

362.15 + 312.28

A/E ✓
C/E ✓

MATERNAL MORTALITY

Report of Meeting held at
Friends House, Euston Road,
on November 6, 1934

PRICE ONE SHILLING

(Including Postage)

Printed by the LONDON CALEDONIAN PRESS LTD., 74 Swinton
Street, Gray's Inn Road, W.C.1, and
Published by THE MATERNAL MORTALITY COMMITTEE,
13 Chester Terrace, S.W.1

362-
198
200
941
MAT

Pamphlet

362-198200941 MAT

MATERNAL MORTALITY

Chairman:

Mrs. H. J. TENNANT, C.H., J.P.

Hon. Secretary:

Miss GERTRUDE M. TUCKWELL, C.H., J.P.,
13 Chester Terrace, S.W.1.

Hon. Treasurer:

The COUNTESS OF IVEAGH, C.B.E., M.P.

Committee:

LADY BARRETT, M.D., C.H.,	The DOWAGER VISCOUNTESS
Mrs. BARTON, J.P. [C.B.E., M.S.]	HARCOURT, G.B.E., J.P.
Mrs. BRAMWELL BOOTH, J.P.	Mrs. HISLOP
The LADY MARGARET BOSCAWEN	Mrs. HUBBACK
The LADY CYNTHIA COLVILLE, J.P.	F. KERSHAW, Esq., O.B.E., J.P.
LADY CROZIER	The HON. Mrs. A. METHUEN
The VISCOUNTESS ERLEIGH	LADY NOEL-BUXTON
The VISCOUNTESS FITZALAN	Mrs. PIERCY, O.B.E.
Miss ALICE GREGORY, O.B.E.	Mrs. USHER
Miss HALDANE, C.H., J.P.	

MATERNAL MORTALITY

Report of Meeting held in the Friends' House,
Euston Road, N.W.1, on November 6, 1934

Chairman:

Lady Denman, D.B.E.

THE CHAIRMAN: Ladies and gentlemen, before we start our business I have two apologies, among others, which I should like to read to you.

One is from Lord Horder who says:—

“Much regret cannot be with you. Am very sympathetic with your efforts to check this stubborn social evil. I suggest more attention to question of fitness of the woman to bear children and less to competence of doctor and nurse.”

The other is from Dame Janet Campbell who is at present in Canada advising the authorities there on question of Maternity and Child Welfare. She says:—

“Best wishes for successful meeting.”

Well, ladies and gentlemen, first of all, I should like to say how very pleased I am to see such a well-attended meeting, because I think it shows that you are determined to continue this work against the high rate of Maternal Mortality.

I must admit that we meet under very depressing circumstances. For ten years work has been done in connection with this question. It is ten years ago since attention was first drawn to the high rate, and now in 1934 the figures are no better than they were in 1924. I cannot believe that this is a necessary evil.

Look at the figures of the Queen's Institute of Nursing, and realise that during ten years they have nursed over 600,000 cases and the death-rate has been under two per 1,000. On the other hand in four English counties and in a number of Welsh counties and in over twenty Boroughs the death-rate has been over five per 1,000 during ten years. We must see that this death-rate is not a necessary evil, and amongst those four English counties are included great and important areas like the West Riding of Yorkshire and Lancashire.

Now it seems to me that the reason must be one of two, either that those areas that I have mentioned—those counties and those

3800177148

boroughs—do not give the services which they are able to give, or else, alternatively, that they give the services, but that they are inefficiently carried out. It must surely be one of those two reasons.

Again, I wonder if the people living in those districts realise the position; if they realised that there was this unnecessary suffering going on would they not see to it that everything possible was done? If we roused public opinion as much as we might, might there not be an improvement?

And the last thing I will say is this, that in thinking out the death-rate we must not forget that for every death that occurs, probably—I don't know what the figures are, I don't suppose anyone knows—I should be surprised if there were not, certainly over fifty, and probably nearer 100, women who suffer continuous illness, and whose health is ruined from the effects of childbirth. If those figures are exaggerated perhaps I shall be corrected, but they must be enormously greater than the actual death-rate itself.

I am not going to make a speech, but I would just suggest that the best way in which we can get through our business is this. We have a resolution before us which will be moved and seconded and discussed, and voted on, and if any of you have other suggestions which you think would help in this great problem, I hope you will let me have them in writing as resolutions and we will take them after the first resolution has been dealt with.

Resolution :—

- “(1) This Conference welcomes such encouragement to Local Authorities to maintain and develop the Maternity and Child Welfare services for which they are responsible as is given by Circular 1433, dated October 10, 1934.
- “(2) The Conference, however, is deeply impressed by the reports it has received of malnutrition among married women especially in areas where prolonged unemployment persists; it is not satisfied that all Local Authorities are exercising, or can exercise, their present powers so as to prevent continuous and increasing deterioration in health among such women; and it, therefore, urges the Ministry of Health and H.M. Government to consider what additional measures, either administrative or financial, are necessary to correct a growing evil.
- “(3) Further, in view of the reported deterioration in health among women in certain areas, the Conference calls upon Local Authorities to make special arrangements for the setting up of Women's Clinics under

the Public Health Acts for the supervision of post-natal and associated ailments.”

MRS. BARTON (Women's Co-operative Guild): Friends, I think you have all got the resolution, and so there is no necessity for me to read it.

There are three points in the resolution. One says that we welcome the encouragement which is being given to Local Authorities to maintain and develop the Maternity and Child Welfare service.

The second point urges the Ministry of Health and His Majesty's Government to consider what additional measures, either administrative or financial, are necessary to correct a growing evil, and the third point asks that special arrangements shall be made by Local Authorities “for the setting up of Women's Clinics under the Public Health Acts for the supervision of post-natal and associated ailments.”

Friends, we are here again to try and draw the attention of everybody to this question of Maternal Mortality. One gets perhaps a little depressed at times when one thinks of the efforts that we have put forward for years and years.

And now we have got the Chief Medical Officer of Health's Report and even behind, shall I say, his Report, we can read many things that are not in the Report. It does seem to me that there is something behind any official statistics or any official figures that may be given, and those of us who work amongst the mothers and who know the conditions under which the people of to-day are living feel that we at any rate could put our finger on the spot where this question must be attacked. It is not that the rate of Maternal Mortality is level, but I think I could almost prophesy that when we get the Chief Medical Officer of Health's Report for 1934 we shall find that it is increasing, and if that is so I think that we who know the conditions in the particular areas and know of the help that has been given in various ways by the Local Authorities, we shall have to say that there is something much more radical that has got to be done if we are really to tackle this question in the proper spirit.

Now I want first of all to take, and I am going rather quickly, because I have not too much time, a few points in the Report.

In his last Report Sir George Newman says that there are certain issues to which we must apply ourselves unremittingly if we desire to reduce maternal mortality, and he first stresses the importance of ante-natal care and he says that in the hygiene of pregnancy “each woman should be treated as an individual, physically, mentally and socially, not only in regard to her body and mind, but as to their happy and healthy functioning in pregnancy and delivery.”

I will just leave that thought with you and ask you how it is

possible among our thousands of mothers to get that individual attention to body or mind?

He goes on again:—

“A second factor in the poor results obtained in midwifery may be the neglect of the nutrition of the mother during pregnancy, and particularly her diet. A well-known medical authority who has been exceptionally successful in ante-natal preparation for childbirth has laid down for his midwifery cases three very simple rules as to dietary:—

(1) Eat light meals.”

Our mothers do eat light meals.

“(2) Eat little or no meat.”

Yes, they conform to No. 2.

“(3) Eat plenty of fruit and uncooked food.”

And there they don't conform, and we have got to know the reason why.

