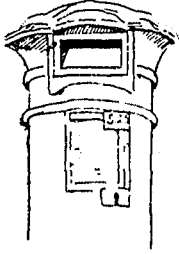


Letters to the Editor.

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.

A SORROWFUL TALE.

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

DEAR MADAM,—I think, with the best intentions in the world, "Sister X," in exposing bad conditions in hospitals during the late war, is doing nurses who were out there a lot of harm, and we had quite enough to contend with before. When I first returned from South Africa I gleefully told of my military experience when applying for hospital work. But it was soon borne in upon me that the Matrons at home considered it a distinct disadvantage, since which time I omit to give prominence to the fact that I was on the Reserve. It does seem a sorrowful tale.—Yours truly,
"SISTER Z."

THE HELPLESS POSITION OF MIDWIVES.

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

DEAR MADAM,—I am entirely at one with "H. G." in her desire for the organisation of midwives. Such organisation is in conformity with the first law of self protection, and is absolutely necessary if midwives are to make their voice heard on any point whatever, but I note that your correspondent takes exception to a remark of mine in a previous letter as to the ignorance and inefficiency of many women acting as midwives, and "most emphatically denies that midwives as a class have acted dishonourably."

If your correspondent will read my letter again, I think she will see that I made no such charge against midwives, who in my opinion are a conscientious, as well as very hard worked class, of women. My point was that many women acting as midwives have been ignorant, inefficient, and worse, and they have brought disrepute on reputable midwives. With the publication of the Midwives' Roll there was for the first time the possibility of differentiating between the trained and the untrained midwife, and consequently of raising the status of the former. It is true, as "H. G." points out, that for a limited period untrained midwives were placed on the Roll, but they are now known as such, and for the first time are brought under supervision, a very great step in advance. If proof of this is needed it is to be found in the fact that these untrained persons have on several occasions asked to be removed from the Roll, not feeling equal to the standard now imposed.

I cannot agree with "H. G." as to her strictures on the Central Midwives' Board with regard to its regulations as to calling in medical help. She says on the Continent "the midwife has to say when a

doctor is to be called in, and thus a complete harmony exists between all the parties concerned." But in this country also midwives must advise that a medical practitioner be sent for, and must fill in the form which is forwarded to the doctor.

"H. G." complains that as "on the slightest occasion they have to call in a doctor the public will entirely lose confidence in their skill." Now these "slightest occasions," as defined by the Central Midwives' Board, are cases of abortion, illness of mother or child, and of any abnormality occurring during pregnancy, labour, or lying-in. Thus, in the case of a pregnant woman when she suspects a deformed pelvis (a condition in which labour has frequently to be induced, or if the mother goes to full term either craniotomy or Caesarian Section is necessary), when there is loss of blood (frequently indicating that most dreaded complication, placenta prævia), and in other conditions indicating the probability of the presence of albuminuria, varicose veins, or hernia.

In the case of a woman in labour, in all presentations, otherwise than the uncomplicated vertex, or breech, and in breech cases in *primi paræ*, in flooding and convulsions, when there appears not to be sufficient room for the child to pass, when a tumour is present and so forth. It appears to me that, without the direction of the Central Midwives' Board, a wise midwife would, under all these conditions, call in medical assistance. There *may* be midwives who are competent to deal with some of them, but it must be remembered that midwives are trained to attend cases of normal, not abnormal labour, and the Midwives' Board, which is legislating for the many, not the few, *could not* consistently with safety to the patient issue any other directions. In my view, there is plenty of scope for the exercise of our functions within the limits laid down. One point I should like to mention, which is that a midwife should, before engaging in practice in any locality, know what medical practitioners she intends to send for in case of emergency. For where a competent midwife needs assistance, the case usually demands the aid of an expert obstetrician, not of a practitioner who has only seen the regulation number of cases as a student and has had little or no midwifery practice since qualification.

I am, Dear Madam,

Yours faithfully,

CERTIFIED MIDWIFE.

A PRACTICAL NURSING POINT.

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

DEAR MADAM,—There is a difference of opinion in reference to the giving of a hot pack. The majority of medical men and nurses, with whom I have worked, agree that to use blankets is the most effectual way, but by experience I have found that draw sheets are not only easier to wring out, but are much safer. A case came under my observation of a child most painfully burnt, owing to the excess of steam and water remaining in the blankets, when a hot pack was given. With draw sheets this is an impossibility, and for children and unconscious patients, the draw sheet method is the safer, and if quickly done, has a most successful result.

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