

Rules framed by the Central Midwives Board under the Midwives Acts, 1902, 1918, and 1926.

Contributors

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1928

CENTRAL MIDWIVES BOARD

RULES

FRAMED BY THE CENTRAL MIDWIVES BOARD

Under the Midwives Acts, 1902, 1918, and 1926

(TOGETHER WITH SIX LEAFLETS BEARING ON THE DUTIES
OF A MIDWIFE.)

TENTH EDITION

PRINTED AND PUBLISHED BY AUTHORITY OF THE
CENTRAL MIDWIVES BOARD

Printed by

SPOTTISWOODE, BALLANTYNE & CO. LTD.,
1 NEW-STREET SQUARE, LONDON

1928

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**1 Queen Anne's Gate Buildings,
Westminster,
London, S.W.1.**

* The Rules of the Central Midwives Board may be obtained from Messrs. Spottiswoode, Ballantyne & Co. Ltd., 1 New-Street Square, London, E.C.4.

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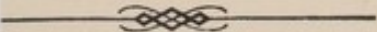
The Forms may also be obtained at the same address, price ½d. each, by post 1½d.; or an assortment of 10 for 3d., postage 1d. extra.



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1928

These Rules have been approved by the
MINISTER OF HEALTH, as provided for by
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CENTRAL MIDWIVES BOARD.

Rules framed under the Midwives Acts, 1902, 1918,
and 1926.

A.—REGULATING THE PROCEEDINGS OF THE BOARD.

1. CHAIRMAN.—The Chairman shall be elected by ballot at the first ordinary meeting of the Board in the month of April in each year, and shall hold office until the first ordinary meeting in the month of April in the year following.

2. CASUAL VACANCIES. — Should the office of Chairman fall vacant during the year, it shall be filled by election at the next ordinary meeting of the Board, and the member so elected shall hold office for the remainder of the year for which his predecessor was elected.

3. MEETINGS.—The Board shall meet in each month, unless otherwise decided at a previous meeting, on a day to be fixed to suit the convenience of its members and at such other times as may be necessary. The Chairman may at any time convene a meeting of the Board, and the Secretary shall convene a meeting if required to do so by any three members of the Board by writing under their hands.

4. NOTICE.—Not less than four days' notice of any meeting shall be given to each member of the Board, directed to such address as he or she may from time to time furnish to the Secretary.

5. QUORUM.—The quorum of the Board shall be four.

6. ORDER OF BUSINESS.—The order of business shall be as follows :—

- (1) Minutes of the last meeting.
- (2) Correspondence.
- (3) Reports of Committees.
- (4) Notices of motion.
- (5) Business arising directly under the Act.
- (6) Statement of Accounts.
- (7) Bills and claims.
- (8) Any other business.
- (9) Date of next meeting.

Provided that the Board may at any meeting vary the order of business on the ground of urgency or convenience.

7. ABSENCE OF CHAIRMAN.—In the event of the Chairman not being present at any meeting of the Board, the Board shall elect a presiding Chairman for that meeting.

8. AGENDA.—No business which is not upon the Agenda Paper shall be discussed at any meeting of the Board (except routine business) unless the Chairman shall declare such business to be of an urgent nature, and shall be supported by two-thirds of the members present and voting.

9. VOTING.—Every question, the manner of voting on which is not otherwise specified in these rules, shall be decided on a show of hands by a majority of members present and voting, but any member may, except when the Board is sitting in Penal Meeting, call for a division, in which case the names for and against shall be taken down in writing and entered on the Minutes. In the case of an equality of votes the presiding Chairman shall have a second or casting vote.

10. MOTIONS.—Every motion or amendment shall be moved and seconded, and shall be reduced to writing and handed to the Chairman (if so required by him), and shall be read, before it is further discussed or put to the meeting.

11. NOTICES OF MOTION.—Every notice of motion shall be in writing, signed by the member giving the notice, and shall be given or sent to the Secretary, who shall insert in the Agenda Paper of the next ordinary meeting of the Board all notices of motion which he may have received, not less than one clear day prior to the day on which the Agenda Paper is sent out to members, in the order in which they have been received by him.

12. RESCINDING OF RESOLUTION.—No resolution of the Board shall be altered or rescinded at a subsequent meeting except upon a notice of motion of which a copy has been sent out to members by the Secretary fourteen clear days before such meeting.

13. COMMITTEES.—There shall be the following Committees of the Board :—

- (1) A Standing Committee consisting of the whole Board.
- (2) A Penal Cases Committee.
- (3) A Finance Committee.

The two latter Committees shall be appointed annually at the first ordinary meeting in the month of April, and shall hold office until their successors are appointed. Other Committees may be appointed for special purposes from time to time.

14. REPORTS.—Every Committee appointed by the Board shall make a report of its proceedings to the Board, and the recommendations of every Committee shall, so far as practicable, be in the form of resolutions, to be considered by the Board ; and the acts and

proceedings of every Committee shall be submitted to the Board for approval, unless the resolution of the Board appointing the Committee shall otherwise direct in respect of all or any of the matters referred to it.

Every report from a Committee shall be submitted by the Chairman of the Committee (if present) who shall move that it be received by the Board, and on the motion being carried, the Chairman, or any other member of the Committee, may move to agree with the resolutions of the Committee, and such resolutions shall be considered *seriatim*. And the question that the report (if necessary as amended) be now approved shall be put from the Chair, but no debate shall be allowed thereon.

15. **BILLS AND CLAIMS.**—All bills and claims shall be examined by the Secretary and laid by him before the Finance Committee, who shall report them to the Board, and such bills and claims as are allowed shall be initialed by the presiding Chairman.

16. **CHEQUES.**—All cheques for the payment of money shall be signed by two members of the Board, and countersigned by the Secretary.

17. **FINANCIAL STATEMENT.**—At every Monthly Meeting of the Board the Secretary shall present a statement in writing showing the receipts and expenditure of the Board for the current year up to the date of such Meeting, and showing the existing balance, if any, to the credit of the Board.

18. **DECISION OF CHAIRMAN.**—The presiding Chairman shall decide upon any point of order or procedure, and his decision shall be final.

B.—REGULATING THE ISSUE OF CERTIFICATES AND THE CONDITIONS OF ADMISSION TO THE ROLL OF MIDWIVES.

1. Intending candidates for examination, before beginning their training for the same, must produce to the Training Institution or Teacher evidence of education, such as the passing of any recognised examination or in some other way satisfy the Training Institution or Teacher that their general education is adequate.†

2. Candidates must submit the following documents, duly filled in and signed :—

(a) A certificate of birth, or of infant baptism, or, by special permission of the Board, a statutory declaration made by a competent person, showing that the candidate is not under twenty-one years of age, and, where the candidate has been married, the certificate of marriage also ;

(b) Certificates to the effect that the candidate has undergone the training set forth in C 1 ;

(c) A certificate of good moral character. This certificate must be in the form prescribed by the Central Midwives Board, and must be signed by two persons of position acceptable to the Board. Each person signing must state in the certificate that he or she has known the candidate for at least twelve months, and must append to his or her signature a statement of his or her calling or position and postal address. (Schedule, Form I.)

† NOTE.—*Candidates showing insufficient general education in the Written Examination may be refused admission to the Oral Examination.*

3. Candidates must pass an examination as hereinafter set forth. (See Rules C 3 and 5.)

4. A candidate who has complied with the above requirements and has successfully passed the examination shall receive a certificate in the form set out in the Schedule, and her name shall be entered by the Secretary on the Roll of Midwives (Schedule, Form II.) ; but notwithstanding anything herein contained the Board shall be under no obligation to admit to examination any person whom it considers to be physically, mentally, or morally unfitted to be a midwife, nor to place upon the Roll of Midwives the name of any such person, nor to issue a certificate to her.

5. A candidate who does not sit for examination within a period of one year from the date of completing her midwifery training may be called upon to undergo such further training as the Board may decide before presenting herself for examination.

6. A candidate who has failed at an examination of the Board and has not succeeded in passing within six months from the date of her first failure, may be called upon to undergo such further training as the Board may decide before again presenting herself for examination.

7. The names of all women admitted to the Roll of Midwives shall appear on the Roll (or, if the Roll be divided into two parts, on the appropriate part thereof) in alphabetical order.

C.—REGULATING THE COURSE OF TRAINING
AND THE CONDUCT OF EXAMINATIONS,
AND THE REMUNERATION OF THE
EXAMINERS.

I. (1) No person shall be admitted to an examination unless she produces certificates that she has, under supervision approved by the Central Midwives Board, undergone a course of training in midwifery extending over a period of not less than twelve months, comprising instruction in the subjects enumerated in Rule C 5 (Schedule, Form III. (a)), and including the following particular requirements:—

She must, to the satisfaction of the person certifying, have

(a) Examined and received instruction in the supervision of not less than twenty pregnant women (including booking and keeping of records).

(b) Witnessed not fewer than ten labours and in addition attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour and personally delivering the patient (Schedule, Form III. (b)). Of the twenty patients personally delivered, the first five must be attended within an Institution where there is training approved by the Board, and of the remaining fifteen at least five must be attended in their own homes.

NOTE.—The Board reserves to itself the right to postpone for such period as it may think fit the requirement that the candidate must attend cases both within an Institution and in the patients' homes in order to meet any particular case in which the Board is satisfied that it is impracticable to arrange for such experience.

(c) Nursed twenty lying-in women and their infants during the ten days following labour (Schedule, Form III. (c)). Of these at least five women must have been nursed in their own homes.

(d) During the period of training, attended a course of not less than thirty lectures on the subjects enumerated in Rule C 5, extending over a period of not less than four months, and delivered by a registered medical practitioner or practitioners recognised by the Board as lecturers. (Schedule, Form IV.)

(2) Provided that in the case of a woman who produces a certificate of training as a Nurse as follows :—

(a) Three years' training in a Hospital being a Complete Training School,

or

Three years and six months' training in Associated Hospitals,

or

Four years' training in an Affiliated Group of Hospitals ;

such Hospital or Hospitals being approved (at any time during the period of training) by the General Nursing Council for England and Wales, the General Nursing Council for Scotland, the Joint Nursing and Midwives Council for Northern Ireland, or the General Nursing Council for the Irish Free State, as the case may be, for the purpose of General Training ;

or

(b) Three years' training in a General Hospital approved by the Board, and having not less than one hundred beds during the whole of the period of such training,

a period of not less than six months shall be substituted for the period of not less than twelve months stipulated above. (Schedule, Forms V (a) and (b).)

