherine Street.
*†WARWICK Infants' Welfare Centre.
WELLINGTON (Somerset) Babies' Welcome.
WEST KIRBY Infant Welfare Centre.
WILLENHALL Infant Welfare Centre, Union Street Schools.
*WILLESDEN Infant Consultations.
†Princess Road School for Mothers, 84, Princess Road, Kilburn.
†Child Welfare Centre, 219, Church Road, Willesden, N.W.
*†WIMBLEDON Mothers' and Babies' Welfare Society, Wandle Park House, South Wimbledon. Branches at Garfield Mission Hall, Garfield Road, and at Dundonald Mission Hall, Dundonald Road.
WINCHCOMBE, Glos., Infant Welfare Centre.
†WINCHESTER School for Mothers.
*†WINDSOR Infant Welfare Centre, The Old Infirmary, The Acre.
WINSHAM Infant Welfare Centre.
WOBURN SANDS Infant Welfare Centre, Parish Room, Woburn Sands.
†WOKING Baby Welfare Centre and School for Mothers.
†WOODFORD Mothers' Centre.
*†WORCESTER Infants' Health Society.
*WORKINGTON Infant Welfare Centres. Branches at: South Watts Street and St. Mary's Church School Room, Westfield.
WORKSOP Ladies' Health Association.
*WORTHING Children's Care Society.
WRAXHALL School for Mothers.
†WRAYSBUURY School for Mothers, The Institute.
WREXHAM Children's Welfare League.
Wrexham Civic Guild of Help Mothers' Welcome.
YORK Infant Welfare Association, 22, St. Saviourgate.

(b) Day Nurseries and Creches recognised by the Board of Education.

- CHESHIRE: The Hoylake Day Nursery, 5, 7 and 9, Church Road, Market Street, Hoylake, Cheshire.
ESSEX: Woodford, Grove Road Crèche, Grove Road, South Woodford.
MIDDLESEX: Hanwell Day Nursery, The Laurels, 40, Uxbridge Road, Hanwell, W.
Wealdstone, Homewood Crèche, Homewood, High Road, Wealdstone, Middlesex.
SURREY: Carshalton Day Nursery, 2, Bedford Villas, The Wrythe, Carshalton.
LONDON: Fulham Day Nursery, 56, Harwood Road, Fulham, S.W.
Camberwell, Cheltenham College Mission Day Nursery, 86, Gibbon Road, Nunhead, S.E.
Deptford Baby Camp, 232, Church Street, Deptford, S.E.
Lewisham, The Winifred Crèche and Home, 25 and 27, Rellingue Road, Lower Sydenham, S.E.
Kensington, Notting Hill Day Nursery, Stoneleigh House, 12, Stoneleigh Street, Notting Hill, W.

LIST OF VOLUNTARY INSTITUTIONS.

LONDON—con.

Stepney, Jewish Infants' Day Nursery, 23, New Road, Whitechapel, E.

Hampstead and North St. Pancras Day Nursery, 29, Pond Street, Hampstead, N.W.

Paddington Day Nursery, 1 and 2, Porchester Houses, Porchester Road, W.

Islington, West Holloway, St. Luke's Day Nursery, 64, Goodinge Road, Islington Cattle Market, N.

Islington, Lower Holloway Infant Day Nursery, 547, Liverpool Road, Holloway, N.

Wandsworth, Balham Day Nursery, 7, Rossiter Road, Balham, S.W.

Hammersmith, Princess Mary Adelaide Day Nursery, 3, Wood Street, Latimer Road, Notting Hill, W.

Holborn, Field Lane Refuge Day Nursery, 18, Vine Street, Clerkenwell Road, E.C.

Stepney, Holy Child Crèche, 66, Chamber Street, Lemn Street, E.

St. Pancras, Day Nursery, 26, Cartwright Gardens, Euston Road, W.C.

St. Marylebone, Ogle Mews Day Nursery, 7-9, Ogle Mews, Ogle Street, Foley Street, W.

Stepney, Bow Crèche, Mother's Arms, 438, Old Ford Road, Bow, E.

Lewisham, Forest Hill Day Nursery, 29, Beadnell Road, Forest Hill, S.E.

Camberwell, Wyndham Day Nursery, 212, Camberwell New Road, S.E.

Finsbury, Hope Mission Crèche, Banner Street, St. Luke's E.C.

Chelsea, Day Nursery, 65, Sydney Street, S.W.

Woolwich, North Woolwich and Silvertown Day Nursery, 39, Albert Road, Silvertown, E.

Lambeth, Brixton and Herne Hill Crèche, 5, Raiton Road, Brixton, S.W.

Kensington, Lancaster Road Day Nursery, 63, Lancaster Road, Notting Hill, W.

Hackney, "The John" Day Nursery, 61, Downham Road, Kingsland, N.E.

Hammersmith, Princess Christian Day Nursery, 135, Blythe Road, Hammersmith, W.

St. Pancras, Whitefield Day Nursery, 53 and 55, Whitefield Street, Tottenham Court Road, W.

Holborn, Kingsway Crèche, Kingsway Hall, Kingsway, W.C.

Shoreditch, The Douglas Day Nursery, 108, Sheperdess Walk, N.

Finsbury, Claremont Central Mission Day Nursery, Claremont Central Mission, White Lion Street, Pentonville, N.

Kensington, St. Clement's Day Nursery, 39a, Treadgold Street, North Kensington, W.

LONDON—con.

Finsbury, St. Agnes' Crèche, 48, Amwell Street, Pentonville Road, E.C.

Stepney, Marie Hilton Crèche, 14 and 16, Stepney Causeway, London, E.

Deptford Day Nursery, 45, Albany Street, Deptford, S.E.

Hackney, St. Mary of Eton Day Nursery, 22, Gainsborough Road, Hackney Wick, N.E.

Bermondsey, Rotherhithe Day Nursery, 12, Union Road, Rotherhithe, S.E.

Islington, Elizabeth Codner Crèche, 40, Lonsdale Square, Barnsbury, N.

Holborn, St. John's Day Nursery, Fisher Street, Southampton Row, W.C.

Wandsworth, Putney Crèche, 95, Lacy Road, Putney, S.W.

Southwark, Crossway Day Nursery, Crossway, Central Mission, New Kent Road, S.E.

Hammersmith, Latymer Road Mission Crèche, Blechynden Street, Notting Hill, W.

Hampstead, Brondesbury and West Hampstead Crèche, 36, Hemstal Road, West Hampstead, N.W.

Stepney, George Yard Mission Day Nursery, Angel Alley, High Street, Whitechapel, E.

BIRMINGHAM: Edgbaston Day Nursery, 272 and 273, Monument Road, Edgbaston, Birmingham.

North Birmingham Crèche, 75, Trinity Road, Handsworth, Birmingham.

BOURNEMOUTH: Malmesbury Park Day Nursery, 127, Malmesbury Park Road, Bournemouth.

Winton Moordown Day Nursery, 1, Moorfield Grove, Moordown, Bournemouth.

BRIGHTON: East Brighton Crèche, 18, Bristol Road, Brighton.

Lewes Road Crèche, 35, Wellington Road, Brighton.

CARLISLE: Day Nursery, 30, Abbey Street, Carlisle.

CROYDON: The Croydon Crèche, 10, Cuthbert Road, Pitlake Bridge, West Croydon.

Wilford Road Crèche, 30 and 32, Wilford Road, Croydon.

DEWSBURY Day Nursery, Eightlands House, Dewsbury.

EASTBOURNE: Christ Church Crèche, 34, Rylstone Road, Eastbourne.

EAST HAM: Day Nursery, 274, Barking Road, East Ham.

KINGSTON-UPON-HULL: Central Hull Crèche, 56, Park Street, Hull.

East Hull Day Nursery, 16, Wilton Street, Holderness Road, East Hull.

West Hull Crèche, 95, Coltman Street, Hull.

LEEDS Day Nursery, 15 and 17, Cobden Place, Claypit Lane, Leeds.

CARE OF MOTHERS AND LITTLE CHILDREN.

- LIVERPOOL:** Abereromby House Day Nursery, 141, Smithdown Lane, Liverpool.
 Tortexth Day Nursery, 87, Southhill Road, Dingle, Liverpool.
 Adam Cliff, East Liverpool Day Nursery, 63, Everton Road, Liverpool.
 Ladies' Sanitary Association Day Nursery, 19, Beaumont Street, Liverpool.
- MANCHESTER:** Hulme Day Nursery, 215, Chester Road, Hulme, Manchester.
 Ancoats St. Vincent's Day Nursery, St. Vincent's Street, New Islington, Ancoats, Manchester.
- NEWCASTLE-ON-TYNE** Day Nursery, 15, Ridley Villas, New Bridge Street, Newcastle-on-Tyne.
- NORWICH:** All Hallow's Day Nursery, 16, Colegate, Norwich.
- NOTTINGHAM** Day Nursery, Heathcote Street, Nottingham.
 Radford Boulevard Day Nursery, 138, Radford Boulevard, Nottingham.
 Basford Crèche, 344, Radford Road, Basford, Nottingham.
- OLDHAM** Day Nursery, Overens Street, Oldham.
- PLYMOUTH:** William Astor Day Nursery, 49, Embankment Road, Plymouth.
 The First Day Nursery, 30, Love Street, Plymouth.
 Francis Astor Day Nursery, 18, Cecil Street, Plymouth.
- PORTSMOUTH:** The St. Faith's Day Nursery, 1, Church Road, Landport, Portsmouth.
- READING** Health Society's Day Nursery, 80, Castle Street, Reading.
 Women's Suffrage Society's Day Nursery, 229, King's Road, Reading.
- SALFORD** Day Nursery, Greengates Dispensary, Garden Lane, Blackfriars Road, Salford.
- SHEFFIELD** Day Nursery, Edward Street, Beet Street, Sheffield.
- SOUTHAMPTON:** Portswood Day Nursery, 222, Portswood Road, Southampton.
- SOUTHPORT:** All Saints' Crèche, Norwood Road, Southport.
- YORK:** St. Vincent de Paul Day Nursery, Fishergate, York.
- WEST HAM:** Stratford Day Nursery, Union Road, Vicarage Lane, Stratford, E.
- BROMLEY** and District Health Society's Day Nursery, 1, Homesdale Road, Bromley, Kent.
- CHELTENHAM** Crèche, Albion Street, Cheltenham.
 Cheltenham, Charlton Kings Day Nursery, Hazeldine, Copt Elm Road, Charlton Kings, Cheltenham.
- EALING** Crèche, 120, Murray Road, South Ealing.
- GRAVESEND:** Gordon Memorial Crèche, Church Street, Gravesend.
- HARROGATE** Day Nursery, New Park, Harrogate.
- KINGSTON-UPON-THAMES** Day Nursery, 53, Canbury Park Road, Kingston-upon-Thames.
- NEW WINDSOR:** Windsor Infant Nursery, 24, Kings Road, Windsor.
- RICHMOND** Day Nursery, 8, Selwyn Avenue, Richmond, Surrey.
- WIMBLEDON:** South Wimbledon Day Nursery, 178, Haydon's Road, Wimbledon, S.W.
- WORTHING** Infant Day Nursery, The Mission Hall, Crescent Road, Worthing.
- ACTON** Day Nursery, 169, Bollo Bridge Road, Acton, W.
- FINCHLEY** Crèche, 16, Squire's Lane, Church End, Finchley, N.
- HESTON** and **ISLEWORTH:** Lampton, Ellis Day Nursery, Lampton Road, Hounslow.
- PENGE** and **ANERLEY** District Crèche, 45, Oakfield Road, Anerley, S.E.
- TOTTENHAM:** St. John's Day Nursery, 24 and 26, Fladbury Road, Tottenham, N.
- WALTHAMSTOW** Day Nursery, 23, East Avenue, Walthamstow, N.E.
- WOOD GREEN** Day Nursery, 96, Mayes Road, Wood Green, N.

