

herself as an independent practitioner. She feels that behind her is the doctor as a pillar of strength and without this knowledge she would not dare to undertake the responsibility of midwifery nursing. Such a highly trained woman is a most invaluable assistant to a busy practitioner. He can leave his midwifery cases in her hands with the knowledge that if he is needed he will at once be sent for, that meanwhile all that a nurse's skill can do for the patient will be done, and, after the event, that the skilled nursing so essential to the recovery of the patient, and to the prevention of subsequent disease will be faithfully and carefully carried out. It is impossible to conceive that on such lines as these there should be anything but good will between medical men and midwifery nurses. The mistake and the friction come in surely when the midwife—generally a woman who is not a skilled nurse—assumes the responsibility of a medical practitioner, resents medical "interference" and thinks the nursing of the patients whom she attends quite beneath her dignity. This is an attitude which the medical profession may rightly resent. Trained nurses who are qualified midwives will do well to formulate their views on this matter, and to disclaim any desire to work in any other way than as the helpers of the medical profession. These are undoubtedly the opinions of competent nurses on the subject, and they will do wisely to voice them.

What we need, then, is the evolution of a race of trained nurses skilled in all the three great branches of nursing work. Careful by reason of their knowledge, working in connection with, and under the superintendence of medical practitioners, a class of women, in short, who must bring help and comfort into the homes of the poor, who most gratefully acknowledge and appreciate such valuable assistance, for at no time is a woman more dependent on the work of a nurse than in maternity cases, where careful nursing often makes the difference between subsequent health or ill health. But the days of the midwife pure and simple are numbered, and when she registers her midwifery qualification it must be either included in her nursing diploma or added to it as an extra qualification. This is the end to which trained nurses who are midwives must work.

Lastly, midwifery nursing has not, as yet, been so uniformly considered so essential a part of a nurse's training as it deserves to be. In days gone by pioneers of scientific nursing were so busy raising medical and surgical nursing to a plane at all commensurate with its dignity that the sister art was, for the time being, neglected, but now the time has, without doubt, come when, either in the undergraduate or post graduate curriculum of training of every nurse, a course of obstetric nursing should be included.

Army Nursing Notes.

Full reports of the evidence taken by the Hospitals Commission are now beginning to come to hand, and in an account of the evidence taken in the South African Public Library Buildings at Cape Town, in which Colonel McMara, R.A.M.C., Principal Medical Officer on the Lines of Communication since April 19th, gave evidence, the *Cape Argus* reports him to have said:—"When patients were taken into hospital their money was taken from them and entered in a book, and returned on their discharge. There was no regulation for the removal of the money of men when they were picked up on the field and from his knowledge of human nature he thought that the men in many instances were deprived of their money before they reached the hospital. Every effort was made to bring any orderlies, guilty of dishonesty of this kind, before a court martial. Witness admitted that patients coming down from the front in ordinary trains suffered a good deal of hardship. Each train carried surgeons and orderlies, the latter of whom were for the most part untrained. On questioning some of the patients on their arrival he found that some of them would have done better without bully beef on the journey, and he telegraphed up that it was better not to serve such. At the base hospitals every one really sick was very well treated, but once or twice, owing to pressure, the convalescents had to sleep on mattresses placed on the floor. Many ladies and others were most helpful in supplying clothing and comforts, but others bombarded the hospitals with all kinds of unsuitable foods and fruits, which the medical officers had not time to see properly distributed. At times dangerous food had been given to patients surreptitiously. Ultimately it became necessary to surround the hospitals with barbed wire fences.

But human nature, as displayed by women nurses, does not lead them to relieve their sick, delirious, or dying patients of all their money, their valuables, and their kit; though not only from newspaper reports, but from more than one person who has returned from South Africa, we have learnt that this habit is very much orderly human nature. Here at least is a strong argument in favour of the employment of women nurses. It is certain that an orderly who is capable of robbing a sick man will not scruple also to neglect him.

Colonel Ivor Herbert, Representative of the Commander-in-Chief in Cape Town, said that, unofficially, he has heard plenty of complaints, chiefly with regard to the manner in which the

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