I will conclude these few remarks by quoting the following words from a report of the late Registrar-General, Dr. Farr. He says: "The excess in the number of deaths from what have been called the accidents of childbirth tells strongly in favour of the efforts that are being made for the education of the midwives by whom so many of the women of England are attended. Until lately, it was assumed that midwives were born, not made; their professional education was wholly neglected or left to chance, and still rests on an unsatisfactory footing. The law of Nature is that women shall bring forth in 'sorrow,' not in death."

THE REGISTRATION OF MIDWIVES AND THEIR POWER TO PRACTISE INDEPENDENTLY OF THE PROFESSION.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association, held in Birmingham,

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I SHALL first notice, and try to answer, the statements put forward by those who think that there should be a State recognition of a special class of midwifery practitioners.

1. That the fees charged by doctors for confinements are too high. It may be safely laid down that the fee charged by a doctor who practises among wage earners is fixed by the midwife. In other words the midwife's fee is the lowest fee; and so he has to come down to it. It is a matter of business or competition. The midwife's fee varies from 5s. to 20s. Some doctors employ qualified or unqualified assistants, and, therefore, are the more able to compete. The Derby Friendly Society Medical Aid Association lately advertised for a medical officer who would be paid at the rate of 5s. 3d. per confinement.

On July 24th, 1847, the Poor Law Commissioners issued an order, in which it was stated that guardians were given the power to pay their medical officer a fee varying from 10s. to 40s. for attendance on a confinement, or immediately after a confinement. Some Unions carry this order out; others make their medical officers contract themselves out of it by signing an agreement when they are appointed; while other Unions engage a midwife to do the work at a lower fee than 10s. Thus the Islington Union pay the midwife 7s. 6d. per confinement; Exeter, 5s.; Isle of Thanet, 5s.; Bristol, 5s.; Thingoe, 5s.; Stepney, 5s.; St. Pancras, 6s.; Whitechapel, 6s.; Norwich, 4s. Thus the system of downward competition is introduced, and with the result that many poor women are made invalids for life, and special hospitals are filled with chronic uterine disorders and ruptured perineums. Cheap labour is generally badly performed labour. The incomes of manual wage earners are increasing steadily, and they should now depend less on the charity of others. Taking all these facts into consideration, can we not dismiss the argument referring to high fees? Does anyone suggest that the future midwives are going to accept smaller fees than now charged? For my part, I feel that if the future pupil midwife is made to undergo a more expensive education, her labour must be rewarded by higher fees. There are a few well-to-do doctors who hold that a practitioner should not accept a smaller midwifery fee than from two to five guineas. But if a young man accept fees of 10s. or 15s. from a class of the community whom he knows cannot pay more, if he wishes to improve the very imperfect training which he has received at college, if he prefers to work instead of leading a lazy life, surely such a man is to be encouraged. It is, moreover, to be remembered that there are many men who make an honest livelihood with these fees. The midwifery fees are not now excessive, and a new order of midwives, if thoroughly trained, cannot afford to give their labour at the low rate of pay now in force.

2. That there are from 10,000 to 13,000 midwives in England. The 1881 census returns showed that there were only 3,000. In 1868 the Obstetrical Society collected a few statistics and published them in vol. xi of their *Transactions*. But circumstances have altered greatly since then, and the demand for midwives has decreased enormously. Even in France, our representative in 1875 reported in the following words: "At the present time medical men attend a great many more deliveries than formerly, and are gradually taking the place of midwives, especially in towns." Dr. Maccabe, of the Irish Local Government Board, tells

me that there are 325 midwives engaged by the Irish Poor Law, and that each midwife is paid on an average £16 4s. per annum—not so much as a general servant. I have written to over 400 English Poor-law Unions which have over 300 inmates; only 115 replied. Of these 82 do not employ midwives while 18 do employ them and 15 employ nurses who act as midwives. I wrote to 61 Scotch Poor-houses, and find that 7 employ midwives and 24 do not. I have counted in the local directories of nineteen of the large towns in the United Kingdom the names of all those entered as midwives, and find that there are only 424. (These figures are incomplete; but they go to show, in part, at least, that most misleading and exaggerated statements have been made as to the number of midwives. Naturally there are most midwives in those towns possessing a lying-in hospital, and in which pupil midwives are trained.)

3. The third argument I take from the prospectus issued by the Midwives' Institute: "It is calculated that seven out of every ten confinements take place without the presence of any medical man." According to the Report of the Registrar-General for 1888, 878,863 births were registered. Therefore, from the above statement, we are asked to believe that 659,901 labours took place without, and only 216,967 were attended by a medical man; that is, the 18,000 medical practitioners in England and Wales attended only twelve confinements each per annum! If midwives conducted the remaining confinements, then each of the 10,000 midwives had sixty-five cases in the year. But we know that a great number of confinements are conducted by unqualified assistants and by medical students when taking out their cases.

