

the self-reliance which only comes with practice. They leave the Training School the day after their certificate is obtained, and unless they intend to make midwifery a speciality they probably have no opportunity of further practice, until they are one day brought face to face single-handed with a midwifery case, possibly because there is no doctor obtainable. A Nurse under such circumstances does her best, probably with very good result, but with what great mental strain is only known to herself, and she fervently wishes that she were still working for her Training School and could send back to it if need be for a more experienced midwife to encourage, counsel, or assist her. This feeling of a lack of opportunity for experience after qualification is, I think, strong with most midwifery Nurses. It is, however, most reprehensible to allow unqualified pupils to conduct cases entirely on their own responsibility.

The poor women who confide themselves so readily and gratefully to the care of the Institution for which these pupils work, surely deserve fairer treatment at its hands than this, and so the problem remains unsolved, and it is still reserved for some benefactor to the science of midwifery to discover how this training may be obtained. It should at least comprise three months' experience after the possession of a certificate, while still in touch with a Training School. It may appear at first sight that it would be easy to arrange for a six months' training, the first three months always under supervision, the second three as a qualified midwife able to take out pupils, and that in this way the Training School would be the gainer in not being obliged to keep so many paid midwives. There are practical working difficulties, however, against a scheme of this sort. It is far better for the training of pupils that the persons who teach them should have as wide an experience as possible, and not the very limited one of the pupil stage. Also it is impossible to be able to judge of the capability of a Nurse until her actual nursing has been under observation for some little time. It is quite likely that, if a six months' engagement be entered into, before the end of three months it may be found eminently undesirable that a midwife should have the responsibility of training others entrusted to her, as her own capacity for assimilating what she herself is taught is small, and consequently the quality of her instruction to others would be second-rate, and the standard of the school would be lowered. Further, Nurses who are capable of excellent work themselves, both practically and theoretically, do not possess the power of imparting their knowledge to others. This plan, therefore, must be rejected.

Next a few words are, I think, necessary with regard to the Hospital and School where this training is to be obtained. It should be situated in a healthy locality, and the drainage and the internal sanitary arrangements should be as perfect as possible. A constant, plentiful supply of water for flushing should be ensured, and certainly no drains should be allowed to pass under the building. The wards should be airy and cheerful; the walls either tiled, or glazed with an enamel paint, which can be washed, and the floors polished. No ward should contain more than two beds—one is better. The advantages of this plan are:—

(1) There is no necessity for a special labour room, and the consequent removal of the patient immediately after confinement—a proceeding always attended with some risk. In a two-bedded room the second bed can always be kept empty at first, and a convalescent patient be moved into it from a single room in a few days' time.

(2) The danger of the spread of septic troubles from any doubtful case is reduced to a minimum. One large room should be set aside as a day room for convalescent patients; another as a nursery. Here the babies should be brought at regular intervals (10.0, 2.0 and 6.0, day and night, will probably be found the most convenient hours), to be bathed once a day, and at other times generally attended to. By this plan the pupils get the advantage of being under the supervision and direction of the Lady Superintendent or the House Midwife, one of whom should always be present. The instruction thus given can be much more definite and precise than would be possible in the mother's room; and, further, the mother herself is not harassed by any crying of the child at these times, and has consequently more opportunity for much-needed rest. Several rooms should always be kept in readiness to be used as labour rooms at a moment's notice, as there is apt to be a sudden influx of patients. The fire in these rooms must be laid, the bed prepared and furnished with hot water bottles, which must be refilled morning and evening, if the bed is vacant for several days. There should be two baskets in the room, one containing everything needed by the midwife who conducts the case. This is best made of wicker work, standing about two and a-half feet high. A basket of this description is easily carried from room to room. It should be lined with white protective, and have a closely-fitting cover of red American cloth, lined also with protective. This can be easily kept clean. The second basket should contain everything necessary for the use of the monthly Nurse and the baby.

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