“After all sound nutrition in a pregnant woman is obviously the only way of sustaining her own health and strength and that of her forthcoming child. She should become accustomed to a diet which includes ample milk (two pints a day), cheese, butter, eggs, fish, liver, fruit and fresh vegetables, which will supply her body with the essential elements, salts and vitamins, without overburdening the organs of excretion.”

Think of that, friends. Take any one of those things that are advocated, and how many homes do you know where not one of them is possible, certainly not milk, certainly not fruit, certainly not eggs, liver and fish.

I wonder how many people understand the working homes of this country, and know that potatoes and bread are the staple foods and that in thousands of homes to-day a second vegetable is never had, only on Sundays.

If the dietary given is to be taken seriously it will be apparent to even the most casual observer that many of our mothers must be undernourished. Very few wives in an ordinary working-class home, even where the man is in good regular employment, could afford that dietary. Where there is a young family it certainly could not be afforded.

We note again Sir George Newman's own statement that mortality rates are “only the end-results of physical impairment and disease.” Just think about this. Our Chairman has told us of the large amount of morbidity. These are only the end-results. There are other results that go on over a long period of years. It is not only the mother who suffers. The children in the home and the husbands, too, they suffer, not as much as

the mother, but they suffer, and the home itself suffers. Because of this, therefore, we have got to see that the wife and the mother is well cared for.

We know perfectly well that outside the figures that are given in Sir George Newman's Report there are thousands of people on whom there is no report made at all. The Medical Officers of Health in their own particular boroughs and county boroughs only give reports according to the statistics they get, according to their own experience. Some of us have a much wider experience among mothers who don't come under medical care, because as long as a woman can stand on her feet she is supposed to be fit and well.

We have got to remember, too, that a wife and mother bears the brunt of the family poverty. She does not get the periodic medical care that is given to her children at school and to her husband and her older children who come under the panel doctor. She is not insured and she does not get any medical attention until she is thoroughly run down and has to lay aside. But we may be sure that if we get reports that the children and the young men and women are physically under-nourished this must apply to a much greater degree in the case of the mothers.

We are told that the child of a pregnant mother who is ill-nourished does not suffer because the child takes nourishment from the mother. Well, that is true, but only to a point. A child that is born of an ill-nourished mother is handicapped from the very beginning, and even though it takes the mother's strength and does not really suffer, it is not nearly as good as if it were a child born of a well-nourished mother. Thirty-six per cent. of the children from the poor districts are unhealthy or physically unfit and as a result they appear mal-nourished. That must reflect itself on the mother.

We know perfectly well that our mothers are suffering from malnutrition. We may not be able to give figures and statistics like we get in the Report, but we know it from the practical side, and no amount of statistics can cover that fact.

We had the case of one woman who went to a clinic and was given a diet sheet, and she said, “For goodness sake, don't give me a diet sheet, give me something to get food with.” No amount of statistics can cover that kind of thing.

That kind of thing could be amplified, I am sure, in many thousands of cases. We know perfectly well that our women are ill-nourished and that they are suffering from malnutrition.

Malnutrition may be called sometimes by other names, but whether or not it is called malnutrition it certainly does cause disease and suffering, and nobody knows how much disease and suffering to-day is the result of malnutrition.

The Minister of Health said in the House of Commons on

July 7 of this year :—

“When you are looking for a place in the family where malnutrition will show itself and where the bad effects of unemployment and depression will show themselves look at the mother. . . . It is impossible and beyond the power of any man to prevent a mother depriving herself for the sake of her children.”

Well, friends, this whole question does result, as we say, in a tremendous amount of suffering throughout the country.

If we take the deaths alone we have statistics to show that more than one half of the deaths in Maternal Mortality are preventable. Now then, if that is true what have we got to do to prevent them? That is the question we are here to-day to consider. We have statistics showing that things are very bad. We know at the back of our minds they are worse than actually appears through statistics, and, therefore, we have got to ask ourselves how these things can be prevented. First of all I would like to ask: Are our medical services above reproach? Is the medical profession giving that attention to maternity that it gives to the other sides of medical science? I must say that I am sorry to feel myself that they do not. I think it is treated far too casually both in the training of medical men and women and by the general medical practitioner afterwards. It is easy for a doctor to feel, “Well, a maternity case is a bit of a nuisance.” They can't just walk in and out after they have given instructions like they can in other cases. It does require some longer time, perhaps very irritating, and so on. But you have got to consider what it is that is at stake. It is a mother's life at stake, and I think this meeting would wish to ask that we should get much more attention from medical science than we are getting to-day, and that maternity should be put much higher in the importance of the attendances and services that have got to be given by the medical profession.

Now then, when you come to the question of unemployment, you take the men. We have been shown by Medical Officers how men in these depressed areas are suffering, particularly when a job comes along and they have got to take it, they find they are inferior. Much as we feel for the men in the hardships of unemployment, their difficulties are not so great as the women's, for a man may be under-nourished, but he can get out of the home. He stands at the street corners, and, though he still suffers physical deterioration, he gets out into the fresh air. He gets away from it to a little extent, but the mother has to remain in the home even more than before, and she must carry on the duties of the home under very much harder circumstances than ever she has had to do before.

It is not only that she is ill-nourished, it is that she has not sufficient house-cleaning things, she has not the things that are

necessary, and so every phase of a woman's work is harder than ever before. So the woman is suffering in a dual way. She is suffering because her man is out of work and she is suffering because of the lowered condition of the home in every phase. There again the mother must be the sufferer to a tremendous degree.

Now I want just to say a word with regard to hospitals and maternity homes. I think, friends, that they must be above reproach. In all other social services, whether it is libraries, nursery schools, or whatever it is, we are always hammering to get the very best that can be given, and I think that these maternity homes and hospitals should come before anything else in your social services, because the mother is the pivot of the whole social life of the community. The health and strength and well-being of the mother mean so much to the family and to the community. I feel very strongly on this point that these institutions become too much institutionalised, and I have in mind a little incident that happened during the War when we had crèches for children.

A Medical Officer in a large city told me that the children whose mothers in the very worst slums brought the children to the clinic for attention were really better than those children that were being cared for probably under ideal conditions in the crèches. What was there? There was the loving care of the mother for the child that was a sort of massage to the child's body and helped that child better than the ideal conditions of the crèches.

And I want to say that the same applies to mothers in the slum homes. We are told sometimes that it is not the poor mothers who suffer most from Maternal Mortality, and it is pointed out to us—I think somebody said this at our last meeting—that if mothers would use more soap and water they would not have so much of this disease and suffering. We also have it on medical statistics that the death-rate is not larger among the mothers in the slum homes. If that is so where there is dirt and where there is carelessness, there must be something wrong, and it must not only be dirt and negligence in the care of the home that causes Maternal Mortality.

I think myself that we want a little bit more of that home love and care in our maternity hospitals. It cannot be too much stressed that the mother at this time is going through a great mental strain, and we have got to let her feel that she belongs to us, and we have got to give her that loving care that she would have if she were in her own little slum home because she is a human being. She must not be looked upon as a case, but as an individual who needs all our love and care.

I made a list of the places taken from Sir George Newman's

Report where the rates are very bad, and I want to say that in going through that I find that in practically all those cases they are places where there are what we might call depressed areas. Cumberland, Lancashire, Westmorland, the West Riding of Yorkshire, Anglesey, Cardiganshire, Carmarthenshire, Denbighshire, Flintshire, Glamorgan, Merioneth, Monmouthshire, Pembrokeshire, Radnorshire. Those are individual counties and in many of those cases the death-rate is double what it is for the whole of the country. Barnsley, Blackburn, Blackpool, Bolton, Bradford, Bury, Canterbury, Carlisle, Darlington, Dewsbury, Halifax, Huddersfield, Lincoln, Oldham, Plymouth, Preston, Rochdale, Sheffield, Wakefield, Wigan, Merthyr, Swansea. Those are County Boroughs with sometimes three times the average death-rate. Now, friends, those are cases that speak for themselves. Something has got to be done to give our mothers much more nourishment than they are having.

