Correspondence.

"Audi alteram partem."

"THE TEACHING OF ANATOMY."

To the Editors of THE LANCET.

SIRS,—I have read the interesting letter of Mr. T. Cooke on the above subject in THE LANCET of Nov. 4th with much pleasure. Would you allow me as an old teacher and examiner to say a few words on the teaching of anatomy in particular, and generally on our present system of examining—and therefore of teaching? I say "therefore" because I suppose no one denies that the teaching, say in the London schools, follows the standard of the examinations, say at the Royal College of Surgeons. I assume, to begin with, that no one will differ from Mr. Cooke in asserting that the teaching of anatomy should be by dissection—i.e., by making the students themselves dissect—and not by demonstration, which consists in showing them other people's dissections, or dissecting for them. The examinations, however, follow of necessity the other course. At the Royal College of Surgeons the students cannot be set down to dissect, because it is impossible to find subjects enough. They are shown other people's dissections, chiefly the exquisite dissected preparations from the college museum, which correspond very closely with published anatomical plates. Demonstrations, then, of good dissections, and a careful study of plates, enable many a student to pass a brilliant anatomical examination, whose performance with the scalpel and forceps would be ludicrous, because he has rarely dissected, and that in the most perfunctory manner. If we would make the anatomical examination really practical (and this is, I apprehend, the only way to introduce really practical teaching) some way must be found to examine the student in dissecting. This can only be done at the school, and doubtless the details would present difficulty; but I do not see that it is impossible. Frozen sections are, I daresay, very valuable, but, as Mr. Cooke says, they are of recent introduction, and consequently were unknown to many of the best anatomists of even our own day. The essential point in our anatomical teaching should be to make sure that the student has worked at it with his own hands and his own brains. But is not this equally true of all the other subjects of examination? And does not our present system of examination tend, more or less, to substitute demonstration, or cramming, for study in all subjects? Less, of course, in medicine and surgery, where the students' practical knowledge can be to some extent tested by living cases than in the first-mentioned subjects. Yet even here the test is not a very perfect one. Examinations, in fact, can never be a perfect test of knowledge. Teaching, as Mr. Cooke says, should be the *vis a fronte*, and therefore everything in our examination system is to be deprecated which discourages learning by encouraging cramming. Now this seems undeniably the effect of the present system of an examination broken into subjects independent of each other. A man "grinds up" one subject, passes in it, drops it, and is never again asked a question in that subject. Then he takes up another subject, which he treats in a similar way; so that of the men who come up for final examination only a very minute percentage could, I believe, pass in the preliminary stages. Yet if these preliminary subjects are not necessary, to insist on the student learning them is only to put needless obstacles in the way of his obtaining a diploma; and if they are necessary, an examining body is not doing its duty to the public in increasing the number of candidates notoriously ignorant of them. The commencement of this vicious course was taken when the old single examination was divided into two—one on anatomy and physiology, the second on pathology and surgery—and when the second was made quite independent of the first. I have not a word to say against the separation—that was a great improvement—but to make it total was to induce, almost to compel, the student to forego all further study of anatomy and physiology, the bases of all rational practice. A slight knowledge of anatomy (surgical anatomy) was, it is true, still expected; but physiology, the very life-blood of rational practice—that by which alone it is differentiated from empiricism—was henceforth entirely banished from the education of the advanced student. Still more disastrous, in my opinion, was the step taken by the Council when I was

myself chairman of the Board of Examiners in Anatomy and Physiology. These two subjects were separated altogether and allotted to separate examiners, in spite of the admitted fact that anatomy is only a part of physiology, and is as dead when severed from physiology as the body is when deprived of the spirit. Having resisted this change as long as I could in the Council, I felt compelled to resign a post which I could no longer conscientiously fill, and I did this not as presuming to set up my own opinion against that of the much more distinguished surgeons under whose advice the change was made, but in order to emphasise the principle—which I think should never be lost sight of—that the diploma examination is a unity; and that though it has been found convenient to divide it into parts, those parts should not be treated as independent, but as vitally connected with each other, and no subject which is worthy of a place in the examination should ever be dropped out of it. A corollary from this is that no one should be appointed an examiner in any part of the diploma examination who is not qualified to examine in all of them. I know that it is sometimes said that some of the subjects—notably physiology—have become so specialised that none but a specialist is fit to examine in them. But is not the contention absurd as applied to an examination which is not academic and competitive, but practical and qualifying? Who would expect a student to have the whole of anatomy or the whole of surgery at his fingers' ends? If the examiner is not able to set practical questions in physiology which a student may be expected to answer, he is unfit to examine; and I submit that a practical surgeon is more likely to select such questions than a specialist. At any rate, while we specialise our examinations and break them up into separate bits we shall look in vain for practical teaching. Is it too late to take a different course? We have a great opportunity now that the fifth year, so long desired by practical teachers, has been added to the curriculum. Cannot it be devoted to the acquisition of practical knowledge instead of grinding up bits of the "ologies"? Not that I would condemn morphology and embryology, as Mr. Cooke seems to do; they throw a great light on the facts of anatomy, and if properly used may make those facts more interesting and more attractive to the learner; but I join heartily with him in deploring the tendency to "cramming," which is so conspicuous in our present system, and which has, I believe, been produced, or at any rate encouraged, by the total separation between the various parts of the Conjoint Examination. Meanwhile let us thank Mr. Cooke for a valuable contribution to the discussion of this important subject.

