

A system of Obstetric Nursing so essentially unsound was doomed to failure, nor was it in consonance with the great advances that were taking place in Midwifery practice. About 1850 anæsthetics were being introduced very generally for the alleviation of the pangs of labour, and although the illustrious Sir James Simpson was not the inventor of chloroform, he was the first and fearless advocate of it in Obstetrics. And I must pause a few moments to point out how greatly the high tone of the medical profession had advanced at this time over that of two hundred years ago, when a beneficent invention was made a trade secret of, instead of being freely and graciously given forth for the relief of suffering maternity, as chloroform was. Assuming chloroform to have been introduced into Obstetrics in 1850, it would have been 1920 or thereabouts before it was generally used if equal mystery had been observed as in forceps. We have touched upon two of the great innovations in Midwifery practice, as marking it out from olden times; there is yet a third, of such momentous importance that to my mind it has often appeared the greatest of a great triad. I allude to antiseptics, the use of which has spared more suffering and saved more maternal lives than anything else known to Midwifery science in our day. To fully realise the blessed effects that have flowed from our modern agents, we need only look back to comparatively recent times. I do not hesitate to assert that the Obstetricians of to-day are no greater than the men who went before them. How was it then that misfortune dogged their heels in a way it never dogs us now? Only thirty years ago some of the greatest Accoucheurs of the day would feel oppressed by apprehension of evil—

"Like one who on a lonesome road
Doth walk with fear and dread,
As though he thought some frightful fiend
Did close behind him tread."

The foul fiend of fever, the dreaded scourge of child-bed. These innovations in Midwifery practice necessitated corresponding advances in Midwifery Nursing, and the accoucheurs of modern days found they required more intelligent assistance than that they could obtain from the old order of "Monthlies." The first outcome of this demand was met by what I will call the Institutional system, a sort of all-round Nursing, a grafting of Midwifery on to a general Nursing stock. This plan was not altogether popular; it fell in rather with Medical than maternal views, and the dapper damsels sent forth were not universally acceptable to their employers. Dr. Cullingworth, in his interesting lecture to us two years ago, advocated Hospital Nursing as a basis for ours. I largely shared his opinions at that

time, but confess I have since modified them, and in placing the matter before those whose professional judgment I highly esteem, I incline to the belief that our Lying-in Hospitals should be brought up to our modern requirements, and that women destined for Midwifery Nursing should be able to acquire there all the knowledge required for their work, and if these Institutions could be induced to enlarge their curricula, and extend, and very much extend, their period of instruction, Obstetric Nursing might be placed upon the sound footing (in my judgment) of a distinct and important speciality. We know perfectly well that a little Medical and a little Surgical Nursing are decidedly serviceable in our portion of work, and that Obstetric Nursing is of no use whatever in Surgical or Medical Nursing. Why then jumble them up together? There is another point that appears to me to single out our Nursing from other portions of Nursing work—the consideration of sex, for instance. It matters but little to a Surgical Nurse whether she nurse a man or woman with a broken limb—she nurses the injury; or to a Medical Nurse, whether she nurse a man or woman with pneumonia—she nurses the disease. In child-bed Nursing we not only nurse women exclusively, but we nurse them under certain special conditions that exist in no other kind of nursing, and require special management; add to this the care and treatment of newly-born infants, we nurse *two* patients at once, which is a special feature in Obstetric Nursing, and has no place at all in other nursing. A consideration and practical knowledge of these facts leads me to the conclusion that it is desirable to make our department a special branch of nursing work. There is yet another point; we all know that parturient patients are desperately prone to infectious influences, and although antiseptics are of inestimable value to us, it is none the less wise to minimise all risks of septic mischief by withdrawing Obstetric from sick Nursing.

This matter was brought very forcibly to my mind a few years ago, when I had to instruct some Nurses in Midwifery work—a sort of tack on to their other duties, for a provincial Nursing society. A few days before the expected arrival of the Nurse, whose turn it was to come, I had a letter from the Lady Superintendent to the effect that Nurse L. would not be with me at the time arranged, as she required a few days' rest after coming from a trying case, the nature of which was not stated. I immediately wrote for information on that point, and added that unless it were given I must distinctly decline Nurse L. as a pupil. In reply to this inquiry I elicited the fact that she had been just attending a case of infectious erysipelas, that had terminated

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