I have just two or three cases here that I would like to mention that I gathered from the depressed area of Durham :

Two pregnant women were attending the ante-natal clinic. They were both ill, with no strength, but the doctor was unable to find anything organically wrong. He expressed concern at their badly nourished condition. The Voluntary Committee of the Child Welfare Centre spent five shillings a week on food—butter, eggs, fish, fruit, &c.—for four weeks before confinement for those women, and the conviction was expressed that the extra nourishment supplied was the instrument which enabled those two mothers to get through their confinement. The income of the family in one case—the man was out of work—was twenty-nine shillings a week.

The Voluntary Committee frequently spent half a crown a week on food for young pregnant or nursing mothers who were so weak that they "could hardly trail about."

The money is got largely by whist drives among our working women's organisations where the women themselves often have hardly got enough to keep themselves going.

In another case, a young woman, pregnant, broke out in a rash. The doctor prescribed orange juice for her. This was provided by the Voluntary Committee with satisfactory results, one member remarking that her skin was lovely by the time of confinement.

Do you realise that we have got enough oranges for every mother who needs them? We have enough food for every mother? Why don't mothers get it? We have got to answer that question.

I just want now to come back to my final point. I want you to remember the resolution and what we are asking for. I want you to remember that some Local Authorities are doing wonderful and splendid work, and I want you to ask the Minister

of Health why, if some Local Authorities are doing such work, others are not doing it, and why he does not compel them to do it. I know that we shall be told that Local Authorities are so hard pressed because of the economic circumstances in which they find themselves that they cannot possibly be spending more than they are. This is a national question. Oh, yes, when there is a war on these children belong to the nation, and not to the mother and father, and, therefore, this question should be national, and the Ministry of Health should itself take on this whole problem of the services that are to be given for Maternity and Child Welfare.

Now I just want to conclude on this note, and you may not all agree. I would like to see a woman Minister of Health, not because she was a woman, but because she was a mother who had had children under the same conditions that she had to make legislation for.

My friends, we can all be sympathetic from a distance, but we want the sympathy that is born of understanding.

Mr. Baldwin made a great speech yesterday. He said that if a man had a first child there would never be a second. Oh, yes, some of us have said that, but it does not carry so much weight as when Mr. Baldwin says it. When you get people like that making statements of that kind they are recognising the amount of suffering that is going on. We don't need any convincing that there is suffering going on. Our job is to see that that suffering is diminished so far as human aid and human intelligence can do it. We say it can be done, friends, and, therefore, we want to legislate for the very poorest, shall I say, first of all.

It seems to me that it is very much like cleaning a room. If you start to clean the middle you leave the corners, but if you start at the corners, you have got to do the middle, and so with this whole question of Maternal Mortality, I want us to get down to the ill-nourished condition of the mothers, and it is no use talking about it unless we see first of all that every pregnant woman has her fish and fruit and eggs and milk.

That is the great thing. It is not too much to ask for. It is a thing we can do when we will it.

I ask you in all seriousness to pass this resolution with its three points and then go out into the country and work for it.

MRS. FRANKENBURG (Women's Conservative Association): People now really are interested in this question and we come to hear what can be done, and we all get great comfort from the kind of speech that prominent statesmen now think it worth their while to make. For instance Mr. Baldwin's stimulating remarks yesterday.

We find great comfort in that and we are also delighted to note that the Chief Medical Officer in his Report does not shy off on

vague indefinite theories, but comes down and puts his finger definitely on the weak spot, and he even courageously makes a list of the black spots and tells them they have got to do something about it.

I am afraid the solution is not quite so simple as some people seem to think.

It is not all a question of malnutrition. Take, for instance, the reports that were made on the rather more than 2,000 cases which are given in Sir George Newman's Report. The death of the poor and distressed were 890, but the deaths among the well-to-do, so described, were 1,024.

Ladies and gentlemen, that, whatever it is, is not only malnutrition. The death-rate in the West End of London is higher than in the East End, the death-rate in Bournemouth is higher than in Birmingham, the Medical Officer for Leeds tells us that the death-rate among the wealthy there is higher than among the people in the poor districts. I am not making any excuse for malnutrition. But we have got to find something that helps *all* mothers.

The Chief Medical Officer of Health tells us what he thinks it is, and I think we should look at his other points besides malnutrition and just consider them.

He agrees with the Departmental Committee on Maternal Mortality and Morbidity and he agrees with the British Medical Association that the normal cases ought to have it made possible with a midwife to be confined at home. You heard Mrs. Barton speaking of the right of the mother to be loved at that time. That is the most dramatic moment in the lives of these women. It is the only moment when they are definitely the centre of the stage. It is a psychological atmosphere that we want, and the atmosphere of the home is the proper place for the normal case to be confined.

You want your properly trained midwife. You want to abolish the handy women.

You have already heard of the magnificent record of the Queen's Nurses, and how while the rate for the whole country is over 4, they have a rate of 1.91. Why will not all the Local Authorities pay the midwives so that all the necessitous cases can have their babies at home? That is what we have got to do. We have got to go for the Local Authorities and make them do it.

Why do the Local Authorities like to collect the people in the hospitals? We have heard a little bit about hospitals to-day. I should like to say this. The Chief Medical Officer tells us that more and more people are confined in hospitals every year, and more and more people die. Why do they?

In America they have just issued an official report which the Chief Medical Officer quotes in an appendix. In that advanced and progressive country where every up-to-date treatment exists in maternity hospitals, 70 per cent. of their confinements take place in

hospitals, and there they cannot reduce their maternal mortality below 8.3 per thousand. The American doctors are begging the people to be confined in their homes and have trained midwives.

Then the Chief Medical Officer tells us that we want better attendance at the ante-natal centres. He says that all over the country women are not going as they might to the ante-natal centres. Why aren't they? If you paid your midwives for the healthy necessitous cases at home, if you paid your midwives compensation for the abnormal cases that will have to go to hospital, you would have that co-operation of the midwives which the Ministry of Health wants, and which at the moment in most cases you have not got. Make the atmosphere of the ante-natal centres more one of hygiene and less of abnormality.

The Chief Medical Officer also deplures the tremendous increase in instrumental deliveries which is a corollary of having your people confined in hospital. The Departmental Committee says that one-third of the doctors' mistakes that resulted in death were owing to the premature application of forceps. The Chief Medical Officer quotes one particular hospital where the percentage of instrumental deliveries has increased from 1.35 to 18.6 per cent. of the deliveries. That is in a hospital.

I think too that we should most of us agree that the chief reform that is needed in hospitals is a good woman almoner and less power for the hall porter.

There is another point—the health of the married woman being unsatisfactory is no new thing. It does not only result from the depression. Lancashire has not been depressed for ten years all over. For generations, as the eighteenth and nineteenth century novels will tell you, it was the thing for a well-to-do mother of a family to spend most of her time on the sofa, and for the poorer women to go about with chronic back-aches. That has been going on for too long. It is definitely time something was done about it.

We do want our women to have suitable foods. But some will still need educating to eat them when they have got them. There is far too much preference for the tasty tin of salmon than for the rather insipid eggs and milk.

Before I finish my seconding of this excellent resolution I want to emphasise the importance of teaching the normality of the normal confinement. A state of chronic fear is a psychological danger. Much that is said and done at the present time terrifies pregnant women about childbirth and ante-natal care, and a state of fear is not the right state of mind in which to reduce our Maternal Mortality.

I welcome with every strength in my power the Ministry's promise of an enquiry into the Local Authorities' work. The Local Authorities have the power to do everything that we want. Let us stir up the country and make them do it.

