The state registration of midwives, and their power to practise independently of the medical profession / by R. Reid Rentoul.

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THE STATE REGISTRATION OF MIDWIVES, AND THEIR POWER TO PRACTISE INDEPENDENTLY OF THE MEDICAL PROFESSION.

By R. Reid Rentoul, M.D.[1]

A short notice of the proposals to register midwives is perhaps necessary. In 1875 a Government return relating to the laws affecting midwives abroad was published. In 1882 Mr Hart drafted a bill, which received little or no support. Next, the Midwives' Institute was established in London with the object of obtaining an Act of Parliament to make registration of midwives compulsory. In February last a Midwives Registration Bill was introduced and read a first time in the Commons. This Bill is said to have been drawn up by the Midwives' Institute, and very determined efforts were made to smuggle it through at the fag end of last session; one of its supporters in Parliament going so far as to move the closure on Mr Bradlaugh, although he had spoken for only a few minutes. A little attention shows that the draftsmen of the bill were ignorant of medical and obstetric work. Thus clause 2 defined a midwife as "any woman of good character and of fair elementary education, capable of managing a natural labour, and of recognising any conditions requiring the aid of a doctor." One naturally asks—If a midwife is trained to attend natural labours only, how can she diagnose any conditions—medical, surgical, or obstetric—requiring the aid of a doctor? Clause 3 provided that examining bodies be formed all over the country, and that the health officer of the county should be one of the examiners. This officer is usually prohibited from private practice, and so he would be rather "rusty" in his midwifery. Clause 4 provided that any woman who had attended twenty-five cases of labour under the supervision of a doctor, or who had been in a lying-in hospital for three months, should be placed on the register. It also provided that *all women* who were in practice for twelve months preceding the

[1] Read at the Liverpool Medical Institution, November 6, 1890.

passing of the Act should be registered. The promoters said there were 15,000 midwives in England, and they proposed that all these should be placed on the register *without any examination.* As they stated, they were asking for legislation, so that "poor lying-in women might be protected from ignorant midwives," it is difficult to see how they could be protected simply by placing 15,000 names in a book. It was quite a different matter when the Dentists' Act was passed—for this dealt with the treatment of teeth, and not with conditions which seriously concern the lives of many lying-in women and infants. Even when the "Medical Register" was created in 1858, only those in practice *prior to* 1815 were placed on the register without showing proof of having secured a diploma or degree. Again, as this bill gave midwives the power of employing unqualified assistants, this would have allowed at least 10,000 more to practise midwifery. How could such a bill give the slightest protection to "poor lying-in women?" If to this is added the fact that "poor lying-in women" were to be handed over to those who had been trained for thirteen weeks, we recognise that the bill was a retrograde proposal. Clause 5 was most peculiar, for it gave a registered midwife the power "to claim and recover any fee, or charge, in any court, for the performance of any midwifery operation, or *midwifery attendance, or advice.*" This strange bill was "backed" by two members of the medical profession—Sir Walter Foster and Dr Farquharson—both M.P.'s, and one the Direct Representative of medical practitioners on the General Medical Council. In all charity, let us hope they never glanced at the bill. If they read it through, and put their names to it, thus giving the House of Commons the feeling that they were signing it *on behalf of the profession,* then it shows they must have been retained by the Midwives' Institute.

Thanks to the earnest endeavours of a few members of Parliament, this Bill was talked out. It was read a second time, on the understanding that it would be referred to a Select Committee. This is the polite way of "shelving" a Bill. But the promoters would not be put off, and so this committee met on 11th July; and on three occasions only. They sent up

their Midwives Registration Bill *amended;* but as it differed greatly from the first, it was not an *amended* Bill. Consequently the Bill was blocked; and when the British Medical Association met, a resolution was passed asking that legislation be put off until time had been given for its discussion. Yet although this resolution was passed, the *Journal of the British Medical Association,* in its *next* issue, said, "We"—that is the gentleman who wrote the leader—"regret to announce the withdrawal of the Midwives Bill." It is little wonder that unsigned "leading" articles often receive as little attention as anonymous letters.

