

The Midwife.

"TRAINING AND CONTROL OF MIDWIFERY."

At the Round Table Conference on the above subject, held during the meeting of the International Congress of Nurses at Helsingfors in July, 1925, in the absence of Miss Van Blarcom (U.S.A.) Miss Gladys Le Geyt, S.R.N. (Great Britain) took the chair.

Miss Webb (U.S.A.) kindly acted as Hon. Secretary.

The Chairman referred sympathetically to the absence of Miss Van Blarcom, in view of her knowledge of the conditions relating to midwifery as practised in the States, and her ardent enthusiasm for the introduction of a regulated and controlled maternity service.

Miss Le Geyt then gave a brief explanation of the present situation of midwifery training in England with special reference to the rules regulating reciprocity, and the extension of the time of training for midwives which will come into force from April, 1926. The hope of the future lay in the provision of a sound economic midwifery service worthy to serve all sections of the community, not merely a cheap method of meeting the needs of the submerged tenth of society. The argument so frequently used of the inability of trained midwives to recognise the presence of heart lesions, her personal experience went to prove that the complete confidence established between a midwife and her patient when up-to-date ante-natal care and treatment had been obtained, alleviated in the majority of cases any greater risk of accident at a delivery than could arise from any other mischance.

Enthusiastic reference was made to the methods of midwifery training in New Zealand.

Miss Moore, New Zealand, then read a short paper on "Should nurses take midwifery training," giving figures of the lowered maternal mortality rate in New Zealand, as a result of the good work now in progress in that country. Special emphasis was laid on the fact that the training of "monthly nurses" was eliminated. Pupils went through the whole two years' course receiving forty lectures as a minimum in addition to individual instruction. The arguments put forward answered the question most emphatically in the affirmative.

In maternity hospitals in New Zealand cases were admitted for at least 14 days, and always visited by the midwife on their return home.

A member from Norway then spoke of the thorough efficiency of midwifery work in that country. Midwives only needed to call in doctors in cases of medical emergency, suturing and the application of forceps by midwives was permitted. Norwegian nurses have from six to twelve months' training in obstetrical work in a general hospital, followed by another year in midwifery wards or maternity hospitals. The complete training covered two years' work for all midwives in Norway.

General discussion followed on the necessity of refresher courses for nurses engaged in midwifery work.

Miss Annabel Smith (Philadelphia) then put the following resolution, which was seconded by Miss Jentie Paterson:—

"In view of the desire of the Members of the International Council of Nurses here present to have further advice and recognition on the subject of training for a

midwifery service to follow on as a State Registered course of General Nursing, this motion is respectfully presented to the Grand Council, with a request for the appointment of a sub-committee to work out details and hear various opinions."

The resolution on being put to the vote was carried unanimously.

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

CONSTITUTION OF THE BOARD.

At the meeting of the Board, held on 4th instant, it was intimated that the following Members had been appointed for a period of five years from February 1st, 1926, viz:— Miss Alice Helen Turnbull, Miss Kate Leslie Scott, Miss Mary Elizabeth Cairns, appointed by the Scottish Board of Health; Sir Archibald Buchan-Hepburn, Bart., appointed by the Association of County Councils of Scotland; Bailie Mrs. Ella Morrison Millar, appointed by the Convention of Royal Burghs; Miss Margaret Macpherson White, appointed by the Queen Victoria Jubilee Institute for Nurses (Scottish Branch); Archibald Kerr Chalmers, Esq., M.D., D.P.H.(Camb.), F.R.F.P. & S.G., appointed by the Society of Medical Officers of Health of Scotland; Professor B. P. Watson, M.D., F.R.C.S.E., appointed by the University Courts of the Universities of Edinburgh and St. Andrews (conjointly); Professor John M. Munro Kerr, M.D., F.R.F.P. & S.G., appointed by the University Courts of the Universities of Glasgow and Aberdeen (conjointly); James Haig Fergusson, Esq., M.D., F.R.C.P.E., F.R.C.S.E., appointed by the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Royal Faculty of Physicians and Surgeons of Glasgow (conjointly); R. C. Buist, Esq., M.D., James B. Miller, Esq., M.D., appointed by the Scottish Committee of the British Medical Association.

The meeting unanimously re-appointed Dr. James Haig Fergusson as Chairman, and Sir Archibald Buchan-Hepburn, Bart., as Deputy-Chairman, for the ensuing year.

The meeting appointed Committees for Penal, Finance, and Examination purposes, and approved the Lists of Examiners and Recognised Institutions, with the Teachers attached thereto, for the Training of Midwifery Nurses, and gave instructions for the citing of certain Penal Cases.

EXAMINATION.

The Examination of the Board held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has just concluded with the following results:—

Out of 136 candidates who appeared for the Examination 118 passed.

Of the successful candidates 29 were trained at the Royal Maternity Hospital, Edinburgh, 28 at the Royal Maternity Hospital, Glasgow, 7 at the Maternity Hospital, Aberdeen, 12 at the Maternity Hospital, Dundee, 18 at the Queen Victoria Jubilee Institute, Edinburgh, and the remainder at various recognised Institutions.

The Births and Deaths Registration Bill, moved by Mr. J. A. Tinne (Wavertree) in the House of Commons last week is a useful little measure for the registration of still births and for the more scientific recording of causes of death.

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