

just breathing when he arrived. He saw the placenta, but did not examine it minutely.

When the patient's temperature rose to 100 degs. she advised medical assistance being summoned, and sent for Dr. Young at the request of the relatives. The doctor curetted and removed a small amount of placenta. Mrs. Killoran explained to the Board her method of examining the placenta, which was apparently intact. The patient died of pneumonia.

The Board having deliberated, the Chairman informed Mrs. Killoran that the Board considered the charges were not proved, and he concurred. The Board authorised him to say that they regretted she had been troubled to appear before them.

The other midwife exonerated was Mrs. Leonard, and the Board, having heard the charges alleged against her, stated that in their opinion there was no case against her, and they were sorry it had been brought up without a more thorough investigation locally.

A noticeable feature in the proceedings was the age of some of the midwives concerned, one being 70 and another 73. There is no work harder or more exacting than that of a midwife, and midwifery is certainly not a suitable occupation for a woman over 65 years of age, to put an outside limit. We heard of one midwife who goes round to her cases in a bath-chair, her comment being "It's sometimes a bit awkward at night."

EXAMINATION PAPER.

The following is the examination paper set by the Central Midwives Board at the examination held at the Examination Hall, Victoria Embankment, W.C., December 16th, 1910:—

1. Describe the full time foetal head and give its measurements.
2. A woman is woke in the middle of the night in the eighth month of her pregnancy by considerable bleeding from the vagina. What would you suspect, how would you endeavour to ascertain the cause, and how would you treat the case?
3. Describe the treatment that you would adopt in the conduct of an uncomplicated breech presentation.
4. A woman on the third day of her lying-in has a temperature of 101 degs., a pulse of 112, and an offensive discharge. What may be the causes of this condition, and how may they be avoided?
5. What is meconium, and what would you think if you found it on the examining finger?
6. On what occasions, according to the Rules of the Central Midwives Board, must a midwife make use of an antiseptic solution?

THE NEXT EXAMINATION.

The next examination of the Central Midwives' Board will be held in London and the Provinces on February 14th. In London, at the Examination Hall, Victoria Embankment, W.C. In Birmingham, Bristol, Leeds, at the University; in Manchester, at the Victoria University; in Newcastle-on-Tyne, at the University of Durham College of Medicine. The oral examination follows a few days later in each case.

THE ANNUAL REPORT.

The Report of the Central Midwives Board states that a large percentage of the trained women obtained their certificate without any intention of ever practising, many others have ceased to do so, and a considerable number practise in the colonies or in foreign countries. There can be no doubt that at the present time the untrained practising midwives are largely in excess of the trained.

Two thousand six hundred and eighty-three candidates entered for the examinations, and of these 2,219 passed, the percentage of failures being 17.3 as against 19.2 for the previous year. 1,272, or 57.3 per cent., of the successful candidates declared their intention of practising as midwives, and of this number 758, or 60 per cent., intended to practise in rural districts. This latter class constituted a percentage of 34.2 of the total number of successful candidates.

Leeds has been made an examination centre, and the written part of the examination is held at Plymouth and Cardiff as well as at the regular centres. This has been found a great convenience to candidates from Cornwall, Devon, and South Wales.

The number of cases of ophthalmia neonatorum coming to the notice of the Board in the course of its penal administration has made it apparent that strong efforts should be made to combat the ignorance and carelessness which so frequently lead to the total destruction of the infant's eyesight.

The rules have accordingly been strengthened by substituting "must" for "should" in the rule dealing with the cleansing of the child's eyelids, and by placing on the midwife the obligation of advising medical help in case of a purulent discharge in a woman who is pregnant or in labour.

A NEW DAY NURSERY FOR PAISLEY.

At a recent meeting of the Committee of the Paisley Day Nursery the Dowager Lady Smiley expressed her desire to have the privilege of building and equipping a new Day Nursery free of charge, in memory of her late husband, Sir Hugh H. Smiley, who was the originator of the Nursery and took a great interest in the welfare of the children. She hoped the Committee would at the same time see their way to raising an endowment fund.

MIDWIFERY IN THE DOMINION OF NEW ZEALAND.

The Inspector-General of Hospitals and Charitable Institutions reports that the names of 1,028 midwives are on the register, viz., trained 283, and untrained 745. Last year 74 trained midwives were registered. There are nine training schools for midwives in the Dominion, and there were 883 patients treated in the St. Helens hospitals last year. There were 4 deaths, 829 babies were born alive, 13 babies were stillborn, 4 babies died. There were 353 mothers treated by St. Helen's Nurses as out-patients. Each baby born in the St. Helen's hospitals costs the country about £2.

[previous page](#)

[next page](#)