PART III.

PLAY CENTRES AND PLAYGROUNDS.



OPEN AIR BATH, PHILIP'S PARK, MANCHESTER.
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FOREWORD.

No attempt is made in the following short report to deal adequately with the whole subject of Play. To do this would require a wider inquiry than has been possible under existing circumstances. It is hoped, however, that this brief statement may serve to call attention to a subject which has not yet received, in this country, the recognition and appreciation to which it is entitled, and to encourage investigation of the means by which Organised Play can most usefully become an integral part of our educational system.

It was impracticable to obtain at this season of the year illustrations of summer out-door occupations, and I am therefore much indebted to the Manchester Parks Committee who have kindly permitted the use of selected photographs.

JANET M. CAMPBELL.

PART III.

PLAY CENTRES AND PLAYGROUNDS.

Play Centres, Guilds of Play, Happy Evenings, Playing Fields' Associations and similar organisations have been established in certain parts of the country for the benefit of children attending Public Elementary Schools who have few, or no, facilities for wholesome play and recreation out of school hours. The centres may be regarded as having two main objects; *first*, to improve the bodily and mental development of the children; and *secondly*, to prevent juvenile crime or mischief by offering an attractive alternative to the streets. At the present time, in view of relaxed parental control and restricted street lighting, the latter is probably the more urgent need. But in normal circumstances the opportunity offered by these centres for the training of body, mind and character is unique, and it is of the highest importance that it should be widely apprehended and fully utilised.

The Purpose
of Play
Centres.

The provision of Play Centres, etc., in this country has been almost entirely in the hands of voluntary associations which have recognised the need for affording the child extended facilities for play. The movement has not been general, nor has it aroused widespread interest as in America, and the total number of children affected has been relatively small. At the same time, much useful work has been done on somewhat varying lines, the value of the centres has been established, and the desirability of their extension has been amply demonstrated.

The Play Centres discussed in this Report will be limited to those intended for children attending Public Elementary Schools and they must therefore be considered in their relation to the schools. They should not be regarded in any way as "continuation schools" or classes, but the occupations chosen will depend to some extent on the games, dances, etc., with which the children have become familiar during school hours. Before describing typical play-centre arrangements, it will be convenient to set out the facilities which now obtain in the schools for physical education and play.

CARE OF MOTHERS AND LITTLE CHILDREN.

Play as part of the Curriculum of the Elementary School.

Physical
training
in Public
Elementary
Schools.

In 1909, the Board of Education issued a revised syllabus of physical exercises, based on the Swedish system, and intended for use in all Public Elementary Schools. The exercises contained in the syllabus are necessarily simple in type and relatively easy to teach and carry out. The different exercises are separately described and illustrated, but, for the guidance of the teachers, they are also arranged in the form of tables of exercises intended for individual lessons. The tables gradually increase in difficulty and form a steadily progressive series of lessons suitable to children from 7 to 14 years of age. Formal exercises are only a part of the table. Towards the close of each lesson teachers are directed to introduce a game, a team race, a dancing step, skipping or jumping, with a view of ensuring general rapid movement of the whole class and of increasing the recreative effect of the lesson. As yet, teachers do not always fully avail themselves of this opportunity for play. The game is sometimes omitted, at others it is unsuitably selected. The value of introducing the play element, however, is becoming more clearly appreciated, and as this is recognised, the formal exercises, as well as the games themselves, are better taught, and the lessons as a whole tend to become more brisk and stimulating.

The usual time allotted each week to physical exercises is divided into three lessons of about 20 minutes each. This is a minimum. Where four or five lessons a week are given, one of these may suitably be devoted almost entirely to indoor or playground games or dancing. In this way a large variety of games and simple dances may be taught and practised.

Another means of introducing games into the school curriculum is through "organised games," and the number of Local Education Authorities which make provision for these is steadily increasing. The amount of time which can be allocated to such games is necessarily limited, but when properly arranged and supervised, they provide admirable opportunities of giving the children an interest in co-operative games and in teaching them to play for their side and not for themselves. A

PLAY CENTRES AND PLAYGROUNDS.

brief description of a typical scheme for organised games during school hours in Manchester may be given for comparison with arrangements made for similar games by voluntary associations.

Organised Games in Manchester.

Organisation.—A sub-committee was appointed by the Local Education Authority in 1910 to consider the question of introducing organised games in accordance with Article 44 (f) of the Code. The Parks Committee were approached, with the result that free use was readily granted of such grounds as were suitable for school games. Storage of apparatus (goal posts, etc.) was allowed, and arrangements were made for the marking out of grounds by the Parks attendants where necessary. The Sub-Committee further approached the Tramway Companies which offered the use of cars at specially reduced rates for the children.

The movement in favour of organised games has steadily developed since 1910. Only the upper classes, that is Standards 4 to 7, participate in the games, but it is hoped that by degrees, most, if not all, the Elementary Schools will be afforded facilities for games. The season for games extends from the beginning of May until about the end of September. The actual time available daily is about an hour and a quarter. During this period two separate games are played by each group of children, except in the case of cricket, which may last the whole time.

Games.—The following games are played: Cricket (for boys only), basket-ball, captain-ball, and rounders. After the summer holidays football may also be played by boys for a period of 40 minutes. All necessary apparatus for the games is provided by the Local Education Authority. The arrangements were placed under the control of the Superintendent of Physical Exercises, and such games as basket-ball, captain-ball, and rounders have been adapted by him with a view to making them as suitable and attractive as possible to the children.

General Arrangements.—The Education Authority decided to offer facilities to the teachers to receive some special coaching in these school games, (cricket and football excepted), and to this end classes were formed for men and women by the Superintendent of Physical Exercises. These classes were most successful, and their usefulness has been abundantly demonstrated on the playing fields. The games are supervised by the school staff. In no case is a teacher responsible for more than two groups of children. Games such as basket-ball and captain-ball require the almost constant attention of a referee, but in the case of cricket and rounders the children are better able to be left to themselves. In a few cases, the preliminary arrangements for the games are carried out by the children. For instance, captains are chosen before-hand, sides picked, and teams posted up in the school. The value of letting the children manage their games themselves, while the teachers retain a real and unobtrusive supervision, is obvious.

CARE OF MOTHERS AND LITTLE CHILDREN.

Voluntary
Play Centres.

Play Centres organised out of school hours may be divided into two groups—(a) those organised for games and occupations suitable for indoor accommodation or the school playground, and (b) those intended for out-door games and recreation. The former are most active during the winter months, the latter in the summer.

(a) PLAY CENTRES ACCOMMODATED IN SCHOOLS AND
SIMILAR BUILDINGS.

Associations responsible for organising play centres have usually been granted the use of school buildings by the Local Education Authority when they so desired. In isolated cases, play centres have been formed in connection with university settlements, mission halls, ragged schools, etc., and here the accommodation is commonly provided by the institution responsible.

The Children's Happy Evenings' Association.

Organisation.

This is the oldest existing organisation for providing evening recreation centres, and was originally established through the initiative of Miss Heather-Bigg. It was founded in 1888, when six centres were organised as an experiment. The numbers rapidly increased, and in 1914 "evenings" were arranged in 96 schools in different districts in London, and about 32,000 children belonged to the Association. Provincial associations have been formed in ten or twelve other towns, such as Halifax, Plymouth, Manchester and Liverpool, and affiliated to the original body. The Association is supported entirely by voluntary contributions. It is controlled by a Council and Executive Committee. Each centre has its own local committee and officers.

The "evenings" are held in schools lent by the London County Council for the purpose. All helpers and supervisors give their services and there are no paid officers. Meetings are usually held once a week, sometimes once a fortnight. It is considered undesirable to take boys and girls together, and therefore in some cases boys and girls come alternate weeks only. From 5 to 7 o'clock is found to be a convenient period, but some centres meet later, for example, in Manchester, where 7.30 to 9 o'clock seems the more usual time.

PLAY CENTRES AND PLAYGROUNDS.

The occupations include drill, skipping, dancing, singing ^{Occupations.} games, etc., in addition to tailoring, cobbling, rug-making, sewing, basket-work, painting, etc. Boys may be taught boxing. Story telling and quiet reading are also encouraged. Competitions are held in physical drill and boxing. An annual doll show is organised and "treats" are often arranged by local branches. In October, 1915, in view of the exceptional circumstances created by the war, the Committee decided temporarily to suspend the "evenings" as they felt they "could not undertake the responsibility, not only of the risk of accident to the children in the darkened streets, but of even more serious dangers arising from air raids and consequent possible panic in crowded buildings and with suddenly extinguished lights." Some of the provincial associations have also found it necessary to discontinue their meetings for the present, largely on account of the difficulty of obtaining a sufficiency of voluntary helpers.

Evening Play Centres, London.

Evening play centres are associated with the name of Mrs. ^{Organisation.} Humphry Ward. They originated in the formation of a children's play centre in connection with the Passmore Edwards' Settlement, in London, in 1897. This centre was so successful that in 1905 a central committee was formed and seven play centres were opened. This number had increased in 1915 to 22; during 1916, on account of various difficulties, largely due to want of funds, only 19 centres were opened. Each centre is under the direction of a woman superintendent who is assisted by both paid and voluntary workers. The superintendents are chosen for their personal qualities. Elementary school teachers are seldom employed as it is felt that the children need a complete change from ordinary school discipline. Superintendents are paid £45-55 a year, and are expected to give 18 hours a week to the centre. They are all educated and capable women.

The assistant members of the staff may be drawn from the ranks of London County Council teachers, but not those of the school at which the centre is held, or from social workers interested in the movement. They are paid from 2s. 6d. to 4s. a night according to their special qualifications, but teachers

CARE OF MOTHERS AND LITTLE CHILDREN.

of such subjects as physical training, dancing, cobbling, etc., receive from 5s. to 7s. 6d. an evening. In addition to these members of the staff, a working woman is employed to look after the younger children, and receives 1s. a night. Voluntary helpers are encouraged, but the main burden of the work rests upon the paid staff.

