

well in hand. Recently a midwife so far forgot her proper *role* of dutiful submission to the powers that be, as to contradict a medical man in the presence of a parturient woman. For this lapse of duty she was prosecuted and fined, her offence being regarded as a misdemeanour inducing the patient to regard the medical man in charge as incompetent. We wonder if the same drastic measures would be enforced, on the same grounds, if a medical man reproved a midwife in the presence of a patient. Recently the Medical Department of the Berlin police has also issued an order to qualified midwives, informing them that it is illegal to recommend individual medical practitioners, as a law passed in 1725 provides that the patient must be at liberty to consult any medical man she desires. Specially is it against the law for midwives to have an agreement with a medical man and to be paid by him for recommendations to patients. In these laws the "reciprocity" seems to be "all on one side." Surely the medical faculty of Berlin has not so far fallen from its high estate as to enter into a compact of the nature described. If so, it would be only just that the penalties enforced should apply to both contracting parties.

WHILE on the subject of midwives, we must draw attention to a letter which appeared in the last issue of the *Lancet*, by Dr. Hadyn Brown, on the vexed question of the Registration of Midwives. He writes:—"Now, who is there to find fault with registration? No one in their right senses. Registration is good; I myself strongly advocate it, but registration of what? I repeat the gist of my advocacy as set forth and published in 1897 in "Economics, etc., in the Practice of Midwifery"—that midwives, as formerly and at present understood, should be abolished. Even the name should go. I would have in their place a new body of registered obstetric nurses, properly trained, whose powers and procedures should be strictly limited, and who should be supervised at some stage in every case of confinement, no matter where occurring, by a qualified medical attendant, who should see each case at least once during or after delivery. What time a nurse should send for a medical attendant should be left to her instructed and schooled judgment. She may deem it wise to send during labour; and she would always be likely to send soon enough, knowing that she was bound to send sooner or later. Thus no case of labour should escape at least a single inspection of a qualified medical attendant—even those living in remote districts, whose lives are as precious as any others. Hence would follow order, discipline, and right practice."

WE have always held the view that the specialist midwife is an obsolete person, a remnant of the days when the scientific principles upon which modern medicine and nursing are based were but dimly understood. The medical profession has now placed its education on the only reasonable basis. It requires of its members a knowledge of medicine, surgery, and obstetrics, and will not permit any one of them to practise one of these branches (however proficient he may be in it) without a knowledge of the others. The general knowledge must precede the special. Nursing is the daughter of medicine, and must proceed along the same lines, if she is to render effective service to her illustrious progenitor; and the day, no doubt, will come when no trained nurse will be permitted to exercise one branch of her profession without a knowledge of the others. Then we shall have the properly qualified obstetric nurse. What precise limits shall be imposed upon her the future must decide, but, if once the *principle* of registration of duly qualified nurses is recognized—and we agree with Dr. Hadyn Brown, "no one in their senses can find fault with it"—this decision should not be a difficult matter.

WE learn that there has been a good deal of smallpox of late in the islands of Zanzibar and Pemba, and the benefits of skilled nursing have certainly been exemplified. In the isolation hospital, maintained by the Universities' Mission, where some twenty cases have been nursed, most of them being confluent, only two patients have died, whereas, outside the hospital, 90 per cent. of those suffering from the disease have died, and at Pemba, whole settlements have been swept away by it. The nursing of this disease in a tropical climate makes heavy demands on the endurance, and professional skill, of the nursing staff, which has been nobly responded to. For three months, Miss Brewerton, the Matron of the Hospital, herself nursed the isolation hospital single-handed night and day, and all who know her will be sure that the patients could not possibly have been in better hands. During the epidemic, which, happily, is now much better, Miss Brewerton found her bicycle of the very greatest use, as most days she had to go to Mbweni, which is five miles away, and to another settlement twice a day to see the convalescents.

IT will be gathered that the life of a nurse in Zanzibar is no sinecure. As the number of nurses upon the island cannot be augmented when a rush of work occurs, those on the spot have to cope with it to the best of their ability.

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