

about monthly work, or else the patient whose critical condition demands the most extreme care must receive only amateur assistance. The consideration of this one single case seems to me to prove that obstetric nursing is a necessary part of a nurse's curriculum. But, further, the point you raise as to whether nursing, as the handmaid of medicine, should not follow on the same lines, appears to me to be the real one at issue, and quite unanswerable. The nurse is the assistant of the medical practitioner, and should be able to give him trained and skilled assistance in all the branches of his profession. As a medical practitioner is required to qualify in medicine, surgery, and obstetrics before he is allowed to practice; to my mind, and I think surely to every logical mind, a nurse should be required to prove her competence in nursing in the same subjects. How far her education in obstetric nursing should go is another and wider matter. At present I am only pleading for the acceptance of the principle. I have already trespassed too much upon your space to go into the question of education.

I am, Dear Madam,
Yours faithfully,
A MEDICAL, SURGICAL, AND
OBSTETRIC NURSE.

DEAR MADAM,—I think it will be very hard on hospital nurses if they are obliged whether they wish it or not, to train as monthly nurses. We enter a hospital for training to learn how to care for the *sick*. But, as you justly point out, childbearing is a natural process, not a disease, and I, for one, have no sort of desire to learn anything about the nursing these cases. The nursing of the *diseases* of women is a different matter, but that we do learn in the obstetric wards of hospitals.

I am, Dear Madam,
Yours truly,
CERTIFICATED NURSE.

[Our correspondent makes the very common mistake of confusing gynæcological with obstetric nursing. An obstetric ward is one in which maternity cases are nursed, although the word is, we know, used somewhat loosely in some institutions.—ED.]

REGISTRATION.

To the Editor of the "Nursing Record."

DEAR MADAM.—I am very glad you have invited all trained nurses to express their opinion on legal registration.

I think if midwifery was necessary, all those trained nurses who do not hold the L.O.S. certificate would very soon go in for that branch of training, but personally I should never follow that part of the profession.

I think all nurses who have passed through three years of general hospital training sufficiently qualified for legal registration, because if midwifery is necessary, why not mental, fever, and massage training? and if all these, how can nurses possibly do five years of hard hospital training? They would have to begin with three years general training, then at least three months midwifery, six months fever, three months massage, and one year of mental training. I am sure very few nurses could possibly do all this hard work. I well remember when I left my training school three and a half years ago, I was a perfect wreck, and found I could not possibly take up midwifery training then, I was

feeling so ill and run down after three and a half years of general training. It was quite a year before I was thoroughly strong. I have been private nursing three and a half years, and have not been off duty one day ill during that time.

Now that we have lost all confidence in the officials of the R.B.N.A., it is quite time the nurses took the law into their own hands, and that we should form a new society for the sole purpose of obtaining State Registration.

Yours truly,
A BONA FIDE NURSE.

[Our experience is that private nurses who have no experience in special branches of work, such as infectious fever nursing, maternity nursing, massage, etc., are not at all fully equipped for private nursing. Medical and surgical nursing, would only keep employed very few nurses, so that those nurses who wish to take the majority of cases as they come, must have experience in as many specialities as possible. If a curriculum were decided upon, means would have to be found by nurse training schools to give their pupils a comprehensive experience, and not rest satisfied with "three years experience," very often spent mostly in one or two wards. It is because there is no standard of nursing education—nor qualifying examination, that the nurses and the public are at the mercy of so called "training schools"—which are schools in no sense of the word. We heard an amusing story the other day, which throws some light on nursing education.

Past Lecturer to nurses, to successor: "My aim was to teach these women as little as possible."

Worthy successor: "And mine is to teach them *nothing*."

Neither gentleman hesitated to accept the generous fees paid by the governors!—ED.]

A POINT FOR THE PRINCE'S FUND.

To the Editor of "The Nursing Record."

MADAM,—Referring to your leading article in your issue of the 11th inst. "A Point for the Prince's Fund," I am reluctantly forced to come to the conclusion that the time has arrived when the power should be taken out of the hands of any House Surgeon or resident doctor, to send any suffering human being out into the cold streets of London at such unreasonable hours without any regard to the condition of the patient, as it is quite evident that one cannot trust the humanity of the doctors against their commercial instincts.

Now if the Committee of the Prince's Fund allow such things to take place with impunity without taking the slightest action as to the amount of the contribution given to any particular Hospital, whose arrangements are such that these scandals must frequently occur, then the public confidence in the administration of such a Committee must inevitably become "a vanishing point," as it is with regard to the Hospitals themselves, for the mere mention of their casual wards calls up a lurid panorama of hideous and careless cruelty.

Yours obediently,
F. G. OSBORNE,
Secretary,

The Society for the Protection of Hospital Patients.
St. Mary's Home,
Hammersmith,
13th February, 1899.

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