The London County Council lends its school buildings to the Committee free of charge, and provides light, heating, cleaning and caretaking. The Committee have had to make arrangements to meet the regulations for restricted lighting, however, and this has entailed considerable expense during the current session. In normal times the centres are open on five evenings a week from 5.30 to 7.30, and on Saturday mornings for an hour and a half. In view of the darkened streets, meetings are now held from 5 to 6.30 in most cases.

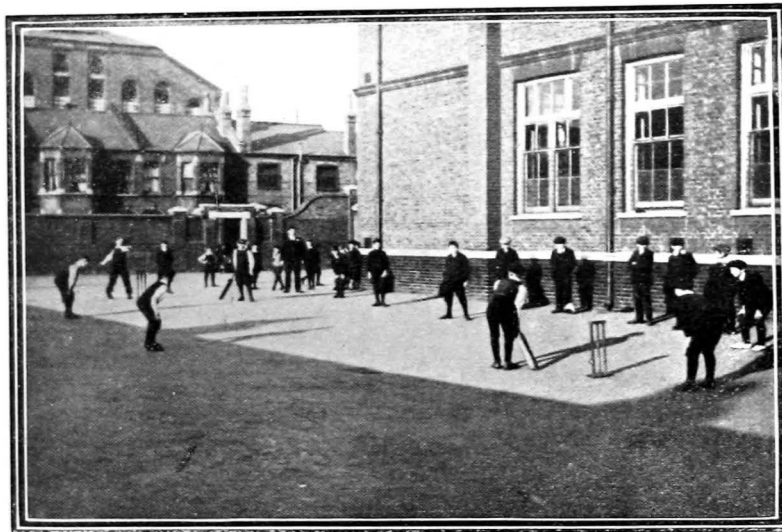
Attendance.

The children are selected in the first place by the teachers of the schools within easy reach of the centre. The basis of choice is the need of the child. Children also come to the centres on their own account and are seldom refused admission. As a rule, a child attends a centre twice or three times a week, but if the home circumstances are unsatisfactory, if the mother is out at work, or if any other suitable reason is given, a child is allowed to come every night. Little children under seven are also admitted every evening. The attendance is usually regular. No attendance register is kept, but the children are counted by the superintendent at each meeting. The total attendances in 1915 were as follows:—

| | |
|---------------------|---------|
| Spring Term - - - - | 527,424 |
| Summer Term - - - - | 354,740 |
| Winter Term - - - - | 640,552 |

Arrangements for Play.

The evening is usually divided into two sessions, and the children change their occupation at half time. Each child is allowed to choose the occupation he prefers, but having chosen, is not expected to change his mind. The school classrooms are used for quiet games, such as draughts, dominoes, or for painting, sewing, cobbling, basket-work, etc. The hall is used for physical exercise, dancing, singing games and the more noisy occupations. Both boys and girls attend the centre, but



GAMES AND OCCUPATIONS, EVENING PLAY CENTRES, LONDON.
(Reproduced by kind permission of Mrs. Humphrey Ward.)

PLAY CENTRES AND PLAYGROUNDS.

are separated for most of the play, though they unite for singing.

The behaviour of the children is excellent and there are no difficulties in regard to discipline. No endeavour is made to instruct the children, but special assistance is given in regard to cobbling, basket-work, or toy-making. Help is always available for children who require it. In normal times considerable importance is attached to physical training, dancing, etc. Owing to the war, the games masters, especially those usually responsible for the elder boys, can no longer be obtained and much of the more vigorous physical work has reluctantly been abandoned for the time being.

In summer, full use is made of the playground, and every endeavour is made to amuse the children out of doors either with quiet occupations, free games, physical exercises, etc. All equipment and material are provided by the Committee. The expenses of these centres are defrayed by means of voluntary subscriptions, and the difficulty of maintaining the centres at full strength under present conditions has been considerable.

Play Centres, Bristol.

As an example of a more modest effort, the play centres provided by the University Settlement at Barton Hill, Bristol, may be mentioned.

During the past year or two a Play Centre has been held on Saturday mornings at Barton Hill Settlement for 70-100 children, boys and girls. The Centre is under the direction of the Warden of the Settlement who is assisted by five or six voluntary helpers as well as some elder girls from a private secondary school. The children are divided into groups, each distinguished by a colour, and one helper is responsible for each group. Various indoor games are played, and occupations such as painting, sewing, reading, etc., are followed.

During the summer months a Play Centre is arranged by the Settlement at Moorfields Elementary School. Meetings are held on four evenings a week, from 6.30 to 8 o'clock, and the school playground is used whenever the weather permits. This Centre is also in charge of voluntary helpers, who include students from the University Training College and the Settlement. Girls only are admitted, and it is usual to have one helper to every 20 children. The Local Education Authority give the use of the playground, but the Settlement pay the caretaker and insure the children.

CARE OF MOTHERS AND LITTLE CHILDREN.

Guilds of Play.

Guilds of play have been organised in London and other towns, and the Guild of Play at Croydon may be instanced as a typical example of the work accomplished.

Guild of Play, Croydon.

The Guild of Play was founded by a voluntary committee about eight years ago. At first two centres were opened. In 1916 there were six. The committee work in close association with the Local Education Authority, and the Superintendent of Physical Exercises is the Hon. Secretary of the Guild. The Authority provide the premises, and are responsible for lighting and heating, but the Guild pay the caretaker 1s. 6d. an evening.

The Centres are open from October until May. The meetings are held once a week, before the war from 6 to 8 o'clock, but now on account of the darkened streets, from 5 to 6.30 or 7 o'clock. Girls only are admitted, as sufficient provision is made for boys in other directions. The children are between 8 and 14 years of age, and are selected by the head teachers of the schools they attend. They usually come from the poorest homes, and are chosen because of their lack of opportunity for play, or because they are household drudges. A few backward children are also admitted. The attendance is expected to be regular, and an attendance register is kept at each centre. Enquiries are made in respect of any child who comes irregularly. The centres are staffed entirely by voluntary helpers, many of whom are elementary or secondary school teachers. It is arranged that no teachers shall be attached to a centre at her own school.

The object of the centres is to teach the children organised play, and the programme therefore includes games and simple country dances. A story is either read or told to the children during the evening, but no occupations such as sewing, painting, etc., are provided, as it is thought that the children need free movement and complete change from school employment.

It is not necessary to open the centres more than once a week on account of other meetings, to which the children also go. Coloured caps are worn by the children, and on the occasion of a festival they all wear a special dress which is provided by the Guild.

(b) PLAYGROUND AND OUT-DOOR GAMES.

In many towns, playing fields in the parks and open spaces have been set aside for children by the Local Authority. In some cases the ground only has been allotted. In others, gymnastic apparatus, such as swings, giant's strides, etc., has been erected, equipment for games provided, and perhaps a sand-pit constructed for the younger children. In other areas pro-



TUNNEL BALL.



ROLLING CHASE BALL.

(Reproduced by kind permission of the Manchester Parks Committee.)

PLAY CENTRES AND PLAYGROUNDS.

vision has also been made for the supervision of games out of school hours either by the teacher or by voluntary helpers. Needless to say, the best results are obtained when the play is organised and controlled. The following examples illustrate what is now being done in different areas:—

Organised Games in Birmingham.

Games are played during school hours at three playing fields which have been acquired by the City Council, but in Provision of playing fields. addition there are excellent arrangements for games on summer evenings after school is over. During the summer of 1911, permission was given by the Parks Committee for the carrying out of an experiment in organised games at six of the open spaces under their control. The cost of this scheme was defrayed from private sources, but the results were so encouraging that in 1912 the Committee decided to continue the programme themselves during May, June and July at a cost of £250. The report dealing with this ground' states that:—

“The ten recreation grounds and small parks selected were all in densely-populated districts (five were laid with asphalt, two with gravel, and three laid down with grass). To each space was allocated an organiser of either sex, chosen from among elementary school teachers of known enthusiasm for games and special skill in handling children. The organisers attended at least twice a week, from about 5 p.m. to closing time. The general supervision of the scheme was entrusted to the chief organiser. In two cases the fixed nights were Tuesdays and Fridays, in all other cases Tuesdays and Thursdays. There was never an absence, and of their own free will the teachers occasionally attended on other nights of the week, and on the afternoons of the Whitsuntide and July holidays, while many frequently gave their time on Saturday afternoons to superintend the inter-park and inter-street matches.”*

It was found that recreation grounds which few children had previously visited, became popular as soon as assistance in starting and organising games was available. The grounds were open not only to children of school age, but also to working girls and lads who came after finishing their day's work. The latter soon learned to play their own games without interfering with the younger children, and indeed were often extremely helpful to the juniors.

* Report on Organised Games, 1912, presented to the Council by the Parks Committee, on the 4th March, 1913.

CARE OF MOTHERS AND LITTLE CHILDREN.

Of the games played by the boys, cricket, football, rounders and catching-out were the most popular. Running and jumping, skipping and tug-of-war were also patronised. The girls' games included rounders, cricket, skipping, hop-scotch, racing and tug-of-war, in addition to such games as oranges and lemons, fox and goose, cat and mouse, and twos and threes. Apparatus was provided by the Committee and taken charge of by the organisers. The children soon understood that it must be properly used and returned intact, and so careful did they become, that in some cases it was found possible to give out apparatus to responsible children on evenings when the organisers were not present.

Apparatus.

Similar arrangements in regard to games have been continued since 1912, the number of available playgrounds having increased to 22. The apparatus supplied consists of cricket bats—four sizes—with spliced bats for matches, loose wickets, and wickets fixed in wooden stands for use on hard grounds and the asphalted spaces; tennis balls, soft balls of all kinds, small leather-cased footballs—best quality of leather—racquets, small bats for rounders, long ropes for group skipping, small skipping ropes, shuttlecocks, hop-scotch pats, poles for tower ball. In addition, jumping stocks for high jumping have been supplied—two sets for each park.

No report was issued last year, but the report for 1914 states that the Committee "are so convinced of the benefits of the games to the children and to the City generally that they hope to continue and strengthen the scheme during the present year."

Manchester Playing Fields.

Recreation grounds.

Good use has been made of the parks and open spaces in Manchester for purposes of play. Apart from playgrounds intended for children over school age, recreation grounds have been provided for children of school age and under. These were first organised privately in 1911, but the experiment was so successful that in the following year the Parks Committee adopted the scheme which has been continued under the auspices of the City Council. In 1913, eleven recreation grounds came under the scheme, six in April and five in June.

PLAY CENTRES AND PLAYGROUNDS.

Six lady instructors, or "games leaders" were engaged. In five cases the grounds were open during practically the whole day from 11 o'clock onwards. In other cases they were open during the morning and afternoon for shorter periods. These periods frequently included the hours of school attendance, but in such cases the grounds were utilised by children under school age.

At five of the centres sand-gardens for little children have been provided, in addition to ample space for games for the older children. The sand is raked over and disinfected every day and entirely new sand is provided once a session. The centres are now open from Easter until October. Free play is encouraged, but is carried out under careful supervision. In all, about 100 different games were played during the season. These were divided into ball, skipping, singing, ring, and miscellaneous games. Many old country games were new to the city children. Some games were played by boys only, others by girls, but many by both boys and girls together.

