

the fee of 10s. that everyone who wished to be registered had to pay. Plenty of time was allowed, and all the women could think it over and find out just what was required of them. Is it, then, unfair to think that in most cases, where a woman wants to go on with the work but has not been registered, it means that she was not "trustworthy, sober, and of good moral character," and could not get anyone to sign her testimonials? I say in *most* cases, for, of course, there may be some who through no fault of their own could not get their certificates, though I cannot think that there are many such cases.

When we come to think of it, does not a woman need somebody who is trustworthy and sober to look after her in her confinement, almost more than at any other time in her life? We may say specially somebody who is *sober*. In ordinary nursing the responsibility is very great, though there may be several to help, and the doctor may call daily and give his directions. But a midwife has the lives of both mother and baby depending on her; the doctor is not there, and, perhaps, nobody is at hand. She needs to have all her wits about her, and it is a very serious matter if she is at all the worse for drink. Also, a midwife must be ready to go to a case at any hour of the day or night, so her patients ought to feel quite sure that she will never at any time be otherwise than perfectly sober and steady. There is another reason why it is very important to have a sober midwife, and that is because, if a woman is not sober, she is much more likely to be dirty, and careless as well, and then there is no limit to the harm she may do both to the mother and the child.

So far, we have only thought about the importance of getting a good sober midwife for every woman in her confinement. But there is another side to the question, and we must not forget that it is also important to have a *sober patient*. We sometimes hear about confinements where it really seems as if both the midwife and the patient had been the worse for drink, and even where matters are not quite as bad as that, much more drinking goes on than is either necessary or wholesome. A short time since I heard a doctor say that people were very fond of having some brandy in the house "ready for an emergency," but he went on to mention that the most likely emergency in a confinement was faintness caused by flooding, and that then brandy was quite the worst thing to give.

Lastly, I would like to mention one little way in which you can help those midwives who are anxious to be sober. Very often,

when a midwife goes to a case, she is asked to have "something to drink," meaning beer or spirits. If she refuses this, she is very likely offered nothing else, though she may be some hours in the house, and would be only too glad of a cup of tea or cocoa. It would be better for the midwife, the patient, and the "little stranger" who is just arriving if people were careful to have plenty of milk in the house, and the kettle boiling; instead of getting beer or spirits "ready for an emergency."

Mortality from Puerperal Fever.

In last week's *British Medical Journal* there is a review of an article by Professor Herff, of Basel, on the mortality from puerperal fever in Prussia, which is rather on the increase. The interesting point for midwives is that in only 9.6 per cent. of the deaths were midwives accountable, and in only 2 per cent. of the cases could it be proved that the infection was carried by them from patient to patient. Professor Herff points out that the doctor who is constantly in contact with infective material is much more likely to be the bearer of infection. The safeguards lie in the punctilious and efficient disinfection of the hands as taught in the midwifery schools, so as to reduce the bacteria of the skin to a minimum, and in limiting the indications for operative interference narrowly, even at the risk of being thought old-fashioned. The Professor insists that no disinfection of the hands is satisfactory without alcohol.

Correspondence.

CAN MIDWIVES MAKE A LIVING WAGE? *To the Editor of "The Midwife."*

DEAR MADAM,—The answer to the above question in many rural districts appears to be that they cannot. What is to be done? I do not think we can demand that a midwife shall settle in a district and expect a living wage, whether there is enough work to provide her with it or not. We do not go on these lines in other matters of commerce. What it seems to me is that in the sparsely populated country districts women might take up midwifery not as a means of livelihood, but as a means of adding to their income, say a married woman whose husband supports her, or, perhaps, a small shopkeeper, and so on. I think associations for the supply of midwives might usefully train, and place women in this way, so that poor women may be supplied in their hour of need, without expecting them to make a livelihood.

Yours faithfully,

SUGGESTION.

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