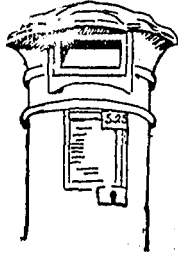


## Letters to the Editor.

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.*

### THE LORD MAYOR'S CRIPPLES' FUND.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—May I ask room in your valuable paper for some mention of the publication called *Crutches to Help Cripple Children*, which is to be issued on June 5th, on behalf of my Cripples' Fund.

Sir Douglas Straight is acting as Hon. Editor of the Literary Section, and Sir James D. Linton, R.I., H.E.M.S., is responsible for the Art Section.

A very large number of well-known authors and artists have kindly given their services, and the result will be a literary and art production in every way unique.

The entire profits on this book are to be devoted to the Fund I am now raising for the provision of homes to treat the tuberculous cripples of the poor, and for which £60,000 is required.

I shall be very grateful if you will kindly give the book all the publicity you can, as by so doing the sales will be increased and my Fund proportionately assisted.

Yours faithfully,

W. P. TRELOAR,  
Lord Mayor.

The Mansion House, London, E.C.

### THE EDUCATED MIDWIFE.

*To the Editor of the "British Journal of Nursing."*

DEAR MADAM,—Will you allow me space in your valuable paper to make a few further remarks in reference to your recent article on "The Educated Midwife"? There are at least four other unmentioned causes which deter educated women from joining the ranks of midwives.

First, I think a great mistake is caused by the election of Lady Doctors in so many cases to the Posts of Inspectors of Midwives in Counties or Districts.

Secondly, the Inspectors take it for granted all midwives under their jurisdiction are fools, and things must be explained to them, and orders given as to little children.

Thirdly, seventy-five per cent. of District Nurses are required by various religious bodies supplying them to the various parishes to practice midwifery, and so eke out part of their stipend for the good of the above-mentioned society and the harm of the said parish in general, and midwives in particular.

Fourthly, there seems no training school, unless at great expense, for any midwife, unless she be

a fully trained nurse, and give her services for at least six months over and above her course of training, or she be a woman of the working class, who has a promising connection to go back to at the end of her short course of training.

Now to qualify my assertions by some reasons for the same.

I suppose most Lady Doctors leave Hospital with the same amount of confidence about attending a baby case as most of the poor quaking medicals of the opposite sex! Is there *one* doctor living (except he has taken an O.A.'s post in hospital), who will not tell you with what awful feelings of trepidation he attended his first private patient? Does not a fully-trained nurse, who has taken her midwifery certificates, and superintended later some large London district for a large Lying-in Hospital know much better how to cope with the appalling ignorance of some of the district midwives of the old school under her inspection?

It was once my good fortune to interview a charming Medical Inspector for the district where my sister was temporarily taking the duties of Parish Nurse and Midwife. He had been kind enough to acquaint each lady with the fact of his intended visitation, and one agitated damsel afterwards informed me of the dire terror his unoffending post card had inspired in her gentle breast. Personally, I was much too used to cross-questioning from some of London's biggest surgeons and physicians to mind very much what anybody asked me; but I thought to myself (*but with a very big B indeed*) I was glad I did not work under the present C.M.B. Regulations, and should not care to do so, unless I happened to be an Inspector of their Inspectors!

My third reason hardly needs qualifying; it is so obvious that midwifery cases should not be taken by nurses, who frequently have to visit all sorts of infections, and surely midwives would get a much better picking in country districts were this rule in vogue. I tried a short time since to obtain, for a girl, training as a midwife from the Society professing to promote the free training of midwives. She was in every way the sort of person to be desired as a midwife—thoroughly conscientious, with a deep-rooted love of nursing, the chief desire actuating her in taking up the work being a wish to support a father who is fast growing blind, and nearly 60 years of age. Personally, I could not afford to give her the fees—the cheapest training is 16 guineas, I believe—and the rules of the C.M.B. make it so hard for anybody to obtain a cheap training. Why should this be so? Why should not a district midwife be allowed to show the cases, as formerly, and provide for the candidate doing a certain amount of monthly nursing? Why should not a nurse who has occupied such a position as Lecturer to Midwives at a big hospital be qualified to give instruction in any individual case she chooses? The above-mentioned Society would have taken up the case had my friend been a trained nurse, or had she been a cottager with a ready-made clientèle. She has now to wait at

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