

A history of the work of the Obstetrical Society in relation to the examination and registration of midwives : being the inaugural address delivered March 6th, 1895 / by Francis Henry Champneys.

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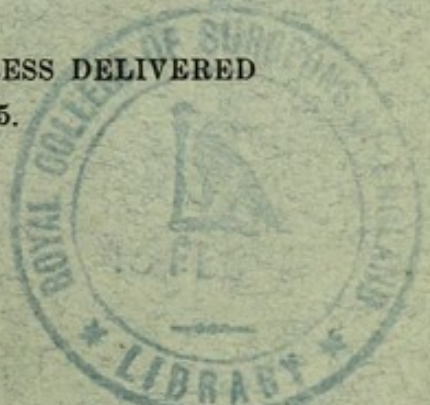


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A HISTORY OF THE WORK OF THE
OBSTETRICAL SOCIETY
IN RELATION TO THE
EXAMINATION AND REGISTRATION
OF MIDWIVES.

BEING THE INAUGURAL ADDRESS DELIVERED
MARCH 6TH, 1895.



BY
FRANCIS HENRY CHAMPNEYS, M.A., M.D.(OXON.),
F.R.C.P.,
PRESIDENT OF THE SOCIETY.

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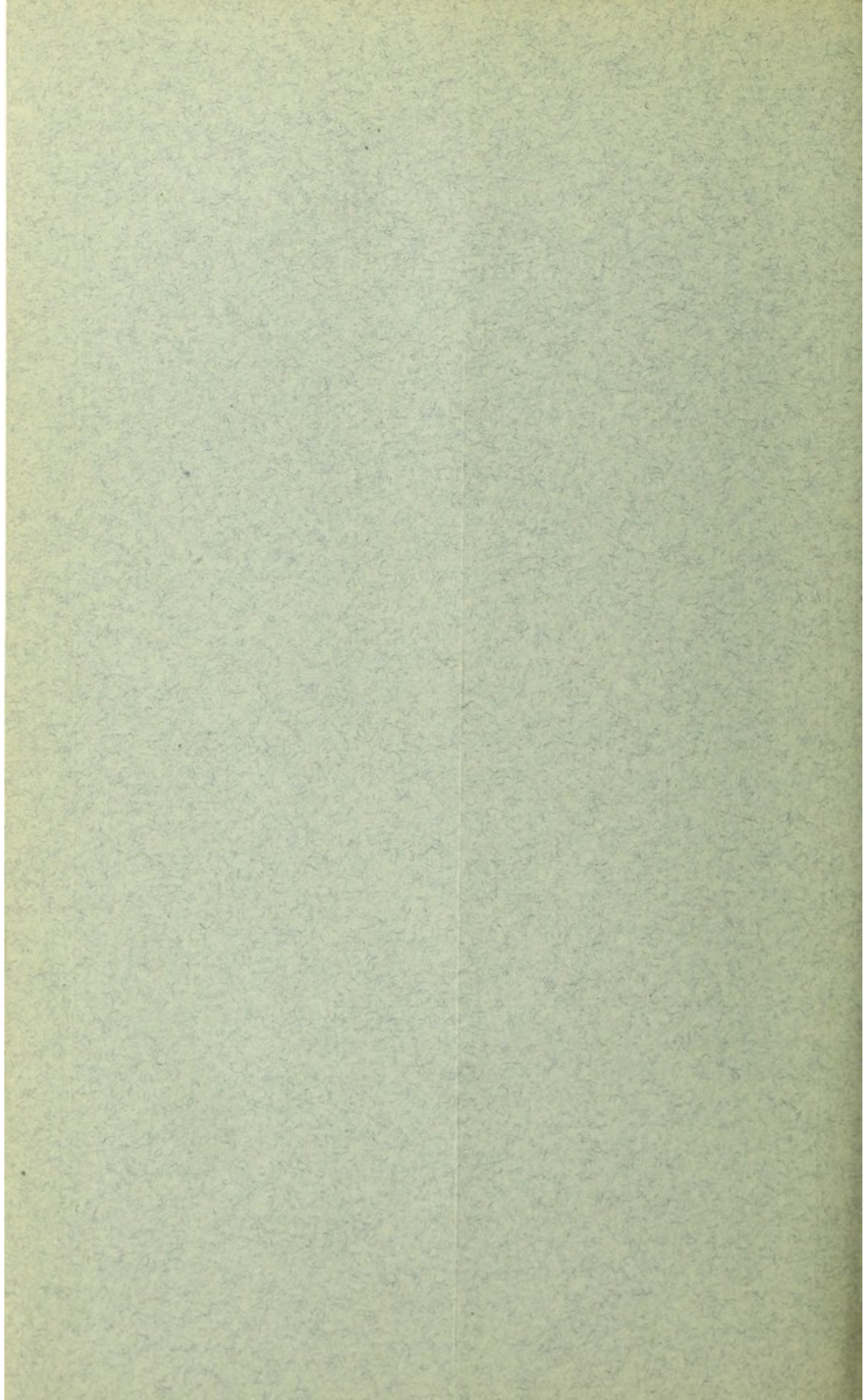



TABLE OF CONTENTS.

	PAGE
History of Midwives in England	4
Proposals for the Regulation of Midwives	6
Bills for the Regulation of Midwives	7
Select Committees	8
President's Address at the Opening of the Fifty-fifth Session of the General Medical Council	11
Charge of the Recorder to the Grand Jury at the Old Bailey, January 8th, 1894	12
Regulations for Midwives in Foreign Countries	13
The History of our own Society	14
Certificate of the Obstetrical Society	16
Correspondence between the General Medical Council and the Obstetrical Society	18
The Section of the Medical Act	21
Attempt of the General Medical Council to extinguish the Licence of the Royal College of Physicians	22
Opinions of the Medical Press	23
Schedule issued to Candidates by the Society	25
Review of the History of the movement for the Regulation of Midwives	28
The Question whether Midwives are a good or an evil is not dis- cussed	29
Propositions which appear to be established	29
The Question is not whether Midwives shall exist, but whether they shall be as bad or as good as possible	30
Why the Society has interested itself in the Question	31
The interests of the Poor are the only interests worthy of con- sideration	31
Medicine a "noble" Profession	33
Registration of Midwives the best protection of the Poor	34
Registration of Midwives the best protection of Medical Men	34
The length of training of Midwives	35
The interests of Doctors not prejudiced by properly regulated Midwives	36
The Motives of our Society	37
The action of the General Medical Council	37



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A HISTORY OF THE WORK OF THE OBSTETRICAL
SOCIETY

IN RELATION TO THE

EXAMINATION AND REGISTRATION OF
MIDWIVES.

INAUGURAL ADDRESS.

GENTLEMEN,—My first and most pleasant duty is to return you my best thanks for the honour you have done me in electing me to fill the office of President of the Obstetrical Society of London, an office the most exalted which can fall to the lot of an Obstetric Physician.

The dignity thus conferred is one which, I feel, carries with it little prospect of ease ; indeed, to discharge its duties adequately a man must possess very exceptional qualities.

It shall be my endeavour to supply by good-will any defects "*quas aut incuria fudit, Aut humana parum cavit natura.*"

I said just now that the office of President carries with it little prospect of ease. This is always true, but at the present time it is more than true ; for the Society's year opens with a disagreeable situation,—so disagreeable, indeed, that I think our late President much to be envied. The facts are known, at least in their outline, to most of you.

The General Medical Council has threatened us with anathema for infringing the Medical Act and deceiving the public ; it has even hinted at the word "*infamous*" being applied to us (in a strictly professional sense, of course), and all the consequences which follow the application (in a strictly professional sense) of that adjective.

We have been guilty of examining midwives, of giving them certificates (or diplomas), of saying that we had done so, and of expressing our opinion that those who passed were "skilled midwives, competent to attend natural labour."

This we have done for twenty-three years without let or hindrance ; and as some men have suddenly waked up and found themselves famous, we have suddenly waked up and found ourselves (nearly, but not quite, and in a strictly professional sense) "infamous."

Now this requires a little explanation.

