

The proposed formation of an inferior order of midwifery practitioners, or, a plea for the supplying of the highest medical aid to all women during pregnancy and childbirth. / by Robert Reid Rentoul.

Contributors

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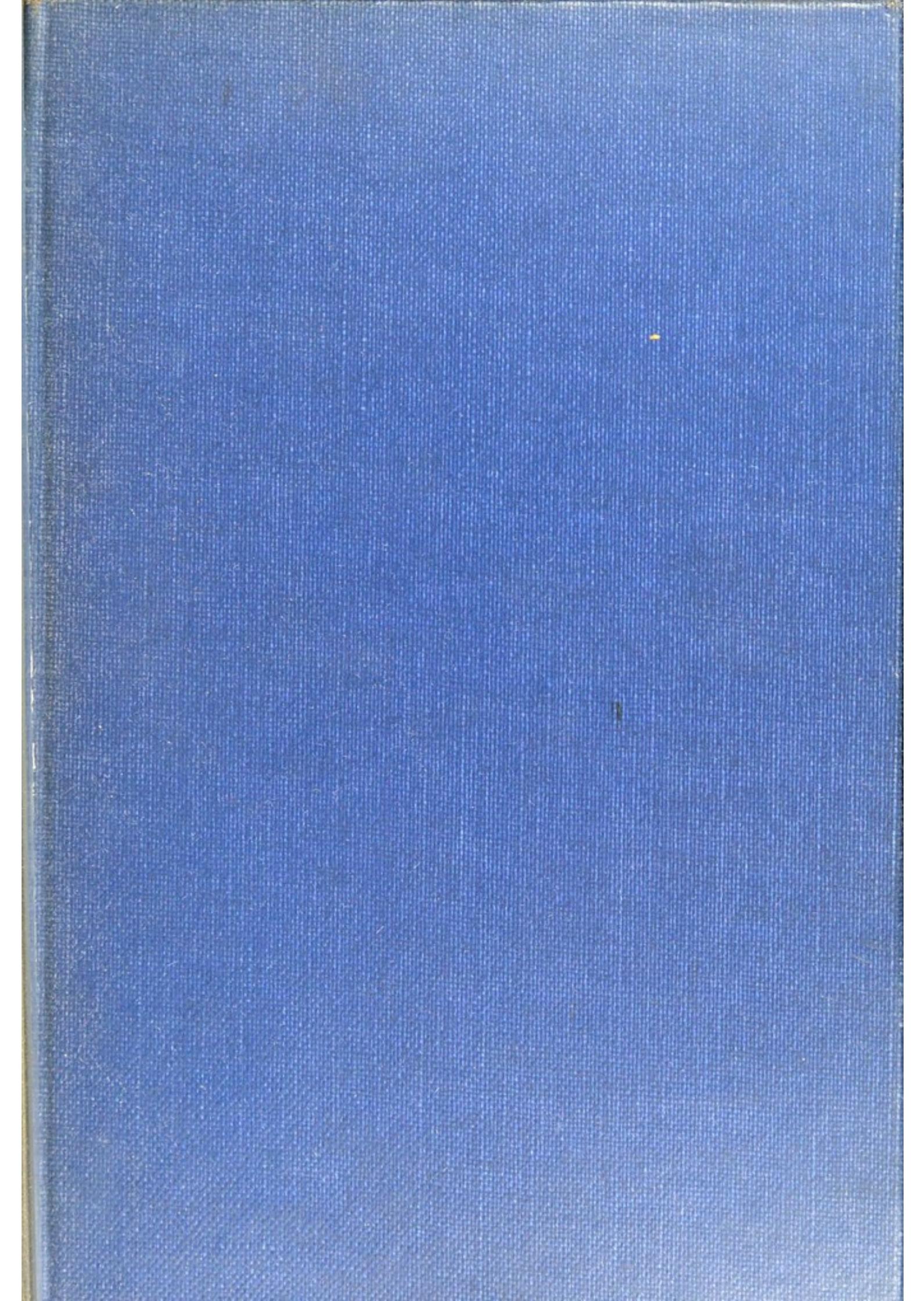
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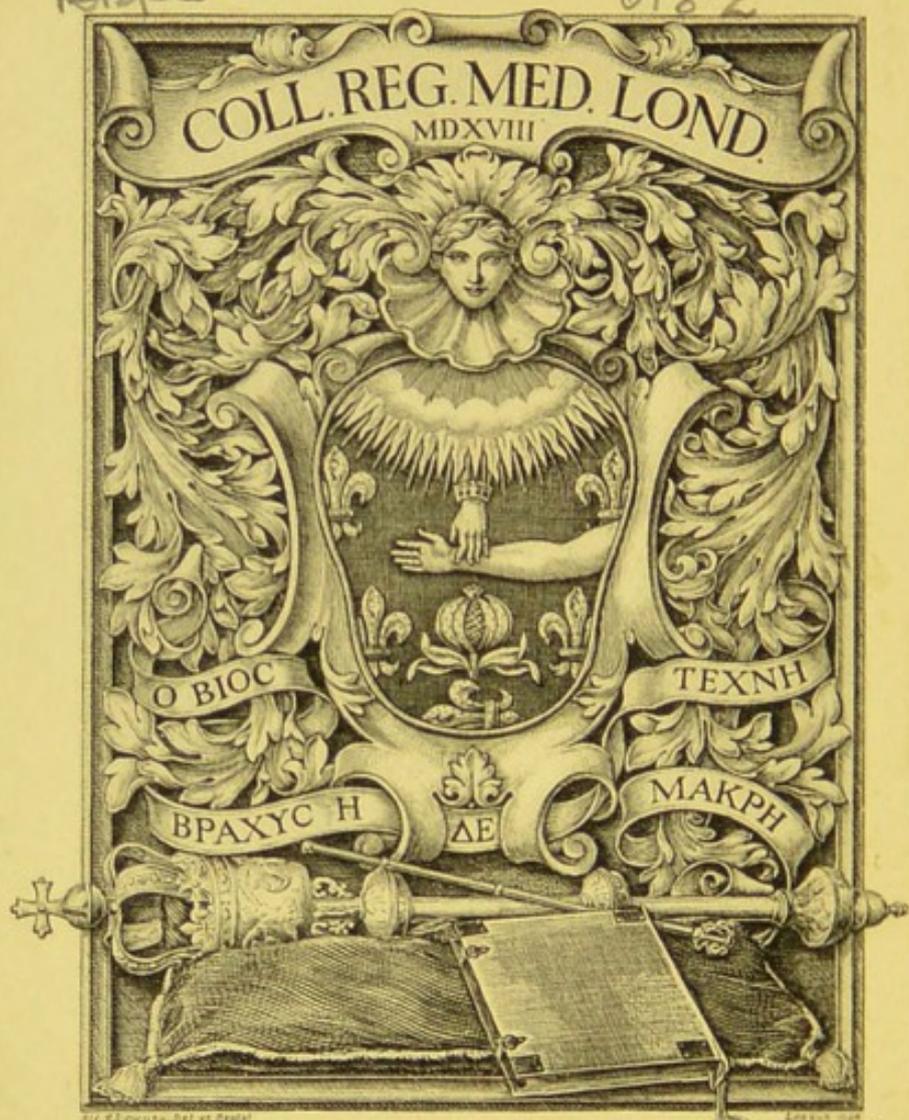


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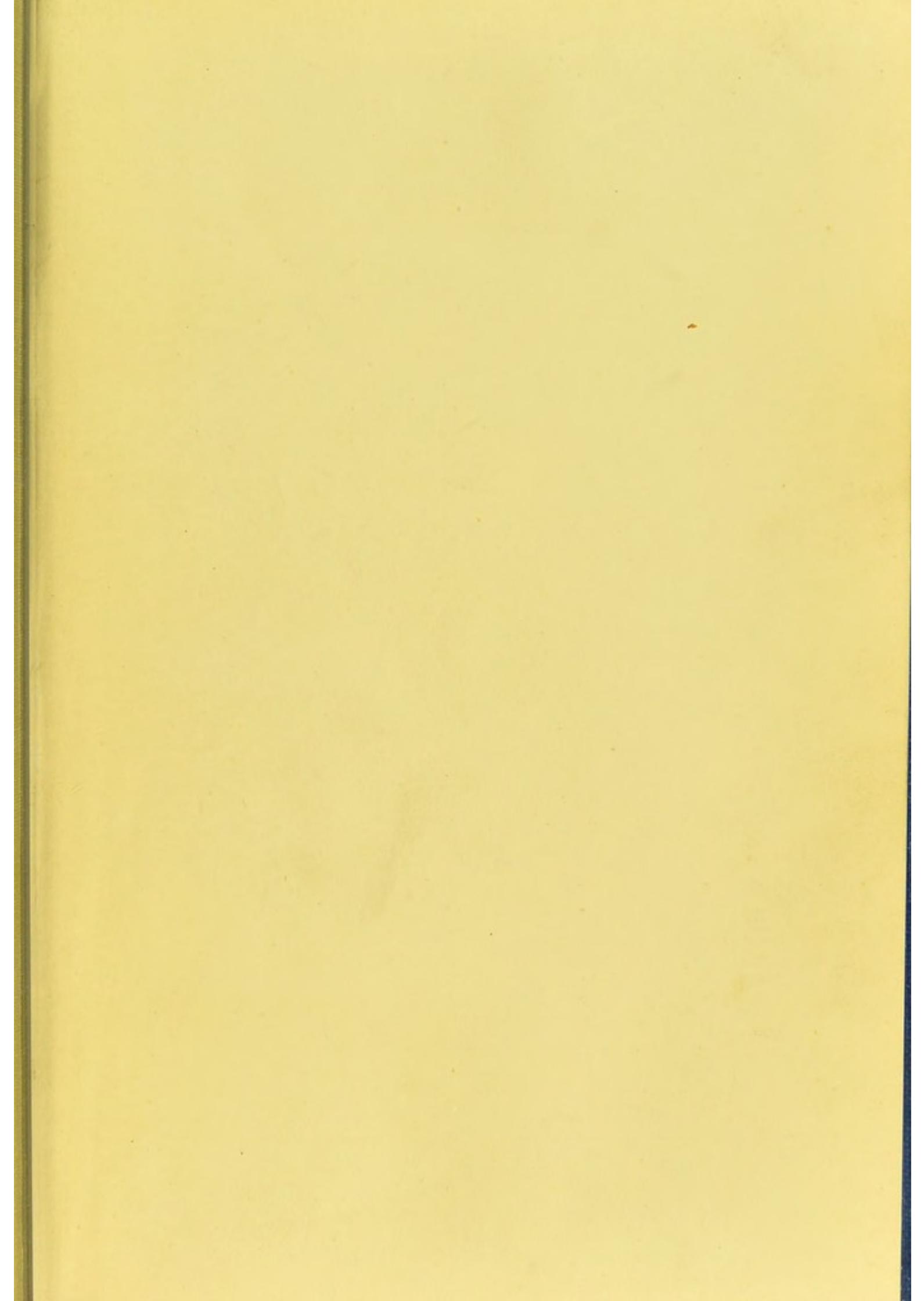


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THE PROPOSED FORMATION
OF AN
INFERIOR ORDER OF MIDWIFERY PRACTITIONERS;

OR

A PLEA FOR THE SUPPLYING OF THE HIGHEST
MEDICAL AID TO *ALL* WOMEN DURING
PREGNANCY AND CHILD-BIRTH.

BY

ROBERT REID RENTOUL.

THIRD EDITION,
(Third Thousand).

TO BE HAD FROM
MESSRS. E. & J. GIBBONS, RANELAGH STREET, LIVERPOOL.

PRICE—ONE SHILLING, NETT.



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P R E F A C E .

THIS pamphlet—a *resumé* of which was given by me at our Branch Meeting on March 9th—has been written with the view of showing that the Proposal to establish an inferior order of midwifery practitioners would, if adopted, be a gross public danger to pregnant women and infants ; it would put us in this unpleasant position—that we recommend that poor women, and a large proportion of the industrial classes, should be supplied with “registered midwives” whom we would neither employ, nor recommend our friends to employ ; while it would repeal the valuable Educational Sections of the Medical Act 1886. We have strenuously opposed this proposal since 1890, and successful opposition to it has been given since 1813. Our aim is to supply *all* pregnant women with Medical Practitioners of the highest skill ; to improve the education of monthly nurses, and, if need be, to register such in the Register, provided by the Charter of the Royal British Nurses Association, but with nurses duties only. We hold that no more midwives should be created, but that they should be allowed to gradually disappear, as are “bone-setters,” “barber surgeons,” and “medical herbalists.” If it be true that a small portion of the public require an inferior order of *midwifery* practitioners, it may be as truly said that

they demand the formation and registration of an inferior order of *medical* and of *surgical* practitioners ; including "unqualified assistants."

I am fully aware there are a few practitioners who have a strong personal aversion to midwifery work. But there are also practitioners who dislike surgical work. All the same, such as do object to surgical work do not propose to establish an inferior order of *surgical* practitioners. In the same way it must not be permitted there should be two distinct orders of *women* midwifery practitioners, one singly qualified, partially educated, and so semi-ignorant ; and the other fully educated in medicine, surgery, and midwifery.

It is to be earnestly hoped the General Council of Medical Education and Registration of the United Kingdom will strenuously oppose this threatened repeal of the Medical Act, and defend the progressive and higher system of a *full and complete* medical training for *all* practitioners ; and that the Medical Council will, in future, and after making such Rule, hold these practitioners who wrongfully grant certificates in midwifery, or in medicine, or in surgery, or in massage and electrical treatment—certificates which lead a large portion of the public to believe that they qualify the holder to practise midwifery, medicine, or surgery—"to be guilty of infamous conduct in a professional respect," and will strike their names off the Medical Register.

At a Special General Meeting of the Lancashire and Cheshire Branch of the British Medical Association—called after fourteen days notice specially to discuss this question—

held at Manchester, on March 9th, 1894, the President, Dr. J. Taylor, presiding, the following important resolution, which was moved by Dr. R. R. Rentoul, seconded by Dr. W. H. Hughes, and supported by Drs. Thornley, J. B. Brierley, B. Marshall, R. W. Daly, J. Brown, G. H. Broadbent, J. H. Collins, J. Martin, and others, was passed by a majority of 67 to 12 votes:—

“That in view of the fact that a ‘Midwives Registration Association’ has been formed—*ostensibly* for the purpose of promoting legislation for the Registration of Midwives, but *in reality* for the creation of an Independent order of Midwifery Practitioners—this meeting, while anxious to improve the training of Monthly Nurses, and recognising that duly qualified medical *women* already exist—records its emphatic protest against any such proposed legislation, as such would—

- (a) Endanger the lives of pregnant women and infants ;
- (b) Interfere with the training of Medical Students in practical midwifery ;
- (c) Repeal the Educational Sections of the Medical Act, 1886 ; and
- (d) Prevent newly qualified practitioners from perfecting their knowledge of obstetrics and diseases of infants.

That the undersigned Members of this Branch be constituted a Committee of this Branch (with power to add to their number), to watch the progress of, and to oppose any proposed legislation for the Registration of Midwives.”*

It is to be hoped that every Branch of our Association ; every Medical Society ; and every local body of Practitioners will call a meeting to adopt the above Resolution. They should also appoint a Committee of their own number to oppose any proposed legislation ; vote funds so that practical effect may be given to their wishes (as there is little use sending men into action without “powder and shot”), and obtain a promise from their Members of Parliament, or those

*At a Meeting of this Branch held on May 11th, 1894, a sum of money (not exceeding £250) was voted, so that the Committee appointed might carry out its work.—See page 25A.

standing for election as Members of Parliament, to strenuously oppose any Bill for the so-called Registration of "Midwives."

In the front part of this Pamphlet are placed Copies of the Certificate and Diploma Forms which are now being granted by some medical practitioners, and which lead the public to suppose that they are a guarantee of the possession of the knowledge and skill requisite for the efficient practice of midwifery, or medicine, or surgery, and entitle the holder to practise such.

Coming after these Certificates will be found a Petition which will be presented to the General Medical Council; and to the Medical Examining Bodies under the Medical Acts.

The following have kindly promised each to guarantee a payment, not exceeding two guineas, to cover the cost of the printing and circulation of this Pamphlet, on condition that our Branch does not pay for such:—Drs. J. B. Brierley, Manchester; W. H. Barr, Bury; Colin Campbell, Saddleworth; Edw. Chamberlayne, Stalybridge; W. H. Hughes, Ashton-under-Lyne; B. Marshall, Atherton; S. McNair, Manchester; H. H. Preston, Manchester; A. H. Rideal, Manchester; W. W. Saul, Lancaster; G. F. Schofield, Mossley; E. D. McNicoll, Southport; S. Gourley, West Hartlepool; L. Kidd, Enniskillen; Alex. Duke, Cheltenham; St. Clair B. Shadwell, Walthamstow; C. H. Seers, London; Hugh Woods, London; T. M. Watt, Hovingham; H. A. Lawton, Poole; W. Whitworth, St. Agnes; P. H. Day, Poulton le Fylde; C. R. Illingworth, London; R. A. S. Daly, Manchester; W. Douglas, Leamington; W. S. Sprent, Slingsby; J. E. Dunn, Preston; A. Gray, Bradford; H. B. Osborn, Bagshot; J. Thornley, Bolton; J. C. Nicholl, Manchester; R. H. Quine, Pendleton.

LIVERPOOL, *March*, 1894.

EXACT COPIES
OF
CERTIFICATES AND DIPLOMAS.

The majority of these Certificates or Diplomas are copied from the originals. Their actual size is given at the bottom of each, the quality of paper used is mentioned, while the style of type has been made to resemble as closely as possible that used in the Diplomas. I deeply regret some practitioners have persistently refused to supply me with Certificate forms, or other information relating to this subject.

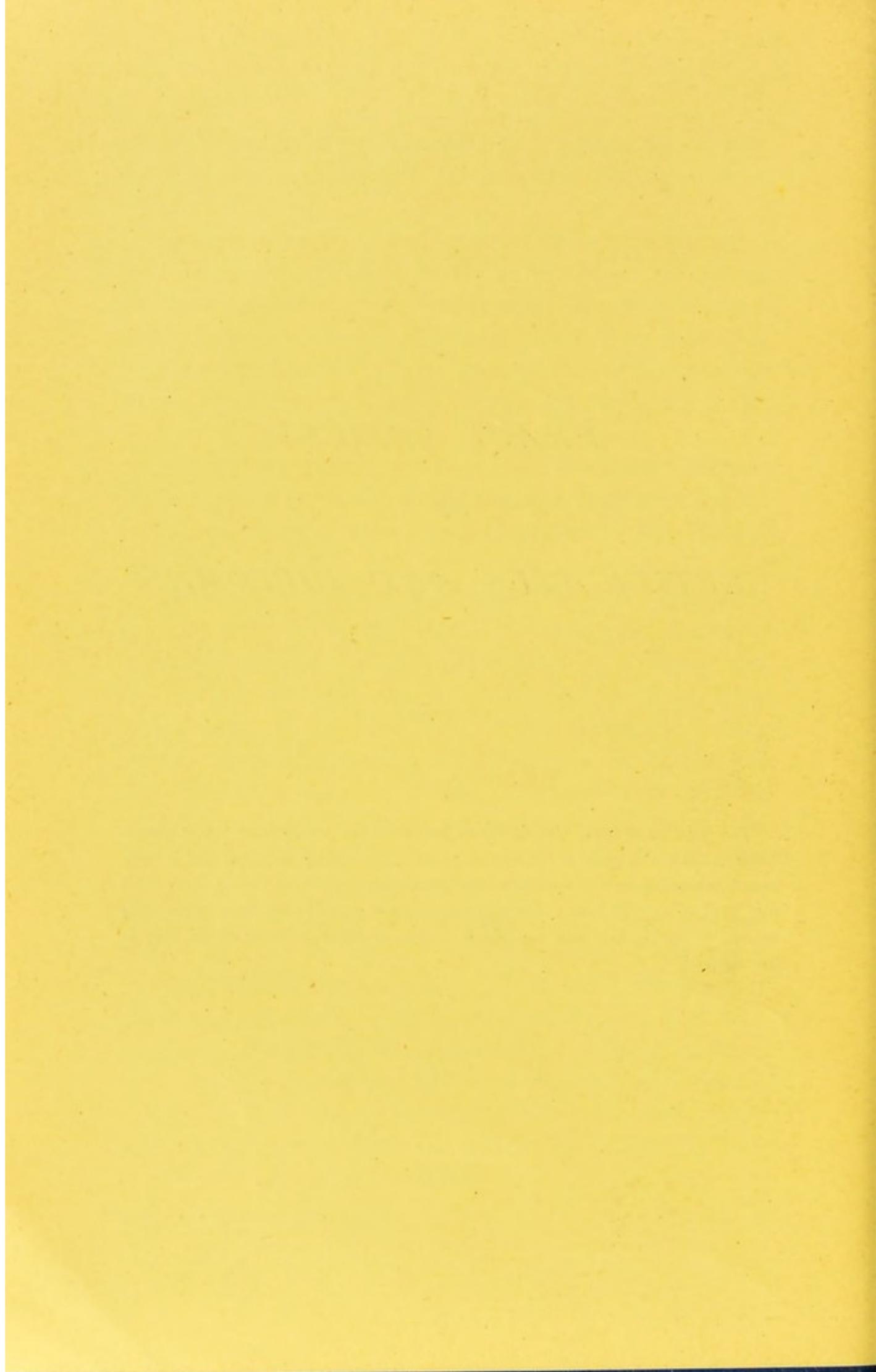


Fig. A.

