



## 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.*

### REGISTERED MEMBERSHIP.—“NOBLESSE OBLIGE.”

To the Editor of “The Nursing Record.”

DEAR MADAM.—In common, I doubt not, with those of my sister members who read your Journal, I have noted with much gratification the success that has attended our Registration scheme, nor am I surprised that numbers of Nurses from far and near have eagerly availed themselves of one of the greatest benefits ever conferred upon the Nursing Profession. But what does surprise and, I confess, distress me, is that these candidates appear to be so oblivious of the honour of their Profession,—and a Nurse who does not honour is hardly likely to adorn it,—as to fail to give a loyal and generous support to the R.B.N.A., to which they owe so much—for to my mind the logical sequence to Registration is Membership. If the former is good and desirable, how can the Association, to which Registration is entirely due, be unworthy of regard? To take much and give nothing in return (the fact that you paid a fee does not affect the question—it is not to *that* you owe Registration) is neither just nor generous. If the Association has done so much in the past, what might it not do in the future? Neither Incorporation, nor Registration, spell finality; there are greater measures still to be carried out that vitally affect the Nursing Profession. If union is force, how strong, how honoured in our midst, might not *our* union be if Nurses would join the ranks and act loyally together for the good of all, and thus take away our reproach amongst men—that we women are incapable of combining together for our own benefit by subordinating personal to general, in our case Professional, interests. A word to waverers—“Why halt ye between two opinions. If the R.B.N.A. be good, support it; if not, ignore it, for how can anything good come out of it?” In our early days of struggle, when victories had yet to be won, I held the opinion that Membership should be a *sine quâ non* of Registration, but wiser, wider, and more generous counsels prevailed; but I confess there are times when, like the man convinced against his will, I feel of much the same opinion still, and at this moment such is the frame of mind of,—Yours sincerely,

Birmingham.

MARIAN HUMFREY.

### THE MIDWIFE QUESTION.

To the Editor of “The Nursing Record.”

MADAM,—I will, as briefly as possible, reply to the objections raised by Dr. Lovell Drage to the Legislative Control of Midwives in this country. I do not think, however, that any end would be gained by a lengthened correspondence in your columns, especially as the ground has been gone over before.

I. *The Report of the Select Committee.*—This Committee was appointed—nay, demanded—by several of the leaders of the opposition. If the report drawn up was considered by them “a misleading and partisan document,” I am surprised that no action was taken in the matter. The charge is a serious one, and is, I think, contradicted by the nature and bulk of the evidence in favour of legislation, given before the Committee.

II. *Condition of Midwifery in Foreign Countries.*—It should be remembered, in considering the high death-rate from puerperal fever, that we know little of the circumstances, *apart from the laws*, under which midwifery is carried on abroad. What we do know, however, is that, in many foreign countries, public opinion relating to hygiene is in a very backward condition. Medical men are also not free from blame. Dr. Norman Walker says, in dealing with the question of Midwives' work abroad (see *British Medical Journal*, August 8th, 1891, page 334): “Some of the rules in Germany are habitually broken, and the breaking of them is ignored. The doctors commonly conceal the incompetency of the Midwives. A sort of partnership arrangement exists between the lower sort of medical men and the Midwives. Hence, incompetence goes on undetected in spite of an enormous number of guiding rules.” It should also be remembered that in England the poorer classes are better fed, clothed and housed than in most countries abroad, and their hygienic condition is superior. Thus, Dr. Barnes says (“System of Obstetric Medicine and Surgery,” 1885, vol. II., page 557): “In some districts on the Rhine, and around Milan, osteomalachia is a frequent result of the miserable conditions under which the labouring classes exist, whilst in England the disease is so rare that many men in large practice have never seen a case.” On the continent, rachitis seems also far more frequent than with us; and, in a footnote, Dr. Barnes adds: “We, in England, have largely prevented those diseases which lead to deformity. . . . Nearly every seventh pelvis (in Germany) must be stamped as contracted.” This point should be remembered in dealing with statistics of a high death-rate in Midwifery practice. There should also be considered further the fixed habits and customs, and the smaller number of medical men—living, as they do, at greater distances than in England. Taking these facts into account, I do not think that Dr. Drage need go so far as to attribute the high death-rate amongst the lying-in, which is found in some parts of Germany, entirely to the influence of the State trained and regulated Midwives.

III. *The Qualified Midwife in England.*—Dr. Drage appears to consider ignorance the best equipment for a woman's practice in Midwifery. His experience has been unfortunate; but few medical men will, I believe, agree with him that an untrained woman is more likely to seek medical aid in a difficult case than a qualified Midwife, who has received instruction when to do so as a part of her training. It is in the interests of humanity to consider not only those mothers or infants who yearly die, but the large number of women who fill the out-patients' department of our Hospitals, suffering—often for life—from the neglect or ignorance of unqualified Midwives. Are doctors ready to undertake cases at a fee of 3s. 6d. to 5s., which is all that many poor women can afford? And, if they are not willing, will they definitely state if it is, in their opinion, right and proper that such cases should be attended by women, ignorant alike of the simplest rules of cleanliness and antiseptics? It should be pointed out that this is no case of doctor versus midwife; the choice lies between the ignorant and the qualified Midwife. The promoters of the Bill are by no means “entrenched behind the Select Committee of the House of Commons.” Nay, we are entrenched behind justice, common sense, and professional knowledge, as represented by such bodies as the General Medical Council, the Royal College of Physicians, many branches of the British Medical Association, and the Hospital Association, all of whom, at various times, have passed resolutions in favour of the education, registration and legislative control of Midwives. The Obstetrical Society has, for over seventeen years, given practical help by holding examinations for Midwives so as to ensure some uniform standard; it is well-known that they undertook this work because there was no other body willing and fitted to do so. We have not the slightest fear that when public feeling is sufficiently awakened, the class of poor women, who

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