

knowledge the poor patient is all alone, or at best sleepily watched over by a convalescent pressed into sudden service. No, the only way a nurse in these parts can be any good is to be a keen observer, a tireless worker, with a quick brain, well trained to obey hints, and ready, if needs be, to do without.

Self-dependence is little taught at home in English hospitals; it is invaluable in this surprise-springing country. Where doctors are busy men, and have to cover huge tracts of land besides the hospital and the little town more immediately under their charge; to ride some sixty miles and back, with rivers to cross in state of flood, takes time, however good the rider. And bad cases have a way of getting worse still when there's no doctor about, and woe betide that unfortunate woman called a nurse, whose head be screwed on ever so crookedly, shall she not rise to the onerous responsibilities she has undertaken. As for nerves, they must have no place at all in this new scheme of things. If a nurse cannot rise above herself, she is less than useless, and had far better not come at all. No consciousness of self should intrude upon the dire needs of such emergencies. A. E. W.

Legal Matters.

THE WORKING OF THE MIDWIVES' ACT.

The first Clause of the Midwives' Act provides that "From and after the first day of April, 1905, any woman who not being certified under this Act shall take or use the name or title of midwife . . . or any name, title, addition, or description implying that she is . . . a person specially qualified to practise midwifery . . . shall be liable on summary conviction to a fine not exceeding £5."

This Clause was put into force last week, when the London County Council, at the South-Western Police Court, prosecuted two women—Amelia Hollis, of Wandsworth, and Eliza Keen, of Battersea—for infringing the Act. Mrs. Hollis had a brass plate affixed to her door, on which she was described as a "Registered Midwife." Eliza Keen, though she had not the brass plate, held herself out as a midwife. Both women had endeavoured to obtain the authority of the Central Midwives' Board to practise, but had been refused.

The Magistrate said that the Central Midwives' Board appeared to have absolute discretion in this respect. At the same time, he drew the attention of the defendants to the provision of the Act which gave them the right of appeal to the High Court of Justice, and advised them to exercise it. This Mrs. Hollis said she could not afford to do. The defendants were only required to pay the costs of the proceedings. The case being the first of the kind, the magistrate no doubt did well to act leniently, but there can be little doubt that the defendants, having endeavoured to register and failed, knew that they were acting improperly.

The Relation of Nursing to Social and Philanthropic Work.*

By Miss M. E. SMITH,

Late Visiting Nurses' Association, Detroit, Mich.

"In taking up the subject which now challenges our consideration I shall not attempt to give any scientific definition or outline of social and philanthropic effort. It will be sufficient if we note some of the salient points connected with it, our purpose being to gain such a knowledge as shall clearly show the relation of nursing to this work.

"The work itself is as old as the human race, and its needs as varied. To successfully carry it on, the integrity of the family must be maintained, right relations must be established between rich and poor, and the responsibilities of the prosperous must be conscientiously assumed by them. It finds its best expression in charity *strengthened by justice*—charity *without justice* is as ineffective towards the betterment of mankind as a poultice would be applied to a wooden leg—would that it were as harmless! Charity *without justice* well merits the rebuke contained in the French epigram, 'Charity creates one-half of the misery she relieves, but cannot relieve one-half of the misery she creates,' and the sting is in the truth it expresses.

"It has been said that social questions are expressions of moral energy, and that the effectiveness of social and philanthropic effort lies in the scope of its sympathy, the dimensions of its givings, and its recognition of fellowship with lives hitherto ignored or rejected by the world. I will add that it also lies in the tendency of the current day towards associated effort for the carrying on of practical and specific benevolent work, and perhaps most of all in the love and hope, the courage and patience, the sympathy and wisdom, of those actively engaged in it, and who every day breathe into it new vigour and greater freedom.

"Thus far three things appear clear to us:—

"1. The real existence of the work.

"2. The need of organised effort to carry it on.

"3. The need of individual effort whereby it may be quickened into true life in the noble hosts of the poor.

"*Consolidation* for the provision of the means and methods necessary for the carrying on of the work.

"*Individualisation* for the actual elevation and redemption of the poor, especially those who are in sickness and distress.

"What have we *as nurses* to offer towards the carrying on of such work? Much! And the intrinsic value of which is only beginning to be recognised and appreciated.

"Philanthropic effort to-day calls for personal

* Read before the Eighth Annual Convention of the Nurses' Associated Alumnae of the United States.

[previous page](#)

[next page](#)