2. (1) The certificates required by Rule C 1 (1), other than the certificate of having attended a course of lectures, must be in the form prescribed by the Central Midwives Board, and must be filled up and signed either

(a) By a Registered Medical Practitioner approved by the Board for the purpose ; or

(b) By the Chief Midwife, or, in the absence of such an officer, by the Matron of an institution recognised by the Board, being a Midwife certified under the Midwives Act ; or,

(c) By a Midwife certified under the Midwives Act and approved by the Board for the purpose. (Schedule, Forms III. (a), (b), and (c).)

(2) The certificate required by Rule C 1 (1) (d) must be in the form prescribed by the Central Midwives Board, and signed by the person or persons who delivered the course of lectures. (Schedule, Form IV.)

(3) The certificates required by Rule C 1 (2) must be in the form prescribed by the Central Midwives Board, and must be filled up and signed by the Matron or Secretary of the Hospital or Hospitals concerned. (Schedule, Forms V. (a) and (b).)

3. Candidates who intend to present themselves for examination must send notice to the Secretary of the Central Midwives Board at least four weeks before the date fixed for the examination to commence, accompanied by the certificates mentioned in Rules B 2 and C 2, and by the fee of one guinea. The certificate of training

required by Rule 1 (1) (See Schedule, Form III. (a)) may be sent to the Secretary at the same time or at any subsequent date not being less than one week before the day fixed for the next examination. Until the certificate of training has been duly received and accepted by the Board, a candidate shall not be deemed to have entered for the examination, but the fee shall not be returnable. In the event of a candidate being prevented by illness from attending or completing her examination after having paid the fee and having been accepted as eligible, she shall, subject to any special circumstances which, in the opinion of the Board, render her unfit, be admitted to a subsequent examination on payment of a fee of ten shillings and sixpence. In order to avail herself of this provision the candidate must produce a medical certificate satisfactory to the Board.

4. The Secretary shall send to each candidate accepted for the examination, to the address furnished by her for the purpose, a card of admission to the Written Examination, and shall personally or by deputy hand to each candidate attending the Written Examination a card of admission to the Oral Examination. Any candidate presenting herself at either examination without her card of admission shall be liable to exclusion.

5. The examination shall be partly oral and practical, and partly written, and shall embrace the following subjects :—

(a) Elementary general physiology, and the principles of hygiene and sanitation as regards home, food and person.

(b) The causes of infection and its prevention ; antiseptics in midwifery and the way to prepare and use them ; the disinfection of the person, clothing and appliances.

(c) The elementary anatomy and physiology of the female pelvis and its organs and of the breasts.

(d) The physiology, diagnosis and management of normal pregnancy, the hygiene and care of the pregnant woman and the unborn child, including the examination of the urine.

(e) The signs and symptoms of abnormal pregnancy.

(f) The physiology, mechanism and management of normal labour.

(g) The signs that a labour is abnormal.

(h) The physiology and management of the puerperium, including the taking and recording of the pulse and temperature and the use of the catheter.

(i) Hæmorrhage complicating pregnancy, labour and the puerperium.

(j) Complications of the puerperium including puerperal fevers, their nature, causes and symptoms.†

(k) Obstetric emergencies and their management by the Midwife until the arrival of the doctor.

(l) The hygiene and management (including breast and artificial feeding) of infants up to one month old.

† NOTE.—*It is desirable that wherever possible, arrangements should be made for pupil midwives to*

(1) *Visit Ophthalmic Hospitals or the Ophthalmic Departments of General Hospitals for the purpose of gaining direct experience of Ophthalmia Neonatorum.*

(2) *Observe cases of puerperal fever at Hospitals or elsewhere.*

(3) *Observe cases of venereal diseases at a V.D. clinic.*

(4) *Attend infant clinics.*

(*m*) The care of the breasts under both normal and pathological conditions.

(*n*) The care of children born apparently lifeless and the management of premature and weakly infants. †

(*o*) Signs of the diseases which may develop during the first month after birth, with special reference to ophthalmia neonatorum and the responsibilities of the midwife in connection therewith, and to skin eruptions, with special reference to pemphigus. †

(*p*) The Venereal Diseases (Syphilis and Gonorrhœa) in women and infants, their signs, symptoms and dangers and the risks of contagion. †

(*q*) The use of such drugs and solutions as may be required in practice ; the conditions which call for their use, the mode of their administration or application and their dangers.

(*r*) The duties of the Midwife as described in the regulations, including the proper manner of keeping the Register, keeping records, filling in forms and co-operating with Health Agencies.

6. Due public notice shall be given of the examinations to be held under the Act.

7. The scale of remuneration of the examiners shall be such as may from time to time be recommended by the Central Midwives Board and approved by the Ministry of Health.

† NOTE.— *It is desirable that wherever possible, arrangements should be made for pupil midwives to*

(1) *Visit Ophthalmic Hospitals or the Ophthalmic Departments of General Hospitals for the purpose of gaining direct experience of Ophthalmia Neonatorum.*

(2) *Observe cases of puerperal fever at Hospitals or elsewhere.*

(3) *Observe cases of venereal diseases at a V.D. clinic.*

(4) *Attend infant clinics.*

D.—RULES OF PROCEDURE ON THE REMOVAL OF A NAME FROM THE ROLL, AND ON THE RESTORATION TO THE ROLL OF A NAME REMOVED.

REMOVAL OF A NAME FROM THE ROLL.

In order to prevent any misapprehension on the subject it is desirable to point out that under the procedure laid down in these Rules, the prosecutor is "the Secretary, or other person appointed by the Board for the purpose" (Rule 10), and not the Local Supervising Authority which has reported the Midwife to the Board. The Medical Officer of Health or Inspector of Midwives in giving evidence appears therefore as a witness called by the Secretary as Prosecutor, and not as a Prosecutor laying an information before the Board.

1. When it is reported to, or otherwise brought to the attention of, the Central Midwives Board that a midwife has been convicted of a felony, misdemeanour, or offence, or has been guilty of malpractice or of disobeying the rules laid down under the Midwives Act, 1902, or of misconduct, the Secretary shall, when investigation by the Local Supervising Authority is required, forthwith communicate such report or information to the Local Supervising Authority of the area within which the midwife resides, or of that in which the felony, misdemeanour, offence, malpractice, act of disobedience of the rules, or misconduct is alleged to have been committed. He shall also ask such Authority to investigate the matter, and to report whether or not, in their opinion, a *primâ facie* case of malpractice, negligence, or misconduct has been established against the midwife.

2. Any report by a Local Supervising Authority shall, as soon as may be after its receipt by the Secretary, be laid, with all other information relating to the case to which it refers, before the Penal Cases Committee, who shall report thereon to the Board, and upon such report the Board shall proceed to consider whether such a case has in their opinion been made out as to require an answer from the accused person.

3. If within a reasonable time after the making of a request for investigation of any case no report has been received from the Local Supervising Authority, the Committee shall report to the Board on the case without further delay, or after such special investigation by a Solicitor appointed by the Board as they may think necessary. The Committee may, if they think fit, take the advice of the Solicitor at any time on a case before them, and may instruct the Solicitor to obtain proofs of evidence in support of the allegations against the accused person. The Committee may, before reporting on any case to the Board, ask the accused person for any explanation she may have to offer, and may consider such explanation and report thereon to the Board.

4. If the Committee resolve that a case is one upon which proceedings ought to be commenced for the removal of a name from the Roll and the cancelling of a certificate, the Secretary shall direct the Solicitor to take all necessary steps for verifying the evidence to be submitted to the Board, and for obtaining the necessary documents and the attendance of witnesses. Any answer, evidence, or statement forwarded, or application made, by the accused person between the date of the issue of the notice hereunder mentioned and the day named for the hearing of the case by the Board shall be dealt with by the Secretary, in consultation with the Solicitor, in such manner as he may think fit, or may be referred by him to the Committee.

5. All statements in the nature of evidence proposed to be relied on as part of the case against the accused person, except proofs of convictions verified by the officer of a duly constituted Court, which cannot be laid before the Board by oral evidence, shall be verified by statutory declaration. A copy of any such statutory declaration or certificate of conviction shall be supplied free of cost to the accused person before the day fixed

for the meeting of the Board to deal with the case, or for the adjournment thereof.

A copy of any defence in writing by an accused midwife shall be sent to the Local Supervising Authority before the hearing of the case if practicable.

6. If the Board decide that such case has been made out, proceedings for the removal of a name from the Roll or the cancelling of a certificate shall be commenced by the issue of a notice in writing addressed to the accused person by the Secretary, on behalf of the Central Midwives Board. Such notice shall specify the nature and particulars of the charge alleged against the accused person, and shall inform her of the day on which the Board intend to deal with the case and decide upon the said charge. The notice shall further require the accused person to forward her certificate, register of cases, records of sending for medical help, and of pulse and temperature, including those relating to the said charge, to the Secretary seven days before the hearing of the case, to answer in writing the charges brought against her, and to attend before the Board on such day.

7. The notice, accompanied by a copy of these Rules, shall be sent by registered letter to the last-known address or the enrolled address of the accused person, and shall be so sent as to allow at least twenty-one days between the day on which the notice is issued and the day appointed for the hearing of the case by the Board.

8. The case shall be heard at a special meeting of the Board, of which at least seven days' notice shall be sent by the Secretary to each member and to the Local Supervising Authority, who shall be given the opportunity to attend and assist the Secretary. The accused person may be represented or assisted by a friend, legal or otherwise, provided that seven days' notice

of the intention of such legal representative to appear on behalf of the accused shall have been received by the Secretary.*

9. When in the course of proceedings for the removal of a Name from the Roll charges are made against a Local Supervising Authority or any of its officers, to which an answer may be reasonably expected, such an Authority shall in each case be given the opportunity to appear and be heard at the hearing of the case.

10. At the hearing of the case the Secretary, or other person appointed by the Board for the purpose, shall first state to the Board the facts of the case and the charge alleged against the accused person, and shall then submit to the Board the evidence which he has received in support of the charge. The accused person, or her representative, shall be entitled to cross-examine any witness appearing against her on matters relevant to the charge.

11. When the evidence in support of the charge and a statement by or on behalf of the person making the charge are concluded, the accused person, or her representative, shall be invited by the Chairman to address the Board, and to tender evidence in answer to the charge.

12. If the accused person does not attend as required, either personally or by representative, the Board may proceed to hear and decide upon the charges in her absence.

13. Upon the conclusion of the whole case the Board shall deliberate thereon, and shall, after due consideration of all the relevant evidence on either side, whether oral or documentary, pronounce its decision either forthwith or at a subsequent meeting.

* *Note.*—For instance, if the case is to be heard on a Thursday the notice must be received by the Secretary not later than the Thursday in the previous week.

