

## The Midwives' Question.

BEFORE another issue of the NURSING RECORD is in the hands of its readers, the day set aside for the second reading of the Bill for the registration of midwives, will have gone by. The present time therefore is an opportune one for reviewing the question. And, in the first place, we reiterate the views which this journal has consistently maintained upon the subject throughout the agitation for the registration of midwives—namely, that in our opinion midwifery should either be in the hands of medical men or women, or of obstetric nurses acting under their directions. By this we do not mean that a medical practitioner must necessarily be present at every confinement, but that any women attending cases of labour who do not possess a medical qualification, should report the cases which they attend to a competent medical authority, and should work under a medical practitioner, to whom they can refer abnormal and difficult cases. The anomaly of a woman with three months' "training," claiming to be an independent practitioner, and to attend in this capacity, cases requiring such skilled attention as do even normal cases of midwifery, is but the latest evidence of the truth that "Fools step in where angels fear to tread."

Assuming therefore that women who do not possess medical qualifications should invariably work under medical practitioners, the next point to be decided is the character of the training which such women shall receive. The days of hybrids are over, and unqualified women can surely only attend patients in the capacity of trained nurses. The shortest period of training which qualifies for the title of trained nurse is now recognised to be three years, and we hold therefore that an obstetric nurse should possess this qualification, besides producing evidence of special training in midwifery. It has been urged against the adoption of this standard, that there is no evidence that such highly-trained women will accept the position and responsibilities of obstetric nurses. The same argument was brought forward when the question of raising the standard required of medical men, was brought before the public, with respect to their profession, and the fact that it is borne out by experience, that the raising of the standard of medical qualifications, has resulted in the better treatment of the poor, is the best vindication for insisting upon a high nursing qualification.

### AN EXPERT'S VIEW.

OF recent public utterances upon the midwives' question, quite the most thoughtful, and most practical, has appeared in the pages of the *Woman's Signal*, from the pen of its able

editor, Mrs. Fenwick Miller. Mrs. Fenwick Miller is exceptionally well qualified to deal with the subject, because not only has she received education as a medical student, but she is also a trained midwife, and in addition takes a keen interest in all matters connected with women's work and progress. Mrs. Fenwick Miller's first objection to the proposed Bill, which "actually forbids any woman but one registered under the Act from helping others in childbirth," is that it would of necessity be ineffective, otherwise in the depths of the country, and in small villages, poor women would have no help at all, but the new law would hang over the heads of the old ladies who assist them "like the sword of Damocles, so that a spiteful medical practitioner could put it in force whenever a clever old woman interfered with his pocket-book interests." Secondly, Mrs. Fenwick Miller boldly asserts a fact which is certainly indisputable, but which, probably, would raise a torrent of opposition, before it could be enforced, namely, that "*the practice of midwifery ought to be severed from general medical practice.*" It will not be so as long as medical men may go from scarlet fever and smallpox cases, or from dressing putrid wounds, or making post-mortem examinations, straight to the bedside of a woman in the most sensitive of all conditions, and attend on her with only such antiseptic precautions as their own consciences demand. So long as this dangerous practice continues, and its enormity remains unrecognized, the better fees will continue to be taken by medical men, and the infinitesimal sums paid by the poorer classes will not remunerate a lady. But in Mrs. Stowe's faith that "everything that ought to happen is going to happen," says Mrs. Fenwick Miller, "I look forward to the separation of midwifery work from general medical practice, and its consequent elevation into a work for educated women." Mrs. Fenwick Miller next pleads for a "Bill to provide State instruction for women in this womanly art, which is at present so poorly paid that no capital can be expected to be put out on learning it." She also objects to "any proposals to make a woman's continuance in her skilled profession dependant on her getting a periodical certificate of "moral character" from her professional rivals.—*Train and hall mark the trained*—and there leave it for this generation. Before another generation the danger and wrong of mixing midwifery, and general practice may come to be recognized; and midwifery be made a distinct profession, like dentistry." The advantages of such separation are obvious, but a fundamental principle in legislating for the practice of midwifery, whether by men or women, should be, we think, that any independent practitioner should be a fully qualified medical man or woman. In connection with this subject it is noteworthy that the General Medical Council, while

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