

nurse without any training or test of fitness or qualifications. How often we find it to be the case that a worthy woman, hard pressed by the cares of her household, resorts to this kind of work as a means of supplementing her slender income; or the widow woman deprived of her breadwinner, who has to turn to and work to keep her little home together, takes a lolly-shop or a mangle, and, in the meantime, makes it known that she is available for going out among the people as a monthly nurse, her widow's weeds laid aside for the nurse's uniform. After a time she disposes of her lolly-shop and mangle, takes a cottage or a house in a terrace, which soon becomes known as a private hospital, where patients are taken in.

This condition of things largely explains how the obstetric branch of nursing has so long remained in such a perilous state, to the danger of the whole community and a menace to health and human life.

The evils of such a system have somewhat been mitigated within the last few years by supplying the community with a class of nurses who have at least received an elementary course of instruction in nursing as applied to lying-in women, and who are doing a great deal to displace the primitive type. The midwifery course of training embraces a short course of lectures on the science and art of midwifery and practical instruction in the principles of nursing as applied to the lying-in patient. In the majority of the maternity schools of Great Britain and Ireland the period of training for such nurses extends over a term of three months, after which they can receive a certificate or diploma certifying that they have received such training, and on the possession of which, it is feared, many women presume to pose as fully-trained nurses as well as midwives.

The Sydney Midwifery Schools insist upon their obstetric nursing pupils serving, at least, a period of six months, and in the case of the Benevolent Society and the Women's Hospital a period of twelve months is required for training. The midwifery nurses that undergo the twelve months' course also get some experience in surgical nursing, as it is naturally difficult to separate obstetric work from certain forms of surgical work in a modern and well-equipped women's hospital. Here, again, there is a liability for the obstetric nurse, so trained, to assume the rôle of the surgical nurse, and enjoy a status and position which take the general nurse four years' hard training to reach.

The existence of so many nursing systems, or, rather, the absence of a definite system, is, I am sure, admitted by all to be most unsatisfactory, and clearly points to the necessity that exists for some course of action being taken that would place the matter of the nurses' training on an accurate and well-defined basis.

My own view of the question is that such an end is best reached through some suitable form of

legislative action. It is hard to understand why there should be so much opposition shown against regulating the nursing profession or the nurses' calling by Act of Parliament. Strange to say, the opposition comes chiefly from the medical profession, on the ground that such a regulation by statute carries with it the risk for the nurse to assume the responsibility and status of a medical practitioner. It appears to me that legislation is just the very way to prevent such a risk by making it an indictable offence for her to undertake duties and responsibilities that she is not qualified for. The danger at the time in this direction is not apparent, so far as the general nurse is concerned, for she acts generally under the orders and directions of the medical practitioner, to whom she is responsible; but the obstetric nurse or midwife frequently undertakes the care and responsibility of a lying-in patient—from start to finish—and every medical practitioner knows from experience that the more ignorant the woman the less sense of danger she shows, and to be without a keen sense of all the dangers that the parturient woman is face to face with is, in itself, almost the greatest danger that the unfortunate patient has to endure.

It is essential in the public interest that all callings or professions that are concerned with human lives and the health of human beings should be so regulated. Such a provision exists in most civilised countries. Australia has not yet moved in that direction, though both New Zealand and Cape Colony have their nurses' legislation in force. Great Britain and Ireland, as I have already pointed out, have their legislation as applied to midwives, but at the present time strong efforts are being made to extend the law so as to embrace the general nurse, and a Bill has been drafted for this purpose with a view of being submitted to Parliament.

For my own part, I would like to see midwifery nursing embraced in the general nurse's training. I can see no practical difficulty in the way of making it fit in, and, so far as I know, there is no scientific reason that can be urged against it. Provision could be made for training the nurse in this special subject by our general training hospitals having attached to them a maternity ward, or allowing the nurse in the last year of her training to attend for a short course of instruction at a maternity hospital. A beginning has been made in this direction by the board of management of both Prince Alfred and Sydney Hospitals. It is so far not made compulsory in these institutions for the nurse to take up the midwifery branch; it is still optional, though many nurses, I am glad to say, have expressed their desire to take advantage of this provision. The advantages of such a system would be that in course of time the general nurse would come to absorb the midwifery nursing, thus giving the patient the benefit of the services of an all-round trained nurse. Such a nurse would be more likely to be better

[previous page](#)

[next page](#)