In the report for the 1913 season, it is stated that during the period of 29 weeks, 203,000 visits were paid by children to the 11 recreation grounds. The report continues:—

"Though the large attendance is most gratifying, the Committee regard as of still greater importance the opportunity which the scheme affords for training in habits of reliance and ready discipline, and they recognise with pleasure the quick response given by the children to appeals to their sense of unselfish combination and fair play. . . . The Committee consider that money wisely spent on children's playgrounds represents a good investment for the City, and are of the opinion that the wiser policy is to spend more on sensible and efficient control, and less on expensive and nearly useless equipment."

The following examples illustrate arrangements made by Local Authorities in other areas:—

In Bolton, the playgrounds of a number of schools are used as open spaces for children of school age, and a payment is made by the Parks Committee of the Corporation to meet the cost of opening. The playgrounds are open at the following times:—

In May, June, July, and August, from 10 to 1, 2 to 4, and 5 to 8.

In April and September, from 10 to 1, 2 to 4, and 5 to 7.

In other months, from 10 to 1 and 2 to 4.

CARE OF MOTHERS AND LITTLE CHILDREN.

On week-days for scholars only:—

| | |
|-------------------------------------|--------------------------|
| In May, June, July and August | From 8 a.m. to 8 p.m. |
| In April and September | From 8 a.m. to 7 p.m. |
| In March and October | From 8 a.m. to 6 p.m. |
| In other months | From 8 a.m. to 4.30 p.m. |

During holidays daily.

| | |
|-------------------|---------------------------------|
| Christmas | From 10 to 1 and 2 to 4 |
| Whitsuntide | From 10 to 1, 2 to 4 and 5 to 7 |
| Summer | From 10 to 1, 2 to 4 and 5 to 8 |

At Stoke-on-Trent, a number of open spaces or recreation grounds, as distinct from the parks, are provided for children. Two of these are fitted with gymnasium appliances and swings, four are simply open spaces where the children may play freely. In addition to these spaces each park has an area allocated to children for playing purposes.

At Swansea, in 12 of the parks, swings, may-poles, and horizontal bars are erected, and are used entirely by children of school age, all other juveniles being excluded. In nine of the parks, only children are allowed to play at games. In two of the larger parks, the recreation grounds are exclusively granted to the Elementary School Football Leagues (Rugby and Association) every Saturday morning for matches. The Parks Committee have provided an open-air swimming bath in a public park which is used by the schools in the district.

In Sheffield, the use of school playgrounds is allowed to responsible Associations, subject to adequate arrangements for supervision being made in order to secure effective control and due protection of school property. Advantage of this arrangement has been taken by various organisations, such as the Church Lads' Brigade, the Boys' Life Brigade, and the Boy Scouts.

VACATION SCHOOLS AND PLAYGROUNDS.

Vacation
schools.

A brief note may be added in regard to vacation schools established during the summer holidays for the benefit of children in the crowded districts of large towns, although these do not fall entirely within the scope of the present report. Vacation schools were established in Switzerland, Russia, France and America before they appeared in England. The first experiment in this country was made in 1902 at the Passmore Edwards' Settlement, London. It was repeated in the following year, and in 1904 two additional voluntary centres were opened. The London County Council took great interest in the results of these centres, and in 1910 six vacation schools were organised by the Authority for a month during the

PLAY CENTRES AND PLAYGROUNDS.

summer holidays. In 1911, the schools were re-opened under similar, but improved conditions. Two sets of children attended each school for a fortnight, and in all 2,424 children were included on the roll of the six schools. The average attendance during the whole period was 83·5 per cent.

The schools were intended for the poorest children of the district. Most of the children were in fact under-fed, physically weak, backward, and were sometimes lacking in moral-balance. The schools were staffed by paid teachers. The curriculum included manual occupations (woodwork, cobbling, drawing, painting, cardboard-modelling, sewing, etc.) and outdoor games, physical exercises and swimming. Various excursions to places of interest were made. The Ragged School Union undertook to defray the cost of meals supplied to necessitous children and 1,400 children received meals. Delicate children at the Battersea Centre received milk for which a voluntary fund was raised.*

In addition to vacation schools, organised vacation play-grounds were also established by the London County Council. Vacation
playgrounds. In 1911, 26 schools were utilised and, with two exceptions, arrangements were made for both boys and girls. For each of the playgrounds a games master or mistress was appointed as superintendent for boys and girls respectively, and they were assisted by monitors. Two "inspectors" were appointed to pay frequent visits and advise as to organisation and equipment.

The playgrounds were open from 10.30 to 12, from 2.30 to 4.30 and from 5.30 to 7 o'clock. Any children who liked might attend. The most popular occupations were cricket, football, painting, drawing, crayon colouring and stencilling in the case of the boys, and needlework, basket-work, painting and ball-games in the case of the girls.

In considering the relative advantages of the schools and playgrounds, Sir Robert Blair states in the report to which reference has already been made:—

"The relative effect upon the child of attendance at these different types of holiday school is again of the same nature, but varies in degree.

* For further information see a Report on Vacation Schools and Organised Vacation Play, presented to the Education Committee (London County Council) in February, 1912.

CARE OF MOTHERS AND LITTLE CHILDREN.

It is admitted that, as a result of either, the child is improved physically, educationally, and morally. The improvement in those who have attended the vacation school should be greater on account of the difference in the mode of treatment and of the individual attention which it is possible to bestow upon each child. On the other hand, in the case of the playgrounds, the improvement, though perhaps not so great individually, is much more extensive in its operation, and from that point of view, it might be regarded as being more valuable than that effected by the vacation schools."

Experiments
elsewhere.

Holiday occupations and play have been organised in other towns, and the following examples may be quoted:—

Manchester.

Organisation.—The Warden of the University Settlement, Ancoats, Manchester, decided to organise a Vacation Play Centre during the summer holidays in August, 1916; in order to keep a certain number of the children of the neighbourhood out of mischief. He therefore invited head teachers of neighbouring schools to select 100 children, boys and girls, of all ages who would be suitable to attend the Play Centre. The children were to be those whose excess of energy would be likely to lead them into mischief if unoccupied. There was, in fact, much competition to come, the average age was 10 to 12½ years. Attendance was voluntary, there were no conditions of admission, though an unruly child was liable to be dismissed, but 70 per cent. of those who were first admitted remained during the whole four weeks. The Play Centre was held in premises belonging to the Settlement. These included a large hall which contained some simple gymnastic apparatus, such as jumping stands, and a room equipped with a gas stove and some wooden tables. The adjoining garden was also available for the children. A paid woman organiser was in charge of the centre, but other helpers gave their services voluntarily, and most of them attended part-time only. The aim was to provide close supervision, but to leave the children a wide range of liberty.

Occupations.—The Centre was open from 10 to 12 every morning, and children could have a choice of 8 or 10 occupations, such as painting, stencilling, raffia, mat-making, weaving, etc., leather work, scrap-book making, toy-making, woodwork, cookery, gardening, sewing, games. No attempt was made to give any definite teaching except as regards the leather-work, and the equipment and the apparatus were of the simplest character. In regard to woodwork, for instance, packing-cases, hammers, nails, saws, etc., were provided, and the boys were allowed to make what they could. Help, advice, and encouragement were always to hand, but no formal instruction. Children were expected to stick to the occupation chosen. At first it was intended to change occupations at 11 o'clock, but in practice it was found that the children became thoroughly absorbed, and preferred to spend the whole morning doing one thing.



ROUNDERS.

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PLAY CENTRES AND PLAYGROUNDS.

Excursions.—In the afternoon small parties of children were taken excursions or walks, often to private gardens whose owners lent them for the purpose. These proved a great success, and far more satisfactory than excursions planned on a larger scale. Also, by arrangement with the Baths Committee, children were allowed to be taken to a first-class swimming bath at any time they liked.

Elementary School teachers were not asked to assist, as it was felt they ought not to forego their holiday, but the co-operation of the Local Education Authority was secured, and considerable help was given by the Authority in regard to the provision of equipment, such as plasticine, paints, tools for leather-work, etc. The experiment, which was organised at a total cost of £33, seems to have been successful. There were practically no difficulties of discipline, and the children evidently greatly enjoyed themselves.

Norwich.

In Norwich, Play Centres were formed during the summer holidays in 1914 and 1915. Accommodation was provided in the parks and playing fields, and the children were supervised by teachers. Two centres were equipped with swings and giant's strides; some games apparatus was also supplied. The centres were mainly used for free play and games already known to the children. The boys keenly enjoyed cricket, but many of the girls were in charge of younger children, and it was more difficult to induce them to join in co-operative games.

THE VALUE OF PLAY.

Before discussing in what directions it is desirable that the play centre movement should be extended, it is necessary to consider why play is of value, and what results it may be expected to yield. Play, in the form of certain games and sports, has for many years been a traditional part of the education in secondary schools for boys and at the universities, and in this sense is looked upon as a peculiarly English inheritance and custom. Games have also become a feature of the education in secondary schools for girls. But play as an integral part of the whole education and training of the growing child, has received far more attention in Germany and America than in this country, and until recent years it has been much neglected in our elementary schools.* The greater

*German authors were the first to recognise the philosophy of play, and the writings of Gutsmuth, Karl Groos and others had a powerful influence in Germany, and subsequently on the development of play in America. Much has been written in America in regard to play, but relatively little in this country. The psychology of play has recently been discussed, and the views of various authorities summarised, in a monograph on the "Psychology of the Organised Game Group," by Miss M. J. Reany, D.Sc. (Cambridge University Press, 1916) which includes a useful bibliography.

CARE OF MOTHERS AND LITTLE CHILDREN.

number of children attending these schools have had no one to teach them to play, and the ancient games' traditions, once handed down from parent to child, have often failed to survive the conditions of modern town life.

Effects of
Play.

To-day no one questions the need for play as part of the up-bringing of children and young people. Whether the play instinct is regarded merely as a means of throwing off superfluous energy, whether it has a deeper significance and serves to stimulate, modify and educate inherited and deeply-rooted tendencies, or whether it represents in brief the history and struggles of the race, there is no doubt that it is intimately concerned with the development of the child, and that the widespread influence of well-directed play is a matter of which due account should be taken in conceiving or applying schemes for mental, moral and physical education. The lack of opportunity for healthy, spontaneous play activities may be responsible for much defective bodily development, and perhaps still more for the production of warped natures and impulses, morbid desires and even vicious cravings. Play certainly releases in the healthiest way possible, energy which must be expended somehow, and which, if its normal outlet is closed, will find a less wholesome means of expression. Play under good conditions is the best way of counteracting the ill effects of modern industrial and urban life on the physique of the child. It brings him into the open air, it gives him a better body, it improves his nutrition and it makes him more resistant to disease. Further, the mental stimulus of team play teaches him to co-operate with his comrades and gives him a sense of justice, honesty and loyalty. It inspires him to make rapid decisions and trains him in self-control and forbearance. Interest in his games may prevent him from acquiring habits of idleness and loafing, and may protect him from many temptations to mischief and petty crime.

