The Midwife.

MIDWIVES AND JURY SERVICE.

We are officially informed that the Minister of Health has been in communication with the Home Secretary in regard to the exemption of midwives from jury service, and that the following letter has recently been addressed to the Undersheriffs, and copies have been forwarded to the Local Supervising Authorities for their information:—

I am directed by the Secretary of State to say that

I am directed by the Secretary of State to say that his attention has been drawn to the difficulty caused to midwives in following their calling by their liability to jury service. It is obvious that when their professional services are required, they are required urgently and often at very short notice. Mr. Henderson has no doubt that midwives are in fact readily excused from service as jurors whenever their attendance at a confinement is a matter of pressing urgency, and the question of exempting them altogether from liability will be considered as soon as a suitable opportunity for legislation on the subject presents itself; but in the meantime he would suggest that trouble and correspondence will be saved if, when any woman who is liable to jury service supplies you with evidence: (i) that she is a certified midwife, and (ii) has given notice to the Local Supervising Authority (i.e., the County or County Borough Council) of her intention to practice as such, you should affix a mark to her name in the jurors' book so as to prevent a summons being sent to her. It seems to the Secretary of State that the nature of the work done by certified midwives gives them a claim for special consideration higher than that of any other section of the community not already exempted by law from liability to jury service.

THE CENTRAL MIDWIVES' BOARD.

The Monthly Meeting of the Central Midwives' Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on June 26th.

A letter was received from Miss Puxley, of the Ministry of Health, enclosing the letter addressed by the Home Office to the Under Sheriffs (above printed). It was agreed that, in the opinion of the Board, the letter addressed to the Under Sheriffs is well calculated, pending legislation, to prevent practising midwives from being summoned for jury service, and that the Board desires to express its thanks to the Ministry for the help which has been rendered in furthering the Board's wishes in the matter.

A letter was also received from the Secretary of the Blackburn Branch of the National Association of Midwives, asking for the Board's opinion on the following communication, stated to be sent by the Local Supervising Authority to the midwives of Blackburn:—

"The Health Committee propose, therefore, to issue annually a certificate of competence to every midwife practising in the borough who qualifies for it. This can be shown to prospective patients, and should be of value to those who possess it. It will read as follows:—

After considering a letter from the Medical Officer of Health for Blackburn, setting forth the scheme of which the above forms a part, the consideration of the matters was deferred to the next meeting.

CENTRAL MIDWIVES' BOARD SAORSTAT EIREANN,

The Thirteenth Examination of the Central Midwives' Board, Saorstat Eireann, was held simultaneously in Dublin and Cork on June 17th and 18th, 1924. Sixty-one candidates entered in Dublin, and eighteen in Cork. Of the 79 candidates—one did not attend, 19 failed, and 59 passed satisfactorily.

BIRTHS AND DEATHS REGISTRATION BILL.

A Bill to amend the Law relating to certification of still-births and deaths, and the disposal of the dead, was presented in the House of Commons on June 5th by Lieut.-Col. Fremantle.

MEMORANDUM.

The object of this Bill is to render the law as to certification of death at once simple and complete, so as to leave no room for certification on insufficient information and to eliminate so far as possible all risk of premature burial or failure to detect crime. With this object provision is made for medical inspection of the dead body in all cases before certification of the fact of death and for adequate inquiry before certification of its cause. Still-births are required under the Bill to be certified and registered.

Provision is also made to ensure the orderly disposal of the dead and to prevent retention of dead bodies before disposal in those cases which are not already covered by the Public Health Acts. A separate statement is annexed showing the small increased expenditure involved in the additional certificates required.

It is of special importance that midwives should acquaint themselves with Clause 3 of the Bill.

- 3.—(1) A medical certificate of the fact of every death or still-birth shall be given by a registered medical practitioner who has viewed and examined the dead body and is satisfied that life is extinct.
- (2) Such practitioner shall, wherever reasonably possible, be the practitioner, if any, who last attended the deceased person during life or who was present at the still-birth.
- (3) If no such practitioner so attended the deceased or was present at the still-birth, it shall be the duty of the person legally responsible for notifying the death in accordance with section ten or section eleven, as the case may be, of the Births and Deaths Registration Act, 1874, to secure a registered medical practitioner to certify the fact of death or of still-birth in accordance with this Act.
- (4) If such person for any reason is unable to secure the services of a registered medical practitioner for the purpose aforesaid, then it shall be the duty of that person to notify the registrar of the district in which the death or still-birth occurred of this fact, and a registrar receiving such notification shall within twenty-four hours thereafter inform the coroner of the said district, whose duty it shall then be to appoint a registered medical practitioner for the purpose.

DUTIES IN THE HOMES OF PATIENTS.

"During 1923 the public health nurses in the venereal disease clinics in Toronto made 3,405 visits to the homes of the patients attending these clinics. These visits were made for the purpose of:—(1) Securing the regular attendance of patients at clinic. (2) Securing the examination of other members of the family. (3) Instructing the family as to home treatment.

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