I am, Sirs, yours obedient servant,

Nov. 7th, 1893.

T. HOLMES.

"PROPOSED NEW MIDWIFERY PRACTITIONERS."

To the Editors of THE LANCET.

SIRS,—As several medical practitioners have asked me, "Is it a fact that the proposed new midwifery practitioners are to be absolutely independent of medical practitioners, and a separate and distinct class of practitioners?" I feel I cannot do better than quote the words of the supporters of this new order. Thus the late Dr. J. A. Aveling, when giving evidence before the Select Committee on Midwives' Registration, said: "Nurses and midwives are two separate bodies; *the midwife acts by herself on her own responsibility*, the nurse is the handmaid of the physician and does what he tells her." Next, in the prospectus issued by the Midwives' Institute, a body which collected no less than £985 to push the Midwives' Bills through Parliament, the following occurs: "As some confusion exists in the public mind as to the difference between midwives and monthly nurses, it may be well to state that a midwife, according to the Obstetrical Society's diploma," is qualified to attend all cases of natural labour—"that is, she undertakes the cases herself *without a doctor*, and is, in fact, engaged instead of one." This is sufficiently plain. Again, if reference is made to the "Hospital Annual," 1891, the following will be found: "It behoves all midwives just now to be sure of obtaining a good certificate, for the day of registration is at hand. The midwife stands almost halfway between the nurse and the doctor; she takes on herself a great responsibility, and she requires most thorough and careful training in her duties. The nurse acts under the doctor's orders, *but the midwife is answerable to no one, and has to use her own judgment*. Every reason which

was brought forward for registration of medical men applies also to midwives, for in their hands are the lives of hundreds of mothers and infants." Surely these statements are sufficiently plain; they have been made by the chief supporters of the proposed new order. They will also help to inform the General Medical Council as to the true meaning of this proposal.

It will be remembered that at the November session, 1892, of the General Medical Council the following was adopted: "That the President be requested by the General Medical Council to point out to the institutions and persons who grant such certificates that the certificate should be expressed in such a form as not to lead to the impression that it is a legal qualification to practise midwifery." Again, at the May session, 1893, of the Council, the President, Sir R. Quain, said: "Attention was directed at the last meeting to the form of certificates granted by certain institutions to women who had passed an examination in midwifery, which certificates may lead to the impression that they are legal qualifications. By direction of the Council a notification was prepared and sent to some forty of these bodies, indicating the risk they incurred. Satisfactory answers have been received from the several bodies, and no doubt the Council's action will be beneficial in preventing the confusion which is so objectionable." But has the Council's action been "beneficial" so far? The following advertisement¹ relating to Queen Charlotte's Lying-in Hospital recently appeared:—"On completion of the period of training each pupil, on being found competent, is awarded a 'diploma' qualifying her to practise"—mark, she is given a "diploma," and it "qualifies her to practise." Next, in the same journal, in connexion with the General Lying-in Hospital, the advertisement states that female pupils are trained "in midwifery." Now I feel that the General Medical Council should call the medical staffs of these hospitals before them, and ask if they intend to hinder and thwart the above resolution of the Council. The example set by these hospitals is so degrading that other persons are following their example, and with the result that we have now "The Magnetic and Botanic School of Safe Medicine, Limited," registered as a company, which examines and grants a diploma qualifying the holder to practise medicine, surgery, and midwifery. Surely those who grant diplomas to midwives cannot feel satisfied at this down-grade imitation. The question is: Will the General Medical Council allow this debasing state of affairs to go on? With them it rests, for they have the power of making it "infamous conduct" and striking off the Medical Register the names of those who go on trafficking in the sale of these midwifery diplomas.

