

over that portion of his practice which in one way and another brings him three-fourths of his income to the Midwife. The Chemist also has been given the dispensing of medicines, and thus slice after slice is bestowed on others. Personally I do not grumble at this. But will it be beneficial to the public if twenty thousand practitioners are reduced in circumstances? To be of benefit to the public, Doctors should be fairly free of pecuniary worries, for badly paid work is generally badly performed work. I sincerely trust every Doctor, every Monthly Nurse, and everyone taking an interest in this question will urge the Government to refer it to a Select Committee of the Commons, with power to take evidence. None need fear a close and impartial investigation.

There are two other features I wish to call close attention to. First, as to the suggested higher education of Midwives. Practical men will at once see that Pupil Midwives come from a class of the community which prohibits them from studying for two, three, or four years. They have not the means to do so. It is well-known that a great many Pupil Midwives, especially widows and such like, are helped by their friends or by Doctors. They could not even pay for thirteen weeks' training—not to mention thirteen months'. Abroad this is recognised, and there the State, or Local Government, pays for their education. Therefore, unless Pupil Midwives are educated and kept free of any expense to themselves, it is useless in supposing that they can receive a longer training than thirteen weeks. Second, I have been accused by Dr. Graily Hewett of exaggeration, when I said that the proposal to form an order of Midwifery Practitioners, other than Doctors, was but the introduction of the narrow end of the wedge which is finally to drive Doctors from Midwifery work. Even suppose a Midwife exceeds her duty, who will take the trouble of prosecuting—or, as the public would say, persecuting—her? Is it likely the Midwife and the confined woman will tell on each other? And if they did, where would corroborative evidence come from? Again, who would prosecute a Midwife if she used forceps when no help was to be had? I mention this to show that an Act of Parliament may look very well on paper, but that the manner in which the Act is, and can be, administered is the test.

A copy of the Amended Midwives Bill (price three half-pence), and of the Laws and Regulations relating to Midwives Abroad (price eleven-pence), can be obtained from Messrs. Eyre and Spottiswoode, East Harding Street, London.

“Women and their Work” held over till next week.

## TWO QUESTIONS ON DISTRICT NURSING.

BY M. A. CORE, M.B.N.A.

*I.—What is meant by a fully trained Nurse for District Work?*

I.—A thoroughly trained Nurse for district work should be one who has gone through the whole routine of *general* Hospital work. She must not have had less than three years' training in a Hospital, as it fully takes that time to go through the essential duties methodically and well. She should thoroughly understand all medical and surgical cases, in the way of Nursing them according to the disease. She should learn and *remember* all the reasons why some patients should be raised in bed, and why others should lie quite prone. She should know how to stop hæmorrhage till the doctor arrives. She should understand the diet in special diseases; also what the bath temperatures are, if ordered to give one by the medical attendant; and how to give a simple enema, or a nutritive enema, *without delay*. Of course, in a General Hospital, a Nurse will pass through the Obstetric Wards, where she will gain an amount of technical knowledge, which will be of use to her in district work.

A District Nurse should always be clean and bright, never impatient, but sympathetic and kind, ready and cheerful in any emergency, not trusting on her own merits as a trained Nurse, but following the Doctor's instructions to the very letter, because, if one may dare say so, it is even more important in District than in Hospital Nursing.

*II.—Should a fully trained Nurse for District Work be also a Certificated Midwife?*

II.—It would certainly be an acquisition, but not a necessity, for nothing could be more utterly at variance with district work. District Nurses have to visit all kinds of cases—ulcers, typhoids, erysipelas, and all sorts of diseases of an infectious and contagious nature; their clothes must become infected, and what more dangerous to a lying-in woman than to have the least particle of anything of an infectious nature near her? If District Nurses are to be Midwives as well, it will be a great mistake. The Nurses are conscientious women, no doubt; but if one of them, some distance from home, is just coming out of a house where typhoid rages and meets a messenger who says, “Please, Nurse, come to Mrs. Smith at once—she is so bad,” the Nurse would feel bound to go off there and then (if she were the two combined), without in any way disinfecting her apparel, and perhaps without carbolic as disinfectant for her hands. Just fancy the result of such a risk! To my

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