duced, if necessary, that the relations of medical men and midwives are frankly hostile. The Chairman said there was ample proof. It was no good dissembling and cloaking it. It was a fact, and it was better to recognise this, and suggest a remedy. He quoted the case of a midwife who represented to a medical practitioner that a patient would probably die if medical help could not be obtained, and the reply she received was "Let her die, the Midwives' Act will be abolished the sooner."

Many members of the medical profession were not taking a humane or national view of the midwife question. If the doctors had tried to co-operate with midwives a *modus vivendi* might have been found. The Act recognised midwives and directed their work in a straight line, which was obviously better than the irregular practice of former days. Dr. Champneys said he was not proud of a large number of his professional brethren in connection with the midwife question.

Mr. Fordham said that in a district with which he was acquainted there was only one doctor (the poor law medical officer) and one midwife. They worked most amicably.

Mr. Parker Young thought in such a case it was impossible to argue *ex uno disce omnes*. He cited a case in which a midwife sent for eight doctors, and had to summon a ninth before one came to her assistance. The defect of the Midwives' Act was that it made no provision for the payment of medical fees. The labourer was worthy of his hire. The Act would be unworkable until something was done by the Government. They should let the Government know that if the Midwives Act was to do any good it must take action. The Government was strongly to blame.

On the question of the general financial depression referred to in the Report, Mr. Parker Young said that it affected Medical Practitioners more than any other class of professional workers. Dr. Stanley Atkinson thought that midwives had been hard hit by it also.

With some modifications the Chairman's report was adopted.

In regard to the letters addressed to the Board by the Midwives' Defence Association and the Committees of Lying-in Hospitals, protesting against the Board's interpretation of Rule E 26, by which, if correct, a midwife may not notify on her card or name-plate the hospital at which she was trained, the Standing Committee recommended "That the Privy Council be asked to approve the addition of the following words to Rule E 26:—"Provided that a midwife whose name has been admitted to the Roll in virtue of having passed the examination of the Central Midwives' Board, or in virtue of a qualification under Section 2 of the Midwives' Act, 1902, acquired by passing an examination in midwifery, may add the words, 'by examination' after the words 'certified midwife.'"

The Chairman asked Miss Paget if this would satisfy the midwives, and she referred him to Dr. Stanley Atkinson, representative of the Midwives' Institute, who thought it would, but pointed out that "the qualification" of which any other description is forbidden by Rule E 26 is the certificate of the Board.

The recommendation of the Standing Committee was adopted.

The following midwives were approved for the purpose of signing Forms III. and IV.:—Elizabeth Coffey, No. 9,800; Eleanor Mozley, No. 14,349; Charlotte Stephenson, No. 3,297.

March 19th was fixed for the date of the next meeting of the Board.

EXAMINATION PAPERS.

The following are the questions set at the examination of the Central Midwives Board on February 11th ult.:—

1. Describe the uterus as it appears to the naked eye before pregnancy, and the changes it undergoes in pregnancy and after delivery.

2. Describe the mechanism of labour when the breech is presenting and the sacrum is behind and to the right. How would you manage such a case?

3. Explain carefully how you would prepare yourself, your patient, and your appliances before giving a vaginal douche, and how you would give it.

What solutions may be used for this purpose, and how would you prepare them.

4. What are the lochia? Describe their usual character and duration, and the normal changes they undergo. What unusual characters may they present, and what would such changes mean?

5. Describe minutely the treatment of a premature infant from its birth until the tenth day.

6. What is the action of ergot on the uterus? How long after it is given does it produce its effect? When and for what reasons would you give it?

What are the duties of the Midwife after using ergot, as stated in the Rules?

PUERPERAL FEVER IN THE ADMINISTRATIVE COUNTY OF LONDON.

Sir Shirley Murphy, Medical Officer of Health for the Administrative County of London, in his Annual Report for 1906, states that puerperal fever —including pyæmia and septicæmia in the puerperal state—was fatal to 187 women, the total number notified as suffering from such affections being 298. All cases of puerperal fever where a midwife is known to have been in attendance are now investigated. Early intimation of cases is received from the Metropolitan Asylums' Board, and weekly lists of deaths from puerperal sepsis are obtained from the Registrar General. It would appear that the extent of the cases of puerperal fever are even yet not fully known, as in 68 of the deaths registered as from puerperal fever the cases had not been previously notified. The proportion of still-births in the Metropolis appears to be from 3 to 4 per cent.

INFANTS' FOOD.

In connection with the fining of tradesmen at Richmond (Victoria) for selling certain brands of infants' food it is pointed out that the prosecution was for failure to state that the foods must not be used for infants under six months. Under the Pure Foods Act, infants' foods containing starch must be so labelled, or there must be a notification that they are not intended for children under six months of age.

previous page next page