

tion has been long present that the acetabulum is found to be so thoroughly disorganised as to expose the pelvic fascia; and at an earlier stage a moderate use of the gouge may suffice, as we often see when the glenoid requires paring. At an earlier period, also, the patient's general health has not suffered so much; he is more likely to be viscerally sound, if he have ever been so. The chief disadvantage in hip cases as contrasted with those of the shoulder, is that confinement to bed, which is so injurious, and which may now be, in part, avoided by the use of recently invented appliances.

Let me assure Mr. Holmes that he does not regard "overstrained accounts" of cases more seriously than I do, but it was to avoid a more harsh phrase that I wrote the words he quotes. Moreover, I do claim success in two cases out of four: one of which occurred ten or twelve years ago; the other is the boy, Watt, whose case is given in my paper; a third may yet be a case of success, but meantime I do not reckon it as such.

I am, etc., JAMES MORTON.

199, Bath Street, Glasgow, February 7, 1872.

P.S.—I ought to add that, on turning to the work of Mr. Holmes on the *Surgical Treatment of the Diseases of Children*, I find this subject very fully and ably discussed, but the position he takes on the question of operation is substantially the same as that indicated in the quotation given in my lecture, and also in Mr. Holmes's letter which appeared in your last weekly number. I anticipate, with some confidence, that Mr. Holmes will yet modify his views, but how far neither he nor I would at present attempt to define.

ON THE EDUCATION AND EXAMINATION OF MIDWIVES.

STR,—When I first became attached (1819) to the Manchester and Salford Lying-in Hospital, now St. Mary's Hospital, etc., I found midwives in general very ignorant of even the first principles of that portion of midwifery which by rule they were authorised to practise.

The late Dr. Hull, whose opinion I highly valued, advised me to deliver lectures specially adapted for midwives. This suggestion I readily adopted and followed for several years; first, at the school of medicine to which I was attached, and subsequently at the hospital. Annual courses of lectures have ever since been regularly given, not only to those midwives who are connected with the hospital, but also to female pupils. Examinations as to their qualifications have been strictly carried out, and certificates granted as to their competency to practise. Lately medals have been given to those who manifested the greatest intelligence of the subject.

Having, then, practically proved the advantages which have accrued from lectures and strict verbal examinations, not only as a matter of opinion, but from positive evidence shown by the statistics of our maternity department, I was very glad to observe "that the attention of the Council of the London Obstetrical Society has been directed to the extreme ignorance prevalent (in London) amongst women who practise as midwives," and that a plan for their instruction and examination has been proposed. A Board of Examiners has been suggested, and also the qualifications required from the candidates to entitle them to an examination. If a candidate be found duly qualified, a diploma is to be granted "certifying that she is a skilled midwife, competent to attend natural labours."

The Council of the Obstetrical Society were most assuredly influenced by the most worthy motives and strongest desire to improve the practice amongst midwives, and so prevent the dangers so frequently occurring from their ignorance. The proposed scheme, although good in itself so far as it goes, is too limited in its operations, being only calculated to test the qualifications of those practising, or intending to practise, midwifery in London or in its vicinity.

From some communication which I have received, I understand that the Obstetrical Society took up the scheme, because no one else did, and made it on the present plan as a starting point, which could be readily extended to the provinces. In my opinion, however, no extension of this plan could be made more effective than one constituted by a limited number of the resident obstetricians of every moderately sized city or town in the provinces. This statement is fully proved by the results of the practice followed at St. Mary's Hospital. But if Examining Boards be thus established, both in London and the provinces, it will assuredly be found that the serious mischief and dangers which happen through the malpractice of uneducated, or only partially instructed, midwives will not be prevented; because they can, and do now, practise without having attended any lectures or undergone any examination whatsoever. It is, therefore, quite evident that a plan based on the principles set forth in this scheme will only reach those who are willing to submit to the restrictive rules and expenses therein

mentioned. It is hence much to be feared that a great majority of the class of women who now follow this calling will, in spite of the advantages offered, be found unwilling to submit to a rigid course of education and examination. The midwives of Great Britain and Ireland have not the same social position and education as those of France, many of whom have in their writings contributed much to the improvement of the principles and practice of midwifery. I need only mention a few of the names of these talented women—Lamarche, Ducondray, Duges, Lachapelle, Charnier, Boivin, etc. There are only a few British women whose names are recorded in obstetric biography: we have Blackwell, Nihil, Stephens, and Stone (see *Biographie des Sages-Femmes*, etc., par A. Delacoux). If we compare the position of the midwives at the time when these women lived with that of those practising at the present time, we are compelled to conclude that a better class existed then than now. Some few years ago (BRITISH MEDICAL JOURNAL, vol. i, 1867, p. 154) some remarks were made by me, that women before practising midwifery should be compelled to attend lectures, etc., and undergo a sufficient examination to test their qualifications. There should be a legal power over midwives which would render them more responsible, both to the public and to the legislature. At the present time they are under no control until they have rendered themselves criminally liable to prosecution for some mischief inflicted on the patient either from malpractice or neglect.