I have great pleasure in seconding the Resolution.

MRS. NEVILLE DIXEY (Women's Liberal Federation): There is no

mention in the Resolution of the subject of Birth Control, and I feel that as it is so germane to the subject I wish to ask whether it is possible to have some mention of it in this afternoon's discussion.

THE CHAIRMAN: There will be a moment for dealing with other points. When we have dealt with this Resolution any resolution on that or other subjects can be considered in due course.

MRS. ALDERSON (Women's Co-operative Guild, Hull): Madam Chairman and friends, it is with pleasure that I am here to support the Resolution that has been moved by Mrs. Barton, and I want to tell this audience of certain conditions which exist in the city of Hull from which I come.

I have been a member of the Local Maternity Committee for nine years now, and I am at present Chairman of that Committee, and I want to say that in Hull we consider that we are in the forefront in regard to our Maternity Services. We have used almost to the full the powers that we possess, and we have established a scheme of Home Helps. We have our ante-natal and post-natal clinics, and we have dinners for our expectant and nursing mothers, and, as I said before, we have used almost to the full these powers that we possess.

Notwithstanding this, I have regretfully to tell this audience that our maternal death rate in Hull is very high indeed, in fact we are one of the black spots.

In 1933 out of 5,000 births we had no less than 33 deaths, which represents a rate of 5.7, compared with 24 deaths in 1932 when the rate was 3.9, and 21 deaths in 1931 equal to a rate of 3.5.

This year, for the nine months ending the 30th September—I have the report—we have 23 more deaths, and it is a very significant thing that not one of those 23 mothers had availed herself of our municipal maternity services, so that it does appear that a great deal more propaganda is needed in order to popularise these services, and secure the co-operation of the mothers themselves.

In my humble opinion many of these deaths have occurred because the women themselves are suffering from the strain of modern life and an enquiry into the figures regarding the various wards in our city is very enlightening to me.

In one particular ward, which is a very poor district, we had 164 births and 4 deaths, which represents a rate of 24.4. That is a very poor district, and in that particular ward there are 2,440 houses, and of those 2,028 are without a hot water supply or a bath, and 228 are without washing facilities. 1,820 are without drying accommodation, and we must remember that these houses are the homes of our mothers. They are the workshops wherein they spend a good deal of their time, as Mrs. Barton has already pointed out.

My point, therefore, is that in the poorest wards we find that the death-rate is highest.

In the University Ward, where we have moved many of our people under a housing scheme, the death rate is 17.6, which proved that good housing is not the only thing that is required, but good food

and good conditions generally, and it is a very significant thing that in examining our Medical Officer's Report we find that the infantile death-rate in these particular wards is high, too. In the University Ward there were no less than 137 deaths of infants under 12 months per 1,000 births.

I was going to tell you of the general conditions of Hull. I could have said a good deal on that subject, but I do want to stress the point that the unemployed benefits to-day are totally insufficient, and it has been my experience to have to defend my seat in the recent municipal elections, and if some of you had gone round the particular parts of Hull that I have, you would have thought we had spelt the name of our city wrongly.

MRS. MARKWELL (Women's Co-operative Guild, Newport, Mon.): Madam Chairman, ladies and gentlemen, I welcome the opportunity to come to you this afternoon to voice the feelings of our Welsh mothers.

It is said that it is safer to be a miner than it is to be a mother, and we have heard that there is no malnutrition, or little malnutrition, but I am coming here this afternoon to tell you of many, many cases—at least I could tell you of them if time permitted—cases that do not get into official reports, people who are definitely suffering from malnutrition.

They are suffering, too, from bad housing, and yet we are told that they should not go to maternity homes and hospitals. No, perhaps not; but give us the home surroundings that will give us that pleasant and happy time in that one day of our lives. Those women have not got those facilities. They often have to live in one room, sub-let, and things of that kind. That is why they have to go to maternity homes and hospitals, because they have not the surroundings for a happy and pleasant time when they are going to bring a life into the world.

We know that there is malnutrition among our mothers, our pregnant and expectant mothers up and down the country, but particularly in South Wales. It is a mining area, and it is a colliery district, and when I tell you that the men there are only working part-time you will get some idea of the conditions.

In Blaina there were eight collieries working in 1921, and to-day only two are working, and those are on part-time. Thirteen weeks in ten months some of them have worked. What do you think is the condition of those mothers who are looking and longing for the little one that is to come? The new regulations are going to deprive them of some of their maternity pay.

A young mother of 24 years of age, after her first week of married life her husband was unemployed. She had 23s. 3d., and out of that they had to pay 5s. for rent, and something beyond that on the hire of the furniture. She was left with 13s. 3d. for their coal, their light, and to clothe and feed them, and she became pregnant. She had the milk allowed to her by

the clinic, and after her confinement she began to droop, and she was certified T.B. She was sent away to a sanatorium. Last May she returned to her home. She was there for a fortnight, and then she died.

That is the suffering of some of our mothers, my friends, and we are told that malnutrition has not got anything to do with it.

I could take you into some of the homes. I wish I could take all this audience into the homes. You would see the patient suffering of those women. They are the women who don't get into the statistics, but there they are, patiently suffering. They and the little ones and the growing girls are suffering, and it is they who are the future mothers.

I could give you many other cases, cases from Newport, cases that come in from the mining valleys. I could tell you of a man and woman with 16 children; 5 of those children were under 5, 7 were over 5 and under 14, and 2 were between 14 and 16. They are on the Means Test. They have 35s. for their rent, clothing, light, and everything else. Don't you think that mother suffered with her little babies? She had a pinched, wan face. Her husband, and the boys and girls with their boots worn and leaking, were all suffering from malnutrition. If you gave that mother a dinner every day of the week, would she take it? No, she would give it to the little ones. It is the same with milk.

Mothers are blamed because they don't take it themselves. No, they give it to their little ones, to the children whom they know are starving. That case particularly that I gave you is one of extreme starvation. It is malnutrition, and it is malnutrition that the people are suffering from in the Welsh valleys.

We do need more maternity homes, too. We have one at Tredegar. That accommodates seven patients, and if there is any complication they have to be taken to Cardiff some distance away.

Our midwives are splendid. Some of them need to come up to the scratch more, but the majority are doing very difficult work splendidly: long hours and often inadequate payment, and we do press that they should be allowed to call in the Medical Officer of Health from the clinic when they know that they have a difficult case. Sometimes the doctors are not quite experienced enough, if it happens to be a young doctor, and we want the midwife to be able to call in the experienced medical officer from the clinic when she knows that it is absolutely necessary.

LADY WILLIAMS: I also come from the distressed area of South Wales, and I can support a great deal of what the last speaker has said about the terrible conditions in the mining valleys, and the wonderful courage of the mothers. But I am here to-day to appeal on behalf of another aspect of a service

which is a great help to the mothers, and that is the service of Domiciliary Nursing.

I would like to put before you the thought that there is no coincidence in the fact that the high maternal death-rate occurs in those areas in which there is the least adequate district nursing.

In spite of the great teaching of Florence Nightingale nearly a hundred years ago, which has established the value of trained nurses in every hospital throughout the world, the extraordinary fact is that legislation takes no notice whatever of the need for trained nursing in the homes. Nothing exists in any Act of Parliament enabling local authorities to provide or even subscribe substantially for the provision of district nursing care, except for poor law cases.

I have recently supported the bringing forward of a Bill which was introduced into the House by Sir Gerald Hurst this summer to remedy this condition. The Bill failed to get beyond Second Reading, but I am hoping this meeting will once more bring this matter to the notice of the Government.

The voluntary associations have done wonderful work, and in certain districts the nursing is quite adequate, but in a great many districts, particularly in South Wales, there is only one nurse for every 35,000 of the population. In Pontypridd, which is the nearest town to where I live, there is one nurse for 42,000 inhabitants.

