Name of Examining body.	Lectures on Mid- wifery, Diseases of Women and of	Clinical Instruc- tion in Diseases of Women.	Number of Labours.
Royal College Ph. and Surgeons, Eng. Society of Apoth., London University of London University of Cambridge University of Oxford University of Ourham Victoria University R.C.S. and Apothecaries' Hall, Ireland R.C.P. and S., Ireland University of Dublin Royal University of Dublin Royal University of Dublin Royal University, Ireland	3 ,, 1 course. 0 ,, 1 course. 3 months. 6 ,, 6 ,, 6 ,,	3 ,, 3 ,, 6 ,, 6 ,,	20 20 20 0 20 20 20 20 20 30 30 not stated
Royal University, Ireland R.C.P. and S. and F.P. and S., Glasgow University of Edinburgh University of Aberdeen University of St. Andrew's	3 ,,	0 ,, 3 ,, or 3 ,, or 3 ,, or	6 6 6 6

The Scotch examining bodies seem to be the most lax—indeed they ignore the recommendation of the Medical Council. I believe the Scotch representatives on the Council say they have not a sufficient number of cases to allow them to give a better training to their students. I fail, however, to see why the Scotch representatives on the Council should keep back the hands of Medical education. If the Scotch Student cannot be thoroughly trained in Midwifery, then he should go elsewhere. No one expects small towns like St. Andrews to be ever able to supply a sufficient number of lying-in cases. Why, therefore, should the remaining bodies wait for St. Andrews? It is to be hoped that the new arrangements made at the Maternity Hospital in Glasgow will give the necessary number of cases. One fails to see why the Pupil Midwife is made to attend thirty cases in Glasgow, while the Medical Student attends twelve; or is his Midwifery education to be slowly strangled so as to make room for the Midwife? Nor do the Scotch examining bodies appear to neutralise their small demand for practical instruction by making the Student attend a longer course of lectures or clinical instruction. I think there are a sufficient number of lying-in cases in the large centres of Scotland, for I find that in 1889 eight Medical charities gave relief to 4,716 women in confinements. Moreover, surely the Hospitals under the Board of Supervision could be used in so far as Midwifery is concerned for the teaching of the Student.

It is to be noticed that the University of Oxford treats with absolute contempt the suggestion that aspirants for their degree should attend

any lectures, clinical instruction or labours; while Glasgow and other Scotch examining bodies allow the Student to toss up as to whether he will attend the clinical instruction on diseases of women or look on at six labours. Verily ours is a splendid system of Medical education in Obstetrics! Is it little wonder so many women die in child-bed? Is it little wonder that the young Doctor is absolutely "at sea" if called upon to stitch a ruptured perineum, while on the other hand he waxes eloquent over the necessary incisions for tying the internal iliac, or the first stages of the subclavian arteries? Or is it any wonder the high infant death-rate in this country is a disgrace to the Medical profession? How many of the qualifying bodies demand any certificate from the Student to show that he has received clinical instruction in diseases of infants or children? Not one. The student is kept grinding and paying heavy fees for attending the lectures on anatomy and physiology; while his education in Midwifery and diseases of women and infants is reduced to a dangerous minimum. Thus is the public protected. And if we go a step further and inquire into another very practical portion of the future Doctor's practice, viz., pharmacy, we find this equally reduced to a minimum. When it is remembered that the three months' lectures demanded by some examining bodies includes Midwifery proper, puerperal diseases, diseases of women, and diseases of infants, one questions how the Student, when qualified, can possibly have any practical knowledge of these subjects.

Dr. J. G. Glover, one of our five direct representatives on the Medical Council, has in his two pamphlets—"The Practical Elements in Medical Education," and "The Gaps in Medical Education"--called attention to the present lamentable defects in Midwifery education, and at the last meeting of the Medical Council he proposed that each student should attend thirty cases of labour. This motion was rejected by only two votes.

I would urge that the profession make this big question of the more practical training of the Medical student in Midwifery a living one. Let every practitioner write to our five direct repre sentatives—viz., Drs. C. G. Wheelhouse, J. G. Glover, W. B. Foster, W. Bond, and D. Kidd—urging them to bring this question up at the May meeting of the Council.

Would it be asking too much of the different Obstetrical, Gynecological, and Medical societies

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