

The Midwife.

CENTRAL MIDWIVES' BOARD.

MONTHLY MEETING.

At the meeting of the Central Midwives Board, held on Thursday, February 21st, letters were received from the following bodies, notifying the re-election of their representatives on the Board:—

The Royal College of Physicians.—Sir Francis Champneys, Bart., M.D., F.R.C.P.

The Incorporated Midwives' Institute.—Mr. John Shields Fairbairn, M.B., F.R.C.P., F.R.C.S., Miss Mabelle Elizabeth Pearson, and Miss Anna Albertine Isabella Pollard.

The Society of Apothecaries.—Mr. Charles Sangster, M.R.C.S., L.S.A.

On the Report of the Standing Committee important business transacted was:—

A letter was received from the Clerk of the London County Council reporting two cases in which strong nitric acid had been put into the eyes of newly-born infants in mistake for a weak solution of nitrate of silver, and expressing the Council's opinion that the use of nitric acid by practising midwives should be prohibited. In connection therewith a report from Dr. Fairbairn and Miss Paget, who were appointed to enquire into certain matters arising therefrom, was considered. It was resolved:—That the first of the two Institutions concerned be advised as suggested by Dr. Fairbairn and Miss Paget in their report, and to report to the Board.

That teaching Institutions be asked to consider whether there is any advantage to be gained in teaching the use of nitric acid for testing urine inasmuch as acetic acid serves the purpose equally well and is neither so caustic nor so liable to be confused with silver nitrate.

A letter was considered from the Secretary of the Midwives' Institute enclosing copies of the following Resolutions passed at the Annual General Meeting of the Institute:—

(1) That the Central Midwives' Board should be asked to issue a Badge to Midwives.

(2) That this General Meeting of the Midwives' Institute requests the Council to promote in every way in their power an amendment to the Midwives' Act of 1902 as follows:—

To omit from Clause 1 (2) the words "habitually and for gain," and to insert "under the personal direction and in the presence of" a registered medical practitioner.

A Report from the Approvals Sub-Committee with regard to a badge for midwives was submitted, and it was resolved to intimate to the Midwives' Institute that the Board is advised that an alteration in the Act (such as Section 8 of the Nurses' Registration Act, 1919) is necessary before a badge can safely be granted to midwives. It therefore resolved that the Ministry of Health be communicated with on the subject.

In reply to enquiries as to whether the day of confinement can be treated as one of the 10 days referred to in Rule E 12, the Board decided to reply:—

It is customary and also convenient to count the first day differently according to the time of delivery:—

(a) If delivery takes place before noon, the first day of the puerperium begins at midnight before delivery and ends at midnight after delivery.

(b) If it takes place after noon, the first day begins at the time of delivery and ends at midnight of the following day.

The Board also decreed that it is a midwife's duty to enter in her Register of Cases a note of Artificial Feeding

having been substituted for Breast Feeding when artificial feeding has been substituted.

FEBRUARY EXAMINATION.

At the February Examination of the Central Midwives' Board the number of candidates examined was 616, and the number successful in passing the examiners 468. The percentage of failure was 24.

EXAMINATION PAPER.

1. Give a brief description of that portion of the reproductive tract which undergoes dilatation in the course of labour.

2. How do you calculate the approximate date of confinement? What symptoms and physical signs would lead you to conclude that labour had begun?

3. What would lead you to suspect, at the beginning of labour, that the presentation was abnormal?

4. What drugs and antiseptics do you carry to your cases, and under what circumstances are they used? What special precautions do you take in the case of those which are poisonous?

5. What are the points of difference between a full-time and a premature infant? Give the principles underlying the management of a premature infant.

6. What notifications may a practising midwife have to make, and to whom?

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

MONTHLY MEETING.

At the meeting of the Board held for the election of Office-Bearers (Dr. James Haig Ferguson in the chair), Dr. Haig Ferguson was unanimously re-elected Chairman, Dr. Michael Dewar was re-elected Deputy-Chairman, and Sir Archibald Buchan-Hepburn, Bart., was re-elected Convener of the Finance Committee.

The meeting appointed other committees and examiners, and approved the list of recognised institutions, with the teachers attached thereto, for the training of midwifery nurses.

EXAMINATION.

The following are the results of the Examination of the Board held in February, simultaneously in Edinburgh, Glasgow, Dundee and Aberdeen.

Out of 109 candidates who appeared for the Examination 99 passed. Of the successful candidates 23 were trained at the Royal Maternity Hospital, Edinburgh, 31 at the Royal Maternity Hospital, Glasgow, two at the Maternity Hospital, Aberdeen, eight at the Maternity Hospital, Dundee, eight at the Queen Victoria Jubilee Institute, Edinburgh, eight at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

CENTRAL MIDWIVES' BOARD FOR IRELAND.

The Twelfth Examination of the Central Midwives' Board for Ireland was held simultaneously in Dublin and Cork on February 5th and 6th, 1924.

Fifty-four candidates entered in Dublin and ten in Cork. Of the 64 candidates—three did not attend—eight failed, and 53 passed satisfactorily.

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