by the results in six cases of suppurating kidney in which I have carried out this procedure. In no single instance was there the slightest evidence of peritoneal trouble. In all of them, as in the case here detailed, recovery was rapid, and restoration to health complete.

That it is desirable to have room for manipulations, especially those directed to the arrest of hæmorrhage, everyone conversant with the operation of nephrectomy recognises. No other incision so fully exposes the renal area and leaves you so completely master of the field of operation as this.

The extensive separation of the parietal peritoneum from the abdominal wall, as conducted in my cases, does not interfere with its vitality, because it carries on its surface its own vessels of supply,^a and it is only by dissecting it up you can destroy them, and thus cause necrosis. Where the peritoneum lifts off the peri-renal fat its vessels go with it, and it is only at the semilunar line there is danger of doing mischief. Here cutting away from the peritoneum secures its safety, and does not interfere with the subsequent closure of the middle stratum of the abdominal wall, which should be very accurately approximated, especially in front.

(*To be continued.*)

ART. II.—*Some Points of Living Interest to the Teacher of Gynæcology and Obstetrics.*^b By FREDERIC WILLIAM KIDD, M.D. Univ. Dubl.; Master of the Coombe Hospital.

I HAVE first of all to thank you heartily and sincerely for the great honour you have done me, through your Council, in electing me to be your President for the ensuing two years. As I look back at the long list of distinguished names who have preceded me in this honourable post, my heart almost fails me, when I stop to think how much must be expected of me in order worthily to succeed them in this chair. Workers all of them—either skilled operators,

^a The parietal peritoneum of the anti-renal region is supplied by a plexus passing from behind the colon, and ramifying in all directions in the subserous connective tissue.

^b The President's Address read at the Opening Meeting of the Obstetric Section of the Royal Academy of Medicine in Ireland, on Friday, November 26, 1897,

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successful teachers, indefatigable writers, or eminent practitioners—yet all with one common object while they filled this chair—namely, to advance the interests of this Section, and, by so doing, little by little to add to the world-wide reputation that our city holds as a school for the teaching of practical midwifery. When the history of the Gynæcology of the last ten years comes to be written it will be found that our Dublin School has not been standing still. We have many skilled gynæcologists amongst us of whom any city might justly be proud, the effect of whose energy and teaching upon the younger members of our Profession (if I be allowed to prophesy), may be, and, I hope, *will* be, gradually to elevate the teaching of Gynæcology to such a pitch that Dublin may, in the near future, be as renowned for the teaching of Gynæcology as she has been in the past for the teaching of Practical Midwifery. To be placed in a position where one may, even to the smallest extent, further such an aspiration is an honour indeed, and reconciles one to the responsibilities attached thereto. I shall endeavour to imitate those who have gone before me, and shall ask you indulgently to overlook whatever shortcomings I may be guilty of. I hope, with your kind co-operation, that the ensuing Session may be one of harmony and of mutual advantage, and that the work of the Session may in no way fall behind that of its predecessors, either as regards its quantity or its quality.

I take this opportunity of thanking you, the Members of the Section, for the kind way in which you endeavoured to lighten my labours for the past six years while I was your Secretary, and for the indulgence extended to my errors. Your Council have elected Dr. Glenn as my successor, and it needs no words of mine to assure you that the choice has been well made; the Section cannot fail to benefit by the vigour and energy which Dr. Glenn introduces into everything that he undertakes.

When the Council elected me as your President, the very important question presented itself to me, as to what should be the subject-matter of my address, or if it were wise to give an address at all. My mind naturally wandered over those questions, in connection with this branch of Medicine,

that were of special interest to me, with the result that I determined to give a short address—not a *résumé* of work done in our specialties, not a dissertation on any one operation or on any one method of treatment. I determined to lay before you some questions of living interest—questions which touched on the teaching of Midwifery and Gynæcology—questions which, to my mind, should meet with the attention of those who are engaged either in teaching, or who are interested in placing the teaching of Gynæcology and Obstetrics on a surer and firmer basis.

