

LETTERS TO THE EDITOR.

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.

AN ECONOMIC POINT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Is it not true that if an unskilled probationer receives £20 a year for six hours' work daily, that they are paid at the same rate as the skilled staff nurse, who is often called upon to do twelve hours night duty for a salary of £40? This is how the War Office salaries work out as far as I can calculate.

Again, why call girls receiving £20 a year salary for unskilled work "voluntary workers"? They are being very well paid at the country's expense for what they can do.

It would have been much more economically sound to pay the unskilled probationers £10 and engage more trained workers with the surplus funds. But of course we women are always told we know nothing of political economy.

Yours truly,

STAFF TERRITORIAL.

[The nursing profession was never consulted by the War Office concerning the organisation of war nursing.—Ed.]

INTRA-UTERINE MANIPULATIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read with considerable interest the report in your valuable paper of Dr. Stookes' correspondence with the Central Midwives Board on the advisability (or otherwise) of midwives performing intra-uterine manipulations.

My own opinion is, with the present standard of training, the patient would be safer if the midwife did not attempt such manipulations than if she did, and frankly, I consider the limitation imposed by the Midwives Board that they would only be undertaken "in great emergencies" an added reason why she should not interfere. Consider the extremely delicate and difficult nature of intra-uterine manipulations, and the havoc which might be wrought by an ignorant person, and there is no gainsaying the fact that the limitations of a three months' trained midwife are colossal, and even now that the training is, we hope, to be extended to six months that six months should be devoted to obtaining a sounder knowledge of the subjects already required by the Midwives Board, not in enlarging their borders.

Of course there are midwives and midwives. I do not for a moment wish to say that an experienced trained nurse who has added midwifery training might not successfully tackle an intra-uterine emergency, I am equally sure that she would be the last to wish to do so.

But the question was not put to such exceptional midwives, but to the rank and file, and to my mind such midwives are really in the same position as monthly nurses, in regard to intra-uterine manipulations. One would not advise a monthly nurse to attempt them, and the three months' trained midwife knows little more, while her assurance is often in exact proportion to her lack of knowledge. Would any medical officer or Sister trust a three or six months' probationer to treat an obstetrical patient in great emergency, even under direct supervision, and the support that such supervision would give? What then of the midwife acting on her own initiative, with no one but herself to depend upon, attempting manipulations which she does not know how to perform, in time of grave emergency?

The manipulations she might consider herself justified in undertaking would probably be peeling away an adherent placenta, turning the child in a case of mal presentation, or placenta prævia, intra-uterine douching, and so forth. Surely if such manipulations are to benefit the patient, the operator must be skilful and competent.

But another point is raised by this correspondence. Is it now desirable that midwives—or at all events some midwives—should receive instruction rendering them competent to give the patient such assistance?

In answering this question, we have to bear in mind that the primary object of the Midwives' Act is the welfare of the lying-in mother, not the safeguarding of professional interests, as the Chairman of the Board is careful to point out. There can be no doubt that the more highly skilled the midwife the safer attendant she is, and, therefore, if she has proved herself capable of assimilating such knowledge, what she is taught should only be limited by her capacity for benefiting by instruction.

It seems as if there might well be established a further examination to which midwives who have been in practice for (say) a year, might be admitted, and that they should be permitted to undertake duties from which midwives are now rightly debarred.

I am, Dear Madam,

Yours faithfully,

CERTIFIED MIDWIFE.

OUR PRIZE COMPETITIONS.

August 14th.—Describe Duodenal Feeding, and how to use the Politzer Bag.

August 21st.—What is Anthrax? State details of nursing.

August 28th.—Describe the most practical and aseptic indoor uniform for War nursing.

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