

act as Midwives, therefore we may class them as Monthly Nurses.

I would here point out the excellent work done by the Obstetrical Society in affording to Midwives a definite standard of knowledge to be aimed at, and a definite examination. The London Obstetrical Society has in fact provided the Central Independent Examining Board of the Midwifery Schools, which some of us are anxious to see established for general nursing, and it may serve to prove that such an Examining Board is practicable. All who are acquainted with the methods of this Society know how satisfactory this system is, and I can certainly speak as to the valuable work done by it in keeping up a standard to be aimed at, while it in no way affects the individuality of the schools, and its certificate far exceeds in value that of any particular Training School.

It appears to me, therefore, that the success which has attended the efforts of the London Obstetrical Society augurs well for any similar scheme of a Central Examination Board for Nurses which may be adopted in the future.

Since the formation of the Obstetrical Society 1,022 persons have received its diploma. At the present time only 121 trained Nurses, so far as is ascertainable, are in possession of this diploma, therefore the great majority of Midwives are not Nurses. The Midwife of the present day is, for the most part, a woman who, though so immeasurably in advance of her ignorant predecessor, that one cannot wonder at her wishing to be distinguished from her, is not a wholly satisfactory person, inasmuch as, firstly, she is only acquainted with one branch of nursing, and, secondly, enormous responsibility devolves upon her after a very short period of training. I believe that all heads of Training Schools will agree with me that in every case a general training should precede a special one, and that all Midwives who are also trained Nurses are of opinion that it is a mistake to train in Midwifery only.

I would suggest, therefore, that our aim should be that the Midwives of the future should be, as I believe they will be, *Nurse-Midwives*. They should be Nurses first, and Midwives afterwards. And I would point out that this Nurse-Midwife is essentially the person who is in demand. A Midwife's services are required, for the most part, in the homes of the poor, who do not require merely to be delivered, but to be nursed during the lying-in period. A poor woman at such a time needs some one who can not only give skilled assistance while she is in labour, but who will act as a Nurse for at least ten days following, make her patient's bed, wash both mother and child, and generally attend to the comfort of both, and for this a Nurse-Midwife

is by far the most competent person, and where her value is known I believe she is invariably appreciated.

We sometimes hear it stated that now that there are medical women, that the Midwife has no further possible reason for existence, and that she should be abolished. I do not think that this is the case. The view of the patient on the subject, often overlooked, is after all an important one, and I believe that working women would be unanimous in saying that what they require is a skilled Midwife. It is amongst them, and not amongst people higher in the social scale, that Midwives are so valuable. For this reason. The time of a medical woman is far too much occupied for her to do more than deliver a woman at her confinement, and pay an occasional professional visit afterwards, even were it desirable that she should act as Nurse as well, a proceeding which I do not think Dr. McCall would counsel. How then is the patient to be nursed? She cannot afford to pay for skilled nursing in addition to paying the doctor's fee. The district Nurse, if there happen to be one, cannot be utilised, as it is most reprehensible, and indeed impossible for a conscientious person to nurse general district cases, and Midwifery cases at the same time. On the other hand, if the lying-in woman is left in charge of a neighbour, all the care of the medical woman may be rendered useless through want of cleanliness on the part of the attendant. A Nurse-Midwife, however, can attend at the confinement, and visit and nurse the woman for ten days afterwards, thereby adding greatly to the comfort and well-being of the patient. I maintain, therefore, that there is a place for the Nurse-Midwife which cannot be filled by anyone else, and I think that if those who object to her paid her a visit of a week and accompanied her on her rounds, they would learn for themselves what an exceedingly valuable person she is, and their objections would vanish.

I hope the time will come when such a woman, to a certain extent under medical control, is recognised by the State, and supported by it, and is within reach of every working woman who may need her help to the exclusion of unskilled assistance. But before this can take place she must be produced in much greater numbers than she at present exists. I should like to urge upon the heads of all our Training Schools the great importance of affording their pupils opportunity for training in Midwifery. We object, and I believe rightly, to Midwives being untrained in other respects, but we do exceedingly little to produce the Nurse-Midwife. I do not suggest that it is advisable to include a course of Midwifery in a three years' curriculum, but I should like to

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