# The Midwife.

## CENTRAL MIDWIVES BOARD.

#### PENAL CASES.

A special Meeting of the Central Midwives Board under the provisions of Rule D. 8 and D. 16 was held at Queen Anne's Gate Buildings, Dartmouth Street, Westminster, on Friday, April 20th, at 11 a.m., with the following results:—

Struck off the Roll and Certificate Cancelled.—Midwives Elia Ballinger (No. 7440), Sarah Beastall (No. 20927), Frances Louisa Bracey (No. 31514), Catherine Collins (No. 16663), Elizabeth Funnell (No. 751), Abigail May (No. 2483), and Isabella Warren (No. 14146).

Sentence Postponed for Six Months, and Report asked for from the Local Supervising Authority at three and six months.—Midwife F. H. Phillips (No. 2882).

In the case of Mrs. Ballinger the charge was that, the patient suffering from excessive bleeding, she did not immediately explain that the attendance of a registered medical practitioner was required. The husband of the patient (who died) Mr. Ford, attended and gave evidence, and Dr. Martin, representing the Local Supervising Authority, was also present.

The case centred largely round the question of whether the midwife summoned medical help within two hours of the birth of the child, and also whether there was excessive external hæmorrhage. In reply to the Chairman of the Board Dr. Martin said that, for a bona fide midwife, Mrs. Ballinger was fairly satisfactory, but he could not say she was a safe woman—the knowledge of bona fide midwives was not sufficient to make them so.

Mrs. Bracey was defended by her solicitor, and there were a number of witnesses in the case, including a patient concerned. One of the charges against Mrs. Bracey was that she did not hand to the husband or nearest relative the form for sending for medical help. The Midwife's defence on this point was that the husband was an absentee from military service and would not go out for fear of being seen by the police.

Another charge against Mrs. Bracey was that notwithstanding the serious condition of the patient on Sunday, November 26th, she neglected to visit her on Monday, November 27th until 8 p.m. There is no doubt that the patient should have been visited sooner, but in this connection it may be remembered that the work being done by midwives is very heavy just now, and we understand that Mrs. Bracey was doing not only her own work but that of a colleague at the time.

One of the charges against Mrs. Funnell was that in contravention of Rule E. 18, she laid out the dead body of a person, not being a patient

upon whom she had been in attendance at the time of death. Mrs. Funnell denied this, stating that she only instructed the relatives what to do. She did not, she said, touch the body. She admitted however that she helped to remove the bed from under the patient, to remove the night-shirt, and to tie up the jaw and tie the legs together.

Abigail May, in her written defence, declared that persons who made sundry charges against her were "nothing but a pack of wicked wilful liars."

#### EXAMINATION.

The following are the questions set at the examination of the Central Midwives Board on May 1st:—

r. Describe the situation of the female bladder and urethra. What is meant by (a) "Retention of urine"? (b) "Incontinence of urine"? How would you ascertain the cause of incontinence in the early days of the puerperium?

2. Give an account of the inquiries and observations which you would make of a woman who engaged you to attend her in her confinement, in order to guard against possible dangers to herself and the fœtus.

3. Describe all that can be seen, felt, and heard on abdominal examination at the end of pregnancy.

4. Describe in detail the methods which you would adopt for the prevention of septic infection during labour.

5. Define the following:—Fœtus. Child. Stillbirth. Antenatal death. Premature labour. Abortion. Miscarriage.

6. Describe exactly how you would examine the placenta and membranes. Why is this examination important?

### CLEAN MILK.

The National Clean Milk Society, 2, Soho Square, W. I, has issued a report on an investigation into the hygienic quality of milk supplied to mothers attending certain schools for mothers, which shows that a clean milk supply for London has not yet been attained. Milk as it leaves a healthy cow usually contains a negligible quantity of bacteria. The highest grade should not contain more than 10,000 bacteria per cubic centimetre, about a teaspoonful. None should be sold for infant feeding that does not come from herds free from tuberculosis or contains, at the time of its sale to the consumer, more than 100,000 bacteria per c.c. Out of twenty-eight samples obtained from dairymen supplying mothers attending certain schools for mothers the average sample contained about 3,500,000 bacteria per cubic centimetre, only four contained less than 500,000, whilst one sample contained as many as 104,300,000 per cubic centimetre.

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