14. If the Board find the charges against the accused person to be proved either in whole or in part, and the offence cannot, in its opinion, be adequately dealt with by censure or caution, the Board may direct the Secretary to remove the name of the accused person from the Roll of Midwives and to cancel her certificate.

The Board may also, at its discretion, postpone sentence pending the receipt by it of a Report or Reports from the Local Supervising Authority concerned in the case on the conduct and methods of practice of the accused person since the date of her conviction by the Board, and may have regard to the subject-matter of such Report or Reports in deciding as to what the sentence shall be. In the event of such postponement of sentence as aforesaid the Board shall, before directing the Secretary to remove the name of the accused from the Roll of Midwives and to cancel her certificate, forward a copy of the said Report or Reports to the accused person and ask for her observations on the matters contained therein.

15. Notice in writing, by registered letter, of the removal of the name from the Roll and of the cancelling of the certificate shall be sent by the Secretary to the person found guilty of the offence, and to all Local Supervising Authorities concerned.

15A. In carrying out the powers conferred by Section 3 (2) of the Midwives and Maternity Homes Act, 1926, the Board may give a general direction to the Secretary to act on behalf of the Board in the removal from the Midwives Roll of the names of those women affected by the said Section and in the cancellation of their certificates. Neither the Board nor the Secretary shall be under any obligation to serve notices on any Local Supervising Authority or person whatsoever consequent upon the removal of any name from the Midwives Roll or the cancellation of any certificate under the said Section.

RESTORATION TO THE ROLL OF A NAME
REMOVED.

16. Application for restoration to the Roll shall be made in writing addressed to the Secretary of the Central Midwives Board, and signed by the applicant, stating the grounds on which application is made. In cases where the cancelled certificate has not already been returned to the Board, it must be sent in with the application, or a statutory declaration made of its previous loss or destruction.

17. The application must be accompanied by a statutory declaration made by the applicant, setting forth the facts of the case and stating that she is the person originally enrolled. The declaration shall be in the form given in the Schedule. (Form VI.)

18. The statements in the application and declaration must also be supported by the certificate of the Local Supervising Authority of the district in which the applicant was resident at the time when her name was removed from the Roll (and if at the time of her application she be resident in another district, then by the certificate of the Local Supervising Authority of such district also), and also by the certificates of at least two persons, being Justices of the Peace, Ministers of Religion, or registered Medical Practitioners, who were and are well acquainted with the applicant before and since the removal of her name. These certificates must each of them testify to the applicant's identity and present good character, and they shall be in the form given in the Schedule. (Form VII.)

19. The application, when duly supported by the declaration and certificates as hereinbefore provided, shall be considered at a meeting of the Board, made special for the purpose, of which at least seven days' notice shall be sent by the Secretary to each member.

The Board may adjourn the consideration to a future date, or require further evidence or explanations from the applicant.

20. After consideration of all the circumstances of the case, as submitted to them in accordance with the provisions of these Rules, the Board may if they think fit, direct the Secretary to restore the name of the applicant to the Roll of Midwives, and to issue a new certificate to her, on payment of the fee of 10s.

21. A copy of these Rules and of the Forms prescribed in the Schedule shall be supplied by the Secretary to intending applicants on demand.

E.—REGULATING, SUPERVISING, AND RESTRICTING WITHIN DUE LIMITS THE PRACTICE OF MIDWIVES.

DIRECTIONS TO MIDWIVES CONCERNING THEIR PERSON, INSTRUMENTS, &c.; THEIR DUTIES TO PATIENT AND CHILD; AND THEIR OBLIGATIONS WITH REGARD TO DISINFECTION, MEDICAL ASSISTANCE, AND NOTIFICATION.

For explanation of medical terms see page 79.

A woman whose name is on the Midwives Roll is acting as—

- A. A MIDWIFE, and is subject to the rules, and is therefore bound to notify the Local Supervising Authority of the fact under Section 10 of the Midwives Act, 1902,
- (a) When she has been engaged to deliver the patient ;
 - (b) When sent for in an emergency, no doctor having been engaged ;
 - (c) When a doctor makes an arrangement with a midwife engaged as a Maternity Nurse that he is not to be sent for unless she requires him ;
 - (d) When a doctor arranges with a midwife that she shall deliver patients for him ;
 - (e) When a doctor has been engaged to deliver the patient and she has sent for him on the onset of labour but she leaves the house after delivery before he arrives.

NOTE.—The case should be entered in her Register in the usual way, and in (c) (d) and (e), the date on which the case is handed back to the doctor and her position as a nurse is resumed.

- B. A MATERNITY NURSE, and is not subject to the rules (except Rules E 6, 18, 22 (1) (d) and (e), 22 (2), 23 (d) and (e), and 28).

When a doctor has been engaged to deliver the patient and she has sent for him on the onset of labour and he arrives before she leaves the house.

If these conditions are not fulfilled she is subject to all the rules.

i. When engaged to attend a labour the midwife must interview her patient at the earliest opportunity to inquire as to the course of present and previous pregnancies, confinements, and puerperia, both as regards

mother and child, and to advise as to personal and general arrangements for the confinement, and, with the consent of the patient, visit the house.

Whenever illness or abnormality has occurred in the previous pregnancy, and whenever the previous pregnancy has ended in an abortion, a premature labour, or a stillbirth, the midwife, on being engaged to attend the patient in her next confinement, shall explain that the case is one in which skilled medical advice is required, and shall urge the patient to seek advice from her medical attendant, or at a hospital or other suitable institution.

† The midwife must keep notes of her antenatal visits in the form approved by the Central Midwives Board.

2. The midwife must be scrupulously clean in every way, including her person, clothing, appliances, and house ; she must keep her nails cut short, and preserve the skin of her hands as far as possible from cracks and abrasions.

When attending to her patients she must wear a clean dress of washable material that can be boiled, such as linen or cotton, and over it a clean washable apron or overall.

The sleeves of the dress must be made so that the midwife can tuck them up well above the elbows.

For list of appliances see Rule 3.

3. A midwife must always have in her possession and take with her when called to a confinement a metal case or a bag or basket kept for professional purposes only, and furnished with a removable lining which can be disinfected, containing :—

(a) An appliance for giving vaginal injections, a different appliance for giving enemata, a catheter, a pair of scissors, a clinical thermometer, and a nail-brush.

† This form can be obtained from Messrs. Spottiswoode, Ballantyne & Co. Ltd., 1 New-street Square, London, E.C.4.

The †Local Supervising Authority may, in the case of untrained midwives, use its discretion with regard to insisting upon the carrying of a catheter and appliances for giving vaginal injections.

(b) An efficient antiseptic or efficient antiseptics for such purposes as

- (1) Disinfecting the hands.
- (2) Douching in special cases.
- (3) Cleansing the infant's eyelids.

4. Before touching the generative organs or their neighbourhood the midwife must on each occasion disinfect her hands and forearms.

5. All instruments and other appliances must be disinfected, preferably by boiling, before being brought into contact with the patient's generative organs.

*6. Whenever a midwife has been in attendance, whether as a midwife or as a nurse, upon a patient, or in contact with a person suffering from puerperal fevers or from any other condition supposed to be infectious, or is herself liable to be a source of infection, she must at once notify the Local Supervising Authority of the fact, must (unless the Authority relieve her from that obligation) disinfect herself and all her instruments and other appliances, and have her clothing thoroughly disinfected, to the satisfaction of the Local Supervising Authority before going to any other maternity patient. (See Rule 22, 1 (e), p. 32, and Rule 23, Form (e), p. 39.)

Unless otherwise directed by the Local Supervising Authority, all washable clothing must be boiled, and other clothing must be sent to be disinfected by the Local Sanitary Authority.‡

† *Note.*—The Local Supervising Authority is the County Council for midwives practising in a County area, and the City or Borough Council for midwives practising in a County Borough.

* See Rule 26.

‡ *Note.*—In order to ascertain who is the appropriate Sanitary Authority the midwife should inquire of the Inspector of Midwives or of the Local Supervising Authority.

DUTIES TO PATIENT.

7. A midwife in charge of a case of labour must not leave the patient without giving an address by which she can be found without delay ; and, after the commencement of the Second Stage, she must stay with the woman until the expulsion of the placenta and membranes, and as long after as may be necessary. In cases where a doctor has been sent for on account of the labour being abnormal or of there being threatened danger (see Rule 20), she must await his arrival and faithfully carry out his instructions.

If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the emergency is over.

After having complied with the Rule as to the summoning of medical assistance, the midwife will not incur any legal liability by remaining on duty and doing her best for her patient.

NOTE.—Midwives must not, except under a grave emergency, undertake operative procedure or any treatment which is outside their province. The question whether in any particular case such procedure or treatment was justified will be judged on the facts and circumstances of the case.

8. The midwife must wash the patient's external parts with soap and water, and then swab them with an efficient antiseptic solution on the following occasions :

- (a) Before making the first internal examination ;
- (b) After the termination of labour ;
- (c) During the lying-in period,
- (d) Before passing a catheter.

The swabbing with antiseptic solution must be repeated before each further examination and before a douche is given. For this purpose the midwife must on no

account use ordinary sponges or flannels, but material which has been boiled or otherwise disinfected before use.

†9. No more internal examinations should be made than are absolutely necessary.

10. The midwife in charge must in all cases of labour examine the placenta and membranes before they are destroyed, and must satisfy herself that they are completely removed.

11. The midwife must remove soiled linen, blood, fæces, urine, placenta and membranes from the neighbourhood of the patient and from the lying-in room as soon as possible after the labour, and in every case before she leaves the patient's house.

*12. The midwife shall personally supervise and be responsible for the cleanliness, comfort and proper dieting of the mother and child during the lying-in period, which shall be held, for the purpose of these regulations, and in a normal case, to mean the time occupied by the labour and a period of ten days thereafter.

Should the midwife for any reason continue her attendance after the tenth day the fact must be noted in her Register, with the explanation of the reason.

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.

*12A. A midwife must forthwith notify the Local Supervising Authority of each case in which it is pro-

† This is a direction to practising midwives, and is not to be taken as relieving a pupil undergoing a course of training from any of the obligations entailed upon her by Rule *C 1 (1) (a)*.

* See Rule 26.

posed to substitute artificial feeding for breast feeding. (See Rules 22 (1) (f) and 23, Form (f).)

Note.—The midwife should endeavour to promote breast feeding and should, when breast feeding cannot apparently be continued, urge medical advice. In nearly all districts health visitors and maternity and child welfare centres are provided for the assistance of mother and child. It is desirable that the midwife when she ceases attendance should advise the patient to avail herself of such help.

