

Correspondence

The accompanying letters speak for themselves.

(The Editor "Kai Tiaki.")

You solicit nurses' opinions and experiences when working with young doctors. I'm afraid, if nurses cared to write all their trials on the subject, you would not have room to publish one quarter.

I hold three certificates with 10 years' constant nursing, the last two years in charge of Maternity Home.

A young English doctor, first post in New Zealand, previous two years or thereabouts at sea, was engaged for these cases.

First Case.—Multip (fourth preg.), complains of severe labour pains at 6 p.m. Doctor informed. At 8 p.m., doctor examines p.v. Says in patient's hearing: "Nothing doing, Sister. Patient may return to her room. I'm going to H—— (12 miles distant), and will return at 9.30 p.m."

At 8.30 p.m., patient in agony, begs me to send for another doctor and names him. Head appearing when he arrives, baby born at 8.45, everything normal. Patient's own doctor arrived at 9.30, astonished to find everything over; Patient in her own bed and baby clothed.

Case 2.—Multip (tenth preg.), admitted Sunday with severe cold ('flu is prevalent).

I rang doctor (same doctor as previous case) three times before I could get him, he being in M——. On Tuesday, 3 p.m., he came and examined patient's throat, ordered saline gargle; no other visits or inquiries. Ten days later labour commenced. Patient did not tell me of pains until 9 p.m., when too severe to bear. I rang doctor to be informed that he had gone to H—— (12 miles distant) half an hour previous.

At 9.20 p.m. baby born, everything normal. No doctor, no chloroform, no tear. At 2.30 a.m. doctor arrived somewhat under the influence of liquor and in evening dress, demanding to know why he had not been sent for. (He had failed to inform me that he would be out of town

on two other occasions.) He referred to previous case and accused me of underhand work; said it was a "put-up job." Reported me next day to Health Department for failing to call him in time for confinement. Ye gods!

I have now washed my hands of young doctors and maternity work, and am enjoying an enforced rest at a sanatorium as the result of accumulated worries, mostly due to doctors' mistakes.—Yours, etc.,

FED-UP.

A "Registered Midwife" also writes re the difficulties in connection with her work. She speaks of the need for capable midwifery, and the importance of efficiency in both doctors and nurses. She thinks sufficient food for the poorer mothers should be provided, and that they should be freed from anxiety. Antenatal treatment should be open to all everywhere, and attention paid to teeth and the eyes. Reference is also made to the difference in the rate of pay, a nurse working for a week, day and night, for a fee a doctor will take in an hour or less. The result is that maternity nurses drift away to other occupations where the salary is fixed and the hours shorter. The suggested remedies are as follows:—Both doctors and nurses should be paid a salary, the latter also being on the same footing as teachers and mental nurses; cheap laundries; lower house rents; homes for the ex-babies while the mother is in hospital; and domestic help when required. (In some towns in New Zealand these last two suggestions are already carried out by the Women's National Reserve.—Act. Ed.) Registered Midwife concludes by saying: "We raised huge sums of money for the war, to kill our men. Why can't we raise something in peace to keep our homes happier and better. It is a pity we cannot all work together amicably, each helping the other according to our various abilities, for the good of the mothers of mankind. After all, it is the mothers who count."