THE EDUCATION OF THE STUDENT IN PRACTICAL MIDWIFERY.

By ROBERT REID RENTOUL, M.D.

THAT the education of the student in practical midwifery is sadly neglected, when we consider the attention which he is compelled to give medicine and surgery, few practical persons will dispute. The fact, however, that in his future practice this student will be brought into much closer relation with midwifery and diseases of infants, should induce the medical authorities to look much more closely into this question; one which so intimately bears upon the lives and health of women and infants.

Sir W. Priestley, in the *BRITISH MEDICAL JOURNAL* of August 3rd, 1895, p. 284, is reported as having said, when speaking of puerperal mortality: "While the great advance has been made, however, in public institutions, I regret to say that progress of a like kind has not taken place in private practice. The later researches of Dr. Boxall have made it clear that there is a large preventable mortality among puerperal patients attended at their own homes, and if this continues it may become a standing reproach to us that women delivered in lying-in hospitals are actually safer than those confined in their own homes, which at one time was quite the reverse."

Granted that the above statement is so correct as to justify its publicity before the annual meeting of our Association, it must follow that when the chief medical authority in the British Empire recommends that students be admitted to their qualifying medical examination after having personally conducted only three confinements, something is sadly out of joint.

It is more than a pity that the traditional hatred which some Fellows of the Colleges bear to the practice of midwifery should still linger among some of those on our General Medical Council. Unfortunately the lives of thousands of mothers and infants have been sacrificed to this unmeaning hatred. In 1733 the Fellows of the Irish College of Physicians ordered that no one practising midwifery should be granted their diploma. Consequently they made themselves a laughing stock by refusing it to Sir Fielding Ould. Why did these Fellows think it degrading for a medical practitioner to practise midwifery? In 1765 the Fellows of the Edinburgh College of Physicians, ruled that no one could be admitted a Fellow whose "common business it is to practise midwifery;" and, further, that if any Fellow practised any of these "low acts" he was to be degraded. In 1811 the Fellows of the London College of Physicians actually went to such bitter extremes as to order that no practitioner should be made a Fellow if he practised midwifery. In 1843 the Fellows of the College of Surgeons of England also took this down-grade track, and ordered that no Fellow would be admitted to the Council of the College if he practised midwifery. On May 2nd, 1827, the London College of Physicians, in an official document to the Secretary of State to the Home Department, when speaking of midwifery, characterised it as "an art foreign to the habits of gentlemen of enlarged academic education"! It is little wonder, then, that when these self-styled leaders of a humane calling acted in this careless manner the death-rate in childbirth was enormous. In 1783 the Fellows of the London College recognised partly their gross blunder, and began to grant their single diploma in midwifery; while in 1858 the College of Surgeons of England began to grant its single diploma in midwifery, and to those who had neither a medical nor a surgical qualification. Strange to say, those who had only this diploma of the Royal College of Surgeons of England were permitted, by the Medical Act, 1858, and up to 1886, to have their names registered in our *Medical Register*.

Fortunately in 1886 a fresh move was made, with the view of placing midwifery upon the same high level as medicine and surgery; from that year it was enacted by the Medical Act that on and after 1887 no one could have his name placed upon the *Medical Register* unless he had passed a qualifying examination in the three subjects of Midwifery, Medicine, and Surgery. This enactment, which has done away with the singly-qualified practitioner, was forestalled

by the English Local Government Board in 1859, and by the Irish Board in 1862, when they ordered that all candidates applying for the post of Poor-law medical officer must be doubly qualified—that is, in both medicine and surgery.

Many of us complain that the General Medical Council has for so far failed to carry out the true meaning of the Medical Act, 1886, because it fails in reality to place midwifery on the same level as medicine and surgery. It can be readily seen, by looking into the certificates required by the various examining bodies, that these are far more exacting in the case of the study of medicine or surgery by the student during his five years than they are in the case of midwifery. Section 3 of the Medical Act, 1886, enacts that "the standard of proficiency required from candidates at the said qualifying examinations shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery, and midwifery." There is nothing in this enactment which would lead any person to believe that the study by the student, and his examination in midwifery are to receive much less attention from the medical authorities than does medicine. For instance, the student who wishes to enter for the M.B. Durham University must, as regards his study of medicine, show (a) attendance upon lectures on medicine, 12 months; (b) clinical medical lectures, 12 months; (c) medical hospital practice, 18 months; (d) medical clinical clerkship, 6 months; and (e) *post-mortem* demonstrations, 24 months. But as regards the study of midwifery, he has only to show (a) lectures on midwifery and diseases of women and of children, 6 months; (b) clinical obstetrics, 3 months; and (c) 20 cases of labour.