N. B.—Here is picture
of Hospital.

BRITISH LYING-IN HOSPITAL,

Endell Street, Long Acre,

Established 1749,

(Formerly in Brownlow Street.)

These are to Certify that

*has resided as a Pupil at this Hospital for a
period of months, ending 18.....
during which time she has attended the practice of
the Hospital and received such instruction, Practical
and otherwise, as to qualify her for practising
Midwifery.*

Signed

.....
.....

*Medical Officers
of the
Hospital.*

Dated

18.....

Secretary.

N. B.—This Diploma is printed on parchment. Size—10½-in. wide by 15-in.
See Page 34.

Fig. B.

N.B.—Here is picture of
Hospital.

(INSTITUTED 1750.)

*City of London Lying-in Hospital,
City Road.*

189

This is to Certify that.....
has resided.....*months, and been Instructed in*
the Art of Midwifery, at the City of London
Lying-in Hospital.

In Witness whereof we sign our hands.

..... *Cons. Phy.*

..... *Cons. Surgeon.*

..... *Surg. Acch.*

..... *Matron.*

Signed on behalf of the Committee of Management.

..... *Secretary.*

N.B.—This Diploma is printed on thick paper. Size—11-in. wide by 16½-in. !
See Page 34.

Fig. C.

N. B.—Here is figure of
Genesis.

DIPLOMA IN MIDWIFERY
FROM
ST. MARY'S HOSPITAL
AND
THE MANCHESTER AND SALFORD
LYING-IN HOSPITAL.

We hereby Certify that

Mrs. _____
has attended _____ Course of Lectures at this Hospital
on Practical Midwifery, and that, having passed a satisfac-
tory examination, she is now competent to act as a Midwife,
and to undertake the management of Natural Labour.

Signed _____

Manchester, _____ 18 _____

N. B.—This Diploma is printed on thick paper, 15 inches wide by 20 inches !
The holder is *not* told to *refuse* to attend unnatural labours ! See Page 34.

Fig. D.

Manchester Maternity Hospital.

This is to Certify that

of _____ has attended _____
 Course of Lectures on the principles and Practice of Mid-
wifery, including the diseases of Newly-born Children and
the Elements of Physiology, and of the Hygiene of the
Sick-Room.

And we Certify that she has this day passed a satis-
 factory examination in the above subjects, and that she
 is in our opinion a skilled Midwife, competent to attend
Natural Labour.

Signed

Manchester, _____ 18

Signature }
 of }
 Midwife }

N.B.—This Diploma is printed on thick paper, 12½ inches wide by 17 inches.
 Holder is instructed not only in Midwifery, but in “diseases of children,” and
 “Physiology.” Is not told to refuse to attend “unnatural” labours.

See page 35.

N.B.—Here is picture
of Hospital.

Lying-in Hospital, Dublin.

We, the Master and Assistants of the
Hospital for the Relief of Poor Lying-in Women in
Dublin, do hereby certify that Mrs.

has regularly attended the Course of Practical
and Oral Instruction for Female Pupils in
this Hospital during the space of Six Months,
and that her proficiency has been tested by an
examination before us. It is our opinion
therefore that she is duly qualified to practise
as a Ladies' Nursetender (or Midwife).

In testimony whereof we hereunto annex
our Names and Seal of Office.

..... Master.

..... } Assistants.

..... Secretary and Registrar.

The day of 188.....

N.B.—This Diploma is printed on thick paper, 9 inches wide by 11 inches.

This is one of the most misleading of the Diplomas, as it does not state what she
must, and must not do. The words—"to practise as an apothecary"—
at one time gave rise to great trouble, owing to their undefined character.
So would the words—"to act or practise as a midwife." See page 35.

Fig. F.

Coombe Lying-in Hospital, Dublin.

FOUNDED A.D. 1826.

INCORPORATED BY ROYAL CHARTER A.D. 1867.

*This is to Certify that Mrs. has
duly attended the practice of this Hospital for a period of six
months, and having diligently performed the duties required of
her during that period, and satisfactorily answered at an
Examination held at the termination thereof has received this
Certificate, testifying to her competence to act as a Midwife
and Ladies' Nursetender.*

Witness our hands this day of 18.....

..... Master.

..... Registrar.

N.B.—This Diploma is printed on parchment, 15-in. by 14-in. Same remark
applies to this as to E. See page 35.

Fig. G.

Here is Crest and Words—
“With Caution, Kindness and Patience.”

LADIES' CHARITY & LYING-IN HOSPITAL,
LIVERPOOL.

SCHOOL OF MIDWIFERY.

Certificate.

We certify that _____
of _____ has diligently attended _____
Course of Lectures, and the practice of this Hospital
from 18 to 18

She has been carefully examined by us as to
her qualifications and appears to be a fit and
proper person for undertaking the discharge of
the duties of Midwife.

In testimony of which we have given her the
present Certificate, this _____ day of _____ 18

No. _____

(Here is Seal of the Charity).

Hony. Medical
Officers.

Registered.

Hony. Secy. _____

N.B.—This Diploma is printed on thick paper, 9 inches wide by 11 inches.
This is one of the most misleading of the Diplomas, as it does not state what she
must, and must *not* do. See page 35.

Fig. H.

Belfast

LYING-IN

N.B.—Here is picture
of Hospital.

HOSPITAL.

Institution for the Treatment of Diseases of Women and Children.

ESTABLISHED 1793.

Know all men, by these presents, that _____
of _____ in the County of _____ has, for
six consecutive months, pursued the practice of Midwifery
under the superintendence of the Physicians of the Belfast
Lying-in Hospital. And that we, the said Physicians,
having examined the above-mentioned _____
on the various departments of Midwifery, do declare
that she is qualified to practise the Obstetric Art.

In testimony whereof we have subscribed our names and
affix the Seal of the Hospital hereunto.

Dated this _____ day of _____ in the
year of our Lord one thousand eight hundred and _____

_____ Consulting Physician.

_____ } Attending Physicians.

(Here is large Seal of the Hospital.)

This Diploma is printed upon parchment, 10 inches wide by 12 inches.

See page 35.

Fig. I.

Royal College of Physicians.

Edinburgh, 2nd March, 1877.

*It is hereby certified that Robert Reid
Rentoul has been duly examined in Midwifery,
and found competent to practise it.*

Alex. Keiller, President.

John Wylie, Secretary.

N.B.—This Diploma is printed on paper 8-in. wide by 10½-in.

Compare size and style of language here used with that of the other Diplomas!

See page 36.

Fig. J.

ZENANA MEDICAL COLLEGE,
58, ST. GEORGE'S ROAD, S.W.

We certify that we have examined
 a Student in the Zenana Medical College (who is
 desirous of combining a knowledge of medicine with
 her Missionary work) in the following subjects:—
 Medicine, Disorders of Tropical Climates, Minor
 and Practical Surgery, including Diseases of the
 Eye, Midwifery, and Diseases of Women and
 Children, and we find that she possesses such a
 knowledge of them as will qualify her to render
 Professional aid in ordinary cases of Disease.

Signed

.....

.....

.....

Chairman of Committee

Hon. Treasurer

Hon. Secretary

N.B.—Compare the above words “in ordinary cases of disease” with the 300
 operations referred to on page 51.

In their Official Paper it is said—“ We do *not* undertake to send out Pupils
 after having trained them.”—*i.e.* send them out of England.

Medical Training Home for Lady Missionaries.

N.B.—Here is a device with 2 texts.
“He came and preached peace.”
“Go and do thou likewise.”

Glasgow.

Certificate of Efficiency.

This is to Certify that

has undergone the usual course of two-and-a-quarter years' Theoretical and Practical Training at, and in connection with the above Institution.

This further certifies that _____ has successfully passed examinations on the subjects of Anatomy, Physiology, Materia Medica, Surgery, and Practice of Medicine, by the undersigned Board of Examiners; that she possesses the Nurses Certificate in Midwifery, granted by the Examiners of the Glasgow Maternity Hospital; and that she has received practical Instruction in Clinical Medicine, Clinical Surgery; Diseases of Women, and in Dispensing.

Examiner in _____

The Directors of the Missionary Nurses' Training Home desire it to be understood that the holder of this Certificate of Efficiency is to be regarded chiefly and primarily as a Missionary, seeking to spread the Gospel, and win souls for Christ; that she has had some experience as a Christian worker; and that, although she has also received a sufficiently careful Medical Training to enable her to be of use to the sick, she does not go abroad as fully qualified to practise medicine, nor to take the place of a doctor. Only in the event of being cut off from the aid of a fully qualified Practitioner, will the holder of this certificate be ready, if desired, to act as a substitute for such, to the best of her ability.

N.B.—This Certificate is printed on thick paper, 13 $\frac{3}{4}$ inches wide by 18 $\frac{3}{4}$ inches.

The holder is thus “fully qualified” in Medicine, Surgery, and Midwifery.

See page 52.

Fig. L.

LIVINGSTONE COLLEGE.

*(A College for the Instruction of Foreign Missionaries in
the Elements of Practical Medicine.)*

NO CERTIFICATE OR DIPLOMA FORM ISSUED.

N.B. — See Page 53.

Fig. M.

“GENERAL COUNCIL OF SAFE MEDICINE, LIMITED.”

(DIPLOMA FORM NOT OBTAINABLE.)

N.B.—This General Council is registered at the Board of Trade, and under the Companies' Acts : shares being limited to £5 in case of a “call.” The 3rd Memorandum, a copy of which I have obtained from the Registrar of the Board of Trade, is as follows:—

3. “The objects for which the Company is established are to grant Degrees, Scholarships, and Awards of Merit in the Magnetic and Botanic System of Safe Medicine, to students passing a satisfactory examination before the General Council of Safe Medicine, and to those of the Botanic Profession of good moral character, and who can produce a reliable evidence of qualification, or two years practice, at the discretion of the Council. The highest Diploma of the Council, conferring the distinction of M.D. (B.C.), which shall signify the rank of ‘Doctor of Botanic Medicine,’ in contradistinction to Surgery and the practices of the Allopathic and Homœopathic Schools of Medicine ; also to maintain a lecture hall, library, and record office, in which a biographical record of its members shall be kept as far as obtainable.”

There is also “The Magnetic and Botanic School of Safe Medicine Limited” ; and copies of their Rules may be obtained from the Board of Trade on payment for same. See page 53.

Fig. N.

N.B.—Here is large red Seal.

Date

This is to certify that

has undergone a course of instruction in the

Art of Massage, and I consider that she is

in every way qualified to practise Massage

with and without the aid of Electricity.

*Signed**14, Welbeck Street,**Cavendish Square, W.*

Dr. Douse forbids his name being used in connection with

this certificate for advertising purposes.

N.B.—This Certificate is printed on parchment, 12 inches wide by 16½ inches.

Holder is certified to the public as being qualified to practise massage and electricity. See page 53. A useful Diploma for Bone-setters to have!

Fig. O

*Circular issued by the Local Government Board, Ireland,
re the Employing of Midwives by Poor Law Medical Officers.*

“ POOR LAW COMMISSION OFFICE, DUBLIN,
2nd August, 1861.

SIR,

The attention of the Commissioners for administering the Laws for Relief of the Poor in Ireland has been drawn to the circumstance that a difference of practice prevails in different Dispensary Districts where a Midwife has been appointed, as to the manner in which the services of the Midwife are brought into action, and also to the fact that, in some Districts, evil results have ensued from the practice adopted.

With a view to the prevention of such evils, the Commissioners think it right to call the attention of the Committee of Management to the subject, and to point out that a Visiting Ticket issued in the usual form in a case of Midwifery casts on the Medical Officer receiving it a full and undivided responsibility, notwithstanding the fact that a Midwife is officially employed in the District. The services of the Midwife are not intended to relieve the Medical Officer from his responsibility under the Medical Charities' Act and the Commissioners' regulations, issued in pursuance of that Act; but they are placed at his disposal for the purpose of enabling him to relieve himself, where he can do so with safety, from the necessity of attendance in cases of Natural Labor in which no difficulty exists to demand a continued attendance on his part. The services of the Midwife are placed at the disposal of the Medical Officer, but the Midwife is not substituted for the Medical Officer, and he is entirely responsible as to the extent to which her services are to be relied on in each case.

* * * * *

By Order of the Commissioners,

B. BANKS,

CHIEF CLERK.

To

.....
Hon. Secretary.

.....
Dispensary District."

Birmingham Lying-in Charity.

INSTITUTED 1842.

BOARD OF EXAMINERS FOR THE CERTIFICATE OF MIDWIFERY.

This is to Certify

That _____ has been duly
examined, and is hereby declared to be
a fit and competent person to act as a
midwife.

Examiners.

Dated this _____ day of _____ 188_____

Confirmed by the Board of Management.

Chairman.

Secretary.

Dated this _____ day of _____ 188_____

This Certificate is printed upon thick paper, size 19 inches by 13½ inches wide.
What does the term, "to act as a midwife," in actual practice mean?

No.

London,

1893.

Here is a figure of Woman, with the words
"Juno Lucina."

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.*

President.	Hon.
Chairman.	Secretaries.
} Examiners.	} Examiners.

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 the Society's Council in the decision of all matters relating to my conduct as a midwife. I further agree that if I shall hereafter be convicted of any criminal offence, or be guilty of any such conduct which in the opinion of the Council renders me unfit or unworthy to hold a Diploma, the same may be forfeited by a resolution of the Council, in which case I will, on receiving notice of such resolution to be served either personally or by leaving the same at my 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 be removed from the Register of Midwives kept by the Society, and I promise thereafter to desist from the use of any designation or to the implying my possession of such Diploma.

HERE IS SEAL OF
SOCIETY.

.....
Signature of Diplomate.

N.B.—Size of Diploma, 21 inches by 14 inches.

Although the above rigmarole regarding the surrender of the Diploma, it is to be carefully noticed that if the Diploma is surrendered, the midwife is *not* disqualified from practising! She is only requested not to state that she possesses the Diploma of the Obstetrical Society! A fearful penalty! Further, although the Examiners state that she is competent to attend "natural labour," they refuse to tell her *not* to attend abnormal labours: or to prescribe; or to give certificates of the cause of death, or of still-birth.

Extract from the Report of the Branch Committee appointed on March 9th to the Lancashire and Cheshire Branch and which was adopted as the Report of the Lancashire and Cheshire Branch, on May 11th, 1894, at the Medical Institution, Hope Street, Liverpool:—

“ Therefore your Branch Committee asks the Branch to place at the disposal of the Committee a sum of money not exceeding £250, to be taken out of the Reserve Fund of this Branch (which on Dec. 31st, 1893, amounted to £546), so as to enable your Committee

- “ A. To defray the present and future expenses incurred by your Committee in opposing any proposed legislation for the Registration of Midwives; such money to be advanced by the Hon. Treasurer of this Branch, on the written request being made to him signed by the Chairman, Hon. Secretary, and four members of the Branch Committee.
- “ B. To diffuse knowledge on this proposed legislation among the profession, including our Branches, Medical Societies, and Corporations.
- “ C. To circulate information among Members of both Houses of Parliament, by Deputation, Petition, or otherwise, and other public Representative Bodies, such as County Councils, etc.
- “ D. And that this Branch, through your Committee, petition the General Medical Council, and the Medical Authorities under the Medical Acts, to make a Rule to the effect that any Medical Practitioner (unless such as now possess Statutory powers to confer registrable medical qualifications) who—after the making of such Rule—grants any Certificate, Diploma, or Authority to any person, which in any way professes to empower the holder of such Certificate, Diploma, or Authority to practise any branch or part of Midwifery, or of Medicine, or of Surgery, shall be held by the General Medical Council, or Medical Authorities under the Medical Acts, to be guilty of ‘infamous conduct in a professional respect,’ and that the name of any practitioner so offending, shall, on due proof being given to the satisfaction of the General Medical Council or Medical Authorities be removed from the Medical Register, and the Roll of the Medical Authority; and that such Petition be signed on behalf of this Branch by the President and Hon. Sec. of this Branch, and the Chairman and the Hon. Sec. of your Committee.
- “ E. That a Copy of your Committee’s Report be forwarded forthwith by the Hon. Sec. of this Branch to the Council and the Parliamentary Bills Committee of our Association, to each of our Home Branches, and to each Medical Society, asking each of the Branches and Societies to appoint a Committee, and to vote a sum of money so that each Committee may oppose any proposed legislation for the so-called Registration of Midwives.

Signed on behalf of your Committee,

WILLIAM HUGH HUGHES, *Chairman*,
 JAMES BRASSEY BRIERLEY, *Vice-Chairman*,
 COLIN CAMPBELL, *Hon. Sec. of Committee*.

VICTORIA HOTEL,

MANCHESTER,

April 6th, 1894.”

Petition against the Proposed Formation of an
Inferior Order of Midwifery Practitioners; or the
so-called "Registration of Midwives."†

THE PETITION OF*.....

*Here insert name of Medical Society; Branch; or the names of two or three of
those signing Petition.

TO THE PRESIDENT AND MEMBERS
OF THE
GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION
OF THE UNITED KINGDOM.

HUMBLY SHEWETH

1.—That certain medical practitioners (other than those now possessing statutory powers to grant qualifications in midwifery, medicine, or surgery), now deliver lectures, or conduct examinations in midwifery, or grant certificates or authority to women; which certificates lead the public to believe their holders are qualified to practise midwifery, and are a guarantee of efficiency.

2.—That the action of these practitioners in so granting certificates which profess to empower the holder to practise midwifery, or "to act as a midwife," brings grave discredit on, and enters into direct competition with, the Universities and Medical Corporations now empowered to grant medical qualifications; and provides a "back-door" entrance to the practice of midwifery for those who fail to study for the Regulation period of five years, and to pass the Regulation Medical Examinations. Some of these practitioners now grant "Certificates," or "Diplomas in Midwifery"; have formed "Schools of Midwifery"; constituted "Boards of Examiners"; and established "Preliminary Examinations," thus imitating as closely as possible the style, wording, and forms as used by the Medical Examining Bodies.

