

affected is a point of considerable interest. Dr. Ford suggests that the micro-organisms may gain easier access to the ovum in the last few days before labour owing to the expansion of the cervix, which is common in both multiparæ and primiparæ before the onset of labour. The vaginal secretion containing the gonococci "may be washed against the ovum by the involuntary movements of the pelvic organs, so that it is no longer protected from infection." In the last case of congenital syphilis it may have been a general systemic infection.

The C.M.B. rule that discharge from the eyes, "however slight," is to be reported to a doctor, is an excellent one, and in the few rare cases of intra-uterine ophthalmia the midwife will be absolved from responsibility if the child is seen within a few hours after birth.

It is, besides, very desirable that accurate medical and bacteriological observations should be made on these cases, with a view to discovering what is at present somewhat obscure—the method of prenatal infection.

Dr. Ford has kindly given the writer a list of the points to be observed in such cases. They are given below :—

INTRA-UTERINE OPHTHALMIA.

INFANT.

1. Stage of ophthalmia at birth :—
Redness ? swelling ? discharge thin or yellow and thick ? cornea clear ? hazy ? or ulcer ?
2. Condition of child as to
Maturity,
Nourishment,
Other inflammations, *e.g.*, vulvitis.
3. Bacteriology.
4. Pelvic position.

MOTHER.

1. Presence of vaginitis or other inflammation and date when contracted. Gonococcus ?
2. Was metritis present during pregnancy ?
3. Duration of labour from first pain or "show" or discharge of any water.
4. *Time of rupture of membranes.* Any evidence of a twofold rupture.
5. Were injections used or examinations made before birth (? possible slight injury of bag of membranes) ?
6. Did the placenta separate readily ?
7. Examination of placenta and membranes :—
(a) for any sign of disease ;
(b) for slight lateral rupture higher up than main rupture.
(c) bacteriology ; placenta ; chorion ; amnion.
8. Paracentesis of Liq. Amnii before rupture of membranes for bacteriological examination in gonorrhœal cases.
9. Examination of foetal blood for gonococcus.

M. O. H.

CENTRAL MIDWIVES' BOARD.

The first meeting of the Central Midwives' Board after the summer holidays was held at the Board Room, Caxton House, Westminster, on Thursday, October 10th, Sir Francis Champneys presiding. A letter was received from the Clerk of the Council relative to the salary of the Secretary sanctioning an increase by annual increments of £25 to a maximum of £750.

On the motion of the Chairman it was unanimously resolved to send a vote of condolence to Lady Sinclair on the death of Sir William Sinclair, for many years a member of the Board.

REPORT OF STANDING COMMITTEE.

On the recommendation of the Standing Committee Dr. Harry Stokes, of New Wortley, whose application for recognition had previously been refused, was recognized as a teacher.

It was agreed to take no action in the case of a candidate who failed at the August examination and wrote complaining of unfair treatment on the part of the examiner.

A letter was read from a certified midwife practising in Chesterfield complaining of the issue by the Chesterfield Division of the British Medical Association of a circular with reference to the conditions affecting the practice of midwifery in that town.

It appears that a midwife who sent for medical assistance was unable to obtain it in time and the patient died.

The circular which is signed by the Hon. Secretary of the British Medical Association, Chesterfield division, appears to be a somewhat autocratic document considering that certified midwives are entitled by law to practise midwifery within certain limits. The doctors in Chesterfield have signed an agreement which has been sent to the midwives in the locality ; the following are included in its provisions :—

1. Every expected confinement must be booked with a medical practitioner, and a fee of 5s. as a retaining fee only paid for the booking and examination.
2. Doctors will not attend emergency notes from midwives requiring medical help, unless the patient has previously retained a doctor in case his services are required. (The minimum fee when a doctor is called in is to be £1 1s., including the retaining fee, and £2 2s. or upwards for complicated cases. The midwife is instructed : In carrying out the arrangement, when a patient comes to book her confinement you will send her to her usual doctor before agreeing to attend her. He will examine her and give her a card for "attendance if required.")
3. At the time of the confinement you will attend in the usual way. If everything is normal you will finish the case as before. If abnormal, you will send your official form for medical help, together with the patient's

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