

Annotations.

NURSE OR MIDWIFE.

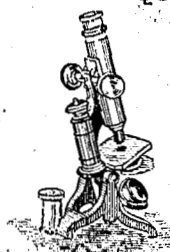
The loose way in which the terms nurse and midwife are used interchangeably calls for some comment, as the profession of nursing is thus held responsible, not for its own members only, but for the heterogeneous collection of persons who, with from one to three months' experience in a special hospital, and even without any hospital experience whatsoever, go out to act as midwives among the poor. This class comprises many women of irreproachable character, but includes a sub-stratum who add to the legitimate functions of the midwife, the illegitimate practice of criminal abortion. Only last week a midwife appeared in the dock on a charge of murder in this connection. It is obviously impossible for us to comment on so serious a case which is still *sub judice*. What we are concerned to point out is, that in the course of the medical evidence taken with regard to it, Dr Creighton of 34, Great Ormond Street, in answer to a question as to whether he would expect an *experienced nurse* such as the prisoner to use the type of instrument produced in court, is reported to have replied "What would I expect? I should expect anything"; and Dr. J. P. Walsh of High Street Deptford, states that he had known the prisoner for a number of years *as a nurse* and considered her extremely efficient in her duties. Surely trained nurses have a right to expect that their good name shall be protected by medical men who give evidence in cases of this nature.

We cannot insist too emphatically that a trained nurse is not necessarily a midwife, nor is a midwife a trained nurse. Many nurses, it is true, obtain midwifery experience in addition to their general training, on the other hand, a large number of midwives have had no training in nursing, and until the midwife is replaced by the thoroughly qualified medical, surgical, and obstetric nurse it is imperative that this fact should be recognized. Midwives are largely recruited from the ranks of uneducated and unintelligent women, from the class in short, which has been replaced in our general hospitals by those of a higher type to the great benefit of the sick, and the reputation of the nursing profession.

Have trained nurses no appreciation of their professional obligation with regard to the lying-in mother and the new-born child, that they leave them so largely to the care of specialists?

Medical Matters.

THE SUBCUTANEOUS INJECTION OF QUININE FOR MALARIA.



A discussion has been going on for some time in the pages of the *Journal of Tropical Medicine*, concerning the advantages, the disadvantages, and the dangers of injecting quinine subcutaneously. The consensus of opinion seems to be that when the salt selected and the medium in which it is dissolved are satisfactory, and when the injection is made deeply into the muscles and not merely subcutaneously, the hypodermic method of administration is to be commended. Some recommend the bihydrochloride of quinine in place of the sulphate dissolved in acid, others recommend the bisulphate of quinine; and the general opinion seems to be that any quinine salt which is soluble in water is the safest preparation to use. To the acid necessary to dissolve the quinine is ascribed, by some observers, the deleterious consequence of quinine injection, yet many such as Benson have seen no evil effects.

The most important technicality in connection with the injection of quinine appears to be that the injection should be made into the muscles, and that the gluteal region is the most preferable. The accusation that the quinine abscesses are always due to sepsis is absurd; for one quinine there must be 1,000 morphia injections, yet an abscess after a morphia hypodermic is very rare, and it cannot be said that even now, and certainly not in pre-Listerian days, are any great aseptic precautions taken.

A NEW TREATMENT FOR CHRONIC DEAFNESS.

A recent issue of the *Medical Times* contained a communication from Mr. Macleod Yearsley on the treatment of chronic non-suppurative disease of the middle ear by the application of super-heated air. To the unfortunate persons who suffer from this form of chronic deafness the importance of this new form of treatment, if it prove as successful as it promises, cannot be estimated too highly. The method, which was first introduced by Hopkins, of Cleveland, Ohio, consists of the application to the affected ear of super-heated air, which is gradually raised to a temperature of about 400 degrees Fahrenheit. It appears to act in much the same way as the same agent

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