†This Petition was officially adopted by the Lancashire and Cheshire Branch, on May 11th, 1894.

3.—That these practitioners have set a degrading example to other practitioners,—an example which reflects grave discredit on the profession of medicine, and which may be followed by others, as several practitioners connected with the Obstetrical Society of London have personally obtained £1,230 by the sale of such Certificates, while practitioners connected with a lying-in hospital in Liverpool have personally obtained £1,322 during eleven years.

4.—That the promoters of “Registration of Midwives” are using a grossly misleading term, seeing that their aim is to establish by Act of Parliament, not only an inferior order of midwifery,—but also an inferior order of medical and surgical practitioners. In support of this fact, attention is called to clause 5 of the Midwives Registration Bill (No. 29, February, 1890), where it was proposed to enact that the “midwife” should have power to claim fees in court of law for any “midwifery operation,” “attendance,” or “advice”; while by the Midwives Registration Bill (No. 391, July, 1890), clause 6, no penalty was to be imposed if the “midwife” conducted labours other than natural; nor were clauses introduced making it an offence if this “midwife” treated or prescribed for any medical or surgical diseases occurring in the mother or infant, or gave certificates of the cause of death, or of still-birth.

5.—That if it be true—and your petitioners would traverse such assertion—that a portion of the public demand the formation and registration of *an inferior order of midwifery practitioners* and that such order must be formed because of a demand, it may be equally asserted there is a demand for the formation and registration of *an inferior order of medical, or of surgical practitioners*, such as unqualified assistants, prescribing chemists, bone-setters, and medical herbalists, seeing a small portion of the public employ such persons.

6.—That several practitioners in Glasgow and London are now granting certificates, wherein it is stated—as in the certificate granted by the “Zenana Medical College,” London—that the holder is qualified “to render professional aid in ordinary cases of disease”; and, as in the certificate granted by the “Medical Training Home for Lady Missionaries,” Glasgow, that—the holder has “successfully passed examinations” in medicine, surgery, and midwifery; and,—as in the certificate granted by a practitioner in London, that—the holder “is in every way qualified to practise massage, with or without the aid of electricity.”

7.—That if your Council Rules that these practitioners are right in granting certificates to *obstetric nurses* which profess to qualify such nurses to practise midwifery; it will be equally right for practitioners to

grant certificates to *medical*, or to *surgical nurses*, which profess to qualify such nurses to practise medicine or surgery.

8.—That as the Royal College of Physicians London ; the Royal College of Surgeons England ; and the Royal College of Physicians Ireland, have ceased to grant the single certificate in midwifery alone, the action of these practitioners who grant the certificates complained of, is “calculated to be injurious to the public interest” ; to bring about a retrograde movement ; and, by reverting to the effete and dangerous system of supplying the public with *partially* educated and *partially* qualified practitioners, to degrade the practice of midwifery, and to act as a danger to pregnant women, and to infants.

9.—That as the Royal Commissioners on the Medical Acts reported in 1882, as follows :—“there is no point of medical reform on which there is so general an agreement as that the holding of a license ought to imply the possession of a complete qualification for practice—that is to say, the attainment of a sufficient standard of proficiency in all the essential branches of medical practice—medicine, surgery, and midwifery” ; and as this Recommendation has been embodied in the Medical Act 1886, your petitioners hold that the action of the practitioners complained of tends to repeal the Educational Sections of the Medical Act 1886 ; and to degrade and demoralize the profession of medicine by placing it in contact with, and on a quasi equality with an inferior order of midwifery practitioners, and in direct competition with it.

10.—That if an Act were passed which would legally entitle so-called “midwives” to practise midwifery after each had been trained for a period varying from three to six months, and at a cost of from seven to twenty-six pounds, such legislation would be grossly unfair, and an injustice to those medical practitioners who now practise midwifery ; who have studied as students for at least five years ; and expended sums varying from £400 to £600 on their education, examinations, and registration.

11.—That if any portion of the public wish to obtain the services of *women* midwifery practitioners, such practitioners at present exist, as by the Medical Act (Qualification) 1876, women are now legally entitled to study medicine, and register in the Medical Register.

12.—That the statement made by those who favour the formation of an inferior order of midwifery practitioners, as to England being the only country in which “midwives” are not registered, is very misleading—seeing that this country is more in advance, and much better provided with medical practitioners, than are continental countries ; and that if their example were followed, a marked retrograde and dangerous step

would be taken in our progressive medical legislation.

13.—That the poorer portion of the public are already amply supplied with efficient medical practitioners by means of the Poor-law ; Voluntary Medical Charities ; Provident Dispensaries ; Friendly Societies ; similar associations ; and by medical practitioners who accept small confinement fees varying from ten shillings upwards, and paid in instalments.

14. That the number of medical practitioners is now more than sufficient to supply all pregnant women with efficient medical aid, seeing that by the Medical Register of 1893, there were 30,590 registered practitioners; that, as shown by the Fourth Report of the Statistical Committee of the Medical Council, while the rate of increase of the population from 1881 to 1886 was estimated at 1·4 per cent. of the population, the rate of increase of medical practitioners has been so high as 2·42 per cent. per annum; that according to the "Medical Directory" for 1894, there were 20,487 practitioners resident in England and Wales in 1893—or an increase of 3,557 from 1886 to 1893; that while the birth rate in 1883 was equal to 54·7 to each practitioner, it has fallen in 1893 to 44·4 births to each practitioner; and that, according to the Fifty-third Report of the Registrar General, the birth rate is decreasing—and consequently the number of confinements to each practitioner—the birth rate being 36·3 per 1,000 persons living in 1876; while it had fallen to 32·2 per 1,000 in 1891.

15. That there is not a sufficient number of maternity patients with which to train efficiently both medical students and pupil midwives in practical midwifery; that, if an inferior order of midwifery practitioners were established and empowered to attend even all "natural" labours, such would seriously interfere with the newly qualified medical practitioner in the perfecting of his knowledge of midwifery; while it would, by placing the training of medical students in practical midwifery in the hands of "midwives," act as a grave danger to the higher education of such students in this department.

16. That as no other profession—such as barristers, solicitors, chemists, veterinary surgeons, masters, officers, or engineers in the Royal Navy or Mercantile Service—has found it necessary to create an inferior order of barristers, solicitors, chemists, or veterinary surgeons, etc., there is no good reason why the medical profession should depart from this rule, more especially as the public have not asked that such an inferior order of midwifery practitioners should be established.

17. That the aim of your petitioners is, that the education of obstetric nurses should be improved, and that, if need be, such nurses should be registered in a register, and with nurses duties only; that no more midwives should be created; and that the present midwives should not be interfered with.

18. That many qualified practitioners hold that the conduct of the practitioners complained of—in taking upon themselves the duties of granting certificates in Midwifery, in Medicine, or in Surgery, reflects grave disgrace on the profession of medicine; that their conduct is antagonistic to the public policy of supplying the highest midwifery skill to all women in this country; that it is a public danger; and that their conduct is “infamous in a professional respect.”

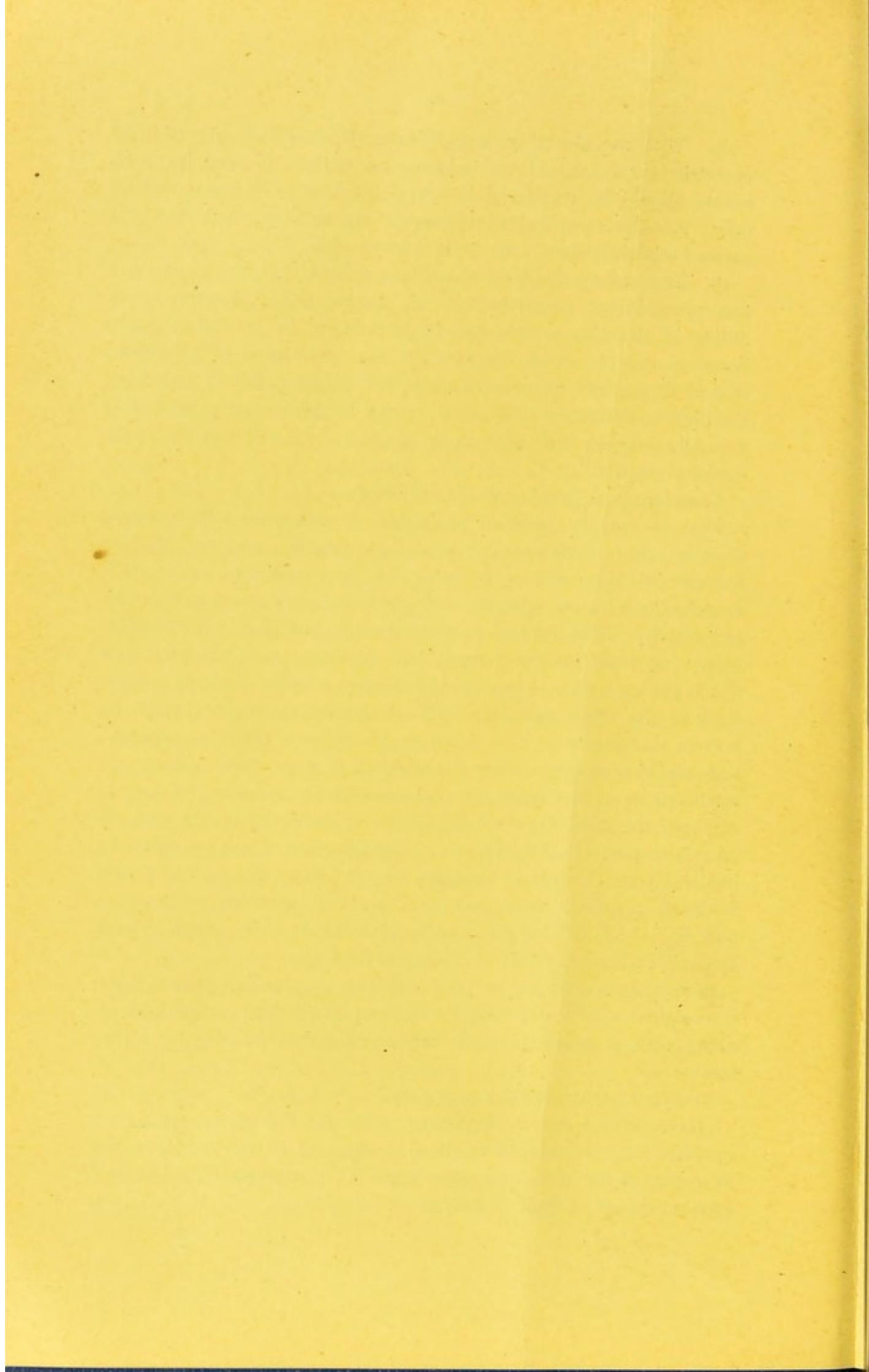
Therefore your petitioners Humbly Pray—

That as certain qualified practitioners connected with medical societies, lying-in hospitals, missionary colleges, etc. now deliver lectures in midwifery, or in medicine, or in surgery, or conduct examinations in one or more of these subjects, or grant certificates or authority which profess to empower the holder to practise midwifery, or medicine, or surgery, or massage and electricity, and which profess to be a guarantee of efficiency—your Council make a Rule to the effect that any medical practitioner (unless such as possess statutory powers to grant qualifications in medicine, surgery, and midwifery), who—after the making of such Rule—grants any certificate or authority to any person which in any way professes to empower the holder of such certificate or authority to practise any branch or part of midwifery, or of medicine, or of surgery, shall be held by your Council to be guilty of “infamous conduct in a professional respect,” and that the name of such practitioner so offending shall, on due proof being given to the satisfaction of your Council, be removed from the Medical Register.

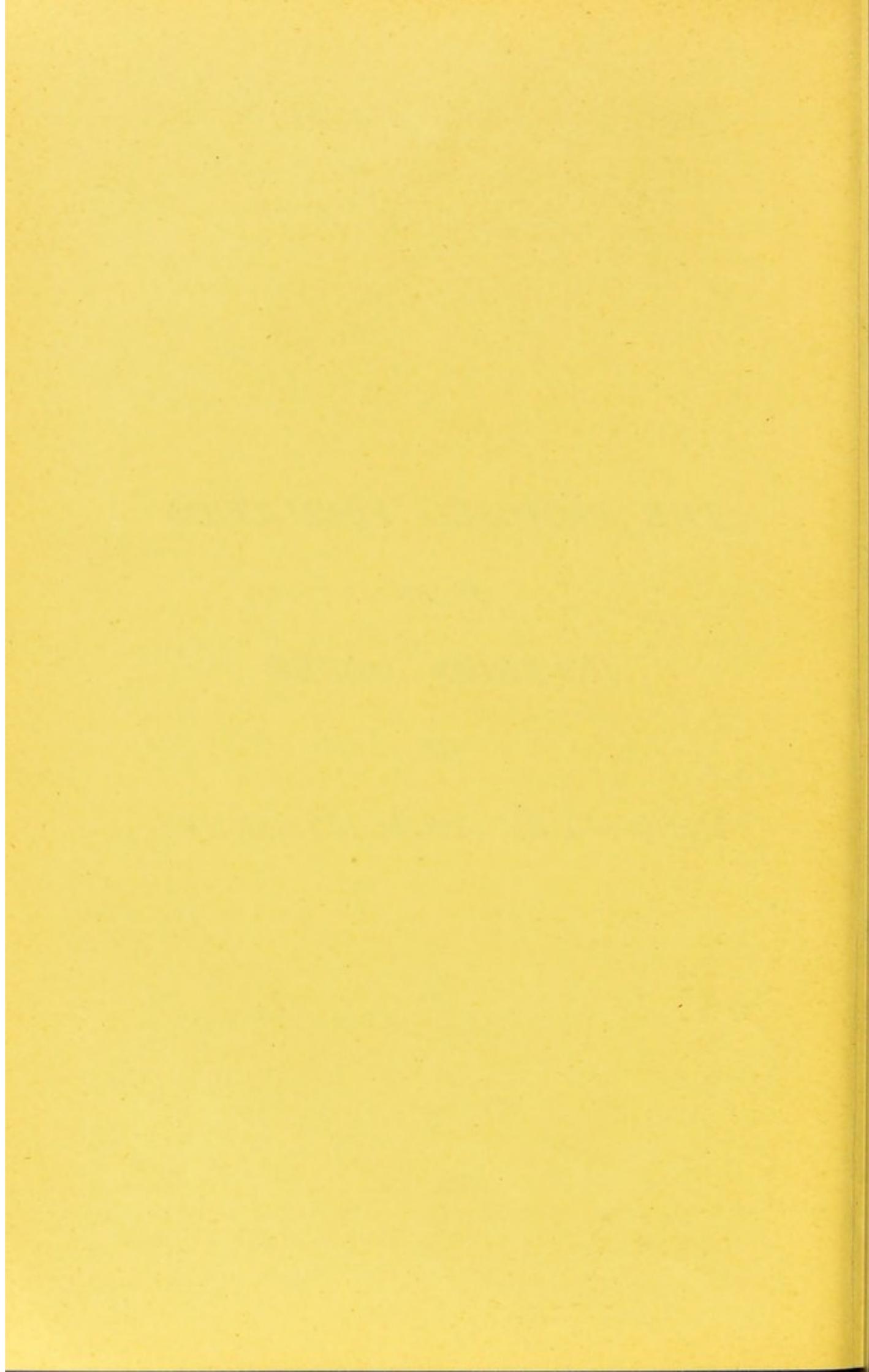
In support of this prayer your petitioners lay before your Council the original certificates granted by the practitioners complained of, along with a pamphlet, and other documents bearing upon this matter.

And your petitioners will ever pray.

[Here should follow signatures, with the full name, registered qualification, and address of those signing; or of the President and Secretary of the Society, in case these have been instructed to sign such on behalf of their Society.]



THE PROPOSED FORMATION
OF AN
INFERIOR ORDER
OF
MIDWIFERY PRACTITIONERS.



Proposed Inferior Order of Midwifery Practitioners.

MR. PRESIDENT AND GENTLEMEN,

As far back as 1813 an effort was made to introduce a Clause into the present Apothecaries Act (1815), providing for the Registration of Midwives, but this failed. (See Trans. of the Associated Apothecaries, 1823, vol. I.) In 1836, the Royal College Surgeons, Ireland, protested against the action of the medical staff of the Rotunda hospital in granting Diplomas in Midwifery, as they held that the by-laws of the hospital did not empower them to grant such. (See Sir C. Cameron's History of the R. C. S., Ireland). In 1875 a Government Return—"Laws and Regulations with Reference to Midwives Abroad"—was published; and in 1877, the Duke of Richmond's Medical Bill contained a clause which proposed to legislate for the Registration of Midwives. In 1882, Mr. E. Hart, Editor of *The British Medical Journal*, prepared a "Draft Bill of the British Medical Association for the Registration of Midwives in England and Wales." At the June Session of the General Medical Council, 1882, Mr. E. Hart and a few others attended as a deputation on the subject of this draft Bill. (See B. M. J. July 8th, 1882, p. 67). He then stated that in 1873 a deputation of the Parliamentary Bills Committee of the British Medical Association waited upon the President of the Local Government Board regarding his proposal. At the November Session of the General Medical Council, 1889, the subject was brought up.

The *first* Midwives Registration Bill was introduced on February, 1890, by Sir W. Foster, Dr. Farquaharson, and others; and on May 21st Mr. H. F. Pease moved that it be read a second time. Dr. Tanner and Messrs. Bradlaugh and Brunner opposed this. So anxious, however, were the promoters of this Bill to rush it through, *without any criticism*, or debate, that Mr. Dixon Hartland moved the closure; which the Speaker refused to apply. (See B. M. J. May 24th, 1890, p. 1226). For this and other reasons, every practitioner should be most cautious in not supporting any abstract and academic Resolution or Motion in support of this so-called registration of midwives. Wait *until the actual Draft Bill* of the Midwives Registration Association is produced and discussed; and let it be remembered that an important clause of this Bill may be amended, or rejected in the House,—owing to a snap division: or the application of the closure—and so the true meaning of the Bill completely altered. This Bill was allowed to be read a second time, but only upon the understanding that it be referred to a Select Committee, and it was so referred on July 7th, 1890. This first Committee sat upon three occasions only; did not take evidence; and then reported. The result was that a

second Midwives Bill was introduced on July 10th, 1890. This second Bill was referred to a Select Committee in March, 1892, before which Drs. L. Drage, H. Woods, G. Brown, myself and others gave evidence. Two reports of this Committee have been issued, one on June 17th, 1892, and the other in August, 1893. In February, 1891, we went as a Deputation to the Lord President (Lord Cranbrook) of the Privy Council, when he said that "he would at once say, on behalf of the Government, that after the powerful arguments which had been put before him on the part of the Medical Profession, they would not support the Bill." (See B. M. J. February 21st, 1891). During 1892 and 1893 we called the attention of the Medical Council to the action of Practitioners who were granting, and frequently selling Diplomas in Midwifery to women; the Council resolved that such diplomas "possess no legal value." Some of us opposed Registration of Midwives, because we thought it would lead to an increase in criminal abortion and infanticide, especially as no provision had been made in either Bill to prevent midwives from giving certificates of "Still-birth." Consequently I asked Dr. Sir C. Cameron, M.P., to move for a Parliamentary Return, showing the number of still-born children interred in the Burial Board Cemeteries in England and Wales during 1890. This Return was issued in July, 1891, and we have to thank the above Member of Parliament for it. Dr. Drage also asked Viscount Grimston, M.P., to move for a Return showing how still-births were registered in Foreign Countries. This Return was issued in July, 1893. Owing to our action the English Registrar-General issued a book of "Forms for Medical Certificates of Still-births." In 1893 we also gave evidence before the Select Committee on Death Registration, showing the necessity for making provision for the Registration of Still-born Children. These references show you that we have not been idle, and that our work has been constructive; whereas that of the supporters of Midwives Registration aims at being destructive. (Copies of the Midwives Bills, and any of the Returns referred to above can be obtained from Messrs. Eyre & Spottiswoode, East Harding Street, London, E.C., for a few pence each).

