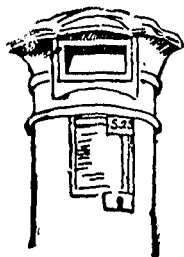


Letters to the Editor.

NOTES, QUERIES, &c.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE HELPLESS POSITION OF MIDWIVES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—In your account of the meeting of the Central Midwives' Board you mention the report, on a letter of a Midwife, as to the payment of doctors' fees when called in. This is a most important point to every midwife and I would like to bring it before your readers. The rules, laid down by the Board, make it incumbent on the midwife to call in a doctor in every case, where labour is complicated by the slightest departure from the normal or even when the patient is slightly indisposed. It must be borne in mind that midwives mostly attend poor people, who can ill afford to pay a doctor. What is the midwife to do? How can she secure the services of a doctor? The Board compel the midwife to follow their rules, but do not give her any assistance in carrying them out. They do not consider either the position of the patient or that of the midwife; they give instructions without giving a thought, it seems, as to their feasibility. I shall probably be answered that in cases where the patients are poor, the parish doctor should be called in. It is easier said than done as many a midwife has, no doubt, experienced to her cost.

The parish doctor is not easily to be had when he is wanted, owing to the formalities in connection with the request for assistance and to the distance he usually lives from the patient and parish, and in cases of great urgency as, for instance in accidental or post partum hæmorrhage, or convulsions, when every moment is precious, it is not advisable to wait for the parish doctor, as an hour or more might elapse before he arrives. Should he be called to a case where mother and child are slightly indisposed, as the Board wishes the midwife to do, she will be only rebuked for her pains. The Board having bound the midwife hand and foot by their rules ought in fairness to have provided her with the needful help, and then they would have the moral right to reprimand the midwife for not calling in a doctor as often as they like.

The position of the midwife is very irksome. The Board is on the watch to pounce upon her at the slightest deviation from their rules, and the local authorities are down on her heels at any time. No member of any profession is so harassed as she is, and there is no sympathy for her anywhere.

The law status of midwives, I think, is due to the absence of any concerted action for defence on their part. It would be advisable, though it is now rather

at the eleventh hour, to form some association for looking after the interest of midwives.

Yours obediently,
H. G.

[Midwives would show wisdom in forming an Association for Mutual Benefit and Protection. Doctors, although they are socially superior, and earn much higher fees, have been compelled to combine in self-defence, and are thus saved many attacks; moreover, these gentlemen have the power of the vote behind them.]

There has run subtly through the "midwife" legislation—a penalising spirit—no doubt inspired by midwives' faults in the past. But now that spirit must be eliminated by the Central Midwives' Board; they have the power, and should use it to raise the standard of midwifery practice, and thus build up a sturdy body of well-educated women to carry on the work in place of the illiterate women of the past. This can only be done by encouraging a spirit of self-respect, based on a fair amount of self-government and liberty of conscience for midwives. There is sympathy awakening for these workers as a class. We have always regretted that the Midwives' Act can rule without providing rightful representation for the class governed. Such legislation could only be possible in a country where women are cast out in outer darkness—with criminals, insane persons and the defenceless poor (paupers) the four disfranchised classes in this land of man-made law and shoddy liberty.—Ed.]

AN OPERATION UNDER SPINAL ANALGESIA

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—May I tell my fellow nurses through the pages of the BRITISH JOURNAL OF NURSING of what was to me a perfectly new experience and seemed like a fairy tale, but seeing was believing.

A Harley Street surgeon, recently, kindly took me with him to see a case of Prostatectomy performed under spinal analgesia.

The skin was frozen in the lumbar region after which the anæsthetic was carefully injected into the spinal cavity. In five minutes all feeling was suspended in the abdomen and lower limbs. The patient was put into position and a small cardboard screen was set up over his chest so that he could not see anything of the operation. From the time the incision was made, the gland neatly removed, the washing out done and the dressings fastened on (26 minutes in all), the patient was absolutely comfortable. I talked to him at short intervals all the time and he constantly assured me that he could feel *no pain or touch* of any kind from his waist downwards. When I left the room he wished me good day very cheerfully and laughingly thanked me for my congratulations.

How blessed to be able to have an abdominal section performed without shock or the discomfort of being sick afterwards from ether or chloroform.

Faithfully yours,
E. A. MOLES.

[previous page](#)

[next page](#)