

pressed in undeniable terms. But, for the present, the above supposition—although probably much within the actual state of affairs—is sufficient, because it clearly follows that skilled attention is every whit as necessary after labour as during its progress. For another reason, all professional people are aware of the same fact. The process of labour is a natural one, carried out with marvellous adaptability to varying circumstances, and in the vast majority of cases requires no assistance or interference of any kind. But in no single way does Nature make provision for the protection of mother or child from subsequent dangers—of septic infection, for example, inflammatory action, or malnutrition.

Let those who would question the value of skilful care after accouchement both to women and their offspring consult the records of the great lying-in charities of this or foreign countries. They will find that, as knowledge and its due application has increased, so the bills of mortality have descended with gigantic strides. From all of which arguments it must be inferred that every year greater and greater importance will attach to the functions at present discharged by the Monthly Nurse, and that, therefore, more and more stress will be laid upon her knowledge, efficiency, and personal character.

Now, we presume that no one will dispute that the better trained a Nurse is in general work, the better will she be able to perform the duties of tending the lying-in woman. In fact, this feeling is evidently growing so strong amongst leading Obstetric Physicians, that it is not difficult to foresee that, within a very few years, only those who have passed through a complete course of Hospital work will be accepted as suitable for Monthly Nursing in better-class houses. Then, in fact, the Monthly Nurse will take the position which in theory she should hold—but which she certainly has not yet attained—in the first rank of Private Nurses, not only because of the skill she must have acquired, but in accordance with the responsibilities which she must undertake.

So far the way is clear enough, but now arises the question as to the connection or the difference between the Midwife and Monthly Nurse. There has to our knowledge been no little heart-burning, no little jealousy, and no little mental confusion upon this matter, both professionally and amongst the public at large. Some Midwives argue that their special work approaches closely to that of the Medical man in its character and in its responsibility, and they therefore repudiate all connection of any kind with Nurses. Stories are told of some who declined to do aught for mother or child once the confinement was over, upon the ground that subsequent details belonged

to the Nurse alone. How absurd such speciality is was well pointed out in these columns some weeks ago by one of our most talented contributors, herself a highly distinguished Midwife in a great provincial town. We refer to this as a feeling which this transitional period has evolved, when Midwives are rapidly rising individually and collectively in every particular, and when the Nursing profession, too, is only beginning to crystallise into its new form and shape.

But the subject can only be rightly understood or adequately discussed by understanding, in the first place, that already Midwives fall into two clearly-marked divisions—those who work in small country towns or villages, and those who follow their occupation in great cities. And every future year, as their education and position improves, the differences between these two classes must presumably become sharper and more distinct. We would in brief explain our meaning thus. At present one finds two completely distinct classes of Midwives—those who combine their work with that of Monthly Nursing, and those who practise the calling solely and entirely as a speciality, entirely apart from nursing details. But as we shall prove, the probabilities are that the education of these two classes will in the future proceed on parallel lines, although to a less extensive degree in one case than in the other.

From all time, and in probably every village in the country, there has always been some woman who by chance or inclination adopted the work of a maternity assistant, if we may use the term. Formerly, what she acquired of skill or experience was self-learnt, and generally a matter of rule of thumb. Of late years it has widely become the custom—and we doubt not present events will make it soon almost an invariable custom—for some benevolent person in the neighbourhood of a village to assist one of the inhabitants—with a natural disposition for the work—to obtain some technical skill in its performance by sending her for a brief period of training to a Lying-in Hospital. There are now throughout the country hundreds of such women at work, but there are still thousands of others similarly engaged who are more or less totally ignorant.

But they have all one thing in common—they work amongst their own kith and kin, in the small community in which they were born and bred, and to every member of which they are intimately known; they live four, five, perhaps six miles or more from the nearest Doctor, and their neighbours are mostly too poor to afford medical attendance. Of necessity, then, they attend their neighbours in child-bed, and as one does, thousands do. When the time comes the Midwife crosses the road and takes charge not only of her neighbour, but also of

[previous page](#)

[next page](#)