

Legal Matters.

THE MANAGEMENT OF NURSING HOMES.

The action brought by Miss Charlotte Frances Forsythe, a maternity nurse, before Mr. Justice Grantham and a special jury, against Dr. William Thomas Law, for alleged negligence, is one which has been reported at length in the daily papers, and we will only state briefly that the plaintiff's complaint was that Dr. Law had administered to her, or negligently given her the opportunity of administering to herself, quantities of morphia, cocaine, and chloral until she lost her reason, and nearly lost her life. The foreman having intimated that the jury had made up their minds, the case was stopped, and a verdict returned for the defendant. Mr. Justice Grantham, in agreeing with the verdict, expressed his indignation at the conduct of the persons who had instructed counsel in the case. They had distinctly charged Dr. Law with one of the basest crimes that could be committed. He did not object to a fight, but he thought it should be a fight on facts, and that it should not be unfair. Judgment was entered for the defendant with costs.

We entirely agree with the summing up of the judge, and are of opinion that the case should never have been brought into court.

The chief interest of the case to trained nurses lies in the fact that Miss Forsythe—who is described as a Maternity Nurse, and therefore has presumably had only a few months' special training in a Maternity Hospital—not only acted as a nurse in a private nursing home, but eventually became part-proprietor of such a Home, thus assuming the responsibilities of the nursing of cases of general diseases. That it is possible for inexperienced persons to open Nursing Homes, and that homes so managed are supported by leading physicians and surgeons, forms one of the strongest reasons for the State Registration of Trained Nurses. The sick public relying upon the recommendation of their medical advisers go in faith wherever they are sent, and frequently pay fees which should ensure to them the best nursing care. We are surprised at the evidence placed before us of the lack of knowledge of the working of the Homes, which they support, on the part of medical men. We once took the trouble to enquire of an amiable surgeon if he knew the proportion of nurses, both of the night and day staff, in relation to the patients, their hours on duty, the strength of the domestic staff employed, and the sanitary condition of a Home which he supported, and he confessed he knew none of these details. There are many similar instances. In some cases the management of such Homes is worse than unsatisfactory. Young women, maybe with no training, are required to sleep in the bed-

rooms of male patients, a condition of management, or mismanagement, which can only be characterized as scandalous. We must, however, emphasize the self-evident truism that such Homes could not exist and flourish without the support of medical men.

The Midwives Bill.

The debate in the House of Commons on the Midwives Bill has afforded interesting and instructive reading to nurses. It has been fully reported in the daily press, so we do not propose to reproduce it *in extenso*, but prefer to comment on its most important points.

MIDWIFERY PRACTITIONERS.

In the first place we note the confusion which exists—even in the minds of Members of Parliament and medical men—between midwives and nurses. There must be no mistake on this matter. We shall now have three distinct classes concerned in the treatment and care of the sick, and the lying-in woman. The qualified and registered medical practitioner, the registered midwife, and the trained nurse. The midwife does not necessarily receive any nursing education whatsoever, and, as Sir B. Simeon pointed out in the House of Commons, there is no provision at all in the Midwives' Bill for the nursing of cases after labour. The midwife as at present authorized, is an independent practitioner, not a nurse at all. This cannot be too emphatically insisted on. Whether the creation of a special class of inferior practitioners is a wise procedure or not, time will prove, but at least trained nurses will thereby find the ground cleared before them, and they will be able to formulate their plea for registration, without including the debateable qualification of midwifery nursing, with which diagnosis and a certain amount of treatment, neither of which are in a nurse's province, are necessarily included.

THE PENAL CLAUSES.

It is noticeable that the penal clauses of the Bill of 1901 have been eliminated from the present one, and this entirely against the strong protests of the General Medical Council which, it was pointed out, has adopted the position of a dog-in-the-manger, opposing the Bill before the House, but introducing none of its own to supersede it. Mr. de Tatton Egerton remarked that "the General Medical Council wished to have the whole thing in their own hands, but it should be remembered that the majority of the Central Board were to be medical men. The Bill was the result of a meeting held in conjunction not only with the Privy Council, but with the Home Office and Local Government Board." And Mr. E. Wason (Clackmannan and Kinross) said in the same connection: "the question was essentially a woman's one, and as women were not represented in Parliament he thought it incumbent on all members to do all they could to protect their interests. Of course the promoters of the Bill would have liked to take the General Medical Council along with them; but as they had to take their choice between the Government and the Council he thought they did well to secure the allegiance of the former."

Mr. Heywood Johnstone made it plain that the promoters of the Bill had "received information

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