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Editorial.

POOR LAW INFIRMARIES AS SCHOOLS FOR MIDWIVES.

Should Poor Law infirmaries which are able to give an efficient training be recognised as training-schools for midwives? The question is an important one, and was brought up at a recent meeting of the Central Midwives' Board, but was not put to the vote. It was raised on the application of a Poor Law infirmary to be recognised by the Board as a training-school, an application which was opposed by a member who said that he should oppose the application of every Poor Law infirmary for such recognition.

We hope and believe that the Midwives' Board will consider the case of each Poor Law infirmary on its merits. Surely any institution which can prove that it conforms to the regulations of the Board, and maintains the required standard, should be entitled to recognition as a training-school. In no institutions for the sick has greater advance been made of recent years in their efficient care than in some of our Poor Law infirmaries, and this because, instead of paying highly for inefficient attendants, or utilising pauper help, well-organised training-schools for nurses have been arranged.

To attract the desirable type of pupils a school must be able to show that it can provide an efficient training, and in this connection the experience afforded by many infirmaries in midwifery and monthly nursing is a valuable asset. While the larger Poor Law infirmaries can give excellent experience in medical nursing, a drawback is that the surgical work is usually limited, and therefore partial, in character. Against this must be set the valuable training now afforded in midwifery and obstetric nursing, which compensates to a great extent, in the opinion of many, for the deficiency in surgical work, a further knowledge of which can be obtained subsequently in a special hospital, or, ideally, in a surgical hospital affiliated to the infirmary, to which pupils could be sent for a period of their training.

As a counsel of perfection, it is widely admitted that nurses should be conversant with the three main branches of their profession, namely, medical, surgical, and obstetric nursing; the difficulty in procuring the latter experience has always been the lack of sufficient training-ground. In the case of general hospitals, this has been due partly to the fact that beds are not set apart for ordinary obstetric cases, and partly from lack of initiative on the part of the heads of the nurse-training schools, few of whom have realised the importance of obtaining this experience for their pupils. In Poor Law institutions, on the other hand, this experience has always existed, though it has not been fully utilised. For example, the lying-in cases are not always admitted into wards in the infirmary, but are received into the workhouse, in which case they are lost as affording training for nursing pupils, while it is improbable that the cases can be as efficiently cared for as when they are admitted to infirmary wards.

It is, again, generally conceded that midwives should have experience in general nursing, and, therefore, those candidates who would present themselves for examination by the Central Midwives' Board, from Poor Law infirmaries recognised as training-schools, would have excellent qualifications, as their midwifery training would form part of a three years' course in general nursing. As we have already pointed out, the general hospitals, with few exceptions, do not give training in this branch, nor do they encourage their pupils to obtain it elsewhere. On the other hand, the lying-in hospitals have not, so far, required evidence of general nursing knowledge on the part of applicants for training. It appears to us, therefore, that Poor Law infirmaries, in which the training is satisfactorily organised, will provide the Central Midwives' Board with a very desirable class of candidates, and that every encouragement should be given to them, both by recognition as training-schools and otherwise, to stimulate them to develop this branch of work. At the present time, when

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