

the discussion. Miss Pye said that the International Midwives' Union had several times said that the training should be for three years, but it had not defined how much should be spent in general nursing and how much in definitely obstetrical studies.

Miss Norah Farrant, Inspector of the County Nursing Associations of the Queen's Institute of District Nursing, emphasised the importance of general hospital training as a basis of midwifery practice. She thought the minimum to be aimed at was that of a fully trained nurse with a year's midwifery training in addition, an opinion with which we entirely agree.

Opinions of Professors of Obstetrics on the Training and Education of Midwives.

An interesting Session was that on the evening of Monday, May 28th, on "Opinions of Professors of Obstetrics on the Training and Education of Midwives." Pre-eminently these experts differed, but chiefly, we are bound to say, because the question of employment of midwives after training kept appearing in the speeches, and, as is inevitable when economic questions are under discussion, there was diversity of opinion.

Dr. Fairbairn, Chairman of the Central Midwives Board, presided, and the speakers included Professor Franz Daels (Belgium), Professor Charles Burger (Budapest), Professor Christie Brown, Dr. L. C. Rivett, Dr. Oxley, Dr. Ridley, and Dr. Morris Johns (London), Professor Munro Kerr (Scotland).

Dr. Fairbairn, in his opening remarks, emphasised the value of discussion between people of different countries, and said that while one country could not adopt wholesale the system of education in another, they could get hints from each other, and learn the various ways of carrying out details. He would like the foreign visitors to understand the position in this country where nurses got a start of midwives because they had had a Florence Nightingale. There was rather a tendency in this country therefore to tack midwifery on to nursing. But midwives do not want to be swallowed up by nurses any more than the Navy wants to be swallowed up by the Army, and *vice versa*. We were anxious that midwives should have as good a training as those in other countries. In regard to training we should find some way of limiting the number of nurses examined. The Midwives Roll was clogged with the names of women three-quarters of whom had no intention of practising midwifery, and the training facilities for those who intended to devote themselves to the practice of midwifery were impeded in consequence.

Also there was need for refresher courses, but the Central Midwives Board had no power to require midwives to take these except in the case of midwives cited before the Board. Then, if it saw fit, it could postpone judgment on a proved offence provided that the midwife undertook to go through a refresher course. The subsequent judgment would then depend upon the report—good or otherwise—which the Board received after the midwife had taken the refresher course.

These refresher courses were of considerable importance. For instance, a midwife might marry, and in the course of years forget much that she knew. Then something might happen which made her wish to practise as a midwife again. Her name was on the Midwives Roll, and no one could prevent her, though her knowledge might need bringing up to date by a refresher course.

[In regard to the nurses getting a start of midwives because they had had a Florence Nightingale, we may remind the Chairman of the Central Midwives Board that Miss Nightingale's interest was not limited to the training of nurses, and, as we are told in her *Life* by Sir Edward Cook, she applied a portion of the Nightingale Fund to the training of midwives for work among the poor.

The Hospital chosen for this experiment was King's College, and in a long letter to Miss Harriet Martineau on the subject Miss Nightingale wrote, "I am sorry that we shall be obliged to require a weekly sum for the board which will be merely the cost price—not less than 8s. or more than 9s. a week. For (the Hospital being very poor) we have had to furnish the Maternity Ward and are to maintain the Lying-in beds. In fact we establish this branch of the Hospital which did not exist before."

"The experiment at King's College Hospital which began in October, 1861, had to be abandoned after six years' successful working owing to an epidemic of puerperal fever in the wards; but that at St. Thomas's flourishes to this day on an enlarged scale, and throughout Miss Nightingale's active years occupied a constant share of her thoughts and personal attention."

In regard to clogging the Midwives Roll with the names of women three-quarters of whom have no intention of practising midwifery, what is the purpose of the Midwives Roll? We submit that it is to furnish a record of those women who have successfully passed the examination of the Central Midwives Board, and to afford evidence of their knowledge of an important subject of much value to the public, who have a right to have this fact recorded. As the Certificate of the Central Midwives Board is the statutory qualification for women in England and Wales, its limitation to those who propose to practise midwifery exclusively would be as unjust as it would be to impose a similar restriction on members of the medical profession in regard to a midwifery qualification. What appears to us desirable is a Directory of certified midwives in active practice based on the Midwives Roll, which would meet the situation described by the Chairman. Possession of the certificate of the Central Midwives Board is essential to nurses for most positions abroad, and also for many in this country, and it is to their credit that they spend considerable sums of money in order to obtain it.]

Amongst the points stressed by Professor Franz Daels was that the patient frequently prefers the midwife to the doctor, because, though the doctor may have more knowledge yet the midwife gives comforting moral support.

Professor Munro Kerr said that the question of midwives' service was never seriously tackled in Great Britain until about the beginning of the present century and described the Departmental Report on the Training and Employment of Midwives of 1929 as the Magna Charta of Nurses in this country. The Report proclaimed that the routine training and supervision of midwives should be in their own hands.

Dr. Burger considered the theoretical training of midwives in most places was better than the practical.

Dr. Rivett said he would hate to see midwives placed entirely under local authorities—(Dr. Munro Kerr had advocated this, and their appointment as municipal midwives in order to secure them adequate employment and remuneration)—and said that doctors would not stand it in regard to their profession. He thought that midwives had got to rise to a much higher standard.

Dr. Christie Brown (London Hospital) agreed wholeheartedly with Dr. Kerr. He would like to see the term of training extended to two years. Dr. Oxley, Dr. Ridley, and Dr. Morris Johns were the concluding speakers in a very lively debate.

MATERNITY SERVICES.

A Ministry of Health circular to local authorities on the subject of maternity services, shortly to be issued, will state that many of the deaths in childbirth are due to preventable causes, and urge the development of services provided by the local authorities on behalf of the mother and child, particularly in the supply and organisation of midwives and arrangement for the services of consultants.

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