

and the medical arrangements of the Greek army were unable to cope with any degree of sufficiency and success with the enormous strain thrown upon them at the outbreak of war. The consequence was that there was a deficiency not only of appliances but even of skilled workers, and while, on the one hand, numbers of soldiers were unavoidably left wounded and untended on the battle fields, on the other hand, when they were removed to a hospital, many of the necessary appliances for their relief and cure were not forthcoming. The first nurses to assist the soldiers were the six British ladies whom we had selected for service in Crète, and who reached Athens, and then were sent to the frontier, just as hostilities commenced.

The great lesson to be learnt from the unpreparedness, and the consequent suffering which was caused, is that this country should be prepared to meet any such emergency which might, perchance, arise. It is unhappily notorious that the gravest dissatisfaction exists amongst the medical profession in this country, concerning the conditions of service in the medical department of the British Army. It is admitted that medical officers are not treated as though they were on an equality with what are distinctively termed the "combatant" officers, and that rewards are given so sparingly, and apparently in so grudging a spirit, that there is a galling feeling of injustice engendered. The natural result has been that the medical department of Her Majesty's Army now finds the greatest difficulty in obtaining a sufficient number of candidates to fill the vacancies which occur; and it is rumoured that, in the event of war, the actual deficiency of Army surgeons might be so great as to seriously imperil its efficiency, success, and utility.

With regard to Nursing, as our readers are aware, we have for some eight years past laboured in season and out of season in drawing the attention of the authorities and of the public to the urgent need of a "Nursing Reserve," so that in case of need the necessary workers might be immediately forthcoming. We may venture to claim that we have proved by practical demonstration, the benefits of good organisation in this matter, by being able to place our hands at once on a considerable number of most excellent nursing volunteers, and to despatch, at a few hours' notice, fully-equipped, as many nurses as were wanted at the recent seat of war.

Annotation.

MIDWIVES' MIDWIFERY.

THE account of an inquest upon a woman at New Bushey, who was attended by a certificated midwife, and who died from pulmonary embolism, which is published by a contemporary, is instructive as showing the lengths to which some midwives will go without sending for medical assistance. The jury brought in a verdict to the effect that "the midwife was much to blame for not calling in medical assistance on first arriving at the patient's house, for not acquainting the husband with the very serious nature of the case, and for exceeding her duties contrary to the Rules of the London Obstetrical Society." We think that the midwife got off very lightly indeed with this verdict.

The facts of the case are briefly: The patient had had severe ante-partum hæmorrhage, and the midwife, upon her arrival, diagnosed placenta prævia. Her conduct, after having made this diagnosis, is to us totally inexplicable. Instead of immediately sending for medical assistance "she plugged the os uteri, and when it had dilated sufficiently she turned the child, rupturing the membranes, and bringing down a foot. She then administered fifteen grains of quinine, and a similar quantity of chloral. She also gave an iodine douche, and a full dose of ergotin." She assumed, therefore, the very grave responsibility entailed by attending a case of placenta prævia. She administered drugs, the effects of which she must have been well aware, and, having done this, she apparently went away and left her patient for three hours, knowing that severe hæmorrhage might, and, assuming her diagnosis to be correct, inevitably would, take place. We are informed that "three hours later she was called to see the patient, and finding her collapsed gave ether hypodermically, and administered brandy and sal volatile. Medical assistance was then for the first time sent for, but the woman died before it arrived. The *post-mortem* examination showed that death was due to the presence of a clot in the pulmonary artery, and that there was no placenta prævia, the placenta having been attached to the fundus uteri."

In our opinion this midwife is deserving of the very gravest censure. It must be noted that she did not act as because she was unable to obtain medical assistance, and therefore considered herself justified in using any measures to save life; but she deliberately assumed the responsibility of attending a case of a most critical nature, and so lightly did she hold that responsibility, that having done so, she went away and left the patient for three hours. Such conduct is absolutely inexcusable.

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