The situation is bad in other areas, and I would like to suggest to this meeting that nothing they can put forward as a reform will do more than this to help the mothers—the provision of a district nursing service to relieve the suffering in the homes.

I believe there is no legislation which could do more to help—and at such a small cost, too—to make this country a happier country than it has been, than the extension of the district nursing services.

MISS SUTHERLAND (Standing Joint Committee of Industrial Women's Organisations): Madam Chairman, ladies and gentlemen, I think that we ought to regard that quotation which Mrs. Barton made from Sir George Newman's Report about the necessary diet for the expectant mother as a "Mothers' Charter." But it is no use evading the fact that that diet at the present time is beyond the reach of a very large majority of the mothers of the working class of this country.

I want to quote a few budgets of unemployed families which my committee have been responsible for obtaining in another connection. These budgets have been obtained by experienced women, and here is the sort of thing they reveal.

In Thornaby-on-Tees a family of five is living on transitional benefit, 29s. 3d., and when rent, fuel and light, clothing club

and other standing charges have been met there is 13s. 8d. left for these five people for food for a week—over 8s. below the B.M.A. scale.

Another budget from the county of Glamorgan shows a family of seven living on much the same amount.

Now, there is no use talking in these circumstances as if our problem were to do something about the dietetic ignorance of the mother. We have got to tackle the question of her income before we tackle the question of her dietetic ignorance. That is not political propaganda. A medical officer who has done yeoman service in calling the attention of the public to the question of nutrition—Dr. McGonigle, of Stockton-on-Tees—says, “I wish definitely to emphasise that education on food values is useless unless the purchasing power of the family is adequate to carry out the instructions given.”

It is quite true that there are well-to-do mothers included in these terrible figures of maternal mortality which confront us year after year, but it is not enough to say that malnutrition does not account for the whole of the problem and to leave it at that. If malnutrition accounts for part of the problem it is our duty as people interested in maternal welfare to tackle that side of the question as well as the other aspects.

There was a reference by a previous speaker, and it is a very common one, to the mother who prefers the tin of salmon to more nutritious food. I wonder if all the people who make that allegation also bear in mind that the tin and the tin-opener are almost the only labour-saving devices within the reach of the ordinary working-class mother. I wonder if they remember, too, that the nutritious diet which Sir George Newman prescribes and the minimum diet of the British Medical Association are diets that cost something to prepare and cook, and that if the mother in the unemployed home to-day spends her money on the food she has not got the wherewithal left to cook it.

I want to emphasise the point that the nutritious diet is costly not only to buy, but also costly to cook.

THE CHAIRMAN: The resolution, I see, urges the Government and the Ministry of Health to take whatever steps are necessary, “either administrative or financial, to correct a growing evil,” and I think perhaps it would be more helpful if speakers made more suggestions and perhaps did not give us so many sad stories of personal poverty and distress which, alas, we know exist. We do want to get down to practical suggestions as much as we possibly can.

MRS. LINKLATER (Dorset Nursing Association): Madam Chairman, ladies and gentlemen, I will not keep you long.

Just these two or three points.

In the first place, I am the healthy mother of a strong family, and I could not have eaten the diet and drunk the daily quart

of milk—of which we have just heard—when my babies were coming. *I could not have done it!*

I think it is terribly sad, this maternal mortality, because it is among all classes. I am going to talk just about the mothers of England.

Is it partly because girls smoke too much?

Half-starve themselves to keep a slim figure?

Go in for birth control?

And there is one very important point. Child-bearing is a natural process. When they go to these ante-natal clinics are the women being taught not to look on child-bearing as a natural process? Are constant examinations and dwelling on her condition good for a woman at such a time? The mind having such influence on the body, it should be instilled into them the naturalness of the whole proceedings.

I think clinics a very good thing in a way—but they should not teach the women that it is not a natural process—*because it is.*

COUNCILLOR MISS WILSON (Borough of Mitcham): Madam Chairman, we have heard a lot this afternoon of what the local authorities ought to do. I think we should hear the other side, something about what the local authorities are doing.

The little booklet you have sent us mentions that those local authorities who deal with Child Welfare are County Councils, County Boroughs, and Metropolitan Boroughs. They miss out entirely the splendid work which is being done by Municipal Boroughs and Urban District Councils.

I come from what has hitherto been the Urban District of Mitcham, which is now the Borough of Mitcham. Up to now I have been Chairman of our Maternity and Child Welfare Committee. I believe the Chairman of the Maternity and Child Welfare Committee of Merton and Morden Urban District Council is also here. We are very proud of our work. In Mitcham we have a splendid maternity home. I visit it regularly every month, and I walk round the wards there, and the mothers tell me how happy and comfortable they are. They come because they wish to be there, not because anyone attempts to compel them to come.

I am also on the Guardians Committee and visit the mothers in the hospitals, and they are also happy and comfortable.

We have had no deaths in our Home during the past year. Our birth-rate is 16 per 1,000, and our infantile mortality and maternal mortality in Mitcham are far below England as a whole.

You must remember that you have heard speakers from the necessitous areas. England is not entirely a necessitous area. Thank God, there are heaps of healthy working mothers who do not live on tinned salmon. They can get nourishing food and cook

it properly. They are not all so idiotic as sometimes we are led to think working mothers are.

I would like you to try and follow what the good local authorities are doing, and we can do it without spending tons of money.

Then, too, the medical side needs attention, I think. It is not all malnutrition.

LADY BARRETT, C.H., M.S. : Madam Chairman, ladies and gentlemen, I should like to be allowed to say one word in support of the resolution from the medical point of view.

It has been argued by a great many that nutrition plays a part in the statistics which we deplore in regard to Maternal Mortality. I believe that to be true.

I think the brief message which Lord Horder sent to this meeting was a very important one—that we have to consider the mother herself as well as the other questions with regard to her treatment.

If any doctor examines the conditions of the mortality cases in their particular area, as I have done in the hospitals with which I am associated, they will find that an almost invariable accompaniment of the fatal cases is extreme malnutrition, or a time of worry and distress for the mother during her pregnancy.

To put another point of view : I had the privilege of working for some time in a Maternity Department which had associated with its external department a dining-room for expectant and nursing mothers, to which one could send all women during pregnancy and lactation who were suffering from malnutrition. I had the opportunity of observing both sides of that experiment (the appreciation of the women and the good effects on mother and child), of the women who daily attended these dinners during pregnancy. I do not remember a single case of death from childbirth, and the effect of the dinners during lactation were evident in the steady progress of the babies concerned.

That is the case from two points of view of the doctor, and I feel quite convinced myself that nutrition is important.

There are very many other points which are guarded against in the ante-natal clinics, but which cannot be discussed here, nevertheless I consider that ante-natal work is not complete unless provision is made for at least one meal a day for those women whose nourishment is below par.

I have found that it does not meet the case to give women lists of food they ought to take, to teach them that they ought to provide a high standard of diet, or to give grants of milk, because the mother always gives the food to the children and to the father, and also she has not always the knowledge of how to buy, or the facilities for cooking to provide herself with the suitable meals.

I would suggest that the quickest way to meet this one factor in Maternal Mortality is to establish a dining-room for nursing

mothers in association with all ante-natal clinics. It serves more than one purpose. It gives a woman a well-calculated diet, and at least one meal a day. It is cooked for her and gives her a different standard of cooking, of economic catering, and it gives her—perhaps you will think this a very insignificant thing—half-an-hour of rest and comfort.

There is no fact that has been so well established in industrial life to-day as the value—the financial value to employers—of periods of complete rest and relaxation in the middle of work, and that is a factor which the working mother in the home does not get.

