AN ADDRESS ON THE EDUCATION OF MIDWIVES, CON- SIDERED IN CONNECTION WITH THE MIDWIVES REGISTRATION BILL.¹

By LOMBE ATTHILL, M.D.,
Ex-Master Rotunda Hospital.

PREVENTIVE MEDICINE, or, as it is more commonly termed, "Sanitary Science," has made great progress during the last twenty years. Indeed, until within the recollection of the present generation it can hardly be said to have been recognised by the public as forming a part of medical science, or been insisted upon as a branch of medical education. Jenner's discovery of the protective powers of vaccination was the first great step in the science of preventive medicine. Now thousands of additional lives are annually saved by careful sanitary engineering and by ample supplies of pure water; by Lister's discoveries; by those of Pasteur and others; and last, though we may hope not least, by that of Koch.

Diplomas in sanitary science are issued by all the licensing bodies, and the standard of education necessary to obtain them is very high. The General Medical Council insists that for the future a year must elapse from the date of the candidate's obtaining qualifying degrees or licences in medicine, surgery, and midwifery, before he can present himself for examination for a diploma in sanitary science, and that interval must be devoted to study in a laboratory and in outdoor sanitary work. All this is right. The Medical Corporations in Great Britain are actively engaged in promoting the study of preventive medicine; yet the lives saved by their efforts are hardly more than those yearly sacrificed by the incompetence, carelessness, or indifference of those who attend women in the lower grades of life during parturition. Children die unborn in our great manufacturing towns; hundreds perish within a few days or hours of birth from the same causes; mothers die undelivered, or delivered too late to save life, because the midwives failed to recognise an abnormal presentation, or the existence of some cause impeding delivery. How many more sink and die in consequence of errors arising from ignorance and incapacity after delivery, or drag on a miserable existence from the results of ignorance or from injuries inflicted by, perhaps, well-intentioned but injurious attempts at assistance, must remain for ever unknown. But from what comes to the knowledge of those medical men who have opportunities of judging of the matter, it must be enormous, and yet no attempt has been made by the State to remedy in any way this crying evil; while some of the medical corporations—to their shame be it said—give no encouragement to candidates for their degrees or licences to obtain anything more than a mere smattering of obstetric medicine and surgery.

But the graduates and licentiates of these bodies are educated persons, and most of them, without doubt, set themselves to work to remedy the errors of their education; but what is to be said about the women who attend the majority of the midwifery cases occurring annually in Great Britain? Few have, or profess to have had, any training; they are absolutely ignorant of everything connected with their adopted calling except what they may have picked up from old women probably nearly as ignorant as themselves. That the patients and their offspring die in large numbers is no wonder; that they should carry infection from house to house, ignorant as they are of the causes producing puerperal disease, is a matter of course, but the State seems to care for none of these things, and cannot be induced to take a step in so important a matter. The cause of this is obvious, for the question is surrounded by great difficulties.

Women, to be competent midwives, should first be educated, and when educated examined by competent examiners, and granted a certificate. These simple requirements are

easily stated, but when they come to be carried into effect the question of when, for how long, and by whom are these women to be trained and then examined arises; and in the present state of things—at least in England—great difficulties in these respects present themselves and cannot be easily overcome, for the means of educating a number of women do not exist.

The State having failed to do its duty in this matter, private individuals have come forward, and a Bill has been introduced into Parliament entitled "The Midwives Registration Bill." By whom it has been drawn up or inspired I have no means of knowing, but it appears to have been by a person or persons who, with the best intentions, have possessed but a limited knowledge of the important and difficult subject with which they were dealing. From the provisions of the Bill no less than from its title it seems evident that the principle on which the authors of the Bill based it is this: Enforce the registration of midwives, and in time centres at which they may be educated will spring up. I quite admit that, in accordance with the law of supply and demand, there is something in this; but what is to be done till such places come into existence? and who is to certify that such-or-such a place affords fair opportunities for acquiring the requisite education?