I shall ask your earnest attention to some clauses of this *amended* Bill, especially as it may be reintroduced into the Commons next session.[1] Clause 3 provides, that each *County Council* appoint examiners, grant certificates, and keep a Register of Midwives.[2] The City of Liverpool is a County Council, but our city councillors know little about the requirements of examiners in midwifery. You might as well ask them to appoint the examiners to the Victoria University. Clause 5 provides that any person who uses the title of "midwife" shall be fined. It *does not* provide that any unregistered person *who practises* for gain as a midwife shall be fined. Clause 6 defines her duties, and states that she shall "act as a midwife in cases of natural labour only." It does not say what name she is to go by when she attends *other than natural labours!* The term "natural labour" is not defined, so for all practical purposes the clause is a farce. Another important point is that no clause has been introduced making it penal for a midwife *to exceed her duties*, and without such there is no use in defining duties. But even supposing a penalty were provided, how could evidence be collected which would convict? How could it be sworn when a midwife conducted a face, brow, breech, knee, or foot case, or applied the forceps, *more especially* if the case terminated successfully? I wish to drive this point home, for the advocates of this Bill say that midwives are to

[1] This Bill was reintroduced on 28th Nov. 1890.

[2] This would establish not less than 113 Examining Bodies in England alone, or 325 altogether.

attend "*natural labours only.*" But suppose a midwife is called to an *urgent case* where delay must prove dangerous to the mother or infant. Does any one say that in such cases she is to refuse help? The public would never tolerate such legislation. You will therefore see, while the Bill *in theory* defines the duties, that *in practice* the midwife must be prepared to act at once *in all cases of urgency.* This is the keystone to the entire Bill, and it is the more cruel, for while it recognises that a midwife's education is to be of a *very superficial kind,* it shows *that in actual practice* she will be called upon to treat complications which even she must feel perfectly unfitted to attend. In *her* practice there will be as little room for *half-knowledge* as in that of the obstetric practitioner; for it may be laid down as a rule, that the more ignorant she is of her work, the greater the danger to the lying-in woman and infant. How could she, in the words of the first Bill, "recognise any of those conditions requiring the aid of a medical practitioner during the *parturient and* puerperal states," if she does not receive a *complete* training? It is difficult for a doctor to diagnose pelvic obstructions of all kinds and malpresentations, but it will be doubly so for the midwife when she meets cases complicated with kidney, heart, or lung disease. In such, ignorance will *not* be bliss, at least to the lying-in woman. Therefore, I would ask you to hold, that if a midwife wishes to practise midwifery with credit to herself and to her patients, she must undergo a *full* training *in medical studies;* she must, in fact, become a woman doctor. Supposing some one proposed that medical students, after studying a portion of their work, should be qualified to practise *minor* medicine and surgery, what would be said! Supposing it were proposed that, as the public had employed unregistered practitioners, quacks, and prescribing chemists from time immemorial, these should be placed on a state register, what a laugh would be raised! You might as well suggest that district visitors and bible-women be licensed as clergymen.

Clause 16, sub-clause 2, orders that *no private person* is to prosecute a midwife unless with the consent of the County Council, or Attorney-General. That is to say, if a man wish to sue a midwife for malpraxis he must be rich enough first

to pay a barrister to state a case. This would absolutely place the midwife beyond the power of that class among whom she is supposed to practice. Such a clause is in direct antagonism to the best principles of British law. The Dentists Act of 1878 gives "*any private person*" the right to institute legal proceedings. This 16th clause, however, serves a useful purpose in showing the feelings which prompted the promoters of this Bill.

These are a few of the *chief* features of the amended Bill. The omission of useful clauses are as numerous as are the faults in the clauses introduced. Thus, no clauses provide for a certificate of moral character, so that all kinds of questionable females may study. No age limit is required, and with the result that women of 50 or 65 years of age may enter. No clause relates to the prescribing of drugs, and so ergot and opium will be given. No mention is made of those conditions of the mother or infant, in which the midwife *must insist* on a doctor being sent for. The most important omission is that relating to the *supervision* of midwives. This is amply provided for abroad. If so, why was it left out in this Bill, especially as we are told we are following the plan as in force in foreign countries?

Having called your attention to some of the glaring defects of both Bills, I shall ask your attention to some of the arguments adduced by those in favour of State registration.