13. A case of normal labour in these regulations shall mean a labour in which there are none of the conditions specified in Rule 21.

14. The midwife shall take and record accurately the pulse and temperature of the patient at each visit, entering her records, with dates and times, in a notebook or on charts, which must be carefully preserved.

The temperature must be taken by the mouth whenever possible. If not taken by the mouth a statement should be added saying where the thermometer was placed.

DUTIES TO CHILD.

15. In the case of a child born apparently dead the midwife must carry out the methods of resuscitation which have been taught her.

16. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed. (See page 66.)

17. On the birth of a child which is in danger of death, the midwife shall inform one of the parents of the child's condition.

GENERAL.

18. No midwife shall lay out a dead body except in the case of a patient upon whom she has been in attendance at the time of death.

After laying out a dead body for burial she must notify the Local Supervising Authority and undergo adequate cleansing and disinfection in accordance with Rule 6.

19. A midwife must note in her Register of Cases each occasion on which she is under the necessity of administering or applying in any way any drug other than a simple aperient, the name and dose of the drug and the time and cause of its administration or application. (See Rule 24, *Note*.)

CONDITIONS IN WHICH MEDICAL HELP MUST BE SENT FOR.

*20. In all cases of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife must forthwith call in to her assistance a registered medical practitioner, using for this purpose the form of sending for medical help (see Rule 23 (*a*)), properly filled up and signed by her. The conditions referred to in this Rule shall be deemed to be emergencies for the purpose of Section 14 of the Midwives Act, 1918.

In calling in medical assistance under this Rule the midwife shall send for the registered medical practitioner desired by the patient, or, if the patient cannot be consulted, by the responsible representative of her family.

Note.—If a midwife has summoned medical aid in respect of any emergency and any other emergency occurs in the subsequent progress of the case it is her duty to draw the doctor's attention to such other emergency, and it is also desirable for her to send, or to hand, to him the form of sending for medical help properly filled up and signed by her. The Local Supervising Authority should, of course, be notified of each emergency in respect of which the doctor's advice is sought as required by Rule *E* 22 (1) (*a*).

*21. The foregoing rule shall particularly apply :—

(1) In all cases in which a woman during PREGNANCY, LABOUR, or LYING-IN appears to be dying or is dead.

PREGNANCY.

(2) In the case of a PREGNANT woman, when there is any abnormality or complication, such as—

Deformity or stunted growth,
 Loss of blood,
 Abortion or threatened Abortion,
 Excessive sickness,
 Puffiness of hands or face,
 Fits or Convulsions,
 Dangerous varicose veins,
 Purulent discharge,
 Sores of the genitals.

LABOUR.

(3) In the case of a woman in LABOUR at or near term, when there is any abnormality or complication, such as—

Fits or Convulsions,
 A purulent discharge,
 Sores of the genitals,
 A malpresentation,
 Presentation other than the uncomplicated head or breech,
 Where no presentation can be made out,
 Where there is excessive bleeding,
 Where two hours after the birth of the child the placenta has not been completely expelled,
 In cases of rupture of the perineal body, or of other injuries of the soft parts.

* See Rule 26.

LYING-IN.

- (4) In the case of a LYING-IN woman, when there is any abnormality or complication, such as—
- Fits or Convulsions,
 - Abdominal swelling and tenderness,
 - Offensive lochia, if persistent,
 - Rigor, with raised temperature,
 - Rise of temperature to **100·4° F.** for twenty-four hours or its recurrence within that period,
 - Unusual swelling of the breasts with local tenderness or pain,
 - Secondary post-partum hæmorrhage,
 - White leg.

THE CHILD.

- (5) In the case of the CHILD, when there is any abnormality or complication, such as—
- Injuries received during birth,
 - Any malformation or deformity endangering the child's life,
 - Dangerous feebleness in a premature or full-term child,
 - † Inflammation of, or discharge from, the eyes, however slight,
 - Serious skin eruptions, especially those marked by the formation of watery blisters,
 - Inflammation about, or hæmorrhage from, the navel.

Note.—The foregoing lists are not exhaustive and do not include all cases in which medical help should

† *Note.*—In cases where the eyes are affected the duties of the midwife are :—

- (1) To call in to her assistance a registered medical practitioner, using for this purpose the form for medical help. (See Rules E 20 and 23 (a).)
- (2) To send notice to the Local SUPERVISING Authority that medical help has been sought. (See Rules E 22 (1) (a) and 23 (a).)

be summoned. According to Rule *E* 20, "any abnormality" requires medical help. The instances in Rule *E* 21 refer to some of the most striking and important abnormalities.

NOTIFICATION TO THE LOCAL SUPERVISING AUTHORITY.

*22. (1) The midwife must, as soon as possible, send notice on the prescribed form to the Local Supervising Authority, in accordance with Rule 23, in the following cases :—

*(a) *Medical help*.—Whenever the advice of a registered medical practitioner has been sought.

*(b) *Deaths*.—In all cases of the death of mother or child.

*(c) *Stillbirths*.—In all cases of stillbirth where a registered medical practitioner is not in attendance at the time of birth.

Note.—A child is deemed to be stillborn when it has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any other signs of life.

For the purposes of the Births and Deaths Registration Acts, births fall into three classes :—

(a) A child who, *whatever the period of pregnancy*, breathes or shows any other signs of life after complete expulsion from the mother, is a live-born child, and the birth must be registered by the Registrar of Births and Deaths. If the child dies, even within a brief period only after birth, both the birth and the death must be registered by the Registrar of Births and Deaths.

(b) The birth of a child before the end of the twenty-eighth week of pregnancy, which did not

* See Rule 26.

breathe or show signs of life after complete expulsion from the mother, need not be registered.

(c) The birth of a child *after* the twenty-eighth week of pregnancy, which after complete expulsion from the mother did not breathe or show any signs of life, is a "stillbirth" and must be registered by the Registrar of Births and Deaths. *In these cases the midwife should give the certificate of stillbirth prescribed by the Births and Deaths Registration Act, 1926, if she was in attendance at the birth and no such certificate has been given by a registered medical practitioner.*

A stillborn child may not be buried in a burial ground until a certificate of the registration of the stillbirth has been obtained from the Registrar of Births and Deaths and delivered to the person having control over the burial ground. In certain circumstances a certificate (which will serve the same purpose) can be obtained from the Registrar that he has received notice of the stillbirth.

The giving of a certificate of a stillbirth to the relatives will not relieve the midwife of the duty, in accordance with Rule E 22 (1) (c), of notifying the Local Supervising Authority of all cases of stillbirth where a registered medical practitioner is not in attendance at the time of birth, nor of her duty, under Section 1 (1) and (5) of the Notification of Births Act, 1907, to notify the Medical Officer of Health of the District in which the stillbirth occurred.

**(d) Laying out the dead.*—In all cases in which she has prepared, or assisted to prepare, a dead body for burial. (See Rule 18.)

**(e) Liability to be a source of infection.*—Whenever a midwife has been in attendance, whether as a

* See Rule 26.

midwife or as a nurse, upon a patient, or in contact with a person, suffering from puerperal fevers or from any other condition supposed to be infectious, or is herself liable to be a source of infection. (See Rules 6 and 23, Form (e), page 39.)

*(f) *Artificial Feeding*.—Whenever it is proposed to substitute artificial feeding for breast feeding. (See Rules 12A and 23, Form (f), page 40.)

(2) *Change of name or address*.—All midwives, whether practising or not, must immediately notify the Central Midwives Board and the Local Supervising Authority of any change of name or address.

Note.—Intention to practise.—Notice of intention to practise must be given in accordance with Section 10 of the Midwives Act, 1902. (Schedule Form VIII, page 57.)

* See Rule 26.

*23. For the purposes of the preceding rules the use of the following forms shall be compulsory :—

(a) *Form of sending for Medical Help.*

No. _____ Date _____

^a Here fill in name of patient.

This notice is sent in respect of ^a _____

Address _____

^b Here insert "me," or "relative," or "friend," as the case may be.

Medical assistance is sought by ^b _____

on account of _____

Date of confinement _____

^c If the case is not urgent cross this out.

^c The case is urgent.

Sent to (*name of doctor or institution*) _____

at (*address*) _____

Time of sending message { By messenger _____
By telephone _____

Signed _____ Certified Midwife.

Address _____

NOTE.—Information as to stage of labour and other particulars should be given.

The midwife shall make two copies of the above,

* See Rule 26.

making, with the original document, three forms in all. The original she shall keep, the second she shall send to the doctor in case of assistance being sought by her (not where the assistance has been sought by the relative or friend only), and the third she shall send to the Local Supervising Authority as soon as possible, but within 24 hours at the latest.

NOTE.

The medical practitioner responding to a call in the case of any emergency as defined in the Rules framed under Section three 1 (e) of the Midwives Act, 1902 (see Rule E 20), will be paid his fee by the Local Supervising Authority for his attendance on this case in accordance with the scale prescribed by the Ministry of Health if he submits his claim to the Local Supervising Authority within a period of two months from the date on which he was called in.

This fee may be recovered from the patient, according to her means, by the Local Supervising Authority.

(b) Form of Notification of Death.

To the Local Supervising Authority of the †Ad-
ministrative County of

or †the County Borough of

or †the Urban District of

I, the undersigned, being a Midwife holding the
Certificate No. of the Central Midwives Board,
hereby notify that the following death occurred in my
practice on the day of

19, at † $\frac{\text{A.M.}}{\text{P.M.}}$

† Before }
† After } the arrival of the medical practitioner.

Name of deceased

Address of deceased

Age of deceased

Date of Delivery

Signed Certified Midwife

Address

† Strike out the words not applicable.

(c) Form of Notification of Stillbirth.

To the Local Supervising Authority of the †Ad-
 ministrative County of _____
 or †the County Borough of _____
 or †the Urban District of _____

I, the undersigned, being a Midwife holding the
 Certificate No. _____ of the Central Midwives Board,
 hereby notify that, on the _____ day of _____

19_____, at _____ † $\frac{\text{A.M.}}{\text{P.M.}}$ Name _____

Address _____

was delivered { †by me _____
 { †before my arrival (B.B.A.) _____

of a stillborn child, no registered medical practitioner
 being in attendance at the time of birth.

Sex _____

Full term or premature (No. of months) _____

Condition of child (whether macerated or not)

Presentation _____

Signed _____ Certified Midwife

Address _____

**NOTE.—This form must not be used for burial
 purposes. The Midwife can obtain a form of
 Declaration of Stillbirth from the Registrar of
 Births and Deaths.**

† Strike out the words not applicable.

