

The discharge does not generally smell bad, nor is there pain, at first.

A bad-smelling discharge should always be attended to at once.

Any discharge, either red or offensive, in a woman in whom the monthly periods have ceased for some time **should be attended to at once.**

It is not true that "the change of life" is properly marked by floodings, or by irregular bleedings, or by special discharge of any kind.

It often happens that a woman who has floodings, or irregular bleedings, or marked discharge, about the time of "the change of life," is told by her friends that it means no harm, and is "only the change of life."

Instead of going to a doctor she does nothing until the disease is so far advanced that no operation will save her, and she throws away her life.

All women who have floodings, or irregular bleedings, or marked discharge of any kind (especially if offensive, but also even if not offensive) **should go at once to a properly qualified medical practitioner, and ask to be examined thoroughly.** If women did this many lives could be saved.

All women (such as nurses and midwives, but not only they) who are especially liable to be consulted on these matters, **should avoid expressing any opinion of their own, but should advise the inquirer to go at once to a properly qualified medical practitioner and insist on being examined.** F. H. CHAMPNEYS, M.D., F.R.C.P.,

Chairman of the Central Midwives' Board.

June, 1908.

This leaflet was drawn up and issued at the request of the Board.

A letter was reported from Dr. Gibson, Master of the Coombe Hospital, Dublin, inquiring whether two probationers working together and helping each other to conduct the delivery can each obtain credit for a conduction. It was agreed that Dr. Gibson be informed that the Board will not tolerate the slightest relaxation of its rules in relation to attendance on cases.

The same reply was sent to a midwife who wrote to inquire as to the construction of Rule C. I. (1), which provides that in order to be admitted to an examination a woman "must have, under supervision satisfactory to the Central Midwives' Board, attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour and personally delivering the patient." The writer of the letter pointed out that frequently in district practice the patient did not send for the midwife until labour was far advanced, and that the pupil might have no opportunity of making abdominal and vaginal examinations, though she might be in time to personally deliver the patient. Under such circumstances it was not unusual for the schedule to be signed as one of her twenty cases.

The Chairman said that such a certificate would be a false one, and that the Board would deal with such cases as they arose. A midwife was only required to attend twenty cases, before being entrusted with grave responsibilities, and any relaxation of the rules would be highly dangerous.

The application of Mary Andrews, No. 5824, for removal from the Roll on the ground of ill-health was granted.

The application of Mr. H. W. Husbands, M.R.C.S., for approval as a teacher was granted; also the applications of the following midwives for approval to sign Forms III. and IV.:—Catherine Eliza Finigan, No. 23816; Florence Jones, No. 23854; and Sarah Ann Wild, No. 24954 (subject to report by Local Supervising Authority).

A form of questions to be addressed to the Local Supervising Authorities was sanctioned, subject to the approval of Mr. Fordham, the representative on the Board of the Association of County Councils, who was not present at the meeting.

The Standing Committee having considered the report of the Sub-committee on the best means of keeping the Midwives' Roll correct, recommended that a card of instructions as to notification of change of name or address, similar to that issued by the General Medical Council, be prepared for exhibition in training schools. This was agreed to.

It was also agreed that a concise report of the proceedings of all Penal Boards be sent after each meeting for publication in the official circular of the County Councils Association.

The date of the next meeting of the Board was fixed for July 23rd, and the meeting then terminated.

THE C.M.B. EXAMINATION PAPER.

The following were the questions set at the examination of the Central Midwives' Board on June 16th:—

1. What are the causes of rupture of the membranes before the neck of the womb is fully dilated, and what complications in labour might you expect under such circumstances?
2. Describe in detail the management of twin labour after the birth of the first child, and give reasons for all you do.
3. Describe the means by which nature separates and expels the placenta from the womb.
4. What is meant by asphyxia of the new-born child? What varieties are there, and how should each be treated?
5. What are the commonest causes of sore nipples, and to what dangers may they expose the mother? How may they be avoided, and how would you treat soreness when it arose?
6. According to the rules of the Central Midwives' Board, under what conditions is it necessary for the midwife to communicate with the local supervising authority?

THE RELATIONS OF MIDWIVES AND MEDICAL PRACTITIONERS.

The Medico-Legal Committee of the British Medical Association has been in correspondence with the Central Midwives' Board concerning certain statements reflecting upon the action of members of the medical profession, and reports that communications received from the Board have made clear that the allegations of "hostility" of the medical profession to midwives were not based upon any official action of an organised body such as the British Medical Association.