If she could be fed suitably once a day, and rest afterwards, even for half-an-hour, I believe it would make a very great difference to the real nutrition of every nursing mother, and to her mental outlook.

It would be easy to meet the cost. The cost to a county, I maintain, would be negligible.

DR. FROST of the Inter-Hospital Medical Socialist Society endeavoured to move an amendment which the Chairman ruled out of order.

THE CHAIRMAN : You will have your opportunity after this resolution has been dealt with. Will you please let me explain the position? We are going to deal with this resolution first. When you have heard enough about this resolution and have voted for it, then these other matters such as the Means Test and a deputation to the Ministry will come up one after another as far as time permits.

DR. FROST : On a point of order. My suggestion is an amendment to this resolution. I do not want this resolution to pass. My amendment is to be part of this resolution. It is a new suggestion.

THE CHAIRMAN : I am going to take them all as resolutions as soon as this one is out of the way. There are no Standing Orders, so you put a very heavy responsibility on your Chairman, and it seems to be that the fairest way is to do it in the way I am now suggesting.

THE RT. HON. VISCOUNT KNUTSFORD : Ladies and gentlemen, what do I know about childbirth? Anyway, what I am going to say to you is about the removal of pain in childbirth. What do I know about the pain of childbirth? This much. That I have been a member of the Herts County Council for a very long time, and I know, therefore, of my responsibility in the words of your resolution “to maintain and develop the Maternity and Child Welfare services” to the best of my ability.

What is the result? I come here to tell you what we are doing in Hertfordshire. We have got there a machine by the use of which women can have babies practically without pain. The distressing death-rate you are discussing is not all a matter of malnutrition, it is a medical matter, too.

There is a machine by which gas and air is given, during child-

birth, and I have a record in one institution alone of 300 women gratefully alleging no pain. I have other records of 600 women in other institutions alleging "practically no pain."

Now what can you do? Insist from this meeting, as we did yesterday at the Hertfordshire County Council, that the British College of Obstetricians and the Central Midwives Board shall really take active and prompt steps to enquire into the means of this saving of suffering.

You can do it if you like. The women of England should rise and insist on it. We so-called rich people can get what assistance we like. Others less fortunately placed cannot do so. It is within your power to get this relief extended if you insist. There must be regulations, but such regulations will well bear revision.

Now it is up to you. I have told you what we in Hertfordshire are doing. It is up to the rest of the country to follow our example.

THE CHAIRMAN: I have on the agenda that Dr. Waller will sum up. I have also the names of about fifteen people who want to speak. We might perhaps ask Dr. Waller to speak now, and at the end of five minutes you can decide whether you desire to hear the whole of his paper.

The position is that if anybody moves "That the question be now put," it is my duty to put it to the vote at once, and then we will go on to the next resolution. Unless somebody moves that the resolution be put to the vote, it is my duty to let the whole of the fifteen people speak in turn.

DR. HAROLD WALLER held over the admirable paper on the Hospital as the unit served by highly trained certified midwives with specialists as consultants which is being separately published and circulated to our correspondents for discussion at meetings.

Upon a vote being taken, it was agreed that everybody should be limited to five minutes.

THE CHAIRMAN: We are very grateful to you, Dr. Waller.

A speaker moved: "That the resolution be now put."

Another speaker asked whether the meeting might have some indication as to the subject of the subsequent resolutions.

THE CHAIRMAN: One is that a deputation should go to the Minister of Health and the British Medical Association.

The second is that more facilities should be given for birth control advice.

The third is Dr. Frost's about the Means Test.

The fourth is about abortion, and then I have about five more.

I am still open to receive resolutions.

The suggestion that the "resolution be now put" was duly seconded, and, upon being put to the meeting, was carried.

The resolution was thereupon put to the meeting and carried unanimously.

DR. FROST (Inter-Hospital Medical Socialist Society): My resolution or amendment reads as follows:—

"This meeting urges the Ministry of Health and the Government that the Means Test should not be applied to families where a woman is pregnant; also to give 'maternity allowances' to all maternity cases on the lines of the National Health Insurance Act, whether insured or not; and to develop housing schemes and to lower the rents of all council houses by 25 per cent."

I first want to say this—that medical students when they go out on a district are first struck by the amazing poverty in the surroundings amongst which they have to deliver children, homes in which a whole family live in one room and the family has to be shut out every now and again, and every article of furniture within it.

I was a student at Bart's. Now Bart's was founded by Rahere. There is a street in Clerkenwell called Rahere Street. Now Rahere Street is one of the worst slums round about Goswell Road, and it is from that kind of street that our worst cases come. Rahere Street is owned by Bart's. The hospital is drawing rents from that street, and you have the situation that the hospital is drawing rents from streets like that and at the same time is building up maternity clinics and doing research work on maternal mortality and how to get rid of it, and yet at the same time it is producing it all the time. This is not intended as an attack on this hospital. Other hospitals are in the same position. They cannot help themselves. It is all part of the present bad system.

There are one or two fallacies which it is important to put right. The seconder of this resolution made a disgraceful misrepresentation as to the death-rate among the well-to-do. She lumped together the well-to-do and the comfortable, and after all it depends on what one means by comfortable.

Now I think another thing that we must bear in mind is this—that malnutrition among children sets the pace for maternal mortality later on. If a girl has rickets when she is a very young girl, then when she becomes a mother she is much more likely to suffer from disease and death as a result of childbirth, but Sir George Newman, I am afraid, has helped the general tendency towards apology in this matter by last year trying to show that malnutrition was rather less than it was the year before. This he has done (and he is here to answer the challenge) by (for the first time in the 1932) Report on the health of the school-child, dividing up the list of diseases into two categories, into cases requiring treatment and cases requiring observation. It must have been done with some purpose, and the purpose was this, that those requiring treatment are obviously

amongst the worst. By separating the *observation* figures it was possible to make the treatment figures look better than those of the previous years. Sir George Newman should clear this point up at any rate. If you add those together they are double what they were the year before—twenty-three as against eleven—but Sir George Newman merely records them separately.

One other point on the health of the school-child is this. They say, What is malnutrition? They don't know. These wonderful doctors know, but they do adopt a double standard.

There is the *clinical* standard and the *Quetelet* standard. The latter is a ratio of height to weight. A Quetelet standard of 10 per cent. below average is taken as sub-normal usually. But in Sir George Newman's report children have been as much as 40 per cent. below normal and yet have not been reckoned as suffering from malnutrition because they presented no *clinical* sign.

(Dr. Frost then referred the audience to page 132 of Sir George Newman's 1932 Report on the Health of the School-child.)

ANOTHER SPEAKER : I will second that resolution, particularly the portion which deals with the Means Test, because I think that that has got to be gone into very thoroughly, particularly on the question of the unemployed women which Sir George Newman mentions in his report dealing with the food question.

That has been discussed here this afternoon, and if we were to go further into that we should find that it works out at 7s. 6d. just for milk, eggs, butter, fish, liver, and fresh fruit and vegetables, and, as Mrs. Barton mentioned, it is very seldom that a second vegetable comes on to the table, not only of the unemployed, but also of the employed worker, and fresh fruit, which should be a food taken by every woman, every person, every day, becomes a luxury, particularly to the unemployed woman who is going to have a child, and I feel sure that every woman here in this meeting will support Dr. Frost's resolution, particularly in relation to the Means Test as it affects the unemployed workers of to-day.

THE CHAIRMAN : The resolution is that :—

“This meeting urges the Ministry of Health and the Government that the Means Test should not be applied to families where a woman is pregnant; also to give ‘maternity allowances’ to all maternity cases on the lines of the National Health Insurance Act, whether insured or not, and to develop housing schemes and to lower the rents of all council houses by 25 per cent.”

