ON THE INSTRUCTION, EXAMINATION, AND REGISTRATION OF MIDWIVES.*

By J. H. AVELING, M.D.

MR. PRESIDENT AND GENTLEMEN,—I am very glad the Council of our Branch has given me the opportunity of introducing, for discussion this evening, the subject of midwives; because, in the first place, it shows that the interest of the profession in this question is becoming aroused; and, secondly, because I am sure that many difficult points relating to the instruction, licensing, and registration of midwives will receive considerable elucidation at your hands.

The word *midwife* is derived from *mid*, with, and *wif*, a woman—a with woman, or *cummatr*. In Spain and Portugal, the word used is *comadre*; in Italy, *comare*; and in Scotland, *comer*, *cummer*, and *kimmer*. The word *obstetric*, from *obsto*, to stand before, has also the same meaning as the foregoing words. When I use the word *midwife*, I mean a person not necessarily possessing any knowledge of the theory of medicine, but one able to undertake the management of natural labour, to detect anything abnormal requiring further assistance, and even, in some cases of emergency, to employ active treatment until such assistance can be obtained.

The necessity for such a class of women is undoubted. Among the poor population of villages, a large proportion of women, varying from thirty to ninety per cent., is attended by midwives; and in large manufacturing towns the proportion is equally large. In every other country but England, midwives have a recognised position, and are under the direct protection and control of the State. Up to the middle of the eighteenth century, they were licensed by the bishops; but since that time any needy woman, no matter how degraded or ignorant, may pretend to be skilful in midwifery, and perform unheard-of cruelties with impunity.

A laudable attempt was made by the Society of Apothecaries in 1813 to get enactments passed for the examination and control of midwives, but without effect; and since that time, although the subject has been constantly agitated, no serious effort has been made.

The first step necessary to be taken is to provide those intending to be midwives with suitable instruction. This has been carried on to some extent in London, Manchester, and other large towns, by the medical officers attached to lying-in hospitals; but, when we consider that, according to the computation adopted in Germany and France, we ought to have in England alone no fewer than 11,500 midwives, it must be at once apparent that this is a task beyond private enterprise, and one requiring powerful State aid. The only organised attempt to grapple with this great undertaking is that made by the Obstetrical College in Great Portland Street. Its objects, as stated in its prospectus, are: "1. To establish an Obstetrical College for educated women. 2. To obtain such amendment of the Medical Acts as will give women access to a registrable diploma for the practice of midwifery, and confer upon properly educated midwives a defined professional status." These propositions are admirable in themselves, and must at once secure sympathy; but, when they are analysed and minutely examined, several unsatisfactory aspects present themselves. The most of these have their origin in a pardonable pride—an aiming too high, and an attempt with such a small hand to grasp so huge a subject. To provide us with 11,500 midwives, they establish an Obstetrical College for "educated women". Why not for women who can read, write, and calculate? They would have a woman, before she begins to practise midwifery, to pass one or other of the following examinations: the Preliminary Examination in Arts at Apothecaries' Hall; the Matriculation Examination of the Edinburgh University; the Examinations for Women at the Universities of Oxford, Cambridge, or London; the Senior Local Examinations of Oxford or Cambridge; or obtain either of the Certificates issued by the Royal College of Preceptors of London.

It requires an active imagination to realise 11,500 women thus educated living as midwives in isolated country villages, perhaps having to augment the fund which their poorly paid services might produce, by charring at the hall or washing for the rectory. The Obstetrical College aims too high; it wishes to make medical women, not midwives. Its students are to be "ladies," not sensible poor women possessing bodily strength, and a tolerably good elementary education. It also teaches them the treatment of the diseases of women; its object, therefore, is not to instruct and license poor women in midwifery, but ladies to profess "obstetric science and its accessories;" in fact, to

raise up a legitimate class of inferior ill-instructed female general practitioners of medicine, who, with small pains and little expense would be in a fair position to compete with medical men who have, after long toil and great cost, fully qualified themselves for practice. The Obstetrical College is sitting between two stools, the *midwife* and the *medical woman*; and if it would not have the proverb fulfilled, it must, to obtain a secure and lasting position, shift either one way or the other.

Generally speaking, a midwife's occupation consists more especially in tending to the wants and comfort of her patient, the actual labour being a physiological process to be watched rather than interfered with. It is true, however, that more than this is sometimes required. Sudden emergencies, demanding prompt action, will occur, and it is, therefore, necessary, that she should be able to discover early anything unnatural in a confinement calling for more skill than she possesses. Such intelligence as the Obstetrical College would demand cannot be expected in so large a body of women; average mental capacity and a natural aptitude for the occupation should alone be required. An ordinary midwife can never be a practitioner ranking in education and position with medical men.