Those of you who read the medical journals have noticed that for some little time agitators have been going about the country endeavouring to stir up an opposition to midwives, and particularly (please observe) to "skilled" midwives,—that is, women who have received some sort of regular training, and have been taught how not to infect their patients, and when to call in the doctor.

Their interest in the Obstetrical Society is touching, but it is to be observed that their real object is not to "mend" but to "end" our examinations. Among the phrases which have served these agitators may be noticed one that we are "creating a new order of medical practitioners."

This is as correct as the classical definition of the crab which was criticised by Cuvier ; it is perfectly accurate, except that (1) we have not "created" any persons at all ; (2) midwives are not "medical practitioners" (in the technical sense) ; and (3) if either doctors or midwives are "new," I fear that history tells us with no uncertain voice that midwives antedated doctors by an enormous length of time. It is hardly too much to say that midwives must have begun nine months after there were two women and one man on the earth.

HISTORY OF MIDWIVES IN ENGLAND.

The history of midwives in England may be read in

Dr. Aveling's interesting book on the subject ('English Midwives,' 1872). Margaret Cobbe attended Elizabeth Woodville, Queen of Edward IV, on November 1, 1470, when Edward V was born (p. 15). Our present Queen was the first queen ever attended in her confinement by a man.

In 1616 Dr. Peter Chamberlen begged James I "that some order may be settled by the State for the instruction and civil government of midwives." This was the father of the younger Peter Chamberlen, Physician in Ordinary to three kings and queens of England, who moved the Crown to organise midwives into a company. This was opposed by the College of Physicians (p. 24). Dr. Chamberlen, in his work 'A Voice in Rhamah,' speaks thus:—"Shall want of president (precedent) be here objected, yet this hath president in some foreign examples. The objection infers thus much: Because there was never any order for instructing and governing midwives, therefore there never must be; because multitudes have perished, therefore they still must perish; because our forefathers have provided no remedie, nor knew any, therefore we must provide none, though we know it. It may be, when bishops are restored again, their ordinaries will come in to plead their care. Of what? Truly, that none shall do good without their leave" (p. 27). These words are unfortunately as true to-day as when they were written.

Among other instructors of midwives may be mentioned the great Harvey (p. 46). During the eighteenth century many proposals were made for the instruction and government of midwives. "There were two points upon which all agreed, namely, that efficient instruction ought to be given to midwives, and, when instructed, that they should be examined and receive legal licence to practise. . . . When the Church undertook the control of medical affairs, it gave licences alike to physicians, surgeons, apothecaries, and midwives; but when the Faculty took these matters into their own hands, midwives were ignored. The licence

*Dr. Chamberlen
attended Queen
Charles I
48*

of the Bishop was to English mothers an excellent safeguard against ignorant and dissipated pretenders. When it ceased to be granted, and neither Church nor State demanded any qualification, women, devoid of skill and character, were permitted to practise unchallenged, and the public had no ready method left of distinguishing between those who were bold and untaught and those who were modest and instructed" (pp. 151-2).

PROPOSALS FOR THE REGULATION OF MIDWIVES.

In 1813 the Society of Apothecaries endeavoured to persuade Parliament to pass enactments for the examination and control of midwives, making it penal for any woman to practise without a licence, gained after examination, and given by the committee of the district in which she lived. There were to be twenty-four districts, including London, each with a properly constituted Board (pp. 153-4).

In 1869 Dr. Farr, of the Registrar-General's Department, suggested to the Obstetrical Society the investigation of the causes of infant mortality, which was very great, especially among the newly born ('Obstet. Trans.,' vol. xi, for 1869, p. 24). A committee was appointed and a paper of questions sent to every Fellow: "(1) What proportion of births is attended by medical men and by midwives? (2) Are the midwives instructed?"

1. It was stated, in reply, that among the poor population of villages, 30 to 90 per cent. were attended by midwives. The same proportion obtained in the large provincial towns, and especially in large manufacturing towns, while in the small manufacturing towns the proportion was less.

2. In answer to the second question, replies in the negative were received from all parts of the country ('Obstet. Trans.,' vol. xi, for 1869, pp. 132 and 997).

In 1872 the General Medical Council passed two resolutions.

1. In March, Dr. (now Sir Henry) Acland proposed, and Dr. Stokes seconded, the following resolution, which was carried:—"That a committee be appointed to consider and report whether the General Medical Council has power to make rules for the special education of women, such as may entitle them to obtain a qualification to be certified by the Council; and that the committee do further report for what purpose such qualifications (if any) should be granted."

2. "What are the most desirable means for educating, examining, and certifying in respect of them, with especial reference to midwifery, the management of medical institutions, dispensing, and nursing."

In proposing the motion Dr. Acland stated that "the Medical Act gave the Council the power of providing for the medical necessities of the people."

In seconding the motion Dr. Stokes said "midwives were practitioners, to a certain extent, of a branch of surgery and medicine. The interests of that large number of the poor who came under the care of these female practitioners ought to be cared for. The Council should not be an examining body, but it should register the qualifications derived from other licensing bodies" (Aveling, pp. 175-6).

BILLS FOR THE REGULATION OF MIDWIVES.

The following is a brief summary of the *various bills* which have been framed for the examination and registration of midwives:

(1) In 1813 the Society of Apothecaries, as has been already stated, tried to get Parliament to legislate on this subject, but without success.

(2) The bill of 1878 was part of the Medical Act originally, and was promoted by the General Medical Council. The portion of it referring to midwives was dropped, as it was feared that it might cause confusion between midwives and medical men if both were included

in the same bill. It was introduced into the House of Lords by the Duke of Richmond.

(3) A bill was framed in 1882 by the British Medical Association, but was never presented to Parliament.

(4) A bill was prepared in 1890 by the Midwives' Institute, amended by the Obstetrical Society, the British Medical Association, and a Select Committee of the House of Commons, but was talked out on the second reading by Mr. Bradlaugh, because he disapproved of midwives being required to produce a certificate of moral character before registration while medical men were not required to do so.

The bill was dropped on the understanding that a Select Committee should be formed to consider the whole subject.

On November 29th, 1889, the General Medical Council resolved—"That this Council regards the absence of public provision for the education and supervision of midwives as productive of a large amount of grave suffering and fatal disease among the poorer classes, and urges upon the Government the importance of passing into law some measure for the education and registration of midwives."

In April, 1891, the Royal College of Physicians appointed a committee to report on the Midwives Bill, and this report expresses the conviction that legislative action is desirable in order to secure the due education, examination, and registration of midwives; and it further recommends that a Parliamentary Select Committee should be asked for, before whom the question might be fully investigated with a view to legislation (Midwives' Institute pamphlet, p. 6; 'Brit. Med. Journ.,' vol. i, 1891, p. 986).

SELECT COMMITTEES.

On June 17th, 1892, a Select Committee of the House of Commons, appointed to investigate the question of the registration of midwives, reported as follows :

*Report of the Select Committee of the House of Commons
on Midwives' Registration, June 17th, 1892.*

“Your committee have sat six times, and have taken most valuable and important evidence from medical men and practitioners in various spheres of practice both in favour of and opposed to the registration of midwives, and also from trained and experienced midwives. This evidence has shown that there is at present serious and unnecessary loss of life and health, and permanent injury to both mother and child, in the treatment of childbirth, and that some legislative provision for improvement and regulation is desirable.

“They have also had evidence showing that there is a wide field for training in midwifery now unused, connected with parish infirmaries and home practice in populous places.

“Their inquiries had been cut short by the approaching early dissolution of Parliament, and they therefore report the evidence, and recommend a continuation of the inquiry in the next session of Parliament.”

Another similar committee, on August 8th, 1893, reported thus :

*Report of the Select Committee of the House of Commons
on Midwives' Registration, August 8th, 1893.*

“Your committee have sat four times, and have taken most valuable and important evidence, which, with that given last year at six sittings, includes that of distinguished medical men and women in various spheres of practice, both in town and country, and also from trained and experienced midwives from various districts.

“Your committee are of opinion that a large number of maternal and particularly infant deaths, as well as a serious amount of suffering and permanent injury to women and children, is caused from the inefficiency and want of skill of many of the women practising as midwives, without proper training and qualification. They

find that amongst the poor and working classes, both in the country and in towns, the services of properly trained midwives have been eminently successful and of great advantage to the community. As proved by the evidence before your committee, the services of midwives are a necessity, and, consequently, every precaution should be taken to discourage the practice of women who are ignorant and unqualified.

