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Editorial.

MONTHLY NURSES OR MIDWIVES?

It is a common mistake amongst lay persons to confuse midwives with trained nurses, but it is almost incredible that a medical paper with the standing of the *Lancet* should fall into the same error. Yet, in its last issue, this publication, referring to the decision of the British Gynæcological Society to institute an examination in monthly and gynæcological nursing, criticises the value of the examination in the former case on the ground not only that the Obstetrical Society has carried on a similar examination, but also that the recently-established Midwives' Board meets all the requirements of the case.

It cannot, therefore, be too emphatically pointed out that a midwife is not necessarily a trained nurse any more than a chemist is a medical practitioner. If our contemporary will refer to the Midwives' Act of 1902, it will find that it deals exclusively with midwives, and that it defines a midwife as "a person specially qualified to practise midwifery."

This is the crux of the whole question: the Act creates an inferior order of midwifery practitioners; it does not touch trained nurses or their education in any way. On the contrary, the essence of the Act is that, within certain limits, it confers on a midwife authority to act as an independent practitioner. This the trained nurse, however highly skilled and educated she may be, invaluable as she is in the treatment of the sick, is not, and can never be. She takes her directions from the profession of medicine, and her work consists in carrying out these directions implicitly and exactly.

It is surely time that the *Lancet* should appreciate the radical differences between these two bodies of workers, and that in view of the indispensability of the trained nurse to the progress of modern medicine and surgery, it should bring an intelligent and sympathetic comprehension to bear on the problems which

confront the profession of nursing in its evolution. We have no hesitation in saying that if nurse-training ceased to be carried on, in a month's time the progress of medicine and surgery, without the supplementary aid of the allied profession of nursing, would be seriously impeded.

What the more progressive nurses claim is that their education should include instruction in the three main branches of medical, surgical, and obstetric nursing, so as to enable them to render efficient supplementary aid to the profession of medicine. What midwives have so far claimed, on the contrary, is that without any basis of general nursing knowledge they shall have a special education which shall enable them to act as independent midwifery practitioners. This was the point at issue in the Midwives' Act, and, had medical practitioners really appreciated it, we believe that they would have urged in its place a Bill for the registration of medical, surgical, and obstetric nurses—in our view the only statesmanlike attitude to adopt. This journal has always consistently supported this principle, and sooner or later we believe that out of the midwife as at present created by the Midwives' Act the highly-skilled obstetric nurse will be evolved, for, when the Midwives' Board get to work, they will find that a midwife with no knowledge of nursing is an ineffective person, and, as the Board has the power of "regulating the course of training" of midwives, it will be compelled before long to require evidence of training in general nursing.

Meanwhile, there is no effective test of the efficiency of the monthly nurse—that is, the qualified nurse, skilled in the care of maternity cases, who works under medical direction—and, in our opinion, the British Gynæcological Society is doing good service by providing nurses with an opportunity of proving their knowledge before undertaking the responsible duties involved in nursing cases of this class.

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