

rather startle her audience by saying that the attitude trained nurses adopted towards maternity nursing was a wrong one. Nurses looked on everything from an abnormal point of view, and they regarded the lying-in woman as abnormal also. Yet a normal confinement was a natural process, and a woman giving birth to a healthy child was going through a process just as normal as dentition and digestion.

But the point of view of the trained nurse was tinged with abnormality, and consequently she was apt even when a maternity patient was in good health to make her regard herself as an invalid. Yet it is the fact that maternity is a normal process which explains why women survived their confinements before the advent of the trained nurse.

But a difference crept in with civilisation, and the maternity nurse had to face complications. Before a woman could nurse the abnormal it was necessary for her to thoroughly understand normal conditions. The amount of knowledge which should be required of a maternity nurse was a question under consideration at the present time. In her view a knowledge of midwifery was essential to intelligent monthly nursing.

There was a feeling in the minds of many trained nurses that maternity nursing should be left to them. Many, however, did not rise to their responsibilities in this matter. There was the difficulty of training and its expense.

Dr. Gow had said that only 15 per cent. of the pupils at Queen Charlotte's had received general training. She would like to make it very clear that trained nurses who neglected this branch were leaving an important part of their duty undone, and she laid stress on their receiving the full midwifery training, "because maternity nurses were so often left to their own resources. It was all very well to have seen many labours, as the maternity nurse did during training, but it was a very different thing to have the responsibility of a case. When the safety of a patient depended on the nurse in an emergency she needed the calmness born of knowledge, and that knowledge was attained by undergoing full training as a midwife.

Beyond the keenness for full professional knowledge for its own sake there was, Miss Hughes said, a lower motive which had weight. Midwifery knowledge had a distinct value, and from her experience as superintendent of a large private nursing co-operation she knew medical men, when selecting maternity nurses for their patients, often stipulated that they should possess a full midwifery qualification.

For Colonial work it was essential that nurses should have full experience, and in district work one after another asked for nurses who were also certificated midwives. The reason why associations wanted nurses with full knowledge was that they might educate the mothers in their duty to their offspring. Many of them were densely ignorant in this respect.

Insisting on the importance of mothers nursing their children, Miss Hughes said that monthly nurses were very fond of substituting bottles for the natural food of the child, as being less trouble to themselves. Many members of the medical profession were unaware of the plots between mothers and nurses in this connection. It was the duty of every nurse to instruct mothers that it was wrong not to nurse their children if there was a possibility of doing so.

Nurses should be instructed as to the conditions of their pre-natal existence and developments of infants. It was the fashion to run down the old-fashioned Gamp, but one thing she often had and that was an intimate knowledge of the needs of child life. Some modern nurses seemed to regard an infant as a machine to be wound up at regular intervals. But babies were not machines; they had well-marked idiosyncrasies. However skilful a nurse might be, she should not attempt maternity nursing unless she loved babies.

She left these points with the audience: That it was worth a nurse's while to incur the additional expense of midwifery training, both from the higher standpoint and from the commercial point of view also. Again, those who had the care and instruction of pupils were not thrown away in this branch of work. The more they drilled these women the greater good they were doing to the community in giving them that fair start in life which is a goodly heritage.

DISCUSSION.

Dr. W. S. A. Griffith emphasised the value of general training to maternity nurses and said that on a recent visit to Boston he had found that the three years' term of training for nurses in the United States included obstetric nursing. He considered that maternity nurses should learn midwifery, as a nurse who attended a woman in labour might at any time have, in the absence of the doctor, to cope with sudden emergencies. The difference in the training of midwives and maternity nurses was radically wrong and indefensible. Five months, which Dr. Gow had referred to as the term of training for midwives, was quite insufficient in the case of a woman who had had no previous training.

Dr. Griffith spoke also of the extreme difficulty some nurses had in learning the management of babies, for one woman who had the capacity ten had

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