The social status of women intending to practise midwifery should be raised, by having a better preliminary and obstetrical education. Medical Boards legally constituted should be appointed to examine candidates, and to grant diplomas or certificates to those who have conformed to a necessary educational curriculum and have been found qualified to practise. The machinery necessary to fulfil these objects should be as inexpensive as possible; and, therefore, these Boards should exist in the metropolis, and also in one or two large towns in every county.

A compulsory system of education and examination can alone produce a change in the practice of midwives, and rescue the department of obstetric medicine from a degradation which at the present time exists. This department will never stand on equal grounds with the other two departments of medicine until medical students are compelled to undergo examination at the Royal Colleges, and have independent or conjoined diplomas granted as to their qualification to practise this branch of medicine; and further, until women intending to become midwives are also compelled to have a better general and obstetric education, to undergo an appropriate examination, and to be registered as legally qualified to practise.

Although the scheme has been put forth by the Obstetrical Society, yet I am led to believe, from the inquiries which I have made, that they would be pleased to resign the office and functions into the hands of Government should they take so much interest in the matter as to wish it. But, although this may be so, yet I think that the Obstetrical Society, constituted as it is, has, or ought to have, sufficient power to enable them to exercise that degree of pressure on the Medical Council, collegiate bodies, etc., which would induce them to obtain further legal powers. It is not only the Council and members of the Obstetrical Society who are interested in elevating this department of medicine, but nearly every member of the profession, especially the general practitioners, are bound to try to accomplish this important object.

I am, etc., THOMAS RADFORD, M.D.,

Honorary Consulting Physician to St. Mary's Hospital, etc.
Manchester, February 10, 1872.

MEDICAL RELIEF.

STR,—Mr. Corrance's letter on this subject tempts me to send you a few notes. I agree with him that provident dispensaries *per se*, whether recognised by the State or not, will not do away with the present grievances; that the Poor-law dispensary system should be established all over the country; and that the provident dispensary system is one that is eminently useful for certain purposes. But I would add—and I feel this strongly—that, unless the two systems, the provident dispensary and the Poor-law dispensary, go hand in hand, we shall, as a profession, at some future time regret the day the latter became the law of the land. The provident dispensary should be the handmaid of the other. Of course it can never be the universal remedy, simply because there will always be, from a variety of causes, people who are too poor to pay even the smallest contribution. It is not this class that a provident dispensary is ever supposed or intended to benefit; but it would be the means (although, of course, this is not its primary object) of checking imposition on the Poor-law dispensary, and through it on the ratepayers generally. I speak from a strong

conviction. If a Poor-law dispensary be strictly and conscientiously managed, as it should be, though, I fear, in many cases it will not be, well and good—equally so for the ratepayers, the profession, and the poor themselves. But if it be not so managed? There is a certain class between the actual pauper and that which is able to pay a medical man's lowest fee, which, when a Poor-law dispensary is established, would easily find means of availing itself of its advantages. At present, where there is no provident dispensary, the members of this class have no alternative but the local dispensary (if there be one), the district medical officer, by applying simply for a "note for the doctor" or the general practitioner, who, after a little experience, knows or feels that he does the work for nothing. Where a provident dispensary is established and judiciously managed, I maintain that large numbers of this class do, or would, become members; and where they do not join, I maintain that they might be indirectly almost compelled to do so. A large number of lazy improvident persons notoriously pass through the district medical officer's hands every year. These might be told that they must join the provident dispensary of the district; and that, if they applied for relief again without having done so, it would be refused. (Of course I am perfectly aware that relief under such circumstances could not legally be refused; but the adoption of some such plan would, I believe, virtually be attended with most satisfactory results.) To facilitate matters in this direction, every case in which a note for the doctor is applied for and given should be entered by the relieving officer on his book, to appear before the Board at their next meeting, just as in other applications for relief. How many relieving officers do this?

Mr. Corrance has mentioned several provident dispensaries, but has omitted that in Leicester. This institution was originally a free dispensary, with very little life in it, and was converted into a provident dispensary in 1866. In 1867, the number of members was 5,026; in 1868, 5,927; in 1869, 7,523; and in 1870, 8,937—an increase of over three thousand nine hundred in four years.

I am, etc., ALFRED SHEEN, M.D.

Cardiff, February 6th, 1872.

CASHEL FEVER HOSPITAL AND UNION INFIRMARY.

SIR,—I will thank you to publish the accompanying correspondence. The Irish College has not deemed itself able to reject formally an application which, it must feel, was based on indisputable grounds. No one will, I think, fail to see through the pretext which it finds for delay. My application may interest only a few members of the profession, but I commend the reply to the consideration of such of my provincial brethren in this country as have not hitherto done anything to second the efforts made to procure representative institutions for the profession. So long as the mass of the profession has next to no voice in its government, so long will the interests and the wishes of the bulk of its members be entirely subordinated to those of our metropolitian law-givers.

I am, etc.,

T. LAFFAN, *Medical Officer of the Cashel Fever Hospital.*

Cashel, January 10th, 1872.

Cashel, September 27th, 1871.