As an attempt has been made to make a point out of the fact that midwives are employed by the Irish Poor-law, I would draw attention to the important circular issued by the Irish Poor-law Commissioners, and dated August, 1861. It refers to the "evil results" which followed the manner in which midwives were employed in place of their medical officers, and states: "But the midwife is not substituted for the medical officer, and he is entirely responsible as to the extent to which her services are to be relied on in each case." This shows that the Irish Board do not hold the same opinion as the English supporters of the new order of midwifery practitioners. I would add that the medical staff of the Lying-in Hospital of Liverpool obtained for themselves the large sum of £1000 3s. during the last eight years by the sale of diplomas to midwives, while a few members of the London Obstetrical Society had up to 1890 sold £988 worth. In these days, when it is so difficult to obtain a livelihood by legitimate means, the General Medical Council must surely know that if they allow this sale of diplomas to go on, so successful a financial trade will be certain to find imitators. I hope those who are interested in this vital question will write to their direct representatives on the General Medical Council asking them to give the subject of the petition which I have promoted for presentation to that body their careful attention.

I am, Sirs, yours truly,

Liverpool, Nov. 6th, 1893.

ROBERT R. RENTOUL.

* * Dr. Rentoul, supposing his extracts to be accurate and complete, has grounds for bringing this subject again before the General Medical Council. It is not permissible that any medical man, or medical society, or hospital should issue anything purporting to be a diploma without legal sanction. Our own view has been repeatedly expressed

that in the last resort the State should provide a fully registered medical practitioner in every parish for obstetric cases, and that any midwife's authority should be strictly limited and subordinated to that provision.—ED. L.

"THE EDUCATION OF IMBECILES AND IDIOTS."

To the Editors of THE LANCET.

SIRS,—I notice among the annotations in THE LANCET of Nov. 4th one headed as above. You remark: "Our only regret is that in this country the accommodation available for purposes of treatment, which in this case implies a constant and methodical process of instruction, is far too limited." This opinion is fully borne out by the experience of those engaged in training such cases. At the present moment there are in England five institutions supported by voluntary contributions, one at Darenth supported by the rates, and two in connexion with county asylums—one at Northampton and the other at Brentwood, Essex. One is to be built shortly in connexion with the Wandsworth County Asylum, and the Lancashire Asylums Board are now considering how best to accommodate those for whom provision is required. These institutions, however, only provide for a very small number of those suffering from the infirmity of idiocy and imbecility. Distressing cases constantly come under one's notice, especially among those residing outside the metropolitan area, for whom no accommodation can be found. Taking the south of England, the Earlswood Asylum can only provide for 600 cases, Essex Hall, Colchester, for 250, the Star Cross Asylum, Exeter, for 100, and the Darenth Schools for 1000 cases. One can easily see that this accommodation for about 2000 cases is only a drop in the ocean when compared with the large number of patients for whom provision is required. At present idiots and imbeciles not in special institutions find a home either in the workhouse or in the lunacy wards of an asylum, places, I need hardly say, quite unsuitable for them, for no attempt is made in either of these institutions to educate and train their minds and teach them such employments as may be useful to them. Those at home are in quite as bad a condition, and not only are they a source of anxiety to those around them, but the mother, whose time is taken up with her imbecile child, is unable to work for her living, and in many cases has to come upon the parish for relief. What is wanted is that every county or combination of counties should have its idiot as well as its lunatic asylum, and the example set by the asylums above-named should be followed throughout the country. You rightly say that "in this respect we are a long way behind the United States." When I visited America in 1876 I found that there was a larger number of institutions in the United States than we had in England, and since then great progress has been made, so that now nearly every State has its training school for idiots, or, as they are called there, "feeble-minded children." Further on in your annotation you say: "Another matter which deserves especial notice in this connexion is the necessity of providing separately for the regular and careful training, both physical and mental, of weak-minded persons belonging to the more wealthy classes." You mention Dr. Bourneville's institution at Vitry, near Paris, which is under his able direction, but you omit to mention that there are similar ones in this country. In England alone there are at least three under medical direction and supervision where the children of wealthy parents can be educated and trained. I think it only right to mention this, as I do not wish the medical men of England to think that the children of the wealthy classes here are worse off in this respect than are those of France.

I am, Sirs, yours faithfully,

FLETCHER BEACH,
Late Medical Superintendent of the Darenth Schools
for Imbecile Children.

Sidcup, Kent, Nov. 7th, 1893.

SMALL-POX STATISTICS.

To the Editors of THE LANCET.

SIRS,—THE LANCET of Oct. 28th noticed (p. 1072) the occurrence of outbreaks of small-pox in various localities in the country. Notices of this kind appear from time to time in the medical press; but in them all I look in vain for certain

¹ Brit. Med. Jour., Oct. 28th, 1893.