They have said—Midwives are registered abroad. But this was at a time when there were few doctors. Moreover, abroad, the midwife often takes the place of the doctor; and she is frequently educated, paid, and pensioned by the State. In Russia she not only practises midwifery, but vaccinates, and treats diseases of women and children. However, in France it is found that the people are now employing doctors more frequently than midwives. Abroad, midwives have the power to use forceps turn; and even in Sweden and Norway to perform craniotomy. They also vaccinate.

Their second argument is—There is not a sufficient number of doctors. The Fourth Report of the Statistical Committee of the General Medical Council states that in 1886 there was one doctor to every 1662 persons, including all who receive *free* medical aid from the poor law, medical charities, the military,

police, and post-office. I fear there is no scarcity of doctors. Their number is increasing three times more rapidly than the population, and when both the sick rate, death rate, and birth rate are falling. In 1888, 1184 doctors were added to the Medical Register, and only 590 removed.

Their third argument is, there are too few doctors in *country districts*. The above Report states there was one doctor to every 2199 acres, this acreage including roads, waste ground, lakes, rivers, forests, cemeteries, &c. I think every small country town has from one to five doctors. The reason there are not more is that they have been starved out. If this dearth *really* exists, our large cities can supply a few hundreds! However, no midwife has yet promised to practise in these *country districts*.

Their fourth statement is, the fees charged by doctors are too high. The confinement fee in Liverpool varies from 7s. 6d. upwards. It is fixed, in fact, by the scale of charges of the midwife. Some who cannot *personally* compete with her employ cheap labour in the shape of an unqualified assistant, and in this way hold their ground. In a late number of the *Lancet* a Friendly Society's Association advertised, offering a fee of 5s. 3d. per confinement. The Extra Medical Fee Order of the Poor-Law Commissioners gives Guardians the power to pay their medical officers a fee varying from 10s. to 40s. per confinement. Our local Guardians, however, make their doctors contract themselves out of this order, as they find the voluntary medical charities very anxious to do the work for nothing. There may be a few here who say 7s. 6d. is *too low* a fee. It may be, but it *must* come down, for I find some of our voluntary medical charities are *selling* their charity. Thus at Bristol a *lady* may obtain a "midwifery note" for 6s. 6d.; St John's the Divine and the Malvern Lying-in "*cut*" this quotation, and say they will do a confinement for 2s. 6d.; while at St Mary's Hospital, Manchester, they give their charity for the small fee of 5s. The price at Glasgow is still at 5s. The lowest confinement fee should be 15s. In Switzerland the law fixes this as the *minimum* charge. All those who cannot pay are amply provided for by our poor law, medical charities, and semi-charitable sick clubs and provident dispensaries. There is one point

in connection with this fee question; and it is, if midwives are made to undergo an expensive training, then their fees must be increased, while at the same time they will refuse to perform the humble duties of washing the mother and baby, or making themselves generally useful. Thus the proposed legislation will defeat the aims of those who advocate a *cheap* supply of midwives.[1]

Their fifth statement is—and it appears in the prospectus of the Midwives' Institute—that of every ten confinements seven take place without a doctor. I greatly doubt the accuracy of this statement. In 1888 there were 879,868 births registered in England and Wales. There were also 18,000 doctors practising. Therefore, supposing all these births had been attended by doctors, this would give 48·8 confinements to each. Many of these births were no doubt attended by unqualified practitioners, midwives, and neighbours; and at least 54,000 took place during 1889 at 54 medical charities and poor-law infirmaries. But if we accept the statement that only three of every ten confinements are conducted by registered doctors, this means that each doctor has *only twelve confinements* per annum, or one a month.

I have pointed out a few of the arguments used in favour of legislation. I shall now ask your attention to the manner in which such an Act would affect the medical student, the medical practitioner, and the public.

To the medical student it would prove most disastrous, as it would rob him of his present limited means of training in obstetrics. There always has been an attempt to divorce midwifery from medicine and surgery. The "man-midwife" has been held up for public derision for many years. Formerly, many of the universities and colleges did not grant a diploma in obstetrics.[2] The Medical Act of 1858 registered only degrees *or* diplomas in medicine or surgery. Fortunately, the Medical Act of 1886 ruled that a man must have the triple qualification of medicine, surgery, *and* midwifery. Thus these three subjects

[1] The "fee argument" must also be applied to other cases, and so, we may expect a new and *cheap* order of Physicians, Surgeons, and Surgeon-Dentists!