“Your committee are of opinion that by legislative enactment no woman should be allowed to call herself or to practise as a midwife except under suitable regulations, but that the term ‘Registered Midwife’ should be protected and restricted to those who have been properly trained, and who alone should be placed on the ‘Midwives’ Register;’ and that the vested interests of untrained midwives should be efficiently protected by inserting, in any future bill, a clause to the effect that any woman who produces evidence that she is in practice as a *boná fide* midwife at the time of the passing of the Act shall, without formal registration, be allowed to continue her calling under the term ‘midwife’ alone, but shall not be permitted to assume any other title whatsoever.

“Your committee therefore recommend that a system of examination and registration of midwives should be established, and that for the purpose of admission and examination of women desiring to act as midwives, the General (Medical) Council shall be invited to frame rules for regulating—

“ (1) The admission to the register either by (a) practice, or (b) examination, or by both ;

“ (2) The conditions of admission to such examinations; and

“ (3) The conditions of such examinations.

“These rules and regulations should, in the opinion of your committee, be subject to confirmation by the Privy Council; and in the event of the General Council failing to make such rules as the Privy Council can confirm, your committee recommend that the Privy Council should invite

some other medical body or forthwith cause the rules and regulations proposed in the foregoing paragraph to be framed for the purposes required, and that such rules shall take effect as if they had been made by the General Council and confirmed by the Privy Council.

“Your committee also recommend that the duty of carrying out locally the provisions of the Act that will be required should be placed in the hands of the County Councils. They also are of opinion that greater facilities for the study of midwifery should be provided in work-houses and lying-in hospitals.

“In conclusion your committee desire to refer to the apprehension expressed by certain witnesses belonging to the medical profession, lest their interests might be injuriously affected by an improvement in the status of midwives. The great preponderance, however, of medical and other evidence, having regard to both the authority and number of the witnesses, was to a contrary effect. Your committee, therefore, whilst giving due consideration to the expression of such fears, believe that the suggested injury is not likely to prove serious, and they are of opinion that medical men will not only be relieved of much irksome and ill-paid work, but also that improved knowledge on the part of midwives will induce them to avail themselves more frequently, and at an earlier stage than at present, of skilled medical assistance in time of emergency and danger. On this point your committee had full and substantial evidence.”

PRESIDENT'S ADDRESS AT THE OPENING OF THE FIFTY-FIFTH
SESSION OF THE GENERAL MEDICAL COUNCIL.

At the opening of the 55th Session of the General Medical Council, the President (Sir Richard Quain) spoke as follows :

“The pronouncement already made by the Council on the subject of Midwives is so clear, so decided and ex-

pressive, that I venture here to repeat the following two Resolutions passed in 1889 :

“(1) ‘That this Council regards the absence of public provision for the education and supervision of midwives as productive of a large amount of grave suffering and fatal disease among the poorer classes, and urges upon the Government the importance of passing into law some measure for the education and registration of midwives.’

“(2) ‘That, if any department of Her Majesty’s Government were constituted controlling authority in relation to local arrangements made under statute for the licensing and registration of midwives, the Medical Council would, if the Government department so wished, be willing to advise as to the general rules of education, examination, and discipline which ought to be established in the matter ; but the Council would not be able to discharge, and would therefore not be prepared to undertake, any duties of detail as to the registration of midwives, or as to the local arrangements for licensing or controlling them.’”—(*Minutes of General Medical Council, from June 1st to December 5th, 1893.*)

CHARGE OF THE RECORDER TO THE GRAND JURY AT THE
OLD BAILEY, JANUARY 8TH, 1894.

In charging the Grand Jury at the Old Bailey on January 8th, 1894, the Recorder said :

“He regretted very much that the registration of midwives was not compulsory. To his mind registration was of the utmost importance, and he hoped that a bill dealing with this subject, which had for some time been before Parliament, would eventually become law. Such a law was necessary in the interests of the poor, who might then look forward to the fact that if registration of a midwife was compulsory there would be some guarantee that she was able to perform her duties. Anyone at present could call herself a midwife, however

ignorant she might be of the very first principles of her duties."—*Times*, January 9th, 1894.

REGULATIONS FOR MIDWIVES IN FOREIGN COUNTRIES.

As regards regulations for midwives in foreign countries, we learn, from a return from Her Majesty's representatives abroad of the laws and regulations with reference to midwives—presented to the House of Commons by command of Her Majesty, in pursuance of their address dated April 16th, 1875 (marked "Miscellaneous, No. 10, 1875—Midwives abroad") the following facts:

In *Austria* (p. 1) the law dates from 1810. Free education is given. The midwife must pass an examination and take an oath. She is not allowed to use instruments, and must summon a doctor in all cases of unnatural or difficult labour.

In *Belgium* (p. 14) the law dates from 1818. A free course of midwifery is given in the largest hospital of each department. The Provincial Medical Council conducts the examinations. The midwife is to conduct "natural confinements," and must not use instruments. If she exceeds her duties she is fined or deprived of her diploma for one year.

In *France* (p. 17) the law dates from 1803. Education is free. Midwives must attend lectures and hospital practice, and pass an examination. Unqualified midwives are fined, and qualified midwives are fined also if they use instruments or fail to call in a doctor if necessary. They may be prosecuted for illegally practising medicine if they attend cases other than confinements. These women are of great use in country districts, and are especially useful to the poorer classes (says the report).

In the *Netherlands* (p. 21) the law dates from 1865. Free education is given in Amsterdam, Rotterdam, and Groningen.

They must possess elementary education, must pass an

examination, must only practise in cases of an undisturbed natural course of parturition, and in all other cases must call in a doctor specially authorised. They may be fined and imprisoned for disobeying these regulations or for practising medicine.

In the *United States* (p. 24) there are no laws.

In *Prussia* (p. 25) the regulations are most precise. Pupils may pay or get free instruction; examinations, registration, and licence are free. They may only conduct natural labours, except where no doctor can be obtained. Unqualified midwives may be fined.

In *Russia* (p. 51) midwives are instructed in venereal diseases as well as in midwifery. They must pass an examination. For practising otherwise than as a midwife they may be fined or imprisoned, and deprived of their licence. Similar penalties are incurred by neglecting to summon the doctor when necessary.

In *Sweden* and *Norway* (p. 67) the law dates from 1810. Free education is given at Stockholm, Gothenburg, and Lund, which is supported by the State. The midwives must pass an examination, and are liable to fine and imprisonment for practising without a licence, as are their employers, and for neglecting to summon the doctor or another midwife when necessary. They are subject to periodical re-examination.

THE HISTORY OF OUR OWN SOCIETY.

We now come to deal with the history of our own Society in relation to this question. On November 4th, 1870, the Council passed a resolution in favour of the institution of a voluntary examination for midwives (Council Minutes, p. 243). This resulted from a committee under the presidency of Dr. Hall Davis. At the annual meeting of the Society, January 3rd, 1872, the scheme of such an examination, with bye-laws, was presented to the Society and passed unanimously. It is essentially the same as at

present, and the law referring to the granting of the certificates runs thus :—“ V. That, on satisfying the Board of Examiners as to her qualifications, the midwife should receive a diploma certifying that she is a skilled midwife, competent to attend natural labours ” (‘ Obst. Trans.,’ vol. xiv, for 1872, p. 21).

At the annual meeting, January 6th, 1875, the President (Dr. Tilt) in his address said, “ Last year Lord Aberdare and Mr. Stansfeld were in office ; they favourably entertained the views repeatedly brought forward by the Society, and they were prepared to bring in a bill for the better education and registration of midwives, when a change of ministry convinced your Council that the question must be left in abeyance. . . . Ours is the only civilised country that has left unregulated the midwifery of the humbler classes, and it is a disgrace to obstetric medicine that there should be no means of preventing an incompetent and drunken woman from assuming the name and the duties of a midwife ” (‘ Obst. Trans.,’ vol. xvii, for 1875, p. 33).

