

reasonable to believe in the official analysis. The Committee, then, is in the position of having allowed a partisan summary, drawn up by a partisan member, to be published as evidence. I venture to believe that, if the whole of the Committee had not been biassed in favour of legislation, that summary would not have seen the light. During the various phases of this agitation, the promoters of legislation have abandoned one position after another, until we find them entrenched behind the report of this Select Committee. Now, if Miss Jane Wilson will condescend to matters of detail, I venture to invite her attention to a few facts. It was stated (correctly) by some witnesses in favour of legislation, that midwives practised under strict State regulation on the Continent and a copy of such regulations, in force in Austria, are printed in the Blue Book, and the statements were made to show the Committee we were behind the times in this country. Against this I quoted from Dr. Norman Walker's paper on Midwives in Austria-Hungary. Now, if the return relating to still-births in England and other countries be consulted, it will be found that in Austria the number of deaths in child-bed are very considerable, and that notwithstanding all sorts of regulations in Hungary, "It is not possible (says Mr. Nicolson) to give data of any trustworthy character as to the rate per 1,000 of women who die in their confinements or four weeks immediately following." Taking Germany, from which country accurate statistics have been obtained, and where midwives practise under strict rule, the deaths from puerperal fever alone average 2.7 per 1,000 births in Prussian towns, and in Baden 3.8. The average rate of deaths in child-bed vary from 5.4 in Prussia to 7.2 in Baden. In our country the average death-rate from child-bed is taken as about 4.5. From all that it is possible to ascertain, it can be judged that the system of midwives practising under State regulation does not work in favour of lying-in women. Notwithstanding this, our own country is to have forced upon it a similar system at the bidding of the Midwives' Institute and its confederates. I will briefly refer to the argument put before the Committee to the effect, that because midwives in this country are useful in maternity charities, working under rules and the eye of doctors, they will be equally useful if allowed to practise under State supervision. I have lately had my attention called to the fact that even without the protection of the State license, certificated midwives have quite recently been convicted of criminal practices in the exercise of their calling. I will now give a practical instance of the vagaries of this class of woman. Whilst penning these lines this letter was received: "Mrs. H. is in labour; began yesterday. Nurse has been with her all day, and thinks she will require your help this evening." The facts were these: Labour commenced on evening of December 27th; water broke 3 a.m. December 28th; sent for, 6 p.m. December 28th (Nurse gone to a concert). The head of the child was found to be low in the pelvis; there had been no pain of any account since the early morning. Delivery with forceps owing to uterine inertia. We had been engaged in the usual way to attend. The Nurse was fully certificated and trained. Here is a case of lingering labour, which would have been terminated hours earlier if any of the old women in the village had been called in, for any of them would have sent for us when the pains left the woman. Recent experience of another Nurse, holding the Obstetrical Society's diploma, certainly encourages me to proceed with the campaign against the legislation which will place a great number of helpless women at the mercy of the ignorant. However ignorant the old women may be, they have not diplomas to make them think they know more than they do know. I will now call Miss Jane Wilson's attention to what Dr. Norman Walker says about rupture of the peritoneum in Austria: "The midwife is bound to call in a physician to undertake its repair, and very frequently (and naturally) ignores its existence, lest the rupture should be considered due to want of skill." It is only necessary to point out that one of the puerperal fevers is traumatic in origin, and that

this fact possibly explains why it is that child-bed mortality is so much higher in the practice of State-licensed midwives than in our own country. This letter has already outrun its limits; but when Miss Jane Wilson has disposed of the points raised satisfactorily, perhaps I shall call her attention to a few others.—Your obedient servant,

LOVELL DRAGE, M.D.

#### THE UN-PROFESSIONAL AMONG NURSES.

To the Editor of "The Nursing Record."

DEAR MADAM,—I am glad to see notice taken of the want of a proper professional feeling among Nurses. Surely the root of the matter is in a want of serious feeling for what the profession of Nurse really is. To be a Nurse *ought* to mean that the bearer of the name, the wearer of the uniform, is a woman set apart by her special gifts for a responsible and earnest work. To be the "Servant of the Sick" must mean to her a noble service, full of high aims, which she never can fulfil without a constant effort after greater perfection in her own character. Self-controlled, unobtrusive, entirely unselfish, watchful and observant, and entirely devoted to her vocation. Devoted to her patients she must be, but not as "Cases" who represent £2 2s. per week; but, in them, devoted to the service of suffering humanity—a broader and higher view, and one which should enable a Nurse to take a wider interest in the whole profession, and form the best safeguard against "unprofessional conduct." Alas! that so many fail to see how great they might be! It is sad to think that there are those among us who look on the Nursing Profession as a means of livelihood; as an interesting and exciting life; and even, perhaps, the chief charm to some is a uniform and the freedom from some conventional restraints. It is the Nurses who have no ideal, and selfish aims, who make us ashamed. There always will be some such, but let those who have seen the "greater beauty" do their best with greater earnestness, and so strive to redeem the profession from reproach.

E. J. R. LANDALE.

#### "OUR SCOTTISH LETTER."

To the Editor of "The Nursing Record."

MADAM,—Allow me to thank "A Scottish Nurse" for her correction. In support of my assertion that the standard of Nursing is low in Scotland, I need only quote the opinion which was, I have been told, expressed at the inauguration of the Scottish Branch of the R.B.N.A. by medical men of well-known standing, that a large majority of the Nurses they would wish to recommend for membership had only had two years' training. I am glad "A Scottish Nurse" feels the unprofessionalism of the second advertisement I quoted. I can only hope, with her, that "it is not approved by any true Nurse." But even if it emanates from "an unprofessional source," does it not show how careful Nurses should be? Why is it that a proper sense of what is due to their professional dignity is wanting in too many Nurses? Why should the feeling be so strong among men and so weak among women? Is it because of the want of a uniform standard of education? If a lawyer or doctor does anything unprofessional, he is given the cold shoulder by all his brethren. Why? Because they feel that the whole profession suffers in its dignity for the fault of one. When will Nurses learn that if one lowers her professional standing, every single Nurse in the whole length and breadth of the land suffers for her mistake! I know nothing of the agency through which these Nurses advertise. No doubt the agent does his best for his employees, but must not the standard of Nursing be low, when, to be "bright and young," and "fresh from Hospital," are supposed to be the qualifications which it is best to bring prominently before the public?

KELVA.

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