

the ideal to aim at was that midwives should also be State Registered Nurses. Midwifery was such important work, that two years' training would not be too long for the untrained women.

Miss Mitchell expressed the opinion that maternal care was at its best when both a doctor and a midwife were in attendance.

The Health Visiting system for maternal care was much the same in South Africa as in England in towns. The Health Visitor was also responsible for the inspection of midwives. All births were notifiable, and the Health Visitor inspects the home, and instructs the mother.

Miss Mitchell advocated instruction of fathers in maternal care. Men were often very ignorant, but were extraordinarily interested if rightly approached. If we were going to assist in lowering the maternal death rate, we needed to instruct the whole community.

Miss C. F. Slater, of the Dublin University Mission, Hazaribagh, India, formerly Secretary of the Trained Nurses' Association of India, said that in India, with a population of 100,000,000, they had very few workers. It was very difficult to get grants, as officials did not, as a rule, see the need for training. In some Presidencies women had the vote, but even so it was not easy at present. The Mission Hospitals were doing a wonderful work, but in many cases were abnormal and midwives were so seldom called in in time, and when they arrived the patient was usually in a shocking state.

Miss Shih, Hsi En, Secretary of the Nurses' Association of China, said that conditions in China in regard to midwifery were probably worse than in India. Most mothers were delivered by untrained people, such as their mothers-in-law, and if a woman had many girls the new baby, if a girl, might be killed at once.

Public Health work had proved a great help, and it was now easier to get the patients to go into hospital. Since 1917 the Nurses' Association of China had maintained a special course in midwifery, which nurses might take after they had obtained their diplomas in general nursing and many now did so. In 1928, midwifery training was taken over by the Government, which now provides special schools.

Dr. Helen MacMurchy, Chief of the Division of Child Welfare in the Department of Pensions and National Health, Ottawa, expressed her thanks on behalf of the Ministry of Health for the opportunity of attending and speaking at the meeting. The Ministry took the utmost interest in this question. Its main thought was for child welfare; and maternal and child welfare could never be thought of apart. In Canada the medical profession had the first opportunity of studying statistics as to maternal mortality, from the medical point of view, through the enquiry set on foot by the Minister of Health to enquire into every case of maternal mortality.

Mothers were seen in the home by nurses, and books of instruction were given out. This had resulted in a substantial reduction in the maternal mortality rate.

Dr. MacMurchy expressed regret that Miss Smellie, Chief Superintendent of the Victorian Order of Nurses, was unable to be present as she would have been able to tell what has been done by the Order in lessening the maternal mortality rate. Last year, 15,000 maternity cases had been attended by Nurses of the Order and the mortality rate had been 1.5 per thousand. She associated herself with Miss Mitchell in her plea for the instruction of fathers. This work needed a seeing eye and an understanding heart.

#### Recommendation.

The meeting unanimously agreed to recommend to the Board of Directors for its consideration its unanimous opinion that obstetric nursing should be included in the education of nurses as a post-graduate course, and that such training should be obligatory.

### COMMUNITY ORGANISATION FOR HEALTH WORK.

#### Round Table "D" Friday, July 12th.

The Round Table of Community Organisation for Health Work was held in the Boys' Gymnasium of the High School, Congress Headquarters, on Friday, July 12th. About three hundred attended.

In the absence of Miss H. L. Pearse, F.B.C.N., London, who was prevented from attending the Congress by her doctor's orders, the Chair was taken by Miss Agnes Henderson, F.B.C.N., Superintendent, Child Welfare Centre, Glasgow, Scotland.

The Chairman, in opening the meeting, said that the causes of ill health could be summed up in one word, "Ignorance," and the cure in another word, "Education." She was glad that the old-fashioned outlook towards ill health was changing. Far-seeing people were beginning to regard ill health as a disgrace, whether of the individual or the community, in which they themselves had a responsibility. Disease was so often brought about through disregard of the laws of health and by a too ready acceptance of the old outlook that illness just came and was to be borne. Education and more education of the public would lead to a new era in which the doctor, instead of curing disease, would prevent disease. Probably pills and potions would be superseded by the diet sheet, or perhaps the doctor would feel it his duty to interview the Sanitary Authorities about the household drains.

In introducing Miss Hester Viney, who was the principal speaker, Miss Henderson said that Miss Viney, as well as being a trained nurse, was also a trained school teacher, and, added to her many years of experience that in public health work, she also understood the educational need of the people, and was therefore well equipped to handle the subject before the meeting.

Miss Viney said that women's education in the past had been too much modelled on that of men. A revolution was needed in the education of the school girl. She favoured the highest type of education for women, but it should orientate in the home. It was not time to begin the education of a woman after she became a mother, for so often it was the case that, through want of knowledge, irreparable damage was done to herself and to her children.

Miss Viney stated that the London County Council made provision for instruction of girls in their teens in Mothercraft, but she thought that this part of a girl's training should be in the regular curriculum of every school, so that she would approach marriage with the right point of view, instead of having instruction in her job when she had a home and children of her own. She had found that, whereas the subject was taught in quite a number of public schools, it was often neglected in the Higher Grade Schools attended by girls who would, in later years, carry much influence. It was agreed to send the following resolution to the Board of Directors of the International Council of Nurses:—

"That this meeting calls upon all International Nursing Organisations to co-operate, and to endeavour to influence the Educational Authorities to the end of bringing about a system of Mothercraft education for girls in all schools, and that this subject be made one of the subjects for discussion at the next quadrennial Congress."

The ignorance of women of their duties as wife and mother was, said the speaker, an important factor in deterring the progress of national health, and ignorance arises from the fact that women's education has been too largely modelled on that of men.

In the open meeting which followed, twelve nurses took part in the discussion, the countries represented being Canada, Great Britain, the United States of America, Australia, South Africa, and the Philippine Islands. Two of the twelve spoke against the Resolution, but the other

*previous page*

*next page*