Three modes of instruction have been adopted in this and other countries. 1. By a sort of midwifery missionary system, in which the teacher travels about from place to place, giving oral and practical instruction to all the midwives residing in the neighbourhood. 2. By oral instruction in a small institution, and clinical tuition at the houses of the patients. 3. By that method of teaching which is wholly given within the walls of one building, a lying-in hospital and school united. Probably a combination of the last two systems is the best, for a midwife who has no knowledge of domestic midwifery can scarcely be looked upon as completely instructed. A labour conducted in a hospital, with every comfort and appliance at hand, is a very different affair from one taking place, perhaps, on the floor in a corner of a room, with scarcely an article of furniture in it, or, in fact, any of the necessities of life.

For the instruction of midwives it would first be necessary to erect lying-in hospitals and schools in London and other large towns. A staff of teachers, medical men, and midwives, would have to be appointed to each; and the amount of instruction, the method of imparting it, the length of time the pupils should be required to study, the age and conditions under which they should be received, and numerous other questions, would have to be determined. In doing this much, assistance might be gained by carefully examining the working of the excellent midwifery schools in Germany, Russia, and France.

Speaking broadly, they should be taught—"a. The elementary anatomy of the female pelvis and generative organs; b. The symptoms, mechanism, course and management of natural labour; c. The indications of abnormal labour and the emergencies which may occur in practice; d. A general knowledge of the puerperal state; e. The management of new-born children; f. The conditions as to air, food, chambers, etc., necessary for health; and g. The duties of the midwife, with regard to the patient, and with regard to the seeking of medical advice." (*Obstetrical Society's Regulations*.)

It is a remarkable fact that, since the time of Andrew Boorde in 1547, up to the present time, more than twenty distinct proposals for the instruction and licensing of midwives have been published. Amongst the modern ones, Miss Nightingale's is the most valuable. She would erect in an open, airy site, in the immediate vicinity of the centre of population, a lying-in institution of forty beds in single-bed or four-bed pavilions. The staff to consist of one matron, one head midwife, one assistant-midwife, one deputy assistant-midwife, thirty pupils, and four domestic servants. There would also be a medical officer, non-resident, who would make his morning and evening visit, and be called in by the head midwife when any difficult case occurred. He would also give instruction, scientific and practical, to the pupil midwives, such instruction to extend over two years. Her plan is worked out to the minutest details with admirable care; and, if carried out, would very materially assist in rearing a race of midwives competent and creditable to the age in which we live.

If it be an undoubted fact that midwives must be, and this I have never heard disputed, it is certainly necessary that they should be properly instructed. It is not reasonable to suppose that the poor women themselves can organise a scheme for this purpose, and the question consequently arises—to whom does this duty belong? My answer is, the State should do it, under the advice of the General Medical Council. Its performance is of such magnitude as to be beyond the reach of private charity, and of such importance as to demand State protection and aid.

When provision has been made for the instruction of midwives, it will be necessary to adopt some scheme for testing and attesting their

* Read before the Metropolitan Counties Branch.

knowledge. This is at present done in several different ways by individuals upon their own responsibility, by the medical officers of lying-in hospitals, by the Obstetrical College for Women, and by the Examining Board of the Obstetrical Society of London. A question has lately been raised, whether the College of Surgeons has not also this power. In a bill which they obtained in 1852, it is enacted "that a board of examiners be appointed by the said College for the purpose of attesting the fitness of *persons* to practise in midwifery, and of granting certificates of such fitness, and that such board shall consist of not less than three persons." (Sec. 17.)

The question whether this clause applies to male as well as to female practitioners in midwifery, depends entirely upon the interpretation of the word "*persons*." If it be ruled that it includes both sexes, it must also be decided that the "three persons" who are to form the board of examiners may be women. It would be awkward for the Council to have to decide that the word "person" meant both sexes in one line, and only the males in the next. I believe that two of the ladies from the Obstetrical College have applied to the College of Surgeons to be admitted as candidates for the midwifery licence, and that the subject is being considered by the Council.

The examination and diploma instituted by the Obstetrical Society of London is looked upon by its Fellows only as a tentative measure. It is believed that some more authoritative licence will be required, and the Society desires to perform this function merely as long as it remains unfulfilled by the corporate licensing bodies. A bill similar to that obtained by the Royal College of Surgeons in 1650, for the purpose of attesting the fitness of persons to practise as dentists, would effect this end; or a similar plan to that employed in Moscow might be adopted, by the London University converting into a diploma the attestation of the examiners of the Obstetrical Society of London. Something more than the certificates at present granted by individual medical men and by the physicians of lying-in hospitals is required. The licence must be given by some body holding a high and responsible position, and be such as the General Medical Council could accept and register.