Play, in its full meaning, is indeed a most important matter to the child, and it is largely the serious way in which he regards it, that makes it so valuable a form of training. It is not a mere relief from toil and drudgery, and it does not correspond to the recreation of the adult. It is a business into which the child enters with whole-hearted

PLAY CENTRES AND PLAYGROUNDS.

thoroughness and which for the time being claims his entire energy, thought and attention. Indeed, he labours far harder at his games and chosen hobbies than he does at the lessons and occupations usually looked upon as "work."*

There has been of late years a tendency towards a shortening of the hours of labour and a consequent increase of leisure for the working classes generally. Reasonable time for recreation is one of the essentials of a healthy life, but unoccupied or misused leisure is a doubtful advantage. If the child has acquired habits of idleness during school life and has not learned to make good use of his free time, he will not easily find interesting, absorbing and wholesome pursuits to occupy him after working-hours. Yet the good or bad use which the young man or woman makes of leisure time colours the whole life. It is to develop the instinct for play in its best sense that wise and generous provision is needed during the impressionable period of childhood and youth.

The desire for play is implanted in every child, but the capacity to utilise and express the desire properly, is not. A little child may amuse himself happily for hours together, but as he grows older, solitary play and make-believe cease to satisfy him and he wishes to join others in their games. Aimless free play often ends in loafing and quarrelling and has little of the real educational value of co-operative games. The child must, in fact, be *taught* to play his games, though it does not follow

The need for
teaching
Games.

*This view of the influence and far reaching effects of play is supported by modern authorities, some of whom may be cited in this connection:—

"There is no real difference between work and play except in the spirit in which it is done. The play of the children was the work of our ancestors. It has been said that play is an activity that we carry on for its own sake without any ulterior aim. Play is its own reward. But the same is almost equally true of any good work . . . Perhaps the greatest service that play has to render life is to give it the play spirit in which to do its work." ("*Education through Play*," by Henry S. Curtis (The MacMillan Co., New York, 1915), p. 12.)

"In truth the play of children is in the main not play at all in the sense in which grown people use the word. It is play in the sense of being spontaneous, agreeable, undertaken for its own sake and not for an ulterior object. It is not play in the sense of being mere relaxation or diversion, or a thing of secondary importance. Of course, children like to play; all good workmen like their work; but it is none the less serious on that account." ("*Play in Education*," by Joseph Lee (The MacMillan Co., New York, 1916), p. 2.)

"Play is not a luxury but a necessity; it is the serious business of a child's life, indeed for young children it is life itself. It is time we outgrew the confusion between children's play and recreation, and recognised that play is something the child needs as it needs light and air. The identification of children's play with adult recreation is a mischievous delusion existing in the minds of many persons." ("*Children's Play and Its Place in Education*," by Walter Wood, Kegan Paul Trench (Trubner and Co.), p. 104.)

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from this that he should be under perpetual close supervision while he plays. When the game itself has been learned, the next step is to encourage the children to organise and to play the game without assistance from the instructor, and this in itself is a most important part of the mental training. The need for variety in games should be realised. What is play to one child may be drudgery to another. All boys, for example, do not necessarily enjoy football, and therefore the experienced games leader will not insist on compulsory football; he will rather offer a choice of games sufficient to meet the tastes of all children in his charge.

Play as part
of Physical
Education.

Play may be regarded as a direct part of the physical education of the child. Broadly, this may be divided into three branches, namely (a) formal gymnastics; (b) games, sports, athletics, swimming, etc., and (c) a training in rhythm through dancing in its different forms. Each branch has its special value and none can be omitted without loss. Games alone are not a sufficient training. They do not provide the regulated, precise, carefully thought-out movements needed to ensure the full and symmetrical, but not exaggerated, development of all parts of the body. Nor are they intended to prevent or correct physical defects. On the other hand, although the formal exercises do create a spirit of co-operation, a habit of ready response to command, of obedience and discipline, and although they have a considerable effect in developing courage and a spirit of adventure, especially when the more difficult apparatus exercises are practised, they cannot give the best qualities gained as a result of team play, nor will the child ever throw himself heart and soul into the gymnastic lesson as he does into a favourite game. Many games help to train the sense of rhythm which in itself is a deeply implanted physiological impulse, but more definite rhythmic movements, such as dancing, as well perhaps as other exercises, e.g., eurhythmics, which have been designed with the special purpose of educating this sense, are needed to complete its development. The highest results to be obtained from physical education are mental rather than physical, and the ultimate aim of the training is so to influence the outlook of the child that the "play spirit" shall penetrate

PLAY CENTRES AND PLAYGROUNDS.

the whole of the activities which go to make up the working life of the adult. To quote Mr. Wood once more:—

“Play, development, imagination, imitation, art and work, the *play spirit* is concerned in all these things, and what is there of account that is left in life, save love? What can we call the spirit which is working within the child in his earliest years, forming his mind and character; which produced the first artists; which to-day impels man to the production of the best work that is in him? Whatever it is, forms some deep-seated part of our being, and deserves more than the passing attention which philosophy has accorded to it.”*

To a large extent physical education can be carried out at school as part of the school curriculum, but as regards play, and especially in the case of elementary school children, much must be done out of school hours and apart from the direct school influence and discipline. Yet because undirected and purposeless free play is often so much time wasted, and as children must actually be taught their games, it seems eminently desirable that the whole of the physical education of the school child, including play, should be under the supervision of the Education Authority and their expert advisors, even though the Authority undertake little actual responsibility for much of the play and out-of-school exercise.

The
Supervision
of Play by
the Local
Education
Authority.

In America the playground movement was founded about 25 years ago through attempts made by voluntary associations in various great cities to provide playgrounds with the object of keeping the children from playing in the streets. The movement rapidly achieved recognition and success, one result of which was to widen the scope of its original purpose and to convert a relatively narrow conception into a great social scheme for the recreation of the people as a whole. This has to some extent overshadowed the primary intention, and has caused considerable uncertainty as to which public authority could most suitably be entrusted with the control of the scheme. Broadly, two somewhat opposing views are held—first, that the school should be used as the centre for all social recreation (as for example at Gary), or secondly, that the recreation of children and adults should be organised separately from the educational system, and that popular

* “Children’s Play and Its Place in Education,” p. 134.

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recreation grounds with a field-house should be organised as has been done at Chicago.*

While extended means of recreation for young men and women, as well as older people, are urgently needed and will, it may be hoped, eventually be provided in this country through municipal effort, the play of the children would seem to be primarily the concern of the Local Education Authority, partly because it is important to maintain and develop it as a definite part of the educational system, and partly because it would then run no risk of being overlooked and relegated to a secondary position.

SUGGESTIONS FOR THE EXTENSION OF FACILITIES FOR PLAY UNDER LOCAL EDUCATION AUTHORITIES.

In order to put a scheme for the organisation of play into operation, Local Education Authorities would probably find it desirable to take action in the following, among other, directions:—(a) to arrange for the full, or at any rate, the extended use of school buildings, playgrounds, etc., out of school hours and during holidays; (b) to provide and equip recreation grounds and open spaces; (c) to employ skilled supervisors for evening and out-door recreation; (d) to secure the co-operation of voluntary associations in the organisation of games and play.

Evening Play Centres.

In view of the success which has invariably attended properly organised Evening Play Centres it is surprising to find so few actually in existence and also that Education Authorities have neither given more positive encouragement to voluntary workers nor undertaken the establishment of the play centres themselves. It is true that the use of school buildings has been granted for this purpose, but the main obstacle in the way of the formation of play centres by voluntary societies has been the difficulty of raising the necessary funds. During the autumn of 1916 the Education Authority in *Bradford* themselves started a play centre in connection with one of their Council Schools. Shortly before Christmas, 1916, a voluntary

* See a Report on the Playground Movement in America, and its relation to public education. Educational Pamphlet, No. 27. Board of Education, 1913.



BASKET MAKING, PLAY CENTRE, JEWS FREE SCHOOL.



SINGING GAMES, PLAY CENTRE, JEWS FREE SCHOOL.

PLAY CENTRES AND PLAYGROUNDS.

association in *Acton* decided to open a play centre at one of the schools on four or five evenings a week for the benefit, primarily, of children whose mothers were working in munition factories. The Education Authority at first agreed to provide the rooms, lighting and heating, but subsequently also made a grant of £100 towards the maintenance of the first centre and the establishment of a second. These are encouraging instances, but having regard to the needs of the children, which are greatly accentuated by the circumstances of the war, it is most disappointing that the matter has not been taken up more widely by Education Authorities and that some voluntary associations have found it necessary temporarily to discontinue their work.

School buildings, with their classrooms, halls, playgrounds, etc., are the obvious home of the play centres. Not only are many schools and most playgrounds empty after day school hours, but no other accommodation is so suitable for the large numbers of children for whom provision should be made. It is pleasant to look forward to the time when there may be sufficient play centres for all children who wish to use them. Provided a child is willing to behave himself, he should be free to come without formality or special recommendation. We should not cater especially for the "deserving" child or the necessitous child or the naughty child, but for all children equally, though the dwellers in the more crowded parts of the town should have preference in the application of any general scheme.

If a definite educational result is desired, the centre should be open not less than two or three evenings a week and, if possible, on every evening, as well as on Saturdays. Most children will not wish to come every day, but if there is room they should not be discouraged from attending as often as they desire. The hours of meeting should usually be early, say, from 5.30 to 7 or 7.30 o'clock as there should be no inducement for children to stay up late on account of the play. While the lighting restrictions are in force it is desirable to begin and end still earlier.

Experience has shown that if the centres are open regularly and frequently, they must be in charge of a paid staff. There

Use of
School
Building

General
Arrange-
ments.

Staff.

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should be a responsible man or woman superintendent and adequate assistance, paid or voluntary, to ensure the efficient conduct of the centre.