ANOTHER SPEAKER : As a Guardian may I say that the Means Test would tend to help the unemployed mother, because as a Guardian I am in a position to say that the woman who is

unemployed and an expectant mother not only gets an additional grant if she comes before the Public Assistance Committee, but also gets milk and free hospital treatment.

MRS. COUNCILLOR WARNER : I am a member of the Leicester City Health Committee and also of the Public Assistance Committee, and there seems to be a great deal of misunderstanding about what the Means Test really is. The Means Test is the ordinary Unemployment Benefit which has been continued after the person who should have received it has fallen out of benefit.

The Means Test or the Needs Test or transitional payment all mean exactly the same thing. (Cries of “No.”)

I beg your pardon, I think they do. Although they cannot be altered in respect of a pregnant woman, we on my City Council for the three months before a child is born and for some time after allow an extra 5s. a week to a pregnant woman.

She can also have milk from the Public Assistance Committee.

I have been a Guardian of the poor for fourteen years, and I should know what I am talking about.

ANOTHER SPEAKER : I am going to speak on what the last speaker has spoken of. I am speaking as an old Guardian. I want to contradict the last speaker.

As an old Guardian I want to say that they do not give milk from the Public Assistance Committee, they do not give milk from the clinics, but they do give a small amount to expectant mothers when they think they will.

I came here to-day to learn, but I am afraid I am not learning much.

The last speaker said that they gave 5s. a week to their expectant mothers. Let me tell you that I was a member at Woolwich and before that at Hackney, and we never got it.

It was moved and seconded that “the question be now put.”

Permission was given by the meeting for the resolution to be put in three separate parts.

The first part was carried by a large majority.

DR. FROST : With regard to this second part, I am afraid I don't know as much about it as I should. I understand that every maternity case under the National Health Insurance Act gets an allowance. What I mean is this, that while pregnant women under the National Health Insurance Act do get such allowances, I want those benefits extended to such women as are not insured, that is, to all women.

MR. GRIFFITHS (M.P. for Emsworth) : I want to support the last part of the resolution. There may be some misunderstanding with regard to it. There has been a lot of misunderstanding this afternoon.

Some of you people who have followed the laws of this land will know that in the very near future there will be hundreds

of unemployed men whose wives will not be entitled to this maternity benefit. The 1932 Health Act definitely states that if a man is out of work, and has been out of work for thirty-three months, neither he nor his wife can have any public health benefit, and I say this, that the wife of the unemployed man who has run out of medical benefit requires as much as, if not more than, the other wives.

The second part of the resolution was put to the meeting and carried.

With regard to the third part of the resolution, another speaker suggested that the meeting should vote for the reduction of all house rents.

"The previous question" was moved, and seconded by Mrs. Laski.

DR. FROST: I am prepared to withdraw this part of the resolution, but I will not have it believed that it is because I think there is no connection between housing and Maternal Mortality.

"The previous question" was duly carried.

MRS. SPRING RICE (North Kensington Women's Welfare Centre): Madam Chairman, ladies and gentlemen, this is the resolution I beg leave to move:—

"The Conference calls upon Local Authorities to provide under the Public Health Acts a complete gynæcological service which shall care for the health of women at all ages. Such a service should include advice on Birth Control in order that conception should only take place when the woman is in a state of health to bear a child without injury to herself or to the child."

We have heard a great deal this afternoon about the necessity for extending and giving better services for pregnant and nursing women, and for women after childbirth.

The last part of the official resolution calls attention to the necessity of Women's Clinics to deal with post-natal ailments, but I submit, Madam Chairman, that there is a gap, and that it is often too late to begin caring for the health of a woman when she is already pregnant.

The Departmental Committee's Report on Maternal Mortality and Morbidity stressed how far back the cases of mortality and, what I think is almost more important, the cases of morbidity go. They often go back, as one speaker has reminded us, to early childhood and to rickets. They certainly go back to periods before marriage, and to periods before the woman has had a child at all, and no maternity service can be complete which does not provide clinics in every borough where a woman can go who is neither pregnant nor nursing, and I must remind

you that the excellent ante-natal and post-natal clinics of the country provide, as such, only for pregnant and nursing mothers.

We do want to forge a fresh link in our maternity services by caring for the health of the young woman before she has become a mother at all, as well as for the woman who has had a baby and needs advice and treatment during the interval before she has another.

Now in such a service it seems to me that it is absolutely essential that you should provide facilities for scientific Birth Control advice. I think that the Maternal Mortality Committee which has called this great meeting really does admit that, because at the very end of their Report there is a paragraph entitled "Supervision of General Health," which reads:—

"Something, though not enough, is being done to secure all these conditions for midwifery in the home; but very little, if anything, is being attempted to make sure that the woman is in a fit state of health to have children without undue strain, or that she is able to recover her strength sufficiently after one pregnancy before she is called upon to have another."

I think that means birth control. My only criticism of the excellent work of the Maternal Mortality Committee is that it has not quite had the courage to say so, and if it does not mean birth control, what does it mean? I think it means that the Maternal Mortality Committee recognises that there are a great many cases where a woman should be saved from becoming pregnant until she has reached a certain state of health which may depend on any or all of the things we have been discussing this afternoon.

I do beg that this great meeting should face that issue: that if you are to have an efficient maternity service in this country you must recognise that part of it is to save the woman from becoming pregnant, that is to say, to give her sound contraceptive advice at a time when she is not fit to have a child.

MRS. DALTON (National Birth Control Association): I am very glad to second this resolution, especially with Sir George Newman sitting immediately behind me, because this resolution proposes to carry out the recommendations in Sir George Newman's Report which we have all been reading with such great interest.

He reminds us that the Departmental Committee on Maternal Mortality pointed out that Birth Control advice ought to be available for mothers suffering from certain organic diseases which make child-bearing dangerous, and in many cases fatal, such diseases as tuberculosis, heart disease, epilepsy and others.

Sir George Newman, in his Annual Report which is just out, urges the Local Authorities to provide mothers' clinics or

gynæcological clinics for dealing with all the ailments which the mover of the resolution has mentioned, and also for giving birth control advice in those cases where it is so urgently necessary.

He mentions, too, in his Report, in addition to the organic diseases quoted by the Departmental Committee, grave malnutrition and mental deficiency as grounds for the giving of birth control advice. Grave malnutrition has been much discussed this afternoon, and one of the ways by which we can prevent, at any rate, some ailing children from coming into the world is by providing birth control advice for those women suffering from malnutrition.

Of course, we want better food, and better incomes too, but until we have a population of healthy mothers we must help the unhealthy and the debilitated mothers by giving them birth control advice if they want it.

I should just like to make one further point which is this—that among the 2,000 odd maternal deaths specially investigated last year, 345 of those women were found to have had six or more children : these deaths should have been prevented by birth control.

I urge you to see that your Local Authorities carry out this very important work of providing gynæcological clinics, which shall provide birth control advice in suitable cases.

MISS GERTRUDE TUCKWELL, C.H., J.P. : Comrades, nobody will misunderstand me when I answer my friend, Mrs. Spring Rice, in this way.

Years ago we came together to give publicity to the question of Maternal Mortality. We thought that with every party and on a non-sectarian basis we could keep a united front, and we have. And we will.

But there is another platform, as Lady Denman knows, to which individual members of our Committee may belong. A great many of us, I think, believe in the very moderate speech Mrs. Spring Rice made, but that makes no difference to the point that we will keep the co-operation of the churches on the points on which they can agree with us, and we will continue to give you all the chance of saying all you think, and may we always do it under chairmanship such as we have had to-day.

COUNCILLOR MRS. ROTHWELL (Dagenham) : It is strange that my name should have come up now as I sent it up to speak on the resolution. But I don't mind, friends, saying just a word or two on birth control.