In the days of our forefathers, when there were no Colleges of Physicians and Surgeons and no Society of Apothecaries, the bishops looked after the interests of the public, and granted licences to physicians, surgeons, apothecaries, and midwives. These bodies, with the exception of the last mentioned, have long since taken into their own hands the power of issuing licenses, and have obtained from Parliament charters protecting themselves and the public from quacks and mountebanks. Midwives alone remain unprotected and uncared for; in fact, they are now in a worse position than they were centuries ago, when every woman practising midwifery was obliged to be a "sworn midwife," possessing a licence from the bishop of her diocese.

A bishop's license to a midwife ran as follows, and cost about eighteen shillings.—"Whereas We understand by good testimony and credible certificates that you the said Elizabeth Chapman are apt and able, cunning and expert, to use and exercise the office, business, and function of a Midwife, We therefore by virtue of Our Power Ordinary and Episcopal, Do admit and give you power to use and exercise the said office, business, and function of a Midwife in and through our Diocese and Jurisdiction of Rochester, with the best care and diligence you may or can in this behalf, indifferently both to poor and rich, as also to perform and accomplish all things about the same, according to your oath thereupon given you upon the Holy Evangelists, as far as God will give you Grace and enable you. In witness whereof, etc."

Owing to the sacred dignity and power of its donor, this licence was valued and respected. Why should midwives be worse off now than then? There can surely be no just cause why midwives who are sufficiently instructed should not be able to procure certificates from such an authoritative source as would command the trust and confidence of the public. If neither of the existing licensing bodies will undertake the task, let us have by all means a twentieth examining body, constituted with full powers to perform this important office; and if this is not practicable, then let us see whether the bishops cannot be prevailed upon to resume their licensing functions. Anything would be better than the present indifference and neglect.

Having determined to instruct, examine, and license midwives, the next question which arises is—Are they to be *registered*? And then—How is this registration to be effected? I believe that the midwife's license, to be of real value, should be of a registrable character. Her qualification having been obtained, it should be made compulsory that a midwife should register it. The General Council of Medical Education and Registration would probably undertake to do this. Until it is done, the public can have no protection from ignorant and rash women, and no ready method of selecting a competent practitioner. Two resolutions, passed in March, 1872, by the General Medical Council, show that

that body recognise the importance and urgency of this question. It was moved by Dr. Acland, seconded by Dr. Stokes, and carried—

"That a committee be appointed to consider and report whether the General Medical Council has power to make rules for the special education of women, such as may entitle them to obtain a qualification to be certified by the Council.

"And that the committee do further report for what purpose such qualifications, if any, should be granted; what are the most desirable means for educating, examining, and certifying in respect of them, with especial reference to midwifery, the management of medical institutions, dispensing, and nursing."

Dr. Stokes said that midwives were practitioners, to a certain extent, of a branch of surgery and medicine, and that the interests of that large number of poor who came under the care of these female practitioners ought to be cared for; also, that the Council should not be an examining body, but that it should register the qualifications derived from licensing bodies. Time will prove whether the General Council will take further action in this matter. I believe it will. But registration should not only be a safeguard to the public, it should also protect the midwife from the competition of ignorant pretenders. It must be made illegal for any but a registered midwife to call herself a "midwife," or to practise the calling of a midwife for profit or gain; and the infringement of this law must be enforced by pains and penalties. In Austria, a midwife who practises without a diploma is fined six thalers for the first offence, double that amount for the second, and is imprisoned for the third.

The second question—how is the registration of midwives to be carried out?—is not so easy to answer. The ordinary midwife can never be looked upon as a medical person, and no one can aspire to be on the *Medical Register* who has not passed through a full medical curriculum and a comprehensive medical examination. Besides, anyone whose name appears in the *Register* has a legal right to practise medicine; and it is this fact, I believe, which has prevented the diploma granted to dentists by the College of Surgeons from being registered. Could not, however, a supplementary or sub-register be instituted, in which the names of dental-surgeons and midwives might appear? Some alteration in the law would probably be required to effect this, but surely it is due to the recipients of an authoritative diploma that its object, which is to defend the public from ignorant pretenders, should not be defeated for want of authoritative publication.

