

disciplined, better educated, and, on the whole, fitter and safer for the duties and responsibilities of obstetric nursing. I would earnestly recommend the general nurse to qualify herself in this branch of work. It is a form of service where she can be of the greatest use; it is in itself a more constant source of employment than the intermittent medical and surgical work, and its remuneration is as high as the recognised scale of fees for general nursing.

In making these observations, I trust it will not be thought that I am in any way reflecting on the fitness and usefulness of that large class of nurses—the midwifery nurses pure and simple—who are doing, and have done, such good service in this particular branch. The members of the Midwifery Branch attached to the Australasian Trained Nurses' Association have all been admitted to the membership of the Association, on the *bona-fide* proofs of their right to be so admitted, by having undergone the tests of educational fitness, and being in possession of certificates issued by duly recognised bodies. The purport of my remarks is to aim at directing attention to the great importance of midwifery nursing, and to point out that it should be part and parcel of the general nurse's training. It is very likely that if it were taken up generally by the body of trained nurses some would prefer to keep to that line of work entirely, just as some nurses prefer now to keep to nursing surgical cases and others to the nursing of medical cases. But to become the special nurse, before being specially trained as the general nurse, is rather reversing the natural order of things and putting the cart before the horse.

It is well for us all to bear in mind, in dealing with the question of the place of the midwife and her status in the nursing world, that she has been the pioneer of the nursing art and even the progenitor of the modern nurse.

Not only has the midwife been the progenitor of the modern nurse, but she occupies a similar place in the history and evolution of the modern doctor.

At least in all that appertained to the obstetric art it was for ages her undisputed province, into which no man could dare enter. As late as 1522 it is recorded of a man called Wertt, of Hamburg, anxious to study a case of labour, put on the dress of a woman to attend the patient, and was burned alive for his pains. In fact, the practice of medicine had well advanced into the scientific era while the work of midwifery was still completely in the hands of the midwife. Midwifery began to merge into scientific medicine from the time that anatomy became an exact science, from the time that Ambroise Paré, the famous anatomist, in 1550, showed that it was possible to turn a child in a pregnant uterus without any special danger to the mother, and to deliver a living child in the altered position.—*The Australasian Nurses' Journal.*

## Nursing Echoes.

\* \* \* All communications must be duly authenticated, with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.



Is experience an equivalent for training? The affirmative answer is often urged, and was lately advanced to the Select Committee of the House of Commons. Recently eleven of the guardians of the Lewisham Infirmary embodied the opposite view in a letter addressed to the Local Government Board in relation to the recent appointment of Matron at that institution.

These guardians maintained that the selected candidate did not possess the qualification required by the Local Government Board of three years' training, as, after gaining a one year's certificate in another institution, she had in 1894 been appointed Charge Nurse at Lewisham Infirmary, since when they were of opinion she had not received training in any systematic and thorough manner, although in July of the present year, nine years after her appointment, she had received a letter from the Medical Superintendent certifying that she had received three years' training in the Lewisham Infirmary. They asked, therefore, that these points be considered by the Local Government Board before the appointment was confirmed.

At a meeting of the Lewisham Guardians at which the Infirmary Committee reported the receipt of this letter, Dr. Toogood said the appointment was perfectly in order. The Matron possessed the necessary qualifications; she had not received her certificate before because she had not asked for it.

It seems to us the methods of the Lewisham Guardians are somewhat casual if certificates are awarded in this manner. As a rule they are bestowed immediately after a class of nurses have successfully passed through the three years' term of training, and the award in no way depends upon a request from a successful candidate. A letter from the Medical Superintendent seven years after the term of training has expired is a poor substitute for a certificate awarded at the time it is due, and signed by the Chairman of the Board, the Medical Superintendent, and last, but not least, by the Matron. The incident further proves to nurses the extreme importance of a three years' certificate. It is now required of candidates for appointments under the Local Government Board, the Metropolitan Asylums Board, the Colonial Nursing Association, by leading private nursing

[previous page](#)

[next page](#)