One of the innovations that we have to contend with is the “lady doctor.” Their difficulties commence with their medical education. These difficulties are greater in some centres of medical education than in others, and in some they seem quite insurmountable. As an Irishman, with a claim to some gallantry, I am proud to say that as we were the first to open the portals of the Profession to ladies, so were we among the first to remove the difficulties that presented themselves in the way of the lady student; and I have heard more than one of them say, who had had experience elsewhere, that nowhere were they better treated than in Dublin, and nowhere did they get such “fair play.” With regard to the teaching of Obstetrics and Gynæcology, I give it as my personal experience that I have never found the slightest difficulty in lecturing a mixed class; I have never refrained from discussing any necessary point because of the presence of the ladies. True, I may have been more careful in the choice of my language. This, I claim, would be rather an advantage, and would tend somewhat to elevate the style of teaching; indeed, I believe the presence of ladies in the class has a distinctly refining influence. With regard to their attendance on midwifery cases, as arranged here in Dublin, I have never known any lady student to be insulted even in the very poorest and most criminal localities; first mistaken by the poor for nurses, they are now welcomed by them more and more every day. This teaching of mixed classes must go on until the number of women students increases to such an extent as may enable them to have their own special hospitals. In Dublin, I am glad to say, I have never known the association of the different sexes in medical classes to

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lead to any undue familiarity, but have always found the ladies treated with respect and consideration.

Let us stop and consider for one moment what are the openings in our profession for a "lady doctor." In our special branches there is a very large field open to them in India, where the prejudices of caste condemn a woman to die rather than seek the professional assistance of one of the male sex; but here let me take the opportunity of expressing in the strongest language my disapproval of those women who go to India as medical missionaries, with only a smattering of medical knowledge—perhaps with the advantage of only a few months' training—whereas it is considered necessary to have five years' curriculum for those at home. Truly in this case "a little knowledge is a dangerous thing." Then at home what are their chances practising as obstetricians or gynæcologists? Taken all round I do not think there is much scope for them, and though I may be deemed to tread on dangerous ground, I would wish to state some of my reasons—these reasons, necessarily, being taken from the standpoint of the man. First, *custom*—Women have been accustomed for many years in our country to the obstetrical ministrations of man. However, this objection may be gradually overcome, as we see in the case of the lady student among the poor, and in the case of the district midwife, who, in normal cases, nearly always acts independently of the dispensary doctor. Secondly, *physique*—It would take a woman of very exceptional physique to stand the strain of a busy midwifery practice, not to mention the fact that often the act of delivery requires an exhibition of strength, applied in the proper direction, and not violating the motto, *arte non vi*, possessed by very few women indeed. The same objection may fairly be urged against the average woman—that she is but ill fitted for the prolonged strain of a tedious operation in gynæcology. Owing to woman's nature, essential physiological conditions, over which she has but little control, and which must, for the time being, deteriorate her qualities of energy and endurance, may prevent her from exercising her abilities to the best interests of the patient. Thirdly, *nature* has made women naturally suspicious of one another—far more so than man; and this very suspicion causes

a woman who is suffering, in most cases, to repose more confidence in one of the opposite sex. One woman has not the same amount of sympathy for another in suffering that a man has, especially in the suffering of parturition. True, a woman surely will detect where there is a false craving for sympathy quicker than a man, and is less likely to be imposed upon. Women, when ill, compared with men, have but little consideration for those of their own sex who are attending them—a fact that can be easily proved by the evidence of the nursing staff in any large general hospital. These are some of the reasons against ladies practising as specialists in obstetrics and gynecology. On the other hand, there are some reasons why they may be deemed more suitable for these branches. What more natural than that a woman suffering from some uterine trouble should consult one of her own sex instead of a man. Women have a power of intuition more acute than men; they pay, perhaps, more attention to detail; they are more gentle and nicer in the use of their fingers as a rule, and easily receive tactile impressions. However, comparing these advantages with the objections, I think the latter preponderate to such an extent that with, perhaps, very rare exceptions we shall find that the generality of women doctors will not prove dangerous rivals to men in gynecology or obstetrics. To divert a little—"What branches are open for women?" There is a very large field in the pursuit of pediatrics. Women understand children in a way that few men do and they seem to gain their confidence sooner. Again, the female department of lunatic asylums is a field which is becoming generally acknowledged as especially suitable for them. The specialty of the "eye" is one that seems to me specially to recommend itself for study by women. In general practice, both surgical and medical, there is a section of the female public who will consult only one of their own sex. To this section, certainly, the "lady doctor" is an unqualified blessing. This section, originally small, doubtless will increase as lady doctors multiply, and as regards the final rivalry between the sexes for practice which means success, it must be settled by free and open competition, man having this advantage—that possession is "nine points of the law." Placing obstacles in the way of the