In 1873 the Council referred the matter of branch examinations and registration of midwives to a committee, who reported as follows :—“ The Obstetrical Society of London, having had repeatedly and urgently brought before its notice the sacrifice of human life and health occasioned by the practice of ignorant midwives, has already instituted an Examining Board for testing the knowledge of women desiring to follow the calling of a midwife, and has granted certificates to those who have satisfied its examiners.” It then proposed methods for branch examinations, and for the registration of midwives (Council Minutes, p. 281).

On June 6th, 1877, the President (Dr. West) informed the Society that a deputation had waited upon the Lord President respecting the examination and registration of midwives (‘ Obst. Trans.,’ vol. xix, for 1877, p. 136).

At the annual general meeting, January 2nd, 1878, the President (Dr. West) again referred to the subject as

follows :—“ His Grace the Lord President of the Council expressed himself as favourable to the principles which the scheme embodies. It was afterwards laid before the Medical Council, who approved its object. In order to correct various legal and technical imperfections, it was submitted to Mr. Roscoe, the legal adviser of the College of Physicians.”

The President then proceeded to deprecate the postponement of a settlement of this question till that of the admission of women to the profession was settled ; and he pointed out that if women were admitted to, and even if men were excluded from the medical profession, the poor, especially in the country districts, would be just as ill provided as at present.

He urged the duty of the Society, not as doctors but as citizens, “ to secure some guarantee that the poor shall not continue to be exposed to an ignorance and unskilfulness against which the Government of every other civilised country has protected them ” (‘*Obst. Trans.*,’ vol. xx, for 1878, p. 13).

In 1879 the President (Dr. Playfair) informed the Society at the annual meeting that “ the principles of the scheme [for the examination and registration of midwives] not only met with the approval of the Medical Council, but were embodied by His Grace the Duke of Richmond in the Medical Acts Amendment Bill, which, but for the troubles in the East, would, there is every reason to believe, have passed both Houses of the Legislature.”

CERTIFICATE OF THE OBSTETRICAL SOCIETY.

The following is the form of certificate drawn up by Mr. Roscoe, solicitor to the Society, and hitherto in use. It dates from March, 1887 (Council Minutes, p. 542) :

“ *Obstetrical Society of London.*

“ We hereby certify that _____ has passed to our satisfaction the examination instituted by the

Obstetrical Society of London, and that she is, in our opinion, a skilled midwife, competent to attend natural labour."

(Signatures of President, Chairman, Honorary Secretaries, and Examiners.)

(Undertaking signed by the Midwife.)

"I undertake to abide by all the rules and regulations of the Obstetrical Society with regard to the duties and conduct of midwives, and to submit to the jurisdiction of its Council in the decision of all matters relating to my conduct as a midwife. I further agree that in case I shall hereafter be convicted of any criminal offence, or be guilty of any act or conduct which in the opinion of the Council renders me unfit or unworthy to hold its diploma, the same may be forfeited by a resolution of the Council, in which case I will, on receiving notice in writing of such resolution, to be served either personally or by leaving the same at my then present or last known place of abode in the United Kingdom, forthwith give up such diploma to the President, or to one of the Secretaries for the time being of the Society; and I agree that my name may be removed from the Register of Midwives kept by the Society, and I promise thenceforward to desist from the use of any designation or title implying possession of such diploma."

(Signature of Midwife.
Seal of the Society.)

The Council were expressly advised by their solicitor that no technical meaning attached to the word "diploma," and that it had precisely the same meaning as "certificate."

In 1889 the Chairman of the Board for the Examination of Midwives (Dr. Watt Black) reported that the Society, with the advice of Mr. Roscoe, had added a declaration or sponsio (see above), which each midwife

would have to sign, in which she agrees to submit to the jurisdiction of the Council in all matters relating to her conduct as midwife, and to give up her diploma if the Council shall consider her conduct such as to render her unworthy to hold it. This she signs in a book, and also on her certificate ('Obst. Trans.,' vol. xxxi, for 1889, p. 71).

CORRESPONDENCE BETWEEN THE GENERAL MEDICAL COUNCIL
AND THE OBSTETRICAL SOCIETY.

On January 4th, 1893, the Council considered the following letter from the Registrar of the General Medical Council :

GENERAL MEDICAL COUNCIL,
299, Oxford Street, London, W. ;
December —, 1892
(Before December 16th).

Sir,—In reference to the giving of certificates or diplomas in midwifery, the General Medical Council, at its recent session, passed the following resolution, which, in the President's name, I have been directed to communicate to you :

“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.”

I am, Sir,

Yours faithfully,

W. J. C. MILLER,

Registrar.

The following resolution was passed by our Council :

“That the Secretary be requested to reply to the President of the General Medical Council, to enclose a

copy of the diploma of the Society, and to point out that it is merely an expression of opinion on the part of the Society, and that it does not express any opinion as to the competence of the midwife, except so far as concerns natural labour (Council Minutes, p. 673).

At the annual meeting, February 1, 1893, the Chairman of the Board for the Examination of Midwives (myself), after quoting the proportion of failures in successive periods, and their steady diminution owing to increasing competence of the candidates, defined the scope of the Society's certificate as follows :

“ When it is remembered that the Society's certificate is merely an expression of opinion by the Society that the holder of it is competent to attend natural labour, and that no legislation has taken place, either for the purpose of preventing uncertified persons from calling themselves midwives, or even for registering midwives, it is plain that the work which the Society has voluntarily undertaken and carried on for twenty-one years is highly and increasingly appreciated by the midwives and by the public generally ” (‘ Obst. Trans.,’ vol. xxxv, for 1893, p. 46).

On April 4th, 1894, the Council considered a letter from the Lancashire and Cheshire Branch of the British Medical Association, protesting against the promotion of legislation for the registration of midwives (Council Minutes, p. 696).

On July 4th, 1894, the Council considered the following resolution from the General Medical Council of May 22nd : —“ That, in the opinion of the Council, to issue to any person not legally qualified for registration, any certificate of competency or other document, so framed as to bear a colourable resemblance in appearance or phraseology to a diploma conveying a right to act as a medical practitioner, is a proceeding which directly contravenes the spirit of the medical Acts, and is accordingly liable to be visited with the condemnation of the Council. The President is, therefore, requested to repeat a warning, already given to certain institutions, and to urge the registered practitioners

connected with institutions granting the certificates to nurse-midwives to carefully reconsider the terms in which they are framed, so as to bring them into harmony with this resolution."

To this (which was apparently a circular sent to a large number of certifying institutions without distinction, in which no statement appears that the Medical Council had anything to find fault with in the certificate of this Society) the following reply was sent :—" That the General Medical Council be informed that, with regard to the printed resolution passed May 22nd, a copy of which was sent to the Obstetrical Society, the certificate of the Society was drawn up many years ago with a view to avoid the possibility of its being used as a diploma conveying a right to act as a medical practitioner ; that it has been subjected to legal criticism on this point, and has been framed in accordance therewith. The Council of the Obstetrical Society feel sure that the General Medical Council appreciate the care which has thus been exercised in accordance with the views expressed in their resolution " (Council Minutes, p. 702).

On Monday, December 3rd, 1894, the General Medical Council passed the following resolutions :

(a) " That the Council, being of opinion that certain documents issued by various societies or persons as diplomas of education and examination in midwifery are ' colourable imitations ' of diplomas conferring a legal right to admission to the Medical Register, and both contravene the spirit of the medical Acts and are calculated to deceive the public, hereby give notice that from the present date the issue of such ' colourable imitations ' by registered practitioners will be regarded as conduct infamous in a professional respect."

(b) " That in the opinion of the Council the form of the certificate now before the Council, and purporting to be granted by the Obstetrical Society of London on July 20th, 1894, is such that it may be regarded as a document coming within the purview of the foregoing

resolution ; and that this opinion be communicated to the President and Council of the Obstetrical Society” (*‘Lancet,’* December 8th, 1894, p. 1385).

This action was taken at the instigation of the Lancashire and Cheshire Branch of the British Medical Association, whose object is stated above (*ibid.*, p. 1383).

THE SECTION OF THE MEDICAL ACT.

The section of the Medical Act referred to by the General Medical Council runs as follows (Medical Act, 1858, 21, 22 Vict., cap. xc, § 29) :—“ If any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall after due inquiry be judged by the General Medical Council to have been guilty of infamous conduct in any professional respect, the General Medical Council may, if they see fit, direct the registrar to erase the name of any such practitioner from the register.”

