

At the graveside were gathered a number of relatives, including her Sisters, Miss Alice and Miss Mabel Forrest, her Sister-in-law, Mrs. George Forrest, Nephews, Nieces and Cousins, Miss Pearce, Miss Clarke, Members of the Staff of the Victoria Nurses' Home, Miss E. M. C. Turner (formerly Matron, Royal Hants County Hospital), and many others, including Nurse Douglas, who has been on the staff ever since Miss Forrest first went to Bournemouth, and is still working, and much appreciated by the patients under her care.

It is surely ideal to pass from Eastertide on earth to the Easter beyond the veil. May our dear friend enter into its joys in fullest measure.

M. B.

*A Co-Signatory to the Royal Charter.*

### DONATIONS.

#### HELENA BENEVOLENT FUND.

Miss Rockett, £1; Misses Farries, Maxwell-Moffatt, 15s.; Miss Alys Barrie, 10s. 6d.; Mrs. Schider, Miss Chippendale, 10s.; Miss Ellen Freear, 5s. 6d.; Mrs. Boast, Mrs. Robson, Misses Bickerton, R.R.C., Clifford, Colborne, Cooper, Cox, Frame, Giddens, Orwin, Parsons, O. Perkins, Royds, 5s.; Miss M. Wethered, 4s.; Miss Allbutt, 3s.; Mrs. Rant, Misses Bellamy, Bousfield, Kent, Newman, Rossiter, Wilson, Winterbourne, Wooler, 2s. 6d.; Mrs. Lane, Misses Barnes-Groom, Cole, Lamb, Le Gros, Yorhan, 2s.; Misses Fidler, Mitchell, 1s. 6d.; Mrs. Sparks, Misses Bangham, Bath, Bramwell, Cave, Cowie, Crowsley, Dickson, Evans, Ford, Fraser, W. Hill, Hore, Langridge, Le Fevre, Muriel, Rider, Roberts, Spring, Steer, Treble, Vickery, Wade, Webb, Winter, Archer, Blomfield, Cheeswas, Colville, F. E. Cross, S. Cross, Diver, Dixon, Fenning, Fisher, Grout, Hanrahan, Hart, James, McDougall, Maclean, Martin, Morris, Pritchard, Riches, Thorburn, Tipper, Troughton, Tusley and Wallace, 1s.

#### HOUSE BEAUTIFUL FUND.

Miss G. Anderson, £1; Miss I. Macdonald, 10s.; Misses Cross and L. Cheetham, 5s.

#### GENERAL PURPOSES FUND.

Miss E. Spearing, 7s. 6d.; Miss Bangham, 1s.

#### ARTS AND CRAFT SECTION.

L. Vintras, Esq., M.D., 10s.; Miss McCrea, 1s.

ISABEL MACDONALD, S.R.N.,

*Secretary to the Corporation.*

### NURSES' MISSIONARY LEAGUE.

The Annual Meetings will be held on Thursday, May 6th, in the University Hall, Gordon Square. The subject for the day will be "The World Call to the Nursing Profession."

At the Morning Session (10.15 a.m.—12.30 p.m.) Miss A. O. Shaw will speak on "The Call To-day," and Miss Stapleton (E. Suffolk Hospital, Ipswich) Bannu, N.W.F., India, on "The Call to Obedience"; and there will be reports from various Hospital branches.

At the Afternoon Conversation (3—5.30 p.m.), Miss H. Anthony (Royal Infirmary, Derby) Old Cairo, and Miss C. E. Simpson (Nebraska Hospital) Nurses' Association of China, will speak on "The Call from Moslem Lands," and "The Call from China."

At the Evening Session (7.30—9.30 p.m.), Miss Adela Moss (Royal Infirmary, Edinburgh) will speak on "The Call from India," and the closing address will be given by the Rev. Stuart Cox on "The Call to Service."

## THE INTERNATIONAL CONGRESS OF NURSES.

### HAS THE NURSING PROFESSION A RESPONSIBILITY IN THE CONTROL OF MIDWIFERY.\*

By MISS GLADYS I. LE GEYT, S.R.N., AND CERTIFIED MIDWIFE, LATE MEMBER CENTRAL MIDWIVES BOARD.

Those of us who have been working in a State Regulated Midwifery Service, established in England since the passing of the first Midwives Act of 1902, can speak with conviction of the need for the General Trained Nurse to realise her responsibility in the control of midwifery.

To convey some idea of the proportions of our subject (and they say figures talk), allow me to give you the situation as represented by the latest returns in England and Wales of the Roll of Midwives which stood at 59,831 at the end of March, 1924.

The number registered to practise midwifery at the same date was returned at 15,830; a comparatively small percentage, therefore, of the women who take the State examination for midwifery held in England under the authority of the Central Midwives Board, intend to practise midwifery only.

The obvious question arises, for what reason do the remaining large majority take this specialised course? It must be of intrinsic value to them, for the training at present is intensive, and therefore strenuous work for those who determine to get all the experience they can in the short time of training. Added to which, there is, in most instances, the necessity of incurring outlay of some capital for fees and uniform when entering a training school for midwives.

The Midwives Roll is computed to be increasing at the rate of 2,000 names a year, while, in practice, the proportion is seen to be in 1924 about 25 per cent., and it is known that the majority of general trained nurses who pass the C.M.B. examination, do not contemplate confining their work to midwifery alone. It would therefore seem that nurses have forestalled the answer to my question most emphatically in the affirmative. They prove their desire for control—by studying to become skilled in that specialised branch of nursing.

From personal experience, and from the facts quoted above, it is fair to conclude that Trained Nurses, General, Fever, and Children's Nurses, but especially the General Trained Nurse, become aware of the practical necessity of linking up the additional knowledge obtained in a midwifery course with the art of nursing the sick, and as a result many more interesting fields of employment are thrown open to them, by competition as a general rule, from which to select a definite career.

To illustrate my point, these careers in which the midwifery qualification is essential, could be classified under such headings as the following:—

*Public Health Work*, including District Nursing, Municipal Midwifery Service, Health Visiting (with the ever widening vista of possibilities in Maternity and Child Welfare work), Sanitary Inspectorships, Industrial Welfare, Government Inspectors under the Ministry of Health.

*Private Nursing Work*, with the alternative capacity for taking midwifery and maternity cases as required.

*Institutional Work*, for the higher administrative posts, such as: Superintendents of Nurse-training Schools of the State Hospitals at present in England under the Poor Law Institutions, in which midwifery beds are always maintained; Matronships in Hospitals specialising in the treatment of women; Outlying Hospitals for country districts, Soldiers' and Sailors' Families Hospitals, including

\* Presented to the International Congress of Nurses, Helsingfors, July 1925.

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