"lady" is only calculated to make her determined to overcome them, and only defeat for a period the crucial test; to this object I would give lady students and doctors every opportunity, and many of them would find that the realities of practice fall far short of their ideal, however average that ideal may have been. Looking over the entries at the English medical schools I find that one ambitious and venturesome lady has entered the London School of Medicine for Women as a student in dentistry. Should her aim be to excel in the mechanical branch of her profession she may be well fitted for it, but as regards the "extraction" branch I would not like to be the patient possessing a molar with crossed fangs that needed extraction. The very thought reminds me of a scene at a French fair—a young woman, seated on a high vehicle, with an old-fashioned "key," extracting teeth. As adjunct to her art she had a band consisting of loud-sounding brass instruments and a big drum. When the victim ascended the vehicle, and while the operation was going on, it was quite impossible to hear the agonising yells from the patient, due to the vigour of the musical accompaniment.

In whatever sphere of professional life the rivalry is introduced it must exist as a contest conducted on equal terms, giving no more advantage to one side than to the other, and if lady doctors compete, and compete successfully, with their medical brethren of the sterner sex in any particular branch, the men must simply take a second place—*palmas qui meruit ferat*.

With regard to the teaching of the subjects under discussion in women, I myself have tried the experiment, and personally have had no substantial objection to offer. However, I was dealing with a particular case, and fancy that my experience is very different from what it would have been under any other circumstances. The argument "from the particular to the universal" in my case would be especially weak. Much of the objection is a sentimental one, but not all; to those who would hold up their heads and say, "Shocking that such a subject should be taught by women to men!" The natural reply is, "Not a bit more shocking than that it should be taught to women by men," except that in one case

it is tolerated by usage and in the other it is not. Yet I will say that until many more of the prejudices of sex are broken down there are grave difficulties in the way of women teaching such a subject to men, and that at present their sphere should be limited as teachers to those of their own sex.

Having disposed to a certain extent of the lady doctor, I would now say a few words about her sisters—the ladies' nurse-tender and the midwife. In practice it will be found that these nurses work better under the medical administration of men than that of women. Whether this is an outcome of sentimental prejudice, owing to the secondary position accorded to women for so many centuries, or is a remnant of that "natural suspicion" to which I alluded before, I cannot say; probably it is contributed to by both these facts. I look upon the change in the type of nurse that has adopted the profession as a distinct advantage both to patient and doctor; but it is not always an unmixed blessing. Some of them are apt to forget that they should be nurses first and ladies afterwards, or, as a professional brother of mine aptly puts it, there are nurse-ladies and lady-nurses. On one occasion he sent for a nurse. She arrived at the patient's house late in the evening. When she saw the doctor she immediately told him she "was one of the X-'s of X-town, and that she would expect a hot supper." The doctor replied, "Oh! I see. You are a nurse-lady, whereas I wanted a lady-nurse. You had better take the first train home again in the morning." The former class have brought themselves into disrepute by requiring so much attendance, and insisting on having duties done by the servants of the house that they should do themselves in the capacity of nurse, the natural result of this being that in the middle social classes, where there are not many household servants, they dread the thought of the advent of the trained nurse, not on account of her fee, but on account of the extra amount of attendance required for her, and the way in which, I am sorry to say, she often upsets the whole household. If a nurse's duties in the house were properly done her advent should cause less trouble than before. That such a condition of affairs exists is due, to no small

