

Educational Questions.

OBSTETRIC NURSES.

The following questions, writes a member of the Obstetrical Society, may be asked in reference to column 1 on page 131 of the *NURSING RECORD*, etc., Feb. 16th, 1901, which appeared under the heading of "Moans about Midwives."

QUESTIONS.

1. Is it logical for the Council of the British Medical Association to approve of the training of midwifery nurses, and to oppose the training of midwives?

All knowledge is good, but

2. Is it necessary for a woman to understand the nursing of (say) typhoid fever cases and fractured limbs in order to attend cases of labour? Why do the opponents of the Midwives Bill scoff at the idea of a midwife acquiring her knowledge in 3 months, and in the same breath ask for extensive general knowledge? When midwifery is limited to the anatomy of the female pelvis and foetal skull and natural labour only, I should be very sorry to say that an intelligent woman, who is well taught, and has practical work, cannot acquire what is wanted of her in 3 months. As a fact she does. The medical student who has attended a 3 months' course of lectures on midwifery, and conducted 20 labours is expected to know the *whole* subject (including difficult instrumental labours, etc.), from one end to the other, and would be prepared, at the same time, in several other subjects of the medical curriculum. No wonder that many of the female candidates pass a better examination at the Obstetrical Society in this limited midwifery than the average medical student with his many subjects and extended obstetrics would do.

3. Is not the Obstetrical Society of London truly magnanimous in offering to hand over to the Government as a going concern the £800 per annum which it may now be making as the result of its 30 years of hard work in this cause?

Your leading article headed "State Registration," shows that what trained nurses want for themselves is "an Act of Parliament to effect compulsory registration of trained nurses." This, too, is what is urgently required for midwives, or midwifery nurses. Thousands of midwives are required to act without a doctor unless necessary, and thousands of midwifery nurses to act with a doctor. Both require education, examination, and registration.

ANSWERS.

1. Certainly. The work done by the half-trained, and, therefore, ignorant midwife, should

now be performed by the medical practitioner, or the trained obstetric nurse, whose fuller training and knowledge have superseded that of the midwife specialist, and left no room for her in the body politic. It is mischievous at the present day to educate women superficially in a special branch of medicine without a basis of general knowledge.

2. The reply to this question is a counter question. Is it necessary for a medical practitioner to understand the treatment of typhoid fever cases and fractured limbs in order to attend cases of labour? The General Medical Council have decreed that it is. We presume that they realise that the female pelvis is part of the anatomy of the human body, and must be treated in relation to the whole. The opponents of the Midwives Bill—at least, those of them who are trained nurses—know from actual experience that it is impossible in 3 months to teach, satisfactorily, all the practical duties which devolve upon a midwife, as well as the theory of her work, and they find, in a large number of cases, that the tendency of midwifery pupils is to consider their practical duties secondary in importance to theoretical knowledge, because the certificate of the London Obstetrical Society, which they covet, depends largely upon the latter. A medical student does not stand in the same relation to midwifery work at the end of a 3 months' course as a woman who does not know the iliac fossa from the psoas muscle, as he has a basis of general medical knowledge to work upon. Also he is submitted to the discipline of a five years education in a medical school, a factor which is wholly absent in the case of the 3 months' midwife.

3. We do not gather from past Midwives Bills that the Obstetrical Society intend presenting the Government with a lucrative "going concern," because the increased powers sought for to maintain the somewhat penal discipline suggested over midwives will involve a very great increase of expense. The Obstetrical Society has in the past merely examined theoretically, all and sundry who have come before it having attended 20 cases of labour. These pupil midwives may have "trained," without spending an hour in a hospital ward, lying-in, or otherwise, and the practical "tuition" they receive may be, and often is, of the most superficial and inadequate description, and no sufficient guarantee of personal character is evidently demanded.

The Council controlling the State Registration of Trained Nurses would require obstetric or midwifery nurses to hold certificates of proficiency in midwifery and maternity nursing. Such obstetric nurses would, therefore, not only

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