[2] The Royal College of Physicians at one time refused to grant their Fellowship to those who practised midwifery; while the College of Surgeons still excluded such from their Council.

have been placed on the same level. There are a small number of doctors determined to break through this Act of 1886. If any of you feel that even now the education of the medical student in obstetrics is complete, recollect the number rejected at the qualifying examinations, even when the principle of compensation or "passif" marks is allowed. The Report of the Inspector of Examinations in Midwifery to the Medical Council also says:—"In concluding this general commentary I desire to state my opinion that *none* of the examinations come in all points to such a standard of proficiency as appears attainable by the methods here indicated." Again, if you refer to the recommendation of the Medical Council, that each student should *personally conduct three* confinements before being qualified as a doctor, you will see his education *must* be imperfect. Nor would any doctor wish his patients to know he had conducted only three cases. Even now some of the examining bodies require a student to show only certificates that he has attended a three months' course of lectures on midwifery—this comprising midwifery proper, puerperal diseases, diseases of women and of infants—*or* that he "has been present" at—not personally conducted—*six cases* of labour. No certificate is even required stating that the student has attended the clinical instruction given at a lying-in hospital. Fortunately, an improvement is taking place, chiefly owing to the action of Dr Glover; and now the conjoined examination of the College of Surgeons and Apothecaries' Hall, Ireland, require a student to present the following certificates—six months' attendance on lectures on midwifery, six months' attendance at a lying-in hospital, and thirty cases of labour. This is a most beneficial provision, as it is impossible to examine the student in practical midwifery and puerperal diseases at his degree examination. Some of the Scotch representatives on the *Medical Council* are opposed to any increase in the number of cases which a student must attend, giving it as their reason that it would be almost impossible to find more than six cases for him.[1] Yet even with such a dearth some have proposed that a number of the

[1] See remarks of Sir W. Turner at General Medical Council, and reported in the *Brit. Med. Journ.*, 6th Dec. 1890, p. 1307.

confinements be handed over for the training of pupil midwives. I wish to show that this *cannot* be done. Supposing that yearly 1300[1] senior medical students are *each* required to attend thirty confinements, this would use up 39,000 cases. Last year there were 48,084 confinements at 54 lying-in hospitals and charities with maternity departments in the United Kingdom. You will therefore see that if *you* allow this Bill to pass, a great proportion of the confinements must be used up for the teaching of the midwife, and that the student's education *must* suffer.

If we look at the effects this proposed legislation would have on the medical practitioner, it will be seen that it would prove *as* disastrous to him as to the student; for if all the normal confinements are taken by the midwife, he will not have the power of using these whereby to improve the imperfect education which he received at college. Moreover, if he is not permitted to conduct *normal* cases, how will he be able to recognise and treat *abnormal* and *complicated* labours? Physicians and surgeons would object to such restrictions.

There is a *higher* standpoint from which we should look on this proposal—I refer to the *pecuniary*. Practically this *is* the highest, for if a fair income cannot be made, only very inferior men will enter *the profession*. In this way the public will be *the chief* sufferers. Moreover, if work is not well paid, then it is generally badly done, and I go so far as to say that if the public wish to have good medical services, they must see that the doctor is in receipt of such income as will keep him fairly free from financial difficulties, and out of such a state as will make him look on disease as a perfect godsend. I am aware there are a few doctors who, in their desire to starve their neighbours out, propose handing over all normal labours *to the midwife, and never by any means to the junior practitioner*—just as some propose to hand over pharmacy to the chemists. Supposing we apply this statement to the profession in Liverpool—that all normal labours are to be conducted by the midwife. Spiegelberg states that 97 of every 100 confinements are normal. During 1888 there were 17,777 births registered *in*

[1] This does not include the number of students rejected—who number one-third of the 1300.