extent, to faulty education and a neglect to instil into the nurse what are the duties of her profession. Far be it from me to brand all nurses with this criticism; but I do state that the objectionable class is so numerous that patients in increasing numbers ask their lady friends to recommend them a nurse, stating as a reason for so doing that the doctor only knows how the nurse behaves during his visit, and cannot tell what their behaviour is like in his absence, or whether they may or may not be what is known as "comfortable" nurses in the house. This is due to some extent to the rush of a better educated class, who, perhaps, are in reduced circumstances, to join the ranks of nurses. This rush includes many unsuitable persons who, perhaps, in the present upheaval against home authority, or occasionally to escape from what is really an unhappy home, fly to nursing, as it affords them a refuge from their fancied hardships, a far greater independence of action, and, shall I say it, a far greater freedom in social intercourse with members of the opposite sex. In short, this candidate for "nursing honours" makes use of her opportunities to secure a home for herself by marrying some medical student, some needy practitioner, or some patient, whose gratitude is great and whose will is weak, when convalescing from some dangerous or debilitating disease. That many of them succeed is proved by the fact that among the professions pursued by women that of nurse stands at present far and away the highest on the whole list in the matrimonial market, the number of chances being proportionately nearly double that of the next.

These statements refer only to the unsuitable minority—women who know they have no taste for nursing—and what a purgatory nursing must be to those who have no taste for it! Doubtless there are many women—good women and good nurses—who have been married and make good wives; my remarks do not apply to these. Owing to these changes the Sarah Gamp, whose surrounding atmosphere oft conveyed a suspicion of alcoholic adulteration, has disappeared, and the nurse, always young, often pretty, uniformed and veiled, cuffed, capped, and fringed, has taken *her* place. Let us hope that in the interests both of herself and of her patient she may prove a lady-nurse and not a nurse-lady. At the same time do

not let me be misunderstood. I am in favour of the present improvement in the quality of our nurses. I have both respect and admiration for our nursing sisters for their untiring zeal, devotion to the interests of their profession and of their patients, and in many cases for a self-abnegation that is worthy of a great cause. Surgeons and physicians may boast of their cures and recoveries, of the advances made in their treatments and their operations, but let them not forget to be just and render honour to whom honour is due. How many of these advances could have obtained their present position without trained, skilled, and intelligent nursing? Our asepsis depends to a great extent on the asepsis of our nurses; and how few there are among us that have not had to thank the unremitting attention and encouragement given by the nurse for the recovery of our patient. A nurse conscientiously attending a case of diphtheria, small-pox, or typhus fever, surely deserves as much credit as the soldier on the field of battle. So much for the nurse in general. With regard to the nurses specially trained in our branch of the profession, there are two very different classes—those who confine themselves to private practice, and those who seek their livelihood as midwife either to a public institution or to a dispensary district. In the first case such nurses have almost universally the assistance of the doctor at the birth; in the latter case they seldom have. A nurse-tender should be afforded during her training special facilities for nursing gynæcological cases, as such knowledge will be useful to her in her practice; but such experience is not so necessary to the midwife. The latter requires a good constitution and a thoroughly practical knowledge of not only normal labour, but often of many of the abnormalities which the ladies' nurse-tender may seldom if ever be called upon to exhibit. In order to meet this I think the education of a district midwife should be more thorough than it usually is. What is the usual experience? The midwife is sent for by the friends of the patient, possibly having to drive 7 or 8 miles on a borrowed cart. When the nurse gets there, if all goes well, well and good; but suppose severe hæmorrhage to occur before the delivery of the placenta, or to arise even after this, before this midwife could summon the assistance of the

