

The Relative Position of Medical Practitioner and Midwife.

With the end of the present Parliament comes the final burial of the Midwives' Bill. Peace be to its ashes. It will rise again without a doubt, but let us hope its promoters may have learnt their lesson and that they will not attempt to carry through another Bill on the same lines, but, before they attempt further legislation, will take a juster view of their obligations, both to the public and to professional women. For what was the defunct Bill but an attempt to foist upon the public a body of uneducated, imperfectly trained specialists with all the prestige which legal registration would give. That there was danger in the attempt was evidently recognised for the Bill bristled with restrictive and penal clauses, which could only have been proposed for a body of women, no men's organization would have endured them for a moment. From medical practitioners it met with strenuous and in many instances justifiable opposition. From trained nurses it had scant—too scant—attention. They recognised that it was totally inadequate, and therefore largely refrained from supporting it, but with that curious blindness of women to their own interests they did not for the most part recognize that it was most prejudicial to them professionally and they organised no opposition to it. Let us hope that they also have learnt their lesson and that they will closely watch any Bill which may be drafted in the future.

In the interim we may profitably consider the somewhat delicate question of the relative positions of the medical practitioner and the trained nurse, for, unquestionably, much medical opposition is based on the belief that midwives who are registered or licensed by the State will act as independent practitioners, and that they will in their special branch absorb the work of fully qualified practitioners of medicine. Whether this belief is a right or wrong one, if it is held, medical opposition to any measure dealing with the control of midwives will continue to exist.

The defunct Bill undoubtedly gave colour to this belief, and just so far as it did so it was pernicious; for the position of the midwife, or midwifery nurse, whichever we may elect to call her, must always be one of subordination to the medical profession, as all trained nurses are subordinate in relation to the care of the sick. There may be, there are, many cases with which she is competent to deal without medical assistance, for child bearing is a natural process, and in normal cases a properly qualified woman is, without doubt, competent to conduct the case; under such conditions therefore she can act, as in cases of sickness she never can act, without direct medical supervision. But then comes the important point;

though she may be competent to deal with cases of normal labour, directly abnormal or diseased conditions are present, the case passes out of her province. She is not qualified to act, and it is her duty, at once, to call in medical assistance. Her education should enable her to discern when such assistance is necessary, and the better qualified she is, the more ready she will be to obtain the requisite help for the patient at once, for she knows her own limitations, and has no wish to trespass in the province of medicine. She is too well aware of the danger to the patient to dare to take the responsibility involved, and it may be taken as an invariable rule that it is the well-trained woman who sends for assistance, the ignorant one who dares to undertake duties which tax the resources of the most highly-trained medical man.

Therefore, if the profession of medicine desire to place midwifery nursing on a satisfactory footing they must insist that any Bill for the control of midwifery nurses is one which will ensure not the legalization of independent practitioners, but of a body of highly-qualified women who realize their relation to the medical profession, and who are willing to assist and work with, not to compete against them. A first essential should be that no woman should be recognised or allowed to practise midwifery until she can give evidence of general training. The importance of this point must be evident to the medical profession, who rigorously insist upon it in the case of their own profession. A medical man may intend to practise exclusively as an obstetrician. He may never intend to touch medicine and surgery, but he must nevertheless go through the whole course, or he will not be permitted to take up the special branch. The position with regard to the nurse is identical. She should also go through the prescribed course of training before she can be permitted to practise any one line. After she has gone through the minimum curriculum she can then take up any special branch which commends itself to her, but the day has gone past when she can be considered qualified to take up one special branch of work with no knowledge of the others, for continually all three branches overlap.

Beyond the value of her practical and scientific education, not the least valuable part of her prolonged training, is to teach her the value of discipline, and her relation in her work to the medical practitioner. She knows that it behoves her to nurse her patient as he wishes her nursed, to carry out his directions with absolute fidelity, and to acquaint him at once with any fresh symptom, any deviation from the strictly normal, on the part of the patient. To a woman so trained the care of normal midwifery cases may be safely entrusted. It never enters into her head to regard

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