OBSTETRICAL KNOWLEDGE IN RELATION TO THE PRESENT STANDARD OF MEDICAL EDUCATION.*

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IN the few minutes at my disposal for dealing with the important subject of which I have given notice, I shall endeavour to condense the remarks I have to make, embodying my ideas in some propositions, which may, I trust, meet with the approval of this Section.

I have for many years, as a teacher, felt the disproportion between the obstetric and gynecological knowledge expected of the medical practitioner, even one of very ordinary attainments, and the opportunity of learning afforded to the student; and, further, the very inadequate requirements laid down in the curricula of the majority of the medical corporations to be met before a candidate obtains his licence to practise. I do not hesitate to assert that, taking into consideration the wide field of study embraced in, and the future responsibility attending, the practical application of this obstetrical and gynecological training, our present system of teaching—estimated by the conditions under which candidates are admitted for degrees and diplomas, or for special licenses to practise midwifery—is very defective. If this be so, and I hope to convince you that it is so, now is the time when obstetric teachers in the different schools should announce the fact without hesitation, before impending changes are effected, so as to secure some alteration for the better, both in the practical and theoretical training of future practitioners, in this most important branch of their profession.

I thought that in no more fitting place could this subject be considered and discussed than in the Obstetrical Section of our Association, so that, if possible, an unanimous opinion might be expressed and placed on record which may have weight with the powers that be in the future consideration of the question. I am aware that our President (Dr. Playfair) has urged in forcible language elsewhere the necessity for change, and has pointed out the ludicrous impossibilities demanded and expected of obstetric teachers. And I am glad that I am so fortunate as to have his warm sympathy in denouncing their present insurmountable difficulties in the instruction of their pupils.

It is now well known that the Obstetrical Society of London recently memorialised the General Medical Council to extend the obstetric course in all cases to a period of six months; the General Medical Council in this, as in many other matters, prefers a course of "masterly inactivity", and declines to interfere.

It is needless for me to refer to the rapid strides made in all obstetrical knowledge during the last twenty-five years, nor am I disposed to occupy your time in proving that the gynecology of to-day is practically a new science. This is not necessary. Yet it is important to consider what has been the corresponding advance in education. Of the licensing bodies in the United Kingdom, I find that seven are satisfied with certificates of attendance on a summer three months' course of lectures in midwifery; eight require a winter course; and some accept two summer courses in lieu of one winter. A winter course may consist of, at the outside, from seventy to one hundred lectures; a summer course of about fifty. A student is generally granted a certificate if he has attended two-thirds of a course—so that attendance on some thirty lectures will secure him a certificate in a summer, and about forty-five to sixty-five in a winter session. Analysing but imperfectly the matter to be discussed in a systematic course of obstetrics, and even excluding in great part the physiological and embryological studies, assuming that these are taught by the Professor of Physiology, still we may thus briefly group the subjects to be dwelt on, many of which have to be practically elucidated by diagrams, drawings on black-boards, and demonstrations, which involve the loss of much time at each lecture. I take, for example's sake, the brief syllabus of my own class in Queen's College, Cork: Lessons from the comparative anatomy of the pelvis; description of the pelvis, its axes, planes, curves; deformities of the pelvis; female organs of generation; menstruation; embryo; fetus. Signs and symptoms and diseases of pregnancy; classification of labours; mechanism of labours; varieties of labour; complications of labour; obstetric operations; diseases of the puerperal period.

