

from high quarters" that it would be hopeless to attempt any measure encumbered with a clause actually penalizing unqualified practice. The House showed in short that it grasped the fact that other interests besides those of General Medical Council merited attention, and the whole trend of the debate proved that it was prepared to safeguard those interests.

ANNUAL LICENSING.

No more welcome amendment has been made to the Bill than that which refers to Annual Licensing. A clause was incorporated in the Bill of 1900, under which Midwives were required to take out Annual Local Licenses in restricted areas, and there was a strong feeling, which was voiced both by this journal and by the Matrons' Council of Great Britain and Ireland, that such a requirement was not only unnecessary and vexatious, but that it would discourage the better class of midwives from practice, and leave the work largely in the hands of uneducated and unintelligent women. Mr. Heywood Johnstone, in announcing the substitution of notification by midwives of their intention to practice for local licensing, said that the latter system was objected to because of its inconvenience, and also because the midwives felt that they ought not to be put in the same position as mere applicants for gun licences or dog licences.

We note in this connection that the *British Medical Journal*, the organ of the British Medical Association, in announcing that the Midwives' Bill has passed its second reading, and been referred to the Standing Committee on Law, says: "efforts must now be concentrated on preparing amendments for its consideration, and on convincing members of the Committee of the necessity of strengthening the Bill in several directions." Amongst the points to which it directs attention is that it is "important to restore the system of local licence replaced in the Bill of this year by 'notification.'" Midwives must therefore not relax their vigilance, but must take measures to point out to those in charge of the Bill in the Committee stage that the re-introduction of the annual licensing clause would not only be most prejudicial to the interests of poor women, but would also create a dangerous precedent for legislation in the future.

AN UNWARRANTABLE ONSLAUGHT.

We must protest against the attitude assumed by Sir J. Barrington Simeon, who seconded Sir John Batty Tuke's motion that the Bill be read a second time six months hence. He said:—

"Every gentleman who took interest in the condition of the poorer classes around him, and had acquaintance with medical officers of health, parish and club doctors, must know that there were some poor girls who got into trouble, and married women who did not wish to increase their families, who went to a doctor hoping to induce him to relieve them by some operation. Of course, a member of an honourable profession would dismiss such a woman with a severe rebuke; but if midwives were given a certain amount of authority by registration and certificate under the Bill, the danger that such illegal operations would be performed would be enormously increased. The Bill would set up a perfectly new class of midwives with a sort of authority in the eyes of the poor, and the temptation among poor wives would be to employ those in lieu of the doctor."

Even if it were not a matter of common knowledge that certain lucrative west-end medical practices have

been built up on a questionable basis, we see no reason for this wholesale onslaught on a class of women who, as a whole, are conscientious workers of irreproachable character. It will not be the registered midwives, but the unregistered ones who will constitute a public danger.

MIDWIVES VERSUS NURSES.

We think also that, for the representative of a learned and progressive University, that of London, the views proclaimed by Sir Michael Foster are extraordinary. "If he understood the Bill it was simply to arrange that the public might know that there were special nurses, different from the ordinary trained nurses, whose qualifications he thought to be mainly these three: First, to know when to send for the doctor; second, to be cleanly, and, what was more important, to know what cleanliness meant; and, third, never to drink." Are we to assume that the "ordinary trained nurse" need know, or be, none of these things? And, once more, we must insist that the midwife is not *ipso facto* a trained nurse.

Midwives and the Census.

The Census returns show that there are 366 midwives now working in the County of London, and of these only 116 were unmarried, the remaining 250 being married or widows. It is interesting to observe that five of these midwives were 75 years of age and upwards, while no less than 163 others were between the ages of 45 and 75. These figures supply valuable evidence that the old class is dying out, and a closer dissection of the statistics proves that it is the well-educated unmarried midwife who is taking its place. For example, of the 116 unmarried workers, no less than 94 are below the age of 45. No less than fourteen midwives, or nearly 4 per cent., were foreigners—five being Russians, three Poles, five Germans, and one an Austrian. Further examination of the figures shows that the midwives are not confined by any means to the poorest districts. Indeed, they are found in every Borough with the exception of the City of London; but, whilst Boroughs inhabited by the very poor possess remarkably few midwives, other Boroughs in which there is a well-known rich population possess the largest number of these workers. For example, Marylebone has 20 midwives; Kensington, 19; Westminster, 12; Battersea, 26; Fulham, 17; St. Pancras, 17; Lewisham, 11; Finsbury, 15; and Hammersmith 14, and even Hampstead 8. On the other hand, Deptford has 5; Poplar, 6; Shoreditch, 7; Bermondsey, 3; and Bethnal Green only 2. No figures could more forcibly substantiate the argument so often advanced that the registered midwife would not condescend to work only among the poor, but would certainly compete with the fully qualified medical practitioner amongst the better classes of society.

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