

## **Midwives Registration Bill : answers to objections.**

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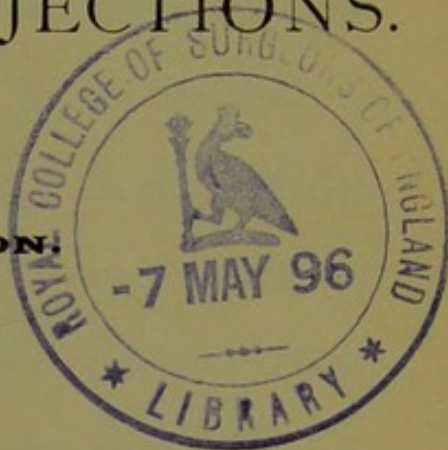
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# MIDWIVES REGISTRATION BILL.

ANSWERS TO OBJECTIONS.

SECOND EDITION.



ISSUED BY THE  
MIDWIVES BILL COMMITTEE.

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MIDWIVES

REGISTRATION BILL

ASSAYS TO ORIGIN



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## PREFATORY NOTE.

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So many objections have been raised against the Midwives' Registration Bill that it is not possible to answer them all within the limits of a short pamphlet. All that is here attempted is to point out the fallacies underlying some of the more serious of them. Those who are still unconvinced or who desire further information are referred to the Minutes of Evidence and Report of the Select Committee of the House of Commons on Midwives' Registration, 1892-93, and especially to the admirable Summary on pp. 145 et seq.

April, 1896.



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## MIDWIVES REGISTRATION BILL.

*Answers to Objections.*

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Objection 1.—That the Registration of Midwives by Act of Parliament, will, by creating a new order of medical practitioners, contravene the spirit of the Medical Act of 1886.

The Registration of Midwives will *not* create a new order of medical practitioners. Midwives have existed from time immemorial, and exist now in very large numbers. It is estimated that there are from ten to fifteen thousand in England and Wales, and that they attend from 450,000 to 600,000 cases of childbirth annually. These women, who call themselves Midwives, are for the most part ignorant and untrained. Registration aims not at “creating a new class of practitioners” but at giving such an education to a class already existing, as shall enable them to do well the work that they now do badly and shall make them a source of well-being to the community instead of being a source of danger.



2.—That the proposals of the Registration Bill will interfere with the interests of Medical Students by reducing the number of Maternity cases available for hospital training.

This objection can be best met by an appeal to facts. The number of applications in the maternity departments of the various medical schools of London is larger than the students can attend. Many are refused every week on that account. At several of the larger schools between 2000 and 3000 maternity cases are attended by the students annually and these numbers could be largely increased. No medical school with an efficient medical staff finds, or is likely to find, any difficulty in obtaining a sufficient number of cases for the instruction of its students. But even supposing there were any such difficulty, only those towns where medical schools exist would be affected. These number ten at the most and of these some have no maternity department in connection with the school.

3.—That the proposed legislation would aggravate the evil and render the midwife less likely to call in the doctor in difficult cases.

This objection is based upon the extraordinary assumption that women who know something are more foolish than those who know nothing. It takes for granted that a woman, who knows that her patient is in danger of her life and that consequently she herself is in danger of getting into trouble unless she does her duty, is less likely to send for the required aid than the woman who has no suspicion of danger.

4.—That the mortality amongst infants from criminal causes would be increased.

This prophecy is based on the entirely unwarranted supposition that the criminality of midwives as a class would be increased by teaching them how to look after women in childbirth with comparative safety.

5.—That legislation of the kind proposed would affect the pecuniary interests of the medical profession and especially of its younger members.

This view is only held by a certain section of the medical profession and is founded "not on knowledge but on fear." The Select Committee of 1893, after hearing evidence on this point, expressed the opinion that not only would medical practitioners not sustain any serious pecuniary loss but would be relieved from much irksome and often ill-requited work.

At present there is nothing to prevent midwives prescribing for their patients and their families. If the practice of midwives were regulated by Act of Parliament, such prescribing would be a punishable offence. The interests of the medical profession would in this respect receive a new safeguard.

Further, even if the objection be sound (of which there is no proof) no class interests ought to be allowed to stand in the way of a measure that can be clearly shown to be necessary for the well-being of the community.



6.—That the effect of the Bill will be at first to place a number of ignorant persons on the Midwives' Register.

