

## WORMS.

Worms are sometimes present in the stools. There are three kinds:—

(a) *Thread Worms*.

(b) *Round Worms*.—There may be from one to a thousand of these. They are caused by drinking impure water, and eating unwashed vegetables. They are sometimes vomited as well as passed in the stools. Castor-oil followed by santonine is usually prescribed if round worms are present. Santonine is a somewhat dangerous drug.

(c) *Tape Worms*.—These are jointed. Each joint represents a separate individual. They may be conveyed into the system by bad pork or beef, and afterwards developed. The tape worm of pork attaches itself by means of hooks, that of beef by suckers. Both are thirteen weeks in arriving at maturity. They sometimes attain a length of 20 ft. Male fern is as a rule prescribed. It must be given fasting. Segments of tape worm are frequently passed with the stools; the difficulty is to get away the head. Any portions of the worm that are passed with the stools should be kept for inspection, and then burnt.

HÆMOPHILIA (syn. *Hæmorrhagic diathesis*).

A condition, to which some persons are prone, of bleeding upon the smallest provocation. Thus the puncture caused by a hypodermic injection, or the extraction of a tooth, may give rise to serious hæmorrhage.

The cause of hæmophilia is unknown, but it is an hereditary disease. It is most commonly found in males, but is transmitted through the female line.

## Nursing in Paris.

It would seem that Nursing matters are not on a very satisfactory basis at the *Maison de Santé* in Paris, a Hospital where patients pay for room, Nursing and treatment. It seems that the Nursing staff are engaged when they are needed, no permanent Nurses being employed. These "Nurses on job" are said by the doctors of the Hospital to be mostly "dirty and incapable." Recently, Dr. Piqué had two serious operations to perform one morning, and on his demanding a Nurse's services none were forthcoming, and he had to remain with, and nurse his patients till five p.m. on that day, when four Nurses were produced. One was straight from a Hospital for infectious diseases; another owned she had never before seen an operation case. There should be ample room in Paris, according to this, for some good English Nurses who speak French.

## The Evolution of the Midwife.\*

BY MISS MARGARET BREAY, M.R.B.N.A.

## DISCUSSION.

ON Friday, June 5th, Miss Margaret Breay read her Paper on "The Evolution of the Midwife." Mrs. Bedford Fenwick was in the chair, and there were 150 ladies present. Mrs. Bedford Fenwick expressed her appreciation of the excellent Paper read by Miss Breay, and the valuable points she had thrown out for discussion, and stated her firm conviction that the Midwife should, under no circumstances, be an independent practitioner—a position, she thought; Midwives at present seemed to desire. She thought they should aim at being registered as Obstetric Nurses after a thorough general and special training.

Miss Gardner thought there was an ever-increasing number of Trained Nurses entering for the L.O.S. diploma, and that a great many of these had no desire or intention of acting as Midwives. Their object seemed to be to acquire a knowledge of obstetric nursing as a finish to their general training.

Mrs. Greenwood said there were difficulties in the way of Miss Breay's suggestion that Midwives should work under medical orders and instructions. There were so many women who could not afford to pay the fees both of the medical man and the Obstetric Nurse.

Miss Robertson was also desirous of knowing how the increased expenditure was to be met of a Midwife who was also a trained Nurse. Poor women frequently had enough difficulty in raising 3s. 6d. for the Midwife's fee; but if the Midwife were, in addition, to have the expense of a general Hospital training, she could not afford to work for so small a fee.

Miss Breay here explained that when she spoke of Midwives acting under medical orders she did not mean to imply that there should be a medical man called to every case. What she meant was that there must always be a medical man, who can be sent for in case of necessity. In normal cases the Midwife was competent to act alone, but she should know where the dividing line of Doctor and Midwife should be drawn, and to whom she intended to send if medical aid was necessary.

Mrs. Greenwood was anxious to know, in case a Midwifery Nurse sent for a medical man, who was to be responsible for his fee?

Miss Gardner agreed with Miss Robertson as to the difficulty of a Midwifery Nurse accepting the low fee which many Midwives

\* A Paper read before the Nursing Conference, London, June 5th, 1896.

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