

her—not about the exceptional and extraordinary, which we could all goad ourselves to meet if it came, but of the hourly routine, the daily drudgery.

“Am I called to be a nurse?” We all recognise that the immortal girl in *Punch* had no real vocation, but in some cases the answer does not come as clearly. For example, I knew a girl who, at great cost and sacrifice to private persons not even related to her, had been trained to be a “finishing” governess, and had been introduced to a situation where the duties were light and a very high salary was given. This girl believed that she was “called” to be a nurse, and there was great difficulty in persuading her that the call could not come until she had at least earned and saved the money for her training. A person may be well suited for a nurse, but if she has others rightfully dependent on her, and if there is any way in which she can earn a better income, she is not “called” to be a nurse. Another instance of one not “called” is the daughter really needed at home. Perhaps her mother is delicate, unable to perform all the social duties made incumbent by the father’s official position. What right has she to desert her mother? Let her wait until relieved by one of the inevitable changes of life. Later on, her mother’s health may improve, or her father may retire, or they may both resolve to set her free and find some niece or young cousin to whom the detested “social functions” will be a joy, and not a fearful one.

The necessity for earning one’s own living may go far towards constituting a “call” to be a nurse. Every girl knows that the majority of women are married sooner or later, and that a very large proportion of the minority will ultimately be drawn out of the paid-labour market to be absorbed by such duties as keeping house for a widowed father, bringing up motherless nephews and nieces, or taking care of elderly relatives. Knowing that whatever profession she chooses it will only, in a small percentage of cases, be her life-work, and that that life-work will probably be of a purely domestic nature, and require much domestic knowledge and much nerve and physical strength, she ought to have a strong bias towards a profession which ensures all the means of a healthy life, and gives instruction in so many subjects that will always be of use to her, and at the same time enables her to provide against a solitary and unaided old age if that should be her fate.

The fact that the profession is at present very far from being overcrowded should form an effective part of the “call” to all persons taking a sober view of their gifts and graces, and knowing the fierce competition in almost every employment for which the average woman is fitted.

(To be continued.)

“My son,” said an old man on his death-bed, “I have had a great deal of trouble in my life, but most of it never happened.”

Progress of State Registration.

The *General Practitioner*, reviewing the evidence on Registration taken by the Select Committee of the House of Commons, draws attention to a comment made by Miss Annie J. Hobbs in her evidence, viz.: that the fact that some of the nurses in the London hospitals had signed a manifesto against Registration was a matter of little importance, because naturally when a nurse is in a hospital she acts according to the principles which she knows are the principles of the hospital. Our contemporary says:—“We should have thought that this was so apparent to everybody that the trouble would not have been taken to get these nurses to sign such documents. The value of signatures of persons under discipline, whether soldiers, nurses, or schoolboys, is for obvious reasons absolutely utterly worthless if supporting the views of those in authority over them.”

It goes on to quote Mr. Sydney Holland’s reply to the question, put by himself, “Doctors are registered, midwives are registered, why should you not register nurses?”: “The analogy is completely different. The midwife goes in for a special kind of work. If she is so minded, when she has finished she may go and drink herself stupid if she likes. In her case, as long as she can do her job accurately and well it makes no difference. I do not mean, of course, to say that a drunken midwife is not better than one who is not a drunken midwife, but what I mean is that she has her registration for doing one specific act. The same may, perhaps, be said of a doctor. The goodness of a man as a doctor is outside the question of his character.”

We do not wonder that our contemporary seems deprived of words. “We will leave Mr. Holland,” it says, “after these latter astonishing statements, and reproduce some of the views of Dr. Norman Moore.”

We scarcely think that the Central Midwives’ Board, or registered midwives themselves, will support Mr. Holland’s contention. Setting aside the purely ethical side of the question, there is probably no branch of work which demands more conscientious, clear-headed, high-principled women than that of midwifery. These are not qualities found in the type of woman whose brain is sodden by drink. Moreover, two aspects of the question seem to have escaped Mr. Holland’s notice completely. The first is this: The influence a midwife has in the homes of the poor is enormous, and it is inevitable that one who indulges in the drink habit will require stimulants at the houses of the patients she is attending, and will in all probability give them to the patient also. The subsequent intemperance of many a young married woman dates from her first confinement and the evil advice and example of a drinking midwife.

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