In a debate in the General Medical Council, May 22nd, 1894 (*‘Brit. Med. Journ.,’* May 26th, 1894, p. 1138), Mr. Wheelhouse claimed that “ an attempt was made to evade the conditions of the Medical Act of 1886, and to institute an entirely new class of practitioners, who were only to be partially educated, and in midwifery only.”

Dr. MacAlister said the Council had no power to prevent persons practising without a diploma, and it was preposterous that they should be asked to say that any person giving a testimonial to another person was guilty of infamous conduct. Such certificates gave no legal qualification to practise, and it was never intended that they should ; they were simple testimonials that in the opinion of certain gentlemen a person was qualified to do a certain thing. He had constantly given testimonials to his pupils that in his opinion they were qualified to act as house surgeons or house physicians, but should be very sorry indeed to be charged with infamous conduct for so cer-

tifying to his personal knowledge. These certificates were of the same nature. What they were really asked to do was to say that no woman should help any other woman in her labour unless she had a licence to practise. That mere statement was sufficient to show that the whole agitation was preposterous. There were between 10,000 and 15,000 midwives at this moment, and they could practise, whatever the General Medical Council or the Obstetrical Society might do to prevent them. Was it better or worse that these women should have absolutely no education or that some of them should be educated? To prevent any examination or testing of their somewhat imperfect education was to stop that education altogether. The resolution, as proposed, was itself an illegality, and it would not be sustained in the law courts.

ATTEMPT OF THE GENERAL MEDICAL COUNCIL TO EXTINGUISH
THE LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.

As evidence that the activity of the Medical Council has not always been well advised or in accordance with the law of the land, we may refer to an action recently brought against it by the Royal College of Physicians, with reference to the extinction of the licence of the latter body.

Queen's Bench Division, March 3rd, 1893. Before Mr. Justice A. L. Smith.

The President and College or Commonalty of the Faculty of Physic in London *v.* The General Council of Medical Education and Registration of the United Kingdom.

The decision of the Court was that the College was entitled to judgment with costs ('*Brit. Med. Journ.*,' March 11th, 1893, p. 50).

OPINIONS OF THE MEDICAL PRESS.

As regards the opinions of the medical press, the following may be quoted :

The 'British Medical Journal,' in an annotation of March 22nd, 1890, p. 682, says :

"It may be remembered that many years ago the South-eastern Branch of the British Medical Association most carefully considered this question, and came to the conclusion that a class of educated midwives would be of great advantage to poor women, and would relieve medical men of a large amount of hard and unremunerative midwifery practice. The whole profession may be said to be in favour of the licensing and registration of midwives, and nothing but parliamentary plethora prevents the passing of an Act which public safety so urgently demands. The question of restricting the action of midwives is an important one. Their function is to attend natural labour, and to know in what cases it is their duty to send for medical help. The Obstetrical Society of London has printed regulations describing exactly all the conditions before, during, and after labour which render it necessary for a midwife to seek assistance. In fact, it may be confidently stated that every detail connected with the amelioration of the present condition of midwives has been thoroughly thrashed out, and that the whole subject is over-ripe for action."

The 'Lancet,' in a leading article of May 24th, 1890, p. 1131, points out that it is very questionable whether doctors would in any sense be injuriously affected by a legalised examination and registration of midwives ; that midwives as an institution are older than doctors ; a large proportion of the poor are unable to pay doctors' fees, and that they run awful risks at the hands of pretended but unauthorised midwives.

"What does the public know of what transpires in the lying-in chamber of a woman who has 5s. or 7s. 6d. to

spare for a midwife's fee? There is nothing more pathetic in the world than the suffering that goes on in such rooms, unless it be the uncomplaining patience with which it is borne."

Before proceeding to deal with the evidence which I have collected and now brought before the Society, it may be interesting to our Fellows to learn the statistics of our midwifery examination from its institution in 1872.

STATISTICS OF THE EXAMINATION OF THE OBSTETRICAL
SOCIETY.

Year.	Applied.	Passed.	Failed.	Withdrew.
1872	8	6	2	—
1873	12	11	1	—
1874	4	4	—	—
1875	3	2	1	—
1876	4	3	1	—
1877	4	4	—	—
1878	6	5	1	—
1879	13	12	1	—
1880	24	22	2	—
1881	44	39	5	—
1882	42	37	5	—
1883	64	53	11	—
1884	63	49	14	—
1885	82	68	14	—
1886	102	80	22	—
1887	127	96	29	2
1888	153	127	22	4
1889	170	143	25	2
1890	207	159	43	5
1891	258	204	52	2
1892	289	252	34	3
1893	339	296	40	3
1894	432	390	40	2
	<hr/>	<hr/>	<hr/>	<hr/>
	2450	2062	365	23

Total number on Register, including January, 1895 = 2166.

Total number struck off = 4.

SCHEDULE ISSUED TO CANDIDATES BY THE SOCIETY.

The following is the Schedule issued to candidates by the Society :

OBSTETRICAL SOCIETY OF LONDON.

Regulations for the Examination of Midwives.

THE OBSTETRICAL SOCIETY OF LONDON grants a Diploma, certifying that the bearer is a skilled Midwife, competent to attend Natural Labours, on the following conditions :

Each Candidate must submit to the Honorary Secretaries of the Society—

- (a) Sufficient evidence of good moral character.
- (b) A Certificate showing that she is not under Twenty-one years of age.
- (c) Proof of having personally attended not less than twenty-five labours under supervision satisfactory to the Board of Examiners.

Each Candidate will be required to pass (1) a written and (2) an oral and practical Examination in the following subjects :

- (a) The Elementary Anatomy of the Female Pelvis and Generative Organs.
- (b) The Symptoms, Mechanism, Course, and Management of Natural Labour.
- (c) The indications of Abnormal Labour, and the emergencies which occur in practice.
- (d) Hæmorrhage, its varieties, and the treatment of each.
- (e) Antiseptics in Midwifery, and the way to use them.
- (f) The management of the Puerperal state, including the use of the Thermometer and the use of the Catheter.
- (g) The management (feeding included) of new-born Children.
- (h) The duties of the Midwife with regard to the Patient, and with regard to the seeking of Medical advice.

The written Examination is held at the Society's Library on the second Wednesday of the months of January, April, July, and October, at 8 p.m.; the Practical and Oral Examination from one to two weeks later.

The Fee for the Examination is One Guinea: in the event of a Candidate failing to pass, half the fee will be returned.

Successful Candidates will be required to sign the following Declaration :

To _____

President of the Obstetrical Society of London.

I undertake to abide by all the rules and regulations of the Obstetrical Society with regard to the duties and conduct of Midwives, and to submit to the jurisdiction of its Council in the decision of all matters relating to my conduct as a Midwife. I further agree that in case I shall hereafter be convicted of any criminal offence, or be guilty of any act or conduct which in the opinion of the Council renders me unfit or unworthy to hold its Diploma, the same may be forfeited by a resolution of the Council, in which case I will, on receiving notice in writing of such resolution, to be served either personally or by leaving the same at my then present or last known place of abode in the United Kingdom, forthwith give up such Diploma to you or to one of the Secretaries for the time being of the Society, and I agree that my name may be removed from the Register of Midwives kept by the Society ; and I promise thenceforward to desist from the use of any designation or title implying possession of such Diploma.

Further information may be obtained on application at the Society's Library, 20, Hanover Square, W., between the hours of 1.30 and 6 p.m.

1894.

OBSTETRICAL SOCIETY OF LONDON.

Examination of Midwives.

This Schedule is to be filled up and returned to the Honorary Secretaries, Obstetrical Society, 20, Hanover Square, W., together with the Examination Fee (21s.), at least fourteen days before the date of the Examination.

Name }
(Full Christian and }
Surname to be stated.) }

Age.

Married, Widow, }
or Single. }

Present }
Address. }

Permanent }
Address. }

(a) Certificate of }
Good Moral Character. }

(To be filled in and signed by some responsible person, whose address must be stated, who can vouch for the character of the Candidate.)

