

pecting to be mothers employing persons of their own sex to attend them in labour, they strongly protested against ignorant and partially uneducated persons being recognised by law as competent to attend midwifery, as it would be a retrograde step, and fraught with great danger to the public. To be competent to attend obstetric cases, a complete education in medicine and surgery, as well as of obstetric practice was absolutely necessary. To legalise the registration of midwifery diplomas would be to undo all the good effected by the Amended Medical Act, which was placed on the statute book after many years of agitation and hard fighting by medical reformers. By the proposed Bill a registered midwife would be entitled to attend in cases of natural labour only, in accordance with the prescribed regulations, but he contended it was impossible to draw a line where natural labour ended and an unnatural or abnormal labour began, and to prescribe regulations would be utterly futile. A natural or apparently straightforward labour might at any moment become a complicated or unnatural one, and it was just those cases where the skill and judgment of the thoroughly trained medical man, promptly applied, often most certainly saved life. In his own practice he had known cases where everything was going on in the most satisfactory manner up to a certain point, and suddenly a change had taken place such as convulsions, hæmorrhage, cardiac syncope, a prolapse of the cord, or other conditions requiring immediate use of the instruments, blood-letting, administration of chloroform, or other measures which only a qualified medical practitioner would be justified in employing. He had no hesitation in saying, after more than thirty years' experience as student and practitioner, that midwifery was the most anxious and trying of all medical work, and its successful practice called for more skill, care, and presence of mind than any other branch of the healing art. Another objection to the Bill was that if women were legally empowered to attend midwifery, it would be impossible to prevent them from giving medicines to their patients both before, during, and after parturition, and hence they would, to all intents and purposes, be medical practitioners. It would be impossible to draw a line where the medical care of a patient should begin or end. And, as a matter of course, the midwife would undertake the care of the newly-born infant, and would not send for a doctor unless death appeared to be imminent. The professed object of the Bill was to provide trained and educated midwives for the public, but it would permit the registration of a woman now practising midwifery, whether she had had any training or not, and it was not intended, if the Bill passed, to prevent any person, male or female, educated or uneducated, from practising as midwives. It only prevented them from assuming the title of midwife, or recovering fees in a court of law. The Bill made no provision for the registration of men who practised midwifery. He failed to see how the man midwife could logically be excluded from the benefits of registration. He strongly impressed on the Committee the necessity of putting every possible obstacle in the way of the practice of midwifery by women not fully qualified in medicine and surgery. Many midwives were engaged by boards of guardians to attend the poor. This should be put a stop to. The poor should be provided with skilled attendance as well as the rich. He desired a law enacted that all parish midwives should be legally qualified medical practitioners. There need be no difficulty in obtaining the services of qualified women to act as parish midwives. Create the demand and the supply would follow. Large numbers of young women were studying medicine in England and Scotland for whom he saw no hope of earning by the practice of their profession in the United Kingdom one-half of the sums they had paid in fees unless they obtained public appointments such as parish midwives or medical officers to institutions established for the treatment of women or women and children. The Bill would open the door to evasion of the Medical Act by medical men who kept branch practices and employed unqualified assistants. Registered midwives would be placed in charge of branch practices, and it would be impossible to prevent them from being so employed, as,

being legally qualified to practise obstetrics, their lawful employment by medical men could not be held to be "infamous conduct" in a professional respect. There would then be the anomaly that doctors who employed unqualified female assistants could do so with impunity, while those who employed unqualified male assistants would be liable to be struck off the *Register*. The practice of midwifery by women was a relic of barbarous times. The profession had no fear of the competition of midwives, but on the grounds of public safety they ought to be thoroughly trained. It was not to be expected that in three months they would be able to learn even the terms applied, much less the physical anatomy of the parts. The public were well able to discern the difference between skill and ignorance; and, except on the ground of economy, he had never in his experience known a woman in confinement to prefer a woman to attend her rather than a man. It would be unjust to put women who were not fully qualified, in competition with men who had obtained a medical diploma after a five years' curriculum. It was much more difficult than in years gone by to treat women in confinement successfully, for as the results of civilisation the life of women in town was such that there was a very much larger proportion of difficult cases requiring the use of forceps and other instrumental aids, and that number was increasing with each advancing generation. The Witness then quoted in proof of this statement some statistics from the cases which he had attended within the past ten years.

Dr. HUGH WOODS stated that medical men engaged in general practice objected very strongly to the legal registration of midwives. By midwives he did not wish to be understood as meaning obstetrical nurses; the two ought not to be confounded. Obstetrical nurses should be trained in the highest manner, and registered legally. A midwife was an anachronism and a relic of the dark ages, and their registration would prevent the very desirable extinction of midwives—women who considered themselves competent to perform the part both of the doctor and the nurse in confinements. Anyone who undertook the duties connected with parturition should have a thorough medical training, and should be well acquainted with the laws of anatomy. There could be no distinction drawn between normal and abnormal labour, and it was in the normal cases that the largest mortality arose. Everything should be done to discourage the idea that normal labour did not require the most skilled treatment. Three months' training was utterly insufficient. He considered that three years' training was necessary. To recognise any woman as capable of attending confinements would be to recognise by law a pernicious doctrine, and one calculated to do great harm. No scientific obstetrician ought to maintain that there was any case of labour which ought not to have the benefit of the skill of a thoroughly-qualified doctor, either male or female; but if a woman, she should have the capacity to go through the medical course before being permitted to practise midwifery.

The CHAIRMAN: Is your objection to the registration of midwives founded upon what is proposed in the Bill, or do you think that under no circumstances it would be desirable to register or give certificates or licenses to certain classes of women to perform what they now do without license?

WITNESS: It would be highly objectionable, as it would be giving a legal sanction to their competency, which is non-existent, for they are not competent to attend, and if they could be prevented so much the better.

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I AM glad to note that under the patronage of the Exeter Literary Society and several members of the Medical profession, it is proposed that a course of six lectures on Elementary Nursing be given by Nurse WILLIAMSON, M.R.B.N.A. There will be two lectures in each week, viz., Tuesday and Friday afternoons, at 3 o'clock, at the Barnfield Hall,

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