But an obstetric course is supposed to include (according to the medical corporations) lectures on diseases of women. Any one, with a very slight experience of gynecological teaching, must know how

absurd is any attempt to teach this branch in a partial manner; and how every step we advance in the teaching process depends on the successful expounding, both practically by diagrams and appliances in the theatre, and indeed clinically at the bedside, of all the complicated diseases of the female organs of generation, from the vulva to the ovaries, including the causes, symptoms, and results, etc., whether mechanical or pathological, which are associated with the thorough understanding of uterine displacements. Let it be remembered, that none of these subjects with which the physician is brought face to face in every-day practice is taught in any other course during his career. Can any course on gynecology be looked upon as complete which does not embrace such a syllabus as the following vaginal affections; the uterus, its structure, axes, relations; methods of examination; demonstrations on instruments useful for diagnosis and treatment; discharges; inflammatory states; amenorrhoea; dysmenorrhoea; menorrhagia; sterility; climacteric epoch; pessaries; uterine displacements; perimetritis; parametritis; ovarian diseases; ovariectomy; affections of Fallopian tubes; extrauterine gestation; cancer; uterine tumours; polypi? I think not. I can speak from experience. In a course (not compulsory) of some seventy lectures, I devote twenty-four to the gynecological and forty-six to the obstetrical portions respectively. I find that, condense as I may, I cannot do that justice to my subject which I would desire. To prove this, I accept a very simple test. I take up, say, two of the most popular and justly esteemed text-books of the day—that of our present President and the admirable work of Leishman; the former is more conveniently divided into two volumes. There are over eight hundred pages in both these text-books, and I hardly think there is a superfluous line in either of them, when we consider that, in almost every department of the obstetric art, the views of various other authorities have to be largely referred to. Take, for example, those of Matthews Duncan on the mechanism of labour and the etiology of hæmorrhage, and the admirable principles of Barnes in obstetric operations.

Now, if we turn to the gynecological part: assume that I measure my duties to my class by the matter contained in either of the text-books used by its members—that of Barnes or Thomas—though it cannot be denied that men may gain acquaintance with the subject in some of the smaller treatises, I am supposed to impart a digest of the information contained in both of these treatises in twenty-four hours. How, I ask, are these two essential branches of the profession to be taught in a single summer or short winter course of lectures? It is manifestly absurd. I hold that it is something worse when we regard the important issues at stake, and the responsibility of a teacher, in the face of modern advances in the obstetric art. But now I approach the most melancholy side of the picture—melancholy, I say, when we go back a century and a half, and find that, in the practical educational requirements of the art, we have advanced but little on the time of the illustrious Smellie; and certainly it does seem unaccountably strange that, in the country of Smellie, Hunter, and Denman, there should be, in the year 1880, any necessity for a protest, on the part of an obstetric teacher, against the utterly inadequate practical instruction now condoned. "Beyond a doubt", says an eminent Irish obstetrician (Dr. McClintock), in his memoirs of Smellie: "The true secret of Smellie's great success as a teacher was the fact, that, from the outset of his career, as such, he combined clinical with oral instruction." The manner in which our obstetric teachers are expected to continue clinical with oral instruction is expressed in the condition imposed, by some licensing bodies, on candidates for degrees and diplomas, viz.: attendance on any six cases of labour—that attendance to be effected, not necessarily in a hospital or maternity, or under the personal superintendence of a recognised teacher, but under any medical practitioner anywhere; so that, a candidate, seeing six natural cases of labour, after a superficial cram, or having undergone the sharpening effects of a brief grind, can become qualified to practise his art on any unfortunate woman, though he has never seen a case of instrumental delivery, convulsions or hæmorrhage, twins or version; and thus, doubly qualified, he may in his turn instruct some other aspirant for medical honours. Conceive such a contingency: a master teaching an art which he has never practised—a pupil imbibing his obstetric knowledge from so enlightened a source! He thus goes to his first case, in public or private practice, to learn, perhaps, at the risk of his patient's life or his own reputation. But worse must be told. I have known men to pass their final examination who never saw a case of labour. Certificates are, or, at any rate, were, not so difficult to purchase or obtain; and a medical friend's conscience could be found sufficiently elastic to stretch to the point of six cases—or, it may be, the candidate has so far diligently attended the cases as to see the careful application of a binder, or to witness the dressing of the baby. On this practical knowledge, he is registered as a person duly qualified to practise the art of mid-