This difficulty has been felt by the promoters very strongly. It is a difficulty imposed by the traditions of the House of Commons by which the vested interests of persons now practising are jealously guarded. The same difficulty was encountered in the case of the Dentists and others. The promoters will welcome any suggestion whereby the admission of existing midwives is made dependent on the production of evidence of their respectability and competency.

7.—That no person ought to be recognised by law as competent to practice Midwifery without having been trained in the other branches of medicine.

The answer to this objection is that women who have to earn their living by attendance on the poor in childbirth cannot afford the time or the money for a full medical training, and it is better for midwives to have some knowledge, even if it be partial and elementary, than to have no knowledge at all. Midwives will be employed whether legally recognised or not, and if by recognition it can be ensured that they have at least a sufficient knowledge to prevent their doing harm, it is better than to leave things as they are.

8.—That a three months' training is insufficient.

This again is a question of time and money. Generally speaking, a midwife cannot afford a longer training, and, as a matter of experience, three months, devoted wholly to the one subject, has proved adequate for the acquisition of such an elementary knowledge as the Bill contemplates, viz., such as is required for attendance in simple cases, for the timely recognition of difficulties and dangers and for the protection of patients against the terrible dangers of septic infection.

Further it is to be noted that the midwifery-board would have the power to extend the curriculum, whenever it thought fit, subject to the approval of the General Medical Council.

9.—That the term "Midwifery Nurse" would be better than "Midwife."

The term midwifery nurse was proposed with the object of ensuring that no woman should undertake to attend a case of childbirth without the direct supervision of a medical practitioner. Such universal supervision by medical practitioners, however desirable it may be in the abstract, is practically impossible and has now been acknowledged to be so by the foremost leaders of the opposition. Hence the alteration in the title would be meaningless and absurd.

The poor can always employ a doctor if they wish to do so. A large number prefer to employ a midwife, partly because she can afford to charge a smaller fee than any doctor can afford to charge and partly because she under-



takes certain nursing duties with regard to both mother and infant that doctors cannot undertake.

The poor know what a midwife is and know what they have to expect when they engage one. An alteration in the name would puzzle and alarm them.

*For other reasons against the term "Midwifery Nurse" see separate leaflet.*

10.—That the Bill should contain a schedule limiting the practice of midwives by strictly defined rules.

Such a code of limitations would not be suitable in an Act of Parliament. Its preparation is one of the main functions of the proposed Midwives Board, who would thus be enabled to alter it from time to time as experience dictated.

11.—That the "friendly neighbour" and the untrained "Gamp" will be in danger of prosecution if they attend confinements subsequently to the passing of the Bill.

The Bill does not interfere in any way with the right of every person has to be attended by whom she pleases. It merely protects the term "Midwife" and prevents persons not registered as midwives from pretending that they are so registered. Bona-fide midwives, trained or untrained, are admissible to the Midwives Register, without examination, for a limited period subsequent to the passing of the Act.

12.—That the promoters of the present Bill have ignored the suggestions of the General Medical Council especially as to the substitution of the term “Midwifery Nurse” for that of “Midwife.”

The present Bill is that of Lord Balfour of Burleigh amended at the instance of the Privy Council. No alteration has been introduced into it, except such as the Privy Council suggested. With regard to the suggestions of the General Medical Council, they were not rejected by the promoters of the Bill but by the Privy Council. The only suggestion that escaped rejection did so at the instance of the promoters of the Bill.

As to the title “Midwifery Nurse” a reference to the proceedings of the General Medical Council (LANCET June 8, 1895, p. 1474.) will show that after fully considering the subject, the Council *refused to adopt* the suggestion that the term “Midwifery Nurse” should be substituted in the Bill for the term “Midwife.”

13.—That sufficient time has not been given for the discussion of the Bill.

In reply, it is only necessary to recall the following facts. The Select Committee of the House of Commons, which sat in two successive years, 1892-3, had before it every argument which has since been used. Nevertheless its Report was entirely in favour of the registration of midwives



by Act of Parliament. The matter had been brought prominently before the profession in 1889, when it was fully discussed by the General Medical Council. The result on that occasion, as on several similar occasions before and since, was that the registration of midwives by Act of Parliament was strongly advocated. The question has since been repeatedly before the medical public, and during the last five or six years has been under constant discussion.

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