(d) Form of Notification of having Laid Out a Dead Body.

To the Local Supervising Authority of the †Ad-
ministrative County of _____

or †the County Borough of _____

or †the Urban District of _____

I, the undersigned, being a Midwife holding the
Certificate No. _____ of the Central Midwives Board,
hereby notify that, on the _____ day of _____

19____, I †prepared or †assisted to prepare the dead body
of _____

on whom I was in attendance at the time of death, the
particulars in respect of which are as below :—

Name of deceased _____

Address of deceased _____

Age of deceased _____

Cause of death _____

Signed _____ Certified Midwife

Address _____

† Strike out the words not applicable.

(e) *Form of Notification of Liability to be a Source of Infection.*

To the Local Supervising Authority of the †Administrative County of _____
 or †the County Borough of _____
 or †the Urban District of _____

I, the undersigned, being a Midwife, holding the Certificate No. _____ of the Central Midwives Board, hereby notify that,

on the _____ day of _____ 19____, I was
 † In attendance upon, or † In contact with
 † Name _____
 † Address _____
 a person suffering from a condition supposed to be infectious, viz. : _____

or

† I † am myself suffering from, or † have recently suffered
 † from _____
 Signed _____ Certified Midwife
 Address _____

† Strike out the words not applicable.

(f) Form of Notification of Artificial Feeding.

To the Local Supervising Authority of the †Ad-
ministrative County of _____
or †the County Borough of _____
or †the Urban District of _____

I, the undersigned, being a Midwife holding the
Certificate No. _____ of the Central Midwives Board,
and being in attendance on

(Name) _____

(Address) _____

hereby notify that on the _____ day of _____ 19____

‡ Name
of food.

it was proposed to substitute‡ _____

†† Give
reasons.

for breast feeding because†† _____

The child was born on the _____ day of _____
19_____

Signed _____ Certified Midwife

Address _____

† Strike out the words not applicable.

24. A midwife shall keep a Register of Cases in the following form :—

No.
 Date of expected confinement
 Name and address of patient

Age

No. of previous labours and miscarriages

Date and hour of Midwife's arrival

Presentation

Date and **hour** of Child's birth

Sex of infant Born living or dead

Full time or premature No. of weeks

Name of Doctor if called

Complications (if any) during or after labour

Date of Midwife's last visit

Condition of Mother then

Condition of Child then

Remarks†

† If any drug, other than a simple aperient, has been administered in any way, state here the name and dose of the drug and the time and cause of its administration. (See Rule 19.)

*25. The Local Supervising Authority shall make arrangements to secure a proper inspection of the Register of cases, bag of appliances, &c., of every midwife practising in the district of such Authority, and, when thought necessary, an inspection of her place of residence, and an investigation of her mode of practice. The midwife shall give every reasonable facility for such inspection.

26. The rules or parts of rules in this section (*E*) which are marked with an asterisk shall not apply to midwives exercising their calling under the supervision of a duly appointed medical officer within Hospitals approved by the Central Midwives Board †

27. No rule in this section (*E*), other than Rule 22 (2), shall apply to Certified Midwives exercising their calling in Poor Law Institutions under the supervision of a duly appointed medical officer.

28. The proper designation of a certified midwife is "Certified Midwife," thus, *e.g.*

Mary Smith,
Certified Midwife.

No abbreviation in the form of initial letters is permitted, nor any other description of the qualification.

Provided that a midwife whose name has been admitted to the Roll in virtue of having passed the Examination of the Central Midwives Board, or in virtue of a qualification under Section 2 of the Midwives Act, 1902, or Section 10 of the Midwives Act, 1918, acquired by passing an Examination in Midwifery, may add the words "by examination" after the words Certified Midwife.

* See Rule 26.

† These Rules are Nos. 6, 12, 12A, 20, 21, 22 (1), 23, and 25.

F.—DECIDING THE CONDITIONS UNDER WHICH MIDWIVES MAY BE SUSPENDED FROM PRACTICE.

1. In carrying out Section 8 (3) of the Midwives Act, 1902, it shall be the duty of the Local Supervising Authority to suspend a midwife from practice when necessary for the purpose of preventing the spread of infection, whether she has contravened any of the rules laid down by the Central Midwives Board or not, and in the exercise of that duty the Local Supervising Authority shall, after communicating their decision in writing to the Midwife concerned, at once report any suspension (with the grounds thereof) to the Central Midwives Board.

2. The period of suspension under the foregoing rule shall not be longer than is required by the Midwife for the purpose of disinfecting herself, her clothing, and her appliances to the satisfaction of the Local Supervising Authority; and if the period is expected to or does in fact last for more than 24 hours, that Authority shall forthwith communicate to the Central Midwives Board the special circumstances in which the prolonged suspension arises, and the matter shall be subject to revision by that Board.

When the Local Supervising Authority is satisfied that the midwife has been properly disinfecting the Authority shall communicate with her to that effect. If the communication is made orally, a confirmation in writing together with a statement of the date on which the Authority was so satisfied shall be sent to the midwife.

3. In the exercise of the powers conferred on it by Section 6 (1) (a) of the Midwives Act, 1918, the Board may—

- (a) suspend from practice for such period as it thinks fit in lieu of removing her name from the Roll any midwife who, after investigation by the Board in manner prescribed by Section D of the Rules of the Board, has been found guilty of disobeying the Rules, or of other misconduct;
- (b) suspend from practice until the case has been decided by the Board, and, in the case of an appeal, until the appeal has been decided by the High Court, any midwife whose conduct is under investigation by the Board on a charge of disobeying the Rules, or of other misconduct.

4. In the exercise of the powers conferred on it by Section 6 (1) (b) of the Midwives Act, 1918, the Local Supervising Authority may suspend from practice until the case has been decided—

- (a) a midwife against whom it has taken proceedings before a Court of Justice;
- (b) a midwife against whom it has reported a case for consideration by the Central Midwives Board.

The Local Supervising Authority shall in each case communicate their decision in writing to the midwife concerned, and forthwith report the suspension (with the grounds thereof) to the Central Midwives Board.

NOTE.—It is not intended that suspensions authorised by Rule F 4 (a) and (b) shall be used for punitive purposes.

G.—DEFINING THE PARTICULARS REQUIRED TO BE GIVEN IN ANY NOTICE UNDER SECTION TEN OF THE ACT.

NOTIFICATION OF PRACTICE

The particulars required on the prescribed Form (Schedule, Form VIII., p. 57) shall be as follows :—

(1) Her Christian name and surname in full, and, if married since the grant of her certificate, the name under which it was formerly granted to her.

(2) The number and date of the certificate granted by the Central Midwives Board to the person giving the notice.

(3) Her usual place of residence ; and, if she carries on her practice at another address, that address also.

(4) If at any time she practises or acts as a midwife outside the area within which she usually resides or carries on her practice, the dates and addresses at which she so practised or acted.

H.—DEFINING THE CONDITIONS UNDER WHICH A BADGE MAY BE ISSUED TO A CERTIFIED MIDWIFE.

1. The Central Midwives Board shall (subject to the conditions contained in the following Rules) issue a badge to certified midwives desirous of wearing one. Such badge shall be of the form and design approved by the Board and registered at the Patent Office with the Number 725,933.

2. The conditions attaching to the issue of the badge shall be as follows :—

- (a) Application for the badge must be made to the Secretary of the Board on a form which will be supplied on request. Such request must be accompanied by a stamped addressed envelope.
- (b) The form of application referred to in (a) must be filled up correctly in all particulars and must be accompanied by a postal order for 5s.
- (c) The badge must be hung on the approved dark blue cord and worn round the neck.
- (d) The badge is and shall continue to be the property of the Board and shall be returnable to the Board on the removal of the name of the holder from the Midwives Roll from any cause whatsoever.
- (e) A certified midwife to whom a badge has been issued shall under no circumstances permit the badge so issued to be worn or displayed by any other person whatsoever.
- (f) The Board reserves the right to refuse to issue a badge to a certified midwife on any grounds which may seem just to it.
- (g) The Board shall be under no obligation to issue a duplicate badge to a certified midwife to whom a badge has already been issued. A midwife should, therefore, exercise the greatest care in the safe custody of the badge which has been issued to her.

SCHEDULE

Forms of Applications and Certificates required
under the Rules.

APPENDIX OF FORMS.

FORM I.—*Certificate of Good Moral Character.*

(See Section B 2 (c).)

I certify that I have been personally acquainted
with _____
for a period of _____ years, and that she is
now and has been during that period trustworthy, sober,
and of good moral character.

Dated this _____ day of _____ 19 _____

Name _____

Address _____

†Position and authority)
for signing) _____

Signature of Candidate _____

† See B 2 (c).

FORM II.—*Central Midwives Board.*
(2 Edw. 7. c. 17.)

No. _____ Date _____

We hereby certify that _____
having passed the Examination of
the Central Midwives Board, and having otherwise
complied with the rules and regulations laid down in
pursuance of the Midwives Act, 1902, is entitled by law
to practise as a midwife in accordance with the pro-
visions of the said Act and subject to the said rules and
regulations.

Chairman.

Secretary.

FORM III. (a).—*Certificate of Training.*
(See Section C 1 (1).)

I certify that _____
has undergone a course of training in Midwifery (in-
cluding ante-natal clinical instruction) extending over a
period of † $\left\{ \begin{array}{l} 6 \\ 12 \end{array} \right.$ months, and that in my opinion she is
trustworthy, sober, and of good moral character.

† Strike out
figures not
applicable.

Dated this _____ day of _____ 19____

Name _____

Address _____

‡ Position and authority }
for signing }

Signature of Candidate _____

† *Note.*—The person signing the certificate must enter the period
of training, which must not be less than six months in the case of a
candidate who presents a certificate in the Form V. (a), (b) or (c),
and not less than twelve months in all other cases.

‡ See C 2 (1).

FORM III. (b).—*Certificate of Ante-natal Instruction and Attendance on Labours.*

(See Section C 1 (1) (a) and (b).)

I certify that _____
has, under my supervision and to my satisfaction,

(a) examined and received instruction in the supervision of not less than twenty pregnant women (including booking and keeping of records) ;

(b) during a period of † _____ months witnessed not fewer than ten labours and in addition attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering each patient.

† Here fill in the number of months.

Of the twenty patients personally delivered the first five were attended within an institution approved by the Board and of the remaining fifteen at least five were attended in their own homes.

Dated this _____ day of _____ 19 _____

Name _____

Address _____

‡ Position and authority }
for signing }

Signature of Candidate _____

‡ See C 2 (1).