the city of Liverpool, and of these 2724 were attended by the Lying-in Charity and Parish Infirmary. In the same year there were 274 registered practitioners residing *within the city boundary*, therefore excluding all the doctors residing in Bootle, Walton, Aigburth, Wavertree, the greater part of West Derby, and those beyond Lodge Lane, Albert Road, and Dingle Lane. These figures give, on an average, 54 confinements per annum *to each* doctor. But we have to remember that in the same year there were not less than 120 midwives, and not less than 25 unregistered practitioners, who were acting either on their own responsibility or as assistants to doctors; and supposing these attend, on an average, the same proportionate number of cases as the registered doctors, this will reduce the number of confinements to 23 to each doctor. But supposing 97 per cent. of *all cases* were handed over to midwives, this would leave only 520 confinements to the 274 city doctors, or less that 2 cases to each doctor per annum. I call your particular attention to this grave statement, because the advocates of this new order of midwifery practitioners say that such an Act will not do *the slightest* harm to the practitioner. Actions speak stronger than words, and so, when we take the clauses of the amended Bill and couple with them the gross attempt made to confine the Bill to *women only*, with the proposal to hand vaccination over to midwives, with the objection made to add any clauses providing for the supervision of midwives, with the 16th clause, which practically forbids *any private person* to take legal action against a midwife, you cannot disagree with the statement that this Bill has been introduced with the determined intention of driving out doctors from midwifery work. The Medical Act of 1876 lays it down that qualifications are to be granted to persons "without distinction of sex." Yet, although women have gained equal right as regards medical degrees, they now *practically* ask that men should be refused power to practise midwifery. You must see that such exclusion will bear very heavily on men; for the woman who can be trained and qualified to practise midwifery in thirteen weeks is placed at an enormous advantage when she comes to compete against doctors who are now compelled to study for five years, and undergo a very expensive

training. I fear if you allow such legislation to pass, it will further demoralise medical practice, as registered doctors will follow the example of those who are now employing midwives as their medical assistants. It will also act injuriously; for I believe I am right in saying that if you allow this Bill to pass, registered doctors will be acting legally if they employ registered midwives as their fully-qualified assistants in obstetrics. This question is now, I understand, before the General Medical Council. If it be accurate, it will act very severely on those young doctors who hope to secure an assistantship when they have just qualified. The income of the medical profession averages £200 per annum per doctor. I should not care to be one of those leading physicians or surgeons who wish to lower it by half; for, say what they will, the general practitioner secures fully half of his practice through his midwifery work. I am, however, aware that word has gone forth that the general practitioner must be starved out; that the medical charities must take all his practice from him; that his midwifery work is to be given to the midwife; and his dispensing to the chemist.

I have called attention to the effects which such an Act would have on medical students and on doctors. I shall now try to show how it would act on the public.

Most persons agree that the study and practice of midwifery made no advance until it was taken up by doctors.[1] In 1888 there were 4160 deaths registered in England due to the accidents of childbirth. If this Act pass, there will be over 10,000 registered; for no one has yet shown that the death-rate of lying-in women abroad is less than in England. Not only so, but the uterine complaints will be trebled—as, even now, there are few who cannot point to cases which had never recovered since their complaint, which was attended by a midwife. It can also readily be seen that lying-in women who are suffering from some disease of the heart, kidneys, lungs, or other organ, but unrecognised by the midwife, must run greater risks than if they have the services of a doctor. The theory of British charity is, that the poorer the woman the

[1] Neither medicine nor surgery advanced until they were taken up in a scientific spirit.

higher the skilled help which she should receive. Again, more infants will be "still-born," because midwives will not send for a doctor until too late. Abroad there is constant friction between doctors and midwives, as the latter fear the people look on it as a confession of want of skill if she calls in a doctor. Not only would the number of "still births" due to tardy labour be increased, but there would be a very heavy increase in criminal "still-birth" work. I may mention that during last year, at eight cemeteries in and about Liverpool, 483 "still births," so called, were interred. How many were thus "interred" in all the cemeteries throughout England, disposed of in gardens, sewers, and in many other ways? I do not here speak of abortions, miscarriages, and premature labours. Had an official *post-mortem* examination been made of these 483 children, fully 30 per cent. would have been found to have lived, and to have carried on an existence independent of the mother. However, the Registration of Births and Deaths Act of 1874 absolutely forbids the registration of still births; and the old woman, present at the birth, readily gives such information as satisfies the cemetery official. In Prussia, during 1889, there were 42,084 "still births" registered. M. Rachard lately said before the Academy of Medicine—"the number of still-born children increases every year." A field for still-birth mongers is furnished by the illegitimate children. In 1888, 40,730 such were born in England. A writer in the *Lancet* of October 11, 1890, p. 802, says he knows of a midwife who gives a certificate of still birth for all those infants who die within five or six hours after birth. The coroner for part of London and Surrey said:—"Many children which are termed still-born are really not[1] so, but have been born alive and died soon after—sometimes from natural causes, but also from suffocation and other illegal means. In fact, it is to be feared that many children termed 'still-born' are disposed of in such ways." Lately, when in London, I was told of a case in connection with a large lying-in charity, when a district midwife was found to have a very large percentage of "still births." One of the medical staff extracted from her the