I am the Chairman of the Public Health and Child Welfare Committee, but I am also Chairman of the Birth Control Committee. I am also a practising midwife. Anyway, I do know what I am talking about.

There is just a word or two I would like to add on Birth

Control. I think the Government should allow the Local Authorities to give advice in cases of poverty. They can only give advice now where it is a medical case. It does not need much thinking over, that with a period of poverty a mother will very soon become a medical case. We don't want her to become a medical case, and the Government should allow the Local Authorities to give advice on grounds of poverty.

The resolution was put to the meeting and carried by a large majority.

MISS PYE (Midwives' Institute) : No one could have listened unmoved to the tales we have heard to-day as to the under-nourishment of mothers, and, as representing organised midwives up and down the country, I can say that we can give story for story in hundreds of such cases. I can underline every word that has been said. I can also underline the need for much better care for mothers who have had their babies, and whose health has not been properly re-established.

Now the Maternal Mortality Report which I am sure everybody has read has given the verdict that maternal mortality, the volume of which is such a disgrace to us, since half of it is preventable, comes from many causes, and, therefore, it is our duty to attack the question on every side.

We are in the face of one new phenomenon to-day which ought to help us, the phenomenon of over-production of such things as milk and pigs. Well, if there is over-production and there are mothers who need these things, surely the wise and right way to enrich the country is to see that milk gets to the mothers who need it, and my reason for moving this resolution is because I want to see something more done. Everybody admires the work of this Committee which, through its splendid and indefatigable secretary, calls us together, and gives us the opportunity of talking about this question of maternal mortality, but then we all go home and nothing more apparently is done.

We want to ask the Maternal Mortality Committee to take this whole matter one step further, and I believe that the Ministry itself will be glad to have the expressed opinion from such a large and influential body of opinion as is here to-day. If we can only get across to the Government Department concerned that the women of England do not mean to allow the Maternal Mortality to continue, and they insist on all the causes being dealt with, I think that we may be able in years to come perhaps to see a fall in that horrible figure which confronts us year by year.

I have much pleasure, therefore, in moving the following resolution :—

“This meeting requests the Maternal Mortality Committee to arrange a deputation representing all political

parties and on a non-sectarian basis, to urge a wider provision of first-rate medical and midwifery services, and the fuller maintenance and development of the Maternity and Child Welfare Services, and that the Minister of Health and the British Medical Association be asked to receive such deputation."

COUNCILLOR MRS. F. R. MITCHELL (Penge U.D.C.): Madam Chairman, as the Deputy-Chairman of the Midwives' Institute I wish to second the resolution and to support all that Miss Pye has said this afternoon. We come here year by year to discuss this important subject, and we feel that the time has come when some action should be taken. We believe that it is necessary for a National Maternity Service to be established in this country. We hope that it will not be long before the nutrition of the expectant mothers, housing and all such important matters are dealt with, and a really effective Maternity Service is established. I am quite sure that everyone here to-day agrees that some immediate steps should be taken in this connection, and for this reason I ask you to support this resolution.

ANOTHER SPEAKER: I should like to ask how the deputation is going to be elected, and if the deputation is elected and goes to the Ministry of Health are we going to receive a further report of the deputation, and what steps are we going to take after the deputation has reported? I have heard of so many deputations, and we don't know the result, and we women have got to see after this Conference that something has got to be done in connection with this question.

MISS PYE (Midwives' Institute): My idea about a deputation is that the Maternal Mortality Committee, which, after all, has done such a tremendous amount of work, really is the best body to choose and decide on who will make the most effective representation of the meeting's wishes to the Ministry of Health, and I believe that our best way is to trust that Committee to carry it out.

ANOTHER SPEAKER: With regard to choosing who shall be on the deputation, I feel that the only people here who are in the majority are the working-class women, and I feel sure that if you had a majority of working-class women on a deputation to the Prime Minister or the Minister of Health, if he tells us to go to the Public Assistance Committee Officer, we should demand of him at that time when we go on the deputation what he is going to do definitely, and not be put off.

I attended a deputation over the question of women who live in filthy hutments. Some people may not be aware of the hutments which exist at Abbey Wood and elsewhere. Women have to pay £1 for these hovels. Women are bearing children in these hovels. It is impossible for a woman to be healthy under

such conditions, and he said that he had no power to do anything because the permanent officials will not move. It is our duty as working-class women to remove the permanent officials.

It has taken ten years for this problem to be discussed and it has only been discussed. I want to see it put into action immediately, and oh, for God's sake, take a lesson from the women of the Soviet Union.

DR. SUMMERSKILL: Madam Chairman, I think most of you have heard me through London, and you know my sentiments on this subject.

Actually the resolution which I was going to move and speak on will, I know, be cut, because there is no time, so I am forced to come up on to the platform at this time.

I had a lot to say, but I have five minutes to say it in. I am going to suggest practical proposals to the working women of London. For ten years the Committee has been sitting.

I subscribe to everything our friend on the right has said. Yes, it is time talk was cut and we did something. To-day I am happy to find that a different spirit is over this Committee, a more militant spirit is here, and we women have only got to think of the past when we used that militant spirit which is in us.

Not only must we send a deputation to the Minister. The Minister can dismiss that deputation and we shall hear nothing more about it. Thousands of deputations have been treated in that way. Remember what happened at our last meeting. He got up, made his ineffectual speech and walked away without listening to one delegate. The National Government cares nothing for the women's lives.

I want to make some proposals, therefore. First, a deputation must be sent to the Minister and a militant deputation, as they say, of working women mainly. Secondly, we must have a demonstration in Trafalgar Square. Our only hope is to rouse the public conscience and then the Ministry of Health will no longer be afraid of the vested interests of the medical profession and the British Medical Association which makes Sir Hilton Young waver at the knees. And then not only must we have a demonstration in Trafalgar Square, but we must have women marching through the streets carrying banners saying "Three thousand deaths." That is the kind of thing which will rouse the people, a demonstration and lobbying of your M.P.'s. Give your M.P. no peace. Though we are delegates to this huge conference very few of us here have the power to take direct action on a Local Authority. The men dominate the Local Authorities. I love the men. My husband is here and he subscribes to what I say, because it is the truth. Men pay lip service to our cause as they always have done, and in their hearts they are sympathetic, but they have not proved to us

that they can do anything practical in the way of altering these appalling conditions which now exist, so you women must take it into your hands. We have the power and we must use that power. We must make ourselves felt just like our suffragette sisters made themselves felt. Take action. The only time we will get action taken at the head is when we have not only a woman Minister of Health, but a woman Minister of Health who has had a difficult labour.

The resolution was put to the meeting and carried.

ANOTHER SPEAKER : Can we meet in six months' time and have a whole-day Conference ?

THE CHAIRMAN : It is not only what headquarters can do. It is what you all can do in your own districts.

A SPEAKER : I would like to know if we are going to meet and hear the report of the deputation, and surely we can get a report before six months. I believe, if you asked, every organisation would assist in the calling of such a conference. It is absolutely necessary that we should hear a report of the deputation.

THE CHAIRMAN : I gather that it is a matter of funds and a small staff. There is not much money. I gather that you would like to meet again in six months, but, in the meantime, you pledge yourselves to work in your own district.

I would like to make one suggestion to you. It would have been very much easier if the resolutions you all wished to move had been sent in beforehand. It is extremely hard to try to fit in more resolutions and more speakers than there is room for.

THE LADY CYNTHIA COLVILLE : Before we part, I want to say a few words. This has certainly been a very lively meeting. I feel worn out, and I have been only a listener ! What I mean is this : Do you realise what a strain and responsibility are put on the Chairman at a meeting like this ?

I propose that we pass a very hearty vote of thanks to Lady Denman. It has not been easy for her to take the Chair this afternoon, and I don't think she could have done it better.