The first part of the Motion before you shows, we take *strong* objection to the term "Registration of Midwives"—as it is *grossly misleading*. At no time in this critical and anxious movement—a movement the most important since the Medical Act of 1886 was passed,—has the aim of the supporters of Midwives Registration been *so simple as that of merely registering midwives*. Ostensibly it has been so, but in reality their aim has been to establish by law *a new and independent order of midwifery*

practitioners. They further aim at creating a back-door entrance to the medical profession, because they must know that female medical students who fail to obtain a registerable medical qualification at a University, or College, will take out a Diploma in midwifery from some medical society, or lying-in hospital. I shall not ask you to accept this statement on my word alone, but will prove its veracity by calling your attention to words *deliberately used* by the supporters of Midwives Registration. Thus, it was proposed to enact by Clause 5 of the Midwives Registration Bill of February, 1890, that—"a person registered under this Act shall be entitled to *practise midwifery* in any part of England and Wales for gain, and after January 1st, 1891, a person shall not be entitled to recover any fee or charge in any Court *for the performance of any midwifery operation or for attendance, or advice*, unless she be registered under this Act, neither shall she be eligible for *any public appointment* as midwife without such registration." Notice she was to be legally qualified to "practise midwifery," to perform any midwifery operation, including forceps, turning caesarean section, etc.; to claim fees for "midwifery attendance," or "advice," and to hold public appointments. This means she was to be a midwifery practitioner. Not a small order under the simple cry of "registering midwives"! If these quotations do not prove to you that the promoters of this Bill deliberately tried to establish a distinct order of midwifery practitioners, I will put before you some of their written statements.

The "Midwives' Institute" was founded in London in 1891, and the following statement occurs in its prospectus:—"As some confusion exists in the public mind as to the difference between midwives and monthly nurses, it may be well to state, that a midwife is *qualified to attend all cases of natural labour*; that is, *she undertakes the cases herself without a doctor, and is in fact engaged instead of one.*" Surely if words mean anything these imply that this so-called "midwife" is meant to be engaged as a midwifery practitioner. This Institute collected £985 so as "to meet the expenses incident on carrying through Parliament a Bill for registering midwives." It also stated—by whose authority I cannot find out—"such a measure is considered by the British Medical Journal, to be the only remedy against existing evils."!

Again Mr. C. Burdett, editor of the "Hospital," states in his "Hospital Annual" (1891, p. 145) as follows:—"It behoves all midwives, just now, to be sure of obtaining a good certificate, for the day of registration is for them at hand. The midwife stands almost half way between the nurse and the doctor, she takes on herself a great responsibility, and she

requires most thorough and careful training in her duties. The nurse acts under the doctor's orders, *but the midwife is answerable to no one*, and has to use her own judgment and knowledge. *Every reason which was brought forward for the registration of medical men* applies also to midwives, for in her hands are the lives of hundreds of mothers and infants." This language shows the real aims of the promoters of "midwives registration." If reference be made to the evidence given by the late Dr. J. Aveling, before the Select Committee on Midwives Registration (June 1892) in answer to question 251, he said, "When a midwife officiates she fulfils both offices, *she does the act of the Doctor, and of the monthly nurse.*" And again, in answer to question 326 he said, "Nurses and midwives are two separate bodies, *the midwife acts by herself on her own responsibility*, the nurse is the hand-maid of the Physician and does what he tells her."

Again, in November 1893, a "Midwives Registration Association" was established in London, with Drs. Boxall and Humphreys as secretaries. I may here say that Dr. Boxall is one of the practitioners connected with the Obstetrical Society, London, who give Diplomas to pupil midwives; while Dr. Humphreys is lecturer to pupil midwives at the "Midwives' Institute." Its fourth rule runs as follows:—"That the following be the definition of a midwife:—A midwife is a woman who attends, or undertakes to attend, *a labour* without the direct supervision of a medical practitioner." Observe, they do not intend to confine her duties to "natural labours only." But why do they introduce the word "direct"? Can there be "indirect" supervision? * This Association further states in its prospectus that they do not ask for subscriptions as they "have been fortunate enough to procure a grant of money." From whom? †

I would next call attention to some of the Certificates which have been granted to midwives by some Medical Societies, and practitioners. Thus, in the Diploma form, issued by the Practitioners on the Staff of the British lying-in hospital, London, the holder is certified by the medical staff as being qualified for "practising midwifery." (see Fig. A). In the Diploma form, granted by the City of London lying-in, the holder is certified as having been "instructed in the art of midwifery." (see Fig. B). In the Diploma form, granted by St. Mary's hospital, Manchester, the holder is granted a "Diploma in midwifery." (see Fig. C). In the Diploma granted by the Manchester maternity hospital, the holder is certified to have attended lectures "on the Principles and Practice of Midwifery, including

*What would be thought if Drs. Boxall and Humphreys proposed to establish an inferior order of Surgeons or Physicians who should "attend" medical or surgical cases, "without the direct supervision of a medical practitioner"!!

†See also, in the B. M. J., Feb. 14th, 1891, p. 370, the legal quibble that a midwife could not give a *legal* certificate of stillbirth!

diseases of newly-born children, and the elements of Physiology, and of the Hygiene of the sick room," and that she is "competent to attend natural labour." But they say nothing as to her *not* conducting "abnormal" labours! (see Fig. D). In the Appendix will also be found copies of the Diplomas, or Certificates granted by the Rotunda and Coombe lying-in hospitals, and by the Liverpool lying-in hospital. You will notice that in the Diploma granted by the Rotunda, the holder is stated to be "duly qualified to practise as a lady's nurse-tender or midwife." (see Fig. E.) The practitioners connected with the Coombe, certify the holder to be competent "to act as a midwife and lady's nurse-tender" (see Fig. F). The Certificate granted by the practitioners at the Liverpool lying-in, certifies that the holder is "a fit and proper person for undertaking the discharge of the duties of midwife." (see Fig. G). I think it would be much better if there were no quibbling with words in these Diploma forms. The difficulty is not escaped by stating that the holder is qualified to act "as a midwife." Either the holder is, or is not qualified by these practitioners to attend *all* labours, or even all "natural labours." If she is, then she is *an independent* midwifery, or obstetric practitioner. In the Diploma form granted by the lying-in hospital, Belfast, the holder is certified as having "pursued the practice of midwifery," and it is "declared that she is qualified to practise the obstetric Art." (see Fig. H). As regards the Diploma form granted by the R. C. Physicians, Ireland, each candidate signs the following Declaration:—"I hereby promise that I will not attempt to perform any of the operations in midwifery, *unless* it is impossible to obtain the attendance of a Registered Medical Practitioner." This little word, "unless," takes away the whole value of this Declaration, because the "midwife" could easily plead that had she waited until a Medical Practitioner arrived, both mother and child would have died. I am sorry I cannot produce more of these Diplomas, I have asked for them, but practitioners have refused to send such to me. No doubt they have their reasons for so refusing. You will notice that in none of these Diploma forms is the "midwife" forbidden to give medical advice or medicines either to the mother or infant. They give her in fact the *widest possible liberty* to practise whatever she wishes. You will also notice that these Diploma forms are drawn up so as to resemble those granted by Universities and Colleges to Medical Practitioners, only a "little more so." I reproduce the Diploma form granted to me by the R.C.P. Edb.

Its size and wording, when compared with midwives' Diplomas, will be readily appreciated. (see Fig. I).

I shall next refer to the "Report of the Executive Committee of the Women's Liberal Federation on the Midwives Bill," as prepared by the wife of Mr. C. McLaren, M.P., where it is stated on page 7 as follows:—
 "The present Bill is an effort to restore the office of midwife to its ancient dignity and skill, and will *tend to renew* public confidence in the ministrations of women one to another in cases of childbirth." I quote this, not to call your attention to the "ancient dignity and skill" of midwives, of which perhaps the less said the better, but to show you the means which are being used to force legislation on this retrograde proposal. Writing upon the "ancient dignity and skill of midwives," Dr. Aveling, in his work "English Midwives," (p. 41) quotes a practitioner who states that the duties of the midwife used to be, 1st, to make and to join husband and wife, and to pass judgment as to whether they were "fit and capable;" 2nd,—to be present at confinements; and 3rd,—to diagnose pregnancy and virginity. In a note, he states that in times past, before a woman came to the marriage bed, she was first "searched" by the midwife. I cannot take it upon me to say which of these duties the Women's Liberal Federation consider as belonging to the "ancient dignity and skill" of midwives. Perhaps some of the supporters of Midwives Registration will explain; but I think some of the above duties are now happily confined to horse breeders.

The above statements show that *the ultimate aims* of the supporters of "Midwives Registration" are not so very simple as that of merely registering midwives. In the second Midwives Bill, *an apparent* effort was made by its supporters to meet our objections; for by clause 6, it was proposed to enact that this registered midwife was to be qualified to attend "natural labours only." But although this was so, the promoters of this bill took the greatest care not to make it an offence if their midwife *conducted labours other than natural*; or if she used forceps, turned, performed any midwifery operations; treated medical or surgical diseases of the mother or infant; vaccinated; gave certificates of the cause of death, or of still-birth; or dispensed and supplied medicines to patients. Therefore what was the use of their pretending to confine her duties to natural labours only, when they *refused to make it illegal if she exceeded these duties*? This duplicity will be readily seen through if you ask yourselves—What would be the use of Sec. 40 of the Medical Act, 1858 (which makes it illegal for a person to wrongfully take certain medical titles), if a penalty of up to £20 for so doing had not been

provided? Or again, what would be the use of Sec. 20 of the Apothecaries' Act, 1815 (which makes it illegal for certain persons to wrongfully practise medicine), had not a penalty of £20 been provided for each such offence?

To show you further that the promoters of these Midwives Bills did not intend that those midwives should be punished who exceeded the duties mentioned in the second Bill, I call your attention to clause 16 (2) of the second Midwives Registration Bill, where it was actually proposed to enact that "no private person" could, under the Act, institute proceedings against a midwife, *unless they obtained the consent of the Attorney General*, or a County Council; but that legal proceedings could be instituted by a County Council, Municipal Borough, or Board of Guardians! This clause practically reads—No registered midwife shall be prosecuted for any offence under this Act! It is the same as stating that if any "private person" is injured by another person, such private person shall not be able to prosecute the person causing the injury, unless with the consent of the Attorney General of England! I ask you—How could a working man who held that his wife had been injured by a midwife, pay the fees necessary for preparing and stating a case to the Attorney General, so as to gain his "consent" to a prosecution? And if a prosecution could be instituted only by a County Council or Board of Guardians, is it likely these Boards would have acted? They would not, because the midwife, were she cast in damages, would plead "no goods." You are aware that "any person" can institute proceedings under the Medical Acts; and although Sec. 4 of the Dentists Act, 1878, provided that a prosecution should not be instituted by a "private person," except with the consent of the Medical Council, this obnoxious enactment was repealed by Sec. 26 of the Medical Act, 1886. It was felt that the Medical Council might, by refusing to approve of the prosecution of a dentist, be trying to protect him. Yet the promoters of "Midwives Registration" were so anxious to protect their "midwives," that they actually tried to make the above retrograde proposal legal.

Another effort which made us dubious, as to the true designs of the promoters of these Bills was, that although Mr. J. R. Kelly, late M.P. for Camberwell, London, moved in Committee, a new clause, proposing that each midwife should make a return every six months to the Medical Officer of Health for her district, showing the number of births, stillbirths, maternal and infantile deaths attended by her, the Committee absolutely refused, by five votes to one, to adopt this useful proviso. (See

Parliamentary Report, July 18, 1890). You may be surprised to hear that Sir W. Foster, and Dr. Farquaharson, M.P.s, voted against Mr. Kelly's proposal. Sir W. Foster made partial amends for this vote, by refusing to put his name down as one of the introducers of the second Midwives Bill.

I would ask you—supposing this second Midwives Bill had passed, making it legal for midwives to attend “natural labours only”—what would it have meant? It would have meant that they were legally qualified to attend *at least 990 out of every 1000 confinements*. It would have meant still more, because I have asked over 100 leading practitioners for a definition of the term “natural labour,” and not one of their definitions agree with the other. Therefore, what would be the use of bringing these practitioners into Court to give evidence as to what constitutes a “natural labour”? Who, but those present can *truly* swear as to a confinement having been natural as to the labour; the mother; and the infant? Besides this, are any of you so simple-minded as to think that a jury would convict, (or would you convict) a midwife, because, when trying to save a mother's, or an infant's life, she used forceps, or turned; and *more especially if her treatment had been followed by recovery?* No jury would convict in such a case, and rightly too. The “Midwives Registration Association” agree, that the duties of so-called midwives *cannot be confined to conducting natural labours only*, as shown by the reference already made to their Rule No. 4. I have asked the Secretaries of the “Midwives Registration Association” if they will introduce a clause into their forthcoming Midwives Bill, making it *illegal*, and punishable with a fine, or imprisonment, if their midwives vaccinate? They vaguely reply that limits to their practice will be clearly laid down. I take their statement with all due reserve. I have further asked them if they will agree to have any Midwives Bill withdrawn if it does not contain clauses, making it illegal and punishable with a fine, or imprisonment, if their midwives use forceps, turn, perform any midwifery operations; give medical or surgical advice, or treatment to the mother, or infant; give certificates of the cause of death, or of still-birth; employ unqualified persons to act as their assistants; or act as assistants to medical practitioners. If they do not agree to do so, then you can see the Midwives Registration Association *mean to establish not only an independent order of midwifery, but also of medical practitioners.* *

Those who are acquainted with that part of our medical history which relates to the time when so many separate sections in medicine existed—such as Physicians, Surgeons, Apothecaries, Barber-Surgeons, and Mid-

* In the *Asclepiad* of May, 1894, p. 371, Sir B. W. Richardson actually proposes that Chemists should be legally qualified to prescribe for the sick. A most dangerous and degrading proposal.

wives—can see that the bitter internal and Collegiate jealousies which were then so prominent, tended strongly to retard the progress of medicine and to divide our profession into so many petty divisions, all quarrelling for ascendancy, instead of combining for the general good. Thus, in 1703, the physicians in the case of *Rose v. the Physicians*, tried to make it illegal when an apothecary prescribed for a patient ; but on appeal to the House of Lords, the physicians were defeated. In 1632 the physicians obtained an Order in Council to the effect that no Surgeon was to perform certain major operations *except in the presence of a physician* of one or more of the College—an order which was annulled in 1635. In 1684, the physicians prosecuted certain surgeons for giving *internal* medicines to patients. It was then held that surgeons should obtain the signature of a physician to all their prescriptions—a fashion evidently meant to glorify the physician at the expense of the surgeon—a contemptible and humiliating custom, to which Abernethy objected, and finally extinguished. At about this time physicians refused to meet surgeons in consultation.

I fear that if we again try to split up medicine into sections, we shall call back all those deplorable jealousies which existed before the time when the three branches of medicine were united into one in 1886. For, will the Medical Practitioner who has any respect for himself and his calling, agree to meet in open consultation, and upon terms of equality, with this proposed registered “midwife?” Will he and she sign the prescriptions together, and will he agree to consult with her, not only in midwifery, but also in medical and surgical cases, on terms of equality, although she is neither educated nor qualified in medicine or in surgery? There can be no doubt but, that if you allow an Act of Parliament to pass which would give this “midwife” legal power to practise midwifery, this would also practically empower her to practise medicine and surgery also—to be in fact a medical and surgical practitioner. This so called “midwife” would treat diseases of the mother and infant after child-birth ; prescribe and dispense medicines for their use ; notify infectious diseases ; give certificates of death, and of still-birth, and vaccinate. Let us recollect that in this country *any person whomsoever* can give advice to, and treat any sick person, and that no Bill is likely to be passed in Parliament which will make it illegal for this “midwife” to practise medicine or surgery. Parliament might enact that such “midwife” could not claim fees in Court of Law for any treatment given by her to a medical, or a surgical case. But what proportion of our fees from patients do we collect through a County Court? Not one fiftieth

part. You will therefore see that if this midwife is, by Act of Parliament, qualified to "act as a midwife," she is at once legally recognised *as a midwifery practitioner*; and next—as it will not be made an offence for her to perform any other of the duties of a physician or surgeon—she will also become, if not *de jure*, *de facto a medical practitioner*. Far better then for us to continue honourably to develop the true spirit of the Educational Sections of the Medical Act, 1886, which enacts that if any person wishes to legally practise any part of medicine—say midwifery—such person must study medicine for at least five years; pass certain examinations; and register their certificate or diploma in the Medical Register. Again, supposing this "midwife" were legally qualified to practise midwifery only, where will the funds come from in order that prosecutions against such as exceed their duties may take place. The complaint of the Medical Council is that its funds are not now sufficient to allow it to thoroughly administer the Medical Acts.

The income of the Medical Council for the year ending December 31st, 1892, amounted to £13,561: the fees to Members of the Council being about £2,359, in that year; a large sum being required for ordinary working expenses. Now where are we to obtain about £15,000 a year, so as to thoroughly administer a Midwives Registration Act,—an act which would produce a much more expensive administration than that of our Medical Acts? Clause 8 of the first Midwives Bill proposed to fix the examination and registration fee at not more than forty shillings,—of which twenty shillings were to go as an examination fee; ten shillings to the Registrar; and the remainder to defray the cost of printing the Register, &c. What was to remain so that the Act might be properly administered? It is little wonder the Medical Council has stated that it will have nothing whatever to do with administering a Midwives Act. Clause 7 of the second Midwives Bill proposed that the registration fee was not to exceed five shillings! All these points go to show that it would be much better to have no Midwives Act whatever, than to possess an act on paper which could not be administered because it did not provide the necessary funds. Such an act would be the means of creating a very dangerous state of affairs.

When the late Mr. Marshall, then President of the Medical Council, addressed (November, 1890) the Council upon this question of registration of midwives, he said,—I think in a prophetic manner:—"Benefits of this kind

have a tendency to spread, or overflow into other channels than those at first contemplated." (See Minutes General Medical Council, November, 1890). We should remember how, at first, the old Apothecary dispensed medicines only. Next, by the Apothecaries Act, 1815, he was qualified to practise medicine and to dispense ; while by the Medical Act, 1886, he is now legally entitled to practise medicine, surgery, and midwifery. No doubt the originator of the Apothecary never dreamt that he would *eventually* develop into a fully-qualified medical practitioner. *This progressive legislation, from the less to the greater, would repeat itself in the case of the proposed new midwifery practitioner.* Let us remember that the supporters of Midwives Registration are always pointing out that England is the only country in which midwives are not registered. To me it seems lamentable that they ask us to look to continental countries. Can they not, or will they refuse to see, that England is, in this matter, *far ahead of other countries*, and that their proposal is distinctly retrograde and dangerous! I hope I do not exaggerate when I say, that in England the time for the midwife to give place to the qualified medical practitioner has arrived ; just as the barber-surgeon has given place to the surgeon. The presence of the midwife is *as uncalled for* to-day as is that of the barber-surgeon, bone-setter, or herbalist. We are told that a portion of the public employ midwives, and that therefore they must be registered. But a portion of the public also employ electric belt promoters, abortionists, bone-setters, and such like. Must we also register these, because some persons employ them? It is to be remembered that in England, very few midwives would be employed, were it not for the fact, that a number of lying-in charities, and semi-charitable societies, supply midwives to the public free of expense. Even abroad they are being employed less frequently. In 1875, Her Majesty's representative in France reported as follows : "At the present time, medical men attend many more deliveries than formerly, and are *gradually taking the place of Midwives.*" Abroad, midwives were created at a time when medical practitioners were not numerous, and they are there given duties which should not belong to them. Thus in France, midwives are legally qualified to vaccinate. In the Netherlands, they can use forceps in cases of emergency. (Is not almost every confinement one of "emergency"?) In Austria they may turn, if the assistance of a medical practitioner cannot be had. In Prussia they can cup, bleed, give internal medicines, and turn. In Belgium they can vaccinate, and turn ; while lately it has been urged that they be given power to use forceps. In Russia they are taught diseases of the skin, and of the nose, and the use of the laryngoscope. In

Norway and Sweden, they are actually permitted to perform craniotomy, and use forceps.* (See Parliamentary Report, Midwives Abroad) Do the promoters of Midwives Registration propose to make it *illegal* if their midwives do any of the above acts, or are these acts to be included in the "ancient dignity and skill" programme already alluded to? We do not object to improving *the education of obstetric nurses*, but we certainly do object to the formation of a new order of midwifery practitioners, under the misleading title of "midwife." The above quotations show that their aim is to create such an order of obstetric practitioners.

