

the inestimable comfort of distilled water for the baby's bath, will agree with me, we never wish to have anything else for it, so long as our term of duty lasts. The next best is clean rain water, commonly called "soft," which is distilled water from the clouds, but in town perfectly unusable from the impurities that contaminate it; in the country we may be better off in that respect, but the doubtful condition of the soft water tubs and tanks makes it unsuitable for our purpose, and we know that roofs and waterspouts have had the "first wash" in it, and unless we can have some caught in clean vessels as the rain falls, we cannot rely upon it. We must not waste time upon lamentations, but set to work. We have a town baby to wash, and only town tap water to deal with, and what shall we do with it? Some put their trust in soaps, with about the same results as are said to follow putting it in princes.

We know that some kinds of soap soften and cleanse the skin better than others, but, judging from my own experience, I should say that the soap has yet to be invented that will soften the asperities of the fluid sent us by the (hard?) water companies which supply most big cities. To mitigate the hardship of our lot, I find the prepared Californian borax, sold in small square packets, half a packet dissolved in half a pint of boiling water, and added in solution to the bath water, about the best; at any rate it renders us more independent of soaps, for most ladies like to select their own for us. As a rule I prefer the very best white curd soap, kept for a month or more before using. It is as reliable as any, and it is the basis of most toilet soaps: there is no perfume in it, but I see no use in perfumes for a bath soap. As I said before, a Nurse has to leave this matter for her employers to decide. Still, you are often asked about it, and in the midst of so many kinds of soaps, all having the highest possible virtues (according to the makers), it is as well to have some opinion of your own. It is of more importance than is generally thought, the selection of soaps for washing tender, newly-born infants, and, for my part, I deprecate "fancy" soaps, often highly scented and highly coloured, and absolutely inefficacious for our purpose. Having now made all your preparations for the most important "wash" in our lives, put the hot water into the bath (you can add the cold as you want), and fetch your little patient for his first introduction to soap and water; and in my next paper we will begin our task of washing and dressing him.

(To be continued.)

Loeflund's Malt Extract Lozenges contain 30 percent. "Pure Hordeum" with white sugar. Best lozenges for children, delicious flavour, very digestible, cause no acidity. Invaluable for throat affections. In tins and bottles, 6d. and 10d. R. Baelz and Co. 14-20, St. Mary Axe E.C.

## THE TRAINING OF THE MEDICAL STUDENT IN MIDWIFERY.

BY ROBERT REID RENTOUL, M.D., M.R.C.S.

AT a time when a small clique have attempted to Register Midwives by Act of Parliament, I would suggest that before we legislate for others, we should first put our own house in order.

That the present system of training the Medical Student in Midwifery is sadly deficient few practical persons will deny. The fact that some old Midwives go about bragging they train "the young doctors in Midwifery" is a cruel, but unfortunately true, statement. The fact that Pupil Midwives repeat they are better trained than students sounds strange. The Pupil Midwife in Glasgow has to show she has attended *thirty* cases of labour before being certificated; and the pupil presenting herself before the Obstetrical Society must show she has attended twenty-five labours. What to-day are the requirements of the Medical Students? The eighteenth recommendation of the General Council of Medical Education to the Examining Bodies under the Medical Act, and which is a standing disgrace to our profession, runs thus:—"Every Student should be required to attend for three months the in-door 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! This is the recommendation of an Educational Council, which is given almost supreme power by an Act of Parliament in the matter of education. The above recommendation is dated May 26, 1888. Previous to this the Council of Medical Education in 1886 fixed the number of cases at six! I would call attention to the words "have been present at" in the above recommendation. They mean that the Student may just have looked in at the case and then left, or that he may have been "taught" his Midwifery by a Midwife, or in fact that he may have bungled along with the case as he well may. Thus he is forsooth "taught" his practical Midwifery.

The following table shows that there is a very grave diversity in the manner of teaching Midwifery, and of the requirements demanded by the various bodies which grant registerable medical qualifications under the Medical Act.

Loeflund's Alpine "Cream-Milk," pure, sterilized, unsweetened condensed on Professor Dr. Soxhlet's principle, and directly under his supervision. The richest, most nourishing, and delicious. Best and safest condensed milk for infants. Scarcely to be distinguished from the finest fresh cream. 6d. R. Baelz and Co. 14-20, St. Mary Axe E.C.

[previous page](#)

[next page](#)