doctor, unless she knew what to do and did it the patient would die. I was asked more than once by my assistants why I asked nurses questions when examining them that they thought more suited to a medical student's paper. My reply was that many a midwife may be placed in such a predicament that she cannot "send for the doctor," and that the safety or even life of the patient may depend on whether the midwife, recognising the condition and knowing what she should do, does it. I look upon it that the greater insight you give a nurse into the dangers that are consequent on unnecessary interference, the better you are acting in the interests of your patient, and the less likely she is to assume a responsibility unless it becomes absolutely necessary. You will find that the nurse who advertises that she takes charge of cases without a doctor is only an ignorant, half-trained woman. It is the "little knowledge that is dangerous." I may here utter a word of warning to nurses in general—namely, that they should not act as advertising agents for those who trained them, and should never unfavourably compare the work done by some doctor whose case they are in charge of with that of some pet doctor of their own. Whilst nursing they must be staunch and true to the doctor under whom they serve, even though in their relative want of knowledge they may think him wrong. The doctor is responsible for the treatment of the patient and not the nurse. One of our Dublin doctors has tersely put it:—"For the time being stick to your doctor, even though you think him a fool." I believe the higher and better you train the nurse the less she will assume the ignorant rôle of attending without a doctor. Our poor are to be congratulated that they have the services of women so trained. I believe it holds true for both my countrymen and countrywomen that they have, by nature, an aptitude and resourcefulness in the presence of difficulty that stands them in good stead whether as midwives or obstetricians.

The system in vogue in England is very different. There, they as a rule have only the assistance of handy-women; certainly they oftener have the doctor in attendance. One of the great objections of the Midwives Registration Act is that it would tend to qualify as midwives a great number of

these so-called handy-women on account of the number of years they were practising—create really a new grade of practitioner who would enter into the lists in competition with the doctor, and whose standard for admission into its ranks, must be of a very low grade indeed. In the conduct of a case of midwifery in Ireland, if in the country parts, the responsibility falls on the midwife; if in the town districts, the responsibility falls on the doctor who has his nurse-tender working under him. A very important step has been gained here in Ireland, when the Local Government Board issued an order that in future no pauper nursing was to be allowed over infants and sick children in the unions. Thanks and credit are due to Dr. Smyth, of Naas, Dr. Kenny, our own popular City Coroner, and lastly, but not least, to Dr. Maguire, who, when doing *locum tenens* duty in the North Dublin Union, exposed a condition of things that was disgraceful in any country that laid any claim to Christianity.

This work must progress, and I look forward to the time when the very poorest in this country in their hour of need may be attended by well-trained, reliable midwives. As a teacher of midwifery and gynæcology, it has often struck me what an advantage the men have who take out those subjects in Dublin as compared with those who try to study them in England or Scotland. Wherein our teaching is admittedly the best is in the fact that students in Dublin get so many opportunities of learning these branches thoroughly and practically. I do not think that it is necessary to turn out every student with the knowledge necessary to do a successful Cæsarean section, but I am sure that the habits of cleanliness and asepsis which he is taught must be very valuable as regards the safety of his patients in the future. It is of use that he should know how to save a woman's perinæum, or, if it be torn despite every precaution, should be in the position to give it the best chance of healing by stitching it intelligently.

If students are taught palpation and early examination it is wonderful how a fair knowledge of these methods of examination prevents many a case from becoming critical; the malposition or abnormal condition of the pelvis is found out early in labour, and the woman is not allowed to arrive

at the condition of exhaustion. In our method of teaching practical gynæcology, a patient is placed on the couch; the student whose turn it is must obtain from the patients their history for the purpose of keeping a record. In this he is checked by the teacher. Then he makes an examination by inspection, per vaginam and by palpation, using the speculum afterwards if necessary. In this way he acquires a facility of dealing with such cases, his diagnosis is corrected for him, and he becomes accustomed to the ordinary treatment, as he makes applications himself, corrects misplacements of the uterus and introduces pessaries, &c. As a matter of worldly wisdom an elementary knowledge of gynæcology becomes almost a necessity in private practice. I know many men who have been disgraced because they knew nothing about some trifling ailment in the gynæcological line, and so lost the confidence of the head of the house. On the contrary, any man who chances to relieve one of these minor ailments earns the undying gratitude of the mother, who will take very good care when other members of the family circle are ill that the doctor is called in who was clever in her case. I have had very many letters from past students saying how useful had been the practical instruction in gynæcology which they had received in Dublin.

