

had to accept. She did not see how a thoroughly-qualified Nurse who had paid for her general training, and obstetric training in addition, could possibly afford to practise for the small fees so often paid. She wanted to know if there would be State aid to cover the fees of Midwifery Nurses, as there was now a grant for parish doctors?

Nurse Ford strongly deprecated the present system of allowing Midwives to practise after only three months' training. She asked what could they possibly know of Nursing or of Midwifery after so inadequate a probation.

One of the audience spoke of the value to the poor of the Holt-Ockley system of Nursing. The Nurses were trained at Plaistow. She said that after twelve months' training a Nurse would not care to be the house-mother, who did all the household work excepting the washing, in addition to looking after her patient. Under the Holt-Ockley system, the doctor was sent for on emergency. She mentioned the boon it was to the labouring classes to obtain a Nurse by the small payment of 2s. a year and 2s. a week so long as the Nurse was in the house.

Miss Bromley said she felt strongly that no person should be allowed to practise as a Midwife who had not had previous medical and surgical Nursing training. Three months did not qualify a woman to practise either as a Midwife or as a Nurse.

Miss Alice Wallich dwelt on the enormous importance of Midwives receiving general training. In her own personal experience she had seen the terrible results from ignorant women practising as Midwives, and causing disease and death to many who would have passed quite safely through their labour if they had been properly attended to.

One of the audience said the question of expense had been much dwelt on. It seemed to her, as there were so many hospitals where training was quite free, that this was not a good argument.

Miss Breay, in replying to the various points raised during the discussion, said it should be an accepted axiom that no Midwife must use instruments. She thought the Bill at present proposed for the registration of Midwives did not go nearly far enough, and for her part she was opposed to *specialising* in the registration of Nurses. She thought all Nurses should have experience in obstetrics. It did not seem to her that there should be a *distinct* legislation for Midwives. Obstetrics ought to be included in general training. A Monthly Nurse was a much safer person if she understood Midwifery, because then she knew how to act on her own responsibility in emergencies. With regard to the Holt-Ockley system, she thought their

assistants' should be called Cottage Helps. They had no right to be called Nurses, since none of them had more than six months' training.

Mrs. Bedford Fenwick, in proposing a cordial vote of thanks to Miss Breay for her paper, took the opportunity, as this was the final meeting, of saying that as the organiser of these Conferences, she wished to sincerely thank those who, by their presence, their co-operation, and sympathy, had helped to make them a success. She was very hopeful that the precedent having been so happily established, they would have many opportunities of meeting together to discuss professional questions in the future.

A hearty vote of thanks was then proposed to Mrs. Bedford Fenwick, and carried unanimously.

### A Question of Etiquette.

THE Code of Ethics adopted by the Nurses of the Johns Hopkins Hospital at Baltimore, and published in our last issue, has roused considerable interest and approbation in Nursing quarters. We would like to answer some questions of etiquette which we have received from several correspondents, who are keenly anxious to know whether the formal manner of addressing both surgeons and physicians as "Sir" should *in all cases* be strictly adhered to? To this there can be only one answer, that, when on duty, strict discipline and absolute formality of Nurse to doctor must always be maintained. One Nurse says "I have known the 'senior,' in whose ward I am in charge, *for years*, and ever since I was a child. Does this make any difference? It seems so strange to call such an old friend, Sir." No doubt it does. But social customs and friendships must be waived in the Hospital wards, where there can be no question of "equalities and friendships." It is a matter of duty and discipline, and the Nurse being, in her work, subordinate to the medical officer, must adopt the outward and visible sign of her recognition of his authority, and address her superior as "Sir." It is such a very small point, and so obviously formal, that it is curious that any Nurse should raise an objection. But many probationers do certainly express a strong repugnance to what they consider a breach of their social traditions. The older Nurses accept the form as a question of discipline, and regard it as not in any way affecting their social position, but as being a mark of respect to the office of surgeon and physician, and as not in the least signifying their social inferiority to the individual holding that office.

[previous page](#)

[next page](#)