

of those intending to practise was larger than usual.

FINANCIAL STATEMENT.

The Secretary reported that the Board was at present living on capital of which it would have sufficient to meet the needs of the present year, and to leave a working balance for next year. After that it would be necessary to draw upon the county councils and county borough councils as provided for in Section 5 of the Act. In the opinion of the Finance Committee, and, he believed, of the Privy Council also, this Section was at present unworkable. It provides that if, when the statement of accounts is made up at the end of the year, and there is "any balance against the Board, and such balance is approved by the Privy Council, the Board may apportion such balance between the councils of the several counties and county boroughs in proportion to the number of midwives who have given notice during the year of their intention to practise in those areas respectively, and may recover from the councils the sums so apportioned."

It was impossible to find out accurately the number of midwives in practice, and if one Council omitted to send its return the apportionment of the balance would be inaccurate, and therefore invalid.

The Chairman said that a good many Boroughs and Borough Councils did not send up their returns, and it would be grossly unfair to charge those who were particular in making returns for those who neglected to do so. Investigations were being made, and by the end of February the Board should be in a position to inform the Privy Council who were the defaulters.

The Secretary also drew attention to the difference in the charges of the various journals for inserting the notice of the examinations.

Mr. Parker Young thought that in the case of those which charged the Board more than journals of such standing as the *British Medical Journal* and the *Lancet* the only course was to decline to give them the advertisement. That might bring them to their senses.

SUSPENSION OF A MIDWIFE.

Miss Paget drew the attention of the Board to the suspension of a midwife at Pembroke Dock for a month. The doctor under whom she attended a case as a maternity nurse certified that the patient, on account of whom she was suspended, had died of puerperal mania followed by syncope, and was satisfied that she was not infectious. Nevertheless, the midwife had carefully disinfected. Miss Paget inquired if the Medical Officer of Health had power to suspend her.

Dr. Stanley Atkinson said that the Medical Officer of Health had power to warn the midwife that she was infectious, and if after such warning a patient attended by her became infected she might be convicted of manslaughter.

Miss Paget said that either the poor women at Pembroke Dock must be left unattended for a month, or another midwife must be engaged at considerable inconvenience, while the one who had attended a case stated by the doctor in attendance to be non-infectious was doing nothing.

The next meeting of the Board was fixed for February 13th.

THE NAME-PLATES OF MIDWIVES.

We are glad that much interest is being aroused in the question of Midwives' Name Plates, and to the interpretation placed by Local Supervising Authorities of Midwives upon Rule E 26 of the Central Midwives' Board. We do not believe that either the Board or the Supervising Authorities intend to do midwives an injustice, nevertheless such injustice will certainly be done if they are restricted to the use of the description "certified midwife."

While the Midwives' Board is quite justified in insisting that the qualification by which a midwife obtains admission to the Roll shall be "certified midwife" only, and that no abbreviation or other description of this qualification shall be permitted (as, for instance, Registered Midwife, Cert., C.M.B., etc.), we cannot think it is entitled to prohibit a midwife from announcing on her door, or her card, her *additional* qualifications. An analogy would be if all doctors were restricted to the use of the term "Registered Medical Practitioner," whereas it is expressly provided by the Medical Act of 1858 that every person registered under the Act shall be entitled to have a higher degree or additional qualification inserted in the Register.

Midwives have not asked that their additional qualifications shall be entered in their Roll, but merely that they shall not be deprived of the right of using qualifications which they have earned. We do not believe that either the Central Midwives' Board or the Local Supervising Authority has the power to prevent their doing so.

PRE-MATERNITY HOSPITALS.

In the *British Medical Journal* of January 11th is a valedictory address on "Hospital Treatment of Morbid Pregnancies," delivered to the Edinburgh Obstetrical Society by Dr. J. W. Bannatyne. He is particularly keen on the establishment of pre-maternity hospitals as annexes to the maternities, which would be open to receive all women suffering from the maladies incident to gestation. At the present time it is difficult to get such patients admitted to general hospitals, and, as a rule, the lying-in hospitals only receive women in labour. If each of these set apart a ward for the reception of pregnant women in need of medical treatment, untold good might often be done to them and to the unborn children. At the Edinburgh Maternity Hospital a bed has been endowed for this purpose, and Doctor Bannatyne gives details of cases treated there. Among these are hydramnios with vomiting, hyperemesis gravidarum, epilepsy, threatened eclampsia, heart disease, etc. District midwives, in refusing to undertake cases of morbid pregnancy, and in advising the patient to seek medical treatment, are often only too well aware that the good counsel is futile, and that home circumstances and want of skilled nursing make proper treatment impracticable. Dr. Bannatyne's suggestions appeal to them, and they hope his address may rouse the English hospitals to establish pre-maternity wards.

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