The following is copy of portion of a letter from the Secretary of the Conjoint Board of Examiners of the Royal College of Physicians and Royal College of Surgeons, London, written to a student who wished to know if three months at the Coombe Hospital would count for his certificate of hospital attendance in diseases peculiar to women:—
 “You will see that three months clinical study of diseases peculiar to women is required of all candidates for the final examination. Moreover, such study must be taken at a recognized general hospital, as we do not recognise special midwifery hospitals.—Yours very faithfully, Frederick G. Hallett, Secretary.”

On looking over the regulations of the conjoint bodies of the College of Physicians and College of Surgeons, London, I find that the special regulation states that a candidate must afford proof of having “attended at a recognised hospital or hospitals during nine months clinical lectures

on medicine, and during nine months clinical lectures on surgery, and of three months in the clinical study of diseases peculiar to women." Strange that with the splendid opportunities in Dublin for studying clinical gynæcology no effort has been made to have such midwifery hospitals as the Rotunda and the Coombe, with their large material for gynæcology, duly entered as a "recognised hospital." They make this stringent rule about gynæcology, although in practical midwifery they require only that a man should produce a certificate of "attendance on not less than twenty labours," which certificate may be signed "by one or more legally qualified practitioners"—mark the words *attendance on*—not even conduction, and that the certificate may be signed by any *one* qualified practitioner. What wonder then that the Dublin School of Midwifery takes a lead. We require in Dublin a six months' course at a lying-in hospital, and a certificate of attendance in the practice of this hospital of thirty cases, a certain number of which must be conductions. This refers to the Dublin University, the Royal University and the Conjoint Board of the Royal Colleges of Physicians and Surgeons, Ireland, the Royal University requiring in addition attendance on so many cases of diseases peculiar to women. Methinks the Colleges of London have strained at a gnat and have swallowed a camel! They refuse to recognise our midwifery hospitals, where we have advantages of teaching gynæcology not to be excelled in the three kingdoms, while they accept a certificate in midwifery from *any* qualified practitioner—a certificate bearing on its face no evidence of practical knowledge, as we all know how easily the word "attendance," may be construed. Again, in Edinburgh, I think I am right in stating, that for those entering before 1892 evidence was only required of having been in attendance on six cases, and that three of these cases must be in the same way certified as under the direct supervision of *any* qualified practitioner. True it is that since 1892 those who enter must produce evidence of three months' attendance on the indoor practice of a lying-in hospital, and personal attendance on six cases of labour, or alternatively, attendance on twenty cases of labour, at least five of which shall have been under the direct supervision of

a registered medical practitioner. I wonder if there have been any comparative statistics of the three countries brought forward at any time, comparing the rate of mortality of mothers and infants in childbirth. That it would be of interest I have no doubt. Do our English brethren consider the act of parturition in their country as a purely physiological act? Otherwise one can hardly explain such regulations, when we in Ireland think so differently. Could not our representatives on the General Medical Council draw attention to the fact, and endeavour to remove what certainly seems to me a blot in a scheme of education which is supposed to be drawn up with regard to the best interests of the community at large?

On looking at the *British Medical Journal* of August 28th, 1897, I find a list of those hospitals recognised as issuing certificates for medical clinical clerkship and for surgical 'dressership'. I find the only Irish hospital named is "Sir Patrick Dun's," the only Scotch one is the Royal Infirmary, Dundee, and there are two in Tasmania, namely—Hobart Town and Launceston. In England there are twenty-seven scattered through the country (not including any London hospital). I may say that Scotland, Ireland, and Tasmania are the only "foreign countries" named, or had I better use the word "colonies" or "dependencies"—what an honour for Dun's Hospital to be bracketed with Tasmania! yet the latter has *two* hospitals recognised, Ireland only *one*.