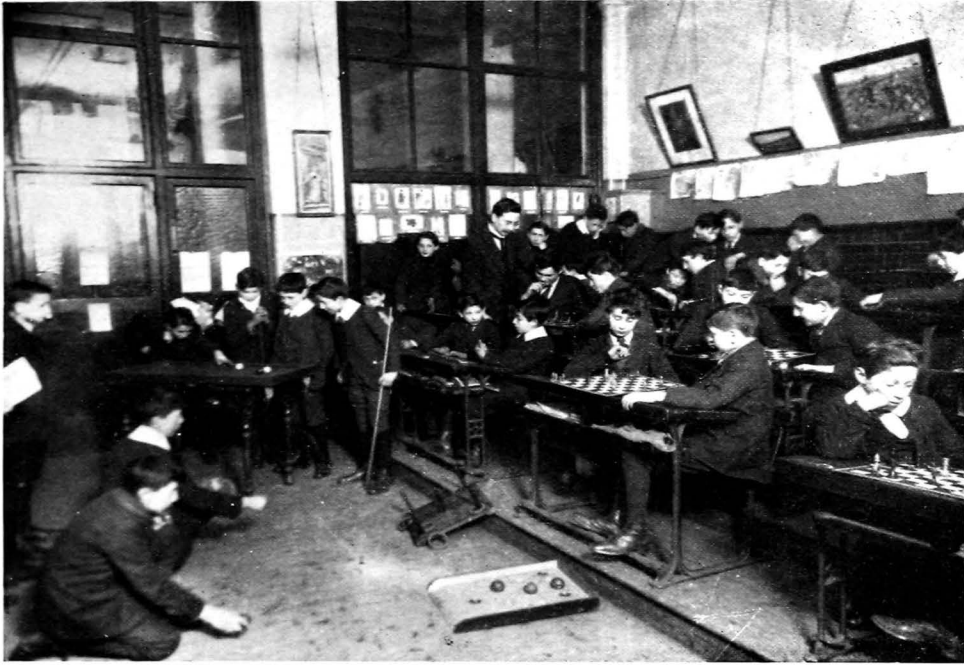
To secure a suitable staff is likely to be one of the chief difficulties in the organisation of a comprehensive system of play centres, partly on account of the number of supervisors required and partly because of the cost of their salaries. Although much of the supervision can be carried out by relatively untrained helpers, the superintendent and at least some of the assistants should, if possible, be trained as "Play Leaders," and other expert teachers may be necessary. In view of the comparatively small number of persons properly qualified to supervise the play, it is suggested that special classes might be formed by Local Education Authorities for assistants at play centres, as has been done at Manchester, Plymouth and elsewhere for the benefit of teachers in charge of organised games. In this way, and by means of practical experience at the centres, a body of capable helpers might gradually be trained.*

The salaries of the staff form the largest item of expenditure at play centres. It may be hoped that Education Authorities will see their way either to provide helpers themselves, or to assist voluntary associations in engaging teachers.

Occupations
and Games.

The occupations usually followed in play centres have already been referred to, and may be divided into:—(a) quiet occupations, such as painting, sewing, woodwork, reading, story-telling, and (b) active occupations, such as playground games, singing games and dancing. Both types are needed and both are popular with the children. The former are more easy to organise, they encourage quiet individual play and give opportunities for self-expression. Elaborate equipment is not needed, nor is definite teaching required except for such an occupation as cobbling. Children should be given simple, inexpensive material, tools, etc., and allowed to use it as they

* In America special training courses in play for teachers and for play leaders have been established. In Chicago, for example, the course extends for over a year and includes lectures and practical work in the Chicago playgrounds. Pittsburg University has appointed a Professor of Play and offers two courses of instruction in Play, a one-year course and a two-year course. Wisconsin University has a Professor of Physical Education and Play, and many other cities make special provision for a training in play and games. Particulars of these arrangements are given by Mr. Wood in Educational Pamphlet No. 27, to which reference has already been made.



QUIET GAMES, PLAY CENTRE, JEWS FREE SCHOOL, LONDON.



GYMNASIUM GAMES, PLAY CENTRE, JEWS FREE SCHOOL, LONDON.

PLAY CENTRES AND PLAYGROUNDS.

like, in the same way that a child might play in his own nursery.

It is the more vigorous games and exercise which afford the opportunity for a training in team play and in co-operation with others, as well as the healthy exercise needed to develop the bodies of the children. This branch of the work requires thoughtful attention. Under-fed, delicate children must not be over-tired with hard physical work. On the other hand, vigorous exercise which is thoroughly enjoyed brings healthy stimulus and interest into lives which often have too little pure enjoyment and happiness.

The Evening Play Centres are mainly needed during the winter months when out-door games are not practicable for the majority of the children. In the summer their place should be taken as far as possible by recreation grounds, though the school playground should still be utilised freely for games and play.

Playing Fields and Organised Games.

It is neither practicable, nor desirable, to endeavour to draw a definite line between organised games played in school hours and similar games after school is over. During school the class teachers are directly responsible. After school their services should be welcomed, but no pressure should be brought to bear upon them to participate. The whole scheme of play should be under the supervision of an expert advisor to the Local Education Authority.

In most towns, playgrounds and playing-fields for children might be provided in public parks and open spaces much more frequently than is done at present. The ground should be suitably laid out and equipped for the use of a definite number of children. Arrangements should be made for separate games for boys, girls and little children. For the latter, ample space for sand gardens is needed, as, if the sand is kept in a cleanly condition, nothing makes a more satisfactory play medium than this. Adequate simple games material should be provided, for the proper use of which the children should themselves be held responsible.

Provision of
Playing
Fields.

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Supervision.

The effective supervision of the playground is the most important part of the whole organisation. A competent games master or mistress, or "Play Leader" should take charge of all details of arrangement. When practicable, expert gymnastic teachers should be employed. In any case the responsible officer should have had definite training for work of this kind.

There should be a sufficient variety of games for children of different ages, and in selecting games for girls particular attention should be given to the importance of encouraging them to play team games. Children should learn to choose their own games, and to play them with only general oversight and advice from the superintendent. Undue time should not be expended on matches or competitions. These are excellent in their proper place, but the coaching of picked teams should not be allowed to interfere with the opportunities for play of the children as a whole.

Voluntary Workers.

In developing schemes already in existence and in formulating new ones, it is to be hoped that ample use will be made of voluntary workers and associations interested and experienced in these questions. Although the Local Education Authority should be ultimately responsible for arrangements for play, the methods of organising play centres and recreation grounds should be wholly different from those which obtain in the ordinary school. Just as the purpose of the play centre is distinct from the purpose of the school, so the form of discipline usually found in the school should not be applied to the play centre. Voluntary associations are often particularly successful in creating an atmosphere which is a happy blend of freedom and self-restraint, and in which the children come to realise the part they themselves must play in securing the happiness of all who attend. The co-operation of societies accustomed to handling children should be secured, such as Boy Scouts, Girl Guides, Girls' and Boys' Clubs and Brigades, as well as of those societies which are primarily concerned with the provision of play.

Play as a means of preventing juvenile crime.

A special plea may be made for increased play facilities at the present time as a means of preventing the unfortunate increase in juvenile crime which has undoubtedly arisen from circumstances directly connected with the war. In a letter



PADDLING POOL—PLATT FIELDS.

(Reproduced by kind permission of the Manchester Parks Committee.)

PLAY CENTRES AND PLAYGROUNDS.

addressed by the Home Office to the Board of Education in December, 1916, and since circulated to Local Education Authorities,* it is stated that the Secretary of State has had under consideration the increase, during the war, in the number of offences by children and young persons under 16 years of age, and the question as to what steps can usefully be taken by the Government with a view to checking this outbreak. It has been found, from enquiries made of the police of seventeen of the largest towns, that comparing the three months, December, 1914, to February, 1915, with the three months, December, 1915, to February, 1916, the total number of children and young persons charged with punishable offences has grown from 2,686 to 3,596, that the increase has been experienced in practically all the towns consulted, and that the increase in the number of juvenile offenders is mainly caused by an increase of nearly 50 per cent. of cases of larceny. Recent returns show that since last winter there has been an increase rather than a diminution in the number of offences. The provision of employment and recreation for boys and girls in the evening, is proposed by the Home Secretary as a means of reducing the amount of crime, and he suggests that Education Authorities should take the initiative and communicate with the leading club and brigade organisations in the district, offering to consider any application which those bodies may wish to make for the use of school buildings on one or more nights in the week.

It is satisfactory to be able to record that the Board of Grants in aid. Education have been so deeply impressed with the need for organising evening recreation for children, and with the value of play centres in meeting this need, that they have now decided to make grants in aid of Evening Play Centres, which provide after school hours and on Saturdays for the recreation and physical welfare of children attending Public Elementary Schools. The grants will be paid at a rate not exceeding one half of the approved expenditure on maintenance, and will be available for Voluntary Associations as well as for Education Authorities. The Regulations under which these grants will be made are fully set out in Appendix C, page 175.

* Board of Education Circular 975.

CARE OF MOTHERS AND LITTLE CHILDREN.

Conclusions.

Enough has perhaps been said to indicate, *first*, the value of play as a factor in the mental and physical education of the child, and *secondly*, the need for greatly increased play facilities, especially for all children attending elementary schools. The demand for more play is indeed an indication of the recognition of the meaning and value of school hygiene, the growing importance of which has been so marked a feature of education during the last ten years. It is realised with increasing clearness that it is largely waste of time and money to endeavour to teach a child whose body or mind is stunted, or under-nourished. Medical inspection, medical treatment, provision of meals, school baths, open-air education, physical training and play, all contribute towards the rearing of a happy, healthy race of children, and the influence of play is not the least among them.

CARE OF MOTHERS AND LITTLE CHILDREN.

Appendix C.

REGULATIONS FOR EVENING PLAY CENTRES FOR
THE YEAR ENDING 31st JULY, 1917.*

1. The Board of Education will make grants in aid of Evening Play Centres, hereinafter called Centres, which provide after School hours and on Saturdays for the recreation and physical welfare under adequate supervision of children attending Public Elementary Schools.

2. (a) Every Centre must be under the direction of some Body of Managers which the Board will regard as responsible for the efficient conduct of the work and for the observance of the Regulations and to which they will pay the grant.

(b) Where the Body of Managers is not the Local Education Authority a person must be appointed to act as Correspondent on behalf of the Managers with the Board or with the Local Education Authority.

(c) Where the Body of Managers is not the Local Education Authority the Board will not pay grants to the Centre if it is not recognised by the Authority for the purposes of section 13 of the Education (Administrative Provisions) Act, 1907, and (unless the circumstances are exceptional) if it is not aided by the Authority either by placing premises at the disposal of the Body of Managers free of any charge for rent and for heating, lighting, and cleaning, or in some other manner.

3. Every Centre must be suitable in character and financial position to receive aid from the Board, and must not be conducted for private profit or farmed out to any member of the Staff.

4. The premises of the Centre, unless it is conducted in the premises of a Public Elementary School, must be approved by the Board for the purpose. They must be sanitary, convenient, safe in case of fire, and suitably equipped. In fine weather on Saturdays and during the summer months as much use as possible should be made of playgrounds, parks, recreation grounds, and other available open spaces.

5. (a) There must be a Superintendent for every Centre who will be responsible for the general conduct, supervision, and discipline.

(b) The Assistant Staff must be adequate and suitable.

6. (a) Admission to the Centre must be limited to children attending a Public Elementary School.

(b) No child while excluded from school on account of infectious illness in its home may be permitted to attend the Centre.

7. The Centre must have met not less than 60 times during the year ending 31st July. As a rule the Centre should meet not less than three evenings a week. Every meeting should be of not less than 1½ hours in duration.

(N.B.—During the year ending 31st July, 1917, the Board may accept a smaller number than 60 meetings.)

* The Regulations were accompanied by an explanatory Memorandum, Circular 980.

REGULATIONS FOR EVENING PLAY CENTRES.

8. All Returns called for by the Board must be duly made.

9. A record must be kept of the number of children in attendance at each meeting.

10. The Centre must be open at all reasonable times to inspection by the Board and by the Local Education Authority. At least a full week's notice of any alteration in the time of meeting of the Centre or of its temporary closure must be given to the Board's Inspector.