NOTE.—*Should the training conducted in the institution and in the patients' homes be supervised by two approved teachers, each such teacher should sign the above certificate in respect of the cases for which he or she is responsible.*

FORM III. (c).—*Certificate of Attendance during the Lying-in Period.*

(See Section C 1 (1) (c).)

I certify that

has, under my supervision and to my satisfaction, during a period of † months, nursed twenty lying-in women and their infants during the ten days following labour. Of these at least five women were nursed in their own homes.

† Here fill in the number of months.

Dated this day of 19

Name

Address

‡ Position and authority }
for signing }

Signature of Candidate

‡ See C 2 (1).

NOTE.—*Should the nursings conducted in the institution and in the patients' homes be supervised by two approved teachers, each such teacher should sign the above certificate in respect of the cases for which he or she is responsible.*

FORM IV.—*Certificate of having Attended
Courses of Lectures.*

(See Section C 1 (1) (d).)

I (we) certify that.....
has, during the period of training, attended to my (our)
satisfaction a course of not less than thirty lectures on
the subjects enumerated in Rule C 5 extending over a
period of not less than four months, and delivered by
myself (ourselves).

Dated this..... day of..... 19.....

Name.....

Address.....

Professional qualifications.....

‡ Position and authority }
for signing }

Signature of Candidate.....

‡ See C 2 (2).

FORM V (a).—*Certificate of Three Years' Training in a General Hospital or Associated or Affiliated Hospitals.*

(See Section C 1 (2) (a).)

I certify

(1) That..... has undergone

* Three years' course of training as a Nurse in.....
Hospital being a Complete Training School,

* Three years' and six months' course of training as a Nurse
in..... and.....

being Associated Hospitals,

* Four years' course of training as a Nurse in.....
and..... being Affiliated Hospitals.....

• Strike out
the words
not applic-
able.

(2) That the above Hospital (or Hospitals) was (or were)
approved at some time during her period of training by—

* The General Nursing Council for England and Wales

* The General Nursing Council for Scotland

* The Joint Nursing and Midwives Council for Northern
Ireland

* The General Nursing Council for the Irish Free State

• Strike out
the words
not applic-
able.

for the purpose of general training.

Dated this..... day of..... 19.....

Name.....

Address.....

† Position and authority }
for signing }

Signature of Candidate.....

† See C 2 (3).

FORM V. (b).—*Certificate of Three Years' Training in
a General Hospital approved by the Board.*

(See Section C 1 (2) (b).)

I certify that.....
has undergone a three years' course of training as a
nurse in Hospital, being a General Hospital,
approved by the Board, which contained not less than
one hundred beds during the whole of the period of
such training.

Dated this day of 19.....

Name

Address

†Position and authority }
for signing }

Signature of Candidate

† See C 2 (3).

FORM VI.—*Statutory Declaration by Applicant for
Restoration of Name to the Midwives Roll.*

(See Section D (17).)

^a Insert full
name.

(1) I, the undersigned ^a

^b Insert
address.

of ^b

say on oath that the following are the facts of my case,
and the grounds on which I seek the restoration of my
name to the Midwives Roll.

^c Date of
Certificate
granted by
the Central
Midwives
Board.

(2) On the ^c day of 19 my
name was duly enrolled by virtue of the following
qualification, namely, ^d

^d Qualifica-
tion appear-
ing on
Certificate.

^e Date of
inquiry.

(3) At an inquiry held on the ^e day of
19 the Central Midwives Board directed my name
to be removed from the Midwives Roll and my certificate
to be cancelled.

(4) The offence for which the Central Midwives
Board directed the removal of my name and the cancel-
ling of my certificate was ^f

^f Insert
charge on
which name
was re-
moved.

(5) Since the removal of my name from the Roll

I have been residing at ^g.....

^g Insert
place of
residence.

and my occupation has been ^h.....

^h Insert
occupation.

(6) It is my intention if my name is restored to the

Roll to practise as a Midwife at ⁱ.....

ⁱ Insert
proposed
place of
practice:

(7) The grounds of my application are ^k.....

^k All the
facts and
reasons in
support of
the applica-
tion should
be stated
shortly and
clearly.

(Signed).....

Declared at

on the..... day of..... 19.....

Before me.....

A Commissioner of Oaths.

FORM VII.—*Certificate in Support of Application for
Restoration of Name to the Midwives Roll.*

(See Section D (18).)

I _____
of _____
certify as follows :

^a State whether Justice of the Peace, Minister of Religion, or registered Medical Practitioner, and give particulars of position.

(1) I am ^a _____

(2) I have been and am well acquainted with the said _____
both before and since her name was removed from the Midwives Roll.

(3) The said _____
is the person whose name formerly stood in the Midwives Roll with the following address and qualification :—

^b Insert address and qualification as formerly given in Midwives Roll.

^b Address _____

Qualification _____

(4) The said _____
is now trustworthy, sober and of good moral character.

(5) I have read paragraphs (4), (5) and (6) of the application (Form VI.), and the statements therein contained are to the best of my knowledge, information and belief true.

Signature _____

Address _____

Position and authority }
for signing }

Date _____

FORM VIII.—*Midwives Act, 1902, Section 10.*

Notification of Practice.

See Section G, page 45.

To the Local Supervising Authority of †the Administrative County of.....

or †the County Borough of.....

or †the Urban District of.....

†(a) I, A.B.

Address.....

holding a certificate from the Central Midwives Board,

No., dated the..... day

of..... 19....., hereby give you

notice of my **intention to practise** as a Midwife within your area during the year 19.....

Dated this..... day of..... 19.....

.....(Signed) A.B.

(and in the event of having practised outside any area notified as above)

†(b) I, A.B.

residing at..... and

pursuing my calling at.....

acted as a Midwife at.....

within your area on the..... day of..... 19.....

Dated this..... day of..... 19.....

.....(Signed) A.B.

† Strike out the words not applicable.

(The directions appearing before Rule E 1 will also appear on the back of this form.)

(a) This notice to be sent before commencing to practise, and a like notice in the month of January in each year.

(b) This notice to be sent within forty-eight hours.

THE MIDWIVES ACT, 1902, PROVIDES
(AMONG OTHER THINGS) THAT

Sec. 1.—(1) From and after the first day of April one thousand nine hundred and five, any woman who not being certified under this Act shall take or use the name or title of midwife (either alone or in combination with any other word or words), or any name, title, addition, or description implying that she is certified under this Act, or is a person specially qualified to practise midwifery, or is recognised by law as a midwife, shall be liable on summary conviction to a fine not exceeding five pounds.

Certifica-
tion.

(2) From and after the first day of April one thousand nine hundred and ten, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act ; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this section shall not apply to legally qualified medical practitioners, or to anyone rendering assistance in a case of emergency.

(This sub-section has been amended by Sec. 1 of the Midwives and Maternity Homes Act, 1926 (see page 64).)

(3) No woman shall be certified under this Act until she has complied with the rules and regulations to be laid down in pursuance of this Act.

(4) No woman certified under this Act shall employ an uncertified person as her substitute.

(5) The certificate under this Act shall not confer upon any woman any right or title to be registered under the Medical Acts or to assume any name, title, or designation implying that she is by law recognised as a medical practitioner, or that she is authorised to grant any medical certificate, or any certificate of death or of

stillbirth, or to undertake the charge of cases of abnormality or disease in connection with parturition.

* * * * *

Notification
of practice.

Sec. 10. Every woman certified under this Act shall, before holding herself out as a practising midwife or commencing to practise as a midwife in any area, give notice in writing of her intention so to do to the local supervising authority, or to the body to whom for the time being the powers and duties of the local supervising authority shall have been delegated under this Act, and shall give a like notice in the month of January in every year thereafter during which she continues to practise in such area.

Such notice shall be given to the local supervising authority of the area within which such woman usually resides or carries on her practice, and the like notice shall be given to every other local supervising authority or delegated body within whose area such woman at any time practises or acts as a midwife, within forty-eight hours at the latest after she commences so to practise or act.

Every such notice shall contain such particulars as may be required by the rules under this Act to secure the identification of the person giving it ; and if any woman omits to give the said notices or any of them, or knowingly or wilfully makes or causes or procures any other person to make any false statement in any such notice, she shall, on summary conviction, be liable to a fine not exceeding five pounds.

* * * * *

Penalty for
wilful falsifi-
cation of
the roll.

Sec. 12. Any person wilfully making or causing to be made any falsification in any matter relating to the roll of midwives shall be guilty of a misdemeanour, and shall be liable to be imprisoned with or without hard labour for any term not exceeding twelve months.

THE MIDWIVES ACT, 1918, PROVIDES
(AMONG OTHER THINGS) THAT

Sec. 6.—(1) The power of the Central Midwives Board to frame rules deciding the conditions under which midwives may be suspended from practice shall include a power of framing rules—

Provisions
as to sus-
pension.

- (a) Authorising the Board to suspend a midwife from practice for such period as the Board think fit, in lieu of striking her name off the roll, and to suspend from practice until the case has been decided, and (in the case of an appeal) until the appeal has been decided, any midwife accused before the Board of disobeying rules or regulations or of other misconduct ;
- (b) authorising the local supervising authority which takes proceedings against a midwife before a Court of Justice or reports a case for consideration by the Central Midwives Board to suspend her from practice until the case has been decided.

Note.—Rules to the above effect have been framed by the Board.

(2) Where in pursuance of any power conferred by any such rule a midwife has been suspended from practice pending the decision of her case by a court or the Board and the case is decided in her favour, or where in pursuance of the duty imposed by paragraph (3) of Section 8 of the principal Act a midwife has been suspended from practice in order to prevent the spread of infection, the Central Midwives Board, or the local supervising authority by whom she was

suspended, may, if they think fit, pay her such reasonable compensation for loss of practice as under the circumstances may seem just.

(The words from "or where" to "infection" have been repealed by Section 2 (1) of the Midwives and Maternity Homes Act, 1926.)

* * * * *

Expenses of
Midwives.

Sec. 7.—(1) The Central Midwives Board may, if they think fit, pay all or any part of the expenses incurred by any midwife who may be required to appear before them in her own defence, and all forms required to be filled up and returned to the Board shall be supplied gratis by the Board to certified midwives.

(2) All other forms and books which certified midwives are required to fill up or use shall be supplied to them gratis by the local supervising authority.

(3) Where any such form is required to be returned by post to the Board or the authority, either the form shall be supplied duly stamped or a duly stamped envelope shall be supplied with the form.

* * * * *

Offences by
Midwives.