Another of our troubles in this country is the abuse of hospitals and hospital dispensaries being made use of by people who could well afford to pay for advice elsewhere. I regret to say that improvidence is one of the characteristics of my countrymen, and that they are not ashamed to receive in charity what they could very well afford to pay for, were they more provident. To correct this as much as possible should be our united endeavour. I have tried to grapple with it and have succeeded to some extent. Patients in hospital, even though they may not be able to pay fifteen shillings or a pound a week, could almost all pay something, and I maintain that "*that something*" should be levied from them to go towards the support of the institution, otherwise you

are teaching them to be beggars. In large dispensaries, such as we have, patients often present themselves who can easily buy their own medicine ; for them, instead of having a white prescription form, I have one of a tinted colour, and when medicine is prescribed I send them with this prescription to a chemist with whom I have previously made an arrangement, and he supplies them with the medicine at a very large reduction. This saves the hospital the expense of supplying their medicine. In this I acted on the suggestion of Dr. Dickson. I have also had a locked money-box made, and this is taken round the patients in the dispensary each morning by the nurse in waiting, as I think that those who obtain the most advantage are those who should contribute something towards the support of our hospitals. I find this a comparatively successful method. I get some money that otherwise I would never get. Thinking of this same subject I have come to the conclusion that the proper way to obtain support would be by a house-to-house collection amongst those who benefit most by it. One penny a week from 80,000 people would amount to over £16,500 a year. How it could be done I do not know, but some means might possibly be devised. At present our charities are supported by a few, really a very few, charitable people. The same names appear on many lists, and as numerous as the sands of the sea are those who contribute nothing.

Another of the difficulties in the working of a general dispensary where none of your patients are of the male sex (except young children), and where very many of them are mothers with infants at the breast, is the question of infant feeding. All of us know how terrible is the rate of infant mortality, and amongst the causes that contribute to it perhaps none is greater than the ignorance of the mother with regard to suitable food for her child, suitable means of administering it, and suitable clothing and hygienic surroundings. The mistakes made by nursing mothers are almost incredible. I have known the child nursed at the breast for two years and ten months. I have known the infant of three or four months of age fed on bacon and cabbage. The usual reply to the query about food, as to what it consists of, is "Just whatever's goin', docther." To attempt

to explain to each one separately what she should feed her child on, or what she should not use, &c., &c., would be a Herculean task; moreover, if you *did* tell her she would forget in five minutes. To meet this, and knowing what a very important matter it is, I tried to introduce a little preventive medicine in the shape of a leaflet, which is handed to each mother, and she is told to keep it and consult it when in doubt about treating her children.

This pamphlet treats of the advantages of warmth, cleanliness, and fresh air; gives instructions as regards the proper duration of breast-feeding; instructions about bottle-feeding, and warnings against improper bottles and improper feeding; urges the importance of regular feeding; deals with the feeding of the child when it is over seven months old; the avoidance of stimulants, soothing medicines, teething powders, sleeping draughts, tea, beer, &c.; gives directions for making beef-tea, and advice for children over two years of age.

I am quite sure that were such a method more generally adopted it would be calculated to do a great deal of good, and not only diminish the rate of infant mortality, but also the amount of infant sickness induced by ignorance.

That good has been done in this way I doubt not—"forewarned is forearmed"—and it is my intention to have one of these leaflets handed to each primipara before she leaves the hospital. The expense is not great—much less than it would cost to supply the medicine—and I think most will agree with me that "prevention is *better* than cure." I must state here that I adopted this leaflet in its entirety from Dr. J. Knox Denham, who has found it of much benefit to his patients at the Ballsbridge Dispensary.

I have now come to a close, and I beg to thank you heartily for the very patient hearing you have given me. Perhaps the subjects I have brought before you may be thought too trivial for such an occasion as this. I have introduced them in the hope that they might interest you to some extent, as they have interested me, and in the expectation that each one may perhaps find for himself in all my chaff a pickle of wheat which (if I, an Irishman, may be permitted to say it) may in due time produce good fruit.