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wifery. These facts speak for themselves. It remains to ask: What special instruction in gynæcology is required before a candidate presents himself for his licence? Of all the qualifying bodies, but one requires a certificate of clinical instruction in diseases peculiar to women, viz., the College of Physicians of London. It is a fact that students may complete their course, and have never as much as looked through a speculum. This is not exaggeration. Nor is their practical acquaintance with uterine affections sufficiently tested at their final examinations, and, indeed, there are many difficulties in the way of this; but surely it is not too much to ask that students should be compelled, at some period of their course, to attend a hospital or some wards in a general hospital, or out-patient department specially devoted to the treatment of these diseases. It is not right to turn out to the public, each year, a number of men who do not even pretend to the most superficial acquaintance with the diseases peculiar to women. But the obstetric teachers, who, as the President told us yesterday in his address, have been admonished by the General Medical Council to be more particular in future, are supposed to teach their pupils something—be that something much or little—of the diseases peculiar to infant life. Can they do so? As a matter of fact, what instruction does the student receive in many schools at the present time, either in his school or college course, or clinically at the bedside, in the management of the child under two years of age? Yet, ask any practitioner of experience, and he will tell you, that the knowledge of such diseases, an acquaintance with the temperaments and ways of sick children, and the successful management of their little ailments, as it is the most certain road to a mother's heart, so is it a most likely avenue to success in professional life.

I feel that in thus expressing my views before this Section, I have simply done my duty as an obstetric teacher, and one alive to the responsibilities of his position. It may be comparatively easy for the lecturer to include a large field of study in his course, and to cram a great deal into a single lecture; it is quite another thing for even the most intelligent student to follow him. The condensed nutriment is difficult of absorption; and, let the mental digestion of his class be ever so perfect and convolitional secretion ever so active, the intellectual pabulum is too strong, and the ultimate result is a cerebral emesis of imperfectly digested matter.

I have only to remark, in conclusion, that it cannot be said of me that I approach this subject with the jaundiced eye of an obstetric teacher. The sphere in which I work forces me equally into other fields of labour than this; and in which, I may remark, I equally deplore the want of more special and exact instruction corresponding to the advances of medical science. Therefore, sir, I do not view the blot in our present educational scheme in exaggerated and distorted proportions, the result of some special obstetrical aberration of my mental vision. On the contrary, applying the test of the correlation of obstetrical knowledge and medical educational requirements, I fear the defect is on the side of those whose near point (as the ophthalmologist would say) has considerably receded, yet who are endeavouring to see things in the same light, and the same dimensions at the present day, as they did at a distance of twenty years past. It is the duty, I hold, of obstetric teachers to adjust their lenses so as that things may be to such individuals as they are—not as they were a quarter of a century hence.

PROPOSITIONS.

1. The efficient teaching of an obstetric class cannot be effected in a course of less than one hundred lectures. In schools where the winter session does not embrace this number of lectures, either an additional summer or winter course should be required before the candidate is permitted to present himself for his final examination; there being an understanding that the lectures on gynæcology are delivered as a distinct part of the course or courses attended by the candidate.

2. An attendance on at least twenty cases of labour should be required of the candidate, before he is permitted to present himself for the final examination. These cases to be attended in some recognised hospital or maternity, under the supervision of a recognised teacher.

3. The candidate should be required to produce proof, by notes of cases or otherwise, that he has attended in the wards or extern department of a general hospital, or of a hospital specially devoted to the treatment of women, or in an extern department of a special hospital, so many cases of uterine diseases.

At the Southwark Registration Court, the claim of Dr. Wood, assistant medical officer at Bethlehem Hospital, has been disallowed on the ground that he occupied his house by virtue of his appointment. The revising barrister observed that the state of the law on the matter was anomalous. The claim of Dr. Savage, the head physician at Bethlehem Hospital, was also disallowed.

RARE CASE OF OTITIS EXTERNA PARASITICA.