Sec. 8.—(1) Where the Central Midwives Board decide upon the removal from the roll of the name of any midwife, they may, in addition, prohibit her from attending women in child-birth in any other capacity, but such decision of the Board shall be subject to the like appeal as their decision to remove her name from the roll, and, if any woman so prohibited acts in contravention of the prohibition, she shall be liable on summary conviction to a fine not exceeding ten pounds, unless she proves that she acted in a case of emergency.

(2) Any woman whose name is ordered to be removed from the roll for disobeying rules or regulations

or for other misconduct, shall, within fourteen days from the making of the order, surrender her certificate to the Central Midwives Board, and, if she fails to do so, shall be liable on summary conviction to a fine not exceeding five pounds.

* * * * *

Sec. 9.—Where a woman certified under the principal Act has given a notice in compliance with section ten of that Act and subsequently changes her address, she shall, within seven days after such change, give notice of the change to every local supervising authority to which she had previously given notice under that section, and, if she omits to do so, shall, on summary conviction, be liable to a fine not exceeding two pounds.

Notification
of change of
address.

* * * * *

Sec. 14.—(1) In case of any emergency, as defined in the rules framed under section three I. (e) of the principal Act, a midwife shall call in to her assistance a registered medical practitioner, and the local supervising authority shall pay to such medical practitioner a sufficient fee, with due allowance for mileage, according to a scale to be fixed by the Local Government Board.

Medical
assistance in
case of
emergency.

* * * * *

(3) The midwife shall report forthwith to the local supervising authority each case of emergency in which she has called in a registered medical practitioner to her assistance, stating the nature of the emergency and the name of the medical practitioner.

(4) The local supervising authority shall have power to recover the fee from the patient or from the husband or other person liable to maintain the patient either summarily or otherwise as a civil debt, unless it be shown to their satisfaction that the patient or her husband or such other person is unable by reason of poverty to pay such fee.

THE MIDWIVES AND MATERNITY HOMES
ACT, 1926, PROVIDES (AMONG OTHER
THINGS) THAT

Amendment
of S. 1 (2) of
Midwives
Act, 1902,
2 Edw. 7,
c. 17.

Sec. 1.—The following Sub-section shall be substituted for Sub-section (2) of Sec. 1 of the Midwives Act, 1902 (which relates to certification of midwives) :—

“(2) If any person, being either a male person, or a woman not certified under this Act, attends a woman in childbirth otherwise than under the direction and personal supervision of a duly qualified medical practitioner, that person shall, unless he or she satisfies the court that the attention was given in a case of sudden or urgent necessity, be liable on summary conviction to a fine not exceeding ten pounds :

“ Provided that the provisions of this Sub-section shall not apply in the case of a person who, while undergoing training with a view to becoming a duly qualified medical practitioner or a certified midwife, attends a woman in childbirth as part of a course of practical instruction in midwifery recognised by the General Medical Council or by the Central Midwives Board.”

Compensation for
suspension.

Sec. 2.—(1) Where a midwife has been suspended from practice in order to prevent the spread of infection she shall, if she was not herself in default, be entitled to recover from the local supervising authority such amount by way of compensation for loss of practice as is reasonable in the circumstances of the case.

In Sub-section (2) of Section six of the Midwives Act, 1918, the words from “ or where ” to “ infection ” shall be repealed.

Sec. 3.—(2) The Central Midwives Board may from time to time by registered letter addressed to any woman whose name is included in the Roll of Midwives at her address as appearing therein, inquire of her whether she has ceased practice or has changed her residence ; and if within a period of six months from the sending of such a letter no answer is received thereto, the Board may erase the name of that person from the roll and may cancel her certificate, but without prejudice to the power of the Board subsequently to restore the name to the roll and to re-issue the certificate if it appears proper so to do.

Power of
Secretary
to clear
Roll.

Sec. 4.—The power of the Central Midwives Board to frame rules under Section three of the Midwives Act, 1902, shall include a power to frame a rule as to the wearing of badges by certified midwives, and if any such rule is made, Sub-section (1) of Section one of that Act shall have effect as if the words “ or badge,” were inserted therein after the word “ description.”

Regulations
as to
Badges.

Sub-section (2) of Section eight of the Midwives Act, 1918 (which provides for the surrender by a midwife of her certificate when her name is removed from the roll in certain circumstances), shall apply to any badge issued to any person by virtue of the provisions of this section as it applies to the certificate of a midwife.

INFLAMMATION OF THE EYES IN NEW-BORN CHILDREN.

OPHTHALMIA NEONATORUM.

This is a very common cause of **hopeless blindness**, which is one of the greatest misfortunes that can happen to a child. A very large number of children will be saved from blindness if the following directions of the Central Midwives Board are observed.

The disease generally arises from purulent discharges from the mother getting into the baby's eyes at birth.

It is therefore of the greatest importance that this should be prevented :—

1. By curing such discharges if possible before Labour. This requires medical treatment (Rule *E 21* (2) and (3)).
2. By taking the greatest care that such discharges shall not be carried into the baby's eyes when it opens them for the first time soon after its head is born.

The discharges may be carried into the baby's eyes in the following ways :—

- (a) The discharges collect round its eyes, especially the eyelashes, and easily get into its eyes.

This can be generally prevented if the midwife observes Rule *E 16*: "As soon as the child's head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed." They should be thoroughly wiped with clean material such as cotton-wool, lint, or rag, using

separate pieces for each eye. The reason for this is that the piece used for wiping the first eye will be polluted by the discharges, and should not be used for the other eye.

- (b) Newborn babies sometimes rub discharges into their eyes with their bare hands. When Rule E 16 has been complied with they must be carefully wrapped up to prevent them from rubbing their eyes with their hands.
- (c) When the baby is bathed, the discharges with which its body is covered during Labour are washed off into the bath-water. If its face is washed in this water, matter may get into the eyes.

N.B.—The above directions are to be observed in all cases, whether purulent discharges are known to be present or not.

The Central Midwives Board is determined, so far as lies in its power, to secure the strict observance of its Rules and Directions, and to punish any failure to comply with them, even in cases where no harm can be proved to have followed from their neglect.

F. H. CHAMPNEYS, M.D., F.R.C.P.,

Chairman of the Central Midwives Board.

December 1909.

**This leaflet was drawn up and issued
at the request of the Board.**

GONORRHŒA.

The chief sign of Gonorrhœa in a woman is a yellow mattery discharge from the vagina.

This discharge is caused by a germ, and is highly infectious.

In connection with midwifery its most immediate danger is infection of the child's eyes during Labour, and the production of Ophthalmia Neonatorum.

(See Leaflet, p. 66, and Rule *E 21* (5).)

If a woman becomes infected with it, the infection may spread to the water-passage and bladder; to the glands of the vulva, causing abscesses; and, in a woman who is not pregnant, or after delivery, it may spread upwards and cause local or even general Peritonitis.

Even apart from serious illness, much loss of health and also much sterility is due to this cause.

A patient may have Gonorrhœa and Syphilis at the same time.

The discharge may also infect the generative organs of female children, for instance through any linen soiled with it, such as night-dress or bedclothes.

According to the Rules (*E 21* (5)) medical help must be advised in the case of "Inflammation of, or discharge from, the eyes of a child, however slight," and also in the case of "purulent discharge" affecting a woman in Pregnancy or Labour. (*E 21* (2) (3).)

CAUTION.—To express an opinion even by word alone that anyone is suffering from Gonorrhœa or from Syphilis may expose the person who does so to legal proceedings.

F. H. CHAMPNEYS, M.D., F.R.C.P.,

Chairman of the Central Midwives Board.

March 16, 1916.

**This leaflet was drawn up and issued
at the request of the Board.**

SYPHILIS.

This disease, which is popularly known as "The Bad Disorder," is perhaps the worst disease from which anyone can suffer, except cancer. Indeed, in some respects, it is worse than cancer, for it is inherited by children from their parents, which cancer is not.

It is very common.

It is calculated that there are 3,000,000 (three million) persons in the United Kingdom afflicted with syphilis, and that every year 114,000 (a hundred and fourteen thousand) fresh cases of syphilis occur in the United Kingdom.

If not treated early and efficiently it may give rise to many dreadful consequences: heart disease, aneurysm, blindness, deafness, paralysis, insanity, besides horrible ulcerations in various parts of the body.

The children of uncured syphilitic persons are themselves syphilitic.

Unless treated early, syphilis may become quite incurable; but, if treated early and efficiently, it can be cured.

Therefore, it is necessary that midwives (who are naturally much thrown with women who have engaged them for their confinements, as well as with such women during and after their confinements, and with their children) should possess sufficient knowledge to enable them to urge such women (when either they or their children present signs indicating serious illness) to seek skilled medical help.

In this way midwives may greatly help to combat this terrible disease.

The signs which should make a midwife careful in this respect **in the case of a woman**, whether during her pregnancy, her labour, or her lying-in, are—

1. Sore.
2. Rash.
3. Sore throat.

These are especially of importance **if found together**.

1. **The Sore** through which a woman is infected is generally on the private parts, but may be on the lip or other parts of the body.

Very often this infecting sore is not seen.

There are also other sores which may appear later, on the mouth and elsewhere, and are often accompanied by a rash. Any of these sores may infect the midwife or any other person through any scratch or crack in the skin. The midwife should wear rubber gloves when attending any woman who has sores about the generative organs. A kiss from one who has sores about the mouth, or the use of a cup, fork, or spoon, already used by such a person, may convey the disease.

2. **The Rash** is not raised above the surface of the skin, it occurs in roundish dull red or coppery patches on the body and limbs.

3. The **Sore Throat** is not very painful, but it is very obstinate, and does not get well under ordinary treatment.

In the case of a child the symptoms are generally very little marked in the period during which the child is in charge of the midwife.

It is apt, however, to be puny, to have a feeble cry, to snuffle, and to look unhealthy.

Later on it is likely to have a rash round the anus and elsewhere, and a curious voice like Punch in "Punch and Judy."

Many children, however, die before birth, and these deaths occur all through pregnancy; the worse the disease, the earlier they occur.

Many abortions or miscarriages are due to the deaths of children from syphilis in the earlier weeks of pregnancy.

Many syphilitic children are borne by women who present no signs of disease.

According to the Rules of the Central Midwives Board midwives are bound (*E* 20) "in all cases of illness of the patient or child, or of any abnormality occurring during pregnancy, labour or lying-in" to advise medical help; and, in the case of a pregnant woman (*E* 21 (2)) who has "purulent discharge" or "sores of the genitals," and in the case of the child (*E* 21 (5)) who has "serious skin eruptions," this is specially enjoined.