11. Application for recognition or for continuance of recognition of the Centre must be made to the Board annually, through the Local Education Authority, on the prescribed Form, and should ordinarily reach the Board not less than a month before the date on which the Centre opens.

12. (a) Where, in the Board's opinion, the Centre is conducted efficiently and with due regard to economy, grant may be paid at a rate not exceeding one half of the approved expenditure on maintenance.

(N.B.—The total sum available for grant in the year ending 31st July, 1917, is limited, and it may consequently be necessary to adjust the grants accordingly.)

(b) In fixing the rate of grant the Board will take into consideration the scope, character, and efficiency of the work. In particular the Board will have regard to—

- (i) the period of the year during which the Centre was open;
- (ii) the number and length of the meetings held during the period;
- (iii) the number of attendances made by the children during the period.

13. The Board may disregard any items of expenditure which, in their opinion, should not be taken into account for the purpose of the grant. If it is proposed to make a claim for grant in respect of expenditure on rent or special equipment the Board should be informed before the expenditure is incurred.

14. When the work of a Centre has been completed in any year a statement in a prescribed form of the work done during the year should be forwarded to the Board, together with a statement of the receipts and expenditure for the year.

15. Payment of grant is subject to the fulfilment of the conditions laid down in these Regulations, but if any of the conditions have not been fulfilled the Board may nevertheless, when there are special circumstances which would justify it, pay such grant as they may think fit.

16. Grants under these Regulations must be applied solely for the purposes of Play Centres recognised by the Board. If the grant payable is found to exceed the outstanding liabilities an instalment not exceeding the outstanding liabilities may be paid, but payment will not be completed until the work has been resumed in the next session.

17. If any question arises as to the interpretation of these Regulations the decision of the Board shall be final.

Given under the Seal of the Board of Education the 19th day of January, 1917.

L. A. SELBY-BIGGE.

PLAY CENTRES AND PLAYGROUNDS.

Appendix D.

SUGGESTIONS IN REGARD TO GAMES SUITABLE FOR CHILDREN.*

The selection of the games to be used at play centres or playing-fields calls for careful consideration. It is further of great importance that the games, when chosen, should be rightly understood, wisely supervised and sympathetically organised, so that in playing them the children may derive benefit to the fullest extent possible.

It is seldom fully realised what a large variety of energetic indoor, as well as outdoor, games exists. It is essential that those responsible for the organisation of play centres should possess a wide knowledge of these different games, and understand how to select, adapt and develop them to suit different conditions.

It is not within the scope of these suggestions to give a complete list of games or a detailed scheme for the training of organisers, but it is hoped that the following remarks may be of practical value in regard to the arrangement of games at play centres and elsewhere.†

THE SELECTION OF GAMES.

The age and ability of the children are the first things to be considered. Children of school age may be divided broadly into three groups, namely, those from 5 to 7, those from 8 to 10, and those of 11 years and upwards. It will be useful to describe briefly the type of games best suited to these age-groups, and to mention one or more examples of each variety.

Games suitable for young children 5 to 7 years approximately.

These should be simple and mostly imitative in nature, that is to say, the children pretend to be dogs, trains, cobblers, farmers, etc. There is not much in the game itself and it is quickly over, but the child of this age finds enjoyment in repetition. Easy games of chase, running and jumping are also appreciated if not too complicated.

"Horses" or "Horses and Drivers."—A circle is formed and the children begin to go round raising the knees to represent a high-stepping horse. They then begin to trot and gallop, each child making the action according to his own fancy. Then two can go together as horse and driver, which allows scope for further representation.

Many little song games will also be suitable and, as before, the actions should be illustrative of the words or rhythm. Nursery rhymes can be taken in this way provided there is the activity desirable for physical training.

*These suggestions have been contributed by Miss Edith R. Clarke, lately one of H.M. Inspectors of Physical Training, and now Games Lecturer at the Bergman-Osterberg Physical Training College, Dartford Heath, Kent.

† The following handbooks may usefully be consulted in regard to this subject:—

"Games for Playground, Home, School, and Gymnasium," Jessie Bancroft.

"150 Gymnastic Games," Carrie Harper.

"Organised Games for the Playground," R. S. Wood.

"Education Through Play," H. S. Curtis.

"The Practical Conduct of Play," H. S. Curtis.

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"*Girls and Boys come out to play.*"—This can be arranged in many ways; the children may first hop and skip freely to the rhythm, inviting each other to "come out and play." When repeated, all can dance round in a circle for the first two lines, stand and act the third line, dancing round with partners for the fourth.

In the case of young children special care must be taken that no undue strain is placed on the physique nor too much sustained effort and vigorous movement expected.

Games for children aged from 8 to 10 approximately.

These children are likely to prefer a more advanced form of chase, racing and similar games in which the spirit of rivalry and contest is introduced; also easy games of skill, requiring the throwing and catching of bean bags or balls. Not only does the child strive for his own success, but, by forming one of a group, all perhaps aiming to achieve the same thing, the instincts of co-operation and social responsibility begin to develop.

"*Circle Race.*"—The players form up round a chalk circle with wide and equal spaces between each player, and all turn in one direction (R. or L.). When the whistle goes they at once run round outside the circle and each endeavours to touch the child immediately in front, who, if touched, must promptly fall out. When a player has succeeded in touching another, he must continue running and try to touch the next, remembering always that he himself is being chased and will be touched out if he hesitates. This game lends itself to adaptation and variation for large numbers; for example, the children can number off in twos (or threes), and then one set (either 1, 2 or 3) will step back, turn and chase as before, while the others remain stationary forming the circle.

A variation that adds interest to the game is to blow the whistle during the racing when all must turn quickly round about and each chases the player whom he then finds in front of him.

An example of an easy group game is "*In and out the file,*" played individually or as a relay. Players form up in two or more files, according to the number taking part. On the whistle, the leaders turn outward, then round to the right, and run in and out each player in turn, first to the bottom of the file and then back again in the same way to their places. The one first back, having touched no one, scores one for the team. Each player in turn proceeds in a similar way.

Variation.—It can be made a relay race, the second player running as soon as the first gets back, and so on. In this case a point is scored by the team that finishes first, having touched no one or having lost the least number of points for this offence.

"*Bean Bag or Ball Games.*"—Many simple formations can be taken and easy group competitions arranged. A typical example is "*Teacher and Class,*" in which one is chosen to be the "teacher" who stands facing the class and passes the ball or bag to each in turn. Should any of the "class" fail to catch, he must go to the end of the line. If the "teacher" misses he changes with the one who is at the top of the line.

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Children from 11 years of age and upwards.

At this age there appears a desire for more advanced, purposeful, and organised play. The boy or girl strives to excel individually and the social or team instinct expresses itself still more strongly. In the case of the girls little attention has been given to training this instinct, and while it has been recognised in boys, the popular games of football and cricket have usually been considered the only ones worth playing. Where arrangements can satisfactorily be made, the recognised athletic games are excellent and among them netball and rounders for girls are much to be encouraged. Far too frequently, however, it has been the strong, healthy and gifted children who have been given the opportunity of play, the more delicate children have been left out, and the fact has been overlooked that there are many valuable, though less familiar, games suitable for all children and adaptable for outdoor and indoor play, which, if rightly taken, can develop physical activity and *esprit de corps* as effectively as the more popular team games.

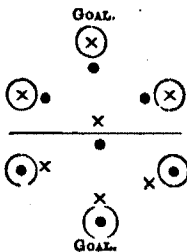
"Ball Touch."—This requires skill in aiming. It is similar to ordinary touch. The "He" must, however, throw the ball to "tag" the player instead of touching with the hand. If the player is hit, he then becomes the "He."

Variation.—An enjoyable variation is that in which any player tries to secure the ball and to hit "out" as many players as possible, who at once fall out of the game. It is important to remember that after a shot any one may take the ball, and the game continues until one only is left. Considerable judgment is needed to decide whether to go for the ball with a view to hitting a player out, or whether another player is more likely to secure the ball, in which case the better policy would be to get a safe distance away.

"Football Ball Touch."—It is equally possible to play either of the games above described with a football; the "He" endeavours to hit a player out by kicking the ball at him, and if he succeeds the player hit is "out" as already described above. It is obvious that the "He" will require considerable skill in keeping the ball under control, and as well as accuracy of aim, and the free players will need alertness in anticipating his shots and in dodging them.

"Captain Ball."—This is an excellent game for both indoor and playground use, it includes advanced team work and the rudiments of attack and defence play; further, it is adaptable to space and numbers.

The players are divided into two teams of from seven upwards on each side, and the ground marked out as shown in the diagram, with a goal circle at either end, in which the captain stands.



Each team has, in the opposite halves of the field, three players (attack) placed inside the circles, and three players (defence) placed outside the circles, in addition to one player who starts in the centre and may run either side of the centre line.

The object of each team is to pass the ball to its

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own captain by way of the players in the two circles nearest him, and if this is achieved a goal is scored. During the progress of the game there is need for complete understanding between the members of a team and much opportunity for clever and accurate passing, as well as quick and well-judged catching, which should develop all their powers. Rules and regulations for play and means of adapting the game for large numbers, may be ascertained from the hand-books already mentioned.

THE ADAPTATION OF GAMES.

The conditions under which play is undertaken are many and varied; it is necessary for those who are in charge to choose as far as possible a game suited to the existing conditions, and, failing this, to adapt one to them. The following points should receive consideration in this connection.

The Surface, Size and Shape of Room or Playground.

(a) For uneven, rough or hard surfaces it is preferable to choose a game in which speed and dash are not the essential factors.

(b) If windows or lights are in close proximity, arrange and umpire the game so that any tendency to kick or throw the ball wildly is checked. All ball games, however, need not be avoided under these circumstances.

(c) If the accommodation is small and the numbers are large, modify the activity, and incidentally the amount of space covered, either by walking or hopping instead of running, or by throwing the ball instead of running with it.

(d) If, on the other hand, the playing space is considerable, it will be necessary to limit the area for the different sets by chalk lines, living bases, or other means, for the purpose of boundaries, goals, etc.

(e) The most suitable apparatus should be selected. Bean bags are frequently more satisfactory than balls or footballs in circumscribed spaces and the use of them requires almost the same skill and judgment.

Weather conditions.

It is important to arrange that in cold weather all the children shall be kept moving and those games avoided in which some of them are stationary for any length of time. It is equally necessary to adapt the games to excessive heat or other weather conditions.

The large and varying numbers of children to be employed.

It may not be necessary to find a game in which all participate, for if space permits the children can be divided and play in smaller sets under their own captains and leaders. The games selected under these circumstances would probably be relay races, line and ring games for which unlimited space is not required.

If this is not possible, rather than allow overcrowding, when the purpose of the game is almost invariably lost, it is better to divide the children into two sections leaving one to play some quieter classroom game until their turn comes for a more active game. It is most important that all should be kept interested.

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Unsuitable foot-gear and clothing.

