

measure in the direction of Surgical Nursing, and knowledge of bandaging, slinging, surgical dressings, poulticing, fomentations, catheterism are all required in Obstetric Nursing. As a teacher of this portion of nursing work, I have found that a woman who had some knowledge of Surgical Nursing took more readily to her special duties than one who had not, and hence I drew the clinical inference that some knowledge of Surgical is serviceable in our portion of Nursing work. I should advise a woman who is taking her course of preliminary elementary instruction in Nursing, as a preparation for her special work, to pass a portion of her time in the Surgical Ward of the Hospital.

I earnestly hope that thus far I have aroused an interest in the minds of my professional sisters in Obstetric Nursing. To emphasise its importance, I will put the matter in another light. When we visit a Hospital our nursing friends tell us they are nursing a case of amputation or rheumatic fever, or bronchitis, and so on, and in a way we know what they are doing. But when a Nurse tells us she is nursing a case of "confinement," she really tells us nothing, for the same word would apply equally well to a broken leg; and if the leg belonged to a "lord of creation" it would sound rather oddly, would it not? though in truth not a whit more indefinite than when used in its ordinary conventional sense. Now, I ask my professional readers (has our Journal any lay ones?) to imagine we are going to nurse (on paper) a case of involution of the uterus, *plus* a baby, for that is what Child-bed Nursing really means. I have briefly described the remarkable decrease in size and weight of that organ after delivery, and *pari passu*, the increase in size and volume of the breasts, a sort of "enitastalis" of happiest augury to our patient, who we then hope has fairly entered on the path to convalescence. The more we study this process of involution, the more our wonder grows. There are countless other points in Midwifery Nursing, but this is the keynote to it all, and there is nothing promotes involution of the uterus (which is recovery) more than good and careful nursing from first to last. For the want of that care thousands of mothers are invalided for life. I hope I have shown that there is a wide and worthy field for nursing talent in the Obstetric portion of nursing work. As I pursue the subject I must ask for the kind indulgence of my readers if I appear to be tedious when I insist upon details that may seem to be of little consequence, but the fact is there is such infinite detail in our portion of nursing work (and we nurse two patients at once), and the sum of the details is so important to the value and completeness of it that I must be excused for insisting upon

and reiterating them, however trivial they may appear in themselves.

It must often have occurred to women teachers of Obstetric Nursing, as it has to me, that although we have many valuable hand-books in our branch of work, they do not altogether meet our requirements. A manual, to be of real practical use to teachers, pupils, and workers alike, should assume nothing and explain everything; and this is just where our hand-books fail us—they assume too much and explain too little. They have been hitherto written by men for women, and as a woman I frankly confess that I find some of their spare "explanations" require a great deal of "explaining," notably in the infantile part of our work. It is not enough for a Nurse to be told *what* to do; we must tell her *how* and *why*, if we expect rational obedience from her; hence the value of a handy and trustworthy work of reference. It may be said Nurses learn the technical and practical part of their work in the Hospital, which is perfectly true, nor can they properly learn it anywhere else. It is also equally true that they are apt to forget them when they leave the Hospital or are out of the control of the teacher, hence we get many "backslidings"; and though the forgotten may not be very important in itself, the sum of the "forgettings" is serious, and deteriorates their value as Nurses.

Now this fact was a distress of mind to me as a teacher of Obstetric Nursing in Hospital and out, and I looked around for a remedy for "backslidingness," if I may so call it, and decided to teach my pupils by dictation, as the best way to fix facts in their minds; and we had out the slates as in schoolroom days. Everything was written down on the slate first, then copied on to paper, submitted to correction, if very faulty re-written, if fairly good the paper was numbered and fastened together with the rest, and thus became the property of the pupil, to which she had to refer on all occasions. Nothing was told her twice over, which saved tedious repetition on the part of the teacher, and burdening the memory on the side of the taught. I had great opposition in carrying out this plan on the part of some of the pupils, especially from those who had phenomenal memories (according to their own showing), and principally displayed their powers by remembering *wrong*. But I was (and am) inflexible. Those who did not like the arrangement had to leave me; those who did, reaped the benefit of their perseverance in well doing, as they fully and freely acknowledged in due time. We made quite a success of the plan; the pupils, who learnt their work by heart, if I may so say, passed their examinations with ease and credit, oftentimes with honours. Every pupil, too, had to make out a list of

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