

ation requiring a certain amount of general nursing training in order to be eligible for its certificate. We have talked with many persons holding the certificate of the London Obstetrical Society, but we have never met one trained nurse who possesses it who does not deplore the fact that persons with no previous knowledge of nursing are allowed to hold it, and are, at the end of three months, turned loose on the world, armed with an imposing certificate, without any sort of professional control, to assume the immense responsibility of midwives. These nurses recognise, as we recognise, the good work done by the London Obstetrical Society. They are, therefore, the more sorry that the Society does not take a step which would greatly add to its own prestige, and also enhance the value of its certificate.

STILL-BORN CHILDREN.

THE undertakers of Great Britain are following the way of all trades at the present, and associating themselves for professional purposes. This step is interesting to the Nursing profession, because, firstly, they propose to obtain registration; and, secondly, they propose, when Parliament meets, to present a petition praying for a Select Committee to be appointed to enquire into the conditions under which still-born children are at present interred. Any one who knows anything at all of this subject, is aware that the regulations at present in force on this question are of the most casual description. For instance, the undertakers make an assertion, the truth of which cannot be gainsaid, that any certificated midwife may give a certificate written on a half-sheet of note paper, or in pencil on the back of an envelope, that the child was still-born. This is given to the cemetery authorities, who are at liberty to accept or reject it, as they please. If they reject it, which usually they do not, then a doctor's certificate, and consequently an inquest, is necessary.

A matter calling for immediate legislation is, in our opinion, the compulsory registration of still-born children. There is no doubt that at present there is an "open door" for very questionable proceedings with regard to newly-born children from the lack of such registration. To begin with, the term "still-born" has yet to be defined, and we know that some medical men are of opinion that it is lawful to certify an unviable child, which has

breathed, as still-born. A midwife is at present such an indefinite and uncontrolled person that it is quite easy to perceive the possibility of very grave abuses arising from the present laxity. The London Obstetrical Society, it is true, assumes that a medical practitioner will be called in by midwives holding its certificate in the case of the birth of a still-born child, but, in practice, we very much doubt the possibility of carrying out such a step. We do not think that many medical men would be obliged to a midwife who summoned them to a poor case, in the middle of the night, to certify the death of a still-born infant. Another custom, to which we have before drawn attention as an opening for abuse, is that, often adopted by undertakers, of keeping the body of an infant until one of an adult is entrusted to them for interment, and then burying the infant in the adult's coffin. Are two certificates always produced in this case?

While on the subject of undertakers, we may mention, on the authority of the *Daily Chronicle*, that "doctors, solicitors, and the agents of insurance companies," are not above "taking commissions from undertakers for recommendations." It is a matter of common knowledge that such commissions are offered to nurses, and that the Superintendents of private nursing homes have large bribes offered them by leading firms of undertakers, who petition for their "custom." As the custom of the best, however, is to cure their patients, most of them decline for this as well as for other obvious reasons to close with this gruesome offer. We hope that the British Institute of Undertakers will be successful in obtaining the appointment of a Select Committee.

CLINICAL MATERIAL.

THE question as to the lines upon which the admission of in-patients to a hospital are selected, is one which has recently been prominently brought before the public, in connection with the affairs of the Glasgow Royal Infirmary, and is one which is undoubtedly of much public interest. Should patients be admitted because of their illness and necessity, or do the needs of a medical school require that only the best "clinical material" should be selected, and that other patients, as needy, but less interesting should be sent away? The question is one for those who support the hospitals to answer.

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