The first of these difficulties is got over by the simple process of putting every woman who has at present a claim to be called a midwife at once on the Register; I do not see how anyone who has been present at even a few cases of labour could under the clause be refused. At any rate, irrespective of character or of circumstances, all women who can call themselves midwives are to be registered, and once so they are not liable to be prosecuted by any private individual except with the consent of the Attorney-General or of a County Council. All these women must die out before educated women can take their place. I would ask: What during that long interval is gained by registration? Nay, does not the fact that these uneducated women become recognised practitioners in midwifery elevate them, and impress the public with a false sense of their value, and thereby inflict an injury on those amongst whom they practise?

Again, why should a licensed midwife be granted a probable immunity from the consequences of misconduct not granted to medical men? and the injustice done is enhanced by the fact that whereas it will be impossible to have charges against midwives accused of drunkenness, incompetence, or disgraceful conduct properly investigated, except by the creation of a competent court, which necessarily must entail considerable expense, no provision is made to create or provide for the erection of such. The Privy Council are, indeed, to provide for erasing the names of offenders from the Register; but how can this be done unless funds are provided to defray the expense? The names of medical practitioners are liable and frequently are removed from the Register by the action of the licensing bodies, or by the General Medical Council; but these midwives, who undoubtedly will be their rivals in practice in many districts, may be fairly considered as safe from interference except in cases of an extraordinary nature. Injury to medical practitioners must not for a moment be allowed to interfere with any legislation calculated to benefit the community, but injustice must be carefully avoided.

The Bill further provides that the General Medical Council, or failing it the Privy Council, shall make "rules regulating the conditions of admission to examination, the qualifications of examiners, the methods and periods, and the subjects of examination and the general standard to be attained" by women, while the County Councils shall appoint examiners; these Councils shall also grant certificates to those who pass, and keep a register of the midwives ordinarily residing in their district. Doubtless there are other minor details, but what I have stated is a fair outline of the Bill. It contemplates the registration of all women hitherto acting as midwives, and the examination and registration of those who for the future desire to become midwives, but no course of education is to be required.

With respect to the drawing up of rules for the conduct, etc., of the examination, it is well known that the General Medical Council will most likely refuse to act; the whole working, therefore, of the Bill, if it becomes law, will devolve on the Privy Council. I ask any reasonable man: Is it likely any

¹ Read before the Section of State Medicine of the Royal Academy of Medicine in Ireland.

Government department like this, with the enormous and multitudinous mass of work which devolves on it, is fitted to, or ever could, efficiently discharge the duties thus thrust on it? It is a body in which neither the public nor the profession will in this case repose confidence, nor is it in any way fitted for the task.

Next comes the consideration of the duties which are to devolve on the County Councils. They are to appoint examiners. Now in the election for members of these Councils politics play the chief part, and an examiner will in nearly every case be elected, not for his professional attainments or fitness, but because he or his friends belong to one or other of the sections which can command the most votes. Doubtless the sanction of the Privy Council is required; but that is pretty sure to be a mere form. With examiners chosen and examinations conducted by such bodies, the whole is sure to become rapidly inefficient, and the admission of these untrained women to the Register a mere farce. The more closely you examine the Bill the more evident it becomes that registration is almost the sole object aimed at by the framers of it.

To my mind, registration without close and efficient supervision is objectionable. Midwives once placed on the Register become, no matter whether the framers of the Bill deny it or not, medical practitioners—practitioners, no doubt, of a lower grade, but still practitioners, possessed of a legal qualification granted by virtue of an Act of Parliament, and by the registration of which the privilege of suing for fees is granted, and also protection from prosecution in cases of misconduct, in at least a great number of instances; and yet these practitioners are not to be required to produce any evidence of training, and are therefore almost certain to be in a very great number of cases—if not, as I believe, in the great majority—quite ignorant of their profession.

