

would seem to be no reason why they should not, with training, develop into excellent nurses. The obvious thing, therefore, for the Indian hospitals to do is to raise their standard and period of training if they wish their nurses to compete for Government appointments, as with very few exceptions, I believe, the Indian training schools do not insist on a three years' curriculum. It is conceivable that with a training equalling in thoroughness that obtained at home, that the services of Indian-trained nurses would be even more valuable than those of Englishwomen, as they would be able to give directions to natives in their own language, they would understand native prejudices, and, lastly, they would be inured to the Indian climate, which so many English nurses find trying in the extreme.

I am, Madam,
Yours faithfully,
A LOVER OF JUSTICE

THE REGISTRATION OF MIDWIVES.

To the Editor of "The Nursing Record."

DEAR MADAM,—The question of the registration of midwives seems to be hanging fire, and, though I am in nowise an advocate for their registration as such, I hope the question of registration of all nurses, and of midwives, who are nurses also, will not be allowed to drop. For the protection of the public, as well as for the protection of midwives, this seems to be a most urgent matter. It has frequently been held over my head in practising midwifery—laughingly, it is true, but there is a grim truth underlying the jest, which makes it a sorry one—that "midwives have no legal status," and that, therefore, if anything goes wrong with any of my cases, I am "liable to be prosecuted as a common criminal." I do, therefore, feel most strongly that midwives who know their work, and who do their utmost for their patients, have a right to legal protection in the discharge of their duty. For instance, supposing that a child is born asphyxiated, and showing no sign of life, the unskilled midwife takes no steps to resuscitate it, and it is accordingly registered as stillborn. I am not prepared to say that I consider it right that a midwife's certificate in this case should be accepted, but, at the same time, most registrars accept the certificate of a midwife in a case of still-birth. But, supposing a midwife, having conscientiously and skilfully practised artificial respiration, succeeds at length in provoking signs of life, and establishing respiration; if that life is only a flicker, and the child does not live until a medical man arrives on the scene, she, by the very fact of her skill, lays herself open to an inquest. This may be very proper, but it seems to me that of the two midwives, an inquiry should certainly be held into the conduct of the former. I have known medical men, and medical men of repute, hold that in such a case, even if the child breathes, a midwife is justified in giving a certificate of still-birth, as the breathing is "purely spasmodic," but for my own part I have never felt that this is justifiable. I therefore think that some legislation by which skilled midwives may be protected, and unskilled ones called to account, is imperatively needed.

I am, Madam,
Yours faithfully,
MIDWIFE.

PUBLIC SYMPATHY.

To the Editor of "The Nursing Record."

DEAR EDITOR,—I hoped very much to have been in London to-morrow, to attend the meeting in St. Martin's Town Hall, but I have been confined to my room, with a bad cold, for some days.

My interest in nurses, and in anything that tends to raise their status especially, is of many years' standing. May I assure you, and the nurses, of my profound sympathy with the objects of this agitation, and of my readiness at any time to do anything that my poor services could do to assist them in attaining their object.

Yours sincerely,
HENRY BAZETT.

7, Gladstone Terrace, Dover,
October 12th, 1897.

[The Rev. Henry Bazett volunteered for service to help the wounded in the field in the late Græco-Turkish war, and was in Greece for many weeks, doing all in his power to aid in the transport of wounded soldiers, to whom he was most helpful. We thank him for his kindly sympathy, and offer of help, of which we shall gladly avail ourselves in the campaign of Right against Might.—ED.]

A PRACTICAL POINT.

To the Editor of "The Nursing Record."

DEAR MADAM,—Trusting that I am not intruding on your valuable time, I would be most grateful to you for some good advice respecting my next step in the nursing profession. Having completed three years' training in a provincial general hospital and two years in a children's, I am perplexed as to the next and best move to make. So many nurses, after their hospital training is over, seem to join a co-operation for private nursing, and no doubt very wisely from a financial point of view, as it must bring them in quite large incomes. But where money is not of momentary importance is it better to increase one's experience in hospital, to remain in the same, or to go to a fresh one as staff nurse with view to promotion? I think private nursing must be a rest in *some* cases, after a long stretch of hospital work, also a complete change. I have heard nurses speak of private nursing as "reteriating," and of private nurses getting "rusty." I should be very sorry to become either "rusty," or to "reteriate." I should be most grateful for your opinion on the subject, and for your advice.

Thanking you in anticipation, dear Madam,

I remain, yours truly,
"PERPLEXITY."

[We should advise trained nurses with private means, not to compete in private nursing with those to whom earning a good salary is of importance. With such good experience, "Perplexity" ought to be able to obtain the position of Sister in a hospital—many of which institutions cannot afford very high salaries for their nursing staff.—ED.]

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