

The Midwife.

CENTRAL MIDWIVES' BOARD.

A Special Meeting of the Central Midwives Board was held at the Board's Offices, 1, Queen Anne's Gate Buildings, Westminster, S.W., on November 17th, for the hearing of the charges alleged against three certified midwives, with the following results:—

Struck off the Roll and Certificate cancelled.—Midwife Alice Rogers Davies (No. 2242).

Censured (Report from L.S.A. to be asked for in three and six months' time).—Midwife Rebecca Campton (No. 271).

Sentence Postponed (Report from L.S.A. to be asked for in three and six months' time).—Midwife Hannah Taylor (No. 44651).

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board on November 7th and 8th, held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has just concluded with the following results:—

Out of 116 candidates who appeared for the Examination, 102 passed. Of the successful candidates 29 were trained at the Royal Maternity Hospital, Edinburgh, 32 at the Royal Maternity Hospital, Glasgow, 2 at the Maternity Hospital, Aberdeen, 9 at the Maternity Hospital, Dundee, 6 at the Queen Victoria Jubilee Institute, Edinburgh, 9 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

EXAMINATION PAPER.

1. From an examination of the placenta and membranes how would you (a) determine that they were complete, and (b) recognise or suspect the presence of a placenta succenturiata? What are the dangers of that abnormality?

2. What would lead you to think that a patient had backward displacement of the pregnant uterus? Indicate the lines of treatment. What may happen if the condition is not treated?

3. On arriving at a house you are informed that the patient has been in labour for 24 hours. What will guide you in ascertaining whether this statement is correct or not?

4. Twelve hours after labour you find your patient with a distended abdomen, which is tender on pressure, pain low down in the abdomen, and a rapid pulse. How would you proceed to investigate the condition, and what might you do to relieve it?

5. What do you understand by Asphyxia Livida and Asphyxia Pallida? How would you treat these conditions?

6. What are the duties of the midwife, according

to the Rules of the Central Midwives Board, towards the patient in regard to the following points:—(a) In the matter of remaining with the patient after labour has begun? (b) passing a catheter? (c) if the life of the new-born child appears to be in danger?

GLAXO.

THE MOTHERS' HELP BUREAU.

In our recent notice of Glaxo House, in a reference to the Mothers' Help Bureau—an extremely interesting and useful department of the Glaxo activities—we should have mentioned Miss Kennedy as the head of the department, and Nurse Ashby as one of her staff. Miss Kennedy has been with Glaxo for ten years, and has built up the Mothers' Help Bureau and made it what it is—a very fine bit of social service.

THE NURSING OF UNMARRIED MOTHERS.

At a general meeting of the Honiton and Rural District Nursing Association, recently held, under the chairmanship of the Rev. the Hon. F. L. Courtenay, Miss Seymour (Secretary of the Devon Nursing Association) wrote that the nursing of unmarried women had recently come under the consideration of the Ministry of Health in connection with a case in the county, and the Ministry desired to be assured that the District Nursing Associations affiliated with the Devon County Nursing Association would not refuse to attend a woman in her confinement because she was not married. The Minister of Health desired an assurance on that point before the grant to the County Association was paid.

Miss Seymour urged that the Honiton Association should adopt a resolution recommending that the affiliated Societies should not refuse to allow their nurses to attend a woman in confinement because she was not married, otherwise the Devon Nursing Association would not only run the risk of losing their grant from the Ministry, but also from the County Council.

The Dowager Lady Peek said that, whatever one's feelings on the subject were, it was unthinkable to decline, in any emergency, to nurse unmarried women. Those were the views of the Devon Nursing Association—that they must be prepared, in any case, to nurse these mothers. It was an unfortunate fact that on one occasion a nurse, conscientiously, refused to do so. The case should, in any event, have been treated as one of emergency. She did not think their nurses should refuse to go, whatever their opinion might be; it should not be in their power to say either "Yes" or "No."

It was agreed to come into line with the above resolution.

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