In the motion before you we ask you to hold, that if an Act be passed providing for the Licensing of a New Order of Midwifery Practitioners, it will REPEAL THE EDUCATIONAL SECTIONS OF THE MEDICAL ACT, 1886. This is one of our most important objections, and one which will carry most weight with educational authorities and Members of Parliament. You are aware that our system of medical education has been undergoing a *gradual evolution*. It may, for purposes of reference, be divided into three stages.

In the FIRST STAGE, the Colleges of Physicians and Surgeons granted licenses in Medicine only, or in Surgery only; no licenses being granted in midwifery, as midwifery was then thought to be beneath their dignity. The following by-law of the Royal College Physicians, London, shows what this College *then* thought of those who practised midwifery. It is as follows:—"That no one be admitted to the order or rank of Fellow who shall for gain have employed in the treatment of disease any secret remedy whatsoever (commonly called a nostrum), or who should have gained a livelihood by the art . . . of a midwife." This by-law was made in 1811, Chap. x of the rules, and was repealed on March 31st, 1835. I have to thank Dr. Liveing, the Registrar, for it.

As regards the Royal College Surgeons, England, by Sec. 10 of their Charter (7th Vict., Sept. 14th, 1843), it was enacted as follows:—"That . . . no member of the . . . College, who shall not also be a Fellow of the same, shall be eligible as a member of the Council of the . . . College, nor . . . shall any Fellow be so eligible whilst practising midwifery . . . or who shall have practised midwifery at any time during five years preceding the day of election . . . and if any member of the Council shall at any time after his election practise midwifery . . . he shall be liable to be removed from the Council."

As regards the Royal College Physicians, Edinburgh, under date of May 17th, 1765, this College declared—that no person should be admitted to be one of its Fellows "whose common business it is to

*In one year alone, these so called "midwives" used forceps in at least 382 cases, and actually performed craniotomy 18 times!

practise . . . midwifery" . . . and that if any Fellow practise any of these "lower acts," he shall be "degraded," and his name shall be struck off the Roll. On February 7th, 1765, this law was extended to their Licentiates, and both were rescinded on May 6th, 1788. (See Historical Sketch of Laws of Royal College Physicians, Edinburgh, page 89.)

As regards the Royal College Physicians, Ireland, Sir C. Cameron, in his work "History of the College of Surgeons," states that the Royal College Physicians, Ireland, refused to examine for their license one Fielding-Ould, man-midwife, because the practice of midwifery was derogatory to the dignity of the profession of medicine. In 1733, the College ordered—that no one practising midwifery should be granted their license. Sir Charles adds :—"It seems strange that so late as the fourth decade of the present century, eminent physicians should be so unenlightened as to regard midwifery practice as one which, to a certain extent, degraded a medical practitioner."

In the SECOND STAGE, the Colleges recognized their error, and then began to grant a separate license in midwifery. The following extract is from the Roll of the Royal College Physicians, London :—"In 1783, the College, for the first time in its history, took cognizance of practitioners in midwifery, and instituted a *distinct order* of licentiates in that department. But the plan of special licenses, and the restrictions they, in practice, involved, were found inconvenient, and they ceased to be granted in 1800."

As regards the Royal College Surgeons, England, it was enacted by Sec. 16 of their Charter (15th Vict., 18th March, 1852), as follows :—"And it is our future will and pleasure that a Board of Examiners be appointed by the said College for the purpose of testing the fitness of persons to practise midwifery, and of granting certificates of such fitness, and that such Board consist of not less than three persons, and We do hereby authorize and require the Council of the said College, within twelve months from the date of these Letters Patent, to appoint not less than three persons to be such examiners in midwifery . . . who shall conduct the examinations . . . and grant certificates in such form as the Council shall determine."

This College granted such certificates from 1858 to 1875, and then ceased to do so, as provided by Sec. 7 of their Charter (52 Vict., 20th July, 1888.) I have to thank E. Trimmer, Esq., Sec. of the R.C.S., Eng., for this information.

As regards the Royal College Physicians, Ireland, Sec. 30 of their Charter of William and Mary (December 15th, 1691), empowered this

College to grant a license in midwifery. Dr. J. W. Moore informs me that the first such was granted in 1796.

The Company of Barbers and Surgeons, London, on January 31st, 1610, granted a license in midwifery. The following is taken from South's "Craft of Surgery," p. 196 :—"This daie, James Blackborne was examined touchinge his skill in the generatyve parts of women, and bringine of women to bedd in their dangerous and difficult labors ; And he, the said Blackborne was found fitt and allowed to practise (in this chirurgicall parte of surgery touching the generatyve parts of women, and bringing them to bedd in their dangerous and difficult labours.) By Letters under the Seale of this House, beinge the date above wrytten. And was at this Court sworne, and admitted a fforayne brother, and in consideration thereof he paid to the presente masters at this Court X."—

You will notice, this license to practise midwifery, was granted to those who had *neither a medical nor a surgical qualification*, and according to Schedule A of the Medical Act, 1858, the midwifery license, granted by the Royal College of Surgeons, England, was registerable in our Medical Register. During this second stage it was found that evil results to the public arose, owing to what is known as *the single qualification*. The Colleges were found to be turning out *partially educated practitioners*, some qualified in medicine *only*, some in surgery *only*, and some in midwifery *only*. The opposition to this dangerous system of partially educated practitioners, asserted itself so strongly, that, when the Royal Commissioners on the Medical Acts reported in 1882, they did so in the following grave words, "Another prominent defect of the licensing system, lies in the fact that nearly all the medical corporations grant diplomas in medicine alone, or in surgery alone. There is no point of medical reform on which there is so general an agreement as that the holding of a license *ought to imply the possession of a complete qualification* for practice ; that is to say, the attainment of a sufficient standard of proficiency *in all the three essential branches of medical practice* — medicine, surgery, and midwifery."

The supporters of Midwives Registration, who propose to revert to the *dangerous* plan of granting a diploma in midwifery alone, laugh at this historical report, and say that it is mere rubbish. The Royal Commissioners further reported as follows :—"It is our opinion the holding of a license ought to be conclusive evidence of sufficient proficiency in medicine, surgery, *and midwifery*." This brings us to the THIRD STAGE of medical education. These recommendations of the

Commissioners are now embodied in Sec. 3 (2) of the Medical Act 1886, which enacts as follows :—"The standard of proficiency required from candidates at the said qualifying examinations, shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of *medicine, surgery, and midwifery, and it shall be the duty of the General Council to secure the maintenance of such standard.*" The result of this enactment is, that at present all the Colleges have *ceased* to grant their license in midwifery only, to any persons, *unless such are also licensed in medicine and surgery.* Consequently we have now arrived at this stage, that if any person wish to legally practise any branch of medicine—say midwifery—he must study medicine for five years, and pass certain qualifying examinations. So anxious were our legislators *to compel* every practitioner to be *fully* educated in, and legally licensed to practise medicine, surgery, and midwifery, that they enacted by Sec. 24 of the Medical Act 1886, as follows :—"This Act shall not increase or diminish the privileges in respect of his practice of any person, who on the day preceding the appointed day is a registered medical practitioner, and such person shall be entitled on and after the said appointed day to practise in pursuance of the qualification possessed by him before the said appointed day, in medicine or surgery, according as he was entitled to practise the same before the said appointed day, *but not further or otherwise.*"

When in 1877 the Royal College of Surgeons, England, reported to the General Medical Council regarding "women candidates for licenses in midwifery," they did so in the following important manner :—"As regards any revival of the old system, whether it were for male or for female candidates, the President and Vice-President would report to the council that in their opinion the objections to such a course *are insuperable.* Not referring exclusively to the difficulty in which the College has been placed by the retirement of the examining physicians of its board, but looking also to its public interest in the matter, the president and vice-president would remind the council that the registerability of midwifery licenses, *independently of qualifications to practise medicine and surgery,* has been brought under the notice of Her Majesty's Government, by the General Medical Council as "*a serious error in the Medical Act . . . calculated to be injurious to the public interest,*" and an error which "*should be corrected by legislation.*" (see B. M. J. May 19th, 1877, p. 618.)

The supporters of Midwives Registration say, it is foolish to ask the student to study medicine for five years. They propose to grant a license to their "pupil midwife" *after she has received only a few months*

training, and at a very small expense. You will clearly see their meaning when the following case is put before you :—A Medical Practitioner has a son and a daughter, both of whom he wishes to make *Midwifery Practitioners*. He finds that if he wishes *his son* to be legally qualified to practise midwifery, he has to pay for his general education ; support him at college for five years ; and pay for his License and registration ; in all a sum not far short of £400 or £600. But if he wishes *his daughter* to be legally qualified to practise midwifery, he would—if you allow a Midwives Bill to pass—be called upon to pay for only a few months training at some lying-in hospital, a sum of about £25. Thus at Queen Charlotte's lying-in, the pupil midwife is required to train for 13 weeks only, and to pay £26 5s. *od.* At the City of London lying-in, 13 weeks, and pay £21 ; at the General lying-in, London, 13 weeks, and pay £26 5s. ; at the Birmingham lying-in, 6 months ; at the Glasgow maternity, 13 weeks, and pay £5 5s. and 8/- for board ; at the Edinburgh maternity, 13 weeks, and pay £11 10s. ; at the Rotunda lying-in, 6 months, and pay £20 ; and at the Liverpool lying-in, 12 weeks, and pay £7 7s.

This is the quality of fairness shown by the supporters of Midwives Registration. Their suggestion is as degrading to the Medical Profession as it is dangerous to the public. Observe, also, that they have all along refused to *admit men* to the Midwives Register. They should not object, because, by the Medical Qualification Act (1879), women are admitted to our Medical Register ; and if women are admitted to our Medical Register, so as to entitle them to practise midwifery, why do they refuse to allow men to enter upon a Midwives Register, so that men may practise midwifery ? Their one-sided proposal is as illogical as it is absurd. The supporters of Midwives Registration wish to make it a law, that the person whom they name "midwife" shall legally practise midwifery, without her having obtained *either a medical or a surgical qualification*. Therefore, we argue, that if you allow a New Order of Midwifery Practitioners—practising on a midwifery qualification *alone*—to be established, you will repeal the Educational Sections of the Medical Act, because you would revert to the effete and dangerous system of granting *a single qualification*, and supplying a *partially educated* practitioner to the public. Therefore, their argument comes to this—that we must either revert to the effete system of granting a *single qualification*, or continue to support the higher and better system of supplying the public with *fully qualified* practitioners. It depends entirely upon your action which course shall be followed. If you give

your support to "Midwives Registration," you will bring back that state when the public safety was endangered by the presence of the *partially educated* practitioner.

It has been stated that these proposed midwifery practitioners will not be placed upon the Medical Register. We never suggested they would. But we hold that, although they would not be placed upon the Medical Register, they would in fact practise, *not only as midwifery, but as Medical Practitioners*. If you look back upon our Medical History, my contention will appear plainer. The old Apothecary of 1815 was legally entitled to practise medicine *only*. Yet he also practised both surgery and midwifery as well, and took fees for so doing, and no one interfered with him. This so-called "midwife" would act in a similar manner, although legally entitled to practise *only* midwifery. Again, those who have a license in surgery *only*, are entitled legally to practise surgery only, and to claim fees for so doing; yet you all know that such surgeons practise medicine and midwifery also, and no one interferes with them for so doing, although they could not sustain their claim for fees in Court of Law for medical treatment. (See Sec. 31 of the Medical Act, 1858, and Secs. 6, 24 and 28 of Medical Act, 1886). The above arguments applied to those who have only a Physician's License holds good. I do not see how it could be made *illegal* if this so-called "Midwife" practised either medicine or surgery. It would be as impossible as to try and prevent her from using forceps or turning. You will recollect that by clause 5 of the first Midwives Bill, it was proposed that this midwife was to be legally qualified to recover any fee or charge, in any Court, for "*any midwifery attendance or advice*." What would be the legal definition of these terms—"midwifery attendance" and "advice"? Where does attendance upon *midwifery* symptoms cease, and *medical* symptoms begin? Do you suppose it will be made illegal if this "midwife" treat a case of puerperal fever, stitch a ruptured perineum, or administer medicines for some puerperal disease? Because all these conditions would surely come under the term "midwifery attendance." And, if this "midwife" is to be entitled to give a certificate of the cause of death, how will *mala praxis* be detected? The promoters of Registration of Midwives may try to hoodwink you by saying, this proposed midwifery practitioner will not *practise midwifery*, but will only "act as a midwife." You must take no notice of these misleading statements, but confine your attention *to the act done*. It does not matter what they call her, so long as they allow her to act *as a midwifery practitioner*. We do not base our contention on the question of titles or names.

There should not be two ways of practising midwifery—one by the medical practitioner, and the other by the midwife. There should be but one standard of practice and education in midwifery.

The following quotation shows that the aim of these practitioners is to revert to the system of the *partially* educated practitioner. The Secretary of the Clapham maternity hospital, London, wrote to me in reply as follows:—"The Clapham maternity prepares for these public examinations (the Obstetrical Society, London, or the Examination held by the Royal College Physicians, Ireland), but grants no Certificate or Diploma of any sort to pupil midwives, our Hospital and School-of-Teaching stands in the same relation to the Obstetrical Society, and its Examining Body as do all the Medical Schools, to the Examining and Licensing Medical Bodies."

From the foregoing you will see it is most unfortunate that, when the Royal Colleges ceased to grant *the single license* in midwifery, certain practitioners connected with Medical Societies, and lying-in hospitals, took it upon themselves to grant a single Diploma in midwifery to midwives. Had they confined themselves to their proper duties, or had they even improved the training of Medical Students in practical midwifery, we should not be called upon to oppose their very dubious actions and dangerous proposals. Take the case of the Obstetrical Society, London. Certain practitioners on the Council of that Society took it upon themselves, without any person asking them to do so, and without consulting the profession, to sell Diplomas to midwives. By so doing, they have placed themselves in this false position, that they have been selling and accepting money for Diplomas, which, to quote the opinion given by the Medical Council "*possess no legal value.*" Hence their wild efforts to obtain legislation *which will relieve them of their present illegal transactions.* In the British Medical Journal of February 4th, 1882, page 169, the following "inspired" paragraph appeared:—"The Obstetrical Society instituted the Examination provisionally until the passing through Parliament of a Bill for the Supervision and Registration of Midwives." This is a key to their entire proposals for legislation. This Council of the Obstetrical Society has, up to 1891, sold £1,230 16s. worth of Diplomas, almost all the money going to four practitioners on its Council. Recollect, that these practitioners have no more right to sell Diplomas than have any other of the Medical, Surgical, or Obstetrical Societies scattered through the United Kingdom.

It is but to be expected, that in these times of severe medi-

cal competition, other medical practitioners have extended this financial speculation of the Obstetrical Society. In Liverpool, from the year 1883 to 1893, three practitioners on the staff of a lying-in hospital have sold £1,322 worth of Diplomas to midwives. (Sufficient it is said to cover yearly the keep of a horse and brougham).* The same questionable transactions are going on in Manchester and other towns. When I tell you that every practitioner in this room has as good a right to sell Diplomas to any woman as has the Obstetrical, or other Society or lying-in hospital, you can easily understand why these Diploma-mongers, and bogus Diploma mills are so terribly anxious *to make legal their present illegality*, by having a midwives Bill passed. I cannot understand why the Medical Council has not yet ruled it to be "infamous conduct in a professional respect," if these practitioners go on scattering these diplomas broadcast. In the Medical Bill which was introduced by Mr. Hawes in 1841, it was proposed to enact by c. 40 as follows:—"and be it enacted, that from and after the publication of the by-laws for the Examinations of persons applying for a diploma of qualification to practise medicine as herein provided in the London Gazette, no Corporation sole, or Corporation aggregate, nor any University, nor any person whatsoever, except under the provisions contained in this act, shall have the power of granting any diploma, certificate, or license to practise medicine in any part of the United Kingdom." This proposal might have been included in the Medical Act of 1858, although by s. 29 of the Medical Act of 1886, the Medical Council is given *sole* statutory power to rule that a certain act of a practitioner is "infamous conduct." Let us here recollect what the Master of the Rolls said in the Court of Appeal, in February, 1894, when delivering judgment in the case of Allinson v. The General Medical Council, where Allinson tried to prove that he had not been guilty of "infamous conduct in a professional respect." The Master of the Rolls said, as to what constituted "infamous conduct," he would adopt the definition given by Lord Justice Lopes:—"If a medical man in pursuit of his profession had done something with respect to it which would reasonably be regarded as infamous by his professional brethren of repute, that would be evidence of infamous conduct in a professional respect. The question was not, whether that which the medical man had done would be infamous if done by someone outside the medical profession. The conduct must be "infamous" in a professional respect. There must be conduct which, if done by a medical man in his profession, either as regards his patients, or his professional brethren, might be infamous conduct in a professional respect." Lord Justice Lopes and Lord Justice Davey con-

*We are told that these Diplomas are sold only for the benefit of "suffering humanity"; and only upon "humanitarian" grounds!

curred. (see British Medical Journal, March 3rd, 1894, p. 495; Medical Press, February 28th, 1894, p. 240).*

Suppose it is argued, that the action of these practitioners who now sell *midwifery diplomas* to pupil midwives is perfectly right, I reply, it is equally right for any practitioner to establish a College, hold examinations, and to grant either *a medical*, or a *surgical diploma*, or certificate to every medical student who has failed to pass his qualifying examinations; to every unqualified assistant; to every prescribing chemist; to every herbalist; and every bone setter. And if it be right for these societies, lying-in hospitals, and others, to grant a diploma entitling a woman who has attended a few months lectures on midwifery *to practise midwifery*, it is also right for any other medical society, hospital, or other persons to grant a diploma entitling any person who has attended a few months lectures on medicine, or surgery, *to practise medicine or surgery*. In other words if it be right for one party *to repeal the Educational Sections of the medical act*, such conduct is equally right in others.

