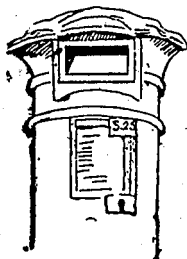


Letters to the Editor.

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.

BATHING AND NURSING MALE PATIENTS. To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I strongly agree with you that there should be a male nurse in every institution where male syphilitics are admitted. Pity these poor creatures one may, but young women should not be called on to attend upon them. Many Boards of Guardians seem to think nothing of this. I have had to do things personally very repugnant to me.

Yours truly,

A POOR-LAW NURSE.

THE STANDARD FOR SCHOOL NURSES, To the Editor of the "British Journal of Nursing."

MADAM,—“A Queen’s Nurse,” writing on the above subject, seems strangely ignorant of the fact that the majority of the County Nursing Associations are affiliated to the Queen’s Institute, and that they are not lay managed, for they have for their Superintendents, fully trained and experienced Queen’s nurses, whose duty it is to organise the work of the Local Associations, and to supervise and instruct the nurses employed in the rural districts. These nurses are essentially midwives, but during their twelve months’ training in a recognised District Training Home, they are so thoroughly taught the elementary principles and routine of general nursing that they are capable of doing efficiently and well the ordinary work required of them; in difficult and serious cases they have the help and advice of the County Superintendent. It is not the duty of either the Queen’s or rural nurses to exercise their discretion as to the treatment of the ailments to which school children are prone (ringworm, discharging eyes and ears, dirty heads, etc.), but simply to attend at the schools, and to assist the doctor in overlooking the children reporting any such, or suspicious case to him, and seeing that his orders are carried out in the best possible way, either by themselves, or by teaching the mothers or friends. This being the case, I think the intelligent rural nurse with her careful detailed training, will be quite capable of doing this work, and of carrying out the treatment ordered more effectually than is at present done by the mothers and friends.

As a Queen’s Nurse and fellow worker, I would strongly advise “A Queen’s Nurse” before rushing into print, to try to understand the policy of the Institute in regard to both County Nursing Associations and school nursing.

A FORMER COUNTY SUPERINTENDENT.

THE RELATIONS OF MIDWIVES AND DOCTORS To the Editor of the "British Journal of Nursing."

MADAM,—Seeing the report in the BRITISH JOURNAL OF NURSING of the Central Midwives’ Board of Thursday, February 13th, I notice it there says “The Board is not aware of any districts where medical practitioners and midwives co-operate amicably. They may exist, but the Board is not aware of them.”

In answer to this, I should be only too glad at a few day’s notice to give testimony of many districts where they do work, not only amicably, but the doctors are the chief assistants in the carrying out of the Midwives’ Act. It certainly is the case that doctors object to be treated as the servants of the midwives; it is quite certain that they resent the self-assertiveness of some of these women, who forget that, although they have been trained in midwifery, they know nothing of the various branches of medicine and surgery upon which the success of their work ultimately depends. I can give an instance where a doctor disapproved a midwife A, and said he would prevent her acting as such whilst she was attending a case of cancer. She resented his interference. Some time later he was utilising a midwife who was not permitted to attend general cases and midwifery at the same time; midwife A came to him and asked him indignantly why he was employing that woman in her district. It is not astonishing that the doctor told her to mind her own business. It is such cases as these that make doctors disinclined to follow the midwife.

In several instances where I have started midwives, the doctors have been at first afraid of my work, but one and all, when they have seen that I lean upon them, that I do not pretend any knowledge that I do not possess, and that I acknowledge their position as medical men, come round and are even glad that the work should be promoted in their district.

With regard to the payment of the doctor, it is absolutely necessary that he should receive payment for assistance at abnormal cases. It is his profession, and how can he be just to others if others are not just to him? But I think this difficulty is very much exaggerated. The Local Government Board, in a memorandum of July 29th, 1907, has provided for the prompt payment of doctors called in to destitute cases. Other cases are those who can pay if they would. It is not the midwife who calls the doctor in, but the head of the house where she is attending, at her recommendation. He is the responsible person. If he is able to pay, the civil law can make him do so, if he, having called the doctor in, does not do so.

Before the passing of the Midwives’ Act, doctors have attended destitute cases and risked their payment. They have attended, and do still attend, numbers of cases where the people do not take the trouble to pay them. I cannot see that in such cases they are worse off than they were before. I was only to-day talking it over with a local doctor, and was saying to him that if only the doctors were more vigilant in their own inter-

[previous page](#)

[next page](#)