4. That there is not a sufficient number of medical men. The Fourth Report of the Statistical Committee of the General Medical Council showed that there was, in 1886, 1 doctor to every 1,662 persons, these including paupers, criminals, lunatics, and those attending our medical charities. Supposing half of the 1,662 are females, and that half of the females are between the ages of 21 and 45, and that one quarter of these are unmarried, and therefore not requiring the aid of an accoucheur, this will give us on an average 1 doctor to every 312 women.

5. That there is not a sufficient number of medical men in the country districts. The report above referred to states that there was 1 doctor to every 2,199 acres. (This proportion does not, of course, include unqualified assistants, hospital dressers, etc.) But although it has been stated that there are not sufficient country doctors, I have not heard of any midwives who propose practising in these localities. Indeed, I rather think they will congregate in the towns.

6. That the death-rate among women attended by skilled midwives is 1 in 600, while with unskilled midwives it is 3 in 600. The Registrar-General's Report for 1888 states that in one year there were 4,160 maternal deaths from the "accidents of childbirth," or 4.73 maternal deaths to every 1,000 births. All know how very deceptive the figures relating to childbirth mortality may be, owing to the fact that one defines "puerperal period" as 7 days, another 14 days, a third 21 days, while the Registrar-General says it should be 31 days. The death-rate also varies in different countries: 1.42 in Huntingdonshire to 7.49 per 1,000 in North Wales. I would suggest that this death-rate variation is due to a great many causes, and I should think that it will be found to vary with the number of unqualified assistants employed, and with the condition of health of women before marriage. Even the greatest supporters of the Continental system of midwives have not attempted to show that the puerperal death-rate abroad is less than in this country.

Having examined some of the arguments put forward by those who are in favour of bringing in a new class of midwifery practitioners, I shall ask your attention to a few other points. The prospectus of the Midwives' Institute tells us that "confusion exists in the public mind as to the difference between midwives and monthly nurses." It says: "The midwife undertakes the cases herself without a doctor, and is, in fact, engaged instead of one." Now, if midwives are to conduct all the "normal labours" as defined in Clause 6 of the amended Midwives Registration Bill, would it not be better if someone defined the term "normal labour?" And here I would say that the term "normal presentation" should be substituted for that of "normal labour." Spiegelberg says that only those presentations are normal when the vertex presents. Barnes, on the other hand, quotes Naegele as saying that presentations are normal when the long axis of the child nearly corresponds with the long axis of the pelvis. If the latter is so, then midwives would be qualified to conduct vertex, brow, face, breech,

knee, and foot cases—conditions carrying with them great danger to the infant and mother. If midwives are to conduct all these labours, how many will be left for medical men? If doctors are not called in to "normal labours," how will they retain their skill and be able to treat "abnormal ones?" Some time ago Dr. Graily Hewitt corrected me for saying I believed that this movement for the registration of midwives must be looked upon as the narrow end of the wedge which was finally to drive doctors from midwifery work. Do not the above references prove my statement? The public has not asked for legislation on the subject, and I think, if a vote of the profession were taken, they would be found opposed to it. No doubt the present Midwives Bill says that midwives are to conduct normal labours only. But what is the good of such a clause when it is known that the promoters of this Bill have refused to insert a clause making it illegal for her to exceed her duties? Moreover, if at present the midwife is forbidden to use forceps, to turn, perform craniotomy, and to vaccinate, I have it from one of the most active promoters of the Bill, that soon a Bill may be introduced giving her the power to perform these operations. Midwives abroad have this power. Therefore it will be argued, Why have they not similar powers in England? The cry will be raised that a great number of infants perish yearly for want of timely help, and because the midwife is forbidden to use the forceps, or turn.

Again, if the midwife is called in, and not a practitioner, many mothers will suffer unnecessarily. For instance, the pregnant woman who has heart, lung, or kidney disease, may, if seen some weeks before her confinement, be treated so as to increase her chances of recovery to a maximum. The woman with a deformed pelvis might be helped by the induction of premature labour; the woman with a malpresentation—if detected in an early stage—might have this rectified; while she who has a valvular disease of the heart might have been saved by a little timely help.

Further, if pupil midwives are trained in any number, they will use up a very large proportion of the material now employed in the training of medical students. At present it is a difficult matter for students to "take out" their requisite number of cases. It is not an unusual thing for as many as five or six students to be at one case. In other towns the medical student and pupil midwife go to the woman under the care of a midwife. Therefore in any Bill introduced I trust a clause will be inserted providing that pupil midwives shall not be trained at any hospital or institution unless there is more than sufficient material for the education of students. There is no use in improving the status of the midwife if this is achieved at the expense of the medical student.

