

touching unlicensed midwives. The only thing the Council could do was to ignore them, but to make it penal, three months' imprisonment or a heavy fine, for any persons to falsely declare themselves licensed midwives. The responsibility, therefore, rests with the patient. Anyone can see the Register, anyone can ask to see a midwife's license before engaging her, and if they are too wilful or too careless to do so, they must run the risk, and suffer for it. A proposal has been made before the Council to draw up a different Code of Regulations for Urban and Rural Districts, and this appears to be a reasonable and sensible course to take. In the Urban districts, where a doctor can always be obtained, there is no excuse for a midwife overstepping the rigid code of regulations for midwives, and there is no excuse for a man risking his wife's and his child's life by engaging any other than a properly trained, certificated, and licensed midwife. But in the vast Rural districts people are often two or three days' journey from a doctor. If they are rich enough, they can engage a midwife-nurse. And here, surely, a trained midwife should be allowed to give drugs (some recognised drugs should be permitted, I mean), to turn, to remove an adherent placenta, and even to put on forceps to save life. If the patient has not got £40 or £50 laid by to secure the services and pay for the journey of a licensed midwife, she *must* be able to claim and accept the help and care of her nearest and ablest friend. In these districts it cannot be made penal for anyone to do their best, and do it alone, but in the towns it should be. The demand for licensed midwives is, however, increasing rapidly. Eight years ago such a person was unknown and unwanted. Now, not only Germans and English, but Dutch and coloured people constantly demand them, and enquire sharply into their qualifications also. In the town where I live, at least, it is looked on as a disgrace for a man to allow his wife to engage the services of an unlicensed midwife. The battle may be said to be won, if only we maintain an army large enough to occupy the position. To obtain a license the midwife must either be able to produce the certificate of the best School of Midwifery in her own country, e.g., The Obstetrical Society of London, The Rotunda of Ireland, The German Government, etc., etc., or she must be able to produce written proof of having conducted and managed at least 12 confinements under medical supervision, and also pass the somewhat rigorous examination of the Council, which is held half-yearly.

NURSES.

The case of nurses is somewhat different. Nurses are mostly in hospitals, homes, or hostels,

and their employers are responsible for their efficiency and conduct. The main advantage of the Register to them is that in any case of difficulty they can appeal to the Council—such as testimonials withheld, wrongful dismissal, or unjust accusations. The Council goes thoroughly into the matter, and in the few cases which have been brought before it, it has shown itself much inclined to take the part of the nurse. Nurses can register as midwives do, either by producing approved certificates of some foreign country and proof of three years' training and successful examinations, or, in the case of colonial nurses, proof of training, and character, and passing the Council's examination for nurses.

REPRESENTATION ON COUNCIL.

But we have one great difficulty. There is, on the Council, a representative dentist and chemist, elected by the dentists and chemists, and approved by the Governor, to advise the Council on subjects pertaining to dentistry and pharmacy respectively, and to lay before the Council the claims of dentists and chemists. There should also be a representative nurse-midwife, who should be able, not to vote in the Council, but to speak on midwifery and nursing questions. There have been various cases which show the need of this. A magistrate wrote to the Council saying a case had come before him in which he could only commit the midwife for trial for manslaughter, but he believed there were extenuating circumstances into which, as a layman, he could not enter. He begged the Council to appoint a commission of enquiry, and if the woman were acquitted on the graver charge, to take such steps in dealing with her that another woman should not lose her life through her ignorance and carelessness. After a long time, the Council replied that, as she was an amateur midwife, untrained and unregistered, they had no machinery in their hands to deal with her. Again, five licensed midwives in one town addressed the Council about a quack (also licensed). They said it was a fact that in this place several women had died shortly after childbirth, that they had all been attended by this midwife, that various charges were being continually made against her competency and professional conduct. They urged the Council, for the sake of other licensed midwives' professional status, to grant an enquiry which would either clear the midwife in question, or suspend her license for a period. After a fortnight, the Council answered by a facetious enquiry as to whether the midwives were prepared to write the death certificates themselves for the women who they stated died shortly after childbirth; and, after a lapse of several weeks, came

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