The Midwife.

CENTRAL MIDWIVES BOARD.


List of Successful Candidates.

BEECH, Ivy May, Maternity Superintendent, Hope Hospital, Salford.
BLACKWELL, Elsie Knowles, Night Superintendent, Liverpool Maternity Hospital.
CLARK, Muriel Graham, Staff Midwife, Plaistow Maternity Hospital.
CLEWLOW, Rhoda Jackson, Maternity and Labour Ward Sister, Salvation Army Mothers' Hospital, Croydon.
CROWLEY, Daisy Florence, Senior Staff Nurse, Maternity Department, Dudley Road Hospital, Birmingham.
FRY, Kathleen Phyllis, Sister-in-Charge, Maternity Department, Royal Halifax Infirmary.
HARRY, Mary Winifred, Charge Midwife, Midwifery School, Guy's Hospital.
JACOBSON, Enid Wilhelmina, Ward Sister and Sister Tutor, Willeton Maternity Hospital.
JOHN, Margarette Bennett, Matron, Leicester Maternity Hospital.
KELLY, Kathleen Mary, Deputy Sister-in-Charge, Maternity Department, Smithdown Road Hospital, Liverpool.
LEES, Margaret, District Sister, Maternity Department, Radcliffe Infirmary, Oxford.
LINTON, Nora Beatrice, Maternity Ward Sister, Limbert Home, Crumpsall Hospital, Manchester.
MCCLURE, Catherine, Maternity Ward Sister, Mill Road Infirmary, Liverpool.
MCDONALD, Agnes Bird, Assistant Sister Tutor, Queen Mary's Maternity Home, Hampstead.
PELROUGH, Margaret, Ward Sister, Middlesex County Hospital, Bushhey.
SIM, Violet May, Staff Nurse/Tutor, Liverpool Maternity Hospital.
THWAITES, Vera Cecily, Home Sister, Cardiff Royal Infirmary.

REPORT OF STANDING COMMITTEE.

APPLICATIONS OF STATE CERTIFIED MIDWIVES FOR APPROVAL AS TEACHER.

The Committee recommends—

(a) that the following applications be granted under the old and new training and examination rules of the Board:—

MARGARET BROOKSBANK, Mile End (L.C.C.) Hospital.
GERTRUDE ELLEN HALL, Liverpool Maternity Hospital.
MARGARET ELIZABETH WILLIAMS, Mayday Hospital, Croydon.
IRENE DORIS READMAN, Queen Mary's Hospital for the East End.
DORA MYFANWY WILLIAMS, Three Towns Nursing Association.
ELIZABETH IVY COTTON, Dudley Road Hospital, Birmingham.
(b) that the following applications be granted under the new training and examination rules of the Board:—

IVY WINIFRED PURDYE, Hillingdon County Hospital.
LAURA ALICE McCULLOCH, Coventry and Warwickshire Hospital.
MARY ELIZABETH SHAWFREY, St. Chad's Hospital, Birmingham.

The Secretary reported that he had placed on the Roll the names of 15 women holding the Certificate of the Central Midwives Board for Scotland, the Central Midwives Board, Eire, the Joint Nursing and Midwives Council for Northern Ireland, or the New South Wales Nurses' Registration Board, as the case may be.

MIDWIVES BOARD $7,722 4s. DEFICIT.

At a recent meeting of the Central Midwives Board the Secretary reported that the Minister of Health had approved for the apportionment the balance against the Board of $7,722 4s. 5d. for the year ended December 31st, 1938. The General Nursing Council receives no subsidy from the Treasury, the Registered Nurses being entirely self-supporting.

2,043 MORE MIDWIVES.

Women on the midwives' roll increased in number by 2,043 in the year ended March, 1938, states the annual report of the Central Midwives Board, but of the total of 67,089 only 17,494 were in practice.

MIDWIVES AND ANALGESIA.

Dr. J. W. Bone of Luton and Dame Louise McIlroy are to be congratulated on their sense of humanity in the debate which took place at the annual meeting of the British Medical Association at Aberdeen, on July 22nd, as reported in the Sunday Times.

A proposal to sanction the administration by midwives of a gas and air analgesia to women in childbirth was heavily defeated at the conference.

This decision followed a recommendation by the General Practice Committee that the policy of the Association with regard to anaesthetics should be extended to give State-certified midwives the right to administer "nitrous oxide and air by an approved apparatus as an anaesthetic in labour."

Conditions which the recommendation sought to impose were that the midwife should have satisfied the Central Midwives Board that she was proficient in the use of the apparatus, that the patient had, within one month before her confinement, been examined by a registered medical practitioner who had certified her fit for gas and air administration, and that one other person, either a registered midwife or nurse, or a senior medical student or pupil-nurse, was present.

Already Done.

The recommendation was put forward by Dr. J. W. Bone, Luton, chairman of the General Practice Committee, who pointed out that midwives had been administering anaesthetics in confinement for some time.

Question of Expediency.

Dr. O. C. Carter, Bournemouth, said that it was quite new to him that the function of the B.M.A. was to frame its policy to conform with the common practice. "I thought," he said, "we framed our policy on what we understood would be best for the patient and for the profession."

Dr. E. K. Mackenzie, representing the northern counties of Scotland, said: "It seems to me utterly ridiculous to get a woman with a few weeks' training—or even with a certificate from a board—to give an anaesthetic without knowing anything of what the complications of the confinement may be."