(b) Certificate of }
Age. }

(A Certificate of Registration of Birth should be sent in; or, if that cannot be obtained, one must be entered here showing that the Candidate is not under 21 years of age, and signed by some responsible person whose address must also be stated.)

(c) Certificate of Attendance } *I certify that the above-named has*
on Labours. } *attended not less than twenty-*
five labours.

Signed _____

(No Labour can be counted among the 25 certified unless the Candidate has repeatedly examined and watched its progress, and has diligently attended the Lying-in for at least ten days.)

REVIEW OF THE HISTORY OF THE MOVEMENT FOR THE
REGULATION OF MIDWIVES.

We have seen, with regard to the *antiquity of midwives*, that they have been in existence from the earliest pre-historic times ; that in England we have records of them from A.D. 1470 ; that most of our celebrated obstetricians, including the great Harvey himself, have taken a practical interest in them ; and that our own Queen was the first Queen of England not attended by a midwife.

We have seen that *movements in favour of their examination and regulation* date from A.D. 1616 ; that in 1869, 30 to 90 per cent. of poor women in English villages were attended by them. As regards *recent testimony in favour of the examination and registration of midwives*, we have seen that the *General Medical Council* in 1872 (Drs. Acland and Stokes), in 1889 (resolution of Council), and in 1893 (address of Sir Richard Quain, the President) have declared that it is highly desirable.

We have seen that a committee of the *Royal College of Physicians* in 1891 pronounced in favour of it ; and that *Select Committees of the House of Commons* in 1892 and 1893 reported that it was desirable. The latter stated that " amongst the poor and working classes, both in the country and in towns, the services of properly trained midwives have been eminently successful and of great advantage to the community ; *as proved by the evidence before your committee, the services of midwives are a necessity.*"

In 1894 the *Recorder of London* stated in his charge that " he regretted very much that the registration of midwives was not compulsory."

THE QUESTION WHETHER MIDWIVES ARE A GOOD OR AN EVIL
IS NOT DISCUSSED.

With the question whether midwives are a good thing or a bad thing I do not intend to deal to-night. My address is already long enough. I would merely remark that the quotation of percentages of mortality proves very little by itself, and that much more than this is needed to prove that the poor fare well or ill in their confinements in accordance with the greater or less proportion attended by doctors.

I have also quoted no figures to prove that the poor fare well or ill in proportion to the amount of skill possessed by those who attend them, whether doctors or midwives.

If statistics should appear to show (as they might conceivably be made to show) that, among the poor attended by midwives, the less instructed were the midwives the better were the results, I, for one, would not accept the conclusions, inconceivable as they would be to me.

It may, however, be almost taken for granted that such an absurd position is not likely to be adopted.

To the *various bills* introduced with this object I need not again refer.

As regards *our own Society*, we have seen that a movement was commenced in 1870, doubtless in consequence of the request of the Registrar-General in 1869 already quoted, and an examination instituted in 1872, since which time no less than 2450 women have presented themselves for examination, and more than 2000 have been granted certificates.

THE FOLLOWING PROPOSITIONS APPEAR TO BE ESTABLISHED.

1. *Any person is at liberty by the law of the land to render aid to any other in time of sickness, if desired.*
2. *Any person is at liberty by the law of the land to receive such aid from any other.*

3. *Unskilled aid leads to lamentable consequences to poor mothers and children.*

4. "Midwives are a necessity."

It follows that midwives, who are a "necessity," must either be unskilled with lamentable consequences, or skilled to render services "eminently successful, and of great advantage to the community."

It also follows that the supply of skilled midwives can only be maintained by some method securing at least a minimum of experience and skill.

As regards the *experience of examination of midwives and medical students*, my own judgment is that, within much narrower limits, midwives who pass our examination give evidence of theoretical and practical knowledge which would not disgrace students who pass the conjoint examination; this is also the opinion of all of whom I have asked this question—and they are many.

THE QUESTION IS NOT WHETHER MIDWIVES SHALL EXIST,
BUT WHETHER THEY SHALL BE AS BAD OR AS GOOD AS
POSSIBLE.

To put the question briefly, absence of examination and registration of midwives means wide-spread loss of life and health to mothers and children; for not only are midwives a "necessity," but there is no power to prevent any of the Queen's subjects from acting as a midwife.

The opposition which has sprung up aims at the abolition of midwives. But it is quite beyond the power of the agitators to do this, and they know it. What they think they can do is to prevent their examination and registration, and they have aimed at our Society as the principal obstacle in their way. As we have seen, this attack, if successful, would merely result in the destruction of life and health of many poor mothers in England.

Is it too late to appeal to those who have joined this agitation with insufficient knowledge to consider the

misery entailed by the infection conveyed by such women as would alone remain, and the nameless horrors perpetrated by them ?

WHY THE SOCIETY HAS INTERESTED ITSELF IN THE QUESTION.

Such men may ask why our Society ever took up the question, and why it was not content to "mind its own business."

Our reply would be that we took it up because, in the absence of any State regulations, which we have begged for from the beginning, we were the most competent body to do so, that we had already been applied to by the Registrar-General in connection with the subject of infant mortality, and that a crying need existed. As regards "minding our own business," it is not too much to say that the greatness of England in the extension of the empire, in the establishment of hospitals, and in all good work, has simply consisted in not "minding one's own business" in this sense.

As regards the saving of life, the plea of the first murderer was "Am I my brother's keeper?" but perhaps Arthur Hugh Clough's "eighth commandment" in his "modern decalogue" is more to the point:

"Thou shalt not kill, but need'st not strive
Officiously to keep alive."

The object of our Society has all along been the encouragement and diffusion of knowledge in all that concerns the science and art of obstetric medicine. For whose sake? Purely for that of our countrywomen.

THE INTERESTS OF THE POOR ARE THE ONLY INTERESTS WORTHY OF CONSIDERATION.

As doctors, we have a right to exist only so long as we are required. Midwives have precisely the same

claims. If they are required, they will exist; if they cease to be required, they, like us, will cease to exist.

Doctors were made for the sick, and not the sick for doctors.

A patient is a person who requires a doctor; a doctor is not, in the same sense, a person who requires patients. A patient is not, primarily, an organism for excreting so many guineas or shillings per annum, as an aphid exudes syrup at the titillation of an ant, or a cow secretes milk under the blandishments of a dairymaid.

This is a fact often forgotten.

If a poor woman requires a doctor for her confinement, she can have one. If she prefers a midwife, she can have one,—trained, certificated, and comparatively safe; or she can have one untrained, uncertificated, ignorant, septic, and fatal! Are there really any of her countrymen who would run the risk of leaving her only the latter alternative? As to her freedom of choice, no legislative body in the world would hand her over, tied hand and foot, to the mercy of *any* profession. She is free, and she can have, and will always be free to have, whom she chooses.

In order to thus limit her choice, it would be necessary to make it penal for her to employ any but a doctor, or to make it penal for anyone but a doctor to attend her. Does anyone imagine this for an instant to be possible?

I challenge agitators to put this fairly forward in a bill, and to speak with their enemies in the gate.

I am sure that many who have joined in this attack have done it in ignorance. This is the age of caucuses and wire-pullers. Men are too busy to read for themselves and think for themselves; they too easily answer leading questions in the affirmative, and sign petitions without understanding them.

Another element to be reckoned with is indifference. Men are too busy to be interested in anything outside their own daily work, and public opinion represents an enormous dead weight; when aroused its moving force is irresistible. I have no doubt of the verdict of the

country if once it could be got to take an interest in this question. Public opinion can be got to take an interest in the poor and suffering, but is unlikely to become enthusiastic on behalf of the vested interests of any profession. For the interests of doctors or of midwives, apart from their usefulness to the sick, and especially the poor, it cares not one farthing; and it is quite right.

I am loth to include selfishness among the obstacles. And yet the correspondence which has flooded the journals not seldom betrays the cloven hoof.

The "competition of midwives" is a phrase one often hears. It takes two to compete; and if it is wrong for a midwife to compete with a doctor for small fees, is it dignified for the doctor to compete with the midwife?

MEDICINE A "NOBLE" PROFESSION.

