

referred to in the footnote and of the routine procedure to be adopted in dealing with such cases, and in view of the extreme importance of these matters we are of opinion that more definite insistence should be placed upon instruction in them than a footnote which expresses merely an opinion. The footnote should be included in the rules and should be made compulsory.

#### The Importance of Training in General Nursing.

"Many midwives, who are not trained nurses, are lacking in training in that they do not realise the importance of, and often cannot recognise, such matters as general illness, impending collapse, cyanosis, urinary abnormalities, venereal disease, the different types of pulse, symptoms of lung disease, etc., and that they have an insufficient knowledge of anatomy, and of the theory and technique of sepsis and asepsis. These matters should be included in the training of pupil midwives, and particular attention should also be directed to them in a curriculum of post-certificate courses of lectures and demonstrations.

Much good work has been accomplished by midwives in private practice who receive pupils for training, but such training being largely practical requires to be supplemented by theoretical training which the teacher midwives are not always in a position to give. In our opinion the ideal to be aimed at in connection with the training and teaching of midwives is a hospital at which the whole course of teaching and training (intern and extern) can be provided by a competent medical and nursing staff.

*Qualifications for teachers of midwifery*—We are strongly of opinion that teachers of midwifery should be either (1) medical practitioners with special experience in obstetrics or (2) fully trained nurses holding the Central Midwives Board Certificate, and with definite experience of practical midwifery (intern and extern), and that in the second instance it would be desirable that the Central Midwives Board should establish a recognised teacher's certificate. While a medical practitioner or a fully trained nurse may possess ample practical experience to justify recognition as teachers of midwifery, there is, none the less, a real need for some method of ascertaining that the applicant for approval, as a teacher, is a good teacher in the sense that he or she is capable of imparting clearly to the pupil midwives the theoretical and practical knowledge which they require. For this purpose it is essential that competent inspectors should be appointed whose duty it should be to satisfy themselves on this point by being present at lectures and demonstrations to pupil midwives. The supervision should be carried out by one central authority working in close co-operation with the local supervising authorities.

#### Post-Certificate Training a Necessity.

"*Post-certificate training*—In view of the constant advance in the science of midwifery, post-certificate training is, in our experience, absolutely necessary, and it should consist of either (a) courses in special obstetric hospitals lasting from 2 to 3 months' full-time; and/or (b) courses of lectures and demonstrations lasting about an hour each, and arranged periodically throughout the year.

*Maternity nursing*—It has been suggested that it might be possible to provide a certificate for maternity nursing of a lower standard than that required for practising midwives, but we do not consider that such a course is desirable. The ideal to be aimed at is that all maternity nursing should be done by certified midwives. In such a way the standard of obstetric nursing would be raised and the practice of midwifery by uncertified persons rendered much more difficult.

*Training in midwifery of medical students*—We cannot regard as satisfactory the extern practice at some hospitals for the training of medical students in midwifery. Sometimes the student goes to a case unaccompanied,

and in others the students' cases are nursed by handy-women. We are glad to say that such cases are few, but we regard it as essential that medical students should see only the best midwifery nursing, and that on that account they should be accompanied at their cases only by certified midwives with a good standard of work.

In the absence of any regular inspection of training schools, etc., by the Central Midwives Board, the position of the Board as the approving authority cannot be considered to be satisfactory. We feel that the duty of approving training centres and teachers of midwives should be transferred from the Board to the Ministry and that the inspection of training centres and training methods should be placed on a national basis and specifically entrusted to the Ministry of Health. For the assistance of the Ministry we suggest that an advisory committee should be formed with representation thereon of local supervising authorities, medical practitioners and certified midwives.

#### The Hearing of Prima Facie Cases.

"In our opinion, the procedure of the Board in connection with the hearing of *prima facie* cases of malpractice, negligence or misconduct on the part of certified midwives submitted to the Board by local supervising authorities needs revision. The procedure is governed by rules of the Board. In the first place a preliminary investigation takes place by the Penal Cases Committee of the Board, and upon the report of the committee the Board decides whether a case has been made out such as to require an answer from the accused person. If the Board decides that the case shall be proceeded with, the conduct of the case is undertaken by the Board's solicitor. The midwife is allowed to be legally represented at the hearing by the Board, and she has a right of appeal to the High Court against any decision of the Board to remove her name from the Midwives' Roll. The Board's solicitor, in addition to acting as prosecuting solicitor in the case, may be called upon to advise the Board upon legal matters arising out of the case. While a hearing in such circumstances, may not work out unfairly in practice, we think that the present system might with advantage be altered and that the normal procedure should be that the local supervising authority should prosecute the charge. Special arrangements might be necessary for dealing with cases of misconduct on the part of midwives which may come to the knowledge of the Board other than by representation by local supervising authorities. Evidence of witnesses is at present taken by means of statutory declaration, and the witnesses are asked to attend in support thereof. The Board has, however, no power to compel the attendance of witnesses nor can it take evidence on oath. If power enabling this to be done can be obtained, a more satisfactory trial should result. In the event of the adoption of our suggestions in this respect, alterations in the constitution of the Board might be desirable."

#### QUEEN CHARLOTTE'S MATERNITY HOSPITAL.

It has been decided to move Queen Charlotte's Maternity Hospital from its present cramped, noisy, and unsuitable site in the Marylebone Road, together with the Nurses' Home and Post-Graduate and Students' College, to a fresh site, as it has been found impossible to provide an adequate modern hospital on the existing one.

It is believed that the plans provide for the first isolation block in a voluntary hospital in this country for cases of puerperal fever as well as laboratories for research.

There will also be provision for pre-natal beds—a long-felt want in maternity services. Here patients, whose confinements are likely to become dangerous or difficult, may be given rest, treatment and careful nursing beforehand.

Comfortable rooms for paying maternity patients of moderate means will also be provided,

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