those in foreign stations; Hospitals serving in the Missionary field all over the world.

The need for the dual qualification is well demonstrated by the acknowledgment that once the midwifery case has deviated from the normal courses, and symptoms arise as a consequence (notably Eclampsia), the case becomes one in which the highest standard of skilled nursing is of the utmost importance for the saving of life. Even with the promised lengthened training for midwives, I contend the nurse with the additional knowledge of midwifery will always be held to rank higher in value for meeting all possible emergencies in cases of childbirth, while her allegiance to the rules of sending for medical help are loyally adhered to and wisely perceived, for she knows from her longer disciplined experience that, to put it metaphorically only, "fools walk where angels fear to tread."

Another aspect arises when we consider the high rate of maternal mortality and the tragic histories of disability as the aftermath of childbearing. We know this problem is disturbing the minds of our leading obstetricians and gynæcologists to-day.

Everyone concerned in Public Health work is keenly alive to the knowledge that pre-natal and post-natal care of the mother form a vast province where far-reaching preventive results could yet be obtained.

If we could win the assistance of every Nurse, in whatever capacity she is engaged, to lend a hand (more literally her mind) to the importance of never overlooking in her nursing of women, the potential motherhood of the race, I venture to suggest that such an attitude of mind would reap a rich harvest of right knowledge and right outlook on the whole subject of pre-natal care. This, a knowledge of midwifery, would permanently instil. Ante-natal care is a subject about which a mere fraction of the women of most lands have any real or true conception of their own needs in times of pregnancy.

Not many years would elapse before we could expect yet more striking results in the decline of the figures given in the annual statistical returns of the tragedy of maternal mortality, than even New Zealand has shown in the reduction of infant mortality, by the helpful guidance given to the public through the means of trained nurses. I refer to that splendid band of women known as the Plunket Nurses of New Zealand.

In view of the growing necessity for every general hospital to have accommodation for maternity cases, so that when complications at childbirth are evident the highest skill can be, as it should be, always at the service of motherhood, surely it is not too much to expect that the ideal Sister-Tutor of the near future will be equipped with midwifery training, so that the nurse-pupils become embued from the start with the right outlook on the subject of the need to guard the presence of pregnancy, in relation to the illness by which a woman patient may be temporarily incapacitated. I hold this is just as important when a woman is admitted to a ward for fracture of a limb, and is found to be pregnant, as if she had come in for a complication of pregnancy. Therefore, ante-natal care should be instituted as routine.

It logically follows that all Heads of Training Schools would also be required to have the double qualification of certificates in nursing and midwifery, already a very generally established rule for appointments in the State Hospitals under the Guardians of the Poor Law, in England.

Our aim and our responsibility clearly point to the growing necessity of encouraging pupils who pass through the Nurse-training Schools to obtain the additional skill of midwifery, the only way to have right of control, which would inculcate the truth of the inseparableness of the office of midwife and nurse in all that pertains to the care of women, and, in the interests of the State, this course should be obtainable by the nurse at the least possible cost.

We can then hope to see a magnificent speeding-up of the school of preventive medicine, with the logical sequence of conspicuous reduction in the amount of unnecessary suffering born by women to-day. Such a result will be of sound economic value to the world.

I trust I have shown how vital a matter is the need for the Nursing Profession to shoulder responsibility in the control of midwifery, and so help to establish a sound, economic midwifery service, for normal, healthy motherhood through the length and breadth of every land.

ROUND TABLE.

THE NURSE IN COMMUNITY HEALTH WORK.

Chairman: MISS ELIZABETH SMELLIE, *Chief Superintendent, Victorian Order of Nurses, Canada.*

The Chairman explained the purpose of the Round Table stating that as the subject covered such a wide field, and the time assigned was very limited, it might be wise to discuss the topic under certain sub-headings from the standpoint of type of organisation.

Municipal Organisation was discussed by Miss Grace Ross, Superintendent of Nurses of the Department of Health, Detroit, Michigan, and Miss Allison of the staff of the Public Health Nursing Department of Toronto, Canada.

There are two types of health workers in Detroit, the Visiting Nurse Organisation and the City Department Nurses, who work closely together. This latter group care for 125,000 of the population on the community plan and 1,007,800 on the specialised plan. Their nurses on being employed are rotated from one service to another to learn thoroughly each department of the work.

Miss Allison explained the system in Toronto, Canada, of Generalised Work carried on by the City Department, working in co-operation with St. Elizabeth's Association and the Victorian Order of Nurses, the Visiting Nursing Associations. The nurses on the Toronto Staff are required to have University post graduate training.

Considerable discussion followed on various points.

Miss Mechelynck, chief director of the Association des Infermières Visiteuses de Belgique, then presented briefly the system of carrying on health work in Belgium, chiefly under private auspices. She stated that the work of the Religious Nursing Orders was of considerable importance. She also described the Association of Visiting Nurses of Brussels which is for the people of small means on a paying basis. In summing up, she said: "We have not in Belgium Visiting Nurses organised as in England by the famous Queen's Nurses, or the Victorian Order as in Canada. All our Public Health Nurses are doing nursing, but their work is always specialised . . . a good many nurses wish they could have a small district and be responsible for all the patients in it."

Miss Haupt, Director of Nursing, Commonwealth Fund, Vienna, Austria, described the combined system of private and official organisation she had witnessed recently and which had interested her very much.

Miss Harvey, Directrice des Visiteuses, Department de Seine-Inférieure, Rouen, France, gave an account of work carried on through a voluntary advisory committee with a technical assistant, the Government supplying the funds and receiving a yearly budget and accounting. A point emphasised was that the people did not receive a gratuitous service, because it was available for all tax-payers and the dignity of none was lowered in receiving or applying for it.

Sister Bergljot Larsson, President of the Norwegian Nurses' Association, spoke of the rapid progress of Public Health work in her country.

Several points were brought out in the free discussion which followed. There was difference of opinion as to the comparative value of the various types of organisation.

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