

of charity, and for my part I should like to see the three Branch Councils carrying out this Midwives' Bill—if such be passed.

Clause 6 defines the duties of a Midwife—that she shall conduct “normal labours” only. Great care has been taken to avoid defining this term. The promoters—apparently more anxious to secure more for the Midwife than to protect women in childbirth—evidently trust that “normal labours” will include vertex, face, brow, breech, knee, and foot cases. I think the definitions of Spiegelberg and Sir James Sympson should be followed. Sympson defines natural labour thus—“the head *alone* presenting. The labour terminated within twenty-four hours.” A reference to mortality statistics also shows what cases are normal and abnormal.

Clause 8 places the Pupil Midwives in Scotland and Ireland under very exceptional legislation; they are not included under the ordinary clauses of the Bill, but “under such restrictions as may be prescribed.” It does not say by whom, or at what time. This clause seems to have been introduced in order to accentuate the friction at present existing as regards Scotch and Irish *versus* English medical qualifications. Perhaps Dr. Farquharson and Sir Walter Foster, who “backed” this Bill, can explain. It is to be hoped that Scotch and Irish practitioners, in conjunction with their colleges and schools, will bring this obnoxious clause under the notice of their members of Parliament. It is contrary to the spirit of the Medical Act of 1886, which places the twenty examining bodies on a legal equality.

Clause 9 gives permission to every woman who at the passing of this Act is *bona fide* acting as a Midwife to register. She should present certificates from two Doctors, one being used to check the other, as there are some low class practitioners who will not fail to trade in these.

Clause 16 (2) is one of the most remarkable in this strangely drafted Bill. It orders that no prosecution shall take place on the initiative of a *private person* without the consent of the County Council, who will collect evidence, and pay the legal fees, stating a case before the County Council. This clause gives a fair insight into the motions which prompt the promoters of the Bill. No such clause is in the Medical Act, while Clause 4 (2) of the Dentists' Act expressly states that a prosecution may be instituted *by a private person*.

Most unfortunately the promoters have dropped the clause requiring a certificate of good moral character from Midwives. Such an omission will work enormous evil, as it will allow prostitutes and persons of ill repute to study just so much as will permit them to conduct a large criminal business. If Medical Students are required to

present such a certificate, surely no valid objection can be raised. The College of Physicians and the Army and Navy Medical Services require certificates of moral character from candidates.

Having pointed out some defects, I shall refer to those additions which should be made in order to make the Bill more perfect. Clauses should be introduced, providing that Pupil Midwives be trained for four years; that Midwives cannot hold any public appointments unless registered; the presentation of certificates from two Medical Practitioners by those who have been *bona fide* Midwives wishing to be registered; that Midwives continuing to practise when removed from the Register shall be prosecuted; that they shall not employ unqualified assistants; for the admission of men to the Register; for the publication of a Register twice yearly; for penalties if a Midwife exceed her duties; for payment of the General Medical Council; for the publication of a Manual of Instruction for Midwives; for the prosecution of unqualified Midwives who practise for purposes of gain, and when the services of a qualified Midwife can be secured; for the notifying by a Midwife to the Registrar whenever she ceases to act in a county; for the supervision of Midwives; and for regulating the number of Midwives. Three of the above clauses are most important, and I shall refer to them *seriatim*.

*First*, the supervision of Midwives. Abroad Midwives are closely supervised; they send in reports, their instruments and drugs are inspected, and the appointed authority has the power of ordering them to cease practising and to undergo a further period of study if their reports show them incompetent or unskillful. Suppose a Midwife has a large proportion of maternal or infant deaths; of puerperal fever; still births (so-called). Who is to detect this if she does not report? Again, who is to see there is no falsification of report? I would suggest that each Central Body appoint and pay a registered Medical Practitioner in each sanitary district in the United Kingdom, to whom each Midwife practising in his district shall make a monthly report, according to the form prescribed by the Medical Council, and that each appointed Practitioner shall from time to time visit cases attended by the Midwives, and if he think necessary, to report to the Central Body. Should the report show her to be unskilled, she shall be required to undergo a further period of training.

*Second*, as to the training of Pupil Midwives. If Pupil Midwives are trained at Lying-in Hospitals, the clinical material will be absorbed, and with this result, that Students will experience the greatest difficulty in securing the number of

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