

of the present day appear to overlook or reverse. The pupils in a Lying-in Hospital are divided into two classes, the pupil Monthly Nurses and pupil Midwives. The former usually train for two months, the latter for three. The fresh terms for midwifery pupils begin the day after the final examination of the Obstetrical Society, and this as a rule is about the third week in January, April, July and October.

The difference in the training of these two sets of pupils differs in degree rather than in character. To be a good Midwife, it is essential to be also a Monthly Nurse, but it is possible to be a capable Monthly Nurse without being a Midwife. All that is expected of a Monthly Nurse is, that she should be able to recognise the beginning of labour, and inform the doctor immediately of the fact. Here her responsibility ceases, and though unquestionably she must be able to act intelligently in his absence, yet the conduct of the case, from its commencement, until the mother is comfortably settled after delivery, belongs to the medical man, and him only. The duties of the Monthly Nurse really begin only with the birth of the child.

With the Midwife it is far otherwise. To her belongs, as in no other branch of Nursing, the grave responsibility of diagnosis. She must be able to conduct, entirely alone, all normal cases of Midwifery, with all their infinite varieties and emergencies. She must determine if it is necessary to call in a medical man, but for the most part she has in her own hands the responsibility of two lives, and one false step on her part may mean death to the mother, or child, or both. Neither after the labour is satisfactorily over does her responsibility cease, in fact it remains through all the manifold dangers of the puerperal state, until the patient is dismissed as convalescent. Is it right that this enormous power for weal or woe, should lie in the hands of a person of three months' training? Happily many persons who qualify as Midwives, after their qualification undertake only Monthly Nursing, but they have, of course, every right to practice as Midwives if it seems well to them.

It is a fact calculated to strike dismay into the stoutest heart, for a head of a Training School to try to realise what the amount of knowledge is which has to be imparted in the course of three months. Firstly, there is an elementary knowledge of physiology and anatomy. Then a very detailed knowledge of the anatomy of the pelvis and the organs contained in it. Then instruction in diagnosis, always an exceedingly difficult thing both to teach and to learn. Further, how to determine the different varieties of hæmorrhage and the treatment to be pursued in each case. A clear knowledge of the theory of antiseptics is also

most essential, together with much more theoretical knowledge. Added to this there is all the practical work, from the washing of a patient, and the comfortable adjustment of a binder; the use of a clinical thermometer and a Higginson's syringe; the names of the various antiseptic agents, their strength and uses; and the proper method of sulphuring a room, to the management of Midwifery cases, so that the pupil may at the end of three months be capable of acting entirely on her own responsibility. Added to this there is the infant to be considered, with all the many evils to which newly born children are subject, and how they are to be met or avoided.

It is not to be expected that an ordinary mind will grasp and retain all this in such a short space of time. Of course something suffers. So far as my own observation goes, the tendency is to consider the theoretical work as all-important, and the practical work as secondary to it; a most fatal mistake. It is quite possible for a Nurse to be thoroughly conversant with all the theory of Midwifery and yet be quite helpless and incompetent so far as the practical work is concerned.

Happily the London Obstetrical Society has apprehended this danger, and has, especially for the last few years, asked very practical questions to the exceeding discomfiture of the theoretical candidates. With regard to the capacity of a Nurse for absorbing and retaining all this knowledge, it must be borne in mind that the irregular life led at this time is exceedingly trying, particularly to a novice in Nursing. The Nurse is, especially if doing District work, frequently called up at night, and though it should always be insisted on that Nurses should not go out of the House without having some food, which should be prepared by the night Nurse directly she has called them, yet when it is considered that these Nurses must be out of the House and on their way to the case, within a quarter of an hour of being called, that they often after being out in the snow and rain, have to sit for hours in a hot but probably draughty room, with an indefinite prospect before them of breakfast some time during the next morning, it will be seen that the life is not an easy one, and it is difficult to learn, just when, as is often the case, one is completely tired out.

With regard to the actual routine of work, this must, from the nature of the work, be somewhat elastic, as if a fresh case comes in in the middle of it, as frequently happens, all else must give way. The usual plan is for the new pupils to begin work in the house, and to have several weeks of experience there before being sent to outside cases with a district Midwife.

*(To be continued.)*

[previous page](#)

[next page](#)