I have no wish to magnify the office of a midwife, for, judging from my experience of her in the country, I am quite sure she can never be a person having any claim to high social or scientific position. Compared with a skilled obstetrician, she is as the organ-blower to the organist; still, we cannot ignore her. The surgeon has separated himself from the barber, and the apothecary from the grocer, but our relations with the midwife can never cease. In practice, we must constantly meet her, and her very weaknesses and inability to improve her position must always claim our sympathy and assistance.

Mr. P. H. Holland has favoured me with the following suggestions regarding the licensing of midwives. I believe, however, that he is disposed to modify the clause relating to annual registration.

"I propose that the Medical Council should be empowered to license any person as a licentiate in midwifery for a year, and to renew such licenses annually upon the attestation of the London Obstetrical Society, or other approved examining body, to the effect that the candidate bears a good moral character, is respectable in conduct, and has had an opportunity of learning the art of midwifery. *a.* By attending a course of instruction satisfactory to the Medical Council; *b.* By attending labours in company with persons nominated by the Society as skilled in midwifery who certify the practical competency of the candidate; *c.* By passing a satisfactory examination in the theory and practice of midwifery. That the license shall be annually renewed without further examination upon attestation satisfactory to the Medical Council, that the licentiate continues to bear a good character for morality and respectability of conduct, and has not been guilty of carelessness or malpractice endangering the life of any mother or child under her care. The Medical Council shall publish annually a list of the licentiates in midwifery whose licences have been renewed, and also of those whose licence have not been renewed, with statement of the reason for such non-renewal. The fee for such licence and for each renewal thereof shall not exceed (2s. 6d. ?). Any person assuming the title of licentiate in midwifery without licence obtained or renewed within the preceding twelve months shall, on summary conviction, forfeit and pay any penalty not exceeding ten pounds."

Besides the registration, licensing, examination, and instruction of midwives, there is still another point of great importance, which in the construction of any comprehensive scheme must not be overlooked, viz., their *supervision*.

It has been found advisable in other countries that midwives should remain under State control and supervision during the time they continue in practice. In Prussia, a midwife is not allowed to establish herself in a district without the permission of the authorities, who decide whether one is required, and whether she will have a fair chance of gaining a living. She is relieved from all taxes, and receives a fee at every marriage, birth, and baptism which takes place in her district. If her instruction at the midwifery school have been paid for by any particular county, she is, after obtaining her diploma, obliged to practise in that county for five years. Each midwife is compelled to keep a diary, in which she must enter a faithful account of every labour she attends. This journal she has to show to the obstetric commissioner or inspector, when he visits the district in which she resides. From it he copies the statistics of the cases she has attended, and in doing so finds out whether there has been any undue mortality, the cause of which requires investigation. The midwifery statistics of the whole country are thus most accurately obtained, and every birth, whether it be premature, still-born, or abnormal in any way, is registered. The value to humanity and science which this arrangement ensures can scarcely be overestimated. The obstetric inspector also re-examines each midwife at stated periods to see if she be progressing in knowledge; for her education, like that of a medical man, must not be considered completed when she has obtained her qualification. During this interview she has the opportunity of asking him questions relating to her social position, or concerning any difficulties she may have met with in practice. Every midwife is provided with an authorised manual on midwifery, possessing which she is able to refresh her memory, and extend her information.

A large part of this excellent organisation might be adopted with great advantage in this country. How many valuable lives would have been saved had our midwives only known that an inspector was coming by-and-by to investigate, like a coroner, every fatal case occurring in their practice; and that delay in sending for further help, unwarrantable interference, ignorant neglect, and all the other causes of death which may befall parturient women through their inefficiency, would most certainly be discovered and punished. As the law stands now, England proves herself to be utterly indifferent to the lives of her poorer daughters. When they are most helpless they are often left heartlessly to the care, or rather carelessness, of coarse and totally uninstructed women, whose direful work only now and then attracts attention from its very hideousness.

It is to be hoped that the extended interest which is now displaying itself in their general welfare will soon lead to the appointment of a commission by Government to investigate and report upon the present condition of the midwives of this country, and to gather from the experience of this and other European states the best method of remedying the present deplorably ignorant condition of this important body of women—a condition which a writer has lately very justly declared to be “a scandal and a disgrace to a country which calls itself Christian and civilised.” Were such a commission to examine witnesses from that class of medical men who labour most amongst the poor, their answers would provide materials for a “blackbook,” whose pages would so startle the public with their horrible tales as to ensure the prompt and effective interference of the Legislature.

Before concluding this paper, I would ask you to bear in mind the three following facts.

1. Sixty per cent. of the poor women in villages and manufacturing towns are attended in their confinements by midwives.
2. The majority of these midwives (probably 10,000 in number) are uninstructed and uncontrolled.
3. The fatal results to both mothers and children, arising from the ignorance of midwives, are notorious.

