

THE promptitude and ability displayed by the Government officers in dealing with the cholera crisis, in this country, has won universal commendation and confidence, and the kindly interest shown by Dr. THORNE THORNE and the Metropolitan Asylums Board, in the importance of the Nursing of this disease, has been very gratifying to the Nursing profession.

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MISS CLARA HIND has been appointed Matron to the Maternity Hospital, at Clapham. This lady was trained at the General Hospital, Nottingham, and has since worked as a Sister at the Devonshire Hospital, at Buxton.

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THE notes of Miss HENRIETTA KENEALY, M.R.B.N.A., in last week's *British Medical Journal*, termed "In the Cholera Wards at Hamburg," have been read with immense interest—both subject and style being admirable, to say nothing of the energy displayed, when it is recognised (although she tells us none of these things) that the Misses KENEALY have been gaining golden opinions for their devotion to the patients, and the untiring manner in which they perform any duty which comes to hand—many times having remained on duty for twenty-four hours at a stretch, and this, it must be remembered, on a diet which is somewhat strange to an Englishwoman—for, as a nation, we are not partial to raw meat. The Germans, however, do not starve their Nurses in the manner so common in institutions in this country, but allow ample rations to each Nurse, and, in consequence, have very little sickness and debility amongst their Nurses; a sign of the wisest and truest economy.

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MISS KENEALY says:—"The rapidity with which patients recover from their seizure is peculiarly and strikingly noticeable."

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A LITTLE girl, aged 5, who on Monday was "durstig" every five minutes and sick as often, pitifully ill, though at no time actually collapsed, on Friday was trotting about the ward, shaking hands with everyone, and dropping pretty curtsies to Sisters and Doctors. A small boy, whose beautiful face, with the cholera duskiness lying over it, showed like that of a Murillo model in shadow, two days later collected about him a pair of odd and very large slippers, a house-physician's coat, and a bonnet, in which articles of dress he meditated taking his departure. How he procured them no one knew, but suspicion fell upon two other youths aged 6 and 7 respectively, who were up and convalescing, though they, like himself, had not so long before appeared to be at the point of death. They evidently sympathised with his desire to wend his way "zu Hause," which was their German rendering of, but many degrees less

pathetic than the little English patient's cry "I want to go 'ome." The Murillo model is fast losing his Spanish look and dark complexion. He has been taking day and night about four pints of black coffee, bringing it up as fast as he took it. He is now on sago and milk. We hope to be able to send a summary of our further experiences for next week's issue, but it is not easy to find time for writing amid the rush of so much work."

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THERE are two convincing letters in this week's *Lancet* concerning the crass ignorance and culpable negligence of midwives in not calling medical aid in time to save maternal life. Dr. F. A. ALDERSON writes:—

"SIRS,—The enclosed report of an inquest lately held at the Coroner's Court, Hammersmith, distinctly points to the urgent call for some legislation that may prevent the sacrifice of maternal life from the crass ignorance and culpable, if not legal, negligence of the midwife in not calling in medical aid till treatment has become useless. I give you a few of the symptoms. The after-pains continued the whole puerperal week, and instead of daily being less, increased in severity, the patient had no sleep till the eighth day, and then only from a strong opiate procured by the midwife from a chemist (another evil of counter-prescribing, for this dose masked the symptoms), when she obtained sleep and said she was better. The after-pains from the second day were accompanied with nausea and sickness. The lochia were described to me as horribly offensive. The temperature on my visit on the tenth was 103°; respiration quick and short, the patient excited and rambling, the abdomen distended and tender. The poor woman was so ill the night before I was called in that her husband and a lodger sat up with her all night. Surely any midwife ought to have recognised these symptoms as very serious and obtained qualified medical assistance long before. I opposed the late Midwives' Bill because it was prospective and would have certificated this very ignorant woman and all the "Mrs. Gamps" of her class, but I am not opposed to some useful legislation demanded in the interest of those few women who cannot protect themselves, and think as I advocated in my address (page 5), when contesting a seat on the Medical Council as a direct representative, midwives should only be allowed to act when a doctor has been already engaged and so to act under the eye and responsibility of a medical man, and it would be better that they should be registered as obstetric nurses rather than midwives. I ask for the insertion of this letter, valuable and limited as your space is, because it will, I think, interest numbers of your readers and have a practical value, bearing as it does on this question now engaging the thoughts of a large section of the profession, but particularly the members of the select committee of the House of Commons on the Midwives Registration Bill. On a rich patient, the doctor would be the ordinary attendant as is now the case; on a poor patient, the club or parish doctor."

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DR. JAMES RAMSAY asks a pertinent question:—

"SIRS,—As one who has read with much interest your account of the proceedings of the Select Committee in the matter of the Midwives' Registration Bill, I believe I am not alone in taking exception to the evidence as given by Dr. James Edmunds regarding the high mortality among lying-in patients attended by general practitioners as compared with midwives. To me it seems he gives the reason for this in his evidence when he says, "If any intercurrent illness occurred she would turn the patient over to a medical man." Dr. Hugh Woods gave the answer to this when he said "cases

[previous page](#)

[next page](#)