

TELEGRAM FROM THE SECRETARY OF STATE.

No. 286.

Governor, Hongkong.

His Majesty's Government have recognised Portuguese Republic.

HARCOURT.

16th September, 1911.

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DESPATCHES FROM THE SECRETARY OF STATE.

No. 287.

CIRCULAR.

DOWNING STREET,  
12th August, 1911.

SIR,—With reference to my Circular despatch of the 25th of April last, I have the honour to inform you that the State of Brunei has now been included in the Imperial Penny Postage scheme.

I have, etc ,

L. HARCOURT.

*The Officer Administering the Government of*  
HONGKONG.

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EXECUTIVE COUNCIL.

No. 288.

*Rules framed by the Midwives Board under Section 4 of the Midwives Ordinance, 1910. (Ordinance No. 22 of 1910).*

1. At meetings of the Board three members shall form a quorum.

2. In addition to the certificates in midwifery detailed in Section 3 of the Midwives Ordinance, 1910, as entitling any person to be certified thereunder, the Board approve of the certificates granted by authority of the Government of Hongkong, after examination, to pupil midwives.

3. The following conditions shall hereafter govern the course of training of pupil midwives who desire to obtain such Government certificate :—

- (1.) candidates shall be not less than twenty years of age at the commencement of the course ;
- (2.) they must satisfy two members of the Board that they have attained a sufficient standard of education to enable them to read and write ;
- (3.) they must produce a medical certificate of health from one of the lady medical members of the Board, and a certificate of character from some resident of standing in the Colony ;
- (4.) the course of training shall extend over a period of not less than two years at a Maternity Hospital recognized as such by the Board ;
- (5.) candidates must pass a satisfactory examination, both by written papers and *viva voce*, at the termination of their period of training ;
- (6.) the examination shall be conducted by members of the Board with the assistance of such other examiners as the Board may decide.

- (7.) The pupil midwives now undergoing a course of training at the Alice Memorial Maternity Hospital will be excused from compliance with clauses 1, 2 and 3, and from the written examination, and their course of training shall be deemed to have commenced from the date when they entered such hospital as pupil midwives.

4.—(1.) Any person desiring to commence practice as a midwife in Hongkong is required to give notice in writing to the Secretary of the Midwives Board of her intention so to do, and such notice shall contain the following particulars:—

- (a.) name of applicant ;
- (b.) age ;
- (c.) address ;
- (d.) nature of qualification ;
- (e.) two copies of a recent photograph (unmounted), one of which will be inserted in the roll of midwives and the other affixed to the certificate issued to the applicant by the Midwives Board ;
- (f.) a certificate of character from some resident of standing in the Colony.

(2.) The notice and accompanying documents shall be considered by the Board, and the Board, if satisfied with the applicant's qualifications, shall issue a certificate under the Ordinance, and direct the Secretary to enter the applicant's name on the Roll of Midwives.

#### DIRECTIONS TO MIDWIVES.

1. The midwife must be scrupulously clean in every way, because the smallest particle of decomposing matter may set up puerperal fever.

She must wear a clean dress of washable material, the sleeves of which should be made sufficiently large to permit of their being tucked well up above the elbows, and before proceeding from one case to another she must thoroughly cleanse and disinfect her hands and forearms and such appliances as she may have had occasion to use.

*Note.*—Unless the cleansing process be thoroughly carried out there will be, even after a healthy confinement, remains of blood, lochia, or liquor amnii on the fingers, and especially under the nails, which will there undergo decomposition, and so become dangerous to the next patient attended. The midwife must, therefore, keep her nails cut short, and preserve the skin of her hands as far as possible from chaps and other injuries.

2. When called to a confinement a midwife must take with her in a bag or basket furnished with a clean washable lining:—

- (a.) An appliance for giving vaginal injections, a different appliance for giving enemata, a sterilized catheter, a pair of scissors, a clinical thermometer, and a nail brush.
- (b.) An antiseptic for disinfecting the hands, etc.
- (c.) An antiseptic for douching in special cases.

*Note.*—In the case of untrained midwives, the catheter and appliances for giving vaginal injections may be omitted.

3. Before touching the genital organs the midwife must on each occasion disinfect her hands and forearms.

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

5. Whenever a midwife has been in attendance upon a patient suffering from puerperal fever, or from any other illness supposed to be infectious, she must disinfect herself, her clothing, and all her instruments and other appliances to the satisfaction of the Medical Officer of Health.