Gentlemen,—I beg respectfully to apply to you to grant to such apprentices of mine as may from time to time attend the Cashel Fever Hospital and Union Infirmary the same privileges you have already granted to the pupils of successive surgeons to the County Infirmary in this city. The Cashel Union Infirmary alone contains one hundred and forty-eight beds, more than ninety of which are constantly filled (as I am in a position to prove if called on to do so) with the most varied and instructive cases. In addition to a greater number of medical and surgical beds than are contained in the institution which you have already acknowledged, these hospitals offer to pupils the following special advantages:—1. Fever-wards containing forty beds; 2. A midwifery ward; 3. Sick children's wards. I have every respectful confidence that you will, by acceding to this application, evince your willingness to open up to students in these days of practical examinations every hospital, wherever situated, capable of affording them practical instruction. I ask the recognition, also, on the grounds that the presence of even two or three students may be expected to give here, as elsewhere, an impetus to the cultivation of medical science.

I have the honour to remain, Gentlemen, your obedient servant,

THOMAS LAFFAN, *Medical Officer of the Cashel Union Hospital.*

To the President and Members of the Council of the College of Surgeons in Ireland.

Royal College of Surgeons in Ireland, Dublin, Jan. 4th, 1872.

Dear Sir,—Your letter of September 30th last, in which you apply for the recognition of the Cashel Fever Hospital and Union Infirmary, having been specially considered by the President and Council at their

meeting held this day, the following resolution (a copy of which I have been directed to forward to you) was passed, viz.: Resolved—"That in the present unsettled state of medical education the Council do not consider that they could, with propriety, make any change in the existing arrangements."—I remain, yours very truly,

J. STANNUS HUGHES, *Secretary of Council.*

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION,
IRELAND.

MEMBERS of the above Association are requested to bear in mind that their subscriptions for the year 1872 are now due, and payable to the Treasurer, Dr. A. O. Speedy, 28, North Frederick Street, Dublin. All information in connection with this Association may be obtained from the Honorary Secretary, Dr. D. Toler T. Maunsell.

PUBLIC VACCINATION.

SIR,—Some time since I was appointed Medical Officer and Public Vaccinator to four parishes in this rural district. By the terms of my vaccination contract (a copy of which I never yet received, although it is more than twelve months since I was appointed), I am to vaccinate one day in each week in April and October, at 9 o'clock in the morning at my own residence, and at 12 o'clock at the appointed station, more than three miles away. Now, besides vaccinating, I must attend to my surgery duties; and thus it is very seldom that I can leave my house before 11 o'clock. I am obliged, therefore, to drive direct to the station in order to keep my appointment, and am quite unable to see any patients on my way there. Generally my cases lay in quite another direction, and thus under almost all circumstances the journey to the station is a special one. Last April, on three out of the four times that I attended, there were no cases for vaccination. When I sent in my quarterly accounts to the Board, I wrote a note requesting the guardians to send notices to those whose children remained unvaccinated to have them done at the appointed stations and times, and so prevent me having unnecessary journeys. To this letter I received no reply, but heard casually from the clerk that the guardians did not care about enforcing the parents, as there seemed so much opposition to vaccination, and, besides, several guardians held positive scruples against the Acts. In October last, once when I visited the station there were no cases; and, understanding from a neighbouring practitioner that the vaccinating inspector had told him to charge for the visit when there were no cases, at the Christmas quarter I charged the guardians 3s. 6d. for the visit. I received my salary in due course, but *minus* the 3s. 6d., which the clerk informed me the guardians had no power to pay. Can you or any of your readers inform me whether I was right in making such a charge; and are the guardians empowered to pay it? Ought I not to have copies of my vaccination and parish contracts? I suppose we are expected to visit the station the following week to inspect the cases; thus necessitating one visit at least for which we receive nothing.

I am, etc., "Nox."

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—*Friday, February 16th.*

VACCINATION.—Lord Buckhurst inquired if the facts were true, as reported in the public press, that in a case of vaccination lately brought before the magistrates by the vaccinating officer at Islington, the magistrates threw every obstacle in the way of the due carrying out of the vaccination laws.—The Earl of Morley had made inquiries at the Home Office and the Local Government Office, and found that no complaint had been lodged there, and, therefore, he was unable to give information.—The Duke of Richmond suggested that some further inquiry should be made on the subject.—The Earl of Morley said he would do so.

HOUSE OF COMMONS.—*Thursday, February 16th.*

METROPOLITAN WATER SUPPLY.—Mr. Stapleton asked the President of the Board of Trade whether it was intended to take any steps, under the Metropolis Water Acts, 1852-1872, in consequence of the polluted state of the water recently supplied by some of the water companies.—Mr. C. Fortescue stated that the examiner appointed under the Act had been instructed to examine, at least once a month, the reservoirs and filtering beds of the water-companies, and to report as to the state of the filtration before distribution commenced, and to make a special report whenever there was a necessity for one. In the case referred to, the examiner had made a special report, which had only been received that day. After considering it, he should be able to decide whether there ought to be further inquiry into the state of the water supply of the companies in question. The examiner reported that the state of the water was much better at this moment than it had been for