

## NURSING IN ZANZIBAR.

### MORE WOMEN REQUIRED.

The difficulties encountered in securing girls to be trained as nurses are indicated in the latest report of the Senior Medical Officer in Charge of the Medical and Sanitary Services of Zanzibar.

So far as the male probationers were concerned, it is noted there was little difficulty in recruiting boys of a good type who knew a little English. The need for releasing older trained men for service with the Zanzibar Field Ambulance Company made it possible to engage additional probationers who had, after six months' training, outstripped the men they had replaced.

But girls had been more difficult to get. The main obstacle was that Zanzibar is a Mohammedan country, where it is not the custom for women—at any rate, educated girls of good family—to undertake work outside the house. A certain amount of criticism and prejudice had had to be overcome, but it appeared that there would be little difficulty in the future in keeping up a supply of probationers, as the first batch had been handled very sympathetically. The girls in training are Arabs and Africans, but an endeavour is being made to attract Asiatic probationers also. Three attempted the course, but for various reasons abandoned it.

The training scheme is in force both in Zanzibar and the neighbouring island of Pemba, where medical officers have been instructed that, emergencies apart, their main occupation must be the training of probationers. "There is every hope," the report states, "that in two or three years all Zanzibar units will be staffed by trained male and female nurses who are competent to carry on nursing work of a high standard. Already, thanks chiefly to the new Matron (Miss Miller), the hospital staffs show a very marked improvement. It is logical to expect that ultimately all nursing will be done by women—it is women's work—so that although the transition period must be gone through in which male nursing orderlies are employed most, stress is put on training women and engaging as many as the department can afford."

First steps in the teaching of midwifery are recorded in the report. A former eye clinic has been converted into a maternity home, providing ten beds, and a course of training started for village girls, and better educated town girls, which will culminate in some type of "C.M.B." examination. Experience, it is pointed out, will show what can be done with country girls, but it is certain that there is a very great need for midwives in the country districts, and it is difficult to obtain educated girls from these areas.

It is noted that women Medical Officers and Sisters are well received in the villages and appear to have gained the confidence of the people. "It is clear," says the report, "that there is an enormous field opening out for African health visitors, midwives, and district nurses. This demand can only be met by more and more training, as the cost of the necessary European staff would be prohibitive."

### MISSIONS TO MEDITERRANEAN GARRISONS.

The superintendent of the Soldiers' Home in Moascar, Egypt, appeals for parcels of weekly illustrated papers from Great Britain. Many men, he states, come to the mission on purpose to read these papers, and so become interested in the work of the home. Papers should be addressed to the Superintendent, Karney Soldiers' Home, Moascar, Ismailia, Egypt.

## VENEREAL DISEASE IN TIME OF WAR.

We note that very wisely the Minister of Health has issued a Supplementary Circular (2181) to County and Borough Councils and other Authorities stating that he has had under further consideration the question of the increased incidence of venereal disease in time of war and the treatment of members of the armed forces.

### (i) Treatment of Service Cases.

As indicated in Circular 2004 special arrangements have been made hitherto for the treatment both out-patient and in-patient of members of the Forces other than members of the various women's auxiliary organisations. It has, however, now been decided by the Admiralty, War Office and Air Ministry that economy of time, staff and expenditure, would be secured if out-patient continuation treatment and tests of cure on selected service cases could be conducted at civilian Treatment Centres after any initial treatment that it may have been considered necessary to administer in Service hospitals. In some cases it may be found desirable that all necessary treatment should be provided at Civilian Centres. The Minister shares the view that it is desirable that the civilian Treatment Service with its skilled staff and successful record of work over a period of more than twenty years should play the largest possible part in the treatment of members of the Forces, and he is confident that all concerned in providing the service will be of the same opinion. I am therefore to request that the Local Authorities and Authorities of Approved Treatment Centres to which members of the Forces may be referred for continuation treatment will give every assistance to the Service authorities by providing treatment accordingly.

In each of the Services it has been found desirable that, subject to modifications dictated by the idiosyncracies of individual patients, the treatment and tests of cure should be carried out on uniform lines. A letter has accordingly been sent to Venereal Disease Officers (and to Medical Officers of Health for information) setting out the practice of each Service, the methods of treatment suggested, and the recording of treatment and progress.

In Circulars issued it was indicated that payment for the treatment of venereal disease among Service patients as out-patients at hospitals in the *Emergency Hospital Scheme* would be made by the Minister in the same way as payment for the treatment of air raid casualties.

With regard to the costs of tests of specimens in respect of Service cases carried out by Approved Laboratories, other than Laboratories already undertaking work for air raid casualties and Service cases, and to the cost of which accordingly the Minister will contribute under his general financial arrangements with hospitals, it is requested that payment should be made in the first instance by the Local Authority or Voluntary Hospital referring the specimen for testing. The payments made should then be included as a separate item in the claims submitted to the Minister under the *Emergency Hospital Scheme*.

### (ii) Exchequer Assistance for Additional Treatment Facilities.

In Circular 1956 attention was drawn to the probability of an increase in the incidence of venereal diseases in war-time, and to the importance of maintaining, and where necessary extending the treatment service. Since that Circular was issued evidence has become available showing that some increase in incidence has in fact already occurred since the outbreak of war. Owing in no small measure to the work of the treatment service, the increase has not assumed serious proportions. There is, however, little doubt that the provision of additional treatment facilities, whether in the form of new Centres or of mobile units serving a number of improvised Centres, would reveal and cure a

[previous page](#)

[next page](#)