

up as a sitting-room. In fact, at present, it has to act as both sitting-room and dining-room; the kitchen is a temporary building detached, which has many disadvantages.

It has been decided to add a wing where the Nurses will sleep, and have a sitting-room and dining-room. Under the connecting passage will be the kitchen; and on the ground floor, pantry and scullery, store-room, box-room, etc.

One great charm of the Zanibar houses are the flat roofs, where you can walk in the cool of the evening and enjoy the sea breezes. When we could not get out, we always went for a blow on the roof.

As soon as possible after my arrival, we set to work to get fixtures put up, furniture placed in rooms, and all made ready for the arrival of our two Bishops of Zanzibar and Nyasaland. On the second Sunday after their coming the Hospital was opened. A great number of the European residents of Zanzibar were present, including the Consul-General Mr. Rennell Rodd, Consul Smith, many of the naval officers, Captain Edwards of the Sikh Regiment, going up to Fort Johnston on Lake Nyasa, a Guard of Honour from the Philomel, and a great number of our own Swahili friends.

The Bishop, in his address, made a touching allusion to our fellow-worker, Miss Emily Campbell, who had planned the whole, had begged for funds, and who had died, done to death by the climate and overwork. Also to the other worker, the architect and builder, Mr. Betham, who had also died before the work was finished.

That evening we had our first European patient. The following day our first Swahili patient, and since then the Hospital has been constantly full, and often we are obliged to refuse cases because there is not room enough.

Shortly after our Hospital was opened, H.M.S. "Philomel" was successful in the capture of three slave dhows. The Consul-General asked if the U.M.C.A. Mission would take as many of the children as they could. The bigger boys were taken into the Industrial Home at Inkunuzini; the next in size were sent to our Theological College at Kinngani, about a mile and a half out of the town; and the little boys to Miss Mill's Home at Inkunuzini. The invalid children came to our Hospital. Three of them were Masai, a very warlike tribe living on the western side of Kelunanjaro. Evidently, they had never seen Europeans before, for they cried out whenever we went near them. They suffered terribly from the hardships they had endured on the dhows. One of the boys in his delirium used to shriek out some word which meant water; he seemed to think he was struggling in the sea. He was so ill there seemed no hope, but now I hear he is well, and one of the brightest of our children.

In Zanzibar, there is also a large French Hospital nursed by Sisters, and another Hindi Hospital, near the Sultan's Palace, is nearly finished.

S. C. MCL.

Medical Matters.

THE REGISTRATION OF MIDWIVES.



WE have received several communications upon this matter from medical men who evidently feel strongly upon the subject, and with some of whose arguments we cordially agree. As we understand the question it is not disputed that there exists an urgent necessity for improvement in the knowledge and efficiency of the great majority of women who now term themselves Midwives. But beyond this point there appears to be the widest possible divergence of opinion. On the one hand are found some very estimable ladies and gentlemen, together with a few obstetric physicians, who assert that it is impossible for a large section of women to obtain medical assistance in their confinements, and that, therefore, it is a matter of almost national importance, not only to have Midwives, but also to have them registered by Act of Parliament. On the other hand, a large number of medical men throughout the country contend that it would be perfectly possible for every woman in labour to obtain skilled aid, either through Provident Clubs or through the Poor Law organization. They advance facts and figures in support of their statements, and it is certainly noteworthy that the advocates for legislation have hitherto only supported their case by statistics which were proved to be inaccurate and misleading. The opposition, moreover, assert that the remedy proposed would be worse than the disease, inasmuch as Parliamentary action would merely legalise the proceedings of women whose dangerous practices are urged as the proof of the necessity for reform, and would, therefore, instead of protecting the public, mislead them; instead of preventing malpractices, would condone them when they occurred; instead of improving the practice of midwifery, would greatly lower its position amongst the medical sciences, and would, inevitably, deter leading practitioners from undertaking such work—reducing the Art to the level from which science has, only within the last century, slowly raised it. It is very interesting to observe that the opposition does not proceed on the narrow lines of self-interest, which are asserted to be its moving spirit. It is not denied that the opponents expect that such legislation would cause them pecuniary loss, by introducing into the medical field, practitioners who have not undergone the fiftieth part of the labour and expense in education, which the law requires from medical men. But objections are mainly raised on the wider and greater issues to which we have alluded—that it would be harmful to the public that such legislation should be adopted. It appears to us, as independent observers, that the attempt to obtain Parlia-

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