

Medical Education.

RECOMMENDATIONS OF THE GENERAL COUNCIL.

THE following recommendations, in reference to general and professional education, have been adopted by the Medical Council.

I.—GENERAL EDUCATION AND EXAMINATION.

1. That all students pass an examination in general education before they commence their professional studies.
2. That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school, and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study.
3. That, as far as may be practicable, testimonials of proficiency granted by the National Educational bodies, according to the following list, be accepted, with such modifications as the Medical Council may from time to time think proper to make.
 A Degree in Arts of any University of the United Kingdom, or of the colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
 Oxford Responsions or Moderations.
 Cambridge Previous Examinations.
 Matriculation Examination of the University of London.
 Oxford Middle Class Examinations, Senior and Junior.*
 Cambridge Middle Class Examinations, Sen. and Jun.*
 Durham Middle Class Examinations, Sen. and Jun.*
 Durham Examinations for Students in Arts in their second and first years.
 Durham Registration Examination for Medical Students.
 Dublin University Entrance Examination.

SCHEDULE.—Register of Medical Students.

No.	Name.	Date of birth.	Place of birth.	Present residence.	Date of registration.	Place of study.	Registering Body.	What examination in Arts, and its date.
1	A. B.	—	—	London.	—	University College, London.	University of London.	Matriculation Examination of University of London, May 1861.
2	C. D.	—	—	Birmingham.	—	Birmingham General Hospital.	Royal College of Surgeons of England.	Oxford Middle Class Examination; August 1861.

12. That after January 1863, all junior middle class examinations be excluded from the list.

13. That the said Register be opened on the first day of each session or term, and remain open for fifteen days; and that within seven days after its close, the officer in charge transmit a duly authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the body or bodies belong.

14. That the Registrar of the Branch Council lay the copy of the said Register before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it

Queen's University, Ireland: Two years Arts' course for the Diploma of Licentiate in Arts.

Preliminary Examinations at the end of A.B. course.

Middle Class Examinations.

Matriculation Examinations.

First Class Certificate of the College of Preceptors.

4. That the examination on general education be eventually left entirely to the examining boards of the National Educational Bodies recognised by the Medical Council.

5. That no certificate of proficiency in general education, which does not affirm the proficiency of the candidate in Latin, be deemed a sufficient proof of preliminary education previous to the commencement of professional studies.

6. That students who cannot produce any of the testimonials referred to in the third resolution, be required to pass an examination in Arts, established by any of the bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such examination be, in every case, conducted by a special Board of Examiners in Arts.

7. That without professing to lay down any complete scheme of general education for persons intending to become members of the medical profession, the Committee recommend that the scheme of examination in arts of the licensing bodies be, as nearly as practicable, similar to that of any one of the National Educational Bodies above specified.

8. That after October 1st, 1861, all medical students be required to be registered.

9. That the lists of students registered be closed within fifteen days after the commencement of each session or term.

10. That no student beginning professional studies after September 1861, be registered, who has not passed an arts examination, in conformity with resolutions 3 or 6.

11. That the several bodies in Schedule (A) of the Medical Act, either jointly or severally, open a register for students commencing their studies in medicine, in the form annexed.

be thereafter transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

15. That the licensing bodies shall have power to admit exceptions as to the time of registration, if satisfactory to them, and transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions shall have been granted, with the grounds stated.

16. That the various educational and licensing bodies be requested to transmit to the Registrar of the General Council, returns, embodying any alterations which they may from time to time introduce into their courses of general study and examinations, which qualify for the registration of medical students; and that a copy of such returns be sent by the Registrar, as soon as convenient, to each member of the General Council.

* After January 1st, 1863, all Junior Middle Class Examinations will be excluded from the list.

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II.—PROFESSIONAL EDUCATION.

17. That the age of twenty-one be the earliest age at which any professional licence shall be obtained.

18. That four years of professional study be required, after the examination in general education.

III.—PROFESSIONAL EXAMINATIONS.

19. That the professional examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of study; and the final examination not until after the termination of four years of study.

20. That the first professional examination be conducted partly in writing and partly *vivâ voce*; and that such parts as admit of it be made as practical and demonstrative as possible.

21. That the second examination be conducted partly in writing, partly *vivâ voce*, and practically so far as may be convenient and attainable.

22. That the professional examinations be held by the several licensing bodies (except in special cases) at stated periods, to be publicly notified.

23. That returns from the licensing bodies under Schedule (A) be made annually, on the 1st of January, to the General Medical Council, stating the number and names of the candidates who have passed their respective final examinations, and the number of those who have been rejected.

24. That it be recommended to all the examining boards that they should require from every candidate for examination before them, a statement, signed by himself, whether he has, or has not, been rejected within three months by any of the examining boards included in Schedule (A) of the Medical Act.

