

What has been said is enough to show how sadly good Nursing is needed, but what can be done? for in native homes Nursing is impossible, as the English lady is not allowed to do as she likes with the patient.

In Peshawur we have felt that a Hospital was the only means of really benefitting the people. A small one containing six beds was started in November, 1886, but the people were so prejudiced that but few would venture in, and only twenty cases availed themselves of its advantages during 1887; but the next year saw a great change, and the little Hospital proved too small. There were then twelve beds, but for a time two additional ones had to be added, and even then the needs could not be met. It is therefore necessary for us to enlarge our borders, and we hope soon to have a new and convenient Hospital built. Funds for this object are earnestly desired, and can be forwarded to the treasurer of the C. E. Z. Society, in London, or to the Medical Missionaries in Peshawur City.

But what other means are there to benefit the people? Two Dispensaries have been open, each twice a week, for the last five years or more, and a third will, it is hoped, be opened for the Hindoos in particular this autumn. Girls of this country are trained in the Hospital as Nurses and Compounders; women are also trained as Nurses, and they are sent to the houses of those who will not enter the Hospital, to carry out the Doctor's orders. Ten women are under instruction as Midwives, for the native women so called are terribly ignorant, and often kill their patients.

The newest effort to reach those that will not leave their homes is to give "nursing classes" to as many as will gather in one house for the purpose of learning, but here again difficulties stare us in the face. If you ask a native lady to attend a class regularly in a friend's house, she will say, "It is impossible; my husband would not believe that I went so regularly *only to learn*," so great is the jealousy. Or again, if you ask her to have it in her own house she will reply, "I am too poor to pay for the tea which must be given to each weekly." The difficulties at first seemed insurmountable, but for the last two months a class has existed, having *ten members*, all of whom seem anxious to learn. They are very intelligent women, and some of them still young, though of course married. A striking feature in this class is that it consists of Mohammedans and Cashmiri Hindoos together, and all come regularly, that is, on the right day, but a message has to be sent half an hour before to announce the arrival of the instructress, and she has again to sit patiently as a rule until they collect. Time is of no value in the eyes of the people of this country.

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

### INTRODUCTORY PAPER.

IT is with extreme diffidence I venture to appear in the professional pages of our journal, after the accomplished women who have preceded me therein. With facile pen, and the ease that cometh of consummate knowledge of their art, they have written upon Nursing subjects of the highest interest; they have made us familiar with the busy ordered life of the Hospital, and brought before our eyes, as it were, the "pomp and circumstance" of Nursing.

To far other and gentler scenes I shall invite the attention of my readers in these pages. There will be but little of the "pomp" of Nursing here, but "circumstance" of momentous import, familiar in every home, and dear to every heart.

The subject of these papers will be Child-bed Nursing, for too long the most neglected and despised, the least understood, the most imperfectly taught of any portion of Nursing work. I think we may find the root of much of this evil in the popular but mischievous and misleading fallacy, that, as confinement "is not illness, you know," there cannot be much Nursing required; hence, I presume, anybody can do it, and "anyhow" does.

Dr. Cullingworth, in his recent interesting lecture on Obstetric Nursing, drew attention to the negligent manner in which Nurses are instructed in this portion of Nursing work; and his suggestion that no woman should enter a Lying-in Hospital until she had, as a preliminary step, undergone a course of elementary instruction in general Nursing, is most wise and weighty. The period of special instruction also should be greatly extended. A Nurse cannot perform her duties thoroughly if they are hastily learned, nor can she acquire the self-reliance, so important in Home Nursing, without having had a fair experience of the various exigencies of Child-bed Nursing; and we must remember that there is no Nurse more left to her own resources than the so-called "Monthly."

It will be my earnest endeavour to help on this much-needed reform, to substitute for the lurid torch of error that has hitherto guided our steps (that rather stifles than illumines) the clear, calm lamp of truth, to bear its bright rays into the dark, unwholesome recesses of ignorance, indifference, and neglect. I shall make a feeble, but I trust not altogether a futile, effort to clear away the tangled mass of empiricism that has so long and so persistently blocked the path of progress, and try to point out the *rationale* of every act, the

[previous page](#)

[next page](#)