

logical Society, which has organised its examinations both in gynaecological and maternity nursing on lines which must commend themselves to trained nurses, inasmuch as it requires evidence of general as well as of special training, and has appointed on to its Board of Examiners Matrons with special experience in the subjects concerned, who act as examiners in the practical branches of work.

We next come to the question of what constitutes an efficient maternity nurse, and this, in our opinion, needs defining, for unquestionably in the past the standard expected of a woman who undertakes the responsible work of maternity nursing has been all too low.

It is generally assumed, and Miss Hughes' letter bears this interpretation, that the duties of a maternity nurse begin with the birth of the child, the doctor being responsible for the conduct of case up to that epoch. It is time for this inefficient standard to be abolished. Doctors, as Miss Hughes points out, are at times unavoidably delayed; the nurse as a rule is on the spot, and it behoves her to be competent, it behoves those responsible for her training to ensure that she is competent, to manage, in the absence of the medical attendant, a normal midwifery case from first to last—nay, more, to deal skilfully with the emergencies of a midwifery case also, as she would deal with the emergencies of medical and surgical nursing until medical aid can be secured.

If she is to conform to this standard, it follows that the maternity nurse must have received instruction in midwifery, and we have no hesitation in saying that we do not consider her a skilled or a safe attendant for the lying-in woman without it.

She will, of course, take her instructions from the medical practitioner in charge of the case when she undertakes the nursing care of it, but that such a case, with a resident nurse in charge, should suffer from lack of skilled attention because she employs a maternity nurse, not a registered midwife, appears to us a proposition unworthy of the enlightenment of the twentieth century.

The Colonial Nursing Association.

The Goldsmiths Company have forwarded £50, and the Mercers Company 10 guineas, in addition to sums from other contributors, to the Colonial Nursing Association, in response to a letter of appeal which the Committee recently issued. The Association, of which Lord Grey is president, has since its foundation in 1896 supplied nearly 200 nurses for work in the Crown Colonies and in other British communities abroad. At the present time 105 nurses are at work in various parts of the Empire. It is receiving many applications for nurses, both from stations already in the Committee's sphere of operations, and also from new districts.

Poor Law Infirmary Training.

Several correspondents have written to us complaining of the injustice done to nurses trained in infirmaries by the appointment of hospital-trained nurses to the higher posts in these institutions. We regret that pressure on our space this week prohibits our publishing these letters in full.

The points brought forward by our correspondents are:—

1. That nurses trained in well-organised Poor Law infirmaries receive a training which would certainly qualify them for admission to a State Register of Nurses.

2. That they are exceptionally well trained in the care of those chronic cases which good nursing can do so much to alleviate, and that they generally make most acceptable private nurses.

3. That, while they do not obtain so wide experience of surgical work as their colleagues in general hospitals, they do obtain sound education in this branch. Against this must be placed the fact that they frequently obtain experience and are qualified in obstetric nursing, and that the hospital-trained nurse, almost without exception, is entirely ignorant of this most important branch of work, which she complacently explains is a special branch, outside the scope of a three years' certificate, while at the same time she rightly, but very illogically, enlarges on the undesirability of undertaking this special branch of work with no basis of general training.

4. That the three-years-certificated hospital nurse believes there are no emergencies, including those of obstetric nursing, to which she is not equal, a belief which is not well founded.

5. That all nurses, wherever educated, should be required to attain a minimum standard of efficiency, and should then be regarded as trained.

6. That any injustice recoils on the head of the perpetrator, and that if Boards of Guardians persistently pass over the claims of infirmary-trained nurses in making appointments to the more responsible nursing posts, the result will be that the most desirable class of candidates will not apply for admission to the Poor Law Nursing Service.

There is much to be said for the above arguments. It is undoubtedly true that, while an infirmary-trained nurse will be wise to obtain further experience in operation work, there are often many gaps in the knowledge of the nurse holding a three years' certificate. The fact is, we are suffering from the lack of a professional standard, and until this is authoritatively defined we shall not advance much further on the road to a comprehensive education. In regard to Poor Law appointments, we are of opinion that, other things being equal, an infirmary-trained nurse should have preference.

[previous page](#)

[next page](#)