#### *Duties to Patient.*

6. A midwife in charge of a case of labour must not leave the patient without giving an address at which she can be found without delay; and after the commencement of the second stage, she must stay with the woman until one hour has elapsed after the expulsion of the placenta. In cases where a doctor has been sent for on account of the labour being abnormal or of there being threatened danger (see Rule 18), she must await the arrival of, and faithfully carry out the doctor's instructions.

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

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

For this purpose the midwife must on no account use ordinary sponges or cloths, but clean absorbent cotton wool or a clean towel.

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

9. Under no circumstances may the midwife use midwifery forceps.

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 have been completely expelled.

11. The midwife must see that all swabs, blood clots, soiled paper, and the placenta are removed from the neighbourhood of the patient and from the lying-in room and placed in the refuse bin as soon as possible after the labour, and in every case before she leaves the patient's house.

12. The midwife shall be responsible for the cleanliness, and should give full directions for securing the 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 one week thereafter.

13. A case of normal labour in these regulations shall mean a labour in which there are none of the conditions specified in Rule 18.

#### *Duties to Child.*

14. In the case of a child being born apparently dead, the midwife should carry out the methods of resuscitation which have been taught her.

15. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids must be carefully cleansed with a piece of absorbent cotton wool or lint, using a separate piece for each eye.

16. The midwife shall report every birth occurring in her practice to the Registrar of Births within seven days, together with the name and address of the mother.

#### *General.*

17. The midwife shall not administer to the patient any drug except Ergot, Quinine, and a simple aperient as required.

#### *Conditions in which Medical Help is Required.*

18. In all cases of incomplete abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, the midwife must explain that the case is one in which the attendance of a registered medical practitioner is required, and advise that one be called or that the patient be sent to a hospital for treatment.

In case of refusal to comply with such advice or if for any reason the services of a registered medical practitioner be not immediately available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the doctor arrives, or until the emergency is over.

19. The foregoing rule shall apply :—

- (1) In all cases in which a woman during Pregnancy, Labour, or Lying-In appears to be dying.

#### *Labour.*

- (2.) In the case of a woman in Labour at or near term, when there is any abnormality or complication, such as—

A purulent discharge.

A breech presentation in a primipara and presentations other than the uncomplicated head.

Where no presentation can be made out.

Where there is any hæmorrhage before labour.

Where there is abnormal hæmorrhage during or after labour.

Where labour is prolonged more than three hours after the commencement of the second stage.

Where the use of midwifery forceps appears to be necessary.

Where one hour after the birth of the child the placenta and membranes have not been completely expelled.

In serious cases of rupture of the perinaeum, or of other injuries of the soft parts.

*Lying-in.*

(3.) In the case of a Lying-in woman, when there is any abnormality or complication, such as—

Abdominal swelling and tenderness.

Offensive lochia.

Rigor, or rise of temperature above 101° persisting for more than 24 hours.

Unusual swelling of the breasts with local tenderness or pain.

Secondary postpartum hæmorrhage.

*The Child.*

(4.) In the case of the child, when there is any abnormality or complication, such as—

Injuries received during birth.

Inflammation of the eyes or about the navel.

20. The midwife shall keep a Register of cases in the following form:—

No.

Name, age, and address of patient

Number of previous labours and miscarriages

Complications (if any) during or after labour

Sex of infant                      Born living or dead

Full term or premature.    If premature, number of months

If medical help required                      Name of doctor or hospital

Date of midwife's last visit

Condition of mother and child then.

21. The midwife shall report to the Principal Civil Medical Officer within seven days the particulars of the following cases:—

(1.) in all cases in which the death of the mother or of the child occurs before the attendance of a registered Medical Practitioner ;

(2.) in all cases of still birth where a registered Medical Practitioner is not in attendance.

*Note.*—A child is deemed to be still born when after being completely born it has not breathed or shown any sign of life.

22. The midwife must immediately notify any change of her address to the Secretary of the Midwives Board and is also required to give notice to the Secretary in the month of January of each year, if she desires to continue to practise.

23. The midwife must submit her register and her bag of appliances for inspection by the Principal Civil Medical Officer or by any member of the Board duly authorised to make such inspection, whenever called upon to do so.

24. A midwife who neglects to comply with any of these rules shall be admonished by the Board and should she continue to offend in this respect the Board may, in its discretion, either suspend such midwife from practice for a limited period, or may order her certificate to be cancelled and her name to be removed from the roll.

Made by the Board this fifth day of September, 1911.

FRANCIS CLARK,  
*Secretary.*

Approved by the Governor-in-Council this 20th day of September, 1911.

C. CLEMENTI,  
*Clerk of Councils.*