AMENDMENT OF THE MIDWIVES (SCOTLAND) ACT, 1915.

The following subsection shall be substituted for subsection (2) of section one of the Midwives (Scotland) Act, 1915 (in this Part of this Act referred to as "the principal Act")—

1. Application for registration shall be made to the local supervising authority under certain defined conditions.

2. If any person being either a male person or a woman not certified under this Act attends a woman in childbirth or the person certified under this Act, be liable on summary conviction to a fine not exceeding ten pounds:

Provided that the provisions of this subsection shall not apply in the case of a person who, while undergoing training with a view to becoming a duly qualified medical practitioner or a certified midwife, attends a woman in childbirth as part of a course of practical instruction in midwifery recognised by the General Medical Council or by the Central Midwives Board for Scotland, if the attendance by that person is in accordance with the provisions regulating the course of study of midwifery as recognised by the said council or the rules relating to the training of midwives made by the said board.

3. Notwithstanding anything in section two of the principal Act, any woman who, within two years from the date of this Act coming into operation, claims to be certified under the principal Act shall be so certified provided she was on the first day of January, nineteen hundred and eighteen, the holder of a certificate in midwifery or the rules relating to the training of midwives made by the said board.

PART II.

REGISTRATION AND INSPECTION OF MATERNITY HOMES.

9.—(1) Any person who on or after the appointed day carries on a maternity home within the meaning of this Act, shall, unless that person is registered in respect of that home, be liable on conviction to a fine not exceeding fifty pounds, or in the case of a second or subsequent offence to imprisonment, not exceeding three months, either in lieu of or in addition to any such fine.

(2) Application for registration shall be made to the local supervising authority in writing in the prescribed form, and shall be accompanied by a fee of five shillings.

All fees received by a local supervising authority under this Act shall be applied towards defraying any expenses of the authority under this Part of this Act.

(3) Subject as hereinafter provided, the local supervising authority on the receipt of an application for registration shall register the applicant in respect of the maternity home named in the application and issue to the applicant a certificate of registration which shall be in the prescribed form:

(Provided that the authority may refuse to register the applicant under certain defined conditions).

CREMATION OF STILL-BORN CHILDREN.

The following Circular Letter has been sent from the Ministry of Health to the Local Supervising Authorities, under the Midwives Acts.

Sir,

I am directed by the Minister of Health to refer to Circular 57, issued on the 20th June, 1927, in regard to the registration of still-births, and to state that he understands it to be the practice in some Maternity Institutions to dispose of the remains of still-born children by incineration on the premises. I am accordingly to request that, in order to remove any misapprehension which may exist in regard to this matter, the Local Supervising Authority will be good enough to draw the attention of the Authorities of the Maternity Homes situated in their area to the following provisions of the Cremation Act, 1902, and the Cremation Regulations, 1920.

The effect of Section 8 (1) of the Cremation Act, 1902, and Article 3 of the Cremation Regulations, 1920, is to provide that no cremation of human remains shall take place except in a crematorium of the opening of which notice has been given to the Secretary of State, and in accordance with the Regulations made by the Secretary of State. The expression "human remains" in Article 3 of the Cremation Regulations includes the remains of a still-born child, and such remains cannot therefore lawfully be disposed of by burning in a hospital furnace or incinerator.

I am, Sir,

Your obedient Servant,

A. R. MACALISTER,

Assistant Secretary.

The Clerk of the County Council, or The Town Clerk.

We are aware that there has been considerable laxity in the past in the disposal of the remains of still-born and unviable infants, and we hope that the communication of the Minister of Health will receive serious notice.

A MODERNLY EQUIPPED GYNECOLOGICAL AND OBSTETRIC BUILDING.

Mr. James H. Ritchie and Associates (Architects) and Dr. John J. Dowling (Consultant) give in "The Modern Hospital" an interesting description of the gynecological and obstetric building of the Boston City Hospital, the first completed unit of several new buildings that the City of Boston proposes to erect.

The building has six floors above the basement, with a total length of 150 feet. It contains 226 beds in open wards, 27 beds in isolation rooms, and 177 babies' cribs.

The sixth floor has two operating rooms, with surgeons' scrub room adjoining, and with sterilising room, surgical dressing room and theatre room near-by. A prenatal bath room is equipped with two prenatal treatment tubs equipped with hard plaster dividing partitions. This bath room connects with a patients' toilet, and a six-bed labour ward. There are five delivery rooms, a small laboratory, a doctors' room with toilet and shower, two isolation rooms, nurses' toilet and station, linen room, and the usual serving kitchens, cleaner's closet, utility room and store room, as on the floors below. The delivery rooms, labour wards, prenatal bathroom, and isolation rooms are sound-proofed, an arrangement the great benefit of which will be realised by all obstetric nurses.

It may not be generally known that any child under five years of age comes under the care of the Local Health Authority (Maternity and Child Welfare Act, 1918), and in placing a child with a foster-mother, it is useful in many cases to inform the Medical Officer of Health for the district of the fact in writing, in order that the child may come at once under the supervision of the Health Visitor.