

purpose as a hospital for so many years are now to be replaced by a modern up-to-date hospital, which is to be built forthwith. Money for this purpose is also urgently needed.

B. K.

It is to be hoped it will be forthcoming, as the good work done by this hospital, both for poor women and in the training of midwives, is well known. It is lamentable how difficult it is to raise money for maternity hospitals. If we appreciated them at their true value we should regard their maintenance as of the first importance.

OPHTHALMIA NEONATORUM.

The *British Medical Journal* discusses a memorandum published by the Medical Officer of Health of Glasgow submitting a report by Dr. Florence Mann on the recent experience of the department in dealing with ophthalmia neonatorum. The report covers a period of seventeen months, during which time 341 cases occurred; this is equal to 9.4 per 1,000. In only 31 per cent. of the cases was the gonococcus recovered, but as the taking of swabs becomes more usual it is thought that a higher percentage will be obtained. It is usually regarded as being present in about half the affected cases. In at least 9 per cent. of the cases syphilis was also present, and in contrasting the results of the eye affection in children with and without syphilis Dr. Mann shows that of the non-syphilitic cases 81 per cent. made an absolute recovery, but of the syphilitic cases only 48 per cent. Total blindness followed in 1.2 per cent. of the former and 8 per cent. of the latter. This observation is most significant. In 3.5 per cent. the symptoms developed within twelve hours of birth, 56 per cent. occurred within the first four days, and 3.2 per cent. after the fourth day, and 8.5 per cent. after the eighth day. Treatment at home was found to be unsatisfactory in many instances, and such cases were admitted to the reception home. Dr. Mann came to the conclusion that it was wise and even advisable in many instances to take the children into the home without the mothers. Under these conditions the children did well. Written directions are issued by the department for the guidance of the nurses attending the cases. The report brings strongly into view the fact that the disease is very amenable to treatment, and that if this be commenced early enough few cases will be lost. If, however, in the early stages treatment be inefficient there is no disease more liable to produce permanent blindness.

INFANTICIDE BILL.

A Bill has been introduced into the House of Commons by Sir William Byles, the object of which is to abolish sentence of death in cases of infanticide by mothers where the infant is under the age of four weeks. The sentence which the Bill proposes to substitute is detention during His Majesty's pleasure.

THE MATERNITY BENEFIT AND UNCERTIFIED PRACTICE.

The Medical Officer of Health for Berkshire is circularising Approved Societies pointing out that in several instances in the claim for Maternity Benefit the required certificate has been signed by a woman practising as a midwife though not certified as such by the Central Midwives Board. He therefore sends a list of certified midwives who have given notice of their intention to practise in Berkshire during 1913, and asks any Societies which receive maternity certificates signed by women whose names are not on that list to communicate with him so that he may make enquiries on behalf of the County Council, the Local Authority under the Midwives Act. He further suggests that it would tend to prevent unqualified practice if the word "certified" were inserted before "midwife" in the certificate form, and the woman be required to give the number of her certificate.

We agree that a midwife should always use her full title of certified midwife with her Roll number. At the same time, the Midwives Act provides that "any woman who not being certified under this Act shall take or use the name or title of midwife (either alone or in combination with any other word or words) or any name, title, addition, or description implying that she is certified under this Act, or is a person specially qualified to practise midwifery or is recognised by law as a midwife, shall be liable on summary conviction to a fine not exceeding five pounds."

Therefore anyone not certified under the Midwives Act signing herself as midwife is liable to a penalty of £5. It may be that the Insurance Act may help to put down unqualified practice.

MIDWIVES UNDER THE INSURANCE ACT.

An interesting point raised in the discussion on Mrs. Parnell's speech, pleading for longer time on the last day of the Midwifery Conference in connection with the Exhibition at the Royal Horticultural Hall, was the position of midwives under the Insurance Act.

Mrs. Lawson, of Manchester, speaking on the subject of the employment of midwives, under the Insurance Act, explained that midwives in the North had adopted the plan of obtaining the names of the agents of Approved Societies. Often the agent was required to take to the patient a receipt form for the doctor or midwife to sign. Perhaps he said, "Oh, why did you not have a doctor?" Under the Act the patients had a free choice of doctor or midwife, and this was pointed out to Approved Societies. They were now co-operating splendidly and the agents now said to patients, "You must get a receipt for the midwife's fee. I require it." Agents were sometimes Jacks-in-office and needed a salutary lesson, but a man did not like to be shown up to his own Secretary.

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