With these three facts fully impressed on our minds, none of us, I am sure, can by any logical process arrive at any conclusion but this—viz., that the present condition of the midwives of this country is most unsatisfactory, and demands immediate attention and amelioration. In dealing with the question we have but two alternatives: we must either abolish the whole race of midwives, or we must instruct them. Licensing and registration are of great consequence, but instruction is of primary and paramount importance. We cannot feed and fatten a man without giving him food; nor can we, by licensing and registration, without instruction, make a midwife. If, then, we decide not to attempt the impossible task of annihilating midwives, we must undertake the possible but difficult enterprise of training them. It has been done in Russia, Germany, and France; and what Russians, Germans, and French have accomplished, surely Englishmen can do. It cannot be that our nation cares less about the welfare of its wives and daughters than other countries; and yet we must admit that there exists a colouring of truth in the taunt which is sometimes hurled at us when this

subject is spoken about. We have our Society for the Prevention of Cruelty to Animals; but a midwife may inflict frightful tortures unquestioned. The captain of a ship may not take command of a vessel without having shown proofs of his seamanship; but a midwife, utterly ignorant, may take charge of a woman in labour, and the State cares not with what result. Dense ignorance alone can be the cause of this indifference. Facts painfully plentiful exist, sufficient to make out such a strong case for parliamentary action as would insure the sympathy of all political parties. The subject, however, it must be remembered, is a large one, and cannot be dealt with in an offhand manner. To grapple with it successfully, great perseverance, extensive investigation, and large political experience will be required—in fact, just such qualities and powers as are possessed in an eminent degree by many of our members. By improving the existing condition of the midwives of this country we should do credit to ourselves, and confer an immense boon on the public; and I cannot conceive an undertaking the accomplishment of which would, more than this, bring greater internal satisfaction, or a larger share of external respect and approbation to our important and powerful Association.

ON VOMITING OF HABIT.

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THE class of cases to which attention is here drawn would ordinarily be grouped under the head of hysterical vomiting: but the term hysterical is from many points of view inappropriate; for, first, this particular kind of vomiting is met with in boys; secondly, it occurs in girls before the age of menstruation; thirdly, it yields to the same kind of treatment in both sexes alike. It may, perhaps, be called vomiting of habit; for, although in certain instances it may at the outset originate in some really morbid condition of the stomach or liver, yet it is afterwards perpetuated simply by force of habit, long after the exciting disease has gone and left no traces; while, at other times, it seems to begin without any assignable cause, and to be continued as a habit for months, or even for years.

The subjects of this bad habit are, as a rule, young; of either sex; of what is called a nervous temperament; quick and clever, but irresolute; often descended from parents in whom some neurosis or some imperfection in mental capacity has already manifested itself. Their condition is on the border-land of that of the adult malingeringer; but they differ from the latter in this respect, that they are sometimes reduced by the habit to a serious state of weakness and ill health, and that the vomiting from long continuance becomes rather an automatic than a voluntary act. Their mental state has been well described by Dr. West in his interesting chapter on “Mental Peculiarities in Childhood,” in which will be found some instructive illustrations of this quasi-malingering in children.

They go through their performance in various ways. One child will find it necessary, directly after food has been taken, to run to the water-closet, where the surroundings seem at once to give the stomach the necessary hint. To another, the mere sight of a basin after meals is sufficient to excite the act. A third, too weak to get out of bed, will raise himself into a particular posture and begin to vomit whatever food has been taken. The stomach has no time given it for discharging its proper functions, but the food is brought up as soon as it is swallowed. There is also no indication of pain, or even of the discomfort, which ordinarily precedes the sickness of a diseased stomach; while the regularity with which the act takes place after food, together with the absence of all cerebral symptoms, enables one to distinguish this kind of vomiting from the irregular vomiting of cerebral disease.

In the treatment of these cases, all medicines fail; and even the carefully restricted diet which would be advantageous in chronic vomiting from diseased stomach, proves quite unavailing. Small spoonfuls of milk and lime-water, which would be retained by a person with ulcer or cancer of the stomach, are no sooner taken than they are rejected. The first thing to be done is to separate the child from its parents, and give a fresh colouring to its daily impressions by means of new faces and new influences. Next, the child must be watched, and notice strictly taken of the way in which it sets about vomiting, so that one may be enabled, with the help of a kind and firm nurse, to suddenly interrupt the usual performance, and so break in upon the habit. In the cases recorded below, a genuine cure was effected in this way after many weeks or months of medical treatment had failed, and where