Again, if the action of these practitioners connected with lying-in hospitals, who grant diplomas *to midwifery nurses* is right, then it is equally right for every practitioner connected with any hospital to examine all the *medical and surgical nurses* and to grant them a medical or surgical diploma, certifying that, in the opinion of the examiners these nurses are capable of practising either medicine or surgery. You will see that if the midwifery nurse can be certified as being qualified *to practise midwifery*, then surely the *medical* or the *surgical nurse* is equally entitled to be granted a diploma authorising her *to practise either medicine or surgery*. This, no doubt, would bring us back to the date of *the partially educated practitioner* who was licensed prior to 1886. The practitioners connected with the Obstetrical society do not perhaps agree with this, they wish only *to make legal their present illegality*. Their motto is, commit a questionable action for such a time as will make it a custom; then cover it with an Act of Parliament so as to make it legal.

Some time ago, I said that the action of these practitioners who sell Diplomas to midwives might be followed by other practitioners WHO WOULD SELL MEDICAL AND SURGICAL DIPLOMAS. I am sorry to say this prophecy has already been fulfilled. Thus, the "Zenana Medical College," London, has been established. At it, some practitioners deliver lectures to women on anatomy, dermatology, dental

* It has been repeatedly ruled by the Judges in the Court of Appeal, that the Medical Council is the *sole* judge of what constitutes "infamous conduct:" and that no appeal against its judgment will hold good unless malice is proven. See also report of trial in the *Times* of Feb. 24, 1894. See also the cases of *Albutt v. G.M.C.* 23 Q.B.D. 400, 1889; and *Leeson v. G.M.C.* 43 Ch.D. 360, 1889.

surgery, surgery, clinical diseases of women and children, materia medica, midwifery, medicine, ophthalmic surgery, tropical diseases, and physiology. Practical dispensing is taught at the Hospital for women, 32, Lupus Street. Three practitioners examine these women students, and grant to each a Diploma which *authorises* as follows :—"We.....certify that we have examined (A.B.) a student of the Zenana Medical College (who is desirous of combining a knowledge of medicine with her missionary work) in the following subjects—medicine, disorders of tropical climates, minor and practical surgery, including diseases of the eye, midwifery, and diseases of women and children, and we find that she possesses such a knowledge of them as will qualify her *to render professional aid in ordinary cases of disease*. (See Fig. J.) This Diploma authorises the holder to treat "ordinary cases of disease." What are "extraordinary" cases, and what penalty is imposed if the holder treats "extraordinary" diseases? Are the "300 operations" mentioned below "ordinary" cases?

You see these practitioners *grant a triple qualification*—in medicine, surgery and midwifery. Any practitioner—*thus imitating as closely as possible the Medical Licensing Bodies*—has as perfect a right to start a "College" as have practitioners connected with this Zenana College. I notice that during the year 1893, £146 was paid as "students' payments;" twelve guineas for "coaching fees;" and that since its establishment, 125 ladies have passed through it. The course of study lasts *for two years* (not five), 50 guineas being charged for each year per pupil. One Diplomate states that she has seen over 8,000 patients in one year, and has performed over 300 operations in India. You will not be surprised to hear it is stated that, "students who go up for their final examination, previously obtain the Midwifery Diploma of the Obstetrical Society." The prospectus can be obtained from the Hon. Sec., 58, St. George's Road, London, S.W. From the quarterly organ of this Zenana Medical College—"White Fields"—I take the following remarks—"We do not undertake to send out our pupils after having them trained." This means, I take it, that the students of this College, on receiving their diploma, *may practise in the United Kingdom*. The students give "daily attendance upon women and children in the poorest parts of the neighbourhood, as well as their attendance at hospitals and lectures." "Since the commencement of the maternity branch of our work, there have been attended no fewer than 1430 midwifery cases by our Matron and Students."

Another of these Diploma-granting bodies is that of the "MEDICAL TRAINING HOME FOR LADY MISSIONARIES," Glasgow; and in

connection with which seven practitioners grant a diploma in the following terms:—"This is to certify that (A.B.) has undergone the usual course of two and a quarter years theoretical and practical training at and in connection with the above Institution. This further certifies that (A.B.) has successfully passed examinations on the subjects of Anatomy, Physiology, Materia Medica, Surgery, and Practice of Medicine, by the undersigned Board of Examiners: *that she possesses the Nurses Certificate in Midwifery, granted by the Examiners of the Glasgow Maternity Hospital*: and that she has received practical instruction in Clinical Medicine, Clinical Surgery; Diseases of Women, and in Dispensing." (See Fig. K.)

In connection with this diploma-granting body, I quote some of the questions put to intending applicants. 1. "Nothing short of love to the Lord Jesus Christ must be the motive underlying each applicant's desire to receive medical instruction as a missionary." 3. "Each applicant must be prepared to pass a preliminary examination in general education." 4. "Have you any near prospect of being married"? 11. "What reason have you to believe that you have been converted"? 14. "Give a simple statement of your views of Divine truth, with special reference to the authority of Scripture: to the person and work of the Lord Jesus: and to the Holy Spirit's work of conversion: and in the building up of the Christian character." 15. "Are you or your friends willing to pay forty guineas per annum for your board and medical instruction—say £21 for board, and £21 for instruction, payable half-yearly in two equal sums, *and in advance*"? I notice that during the year 1893 £515 was paid for "board and tuition," and £226 for salaries, wages and fees. Lectures are delivered on anatomy, physiology, materia medica, surgery, medicine, clinical medicine and clinical surgery, midwifery, diseases of women, diseases of the eye, diseases of the throat, and nose, and skin. Candidates are recommended to use, among other books, Yeo's Physiology, Whittla's Materia Medica, Walsham's Surgery, Carter's Elements of Medicine, and Hart and Barbour's Gynaecology. The prospectus can be obtained from Miss C. F. Paton, Mar's Hill, Alloa, Glasgow.

There is another "COLLEGE" in Glasgow, managed by a medical practitioner, on somewhat similar lines to the above. All information relating to it has been refused me.

Another similar institution is that of the "LIVINGSTONE COLLEGE," London, but at which *men* are trained, and which, in its prospectus, is described as "a College for the Instruction of Foreign Missionaries, in the Elements of Practical Medicine." Its Council is composed

of seven practitioners. The fee for the course of training is £75. Fourteen *men* have taken the first year's course. I wrote to the Secretary for a Diploma form, but he replied :—"We issue no Diploma or Certificate, as we think that this might lead to difficulties." A not unreasonable fear! In its prospectus, the following statement occurs :—"The staff of one leading London hospital carefully examined our proposals and expressed their sympathy with them." Which hospital? For prospectus, etc., apply to the Hon. Sec., 33, Mornington Road, London, E. (see Fig. L.)*

I shall next call attention to the action of some "*Medical Herbalists*" in London, who, following the example of the above practitioners, now grant a degree of M. D. B. C. (Doctor of Botanic Medicine), and who have established the "MAGNETIC AND BOTANIC SCHOOL OF SAFE MEDICINE LIMITED." (See Fig. M, and for particulars apply to Revd. V. Trimming, 21, Stepney Green, London.) This Diploma-Granting Body has not been as "cute" and careful as the above mentioned practitioners, to keep itself clear of S. 40 of the Medical Act, 1858, and with the result that on February 1st, 1894, one of its Diplomates has been fined £10, and £4 1s. 6d. costs, for wrongfully using certain medical titles. (See B. M. J. February 10th, 1894, p. 331.)

Next, I shall call attention to another Diploma, granted by a practitioner, which qualifies the holder *to practise massage and electricity*. The wording of it is :—"This is to certify that (A. B.) has undergone a course of instruction in the art of massage . . . and that *she is in every way qualified to practise massage with and without the aid of electricity*. (see Fig. N.) I understand that a number of practitioners are now distributing these diplomas. Do they do so with the consent of the General Medical Council? Is it little wonder that we now see so many brass plates in our city streets with a person's name, and "qualified medical masseur and electrician," etc., upon them? Who is at fault, our profession, or the public? Which started it?

The practitioners connected with the above "Colleges," etc., *have now established conjoint medical examining and qualifying bodies, which are steadily undermining the Medical Examining Bodies, constituted under the Medical Acts*. They justify their conduct by holding that a person who cannot afford *the time and money* necessary for the statutory five years course of medical study, or who fails to pass the usual examinations, should be educated, examined, and licensed *by them*. Such an excuse will not bear honest criticism, because, as you know, it is not compulsory on the part of any medical student if he does not wish to take a register-

*According to their Prospectus, 14 *men* entered for the first year's course.

able qualification to study for five years. The Zenana, and similar "colleges," are in fact, examining and granting diplomas to students of medicine and surgery, who have attended classes at certain hospitals, and are therefore *helping such students to evade their legitimate medical examinations*. Any practitioners in this room would be acting as fairly if they established a so-called "college" in Manchester; granted diplomas in medicine and surgery, and perhaps acting in combination with some lying-in hospital, granted a diploma in midwifery. Such a "college" would prove an attraction to those students who *fail at their ordinary qualifying examinations*; and to those "*prescribing*" chemists who wish to cover their action by such a diploma hung up in their shop.

I think the above facts, regarding the sale of certificates, show you that the example set by those practitioners connected with the Obstetrical Society and others, has already borne *very evil and degrading results*. It is full time we asked the Medical Council to interfere and make a rule to the effect, that if any practitioner (other than those recognised under the Medical Acts) is proved to the satisfaction of the Medical Council, to grant a diploma of any kind which in any way certifies the holder to be qualified to practise any branch of medicine, of surgery, and of midwifery, such practitioner shall be held by the Medical Council to have been "guilty of infamous conduct in a professional respect," and shall be removed from the Medical Register. For even should we be able to prevent the passing of a bill for the so-called "registration of midwives," we *must persevere until the Medical Council puts an end to this trading in diplomas*. So long as we have diploma manufactories, is it not dishonest on our part, to point the finger of scorn to the action of DIPLOMA-MILL-COMPANIES in America, and other countries?

It is a disgrace that it should have fallen to the lot of some practitioners to set this *down-grade* example of selling diplomas. What would be said if some Chemists began to deliver lectures, and to grant a diploma to every person who had sold white-lead or turpentine in a paint shop, certifying that these could *act as chemists*? What would be said if some veterinary surgeons began to examine, and grant a diploma *in veterinary surgery* to every stable boy who had attended a sick horse? What would we think of solicitors who began to deliver lectures, examine, and grant a diploma to every solicitor's clerk, apprentice, debt collector, or other person, *qualifying such to act as a solicitor*? What would be said if ship captains granted a *master's, first, or second mate's certificate* to every fireman or stoker who had acted as such? We should say that such conduct was infamous; a disgrace to the profession who tolerated it; and a danger

to the public. Gentlemen, the laws of this country have enacted that if any person wish *to legally* act as a medical practitioner; chemist, veterinary surgeon, solicitor, ship captain, mate, or engineer of a ship; such persons *must go through a definite course of instruction, and pass certain qualifying examinations, as laid down by the Medical; Chemists; Veterinary Surgeons; Solicitors; and Merchant Shipping, Acts.*

I deeply regret it has fallen to the lot of *our profession* to show that *we do not believe* in the necessity for the course of medical study and examinations, as laid down by the Medical Council. Our legislators, when constructing the Medical Acts, held that it would be *for the benefit of the public*, and ourselves, if certain Universities and Colleges *only* examined and granted diplomas in medicine, surgery, and midwifery. It has remained for some practitioners to show their disrespect for this legislation and for our Medical Council, and to debase it and cover it with discredit. Has it been truly said, that there are more quacks and mountebanks *inside* our profession than *outside* of it?

A plausible but futile effort has been made to show that the Medical Council *favours* the action of those practitioners who are selling certificates to midwives.

WHAT HAS THE MEDICAL COUNCIL DONE IN THIS MATTER? Before answering this question I would state, that when the question of "registering midwives" first came up, an amount of strong feeling was developed by the suggestion that *women* should be admitted to the Medical Register. It was thought by some that if women were admitted to a "midwives register," this would be sufficient. An effort was also made to revive the old and bitter feelings of the Colleges (already alluded to) against those who practised midwifery. The first objection was met by the passing of the Medical Act Qualifications Act, 1876, which legalised the placing of *women* medical practitioners on the Medical Register; while the second objection has been met by the Medical Act, 1886, which places midwifery on the same level as medicine and surgery; which states that students must, before passing their final examinations, *study* midwifery, medicine and surgery, and *that if any person wishes to be legally qualified to practise midwifery, he or she must also be legally qualified to practise medicine and surgery.* Thus, with all this strong opposition, midwifery has been elevated. It is for us to show that the present revival of the old antipathies against it shall not succeed—even when "run" as a money-making concern.

It is to be hoped that those Medical Practitioners now living, who, in 1879, formed part of the Select Committee on the Medical Act (1858)

Amendment Bill, viz.—Drs. Cameron, Sir T. Laurence, Lush, Mitchell Henry, and Mr. C. G. Wheelhouse; as well as those practitioners who, in 1882, formed part of the Royal Commission appointed to enquire into the Medical Acts, viz.—Sir W. Turner, Sir W. Jenner, Sir J. Simon, and Dr. McDonnell, will protest against this *retrograde* step in medical education and licensing. The historical and prolonged opposition to this proposal, already alluded to, to establish by law a new order of midwifery practitioners, is in itself evidence that neither the public nor the Medical Faculty wish for it, and should encourage us to re-double our efforts.

In 1877 the Medical Council received a communication from the Obstetrical Society anent registering midwives. This communication was referred to the "Medical Acts Committee" of the Council, and the Council agreed that "competent midwives" should obtain a certificate, and that women in labour should "be protected from the incompetent." (See B. M. J. June 2nd, 1877, p. 681).

In 1882 the Medical Council considered a draft Bill on the subject, and the report of a committee was forwarded to the Privy Council. (See B. M. J. July 15th, 1882, p. 106).

In 1889, at the November Session of the Medical Council, letters were received from Mr. Pease, M.P., asking the Council if they would nominate a "midwifery board," and register midwives. A memorandum relating to the registration of "midwives and nurses" was also presented to the Council by the British Nurses Association. Thereupon it was moved by Sir J. Simon, seconded by Sir W. Foster, and agreed to—

"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 training them.*"

This offer of the Medical Council "to advise," may be taken for what it is worth, especially when coupled with their *emphatic protest* that they would wash their hands absolutely of having anything to do with either the registering, or examining of midwives. The above resolution was also met by an important amendment, moved by Mr. B. Carter, and seconded by Dr. Macalister:—That "midwives and nurses" be registered. This was defeated, but by what number of votes I cannot say,

although I have tried to find out. It was further moved by Sir W Foster, seconded by Dr. Glover, and agreed to :—"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. (See minutes G.M.C. November, 1889). This is one of those abstract and academic resolutions which have very little practical utility. Letters upon the subject will also be found in the Minutes of the Medical Council, May, 1890.

At the November Session of the Medical Council, 1890, 337 practitioners petitioned the Council to oppose any registration of midwives.* Mr. Marshall, the then President of the Council, when referring to this proposed registration said :—"Doubtless, such a measure is, in its inception, intended for the advantage of the humbler ranks of society . . . *Benefits of this kind have a tendency to spread or overflow into other channels than those at first contemplated.*" (See Minutes G.M.C. Nov., 1890).

At the November Session of the General Medical Council, 1892, we memorialised the Council against the proposed midwives registration, and asked the Council to consider the granting of the diplomas by practitioners to women to be "infamous conduct."

This memorial was received and entered upon the Minutes.

The Council then made the two following important Rules. Moved by Sir W. Turner, seconded by Mr. Wheelhouse, and agreed to :—

"That the Registrar inform Dr. Rentoul that the certificates referred to in his Memorial are neither licenses nor diplomas within the meaning of the Medical Acts, *and possess no legal value.*"

Moved by Sir Wm. Turner, seconded by Mr. Wheelhouse, and agreed to :—

"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.*" (See Minutes of General Medical Council, November, 1892).

At the opening of the May Session of the Medical Council, 1893, the President, Sir R. Quain, Bart., said :—"Attention was directed at the last meeting to the form of certificates granted by certain institutions to women who had passed an examination in midwifery, *which certificates may lead to the impression that they were legal qualifications.* By direction of the Council, a notification was prepared and sent to some 40

*No less than 22 Petitions were presented in the House of Commons against the Midwives Bills.

of these bodies *indicating the risk they incurred*. Satisfactory answers have been received from several bodies, and no doubt the Council's action will be beneficial in *preventing the confusion which is so objectionable*." (See Minutes General Medical Council, 1893).

At the November Session of the Medical Council, 1893, 112 medical practitioners, as well as the Manchester Medico Ethical Association, again presented a Memorial (which was entered on the Minutes) asking the Council to make a Rule to the effect that they would consider it to be "infamous conduct" when practitioners grant midwifery diplomas to women.

Sir R. Quain, in his Presidential remarks, said:—"A memorial has been presented to the Council on the subject of midwives, the chief purport of which is firstly to indicate that certain hospitals and certain individuals issue certificates of competence *which may be mistaken* for diplomas qualifying to practise. This subject has been already in a former session brought to the notice of the Council, and *warning communications* were addressed to institutions which undertook to give those certificates. In the second place the memorial seems to indicate a fear that a new order of "midwifery practitioners" might be established, *which would be a retrograde movement*, as it would tend to repeal the provisions of the Medical Act, 1886." (See Minutes of the General Medical Council, 1893).

Drs. Boxall and Humphreys have tried to show that a slight was cast on this our last memorial by the Medical Council, as the Council would not "refer the petition to the Executive Committee," and that "the petition evoked severe criticism." (See British Medical Journal, March 3rd, 1894, page 491). As to the first statement, *no notice* appears in the Minutes of the Medical Council showing that the Council *refused* to send my petition to its Executive Committee. I have further asked the Registrar of the Council if it was so. He refers me to the Official Minutes. As to the second allegation, that the petition "evoked severe criticism," they probably referred to the *alleged* remarks of Dr. Macalister as stated in the British Medical Journal, of December 9th, 1893, page 1302, when he is reported as having said:—"It (the memorial) contained such baseless and misleading assertions that it was unworthy of their attention. The whole thing was illogical and impracticable." I have written and asked Dr. Macalister if he did use these words. He has not thought it worth while to contradict them! Dr. Macalister is also one of the "Reference Committee" of the British Medical Journal, and although he holds this post—one incompatible with his place upon the Medical Council I think—surely he would not compromise so high a judicial body as the Medical

Council by making such "baseless and misleading assertions."*

No doubt, we have obtained a most valuable opinion from so high a judicial body as the Medical Council (more especially when taken along with the judicial ruling in the case of "Allinson v. the General Medical Council,") where they refer to the diploma as *possessing no legal value*; 'to the risk *they incurred*," and to the *confusion which is so objectionable*." But will the practitioners who sell these diplomas have the honesty to *write across the face of their diplomas* the Rule made by the Medical Council, viz:—"these diplomas possess no legal value." As late as October 28th, 1893, an advertisement, relating to Queen Charlotte's lying-in, appeared in the British Medical Journal, stating, that each midwife "is awarded a diploma qualifying her to practise." I drew attention to this, when the words complained of were altered to:—"is awarded a certificate of efficiency." This is, you will see, *a juggling and jockeying with words*—because the person obtaining the diploma or certificate—or whatever they like to call it—is still supposed to be qualified to *perform the same obstetric duties*.

I hope the above facts go to show, that if you allow a Bill to pass, providing for the registration of midwives (so-called), you will repeal the Educational Sections of the Medical Act. This was a point which Mr. Wheelhouse, our senior Direct Representative on the Medical Council, Dr. A. H. Jacob, Dr. M. Dolan, and others, saw from the beginning.

Our next reason for opposing the formation of a New Order of Midwifery Practitioners is—that they would ENDANGER THE LIVES OF PREGNANT WOMEN AND INFANTS. When in 1890, we opposed the first Midwives Bill we were unjustly accused of acting from "sordid motives," and "appealing to the cupidity of the profession." Perhaps future events will show that we have worked largely for the benefit of pregnant women and infants. One local practitioner kindly said of me, in connection with my evidence before the Select Committee on Midwives Registration, that—"the mis-statements of Dr. Rentoul are so notorious among the medical profession in Liverpool, that they only evoke a smile,"—a remark which cheers me—although meant to stab—and lets me feel I am not among those who are in danger of being spoken well of "by all men;"—a dangerous, if not degrading position for any practitioner to occupy who is taking part in any public movements.