It frequently happens that the clothing and shoes of the children must be taken into consideration. Where the children are provided with suitable rubber shoes practically any game of skill and speed can be taken with safety as the danger of falling is minimised. On the other hand clogs, badly soled shoes and ill-fitting garments at once limit the selection of games and the possible beneficial results.

PROGRESSION.

Whatever the conditions, if the play is to be of any real value, there should be a gradual progression in difficulty and development, both mental and physical, although from the child's point of view this may be unrecognised. This can be achieved by:

1. Aiming at a higher standard of skill and manipulation in the use of balls, bats, etc.
2. Requiring increased pace and effort, which ultimately give greater physical endurance.
3. The application of more detailed rules, thus necessitating a higher degree of self-control and inhibition.
4. Selecting games, both with and without apparatus, having different and definite objects in view and graduated in difficulty, from the most elementary to those of a highly organised and co-operative nature.

DANCING.

A word may be added in regard to dancing and similar exercises. All children enjoy singing and movement to music and every play centre will no doubt have dancing, or rhythmical exercises in some form, included in its programme. Considerable benefit and pleasure may be derived by the children if their energy is used to good purpose and the right kind and type of dance or song selected. The following groups are suggested as suitable:

1. Easy rhythmical dancing steps and exercises for beginners.
2. National dances, such as hornpipe, reels, jigs, etc.
3. The various English Folk and Morris dances.
4. Country and Peasant dances of other nations, Danish, Swedish, Russian, etc.
5. Folk Songs of England and other countries.
6. Singing Games: These are more suitable perhaps to the younger children as they provide an outlet for their dramatic instincts and imitative faculties. If played with spontaneity and no self-consciousness, the rhythm and free movements are beneficial to the older girls as well, but there is some danger in their case of the games degenerating into a weak and valueless form of occupation because the right attitude of mind is not obtained.*

* Reference may be made to the following publications:—

"Dictionary of British Folk-lore," Alice B. Gomme; "Swedish Recreative Exercises," Grace MacMillan; "Exercises and Games for Infants," M. A. Hughes; "Children's Old and New Singing Games," M. Hofer; "The Guild of Play," Mrs. Kimmins; "Novello's School Songs" (Singing Games); "Country Dances," "Morris Dances," Cecil Sharpe; "Scandinavian Dances," Ling Association.

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The following Table shows a few typical games classified according to not as being in any way

| Age. | Free, Running Games. | Active Games, but limited in playground space covered. |
|--|---|---|
| <p>JUNIOR STANDARDS</p> <p>AGE 5 TO 7.</p> <p>APPROXIMATELY</p> | <p>Animal and Bird Games " I Saw " Snail, winding up Twelve O'clock at Night " Birds, Come Home " Touch Hands and Run Stone, etc.</p> | <p>Follow My Leader Changing Circles Tom Tiddler The Sea and Her Children Jumping the Stream, etc.</p> |
| <p>MIDDLE STANDARDS</p> <p>AGE 8 TO 10</p> <p>APPROXIMATELY</p> | <p>RACES (a) Running (b) Hopping (c) Potato</p> <p>RELAY (a) Flag (b) Hopping (c) All Up</p> <p>TAG OR TOUCH (a) Ordinary (b) Cross (c) Japanese</p> <p>Black Tom or Black Peter Dare Base Catch of Fish, etc.</p> | <p>Stone Fox and Geese Snatch the Handkerchief Maze Ninepins Stepping Stones Black and White or Heads and Tails Fire on the Mountain Number Bean Bag Dodge Bean Bag Circle Race Jumping the Bag, etc.</p> |
| <p>UPPER STANDARDS</p> <p>AGE 11 UPWARDS.</p> | <p>Ball Tag or Touch Football or Touch Variation of above— Knock-out Relay Races Ball Stand Prisoners' Base, etc.</p> | <p>Ball Exercises End Ball Time Ball Arch Bean Bag Over and Under Relay Poison In and Out the Files Volley Ball Dodge Ball Dodge Football Hang Tag, etc.</p> |

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age and circumstance. It should be regarded as a suggestive list, and complete or exhaustive.

| Games involving less activity, suitable for summer and relaxation. | Indoor and Classroom Games. | Singing Games. | Organised Games, requiring physical endurance and skill |
|---|---|---|---|
| Cat and Mouse Drop the Handkerchief Slap Jack Darby and Joan Hound and Rabbit, etc. | Trains Hunt the Slipper Hopping and indoor jumps Keep the Ball Rolling Toss Ball Bean Bag Catching Hunt the Thimble Stage Coach, etc. | Ring-a-ring of Roses Mulberry Bush Looby Loo Nuts and May Oranges and Lemons Muffin Man London Bridge Washing Linen The Old, Old Man Clap, Clap, All Together Roman Soldiers The Young Musician Cock-a-doodle-doo, etc. | |
| Drop Ball Fill up the Gap Guess Ball Twos and Threes Circle Stride Ball Teacher and Class Line Tag Passing Relay Zig-zag Bean Bag Chase Ball Circle Bean Bag, with variations, etc. | Animal Blind-man's Buff Do This and Do That Passing Relay Catch the Cane Slap Jack Magic Music Good Morning Musical Chairs, etc. | Jolly Fisherman Pop goes the Weasel Old Roger Jolly Miller Oats and Beans When I was a Young Girl Three Dukes Carrousel Weaving Song Seven Jolly Boys The Old Crow William's Seven Sons, etc. | |
| Grocery Stores Last Couple Out Touch, or Wandering Ball Target Bean Bag Centre Base Stool or Tower Ball Bag Tag, etc. | Target Bean Bag Sculptor Do This and Do That Sitting Time Ball Obstacle Race over Desks Bird, Beast, Fish Various Writing Games and the Summer Games in previous column, etc. | | Hopscotch Relay Master of the King / Ring Bombardment Hopping Football Hand-Football Relay Leap Frog Indoor Basket Ball Captain Ball Team Passing with opponents (a) Bean Bag (b) Ball (c) Football Newcombe Rounders German Ball Game, etc. |

CARE OF MOTHERS AND LITTLE CHILDREN.

THE ORGANISATION OF A PLAYING FIELD.

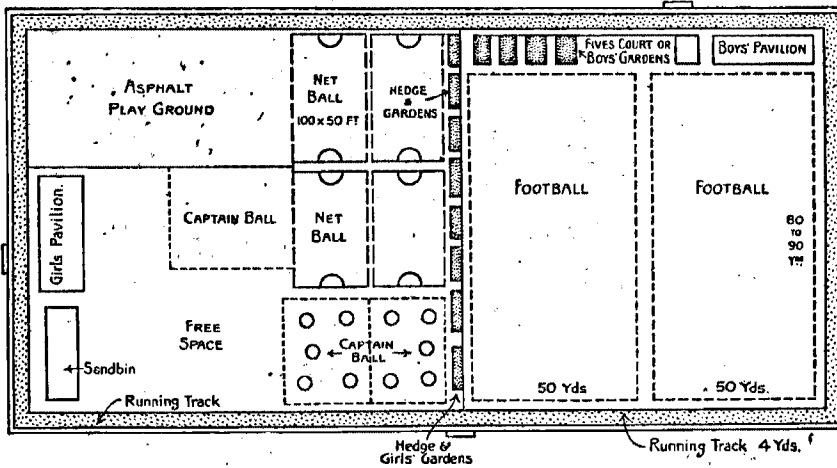
It is recommended that the available space should be utilised as widely as possible for the more advanced organised team games. If the field is sufficiently large this will not prevent a certain part being reserved for the smaller children and their play.

The games selected in *winter* will probably be: Football for the boys, and Net Ball for the girls; and in *summer*, Cricket, Rounders and Captain Ball for both. Tennis and Hockey are scarcely practicable unless the conditions are exceptionally favourable.

To economise space the pitches must be made to fit in to the most suitable corners, and be so arranged that the different games will not interfere with each other to any large extent. Each ground or park will vary, and no definite rules can be laid down without knowledge of the conditions and requirements of the particular centre. The diagram of a playing field below is given solely for purposes of explanation. It is not drawn to scale nor suggested as a model example.

DIAGRAM OF FIELD.—Approximately 120 by 240 Yards.

N.B.—Not drawn to Scale.



Arrangement.

Taking an ordinary open, more or less rectangular, space of some 5-6 acres, it would seem possible to plan it as follows:—

- (a) 2 Football pitches 50 x 80 or 90 yards, to employ ... 44 boys.
- 3 or 4 Net Ball pitches, 50 x 100 feet, to employ ... 56 girls.
- 2 Captain Ball courts, to employ 40 or more.

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This would employ some 140 children in team games alone, and, if arranged as in the diagram, would leave a space or spaces equal to the area of a football ground for miscellaneous games, on which another 100 to 150 children could be occupied.

(b) *Hard Playground.* If a part of this free ground can be asphalted it will be found a great asset to a playing field in wet weather.

(c) *Sandbin.* A sandbin is a valuable addition for little children. It needs to be in a quieter part of the ground away from the play of the older girls. It should have a moulding board round the edge (8-10 inches wide). The size will depend on the number of children who will want to use it, probably 10 by 30 ft. or 12 by 20 ft. would be suitable.

(d) *Running Track.* It is not desired to urge regular running practice or athletic contests in suggesting this track, as by far the best mental and physical results are obtained from the team games. At the same time if a few children should be left unoccupied or the grass surface should be unplayable for any reason, a running track can be made to employ a number of children at skipping, jumping, or organised team races of various descriptions.

(e) *Fives Courts, Swimming Ponds, Gardens and Paddling Ponds,* are additional sources of enjoyment and occupation if means of providing them can be found. Except for gardens, which are easily arranged, this last group is not included in the diagram.

Equipment for Games.

This comes second only in importance to the planning of the field as with a comparatively small supply of balls, bats, etc., a large number of children can be kept occupied for a considerable time.

The following will form a useful supply:—

1. Football and net ball posts and nets.
2. 8 large and 8 small footballs.
3. Half-dozen cricket sets, bats (1 doz.), balls (1 doz.), pads (half-doz), gloves.
4. Rounders bats and balls.
5. Skipping and jumping ropes.
6. Jumping stands and canes.
7. Miscellaneous equipment, including beanbags, handkerchiefs, flags, posts for bases, bands for distinguishing teams, tennis and rubber balls, chalk, etc. An expenditure of some £20 to £25 may be necessary at the beginning.

Care and Storage of Equipment.

This equipment needs careful supervision and distribution. The groundsman, assisted by the teachers, is perhaps the best person to undertake the responsibility and for this reason he should reside at the ground. At the same time it is a good plan and excellent training for the children if certain monitors or section captains are appointed to see that the apparatus used by them is safely returned.

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Maintenance of Ground.

The items that will need consideration are as follows:—

1. Wages of groundsman.
2. Wear and tear of grass surface and general repairs
3. Up-keep of games equipment.
4. Sundries for tools, materials for repair.

Other matters for consideration include the fencing of the field and the provision of changing-room and lavatory accommodation for both boys and girls. The effective supervision of the play is a matter of the first importance, whether this is carried out by the regular teachers acting under expert advice, or by a special staff of "play leaders."

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