What, then, is gained by registration, since the women put on it in the first instance—estimated as being 15,000 in number—are admittedly so ignorant that this very Bill is introduced to protect the public from them? That their successors will be little if really at all more competent than they are is very doubtful, and if there be no machinery whereby incompetent and careless midwives as well as those of bad character can be removed promptly from the Register, the matter is made worse.

The Bill prescribes that a midwife must act "in cases of natural labour only;" but who is to define what a natural labour is? Some, following Denman's classification, exclude breech presentations; some consider a breech a natural presentation. Who is to decide?—and until decided, how can a midwife be punished for breach of the law? Again, the occurrence of hæmorrhage doubtless removes the labour from the definition "natural;" but some hæmorrhage generally occurs, and, excluding very serious cases, it will be a nice point to decide whether the midwife has acted legally or not in a given case of hæmorrhage. Twin births are not "natural labours." What is the midwife to do on discovering, after the birth of one, a second child *in utero*? It may be born in a few minutes; but if she delivers the woman she breaks the law. This provision of the Bill cannot be enforced, and is practically useless.

The advocates of the Bill lay great stress on the assumption that "the effect of the Bill will be to diminish the number of women now following the calling of midwives." I think in this they are entirely mistaken; they forget the law of supply and demand. If the Bill were to effect its purpose and create a really educated class of women, it is quite certain the number so educated and registered would be greatly less than that of the uneducated women now practising; but the reduced number would almost certainly prove insufficient to meet the demand, and as certainly would uneducated women be employed by the poor. Moreover, the educated women would be fairly entitled to, and would generally obtain, better remuneration than the present class of women receive, and—for economy, if for nothing else—the latter would, in many instances, be employed. No law could be framed in this free country, where every impostor is allowed to practise medicine, that could stop uneducated women acting as midwives. Doubtless they could be punished for calling themselves "midwives," but no one could be punished for styling them so; in fact, my belief is that the effect of the Bill would simply be to create a lower grade of partially-educated mid-

wifery practitioners, while the mass of the poor would still be attended by "the ignorant Gamp already in existence."

It is easy to criticise the Bill, but much more than this is needed. It is the duty of those interested in sanitary science to consider what can be done to raise the standard of education amongst the women practising as midwives, and I think it will be admitted that to effect this object those desirous of becoming midwives should, in the first instance, be carefully trained and examined, and granted a certificate if found efficient.

To accomplish these objects, the first steps, in my opinion, should be: (1) To establish educational centres where these women could be trained and instructed; and (2) to establish competent examining boards. Neither of these requisites can at present be said to exist in England, though doubtless in London and in a few larger towns attempts, on a very limited scale, have been made, but the system at present in force is most inefficient, and would break down the moment the Bill became law, when a large number of women would in consequence present themselves for education.

To carry out these two fundamental principles will be impossible without the active co-operation of the profession and of the public; and, indeed, to put us upon a par with other countries, State aid will be required, as is the case in Prussia and elsewhere, and in no better way could public money be expended. Maternities will have to be established, and it will not do to have a maternity existing in name only in this or that town or city under the nominal charge of some busy local practitioner. The medical man in charge must be prepared to devote a great part of his time to the work, for if there be patients sufficient in number to make it worthy of being considered an educational centre for the training of even a limited number of midwives, the supervision of the patients and the training and teaching of the pupils will leave little time for private practice, and a salary sufficient to attract competent men must be forthcoming.

