

The Midwife.

CENTRAL MIDWIVES BOARD.

At a meeting of the Central Midwives Board held on Thursday, April 8th, Sir Comyns Berkeley, M.D., F.R.C.P., F.R.C.S., F.C.O.G., was re-elected Chairman.

It was reported that the Worshipful Society of Apothecaries of London had appointed Mr. Bright Banister, M.D., F.R.C.P., F.R.C.S., F.C.O.G., as the Society's representative on the Board. It was reported that the County Councils' Association had appointed Miss H. T. Stephenson, C.B.E., J.P., as the Association's representative on the Board. The Secretary reported that the Minister of Health had approved the revised rules in Section D of the Rules of the Board and that this approval will operate as from April, 1937.

The Finance Committee and Penal Cases Committee were elected.

SECTION D OF THE RULES OF THE CENTRAL MIDWIVES BOARD.

In pursuance of the powers conferred upon it by Section 9 (4) (b) of the Midwives' Act, 1936, the Board has revised the rules in Section D of the Rules and the amended Rules have been approved by the Minister of Health, as provided for in the appropriate Statutes, and came into force on April 1st, 1937.

Rules Amended.

Rule 3 (e) amended to read as follows:—The Authority or person for the time being undertaking the conduct of the case is hereinafter referred to as the Complainant.

Rule 10 (b) amended to read as follows:—The midwife or her friend or adviser shall be entitled to cross-examine any witness called against her, which expression includes any person whose statutory declaration is used as evidence against her and who is present at the hearing. Any person who is cross-examined may be re-examined by the Complainant or his representative.

Rule 10 (d) amended to read as follows:—The Complainant or his representative shall be entitled to cross-examine any witness called for the midwife, which expression includes the midwife (if she give evidence) and any person whose statutory declaration is used as evidence by the midwife and who is present at the hearing. Any person who is cross-examined may be re-examined by the midwife or her friend or adviser.

Sub-Sections Added.

The following sub-sections added to Rule 10:—

(h) The Complainant and the midwife shall, subject to legal objection, produce before the Board all documents within their possession or power respectively which may be required or called for and do all other things which during the proceedings on the charge the Board may require.

(i) The witnesses called for or against the midwife shall, if the Board thinks fit, be examined on oath or affirmation.

(j) The Board shall have power to administer oaths to, or take the affirmation of, the witnesses called for or against the midwife.

(k) The Complainant or the midwife may sue out a writ of subpoena ad testificandum or of subpoena duces tecum but no person shall be compelled under any such writ to produce any document which he could not be compelled to produce on the trial of an action.

The effect of the above amendments and additions is to improve the Midwives Act by requiring the production of documents which the Board has hitherto not been empowered to do, and by giving the Board power to administer oaths, which must result in the Board having available more complete evidence before it both for and against a midwife than has hitherto been possible.

DEPUTATION FROM NATIONAL BIRTH CONTROL ASSOCIATION.

Sir Kingsley Wood, the Minister of Health, recently received a deputation organised by the National Birth Control Association representing 12 Societies interested in the subject of women's welfare and birth control. The deputation was introduced by Lord Horder, and the other principal speakers were Dr. Jocelyn Moore, Mr. Cedric Lane Roberts, Lady Denman and Mrs. Freeth.

The deputation said that the present provision of gynaecological clinics to deal with the medical care of married women, at which advice on contraception would be available to those women to whom further pregnancy would be detrimental to health, was inadequate and that but little exercise had been made by local authorities of the powers which they possessed in the matter. Increased provision was very necessary, and it would lead to a reduction, not only in maternal morbidity and mortality, but in criminal abortion which was due to the need felt by women to escape pregnancy on medical and other grounds.

The Case for More Clinics.

The deputation urged the Minister to issue a circular to local authorities encouraging them to establish gynaecological clinics in which birth control should take its proper place as part of the general medical care of women, and indicating the lines on which the clinics should be run. The deputation attached great importance to the work being carried out as an integral part of the Maternity and Child Welfare Schemes of local authorities.

The Minister's Reply.

Sir Kingsley Wood said he recognised the force of many of the arguments that had been advanced by the deputation but that both Minister and local authorities were bound to observe the limitations imposed by Parliament on their activities. The local authorities, for instance, had at present no legal power to provide birth control clinics as such and there was no statutory duty upon them to provide advice or medical assistance in relation to birth control. There were still differences of opinion, and in a matter of this kind particularly it was necessary and right that the legislative position should be fully maintained and if any alteration in policy was made it should receive Parliamentary approval.

The Maternity and Child Welfare Act empowered local authorities to make arrangements for attending to the health of expectant mothers and nursing children under school age. A clinic provided under the Act could not, therefore, lawfully be used for any woman who was not an expectant or nursing mother. Such clinics were not primarily intended for sick women. In fact, the object of the Act was preventive, and expectant and nursing mothers were encouraged to attend these clinics in order that sickness should, if possible, be avoided.

Existing Clinics.

There were also the clinics provided under the Public Health Acts, and their functions were different from those of the Maternity and Child Welfare Clinic. They extended only to the provision of hospitals or clinics for the reception of sick persons, but any sick woman might attend such hospital or clinic for advice and treatment.

Apart from the clinics for ante- or post-natal supervision of expectant or nursing mothers and clinics for the treatment of women who were sick, there was no statutory

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