But any woman who has a rash, sore throat, or local sore, or who has had a miscarriage or stillbirth at her last pregnancy; any baby which is puny, or has a rash, peculiar cry, or snuffles, requires skilled medical investigation, which should be sought without delay.

The midwife is not asked to decide whether a patient (whether a woman or a child) has or has not syphilis, but she is bound by the rules to advise medical help in all the cases mentioned above.

She should avoid expressing any opinion of her own, especially to the patient, her husband, or her friends.

In all cases of stillbirth where a registered medical practitioner is not in attendance at the time of birth,

the midwife must, as soon as possible, send notice on the prescribed form to the Local Supervising Authority, in accordance with Rule *E 22* (1) (c), and the body should be carefully saved in case an examination should be desired, and should not be buried until the medical practitioner, if in attendance at the time of birth, or otherwise the Local Supervising Authority, orders this to be done.

In the case of children, as well as women, prompt treatment is of the highest importance, because the disease in its early stages can be cured by proper treatment, but, if neglected, may become incurable.

If the disease is not cured it is handed on by either parent to the children.

Whenever the last pregnancy has ended in an abortion, a premature labour, or a stillbirth, the midwife, on being engaged to attend the patient in her next confinement, should advise medical help, in order that the cause of the abortion may be investigated, and, if possible, removed. (*E 1.*)

By the Rules (*E 21* (2)) medical help must be advised "in all cases of Abortion"; but it is also desirable that the patient should be seen by a medical practitioner, or should attend a Hospital or similar Institution, as soon as she becomes pregnant again.

A patient may have Gonorrhœa and Syphilis at the same time.

CAUTION.—To express an opinion even by word alone that anyone is suffering from Gonorrhœa or from Syphilis may expose the person who does so to legal proceedings.

F. H. CHAMPNEYS, M.D., F.R.C.P.,

Chairman of the Central Midwives Board.

March 16, 1916.

This leaflet was drawn up and issued at the request of the Board.

CANCER OF THE WOMB.

This disease is probably the greatest dread of women.

Unless treated early by removal it always ends in death.

At first it is only in the part attacked, and is not "in the system."

If removed early it can frequently be cured.

Every day, and even every minute, is of importance, and no time at all should be lost.

The earliest symptom is generally a red discharge which does not occur at the proper time for the monthly period. This may be quite slight.

If the womb bleeds on touch this generally means Cancer.

The discharge does not generally smell bad, nor is there pain, at first.

A bad-smelling discharge should always be attended to at once.

Any discharge, either red or offensive, in a woman in whom the monthly periods have ceased for some time **should be attended to at once.**

It is not true that "the Change of Life" is properly marked by floodings, or by irregular bleedings, or by special discharge of any kind.

It often happens that a woman who has floodings or irregular bleedings or marked discharge about the time of "the Change of Life" is told by her friends that it means no harm and is "only the Change of Life."

Instead of going to a doctor she does nothing until the disease is so far advanced that no operation will save her, and she throws away her life.

All women who have floodings, or irregular bleedings, or marked discharge of any kind (especially if offensive, but also even if not offensive) **should go at once to a properly qualified medical practitioner, and ask to be examined thoroughly.** If women did this many lives could be saved.

All women (such as nurses and midwives, but not only they) who are especially liable to be consulted on these matters, **should avoid expressing any opinion of their own, but should advise the enquirer to go at once to a properly qualified medical practitioner and insist on being examined.**

F. H. CHAMPNEYS, M.D., F.R.C.P.,

Chairman of the Central Midwives Board.

June 1908.

This leaflet was drawn up and issued at the request of the Board.

It may be distributed to the Laity as well as to Midwives.

CANCER OF THE BREAST.

Next to cancer of the womb this disease is probably the greatest dread of women.

Unless treated early by removal it always ends in death.

At first it is only in the part attacked, and is not "in the system."

If removed early it can frequently be cured.

Every day, and even every minute, is of importance, and no time at all should be lost.

The earliest symptom is a lump in the breast.

It is usually painless, and may be quite small.

It may remain without seeming to grow for some time.

The only cure for it is early removal.

Although it is often easy to be sure that a lump is cancerous, it is generally impossible to be sure that it is **not** cancerous.

Many lumps which begin by being innocent turn into cancer, sometimes after many years.

Such lumps as follow a blow, or an inflammation after suckling, may behave in this way.

Apart from hardness caused by undoubted and recent inflammation, all lumps in the breast should be removed as soon as they are found.

All women who discover a lump in the breast should at once see a surgeon who is in the habit of dealing with such lumps.

If they are not removed, and **are** cancerous, the disease, sooner or later, spreads microscopically, and what would have been curable may become incurable.

If they are **not** cancerous they may become so.

The removal of an early lump is generally simple.

It will be examined microscopically. If not cancerous a great danger for the future will be averted, and the anxiety of the patient and her friends will be relieved.

From such an operation there is generally a practically painless recovery in a few days.

If cancerous, a further operation will be necessary, which, if undertaken early, saves many lives.

It is convenient to have the microscopic examination made at the time of the removal of the lump, in order that the complete operation, if it should prove necessary, may be performed at the same time, while the patient is unconscious from the anæsthetic.

If women would follow the above advice much loss of life, many regrets when too late, and much misery would be saved.

F. H. CHAMPNEYS, M.D., F.R.C.P.,
Chairman of the Central Midwives Board.

March 16, 1916.

This leaflet was drawn up and issued at the request of the Board.

It may be distributed to the Laity as well as to Midwives.

PEMPHIGUS IN THE NEW-BORN CHILD.

The importance of Pemphigus consists in the fact that from time to time **a series of fatal cases** in new-born children occurs from this extremely contagious disease. The cause of Pemphigus is not accurately known. In any case it is necessary that strict surgical cleanliness should be observed, particularly in the treatment of the umbilical cord. The infection seems to cling especially to clothing, towels, sponges, and other appliances, and is usually carried by the midwife or nurse or other person whose duty it is to wash the infant and dress the cord.

The history is generally the same—a rash, not alarming in appearance, not recognised as important, is followed by death, and the midwife carries death with her to many, and sometimes to nearly all of the babies whom she brings into the world in a few days.

The rash is characterised by **watery blisters**. Watery blisters may also mean chicken-pox or congenital syphilis; both are highly contagious. All cases of Pemphigus are not fatal, but it is impossible to distinguish the very dangerous variety of Pemphigus from the other which is less serious.

A midwife is not expected to make what is called a differential diagnosis, but is bound **in all abnormal cases** to summon medical help at once (*Rule E 20*), and is specially bound to do so in rashes in the child **attended with the formation of watery blisters** (*Rule E 21 (5)*). She is also bound to notify infection to the Local Supervising Authority at once, and to disinfect herself to the satisfaction of that authority (*Rule E 6*).

The importance of Pemphigus is illustrated by the prominence given by the Board to it in relation to teaching and Examinations (C 5 (o)), as well as to its recognition in practice (E 21 (5)).

F. H. CHAMPNEYS, M.D., F.R.C.P.,

Chairman of the Central Midwives Board.

September 1925.

This leaflet was drawn up and issued at the request of the Board.

It may be distributed to the Laity as well as to Midwives.

AN EXPLANATION OF SOME OF THE WORDS
USED IN THE RULES.

ABNORMAL. Unnatural, unusual, unhealthy. (*See*
NORMAL.)

ABNORMALITY. Unnatural, unusual, unhealthy con-
dition.

ABORTION. The passage of the contents of the uterus
before the fœtus is viable—that is, of an age at
which it may be reasonably expected to survive.

(NOTE.—*For practical purposes a fœtus is not viable before the 28th*
week of pregnancy.)

ANTISEPTIC. That which is employed to remove or
destroy the germs of blood-poisoning. (*See*
DISINFECTANT.)

CATHETER. An instrument for drawing off the water.

DECOMPOSING. Rotting.

DECOMPOSITION. Changes producing rottenness and
foulness.

DISINFECT. To remove or destroy the germs of blood-
poisoning.

DISINFECTANT. That which is employed to remove
or destroy the germs of blood-poisoning. (*See*
ANTISEPTIC.)

DOUCHE. *See* VAGINAL INJECTION.

DOUCHE-NOZZLE. The part of the douche-tube which
is passed into the front passage.

ENEMA. An injection into the back passage or bowel.
Also used to signify the instrument employed for
giving such an injection.

ENEMATA. Injections into the back passage or bowels.

EXPELLED. Forced out.

GENERATIVE ORGANS. } Private parts.
GENITALS. }

HÆMORRHAGE. Bleeding, usually meaning excessive
bleeding.

INTERNAL EXAMINATION. Examination by passing the finger into the front passage to feel the mouth of the womb, or the bag of membranes, or the child, or the afterbirth. An internal examination during labour is sometimes called "taking a pain."

LIQUOR AMNII. The "waters."

LOCHIA. The discharge from the front passage which occurs for ten days or so after labour.

MACERATED. Sodden, with or without skin peeling.

MALPRESENTATION. Unnatural presentation, a wrong part coming first.

MEMBRANES. The bag of waters.

MISCARRIAGE. (*See* ABORTION.)

NORMAL. Natural, usual, healthy. (*See* ABNORMAL.)

PELVIS. The ring of bone at the place where the legs are joined to the body forming the bony part of the passage through which the child passes.

PEMPHIGUS. A skin eruption marked by the formation of watery blisters. One variety is highly contagious and often ends fatally.

PERINÆUM. The part between the front and back passages.

PLACENTA. Afterbirth.

PREMATURE. Before full time.

PRESENTATION. The part, either of child or afterbirth, felt on examination by the front passage.

PUERPERAL FEVERS. Puerperal sepsis ; fevers in child-bed or lying-in ; blood-poisoning.

PURULENT DISCHARGE. A discharge of pus, i.e., of matter.

PUS. Matter.

RESUSCITATION. Reviving (used here of a newborn child which seems dead).

RIGOR. Shivering fit.

SECONDARY POST-PARTUM HÆMORRHAGE. Late flooding.

SEPTIC. Connected with blood-poisoning.

STAGES OF LABOUR :

First. From beginning of labour to beginning of "bearing-down" pains.

Second. From beginning of "bearing-down" pains till birth of child.

Third. From birth of child to delivery of afterbirth.

STILLBIRTH. Birth of a dead child.

UNCOMPLICATED HEAD OR BREECH PRESENTATION. Straightforward head or breech cases.

UTERUS. Womb.

VAGINA. The front passage.

VAGINAL INJECTION. Injection into front passage.
(See DOUCHE.)

VARICOSE VEINS. Knotted and swollen veins.

VENEREAL DISEASES. Gonorrhœa and Syphilis. (See Leaflets, pp. 68 to 72.)

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