

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.

THE TRAINED NURSE MIDWIFE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM:—Midwives are much in the public eye just now, and I hope the public are beginning to recognise the importance of their work. They have always been the Cinderellas of those who render skilled nursing service to humanity, under-paid, overworked, left to trudge by day and by night many weary miles, and to return home tired, to little comfort because funds will not permit of anything else.

In fact, a midwife is a very precious person, if she is skilled and conscientious at her work, whose strength should be considered and conserved. And here is the first point. Organisation is first and foremost required. There is no reason why, in towns at any rate, the bad old tradition should persist that a midwife is on call for the twenty-four hours round. That used to be the case with nurses in critical operation cases, but it is now a thing of the past. Why not with midwives? They should do alternate day and night duty so that they may go fresh to cases which may take all their energies, mental and physical. Of course, in a rush of cases both day and night staff will have to be on duty, but normally a midwife should have a fair chance of nights in bed.

In these days of telephones and motor-cars several midwives can with advantage live together—a much more wholesome life than living in rooms alone—a life which is not likely to attract the young and ardent, and therefore not to draw the most desirable type to take up midwifery as a life's work.

One thing I have been greatly pleased to note, which is that the Central Midwives Board is a convert to the qualification in General Nursing as a foundation for midwifery training. Those of us who year in year out have insisted on the righteousness of this plan and have had slight encouragement, must feel at last that they have a strong support.

"Undoubtedly," they say, "it would appear that a further prolongation of training in midwifery is inopportune, and that the next step should be the restriction of entry to those who hold the general nursing qualification. This will become possible as soon as the practice of midwifery is made sufficiently attractive to the trained nurse midwife. In the meantime piecemeal legislation for a class of entrant soon to become obsolete should be avoided."

It sounds too good to be true! Now that an important body, the Central Midwives Board, which has the ear of Government Departments, has made so important a pronouncement we shall take heart of grace. In the meantime let us go on spreading the truth that the training of a nurse is incomplete until she is also a midwife, and the training of a midwife is incomplete until she adds to it the qualification of State Registered Nurse.

I note that the Central Midwives Board adds its voice to the chorus of disapproval with which the proposal of the Departmental Committee to deprive the Central Midwives Board of some of its most important powers has been met. Let us hope wisdom will prevail.

I am, Dear Madam,

Yours faithfully,

REGISTERED NURSE AND CERTIFIED MIDWIFE.

KERNELS FROM CORRESPONDENCE.

Is it Decent?

The Mother of a Patient writes:—"Do you consider it decent for a young nurse to make her undergarments in the room of a young male patient? That is what happened in this house when my son was ill. The nurse when on duty was often busy sewing such garments including "knickers"—all made of transparent material which presumably exposed the whole person to view.

"I objected to this arrangement, and asked the nurse not to make her underclothes in the sick and sitting rooms—which gave great offence—and to the expression of her opinion "that to the pure, all things are pure," to which I replied "Let things be done decently, and in order." We parted company at the earliest date convenient."

[We are of opinion that a well trained woman with common sense would not make such garments in the room of a male patient—not that "knickers" are "indecent" garments, indeed in these days of insufficient skirts, decency can scarcely be maintained without them."—ED.]

Private Nurses are Awakening.

C. F. D. writes:—"I note, and not with any surprise, that at last private nurses are awakening to the fact that their economic conditions are in sad need of adjustment, but we must not blame others for our sad plight, but ourselves for our apathy and selfishness; because if we thought of others sometimes instead of ourselves only, we would have united to improve matters. But no, just so long as others provide cases and we are not out all is well. But it will not be so for the future, and we have to thank Miss Macdonald of the R.B.N.A. for once again trying to rouse us to a sense of duty. Let me advise every private nurse to join the League of Private Nurses and help to organise private nursing on a sound financial basis."

The Public and Private Nurses.

A Brighton Nurse writes:—"I wonder if I am right or wrong, but it appears to me that the public are not nearly so considerate to private nurses as they were. Families and friends all seem to wish to have a finger in the pie, and somehow with the best intentions one fails to please. Wives and daughters are especially exacting—and one is treated very often as a necessary evil—and with great suspicion. Of course, I have worked with nurses who are determined to do as little as possible to ease conditions, and very tactless in their relations with the household—but this does not exonerate people from their grudging attitude towards trained nurses as a class."

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PRIZE COMPETITION QUESTION FOR FEBRUARY.

A patient is suffering from severe pain and vomiting due to gastric ulcer. Mention the different varieties of medical treatment that you know of, and give a complete account of any one variety which you have seen adopted.

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