Besides this, our profession claims, or accepts without protest, the title of "noble" which is so often bestowed on it. To what does it owe its nobility? Surely to the unselfishness which is one of its best traditions.

Our profession glories in postponing its private interests to the good of the public. It has abolished profit-making by secret remedies, and has come to look upon it as really (and not in the sense of the Medical Council) "infamous." Why is it more infamous for a medical discoverer to make money out of his secret knowledge than for a man in business, such as a brewer, to do the same?

Simply on account of this claim of "nobility."

In what other profession can you parallel the enthusiastic propagation of the great class of remedies which began with Jenner's vaccination, and have been so marvellously extended at the present day; or of the wholesale benefits of Preventive Medicine?

It is to be remembered that every such improvement means, in the first instance at least, loss of income to the whole profession. And yet no medical man has ever been known to protest against measures for the preserva-

tion of life and health, "though it were to his own hindrance."

I confess that the bacillus of cholera seems to me to stand on the same footing as those of septicæmia, and that the profession whose glory it is to endeavour to destroy the one should not regard with levity the chances of the spread of the other.

I have said that our profession stands alone in its attitude in this respect. Yet I imagine that other professions, who make no such claim to pre-eminent virtue—as, for example, the legal profession—would stand aghast at a proposition which would be likely to set their fellow-countrymen by the ears, even if they saw their own profit in such an event.

I think that there is little "nobility" to be seen in the present agitation.

REGISTRATION OF MIDWIVES THE BEST PROTECTION OF THE POOR.

The malpraxis of midwives is an argument often used against them. For the malpraxis of unregistered midwives there is no remedy but the common law. Against the malpraxis of registered midwives the undertaking signed by each of our midwives (quoted above) protects the poor, even where the law could not touch the offender.

REGISTRATION OF MIDWIVES THE BEST PROTECTION OF MEDICAL MEN.

The same undertaking guards doctors against the usurpation of medical functions, such as prescribing, by midwives. Any of our midwives so acting is liable to be struck off the register and deprived of her certificate.

These irregularities on the part of midwives are simply the result of absence of proper control.

Over uncertificated midwives no control is possible so long as they keep clear of the law.

Over our own midwives we have a very considerable

hold by means of the undertaking signed by each successful candidate, and quoted above.

If offences by midwives holding our certificate were only reported to us we would deal with them.

THE LENGTH OF TRAINING OF MIDWIVES.

Among many arguments against the registration of midwives may be mentioned one—that the present length of their training is insufficient. This is purely a matter of money. The midwives are poor women, and find it difficult to procure the money to pay for their present training and examination. In many cases this is provided, partly or entirely, by their more wealthy friends, and often with the view of acquiring the services of a midwife for a country district. In many foreign countries the expenses are defrayed by the State.

Until midwives are subsidised, either by the State or by some other extraneous body, it is useless to expect an increase in the length of their training.

The means of subsistence must be provided somehow: if by the midwives themselves, the course of training must necessarily be short; if it is desired to lengthen it (an object much to be wished), the money must be provided by extraneous aid.

But some training is better than no training at all, and these are the real alternatives at the present time.

A regulation by which the State should insist on longer training, and at the same time make it possible, is much to be wished. A system by which midwives in a district should be placed under the direction of a leading local practitioner would be beneficial both to the poor and to midwives. We should then cease to hear complaints of midwives acting as medical women.

It must, however, be remembered that midwives holding the Society's certificate are already under control, if complaints were only forwarded to the Society from which they hold their certificate.

If irregularities are as rife as some would have us believe, why do they not join with us in promoting the only method of stopping them—proper control?

A pushing, usurping midwife can, however, only be controlled when she is in some way recognised; and the only way to defend doctors against the privateering of midwives is by registration.

THE INTERESTS OF DOCTORS NOT PREJUDICED BY PROPERLY REGULATED MIDWIVES.

But we must remember that the Select Committee (quoted above), after hearing the evidence for and against the proposition that midwives injure doctors, pronounced emphatically that the reverse was the case, and it is within the knowledge of Fellows that midwives are, in some districts, actually provided by doctors, to help them with cases of natural labour among the poor. And even some of our medical schools make use of them ('Guy's Hospital Gazette,' February 9th, 1895, p. 48).

It is hard to imagine that the few shillings which is all that many of the poor can afford for a confinement can in any sense repay a medical man for the time expended, or that the bodily handing over of all such cases to trustworthy midwives would be anything but an unmixed relief to the hard-worked doctor of poor districts. I expect the real difficulty is the fear of the loss of a connection, in the absence of a universal agreement in a district to this effect, loyally kept.

The committee, however, after hearing all the evidence on both sides, stated its opinion strongly as above.

"In conclusion, your committee desire to refer to the apprehension expressed by certain witnesses belonging to the medical profession, lest their interest might be injuriously affected by an improvement in the status of midwives. The great preponderance, however, of medical and other evidence, having regard to both the authority

and number of the witnesses, was to a contrary effect. Your committee, therefore, whilst giving due consideration to the expression of such fears, believe that the suggested injury is not likely to prove serious, and they are of opinion that medical men will not only be relieved of much irksome and ill-paid work, but also that improved knowledge on the part of midwives will induce them to avail themselves more frequently, and at an earlier stage than at present, of skilled medical assistance in time of emergency and danger. On this point your committee had full and substantial evidence."

THE MOTIVES OF OUR SOCIETY.

The motives of our Society in instituting and carrying on this examination have been (I state it without any qualification) absolutely unselfish and disinterested. We began the work because there was no other competent body to begin it; we have continued it purely from public spirit. We have sought again and again to be allowed to transfer it to a State-regulated machine.

For years our examiners did the work without a farthing of remuneration, generally on a night which was their only relief in the course of the tedious task of examining for the conjoint Board.

Our motives in this respect have been tacitly acknowledged except by an occasional malignant writer to one of the journals.

To any such unworthy inuendos the answer is plain—the Society never ceases to beg to be relieved of its responsibilities in this respect, and of its emoluments. Such, gentlemen, is our infamy.

THE ACTION OF THE GENERAL MEDICAL COUNCIL.

The action of the General Medical Council is still an enigma to us. It might be conceivable that its opinion

was that the abolition of midwives was desirable, had it not, in common with all the highest and most competent bodies, repeatedly and strongly stated that the examination and registration of midwives was highly desirable, thus emphatically endorsing the work of our Society.

But, as its verdict has over and over again been in favour of such work, it is a little difficult to understand so violent a deviation as its last communication.

Perhaps this is the parable of the importunate widow over again ; and perhaps it has, in a moment of annoyance, vented its wrath, not against those who have troubled its repose, but against an unconscious and innocent object.

That it, like other representative bodies, is afflicted with the restlessness of "Irish members," who are not always Irish men, is quite possible.

That it is not in possession of the facts or history of the question is almost certain. It is, indeed, scarcely to be expected of a body containing, at the present time, not a single English obstetric physician.

We do not yet know of what we are accused.

That the Act of Parliament ever contemplated so violent a distortion of plain English as is implied by the application of the word "infamous" to work like ours, undertaken twenty-three years ago, and carried out at the cost of much time, thought, and hard work, in a public-spirited and self-denying manner ever since, is inconceivable.

That it should threaten to apply such a word to a body of men such as those who have been mainly responsible for the work, carries, I venture to think, its own refutation and condemnation.

That those who framed the Medical Act ever contemplated the classification of (alleged) defects in a certificate together with murder, theft, and unnatural offences is unthinkable.

I have little doubt that, when the Medical Council realises that it is asked to play the rôle of a puppet of a party of interested practitioners, its own sense of dignity, and of the purposes for which it was created,

will come to its aid ; indeed, this is plainly foreshadowed in one of the speeches which I have quoted.

If the Medical Council is free to call any person or any act "infamous" when it chooses, the position of every medical man is most unenviable. What is to prevent the application of this word to the shape of a collar or the colour of a tie ?

But it is incredible that the Legislature ever intended to hand over any profession to an arbitrary and irresponsible tyranny such as this would be. Indeed, in a recent trial in the Court of Appeal, February 23rd, 1894, the Master of the Rolls adopted a definition prepared by Lord Justice Lopes as applicable to the case ; namely, if a medical man in pursuit of his profession had done something with respect to it "which would be reasonably regarded as infamous by his professional brethren of repute" (*Allinson v. Gen. Med. Council*).