25. That it is not desirable that any University of the United Kingdom should confer a Degree in Medicine, or Surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in arts, or passed all the examinations required for the Bachelorship in Arts, or the examinations equivalent to those required for a Degree in Arts.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 3RD, 1861.

W. TYLER SMITH, M.D., President, in the Chair.

A Model representing an Everted Vagina with a large Fibroid Tumour growing from the Posterior Lip of the Os Uteri, was shown by Dr. BARNES. The patient, a single woman, was admitted into the London Hospital. The case was believed to be one of inverted uterus. On careful examination, aided by the uterine sound, the uterus was felt to be contained within the everted vagina. The tumour was removed by transfixing the neck and tying by double iron-wire ligatures. It came away in five days, quite free from decomposition, having been preserved by being kept moist with creasote water. The vagina and uterus returned to their normal position; the cervix and os retaining no trace of anything abnormal. Dr. Barnes had seen a case with Mr. Corner, at Poplar, in which the patient seemed moribund from discharges connected with a large fibroid tumour filling the pelvis. A few days later, under violent expulsive pains, this tumour was driven downwards, Mr. Corner freeing it from adhesions with his fingers, when it was removed. The patient perfectly recovered, and when examined by Dr. Barnes some months afterwards, presented a normal uterus and cervix. Dr. Barnes believed that this case, like the one exhibited, was a tumour of the cervix, not admitting of isolation, from its occupying

and filling the pelvic cavity. He conjectured that some cases of presumed enucleation of fibroid tumours of the uterus were of this nature.

Cystic Mammary Tumour. Mr. SQUIRE exhibited a glandular cystic tumour, which had occupied the lower half of the mamma. It had a hard fibrous base, and the distended cyst had obscured its lobulated character. It had increased somewhat rapidly, and was painful; and, but for the nipple not having been retracted, might have been mistaken for scirrhus previous to removal. On opening the cyst, lobules in various states were seen in the form of acini, or small pedicles. Sketches of its microscopical characters were presented.

Ovarian Tumour. Mr. SPENCER WELLS presented an ovarian tumour removed by ovariectomy, on June 25th, from a single woman, aged 34, in the Samaritan Hospital. The solid portion of the tumour weighed twenty pounds; some of the cysts had contained twenty-five pounds of fluid; and there had been about twelve pints of fluid in the peritoneal cavity. The patient went on remarkably well for four days after the operation, but then began to sink suddenly, and died. At the *post mortem* examination, signs of slight peritonitis were shewn by recent lymph on the anterior surface of the liver; and there was a good deal of turbid serum present, while the intestines were greatly inflated; but there was no blood in the abdomen or pelvis. The pedicle had been cleanly divided, and it appeared that death had taken place from simple exhaustion. Mr. Wells thought the case instructive as an instance of the result of putting off the operation till too late. He saw the patient once sixteen months ago, just as she had been discharged incurable from an hospital, and he then advised ovariectomy. But the patient had been persuaded by others to wait until almost at the point of death before submitting to it. The tumour had grown in the mean time to an immense size, while the patient's health had been broken down by long-continued suffering. Yet the operation was performed with but little difficulty; and had it been done earlier, the probabilities of success would of course have been much greater.

FOUR ADDITIONAL CASES OF OVIARTOMY.

BY W. TYLER SMITH, M.D.

CASE I. Mrs. P., aged 44, married twenty years, the mother of one child. The tumour, which was polycystic, had existed two years; tapping had been resorted to five times. Ovariectomy was performed by the small incision on March 1st. Extensive and firm adhesions existed. The pedicle was tied, and the ligature brought outside. She recovered without any inflammation, and was well enough to leave town in a month. The ligature has not yet come away.

CASE II. Mrs. H., aged 35, married, the mother of five children. The tumour had existed between two and three years, and was of large size. The operation was performed March 13th. It proved, after the cyst, which was single, had been tapped and brought outside through a small incision, that it grew from the broad ligament close to the ovary, but not actually involving it. The pedicle was very broad. After tying and dividing it, considerable hæmorrhage occurred from a fissure in the pedicle behind the first ligature. A second ligature, nearer to the uterus, arrested this. Violent peritonitis came on during the night, and was treated by leeching, calomel and opium; but she died twenty hours after the operation. A *post mortem* examination showed intense inflammation of the whole peritoneal surface.

CASE III. Mrs. S., aged 29, mother of four children, was delivered of the last six months ago. During this pregnancy the tumour, which was polycystic, first appeared. It grew rapidly, and tapping with pressure was tried. Ovariectomy was performed April 23rd, in the same manner as in the other cases. The tumour consisted of one large cyst, the internal surface of which