Even should the duties of the midwife be confined to so-called "natural labours" only, the public safety would be endangered. When Dr. H. Woods gave evidence before the Select Committee on Midwives Registration,

*Surely, however, after the important opinion from the Judges in the case of Leeson v. G.M.C., one of the General Medical Council—who may be called upon to judge any of us on a charge of "infamous conduct"—should not also act as a Press censor.

he very aptly quoted Englemann's remarks, made in his "System of Gynaecology and Obstetrics," which is as follows—"The attention of the scientific obstetrician has been given wholly to abnormal labour, and the management of all such cases has been perfected to the utmost, *while the care of "normal labours," as it occurs in the great majority of private cases is neglected.* The parturient suffers under the continuance of the old prejudice, that labour is a physiological act, and should remain under the care of the midwife, whilst the physician sees only the pathological cases. In the hospital he controls them all, and hence the good results. Notwithstanding the excellent example of the control of natural labour by the medical men, set by American practice, and now gradually revived in the older countries, the practice of centuries and tens of centuries still remains firmly rooted amongst most people, and even in Germany, where surgical obstetrics has obtained its utmost development, normal labour is still controlled by the midwife; if the physician is called, he does not seek to guide its course, but holds himself in readiness to interfere with the advent of pathological complications; he remains an idle spectator during the progress of normal labour. *The unfortunate termination of these so-called normal labours is due in part to this prejudice, and in part to the defective obstetric instruction in our schools. Severe injuries, if not fatal results, most frequently follow the so-called normal labours in private practice. Whilst the management of pathological labour has attained such perfection as to render almost any, even the most desperate case promising in the hands of able obstetricians, so little attention has been paid to their direct guidance of what is termed "normal labour," that the terrors of child-birth have been but little mitigated for the young mother confined in her house, even when under the most fortunate circumstances.*"

Our contention is, that unless these proposed midwifery practitioners be given *both a full medical and surgical training and qualification*, they would be *unable to diagnose*, let alone treat, those diseases which too often complicate *pregnancy, delivery, and the puerperal state*. What is the definition of "midwifery"? Dr. Macnaughton Jones in his paper,—*"A plea for the obstetric art,"* which appeared in the *Medical Press* of Jan. 7th, 1891, and whose valuable help in this movement we gladly acknowledge, made use of Leishman's definition, which is as follows:—"Midwifery is that science and art which has for its object the management of the woman and her offspring *during pregnancy, labour, and the puerperal state.*" Some ignorant and callous persons say that all a practitioner has to do at a confinement is to sit by, and watch the child being born,

and perhaps tie the cord. But our wives should be as carefully prepared *beforehand* for the strain of their confinements *as are the Atlantic mail steamers before they set out on their voyages.*† If this proposed midwifery practitioner does not receive *a full medical training*, how will she diagnose such diseases *complicating pregnancy*, as albuminuria, diabetes, valvular heart disease, tumour, threatened convulsions, and such like? Is it not true that we bring a great many delicate women safely through their confinement, *because of the medical treatment which they received from us during their pregnancy*, and not because they required much obstetric attention during labour? If this proposed midwifery practitioner is not trained *even to diagnose medical diseases*, how will she know when to send for a medical practitioner? Surely her ignorance would be a Public Danger. According to the 53rd Annual Report of the Registrar General, 4,255 women died in England in one year from *causes directly ascribed to their confinement.** It is well known that a large proportion of these women died in their confinement, *not from the act of the confinement itself*, but because they were *suffering from some disease* of the heart, kidneys, or lungs. How could a *partially* educated practitioner *diagnose* the various subtle causes which produce what we are pleased to term "puerperal fever"? The Registrar General has also stated in his 50th Annual Report, as follows:— "At the same time it must be admitted that child-birth mortality is in all probability *very much understated* in our official returns, the fact of parturition being *unjustifiably omitted*, and the secondary cause of death being alone stated in the medical certificate." The Registrar General in his book of Forms of Certificates of the Cause of death under paragraph 7, states—"Whenever child-birth has occurred *within one month before death*, this fact should *invariably* be certified, even though it may be believed that the child-birth has had no connection with the cause of death." How often is this request fulfilled by us and others?

Again, as regards infants: During the year 1890, no less than 15,208 infants died because they were "prematurely born."† What are the causes of premature birth? Is it not reasonable to suppose that a great many of these premature births were due to some *maternal, or fetal diseases*, which a medical practitioner only could have diagnosed and successfully treated? The maternal and foetal causes of premature births are numerous, and call for *the most careful skill and training*. I ask—how could this proposed midwifery practitioner diagnose maternal syphilis, and treat it, and so save the life of the mother and infant? How are the causes of premature birth to be diagnosed by her, so that *future* premature births may be prevented? If the ill results can not be told by a

*There were 4,787 deaths in 1891; or, 5.42 to 1,000 registered births: the highest rate since 1875.

†In 1891, there were 16,451 deaths due to premature birth.

‡At least one in every 15 women perish in their *first* confinement (trial trip). How many are permanently disabled, or wrecked?

heavy death rate, will the many cases of *chronic ill-health*, internal troubles, and physical unfitness, not tell a tale of ignorance on the part of the attendant during confinement? You will notice that when I have referred to infants "prematurely born," I mean registered *live births* only. But if we recollect the number of "still-births" in this country,—probably about 7,000 a year,—you will see that here again, if we wish to lessen this great number, a full *medical* training is required. In connection with maternal deaths, let us remember the fearful statistics published by the late Dr. Matthews Duncan,—*statistics never yet proved unreliable*,—where he showed that 1 in every 15 women died in her *first* confinement; 1 in 8 in the twelfth; and 1 in 6 in the thirteenth confinement.* Also Churchill has shown, that when forceps are used, 1 mother in every 33 dies; 1 mother in every 15 cases of turning the child; 1 mother in 9 in cases of cross-birth; 1 mother in every 6 cases of flooding; and 1 mother in every $4\frac{1}{2}$ cases of maternal convulsions. Surely confinements which give so *terribly high* a death rate,—*higher than most major operations, such as ovariectomy, or amputation of the leg*,—require the highest *medical* skill. No doubt there are some who consider that women in labour should have a little less attention than is given to lower animals. Such is *their* medical philanthropy,—always provided it is not applied to *their* wives and *their* married daughters!

Again, if this proposed obstetric practitioner is not taught *diseases of infants*, how will she be able to recognize diseases in them; or how will she know when to send for aid? It has been stated by Dr. K. Grossmann that at least 30 per cent. of the *total* blindness,—that is, blindness of both eyes,—which affects persons in this country, is due to infantile ophthalmia: this being due sometimes to maternal gonorrhœa. But if this "midwife" has not received a *medical* education which will enable her to diagnose maternal gonorrhœa, or infantile ophthalmia, she will be a *Public Danger*. If she can not use the stethoscope so as to tell when, in cases of delayed labour, the foetal heart is showing that if the infant is not born at once with the help of instruments, that it will be still-born, she will also be a *Public Danger*. She will also be a *Public Danger* to infants if she is not expert at diagnosing "the presentation" of the child during labour. According to Churchill, the infant mortality in face presentations is 1 in 7; in occiput posterior, 1 in 5; in cord presentations, 1 in $2\frac{1}{2}$; in transverse presentations, 1 in 2; while in every $3\frac{1}{2}$ cases of breech presentation, 1 child is born dead. Here again is a *fearful and terrible mortality to infants*,—*many times greater than the mortality of major operations*. If these

*See his work—"Fertility, Fecundity, and Sterility"; and also "B. M. J." March 3rd, 1883, p. 395.

presentations,—which tax the skill and patience of the medical practitioner to its utmost,—are not *early* diagnosed, the infant death-rate would increase to a shocking extent, and midwifery would *revert* to that *debased and death-dealing state* which it occupied before it was placed on the same level as medicine and surgery. According to some, women and infants are a “glut” in the market, and so need not receive skilled medical treatment.

Again, will the general infant death-rate not increase greatly if the infantile diseases are treated by those who have *no medical qualification*? You will see the fool-hardiness of the suggestion,—that women should practise midwifery *without possessing a full medical and surgical qualification*, if you ask yourselves,—Could any of you practise *midwifery* successfully if you had received *only* a medical, or *only* a surgical training, and *no education in midwifery*? Yet this is what the promoters of Midwives Registration suggest, as their midwives *will act* as medical practitioners without a license in medicine and surgery. But no practical man would say that they could, unless a few senior physicians and surgeons, who never conduct confinements, and who, if called in to use forceps, turn, or assist at a severe flooding during the early hours of the morning, and without their array of house surgeons and nurses, would fail completely! The opinion of such surgeons and physicians,—who aim at glorifying their own speciality, by *depreciating* midwifery, and who apparently revel in a high maternal mortality,—is absolutely worthless. *These* are the persons who advocate that confinements should be conducted by semi-ignorant midwives.* They range themselves in line with the self-styled “obstetric consultant,” who hopes that each midwife will send *only for him* on every available opportunity? Here I would add, it is regrettable to find that when the midwife calls in a certain practitioner, he gives her as a commission, a large share of the fee which he receives.

No amount of statistics ever produced can show that the mortality among women *attended by midwives* is low. I showed the sophistry of such a statement before the Select Committee on Midwives Registration, by pointing out to them that such statistics were good *because fully qualified medical practitioners had been called in to help midwives*. This Committee actually proved my statement by obtaining statistics of the Royal maternity hospital, London, which showed that in 11 years, the midwives *had called in medical practitioners in no less than 1,392 occasions*.

* Their degrading and morbid style of argument encourages some thoughtful women to shun maternity.

I cannot say how often a practitioner *should* have been called in, although I notice that during the same 11 years, there were no less than 1,189 stillbirths, and 147 deaths of infants within four weeks of their birth.*

This question,—As to whether the *partially* educated midwifery practitioner is a danger to pregnant women and infants, could readily be settled if we acted up to the good old Golden Rule of doing to others as we wish others to do to us. I feel certain there is not one practitioner in this room,—or not one practitioner who has granted a diploma to a midwife,—who would trust his wife's life, or that of his infant, to this midwife during the confinement and puerperal state. Nor would they recommend their relatives or friends to employ her! Such is *their* golden rule! Lately a practitioner called upon me, and advised me to cease my opposition to Midwives Registration. He told me that his lowest fee was one and a half guineas, and added,—“*I engage a midwife to attend all my cheap cases for me, and I give her 7/6 out of this fee!*” Is this an honest job? Would the medical council not rule such a case *to be one of “covering” an unqualified assistant?* I think they would. It will be a sorry day for our profession if the public find out that these partially educated midwifery practitioners have been manufactured, *chiefly for the benefit of those who sell diplomas*; and in the hope that they will act as so many *touting agencies* for those who have brought them into existence.

The following question must be answered :—Are the means at present at the disposal of the public amply *sufficient* to supply every poor woman with skilled medical aid, without establishing a new order of obstetric practitioners?

The following points happily make it clear that the public are at present *more than amply provided for*, without creating a new order of practitioners :—

FIRST, we have the Poor Law Medical Service. Articles 182 and 183 of the Order of the Poor Law Commissioners, issued July 24th, 1847, are as follows :—“The cases in which any medical officer, either for the workhouse or a district, shall be called on, by order of a person legally qualified to make such order, to attend *any woman in, or immediately after, childbirth*; or shall under circumstances of difficulty, or danger, *without any order*, visit any such woman actually receiving relief, or whom the guardians may subsequently decide to have been in a destitute condition, such medical officer shall be paid for his attendance and medicines by a sum of *not less than 10/- or more than 20/-*, according as the guardians agree with such officer.” “Provided that in any special case in which great difficulty may have occurred in the delivery, or long

*For illustration of unreliable maternity statistics, see minutes of evidence given before Select Committee on Midwives Registration, p. 25, 1892.

subsequent attendance in respect of some puerperal malady or affection may have been requisite, any district medical officer shall receive the sum of 40/-."

By the act of George III. c. 59, 1819; and by the Poor Law Act, 1834, guardians may grant relief *as a loan* to the poor, and attach wages in repayment. By the Medical Relief Disqualification Act 1885, no person now loses either their power to vote at Imperial or Municipal elections, because they have received *medical* relief at the expense of any poor rate. A few guardians make their medical officers contract themselves out of the above order. This should be brought under the notice of the Local Government Board; while all guardians should pay not less than £1 as they are empowered to do so, for each confinement. Over 1,000,000 persons receive medical relief in England and Wales each year, so that it cannot be said that persons show any shyness in accepting it! Dr. Mouat has shown that during ten years—1871 to 1880—no fewer than 87,726 women were delivered *in* the Poor Law Infirmaries of England; this number not including the out-door Poor Law maternity cases.*

SECONDLY, there are our voluntary medical charities, these having given medical assistance to 51,049 women in their confinements. Here I would call attention to the excellent arrangements in connection with the lying-in hospitals at Newcastle and Oxford. At Newcastle they have *ceased to employ midwives*. The town is divided into two districts, a practitioner being appointed to each. He is paid yearly £70, and 10/6 for each confinement attended. At Oxford each practitioner is paid £40 yearly, and 10/- for each confinement. *This example should be followed in every large town.* In this way each practitioner appointed could have one or two fifth year medical students *as his pupils* in practical midwifery. He could give them valuable instruction, in return for the pupilage fees; while district nurses could see to the mother and infant. This plan must eventually come into general use. There need be no question of funds, as the charitable portion of the public would supply these. Besides, I find the 22 lying-in hospitals paid £4,193 to their midwives in one year. Midwives should be *gradually* superseded by properly educated and qualified medical practitioners. This would be a much better plan than that followed by the City of London lying-in hospital. This hospital has 8 district surgeons, and when any one of them is called in by any of the 6 midwives connected with the hospital, he is paid one guinea by the hospital, when called in to use instruments, or a fee of only 2/6 when called in to give an opinion re-

*During 1889, 1,753 women were confined in Irish workhouses. I cannot obtain the numbers for Scotland.

garding a confinement. In 1889 these district surgeons received £122.

THIRDLY, we have the friendly societies, such as the Hearts of Oak; National Provident; and Royal Standard, in which each member is given a grant of from 30/- to 40/- when his wife is confined.

FOURTHLY, there are the provident dispensaries, at which, by a weekly or monthly payment made in advance, of about 1/- per month, a woman can insure for the services of a medical practitioner during her confinement.

FIFTHLY, we have a large number of respectable medical practitioners who are now *compelled*, owing to the downward and degrading competition of medical charities and midwives, to accept so small a confinement fee as from 7/6 to 10/-, this including from four to seven subsequent visits. We should not object to such small fees if the social position of the patients make it impossible for them to pay more. Many, however, can pay more, only the present downward and degrading competition seemingly favours them. Thus, at the *Clapham maternity* hospital, London, a married woman may be confined in the hospital on paying 5/- per week, and an unmarried 10/-; and an out-patient 5/-. At the *Brighton and Hove* lying-in she pays a confinement fee of 5/-. At the Malvern lying-in it is only 2/6. At the Tower Hamlets dispensary, London, 3/6. At the Gloucester lying-in 5/-, "occasionally even a larger sum." At Bristol lying-in a lady may have her confinement attended for 6/6. At St. John-the-Divine, London, for 2/6; while at Glasgow the fee is 5/- only.

The British lying-in hospital, London, gives midwifery attendance to women as per advertisement in their Annual Report for the year 1891; "the charge being £2 2s. per week, including superior midwifery attendance, the services of a first-rate nurse, the best food, wine when ordered, and washing. Patients have separate rooms!"

The various "Friendly Societies Medical Aid Associations" pay their Medical Officers from 5/3 to 10/6 for each confinement attended by them. A reference to the "Foresters Directory" for 1889, p. 465, shows that there were 55 such aid associations, these including 1139 Friendly Societies, with a membership of 223,074.

The above facts clearly show that with an efficient Poor-Law Medical Service; properly conducted Voluntary Medical Charities; Friendly Societies; Provident Dispensaries; and *the over-abundance* of medical practitioners, the portion of the community *who cannot pay a high midwifery fee are more than amply provided for, without creating a new order of midwifery practitioners.* Midwives should be allowed to become

as extinct as the old bone-setters and medical herbalists. Let each lying-in hospital in the Kingdom follow the good example set by Newcastle and Oxford.

Dr. Colin Campbell has called my attention to the fact that while the birth-rate in 1883 was equal to 54·7 to each practitioner, it had fallen in 1893 to 44·4 births to each practitioner. The 53rd Annual Report of the Registrar-General shows that the birth-rate is decreasing each year. In 1876 the birth-rate was 36·3 to 1000 persons living, while it was, in 1891, 32·2 per 1000. No doubt a further marked decrease will occur as "education" progresses! A reference to the Fourth Report of the Statistical Committee of the General Medical Council shows, that the number of medical practitioners is *increasing at a much greater rate than the general population*. The rate of increase of the population of England and Wales during 1881 to 1886 has been estimated at 1·4 per cent. per annum, while the rate of increase of medical practitioners has been 2·42 per cent. per annum. It is also stated that in 1881 there were 15,022 practitioners whose registered address was in England, or 1 practitioner to 1,747 of the population; while in 1886 there were 16,930 practitioners, or 1 practitioner to 1,662 of the population—including paupers and medical charity cases. The following pointed remark is made in the above Report:—"The net increase of the profession in England during the quinquennium was no less than 826 beyond what was requisite to keep pace with the population, showing an annual *excess*, above average requirements, of more than 150."* How much greater is it in 1894? Yet the supporters of "midwives registration" tell us we require more midwifery practitioners—some 20,000 more!†

Our next contention is, that if you allow a new order of midwifery practitioners to be created, this WILL INTERFERE SERIOUSLY WITH THE TRAINING OF MEDICAL STUDENTS IN PRACTICAL MIDWIFERY. You are aware that the Medical Council has issued Regulations as to the period of study which should be devoted by the medical student to each subject. As regards the study of practical midwifery, the present recommendation of the Medical Council is as follows:—"Every student should be required to attend for three months the indoor practice of a lying-in hospital, or to have been present at not less than twelve labours, at least THREE of which he should have conducted personally under the direct supervision of a registered practitioner." The Medical Council has passed this cruel and death-dealing recommendation (No. 18, May 28th, 1888)—that a student need personally conduct only *three* labours. In November, 1890, and in January, 1891 (see Minutes General Medical Council), Drs. Glover and

* According to the Medical Register for 1893, there were 30,590 Registered Medical Practitioners; and according to the Medical Directory, 1894, there are 20,487 Medical Practitioners in England and Wales; 3,107 in Scotland; and 2,485 in Ireland.

† According to the Census of 1881, there were only 2,646 midwives in England and Wales, and I think the number is not increasing.

Athill asked the Medical Council to increase the number required to 30 cases, but the Council refused, owing it is said, to the fact that the Scottish Medical Schools had not a sufficient number of maternity cases at their disposal ; and a consequent fear that the students would have to go elsewhere with their fees, for their training in midwifery. Anyhow, when Drs. Glover and Athill moved the number of cases to be attended by each student should be increased to 30, Drs. Struthers, Sir W. Turner, Leishmann, Heron Watson, J. Pettigrew, Cameron, and Sir G. McLeod—all *representatives of Scottish Examining Bodies*, voted solidly against Dr. Glover's proposal, while Dr. Bruce, the Direct Representative for Scottish Practitioners, refused to record his vote. (See the Minutes General Medical Council, November, 1890). This recommendation of the Medical Council seems to be all the more obnoxious, because I understand that the majority of pupil midwives must attend from 15 to 30 confinements before *they* receive *their* diploma. It is little wonder that Dr. Athill said :—" I experience a feeling akin to shame at having to second so obvious and so necessary an improvement in the training of the student." Dr. Kidd said :—" the requirements were woefully inadequate." Dr. Houghton said :—" the previous discussion ended in a miserable fiasco,—a fiasco which made him positively ashamed of the Council."