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THE following case is communicated with the view of enabling us the more clearly to understand, and more successfully treat, certain cases of otitis externa; not many years, indeed, having passed since the profession became generally aware of the fact at all, that vegetable fungi were germinated in the auditory canal, and that they caused or aggravated inflammations of this part, and of the surface of the membrana tympani. The fungus here was discovered to be a species of *aspergillus*, which, as already known, is the parasite, in one of its varieties, most commonly found in the ear, and occurred in a young man having what might be called a scrofulous otorrhoea. It was not the primary disease, but a consequence of a diffuse otitis, which had been of such a mild character for several years as scarcely to have attracted his attention, especially as he had been told that the disease would "wear away", and that medical assistance was of no avail for it. The formation of the vegetable mould in his ear, had evidently been preceded by what I believed to be an eczema; at all events, some kind of an inflammation had first occurred which had loosened the epidermis, and when seen by me he was suffering from a sensation of fulness in the ear, with tinnitus aurium, vertigo, impairment of hearing, and pain, not severe, as in acute catarrh of the middle ear, but a dull heavy sensation in the part. The objective symptoms consisted in the adherence to the walls of the canal, and to the outer surface of the membrana tympani, of blackish flakes, nearly blocking up the whole of the passage, and which were mistaken by me at first for hard wax. The syringe, however, would not remove them; but the angular forceps, used under a good illumination by means of the otoscope, detached them, leaving the tissue beneath reddened and tender; and, when the microscope was called in, it made the diagnosis certain to be that of *Aspergillus nigricans*, consisting of its three essential parts: first, the mycelium, a dense network or pseudo-membrane of delicate fibres, which formed the groundwork or roots, as it were, from which the second part or fructifying portion (fertile hyphen) arose perpendicularly; and third, the free spores, which lay thickly strewn upon and in the mycelium. A portion of the specimen alluded to was planted upon lemon-peel, placed in a close vessel, at a constant temperature of 80° Fahr., when it gave, at the end of the third day, not, I must admit, a well developed growth of any form of *aspergillus*, but most distinct bastard specimens of it. The treatment was exceedingly simple, but very tedious. The loosened epidermis and flakes of mould were carefully removed every day by means of the forceps and syringe, the ear being well illuminated while the former was used, and the canal was frequently douched with warm water by means of Clark's douche. The canal was pencilled with nitrate of silver in strong solution, after the cleansing process was over, not for the purpose of destroying the fungus, but to subdue the inflammation of the integument. Several agents were used as parasitocides, but were not found to be very efficacious, as the next day the growth was found to be reproduced. The most specific amongst them was the hypochlorate of lime, which was used in the strength of two grains to the ounce of water; but, as is too often the case, all the aural symptoms were not relieved when the vegetable fungus had ceased to appear, though certainly the most troublesome symptoms were so, by the destruction of the parasite; but the inflammation continued long after the microscope had failed to find any traces of the mould in the auditory canal. Nevertheless, twenty-nine days after he came under treatment, he left me, with hearing distance for watch, right ear, $\frac{9}{48}$, left ear, $\frac{14}{48}$. At eighteen feet distance, he could hear and carry on a conversation in the ordinary tone, with his face away from the speaker, and some weeks after he was said to be still improved. There is hardly a doubt that many cases of vegetable fungous growths in the ear are often mistaken by us for impacted cerumen and otitis externa diffusa. Since my attention has been called to the subject, I can recall several cases of very obstinate inflammation of the auditory canal which I now believe were cases of the growth of vegetable parasites in the part, none of which recovered from the affection, undoubtedly from not having used the specific parasiticide.

A NATIONAL conference of organisations for securing the repeal of the Contagious Diseases Acts was held at Birmingham yesterday. The Right Hon. J. Stansfeld, M.P., and a large number of influential gentlemen from all parts were present. Resolutions were passed recommending that, during the present recess, the work of the association should be mainly conducted by means of meetings and memorials to members of Parliament, and that no by-election should take place without an endeavour to secure the election and return of candidates pledged to vote for the repeal.