MEDICO-LEGAL AND MEDICO-ETHICAL.

THE TRAINING OF MIDWIVES.

AN inquest was held in Battersea on September 14th on the body of a child which died the day following its birth, and resulted in a verdict of death from misadventure. The medical evidence given by Dr. R. S. Trevor, who performed the *post-mortem* examination, and by Dr. John Burch, who saw the child shortly before it died, showed that death was due to imperfect expansion of the lungs and the inhalation of fluid during delivery. From the lay evidence, as recorded in the *Wandsworth Borough News*, it would appear that the child when born four times made a noise which made a neighbour present think it had croup; it was rather blue, and was placed on its side, but otherwise received no special attention. The attending midwife, who stated that in 1890 she had received six months' midwifery training and had also had some experience of ordinary nursing, said she was aware that infants were liable to swallow fluid during birth, and that they should be inverted in order that it might flow out, and that artificial respiration was also sometimes required. She took neither of these steps on this occasion; she thought it was unnecessary, as the child was crying when she returned to it, after completing her duties to the mother. She had not subsequently sent for a doctor because she thought the child was doing well. Pressed on this point, she replied that she had often had cases in which a doctor had been fetched and the child lived for twelve months afterwards; on this the coroner rejoined, "That shows the value of sending for the doctor." The coroner, in summing up, said it was a matter of the gravest public importance that mothers should receive proper attention in their confinements. There could not be a subject more important; but we had a half-logical way of dealing with it. A good many mothers were attended by midwives only partly trained. They were trained for a few months like nurses, and the kind of education they received was only semi-scientific. Then these people obtained their certificates as midwives, got on the Register, and commenced practice as doctors of a sort in this line. There were rules laid down by the public authority as to what the midwife should do in certain circumstances. But in cases into which he had had to inquire since the Act came into working order, he found that midwives sometimes did not realize a great many of their duties. He had not the slightest doubt they did their best, but he thought their best was not always good enough. Sixteen years ago the midwife in this case had received her training, and had practised ever since without renewing her knowledge at all. There was apparently no reason why this child should not have lived if the condition alluded to had been dealt with. It was one that might very frequently happen in the course of practice. There was a recognized course to pursue, and one would think, in view of its frequent occurrence, that every midwife, if properly trained, would know how to pursue that course. One had to assume that midwives were capable of dealing with some abnormalities. In this it was quite clear that the abnormality was very marked, so much so as to be observed by a neighbour, who was not a midwife at all, but a married woman of experience. But the midwife took no action; she seemed to have formed the opinion that the child must be all right if it cried. They had been told that was a popular delusion, and the midwife ought to have known better. He did not say anything against her, but he wished to point out that cases of this kind were of frequent occurrence. Until midwives received a better education, and until steps were taken to examine from time to time the knowledge of registered midwives, these cases would continue. If midwives did not pass such examinations, or showed a deficiency of knowledge in general practice, they should be reinstructed.

THE USE OF MEDICAL NAMES IN TRADE ADVERTISEMENTS.

D. L. T.—We should advise our correspondent to write to the firm in question and ask them to discontinue the use of his name. In all probability they will accede to his request; if they do not he should consult a solicitor.

CARRIAGE OF ASSISTANT'S FURNITURE.

A CORRESPONDENT writes that an outdoor assistant, married, is being advertised for at a salary of £180 a year with half midwifery fees; a house is also provided. He wishes to know who pays the carriage of the furniture where the post is accepted by a medical practitioner.

*** In the absence of any agreement with the principal to the contrary, it is to be presumed that the assistant would have to defray the cost of the removal of his furniture.

DOCTOR'S LIABILITY FOR COACHMAN.

A LOCUM TENENS writes that he was driving with a doctor and his coachman to visit patients, he being in the capacity of *locum tenens* to the doctor. The coachman allowed the horse to slip down, and our correspondent was thrown out of the trap and seriously injured, being unable to do any work for many weeks. He wishes to know if the principal is not bound to compensate him for the damage done to him by his servant.

*** No doubt if the groom could be shown to have been guilty of negligence an action would lie against his master; but not for a pure accident. Such accidents as our correspondent describes are of frequent occurrence in medical practice. Usually the principal suffers, but sometimes it may be an assistant or *locum tenens*; in the latter cases it is usually presumed that the assistant or *locum tenens* voluntarily took on himself the risk of such accidents when agreeing to do the work required.

CONSULTATION ETHICS.

B. H. writes that a young man had been under his treatment for a few days for an abrasion of the skin over the knee-cap, which was being treated with boracic acid ointment, the limb being rested on a chair. His master, being anxious to get him back to work, took him to a neighbouring town to see a consultant, who sent by the brother of the patient a note to the following effect: "I looked at this youth before I ascertained that you had seen him. I have told the youth that he is going on all right; it would heal more quickly if he was in bed for a day or two with, I think, hot boracic foments." Our correspondent hears that the boy is in bed, and therefore infers that the advice suggested in the last paragraph of this letter was given direct to the patient, and he asks whether it was correct for the consultant to advise the boy after being informed that he was under the care and treatment of another practitioner?

*** Is it not more probable that the advice was given before the consultant had ascertained that the boy was under our correspondent's care?

A PARTNERSHIP PROBLEM.

A. sold to B. one-third of his practice at one year's purchase on an average of three years. In the event of A.'s death or retiring from practice B. was to take over the whole, paying for the two-thirds at the same rate. A. died. B. took the practice on the terms agreed. So far there is no dispute, but the following is the point at issue: When A. took B. into partnership he gave him one-third of the debts then owing, and net receipts were from the first divided in proportion to the partnership shares. Now B. contends that all debts owing at the time of A.'s decease are his, and that A.'s widow has no claim on them. Is B.'s claim reasonable or legal?

*** Such a claim is neither reasonable nor legal, and, in the absence of a clear agreement to that effect in the deed of partnership, could not be supported for a moment. The widow is clearly entitled to two-thirds of all book debts due at the time of her husband's death.

STARTING IN PRACTICE.

A CORRESPONDENT writes that he is about to start practice in a purely working-class neighbourhood, and would like to know: (1) The usual fee for consultation and medicine. (2) The usual fee for confinements. (3) The usual fee per visit. (4) How soon should he call on professional neighbours?

*** In such a practice as our correspondent would seem to indicate it is not possible to say what would be the usual fees. They vary in nearly every neighbourhood, being in some cases as low as 4d. a consultation with medicine, the visit being 1s. With regard to confinements the fee is from 7s. 6d. upwards, sometimes being as high as a guinea. With regard to calling upon professional neighbours, this should be done as soon as possible; but it is to be feared that a gentleman opening a practice of this kind in any district will be rather *persona ingrata* to the medical practitioners already established there.

THE PURCHASE OF A DEATH VACANCY.

A CORRESPONDENT who considers he has given too much for a death vacancy, and is of opinion that the instruments of his predecessor ought to pass to him with the practice, again writes and propounds the following questions:

1. Is not the £500 paid enough to include instruments?
2. Is not £500 more than is usually paid for a death vacancy?
3. Should not therefore the instruments be included?

*** These questions really have no bearing on our correspondent's claim to the instruments. In a previous issue it was pointed out that the question was, Were the instruments included in the sale or were they not? Whether they should or should not have been is entirely beside the mark. It can only be repeated that if there was no agreement as to instruments in the sale of the death vacancy, they do not pass with the practice.