Sir W. Foster said :—" the regulations of the Council in respect of midwifery were the subject of scoff and satire." Mr. Wheelhouse said, he "regarded it as little short of a reproach to the Council, that it should be said to regard *three* cases as sufficient instruction for a candidate in obstetrics, and that obstetrics were better taught forty years ago than at present." (See British Medical Journal, May 3rd, 1891, page 1185). Dr. M. Cameron said :—" a chapter of horrors might be written upon mismanagement of labour, and in which only the mystic letters appended to the operators names protected them from prosecution. If such men bungled their surgical cases in the same way, they would soon find themselves in a court for malapraxis." (See Provincial Medical Journal, January 1st, 1892, page 4).

Dr. A. F. H. Barbour, the Inspector of Midwifery, appointed by the Medical Council, to report upon the final medical examinations held by the different universities and colleges in 1888, reported as follows :—" In concluding this general commentary, I desire to state my opinion that *none of the examinations come up in all points to such* standard of proficiency as appears attainable by the methods here indicated." What do the results of examinations on this subject of midwifery show?

According to the calendar of the Royal College Surgeons, England, 1892, of 792 candidates examined in midwifery, for the diploma of the R.C.P.L., and the R.C.S., Eng., 249 could not pass the necessary test.

It is Providential some of the Examining Bodies now demand that the student be present at from 20 to 30 confinements; that many of us having recognised our ignorance in practical midwifery, and after our teachers have taken our fees and qualified us—have gone to the Rotunda hospital or some similar institution, and there obtained our midwifery knowledge; while others—by going as assistants to general practitioners, have obtained that practical knowledge from them, which has been refused us by the teachers at medical schools.

If there be not a sufficient number of maternity cases at voluntary hospitals, why does not the Medical Council petition Parliament to *throw open the Poor-law Infirmaries*, so that students may be properly trained therein in Midwifery? Or will this be refused, owing to a danger that the fees may be lost to practitioners connected with hospitals? At present, the obstetric training of students stands in urgent need of improvement. I am told that candidates for the M.B. degree of the University of Oxford are not even required to present certificates showing that they have attended class lectures in midwifery, or even conducted *one* labour. This however is to be altered in 1895, when attendance on 30 confinements will be required.

Compare this gross laxity with the requirements in Germany, where each student at his final examination must personally conduct a confinement before the examiners; attend the mother and child for at least seven days, visiting them twice daily; and send in a complete written report to his examiners concerning the progress of the case. He must also make a post-mortem examination if the mother die within seven days, sending in a report; while, if the examiners are not satisfied as to his knowledge, they make him conduct another confinement.

I have repeatedly shown that if you allow a new order of midwifery practitioners to be established, there will *not* be a sufficient number of maternity cases *with which to train both medical students and pupil midwives in practical midwifery*. To prove this statement—During the year 1890, 1,334 new names were placed on the Medical Register. About one-third of this number of students were rejected at their final examination. Therefore there would be about 1,792 senior medical students in one year.* If each of these students were required *to personally conduct* at least 30

* In 1892, of 3,823 Students who entered for their final Medical Examination, 1,348 were rejected, and 2,175 passed! In 1891, and on an average, 42.5 were rejected at their first exam.; at the second exam., 43.8; and at the third exam., 32.7. (See Minutes G. M. C., 1893).

confinements, then at least 53,760 maternity cases would be required each year. During the year 1889 I found that 50,038 maternity cases had received treatment from 54 medical charities in the United Kingdom. (11,630 cases from 18 Provincial hospitals, 27,207 from 22 London hospitals, 4,151 from 6 Scottish, and 7,050 from 8 Irish hospitals). A fair proportion of these cases were attended *by midwives and pupil midwives*, and so are not now eligible for the training of medical students. Dr. Mouat, late Local Government Board Medical Inspector, has shown that, taking an average for the 10 years 1871 to 1880, about 8,700 women were confined *in* the English Poor-Law infirmaries. (See Trans. Internat. Med. Cong., vol. 4, 1881). Unfortunately these Poor-Law maternity cases cannot be used for the instruction of medical students, as S. 20 of the Poor-Law Amendment Act, 1869, forbids it. We cannot, therefore, count these cases, although, by a strange inconsistency, such cases are now used for the training of pupil midwives. The difficulty of obtaining sufficient maternity cases will increase each year, because the general birth-rate is decreasing, and because the authorities of the City of London lying-in, the British lying-in, and the Clapham maternity *will not permit male medical students to be trained in them*. This seems to be a most unkind form of boycotting, because *women* practitioners can now enter the Medical Register: while *female* medical students are permitted to attend the hospitals. This, however, is only part of the underhand influences at work, to prevent medical students from obtaining sufficient instruction in Midwifery. The Practitioners connected with these hospitals are to be blamed for the above state of affairs. If other maternity hospitals start this plan of boycotting, those in favour of midwives registration will practically gain their ends without having a Bill passed.

The above figures show the present state of affairs. This limited number of maternity cases leads to that unpleasant state, where several medical students are compelled to visit one confinement case, and by repeated examinations *add to her suffering*. You will therefore see that we have not a sufficient number of maternity cases with which to train both medical students and pupil midwives in practical midwifery. But supposing you allow a new order of midwifery practitioners to be formed, and suppose these are legally qualified even to attend *only natural labours*, that is, 990 out of every 1,000 confinements, you can see that this would, by transferring these cases to the so-called "midwife," place *the training* of the medical students in obstetrics, *in the hands of this inferior order of midwifery practitioners*. Do any of you *honestly* say that you

could have obtained a proper training in practical midwifery from a midwife? I have heard a senior surgeon—a man who did not practise midwifery—say, that the midwife was the proper person to train students! Had I suggested to him that medical students should receive their practical training in surgery *from a bone-setter*, or their medical training *from an herbalist* instead of from him, he would have perhaps recognised the foolishness of this statement.

We lastly contend, that the establishment of a new order of midwifery practitioners would PREVENT NEWLY QUALIFIED PRACTITIONERS FROM PERFECTING THEIR KNOWLEDGE OF MIDWIFERY, DISEASES OF WOMEN, AND INFANTS. The supporters of midwives registration have always pointed out, that if midwives were legally licensed, the poor and industrial classes would employ them (7 out of every 10 confinements), and almost to the complete exclusion of medical practitioners; and more especially if hospitals gave these people the assistance of midwives, without charging any fee; or if such institutions as the Rural Nursing Association, supplied them at a cost of a few shillings. If this is to be so, then how can the newly qualified practitioner obtain *a thorough midwifery experience*? And, if he were called only to dangerous cases, he would not have that knowledge which *comes alone from practical experience*. Even physicians and surgeons must own, there was a time in *their* lives, when they had to operate on, or treat, *minor cases of surgery, and illness*. Why then should they refuse us similar means of perfecting our knowledge, *and why do they interfere*? Does the present scheme of post-graduate clinical lectures not show that the newly qualified practitioner is far from being perfect in his knowledge? Or on the other hand have some senior physicians and surgeons, fearing the increasing skill of the general practitioner of medicine, determined, at all hazards, to choke him off? These say, *the general practitioner* should not dispense his own prescriptions, but hand them over *to the chemist*. They say, *the general practitioner* should not visit for a smaller fee than 3/6, and so they try to attract all such *to their hospitals*. They say, that *the general practitioner* should transfer all his serious cases *to their special care*; and lastly they say, that *the general practitioner* should hand over all his natural labours—990 of every 1,000—to *the care of a midwife*, “as it is *infra dig*” to go out for a small confinement fee. Why do they not give these suggestions to the student *when he is about to enter college*? Gentlemen, have these senior physicians and surgeons *never* gone out for a small fee; and do we think any the less of these because they are supposed to obtain no *direct* remuneration for

their hospital services. Have some of these eminently respectable physicians and surgeons any right to exclaim—"I thank God I am not as other men are, *even as these low general practitioners?*" Suppose we say to them, that they should not treat 990 out of every 1000 *medical and surgical cases*, but hand these over to *the medical herbalist, or bone-setter*—the counterpart of the midwife—what would these Physicians and Surgeons then say? I need not further point out that it would be a very serious evil if the clinical material at hospitals, at present used for the training of medical students, were taken from them for the purpose of educating medical and surgical nurses; or, if so called minor cases of medicine or surgery were taken from the newly qualified medical practitioner.

If further, the suggestion of Mr. C. Burdett, editor of the "Hospital," were put into action, greater injury would be inflicted. He has suggested that *no* resident medical officer should be employed in the small lying-in-hospitals, but that his place should be taken by a midwife. (See pamphlet No. 6, issued by the Hospitals' Association, 1888). Such an observation could come only from a person ignorant of the requirements of Medical training; but, when taken in connection with the exclusion of male medical students from some of the lying-in-hospitals in London, it points a strong moral.

Unfortunately instead of some medical practitioners attempting to bring about so beneficent a plan—as that adopted at Newcastle and Oxford lying-in-hospitals—for the benefit of pregnant women and infants; for medical students; and for newly qualified practitioners, they are, by their action, in reality trying to reduce the practice of midwifery to that *low, and dangerous state* which it occupied before medical practitioners took it under their care, and placed it on the same high level occupied by medicine and surgery. Gentlemen, we hold that Medicine, Surgery, and Midwifery are a *sacred and inseparable Trinity*; and that if the lives of pregnant women and infants are to be protected, this can only be accomplished by keeping—not only medicine and surgery—but midwifery also, *on the same high educational level*, and by preventing the formation of a new and inferior order of midwifery practitioners.

The question is—will those practitioners who now obtain considerable sums of money by lecturing and licensing midwives, and in other indirect ways—*agree to surrender these sources of revenue?* At 22 lying-in-hospitals, the pupil midwives and pupil nurses paid in one year no less a sum than £6,556 18s. 0*

Let us continue to oppose this retrograde and dangerous proposal to

* There are about 28 lying-in hospitals in the United Kingdom.

revert to a system of the *partially* educated and *partially* qualified practitioner,—a proposal which if adopted would degrade our noble profession,—a calling which has no superior in the whole range of public life. Let us part *once and for ever* with the idea that either midwives, herbalists quacks, or bone setters, because resorted to by a small portion of the public, can ever be tacked on to medicine. Let us point out that to “register midwives” would be to follow *the backward and dangerous* custom in force in other countries, where the public are not so well supplied with medical practitioners as in England. Let us show, that as the medical calling has since 1876 been open to women, *only those women who are “fully qualified” should practise midwifery*. Let us preserve the integrity of the Educational Sections of the Medical Act, 1886,—an Act which took many years, and much labour to obtain : an effort which has been referred to by Professor Struthers as the “30 years war.” When the Royal Commissioners on the Medical Act in 1882 were petitioned by the “National Association of Medical Herbalists,” the Commissioners replied—“We are unable to recognize the justice of their demands, *which strike at the principle of the Medical Act, 1858*, by seeking to extend to unregistered persons the legal rights and privileges of registered persons.”* This should be our answer to the proposal to form an inferior order of midwifery practitioners. By the French Medical Act, 1892, the *partially educated* medical practitioner—“Officier de Santé”—is abolished, and as I have already quoted, the French public is shunning the midwife. If we persevere in our forward educational march in matters medical, and refuse to be led from this path, we shall gradually see other continental countries following the enlightened policy of England ; so placing the best and most complete medical skill *within the reach of the entire community*, and not agreeing to a degrading proposal that we should supply the wives of the wage-earning classes with an inferior order of midwifery practitioners—*whom we would not employ* for our own.

We shall gain our aims if we agree—*First*, to prevent any bill for the so-called registration of midwives from passing through Parliament. This can be obtained if each of the practitioners residing in each of the Parliamentary Divisions of the United Kingdom, write to their local Member of Parliament, and to each local Political Secretary, asking them to strenuously oppose any such bill. *Second*, we should memorialise the

*When Mr. Bell, M.P., in 1851, introduced the now Pharmacy Act, 1852, it met with strong opposition, because it proposed that the Chemist should be educated and examined in Toxicology : so practically qualifying the Chemist to treat cases of poisoning. This proposal was therefore left out.

Medical Council to recommend the Examining Bodies—that no student be admitted to his final examination until he has *personally conducted* 50 cases of labour. *Third*, we should ask the Medical Council to petition Parliament to repeal Section 20 of the Poor Law Amendment Act, 1869, so that medical students may study practical midwifery in the Poor-Law Infirmaries, and that Examining Bodies recognize certificates of attendance from such Infirmaries. *Fourth*, we should call the attention of the Committees of all lying-in hospitals to the action of the Newcastle and Oxford lying-in hospitals, asking them to gradually cease to employ midwives, and to appoint paid district practitioners, who with fifth-year medical students as their pupils, and the help of district nurses, would conduct the confinements of the poor. *Fifth*, we should memorialise the Medical Council to rule it “covering,” or “infamous conduct in a professional respect,” when a registered medical practitioner employs a midwife as his assistant, or agent in midwifery practice. *Sixth*, we should request the lying-in hospitals in London who now exclude male medical students from training in them, to rescind so deplorable a rule. *Seventh*, we should petition the Medical Council, that they consider it “infamous conduct in a professional respect” when any registered medical practitioners, other than those empowered by the Medical Acts, grant any diploma or certificate, either in medicine or surgery, or midwifery. *And lastly*, as no effort has yet been brought to a successful issue without the “sinews of war,” we should have a Guarantee Fund of about £500, so that the above suggestions may be fully carried out.

Since writing the above I have been asked—Why have I not “argued against this proposal from the highest standpoint of all—the *pecuniary*”? I am alive to this very important view. The *pecuniary* standpoint is—as in all other callings—almost the highest in the medical faculty; and for this reason. The relative position which any calling occupies in public life, may be gauged by the amount of evil and crime which it *may* commit *without being detected*, and the actual crime which such calling *does* commit. If the pecuniary rewards to the medical faculty are unremunerative; if they are reduced by small pecuniary results to such a state that they must either truckle and trim, or starve, it will be easily seen that anything which lowers their *pecuniary* circumstances will be a grave Public Danger. “My poverty, but not my will consents,” would be as frequently used a mental sedative, as it was by the Shakespearian Practitioner.

I contend, that judged from the above standpoint—the medical occupies of all, the highest position. We have it in our power—enormously more

than any other body of men—to commit crimes which will remain undetected,—abortion, infanticide, and stillbirths; the giving of a medical certificate of the cause of deaths in dubious cases; the yielding to the fear of offending if we speak of an over indulgence in opiates, or alcohol, etc.; the “winking” at cases in which we feel certain foul play has been used—the falsely pretending to nervous persons that they are suffering from some real disease; the supplying of medicines unnecessarily to patients so that a poor medical income may be augmented: these are but a few of the ways by which criminal work may be carried on undetected, and which would certainly increase if *the pecuniary* condition of practitioners be further lowered. A starved occupation, or calling, is a public danger; and I have previously referred to the overcrowded state of the medical faculty.

It may be taken as a rule, that if medical practitioners who have nothing to depend upon but what they can earn are made to work at pecuniary disadvantages they will deteriorate in their mental and moral qualities: very few good men will join this calling, and eventually the public will be the chief sufferers. This has been the history of all badly paid, overcrowded, and “starved” occupations. Competition in the medical faculty should *not* be reduced to so low a level, that practitioners will look upon disease as a Godsend. For so far, the highest compliment paid to our faculty is—that it has always placed prevention in its front rank. But work which is well paid has always attracted, and will continue to attract the best men. This is as true of the medical, as of any other calling.

If a person purchases a pound of cheese for twopence he would be a self-elected fool were he to hold, and ask the public to hold, that this pound of cheese must be of as good quality as that for which he has to pay tenpence. Similarly, if a practitioner charge a fee of sixpence only for his services, or attends a confinement for $7/6$; or agrees to give his services and medicines to a person for $3/6$ a year, he *practically* tells the patient that his services are worth only the 6d., or $7/6$, or $3/6$; that he has given them “6d. worth” of treatment; and in case of grumbling—he can truly retort—“what can you expect for sixpence”!

A portion of the public *pretend* that medical services rendered, occupy a different position to services rendered by those of other occupations. Such an argument will not bear criticism. In the matter of contract for services rendered; in our payment of taxes and other debts; we are all under one common law. This point has been established by a case reported in the “Medical Directory,” in which a practitioner was charged with man-

slaughter in respect of an operation performed by him at a confinement. The judge said that the practitioner could only be found guilty if he had shown "great, grievous, and unpardonable negligence, and want of skill," and that it would be *unreasonable to expect skill of the highest order in the case of a practitioner who only charged 15s. for his attendance at a confinement.* No doubt, competition is so keen in the medical faculty as to bring about a condition of very low fees. But this is a *downgrade* and *dangerous* condition, and instead of being encouraged, should be stopped. In Switzerland, it is provided by law that the *lowest* fee which a midwife shall take is 15s. I have heard it stated that there are still a few of the practitioners connected with hospitals, who object to this pecuniary standpoint. They wish the public to believe that they give their services for "nothing." I am sure very few honestly believe in such an argument. By being connected with a hospital they can charge one or two guinea fees, and so have a *pecuniary* gain. If they wish the public to follow their argument, let them charge the same fees as they would if not on the staff of a hospital. Their argument is as questionable as that of the fabled clergyman who said "the finger of Providence" pointed him to leave a poorer for a richer charge! No one blames him, only why call in the services of "the finger!" They are also recompensed to a very large extent for their "gratuitous" services by the fees derived from hospital instruction and lectures given to students; by examination fees from the Medical Examining Bodies; by the action of the hospital nurses, patients, and their relatives, and Committees who all act as so many canvassing agencies on their behalf; by being appointed Examiners to Life Assurance Companies; by the fact that the students whom they train, or who act as their hospital assistants usually recommend them for consultations; by the private "coaching" of students for their examinations; by the holding of salaried appointments connected with hospitals; by the sale of midwifery diplomas; and lastly, but most of all, by that satisfaction derived from ministering to the ills which afflict the poorer portion of suffering humanity.

The Fellows of the Royal College of Physicians make a great point of the fact, that they differ from all other practitioners in this, that they are debarred from recovering a debt from a patient in a Court of Law—a self-inflicted torture! But instead of this being a disadvantage it is a direct *pecuniary* advantage. It permits them to adopt the "Stores" principle of "cash payments," while, when such "Fellows" are called in to consult with us, we have almost always to act as their "collectors" of fees! Nor does it prevent them putting the debt in a Solicitor's hands,

and demanding payment ; employing a collector ; or in any other way collecting their fee *except* through a Court !*

To show that the public suffer from an already overcrowded medical faculty, I refer to the fact that some practitioners are so poorly paid and so overworked in making a mere living, they have neither the money nor the time to purchase the books, instruments, or good drugs, to change or disinfect their clothes when visiting fever patients and others ; to use the microscope and chemical tests ; or to join a medical library or society for the furtherance of their education. Here again the public are the chief sufferers, because *the pecuniary* reward is not sufficient. There is already a great amount of "gilded" or "genteel" poverty in the medical faculty, and it makes one dread the consequences if any further legislation is passed by which the already straitened *pecuniary* interests of that faculty are lowered.

*Why should any practitioners place themselves upon the same level as publicans, who can not recover payment for drink "consumed on the premises."



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