[1] Mr A. Braxton Hicks, barrister-at-law, in "Hints to Medical Men on Granting of Certificates of Death."

confession that she used a "cup sponge," and that by applying the sponge to the infant's mouth as it was born she kept it from breathing. Such an order of midwifery practitioners would also, I fear, lead to a great increase in the practice of criminal abortion. Even now there is a large business done in this work. I have been told that in Paris the midwives advertise in the daily press that they will call at the principal hotels to perform this operation, and that a great many ladies relieve themselves of their child in this way.

I hope I have shown that you must give this proposal of the formation of a new order of midwifery practitioners your *most careful* consideration. I believe that this cry of State registration is the cry of a few well-meaning, but misguided philanthropists, of a few women's rights people, of the Midwives' Institute, and of a few of our own profession who wish to gain a political notoriety *at the expense of others*. We know very well that a *marked* increase in the training given to pupil midwives could be brought about *at once* by the medical staffs of lying-in charities.[1] If the cry for legislation is honest, let this improvement be put into force, for no Act of Parliament is required. In fact, you might as well ask for an Act so that medical and surgical nurses be trained. I would also suggest that the *monthly* nurse receive a better training, as the majority are of an inferior quality. Last year, our local lying-in granted certificates to forty-four midwives and only to twelve nurses, and with this result that Liverpool is overrun with midwives. (Has the fact that the medical staff received over £144 last year for lecturing to midwives anything to do with this excessive output.) If, however, the number of midwives now turned out is large, it will bear no proportion to the quantity which will be turned out if this Bill pass. For the twenty-one universities and colleges, the forty-five medical schools, and about 400 poor-law infirmaries will start training pupil midwives as their heaven-sent duty.

I would suggest that our lying-in charities *gradually* cease to employ midwives. In Newcastle and Oxford, for instance,

[1] See "Regulations for the Admission and Examination of Female Candidates for the Diploma of Midwife and Nurse tender," *Roy. Coll. Phys., Ireland.*

each district of the town has a medical officer who is paid a yearly salary, and 10s. 6d. per case. Liverpool is divided into ten districts, and the nineteen midwives are paid about £514 a-year. This work could be much better performed by ten doctors, each being paid; and also allowed to take a fifth year medical student to the cases. It is not pleasant to think that in Liverpool the medical student is taught his *practical* midwifery by a midwife, and that he and a pupil midwife go together to the cases. No medical school can succeed which permits such clinical instruction. The plan carried out in Newcastle, where they have ceased both to train and employ midwives, is the best. In Glasgow also, last year the same plan was carried out, the Sick Poor Association having had its maternity department taken over by the Maternity Hospital. This question of State registration is to come up before the General Medical Council.[1] Our president is one of that council, and I hope he will—as he is on the educational committee—take an interest in this subject.

I submit—(1) that the public and the profession do not wish for any legislation; (2) that the cry for legislation comes from those who wish to render null and void the Medical Act of 1886, which places midwifery on the same level as medicine and surgery; (3) that any scheme which withdraws the facilities for the clinical instruction of students in midwifery must be injurious to them and the public; (4) that as the great mass of the public depend on the skill of the general practitioner, anything which lowers his opportunities for perfecting his training must act injuriously on the public health; (5) that if the lives of poor lying-in women are to be placed in the best keeping, then the midwife must be educated to treat *all urgent cases* where the life of the mother and infant are in danger—*in other words, she must be trained and qualified as a doctor now is.* The time for the midwife to give place to the woman doctor has come, just as the barber surgeon has been superseded by the surgeon of to-day.

[1] At the November Session the Medical Council appointed a committee to consider the Midwives Regulation Bill, *if such were transmitted to them by the Government.*