A study of the mortality statistics of childbirth will not justify our General Medical Council in ignoring the vast importance of a proper training of the student in practical midwifery. Even "natural labours" are no trivial occurrences. In 1893, in England and Wales, of a total deaths of 539,958 persons, 5,950 were women who died from puerperal fever and the other accidents of childbirth, that is, at least 1 death in every 95 of the total deaths was that of a woman in childbirth. From 1871 to 1893 no fewer than 48,374 mothers died from puerperal fever, and 50,211 from the accidents of childbirth in England and Wales. This is a shameful state of affairs. But how much higher would these statistics be if they were correct records? The Registrar General has expressed constantly his regrets as to the untrustworthiness of the puerperal mortality returns, while McClintock has said that "one-fourth is not too much to allow for deaths omitted in the registration returns of deaths in childbirth."

As regards particular confinements, Duncan has shown that 1 in every 15 women in her first confinement dies. Thus the maternal mortality is actually much higher than that following major surgical operations. Yet the General Medical Council seems to refuse to recognise the practical bearing of these fearful statistics. In the same way the death-rate from puerperal fever is very high, and partly because the student has to work up his knowledge in "midwifery, diseases of women and of infants" in six months. If any support were required for my contention that the General Medical Council should see its way to seriously study this vital question, a perusal of the sick rate of maternity and of the heavy infant death-rate after midwifery operations will give due support.

For some time past a few earnest men have tried to rectify this lamentable state of affairs. When Dr. Glover brought the subject before the General Medical Council in 1891, Dr. Athill said: "I experience a feeling akin to shame at having to second so obvious and so necessary an improvement in the training of the student." Dr. Kidd said that "the requirements were woefully inadequate." The requirement is, that the student must have conducted personally only three cases of labour before being admitted to his final medical examination. Dr. Haughton said: "The previous discussion ended in a miserable fiasco—a fiasco which made him positively ashamed of the General Medical Council." Sir W. Foster said that "the regulations of the Council in respect of midwifery were the subject of scoff and satire"; while Mr. Wheelhouse said he "regarded it as little short of a reproach to the Council, that it should be said that to regard three cases

as sufficient instruction for a candidate in obstetrics," and "that obstetrics were better taught forty years ago than at present." These remarks, made by members of the General Medical Council, will surely make it reverse its vote on Dr. Glover's motion of 1891, when he was beaten only by 12 votes to 10. When Dr. Murdoch Cameron says: "A chapter of horrors might be written upon mismanagement of labour, and in which only the mystic letters appended to the operators' names protected them from prosecution. If such men bungled their surgical cases in the same way they would soon find themselves in a court for malpraxis," surely his words should be attended to. And when Dr. A. J. H. Barbour, acting as Inspector of Midwifery examinations, under the appointment of the General Medical Council, in 1888, reported: "In concluding this general commentary, I desire to state my opinion that none of the examinations come up in all points to such standard of proficiency as appears attainable by the methods here indicated," it is time that the General Medical Council and the medical examining bodies had taken action. The facts also that some of the examining bodies accept certificates of attendance from students who have "been present" at confinements, under the teaching and instruction of a midwife; while the number of rejections of students at their midwifery examinations all point conclusively that the requirements of the General Medical Council bearing upon the so called education of the student in midwifery, are bearing a sad result.

If the examinations themselves of students in midwifery could have some educational value, one would not be inclined to pay so much attention to the previous clinical instruction. In this country, however, the qualifying examinations comprise only a number of paper questions and an oral examination. Abroad it is very different. In Germany, the student for his final examination must conduct, on his own responsibility a confinement before the examiner, and send in a written report the day after. For the next seven days he must visit the woman twice daily; and, if the patient die, he must make a *post-mortem* examination and send in a report. If such a plan were followed in this country, there would be a steady fall in maternal deaths after confinement.

In the BRITISH MEDICAL JOURNAL of September 28th, I give a table, showing the requirements of the different examining bodies as regards the study of midwifery, and also the motion moved and seconded by Drs. Glover and Atthill. I hope that when this motion comes up again, it will be made more definite; that it will recommend that the student must himself "personally conduct" at least thirty labours; that he must do so under the "direct supervision" of a registered medical practitioner, and not by himself or with a midwife; and that the name and address of the patient, the date of the confinement, and the name of the supervising practitioner be entered upon his certificate of attendance. If this course be followed, then there will be a lessening in the number of fraudulent certificates, while the General Medical Council will have done its duty to the public, and especially to pregnant women and to infants.