In the face of the work which our Society has done, and of the names of the men who have done it, including practically all the leaders of our branch of the profession in London, it is too absurd to think that our action, or their action, would have the remotest chance of "being regarded as infamous by their professional brethren of repute."

Surely, in any movement for the saving of the lives of poor women, the General Medical Council ought to stand side by side with those who for twenty-three years have been working for this object in a way which ought to command their respect, rather than to run the risk of appearing for a moment as the partisans of a Trades-union. That it should appear for a moment in such a light has been a great and painful shock to us.

To have such an epithet as "infamous" applied to us makes us no nearer infamy than before, though I confess that I imagined that work such as ours, carried on merely with the object of helping and protecting the poor, deserved another name.

But I believe that neither Sir John Williams, Dr. Watt Black, nor I, who have acted firstly as Chairmen of the Midwifery Board, and afterwards have been called to the Presidential Chair, and are therefore, perhaps, the most "infamous" among "infamous" men, feel the least ashamed of our work, conscious as we are of our own integrity, and of the great injustice which has been done to us all. As regards the form of our certificate, if the Medical Council had told us that they thought it open to objections, we should have at once done what we are now doing, asked for its criticism with a view to their removal.

To have helped us to remove any cause of offence would have earned our gratitude.

I cannot but think that when it has mastered the subject, and had time to think, the Medical Council will regret what it has done, not only towards men as honourable as any of its members—whose life and work are well known to it,—but to a meritorious and public-spirited society.

Meanwhile the agitators may rest assured that it has not seen the last of our examination, nor of us.

It is a significant fact that the number of candidates for our last examination has hardly ever been exceeded, not less than 114 women having presented themselves, and that in spite of our having held our certificate in abeyance.

If there is one thing certain in the world, it is the ultimate triumph of right. It may be opposed—it may be misunderstood—it may be reviled—it may have to suffer; but—

MAGNA EST VERITAS, ET PRÆVALEBIT.

Since the above was written the following communication has been received from the General Medical Council.

GENERAL COUNCIL OF MEDICAL EDUCATION AND
REGISTRATION OF THE UNITED KINGDOM,
299, Oxford Street, London, W.;
March 1st, 1895.

SIR,—In answer to your letter of January 14th, 1895, I have to inform you that the Executive Committee of the General Medical Council has passed thereon the following resolution (whereof you will find a copy on the next page).

I am further directed to inform you that the Committee passed, in regard to certain other Certificates that had been submitted to the Council, the following resolution (whereof you will also find a copy on the next page).—I am, sir, yours faithfully,

W. J. C. MILLER, Registrar.

DR. WILLIAM DUNCAN,
*Hon. Sec. of the Obstetrical Society
of London.*

Resolved—“ That the Executive Committee are of opinion that the words in the diploma ‘ a skilled midwife competent to attend natural labour ’ are open to legal objection, seeing that under the Medical Act (1886) Midwifery is one of the three branches in which a regular practitioner must pass an examination in order to obtain a registrable qualification.

“ The above-cited words suggest that the holder has a registrable qualification. This both contravenes the spirit of the Medical Act of 1886, and is calculated to deceive the public.

“ Again, the formal character of the document, which is described on its face as a diploma, is fitted to deceive the more ignorant part of the public,—that part which most needs protection.

“ That the Executive Committee request the President

and Council of the Obstetrical Society of London to inform the General Medical Council, within one month, what steps they have taken to bring their certificate within the terms of the resolution of the Council."

Resolved—"That as this Council has been instituted to regulate the education of practitioners in medicine, surgery, and midwifery, as well as to enable the public to distinguish between qualified and unqualified practitioners, the Executive Committee cannot approve of any document professing to qualify persons for any practice in medicine, surgery, or midwifery, issued by any body or institution which is not a medical authority under the Medical Acts."

The Executive Committee further declare that medical practitioners, who sign such documents, will be liable to the censure of the Council in accordance with the following resolution passed by the Council on May 22nd, 1894 ('Minutes,' vol. xxxi, p. 45).

"In the opinion of the Council, to issue to any person not legally qualified for registration, any certificate of competency or other document, so framed as to bear colourable resemblance in appearance or phraseology to a diploma conveying a right to act as a medical practitioner is a proceeding which directly contravenes the spirit of the Medical Acts, and is accordingly liable to be visited with the condemnation of the Council."

The Council of the Society has already taken steps with the view of removing all causes of offence, now for the first time specified, from its certificate. This it would have done in the first instance, had it received the necessary information. In doing so, it by no means acknowledges that such causes of offence are well founded.

INDEX.

	PAGE
<i>Chamberlen, Dr. Peter, A.D. 1616, requests James I to regulate midwives</i>	5
<i>Cobbe, Margaret, midwife to Elizabeth Woodville, Queen of Edward IV, at birth of Edward V</i>	5
<i>Commons, Select Committees of House of, see "Select Committees."</i>	
<i>General Medical Council—</i>	
Threat to declare Fellows of the Society guilty of "infamous conduct"	3, 20
Resolutions in favour of regulation of midwives, A.D. 1872	6
Bill for regulation of midwives, A.D. 1878	7
Resolution in favour of regulation of midwives, A.D. 1889	8
Address of President in favour of, A.D. 1893	11
Attempt to extinguish licence of Royal College of Physicians	22
<i>Correspondence with Obstetrical Society</i>	18—21, 41, 42
<i>Harvey, instructor of midwives</i>	5
<i>History of movement for the regulation of midwives, review of</i>	28
<i>House of Commons, Select committees of, see "Select Committees."</i>	
" <i>Infamous conduct,</i> " threat of Medical Council to declare Fellows of the Society guilty of	3, 20
<i>Infant mortality, investigation of causes of, suggestion of Registrar-General (Dr. Farr) to Obstetrical Society in A.D. 1869</i>	6
<i>MacAlister, speech by Dr., in General Medical Council</i>	21
<i>Medical Act, 1858</i>	21
<i>Medical Press, opinions of</i>	23, 24
<i>Midwives—</i>	
History of, in England	4
Queen Victoria, the first Queen of England not attended by a midwife	5
<i>Regulation of—</i>	
Dr. Peter Chamberlen's request to James I in 1616	5
Dr. William Harvey's instruction of midwives	5

<i>Midwives (continued)—</i>	PAGE
<i>Bills for regulation of—</i>	
(1) A.D. 1813, Society of Apothecaries	6, 7
(2) A.D. 1878, originally promoted by General Medical Council	7
(3) A.D. 1882, framed by British Medical Association	8
(4) A.D. 1890, prepared by Midwives' Institute, amended by Obstetrical Society, British Medical Association, and Select Committee of Commons	8
Royal College of Physicians report in favour of, in 1891	8
<i>Resolutions of General Medical Council in favour of—</i>	
(a) in A.D. 1872, Drs. Acland and Stokes	6
(b) in A.D. 1889	8
<i>Address of President of Medical Council in favour of</i>	11
<i>Charge of Recorder in favour of</i>	12
<i>Regulations for, in foreign countries—</i>	
Austria	13
Belgium	13
France	13
Netherlands	13
United States	14
Prussia	14
Russia	14
Sweden and Norway	14
A "necessity"	10
<i>The interests of doctors not prejudiced by properly regulated Institute—</i>	11, 36
Bill for regulation of midwives prepared by, in 1890	8
<i>Obstetrical Society, history of, in relation to midwives</i>	14
<i>Certificate of</i>	16
<i>Examination of, statistics of</i>	24
<i>Schedule of, issued to candidates</i>	25, 27
<i>Recorder, charge of, in favour of midwives</i>	12
<i>Registration of midwives—</i>	
<i>The best protection of the poor</i>	34
<i>The best protection of medical men</i>	34
<i>Royal College of Physicians—</i>	
Report of Committee on Midwives Bill, A.D. 1891	8
Attempt of Medical Council to extinguish licence of	22
<i>Select Committees of House of Commons, report of—</i>	
(a) June 17th, 1892	9
(b) August 8th, 1893	9
<i>Wheelhouse, speech by Mr., in General Medical Council</i>	21

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