Consider what the duties of the surgeon or physician in charge should be. He should be summoned to every case in which any departure from natural labour takes place. He should visit every case subsequent to delivery, many of them necessarily daily for a considerable time; he should personally instruct, or at least supervise the instruction of, the pupils while in charge of cases, and give oral instruction to the class almost daily. Without this—and I speak from long personal experience—the training of these women will be a delusion. Bear in mind what the class of persons who, as a rule, seek to be trained as midwives are; they are generally middle-aged women—and, indeed, I think it is well that they should be so; many are servants who have saved a little money, and expend a portion of it in paying for their training, and their intellect and education is that of women of their class, neither more or less. A woman may have been a housemaid, cook, or lady's maid for some ten, fifteen, or more years, and decided to adopt the calling of midwife; or be a widow anxious to earn a living; but be they young, married, widows, or old maids, the education of nine out of ten will be of a rudimentary and imperfect nature; they will be able to read and write as servants do, but the difficulty experienced by persons of this class in taking up new ideas is immense; words which seem so simple to us—as "os," "pelvis," "sacrum," etc.—to them present great difficulties; and when you place in their hands an elementary work on midwifery, they simply cannot understand it; you must explain in the simplest language, and with the aid of diagrams, the knowledge you wish to convey, and it must be gone over day by day, and again and again, to make them comprehend your meaning; tact, and above all patience, is required, and lectures must be in a great degree catechetical. Systematic lectures are of little use; I speak on this part of the question with great confidence. Of course there will be exceptions amongst the women presenting themselves, but they will be few; and if, as is possible, women of a superior rank by-and-by seek in any numbers to be trained, their education will doubtless be better, but, if this be the case, you will have them absorbing the patients who at present pay a small fee to regular medical practitioners, and the poor will be reduced, as at present, to employ uneducated women, who may not, indeed, be able to call themselves midwives, but will certainly act as such. Great stress is laid by the promoters of

the Bill on the fact that the title "Midwife" cannot be used, if the Bill becomes law, by unregistered women. For myself, I see little gained by the title being dropped if the practice remains—as I believe it will—of employing uneducated women.

Over what length of time should the training of these women extend? In a general hospital the minimum period of training a probationer before admitting her to the rank of nurse is a year. Should a shorter time be demanded for the training of a midwife? I think not. Still, I believe it will be found impossible, in practice, to devote even this short period to their training. In the Rotunda the term required before the pupil can be examined for her certificate is six months, but they are carefully trained, the opportunities of learning are great, and they are instructed that even after they obtain their certificate, or their "diploma" as they usually prefer to call it, they are only competent to conduct cases of natural and easy labour, and that on the least deviation therefrom they should call in a qualified practitioner, and, as a rule, they do so.

By whom should the examinations be conducted? In the Rotunda the Master and his two assistants, in accordance with the provisions of the charter, examine and grant the certificates, but obviously that system is unsuited for the majority of places in which the education of midwives may be hereafter conducted, and I think the examination of these women should be placed in the hands of the existing licensing bodies. They are surely numerous enough. The Victoria University and that of Durham would supply the north of England; Cambridge and Oxford could co-operate if they wished; from London two examiners could, at stated intervals, be sent to any locality in which one of the licensing bodies found a difficulty in meeting with competent examiners, and a fee of £2 2s. will, I believe, prove sufficient to meet the necessary expenses. I do not make any reference to Ireland; the system at present in existence works fairly well, and in addition to the two chartered hospitals, the Royal College of Physicians of Ireland has under its charter special powers to examine and license midwives, and a few from time to time are examined and licensed, but the diploma of the Rotunda is so well known and so valued, that that of the College is seldom sought for. The fee there is £2 2s., and the course of education required is six months at a recognised lying-in hospital or maternity.

What form of diploma should be granted? I think that issued by the Royal College of Physicians in Ireland as good as any; they are licensed by it to practise as "midwives and nurse tenders," the latter term conveying the same significance as "monthly nurse" does in England, and consequently in England the latter term should be substituted for it. It is an advantage to join the two titles together, for it clearly shows that the holder of the diploma is not a fully qualified practitioner in midwifery.

