

women, could maintain at law that it has a right to exclude men from this special license, or to impose upon men more onerous conditions than it imposes upon women for the same examination.

What, then, are these conditions likely to be, and what ought they to be? On the one hand, persons eminent in the College, and undoubtedly anxious for its best interests and for those of the profession, are of opinion that, following the dicta of the law, and in the interests of the College, they cannot impose a curriculum in excess of the fair requirements of an education in midwifery. "We intend", they say, "that this shall be really and truly a certificate of knowledge in midwifery, as it professes to be, and not of anything else. We cannot, if we would, admit ladies as members of the College, and we would not if we could". What, then, is to be considered a fair requirement for a course of education in midwifery? The answer which is suggested is, "Whatever the examiners in midwifery may honestly and legally put as a fair question in midwifery must be answered, and their examination must imply the scope of the education and curriculum required. But they must not go beyond the bounds of what is fairly and truly within the scope of a midwifery examination." The Chairman of the Board is a member of the Council of the College, at present Mr. Prescott Hewett, and he is entitled to put questions in anatomy, surgery, and physiology.

Here, then, the views of the Council of the College and those of the Committee of the Obstetrical Society and of the profession at large are likely to diverge. Obstetricians—and the great mass of the profession are obstetricians—energetically object to a registerable obstetric license of the College of Surgeons being issued to any, except to persons who have gone through a complete education and examination, such as is common to general practitioners. They object to the degradation of the practice of obstetrics, which is implied in anything less than this; they object to the admission to the *Register* by an easy entrance of persons who will only be partially examined, and need, therefore, only to be partially qualified; they object to the possible flooding of the register with half qualified practitioners, male or female.

We have asked an able obstetrician to state how far he considers it possible to limit the curriculum to narrow limits, or to make the examination wholly a special one. In his reply, he indicates a complete concurrence in the necessity for an education and examination such as is now to be required under the conjoint scheme for all practitioners. He writes:

"The following are a few of by no means uncommon accidents occurring during the puerperal state which shows forcibly the necessity of a complete knowledge of medicine and surgery in the practice of midwifery. A woman feels weak and low; does not get on well; an examination of the pelvis shows nothing abnormal. If a knowledge of the chest have not been acquired, a pneumonia may be overlooked. Again, a woman is seized with acute mania during labour; this may be a case of puerperal mania pure and simple, or, what is more likely, an indication of septic poisoning as the result of some cardiac condition. How can it be diagnosed, if the accoucheur's training have been only limited to the pelvic organs and the anatomy and pathology of those parts? A sudden rupture of the uterus or an internal vessel may take place. How can the condition be combated if there be not a knowledge of general surgery? Or a hernia, or a rupture of some large external veins, may occur. How is a person to know the symptoms of typhus, typhoid, scarlet fever, erysipelas, and roseola, without a medical education? An ignorance of these diseases may lead to the most lamentable results in the management of labour; lives might be lost and mischief spread, which a knowledge of medicine might have easily obviated. The cases are numberless that could be instanced showing the fallacy of attempting to limit a curriculum of study and examination only to those special parts which are most active in the direct acts of parturition."

The General Medical Council may also have something to say on this subject.

PRESENTATION.—On Monday, January 24th, a valuable time-piece was presented to Dr. Ewens, on the occasion of his leaving Cerne Abbas, and an elegant electro-plate swing tea-kettle to Mrs. Ewens. The clock is of pure bronze gilt, and a polished steel plate at the base bears the following inscription:—"This time-piece is presented to John Ewens, Esq., L.R.C.P.Lond., L.R.C.S.Edin., and L.S.A., on the occasion of his leaving Cerne, by a number of his friends and patients, as a small token of their high esteem for his private and professional character." The Rev. W. J. Pope, Rector of Godmanstone, presented the testimonial in the name of the subscribers, in the presence of a large assemblage.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

AN UNDESIRABLE VACANCY.

SIR,—Your advertisement-sheet will, in all probability, contain this week the announcement that there is an appointment vacant in the Plymouth Union for a district medical officer, and doubtless some young aspirant may be tempted to bite at the bait.

To prevent his being unwittingly hooked for much work with very little if any pay, I write to state that the gentleman who has resigned after only three years' tenure of office and residence in that town, has shaken the dust from off his feet, and rightly gone to try his fortune elsewhere. I say "rightly"; for that town is overrun with medical men, and there is little chance, if any, for a young doctor to make a living by private practice; and, if he hope to do so by the Poor-law appointment, I would advise him to "look before he leaps". The population of Plymouth is about 70,000, and the town is divided into three medical relief districts. The medical officer's salary in each district is £90 a year, and all drugs (except quinine, cod-liver oil, and, in cancer cases, opium) have to be found and dispensed for that sum; there are no extras, except for visiting and certifying for pauper lunatics, and, pecuniarily, this makes but a trifling addition.

From some returns which I have by me, it also appears that each district medical officer has an average number of about 2,000 cases to attend. From this, an idea may be formed of the amount of work in visiting and dispensing, and of the outlay for drugs. Some five years ago, at a meeting of the British Medical Association, at which many guardians were present, I pointed out the large amount of work done by the medical officers, and the small amount of pay which was given. I also showed that, if the guardians really desired to reduce their very large yearly outlay in gross relief, they should begin by making their Poor-law medical relief system more efficient by providing all drugs, and a dispenser, and by paying at least £100 a year to each medical officer. I hoped at the time that I had done some good, especially as I was backed by the local press; but it appears that matters have since remained *in statu quo*, and, unless you lend your aid in exposing this sham of medical relief, there seems little prospect of improvement.

I am, sir, yours obediently,
JOSEPH ROGERS.
33, Dean Street, Soho, W., February 1st, 1876.

MILITARY AND NAVAL MEDICAL SERVICES.

NO CANDIDATES FOR THE ARMY MEDICAL DEPARTMENT.

OUR readers are by this time aware that there is to be no examination of candidates for admission to the medical department of the army in February. As in the course of this year about seventy men will be required to fill up vacancies, this has taken the profession by surprise.

The simple truth is—and we believe there is no concealment about what indeed cannot be concealed—so few candidates came forward, that it would have been an abuse of language to apply the term "competition" to such a farce. It is also a matter of notoriety in the schools that, out of the small number who did enter their names, thirteen, we believe, a considerable proportion was made up of men who were rejected at previous examinations.

We cannot affect to consider what has happened in the light of a misfortune. Such a collapse we have long predicted to be inevitable: a mere question of time, although perhaps the time has come a little sooner than was expected. We suppose it is no longer doubtful that the Secretary for War will now see the necessity of redeeming his promise, and reviving the warrant said to have been smothered by hostile hands soon after its birth. It is not creditable to the administration of the army, civil or military, that, with a few rare exceptions, the British army has been for many years past obliged to take as its best surgeons men who, on the list for the India Medical Service, would stand fourteen or fifteen places from the top. That such has been the case, any one who will take the trouble to consult the published results of the London examinations may see. The least, we think, that the coming warrant should do is, as far as the case admits, to make the medical service of the army as attractive to the profession as that of Her Majesty's Indian Service, which at the present time commands the best men in the market. Why, in the name of common