Lastly, if a new class of midwifery practitioners is introduced, the number of maternal deaths, and of stillbirths, will increase. Criminal stillbirths and stillbirths from culpable negligence will increase. I say this, as the promoters of the Midwives Bill have now withdrawn the clause which requires a certificate of good moral character. The Continental laws are particularly careful to exclude prostitutes and to secure a certificate of good moral character. I therefore fear, if we do not advance with the greatest caution, we shall introduce a system which will exceed in its worst features baby farming and infant insurance. I think few of us have any idea of the number of stillbirths which occur in this country—I do not speak of cases of abortion, miscarriages, or premature labour. I find that at one of the fifteen Liverpool cemeteries 227 stillbirths were interred last year. How many were interred at the other fourteen, and how many are interred in the cemeteries throughout England? how many were thrown into ashpits, into sewers, buried in gardens, or found by the police? This country does not require the registration of stillbirths, but I trust that, if a Bill is passed, it will contain a clause providing that in all stillbirths an official *post-mortem* examination must be performed.

I hope I have shown that we must advance with the utmost caution. Let us remember that the demand for legislation on the subject of the registration of midwives comes only from a very few. There is no call for undue haste. The working classes have not asked for legislation, while those Poor-law Unions who employ midwives do so because of the cheap labour. We have been repeatedly referred to the state of affairs as regards midwives in Continental countries. I contend, however, that we are far in advance of these nations, and that to follow them in this matter would be a retrograde movement. In Continental countries the hospital is a State-established and State-supported institution. The pupil midwife is frequently chosen by, and educated by, the State, and treats the State's poor. In fact she performs many

of the duties of an English Poor-law medical officer. Does any one wish to see her supersede the Poor-law medical officer or the public vaccinator?

I would suggest that the entire subject of the registration of midwives be referred to a Select Committee with power to take evidence. In the meantime let us improve the educational standard of students in midwifery; let us discourage the employment of unqualified assistants; let the Poor-law authorities cease to make their medical officers contract themselves out of their extra medical fees order, so that poor women may have proper treatment. Let our monthly nurses be far better trained, and let those who wish it have lady doctors; but the question of legislation for midwives is not yet ripe. If we now begin to register the present midwives we shall have to provide a State register for nurses of all kinds. Then prescribing chemists and unqualified assistants, who will, without perjuring themselves, say they have treated a number of sick persons for a number of years; they will also demand to be placed on a State register; and, for my part, I cannot see how, if we register one class, we can refuse to register the other, for the unqualified assistant, nurse, and prescribing chemists are as much one of the recognised institutions of our time as are midwives. The public largely employ all these; should we encourage them to do so? Let us hope that this little agitation is but the flicker which precedes the dissolution. The country does not want midwives. If women wish it let them either train as monthly nurses or enter the medical profession by the usual channel. The old apothecary has gone; let us hope that the lady doctor of to-day will take the place of the ancient midwife.

Dr. MURDOCH CAMERON would strongly urge that midwives should be educated, examined, and recognised by proper registration. He was convinced that there was a sphere of usefulness for such women, as there was a very large class who were quite unable to pay a large fee and who yet had a proper feeling of independence which prevented them from seeking charity from any maternity hospital. The midwives, however, should be under proper supervision.—Dr. A. E. A. LAWRENCE supported Dr. Aveling's proposition that midwives should be bettered.—Mr. HALLWRIGHT considered it most important that midwives should be properly supervised, especially as to the strictest registration of all cases of premature births and stillborn children, as if any midwife showed a larger than normal proportion of such cases, it would draw the attention of the proper authorities to the fact, and would be investigated, with the result that crime would be prevented. All medical men would feel that much valuable time was wasted by skilled practitioners in attending perfectly normal cases for a most inadequate remuneration; they would be glad to know that the poorest class could have skilled attendance in their confinement, and would be glad of a Bill which would secure this.

REMARKS ON A CASE OF ACUTE GOÏTRE OCCURRING DURING THE PUERPERAL PERIOD.¹

By W. McDONOGH ELLIS, M.D.(BRUX.), M.R.C.S., ETC.

MRS. W., aged 23, was delivered of her second child on January 9th, 1889, after a tedious labour, in which low forceps were necessary. She did well until January 30th, that is, twenty-one days after delivery, on the morning of which day she woke up with pain in her neck, which she found to be slightly swollen. When I saw her, two days afterwards (February 1st), there was a large swelling of the size of a Tangerine orange in the region of the left lobe of the thyroid body; this was painful and very tender to the touch. The swelling moved up and down with each act of deglutition. There was no redness of the skin and no infiltration of surrounding tissues.

At the same time that the swelling commenced she complained of severe bearing-down pains over the sacral region, and of a return of the red uterine discharge, the amount being as much as was present just after labour. The discharge was not at all offensive. Her temperature at this time was 101°, and she complained of a feeling of general *malaise*. There was no dyspnoea and no difficulty in swallowing, although the act of deglutition produced pain in the region of the swelling. On the following day the

¹ Read before the Bath and Bristol Branch of the British Medical Association.