

put on some yok (medicine) and let us go. The Korean doctor tried to explain to her that it was far better to have incisions made and that the scalp must be prepared first. As a final resort she said, 'Stop I can't have anything done, for I didn't bring any money.' We assured her that even though she had no money it would be all right, and that for the baby's sake we would give the treatment. At last, after much persuasion, we gained her consent and were able to relieve the tiny baby."

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

PENAL CASES.

At a meeting of the Central Midwives Board for Scotland for the Hearing of Penal Cases held in the Office of the Board, Dr. J. Haig Ferguson in the Chair, No. 1,606, Nurse Helen Miller, 41, Grove Street, Glasgow, was cited to answer charges of serious breaches of the Rules and failure to send for necessary medical assistance when urgently required, as also failure to notify case of Ophthalmia Neonatorum.

The Board found the charges to be proved and instructed the Secretary to remove the name of Helen Miller from the Roll of Midwives and to cancel her certificate.

In support of the charges there appeared, on behalf of the Local Supervising Authority of Glasgow, Mr. Dan. McKenzie, Deputy Town Clerk, Dr. Barbara Sutherland, Assistant to the Medical Officer, and Miss Barker, Health Visitor.

On behalf of Nurse Miller appeared Mr. John L. Mackie, Writer, Glasgow.

At the same diet appeared No. 1,657, Nurse Mary Rennie McPherson Patton, 40, George Street, Aberdeen, in answer to charges of having, on several occasions in maternity cases, in spite of warnings, used a dangerous drug without having noted in her Register of Cases the times and causes of its administration.

The Board found the charges to be proved and expressed the opinion that the offences could not be adequately dealt with by censure or caution, but before instructing the removal of the name from the Midwives Roll and the cancelment of her certificate and in order to give an opportunity of proving amendment, it was decided to postpone sentence and to put the midwife on probation for three months for report from the Local Supervising Authority and thereafter for a further period of three months for report from the Local Supervising Authority, and, in the event of an unfavourable report being received at the end of any of these terms, instructions were given that the name would forthwith be removed from the Roll and the Certificate cancelled.

Dr. Stephen, Assistant Medical Officer, Aberdeen, appeared in support of the charges and Mr Henry J. Gray, Advocate, Aberdeen, appeared on behalf of Nurse Patton.

CENTRAL MIDWIVES' BOARD.

At the Examination held on June 1st the following were the questions set:—

1. Describe the full-time placenta with the cord and membranes. What are the functions of the placenta?

2. What is meant by the term "uterine inertia"? What varieties are there? By what signs and symptoms would you recognise them?

3. How do you ascertain that labour has actually started? What conditions resemble, and must be distinguished from, the actual onset of labour?

4. A first labour has lasted for 24 hours. What conditions would necessitate sending for medical help in such a case?

5. What information do you obtain from a daily examination of the baby's motions during the time of your attendance?

6. State three of the most important circumstances which must be notified to the Local Supervising Authority. How is such notification carried out?

MATERNITY AND CHILD WELFARE WORK.

Dr. Addison, the first Minister of Health, speaking at the Annual Dinner of the Federation of Medical and Allied Societies, held at the Café Royal, London, on May 26th, gave, as an illustration of the reasonable expending of money, that spent on Maternity and Child Welfare work. This was, he said, throughout the country costing a good deal of money, and in some cases the country was not getting the return which should have followed on the better training provided. "Therefore," said Dr. Addison, "I arranged for grants at about £20 a head for special training-classes for nurses, health-visitors, and others, and added two or three expert medical officers centrally to supervise the work, as it was quite evident that the staff available could not physically compete with the amount required. The expenditure was a few thousand pounds, and, although I do not put it higher than being an important contributory cause to the recent striking improvement in the child-welfare statistics, it is one of the few new facts in the situation the importance of which cannot be ignored. You may be interested to know that the recent vote by Parliament to cover a week's loss owing to a railway strike is seven years the total expenditure in England and Wales out of the Exchequer of the whole of our Maternity and Child Welfare services; that the ten millions proposed to be given in aid of miners' wages will represent about nine years of our total Maternity and Child Welfare Exchequer contributions. . . . If it comes to a contest as to which expenditure is the more important to maintain, I tell you frankly that I shall place the interest of British babies before the building of barracks in Bagdad, and that a thousand maternity beds in decent houses for the use of women who are now living in wretched slums are of more value, as they are of less cost, than one giant gas-bag of doubtful utility."

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