

It was never proposed that a nurse, as such, should be eligible for appointment as an examiner under the Central Midwives' Board. Naturally the examiner must be either a medical man or a midwife, but it seems impossible for the public to understand that midwife and nurse are not interchangeable terms. The mistake no doubt arises from the fact that midwives usually undertake maternity nursing in addition to midwifery duties, and that trained nurses often hold certificates as midwives. Nevertheless, a sharp line of demarcation is at present drawn between the two, and this should be clearly understood.

It seemed to be the general opinion of the Central Midwives' Board that the *raison d'être* for appointing midwives as examiners was that they should test the knowledge of candidates in maternity nursing, of which the Board requires evidence, and the Chairman, Dr. Champneys, when expressing himself in favour of leaving the question open, said he thought it conceivable that a highly-trained midwife, with general nursing training in addition, might be a valuable examiner. If, as we understand, each candidate is to be examined by two examiners, it would surely settle the question to the satisfaction of all concerned if it were arranged that one of these examiners should be a medical practitioner and the other a midwife.

We note that Dr. Thompson refers to the "diploma in midwifery," but the word diploma occurs nowhere in the Midwives' Act, which speaks invariably of a certificate.

In reporting the proceedings of the Midwives' Board at its last meeting, we mentioned Dr. Cullingworth as present. We understand that Dr. Cullingworth did not attend the meeting of the Board on that occasion.

Dr. Bezly Thorne has been elected a Vice-Chairman of the Royal British Nurses' Association, in the place of Miss Thorold, and Dr. Clement Godson, Treasurer, instead of Mr. John Langton. All the Vice-Chairmen of the Nurses' Association, therefore, are now medical men.

Dr. Potter, the medical superintendent at the Kensington Infirmary, recently reported to the Infirmary Committee as follows:—"As an appointment is about to be made in the Maternity wards, I recommend that in future, instead of the staff consisting of a midwifery nurse and an assistant midwifery nurse, it should consist of two midwifery nurses doing duty alternately by day and night for periods of three months. In my opinion the nightly rest of the midwifery nurse ought not to be broken, and no nurse ought to be

expected to do duty both by day and night. I find that at several workhouse infirmaries to which maternity departments are attached, a system similar to that now suggested is with advantage carried out." The committee recommended to the Guardians that application be made to the Local Government Board for the appointment of two such nurses. Miss Alexander said she thought they were adopting a very retrograde movement, but she did not desire to move an amendment.

We are glad that the Guardians agreed to this recommendation, which appears to us eminently wise and desirable. Only those who have worked as midwifery nurses know the strain entailed by irregular hours. We cannot understand how any Guardian could consider Dr. Potter's recommendation undesirable. When a midwife, as in a district, works single-handed, broken rest is inevitable; but in an institution, where two or more are employed, it is possible to arrange for regular hours on and off duty, and this should be done. Dr. Potter, we feel sure, will have earned the gratitude of the midwifery nurses, and no doubt Miss Alexander will eventually see the wisdom of his proposal.

A correspondent, writing to a local journal in Marylebone with reference to the public appeal for the nursing home for clergymen, now in Notting-ham Place, says that while few would deny the beneficent work done by this institution, yet when it is stated that the Home should be enlarged and established in close proximity to Harley Street, many of the inhabitants think it time to protest against the multiplication of nursing homes and private hospitals in the parish. They assert that certain streets contain so many of these institutions that no healthy person would from choice reside in them because of their depressing, disagreeable surroundings, that a large number of inhabitants know that proximity to Harley Street does not imply that the nursing homes are conducted in an unexceptional manner, that it is no secret that some of them have no properly qualified nurse on the staff, and that they have admitted, and do admit, infectious cases.

The nursing home question is an important one, and we are not surprised to find that the rapid multiplication in a residential neighbourhood, uncontrolled by any local or State authority, is distasteful to ordinary residents. Certainly the admission of infectious cases should not be permitted.

We are glad to see a writer in a contemporary taking up the cudgels in the defence of the trained nurse, for she has had her share of criticism of late. She says:—"Where there is only one nurse to a case she usually takes the night duty, for the simple

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