ASSOCIATION INTELLIGENCE.

ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

FRANCIS FOWKE, *General Secretary.*

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the

members in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M., Saturdays, 10 A.M. to 2 P.M. Members can have their letters addressed to them at the Office.

BRANCH MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH.—The second ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Wednesday evening, November 27th, at 7.30. Dr. Carey Coombs, President. The following communications are expected: Dr. Geo. Parker: 1. Perforation of Appendix in Enteric Fever. 2. Perityphlitis: Portal Pyæmia. Dr. J. Mitchell Clarke: 1. Sequel to Case of Trephining to Relieve Symptoms of Cerebral Tumour. 2. Case of Birth Palsy, in which an Operation was performed. Mr. C. Gaine: On some Forms of Cachexia, arising from the Retention of Diseased Teeth and Stumps, which are not amenable to Conservative Treatment. Mr. Basil Trevelyan: A Brief Clinical Comparison of Young and Old Primiparae. Mr. T. G. Stockwell: Sarcoma of Scapula, with specimen.—W. M. BEAUMONT (Bath), J. MICHELL CLARKE (Bristol), Honorary Secretaries.

SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting will be held at the Hospital, Hastings, on Thursday, November 28th, at 3.30 P.M. Dr. Allen (President of South-Eastern Branch) in the chair. Dinner at 5.30 at the Grand Hotel. Charge, 6s.; exclusive of wine. Professor Corfield (London) will give an address on The Water Supply of Towns. Mr. Papillon and Dr. Redmayne will show Ophthalmic Cases. Dr. Wills will read notes of a Case of Graves's Disease treated with Suprarenal Tabloids. Mr. Lammiman will speak on the Connection between Disease of and Operations upon the Female Pelvic Viscera and Effusion into the Pleura.—J. W. BATTERHAM, Honorary Secretary, Bank House, Grand Parade, St Leonard's.

STAFFORDSHIRE BRANCH.—The first general meeting of the session will be held at the North Stafford Hotel, Stoke-on-Trent, on Thursday, November 28th. The President, Dr. Geo. Reid, will take the chair at 3.15 P.M. Agenda: Exhibition of Pathological specimens. Living Cases, New Instruments, etc. Papers:—Dr. McAlldowie: Pseudo-Bulbar Paralysis. Dr. Hutton: Notes on a case of Nephro-lithotomy. Mr. Spanton: The treatment of Stricture of the Esophagus by means of Expanding Bougies. Mr. A. V. Griffiths: A case of Inversion of the Uterus. There will be a dinner (6s., exclusive of wine) at 6 P.M., after the meeting.—F. MILNES BLUMER, Honorary Secretary, Stafford.

NORTHERN COUNTIES OF SCOTLAND BRANCH.

The autumn meeting of this Branch was held at Forres on October 23rd. In the absence of the President, Dr. CHARLES ADAM, of Elgin, presided.

Communication.—A paper was read by Dr. GEDDES, of Nairn, on Reflex Vomiting, illustrated by two cases of mitral stenosis, in which the only symptom was persistent vomiting, and which were both treated by diffusive stimulants with the best results. Dr. Geddes suggested that the cause of vomiting was due to congestion of the brain, either as acting by pressure on the brain directly, or through the general circulation, and in either case setting in action the vomiting centre. The paper was discussed by Dr. BRUCE, Dr. DUGUID, Dr. KERR, Dr. DE WATTEVILLE, and the CHAIRMAN, and Dr. Geddes was thanked for his paper.

Medical Clubs.—Dr. MUNRO MORR, of Inverness, read a report by the Subcommittee appointed at last meeting to consider the question of medical club abuses. The Subcommittee had sent out 160 circulars requesting answers to certain queries, but had received only 54 replies. These replies were analysed, and the report went on to state that "the Committee regret that a great number of their professional brethren have not answered the circular. As it is only by unanimity that the present cheap system of club practice can be done away with, they shall hope that a greater interest in this matter will be evinced by the profession. At present only Cork, Portsmouth, and Inverness have made a decided stand. All must be aware of the gallant fight our brethren in Cork have made in their endeavour to bring matters to a more satisfactory basis. They found that the medical clubs in Cork were much abused, and many members in receipt of comfortable incomes joined these societies, and though well able to pay as private patients took advantage of their club membership, and received medical attendance for a few shillings a year. The Committee consider that the only means of solving this difficulty is by organisation, and to obtain this we must be unanimous. We, as members of the British Medical Association, look to the Council of the Association for help—pecuniary assistance if necessary. Then the different Branches should take the matter up. The Committee make the following suggestions: The minimum fee per head