

which certificates included a statement that the training had been undergone whereas in fact at the time of signature it had not been completed.

"The approved teacher was called before the Board to show cause why her name should not be removed from the list of approved teachers, and there also appeared before the Board representatives of the Maternity and Child Welfare Authority, who were the owners of the homes in which the training was conducted.

"The approved teacher stated that she signed the certificates at the request of her superior officer. All the parties admitted the facts and the gravity of them. The Board took a serious view of the matter, but felt that the approved teacher was less to blame than the officer who interfered with her discretion, and it decided—

"(a) that training, except in so far as might be necessary to complete the training of pupils then in training at the homes be not approved for the period of one year;

"(b) that the Board would be willing to consider an application for reapproval of training at the end of one year, the application to be considered in the light of all the circumstances which then existed, and that when such application for reapproval of training was made, an undertaking should be given that no interference with the discretion of the teacher in the matter of training and the signing of certificates should take place;

"(c) that the approved teacher be informed that should she obtain a post the holding of which would require that she train pupil midwives, she was at liberty to apply to the Board for approval, and that any such application would not be prejudiced by her action in the present case.

COMPULSORY USE OF MASKS AND RUBBER GLOVES BY MIDWIVES.

"A Local Supervising Authority having invited the Board's opinion as to the desirability of its being made obligatory for midwives to use masks and rubber gloves when attending their patients was informed that having regard to the divided opinions which exist amongst the officers of training schools as to the desirability of the use of masks and rubber gloves, the Board did not see its way to compel the use of these articles by midwives and could not do more than include their use and the conditions under which they could be used, in the subjects of examination.

METHOD OF INSPECTION BY INSPECTOR OF MIDWIVES.

"The Board was informed that in a certain area the Inspector of Midwives visited many of the midwives while at work in their patients' homes and asked questions of the patients and their relatives regarding the midwives' work, thereby causing humiliation to the midwives and impairing the confidence of patients in them.

"The Board was asked to say whether the action of the Inspector of Midwives was proper, and if not, what steps could be taken in the matter.

"The Board expressed the view that an Inspector of Midwives is entitled to inspect a midwife when attending a patient, and should an Inspector carry out her duties in the above-mentioned respects in a tactful manner, it did not appear that a patient would have any justifiable reason to object, nor would her confidence in the ability of the midwife be impaired.

SUBINVOLUTION OF THE UTERUS AFTER MIDWIFE HAS LEFT CASE. METHOD OF SUMMONING MEDICAL AID.

"The Board was informed by the Medical Officer of Health of a Local Supervising Authority that in consequence of the under-nourishment of many maternity patients in the Authority's area, owing to the then existing economic conditions, the number of cases of subinvolution of the

uterus was far too high, and that the condition only became apparent after the completion of the normal lying-in period and when the midwife had ceased attendance, it being discovered by the Health Visitor during her routine visits.

The Medical Officer of Health suggested that the Health Visitor should be empowered to fill up the medical aid form and thus secure medical help. . . .

"The Board informed the Medical Officer of Health that subinvolution of the uterus occurring in the lying-in period, even after the tenth day, prevents the case being a normal one within the meaning of Rule E. 12, the third paragraph of which would, therefore, apply to the type of case he mentioned. The third paragraph of Rule E. 12 reads as follows:—

"If after ceasing to attend a case the midwife subsequently attends a mother or child suffering from illness connected with the confinement, all rules under Section E. (in so far as they are appropriate to the case) shall apply."

COMMENTS.

The result of the Midwife-Teachers' examination conducted under the authority of the Board shows its wisdom in having established this examination. Otherwise, a considerable number of pupil-midwives would have been instructed by teachers who, in the opinion of the Board were not competent to act in this capacity, and after having spent time and money on obtaining midwifery training, their chances of passing the C.M.B. Examination would be prejudiced.

Very important is the case of the approved teacher who was summoned before the Board to show cause why her name should not be removed from the list of approved teachers. The lesson of the case to all midwives is that they must not on the direction of a superior officer sign a document which is not in accordance with facts, as was the case in this instance. Moreover, the Rules of the Central Midwives Board have the force of law, and it is right when it comes to the knowledge of the Board that an approved teacher has testified on the certificates of training of four pupil midwives that the training has been undergone—whereas at the time of signature it had not been completed—that the teacher should be summoned before the Board to account for her action. That a superior officer so directed is not a valid excuse for bearing false testimony.

All State Certified Midwives should secure a copy of this Report, which is published by His Majesty's Stationery Office, from which it may be purchased directly, or through any Bookseller, price 3d. net.

NEW EYES FOR BLIND BABIES.

IMPROVEMENT IN APPEARANCE AND HEALTH.

After successful trials, the National Institute for the Blind has decided to provide artificial eyes for every blind baby in its Sunshine Homes, subject in each case to the approval of the Institute's medical advisers.

Where "eyes" have already been fitted, the results are said to be surprisingly satisfactory. The appearance of the children is much improved and in many instances the severe headaches to which the little ones were formerly subject have disappeared. This is due to bringing into action certain muscles and nerves which were formerly dormant. A blind child soon acquires the habit of "looking" in the direction of a speaker.

Only children from the East Grinstead home have been fitted with "eyes" up to the present, but the Institute hopes soon to fit all Sunshine babies. Future generations, it is suggested, will know little of the grim disfigurement of empty eye sockets.

The making of the new eyes is in the hands of a young expert, Miss Rose Millauro, who works under the direction of her father, a London doctor.

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