

The Midwife.

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The Direct Representation of Midwives.

Midwives will do well to note the fact that amongst the amendments proposed by Mr. Fordham, to the Midwives' Act of 1902, is one that the Board should be increased by two members. Should the amendment be brought before the Privy Council, with a view to incorporation in a Government Bill, it is obviously an opportune moment for certified midwives to put in their claim to direct representation on the Board, and they will do well to consider the best means of attaining this end.

The Central Midwives' Board.

A special meeting of the Central Midwives' Board was held in the Board Room at Caxton House, Westminster, on Thursday, March 7th, at 2.30, for the purpose of considering charges made against fifteen certified midwives. There were present: Dr. Champneys (in the chair), Miss Paget, Miss Wilson, Mrs. Latter, Dr. Dakin, and Mr. Parker Young.

MARY PITT.

The first case taken was that of Mary Pitt (1717), who was charged with negligence in not declining to attend alone when a patient's temperature had risen above 100.4, with quickening pulse, and so continued on subsequent days; also (2) that the patient, suffering from hæmorrhage and foul smelling discharges, she did not decline to attend alone as required by Rule E 17; (3) that she habitually neglected to keep her Register of Cases.

Mrs. Pitt appeared in person, and was defended. Dr. Greig, the Inspector of Midwives for Staffordshire, gave evidence as to the statements of Mrs. Pitt with regard to the case, the condition of her register, and her lack of outfit. Mrs. Johnson, the patient concerned, also gave evidence, and spoke of her husband wanting to send for the doctor, and Mrs. Pitt saying that everything was going on all right. She said that Mrs. Pitt had given her every attention. A statutory declaration by Dr. Edmondson was read, stating that the patient's temperature was 105 degs. when he was called in, and that she was suffering from puerperal septicæmia.

Mrs. Pitt admitted that the entries in the Register were not in her handwriting. It was kept for her by her daughter, because she did not write well. She made the necessary records on pieces

of paper at the time, and these were afterwards copied in for her. She would, however, in the future, make the entries herself.

The Board having deliberated, the Chairman informed Mrs. Pitt that it did not consider there was sufficient evidence against her, and her certificate would consequently be restored to her. But he cautioned her to be more careful in the future, both in regard to taking temperatures, and in keeping her register.

ELIZA GUNTER.

The next case considered was that of Eliza Gunter (2146), who did not appear. She also was charged with not declining to attend alone in the case of a patient with a raised temperature and quickened pulse. Medical help having been sent for, she failed to notify the Local Supervising Authority, and, having attended the patient until her death from puerperal fever, she failed to disinfect herself, her clothing, or her appliances before going to another case.

Dr. Greig, who gave evidence in this case also, stated that the report she received from the midwife was that the birth had taken place before her arrival, and an uncertified woman had been summoned. It was a case of breech presentation, and the woman called in had delivered the patient by putting her hand into the uterus. A doctor was called in to certify to the child being still-born, but did not see the mother. Four days later, when Dr. Croll saw the mother, she had, according to his statutory declaration, a temperature of 105 degs., and a pulse of 120. In regard to infection, Dr. Greig said Dr. Croll stated he told the midwife the patient was suffering from blood-poisoning, and she knew this was infectious. He also told her to disinfect. This was denied by Mrs. Gunter, who attended a Mrs. King in her confinement, after the death of the patient from puerperal fever.

In the case of Mrs. King, Dr. Greig said that Mrs. Gunter did not seem to know much about midwifery. The patient had ante-partum hæmorrhage for four days, and the midwife gave her hot gruel to bring on labour. The perineum was torn during delivery. This Mrs. Gunter denied, but when it was pointed out by the second midwife—who took over the case on Mrs. Gunter being forbidden by the Local Supervising Authority to continue attendance on account of the notification of the death of the first-mentioned patient from puerperal fever—Mrs. Gunter admitted a slight tear. The tear extended into the rectum. The patient was in the doctor's hands for two months, and at one time her life was despaired of.

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