

Resident Medical Officer in charge of the Nurses; the impossibility of maintaining discipline by such a system is sufficiently apparent in the working of our Workhouse Infirmary. The Matron should be the Head Nurse, the Sisters and Nurses under her immediate control; but the Committee of the Hospital should take an active part in the superintendence of the Nursing department; and in every Nursing School a Sub-Committee, composed of ladies and gentlemen (lay and medical), should now be appointed to deal with the details of that department. The day when the Matron and Nurses held the relative positions of mistress and servants is passed; our Probationers are now educated women, holding, or demanding, the position of pupils, the Matron the honourable position of principal, and the sooner the committees of these schools recognise the change the better for all concerned. It is the isolated, but well-known, instances in which women in the positions of Hospital Matrons have arrogated to themselves absolute power over their subordinate Nurses, even in matters in which medical men should be supreme, that causes dissatisfaction concerning their actions, and in consequence trouble and anxiety to less dictatorial Matrons, medical men naturally adopting a defensive attitude. I believe Sub-Committees to deal with Nursing matters would create confidence and satisfaction in the minds of subscribers and junior officials.—I am, Sir, yours truly,

ANOTHER MATRON.

THE MEDICAL STUDENTS' "TRAINING" IN MIDWIFERY, AND THE PROPOSED INCREASE IN THE NUMBER OF DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

To the Editor of "The Nursing Record."

Sir.—The Eighteenth Recommendation of the General Medical Council is likely to become as famous as "Tract Ninety" by Cardinal Newman. The Recommendation to the different examining and licensing bodies is as follows: "Every student should be required to attend for three months the indoor practice of a lying-in Hospital, or to have been present at not less than twelve confinements, at least three of which he should have conducted personally, under the direct supervision of a Registered Practitioner."

Three confinements! The majority of us also know what it is—the having "been present," with perhaps six or twelve other students, at a confinement. Fancy asking a young man in any training school to perfect his education in business in three months. Yet Doctors are supposed to be called in in matters of life and death, and not to portion out, as others may do, treacle, cotton, bacon or other produce. When one recalls that the three months' lectures embrace the subjects of midwifery proper, puerperal diseases, diseases of women, and diseases of infants and of children, we shall not have much difficulty in recognising the truth of the statement that the General Medical Council authorises and gives its sanction to that system of training which turns out the young Doctor absolutely and dangerously ignorant of practical Midwifery and the diseases of women and children. I emphasise this because it is said the General Medical Council, or at least some of the Council, hold that they dare not venture on any steps which will improve the educational standard in midwifery, "because there is a dearth of midwifery cases." There is no dearth; there is an enormous number of confinements among Medical charity patients each year. And if our local jealousies and vested interests, and the question of fees did not come in, surely the rich material in our Workhouse Infirmary might be utilised. In the ten years, 1871-1880, there were eighty-six thousand seven hundred and twenty-six confinements in the Workhouse Infirmary of England and Wales. Again, are there not many practitioners who could take pupils? Could not the Council license such Practitioners to have pupils? No doubt there is a constant endeavour

made by a few very interested parties to concentrate all the medical teaching in the Medical Schools, with the accompanying emoluments. Consequently such oppose any return of the system of apprenticeship. Every other profession and business has a system of apprenticeship, medicine excepted. And with what result to medicine and the general public? It is little wonder that men like Wheelhouse, Tait, and Glover are vigorously pointing to the defects in medical education. The issue of this question rests absolutely, however, with the Medical Practitioners. The Medical Council in fact has absolute control over medical education. In theory it may not be so, but in fact it has, for the Council can refuse to register diplomas when the examinations have not been properly conducted.

As is known, the Medical Council consists of thirty practitioners elected every five years, twenty being elected by the Universities and Colleges, five nominated by the Privy Council, and five Direct Representatives elected by the twenty-nine thousand three hundred and seventy-two registered Practitioners.

Now if the profession will not take a practical interest in the election of the five Representatives, and will not even take the trouble to put their views before their Direct Representatives, can we expect the necessary progress to be made (a fair proportion of practitioners, when asked to do any practical work, offer the excuse given by the vagrant to the judge: he asked to be excused going to gaol as he "had not time!")? Our five Direct Representatives at present are: for England, Drs. C. G. Wheelhouse, J. G. Glover, and Sir Walter Foster; for Scotland, Dr. W. Bruce; and for Ireland, Dr. G. H. Kidd. All of these are anxious to receive the opinions of Practitioners on matters relating to medical education. I would, therefore, suggest that each Medical Society, each Branch of the British Medical Association, and each Practitioner petition our direct Representatives asking each of them to take steps so that an improvement in the educational standard of Students in Midwifery may at once be brought about. The Council meet in October. I would suggest we petition that each Student be made (a) to attend lectures on Midwifery and diseases of women and children for six months; (b) that he attend the clinical instruction given in a Lying-in Hospital, or recognised Hospital with lying-in beds, for six months; and (c) that he be present at fifty confinements and have personally conducted thirty cases under the care of a Registered Practitioner. Such a course would lead to a most beneficial improvement in the young Doctor, and a lasting good to lying-in women. It is our fault if the improvement is not made. When speaking on this subject I would call attention to the resolution which I brought before the last annual meeting of the British Medical Association. It is as follows: "That having regard to the fact that of a total number of thirty members, comprising the General Council of Medical Education and Registration, the Registered medical Practitioners of the three divisions of the United Kingdom (numbering over twenty-four thousand) are now empowered to elect only five Direct Representatives, it is expedient to confer on the said Registered Practitioners of the three Divisions of the United Kingdom the power of returning one additional Direct Representative for each of the three divisions, to the General Medical Council." A report of the discussion on the motion will be found in the *British Medical Journal*, of August 9, 1890, p. 336. It was unanimously passed, and the Council of the Association has promised to further the object. In support of the motion I pointed out that section ten (c) of the Medical Act, 1886, gave us the power of claiming such increase in the number of Direct Representatives; for those who drafted the Act grasped the fact that, as the profession increased in numbers, it would, like any other body of persons, require an increased number of Representatives, similar power being given to admit Representatives of any new Universities or Colleges. I also showed that the prin-

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