I have reserved the question of registration to the last. I believe it is unwise to register these women. If registration be enforced it manifestly becomes the duty of the State to see that the Register be kept pure. Considering the number of names there would be on it, that would be a difficult matter, and it would be essential to have a special court, on which at least two experienced medical men should have seats, to investigate all charges made against midwives. Seeing that in every case purely professional matter would certainly crop up, if not be the only one to be investigated, a barrister, either as chairman or assessor, should be added. All this would involve much expense, and is certainly to be avoided. The end in view—that of supplying fairly educated midwives to the poor—can only be attained by affording facilities for education. If these were obtainable and courts of examiners established, it would, I think, suffice if it were made an indictable offence for any woman to assume the title of midwife who was not the holder of a certificate granted by the examiners appointed by one of the licensing bodies, the holder of which should also be alone able to recover fees or hold any office under a board of guardians or other authority. These women would be pretty sure to look after their own interest and have the law enforced. The several licensing bodies should also have the power of erasing the name of any midwife from the roll, and compelling her to surrender her certificate or diploma in case of misconduct.

All that I have suggested obviously hinges on the establishment in every large town of maternities under the charge of capable medical men. That such do not exist is a disgrace to England. General hospitals abound, poor lying-in women alone are neglected. The Bill at present before Parliament has no claim whatever for support except in this—that it might stimulate the establishment of maternities, so that my aim might indirectly be furthered by it becoming law; but its defects are so numerous that the chance of doing this must not be considered. I hope that those who brought it forward will be induced to reconsider the matter, and that, with more information before them, they will succeed in having an Act passed calculated to be of real use to the poor. But to effect this it is, I think, absolutely essential that a Select Committee be appointed, with power to take evidence and to report to Parliament before any legislation be undertaken.

ABSTRACTS OF THE MILROY LECTURES

ON

DIPHTHERIA;

ITS NATURAL HISTORY, AND PREVENTION.

Delivered before the Royal College of Physicians of London.

By R. THORNE THORNE, M.B., F.R.S., F.R.C.P.,

Assistant Medical Officer to the Local Government Board; and Lecturer on Public Health at St. Bartholomew's Hospital.

LECTURE I.

DR. THORNE THORNE commenced these lectures by recalling the labours of Bretonneau and his desire to attach a specific name to a specific phlegmasia which should be anatomically distinct, as also Hirsch's criticism that the identity or otherwise of two or more diseases in a group could only be determined by having regard to their anatomical, clinical, and above all their etiological aspects. He then referred, first, to the failure from the anatomical point of view to differentiate between the several membranous affections of the throat; next, to clinical medicine as not supplying the means of distinguishing between the infective or the benign character of throat diseases, and, whilst claiming that great advances had in recent years been made as to the etiology of the disease, he admitted that in this respect, too, we have many of the former difficulties still to deal with. It was next shown by reference to statistics that during the last decennium there had been a substantial increase of diphtheria mortality in this country, and that a very significant portion of this increase had taken place in the metropolis. This increase was the more remarkable because, whilst it had been in progress, the zymotic group of diseases—and notably those causes of death which were amenable to sanitary administration and public health measures—had undergone steady diminution. He next referred in some detail to the statistical researches of Dr. G. B. Longstaff, and to his comparisons of the relative diphtheria mortalities in districts that were divided into dense, medium, or sparse, according to the density of their populations; and from these statistics it was shown that, whereas antecedent to 1860 the diphtheria rate for the sparse districts was double that for the dense districts, the rates during the period 1871-80 for these respective districts had come to be nearly equal. In short, the incidence of diphtheria was undergoing a change, and the preference which it had formerly shown for rural areas was being transferred to dense communities. Indeed, the increasing excess referred to in the case of London was found to extend to the large towns and cities as a whole, these urban districts having in 1889 a diphtheria mortality of 0.26 per 1,000 as opposed to one of only about half, namely, 0.14, in 1881. The circumstances detailed were, it was alleged, such as to call for a searching inquiry into the natural history of the disease, especially as regards its causation and prevention.

Turning next to the historical aspect of diphtheria, it was shown that a disease indistinguishable from it—and this even