

light upon this case. The three previous children born are all alive, and the eldest and youngest are quite healthy, though not bright children. The second is hydrocephalic, and subject to fits. The mother, as stated, is distinctly neurotic, but a bright, active woman. Her parents are both alive and well, and one brother and sister, the only other members of the family, are healthy. The parents of the father were full cousins, and the father himself is, though physically healthy, subject to frequent moods of extreme depression, or equally exaggerated periods of exaltation. A brother is in a lunatic asylum, and a sister is stated to be "queer." No history of a maternal impression during pregnancy could be traced. In over 2400 labours attended by Dr Farquharson anencephaly has occurred four times, and in all the sex was the same (female), all were accompanied by extreme hydramnios, in all the presentation was breech or footling, and in all a decided neurotic taint could be traced in one or other of the parent's families. Four photographs illustrating the appearances of the fœtus were shown. The specimen weighed 855 grammes.

III. DISCUSSION—SHOULD MIDWIVES BE REGISTERED IN SCOTLAND?

The President said that the subject for discussion that evening was the Condition of Midwives in Scotland, with special reference to the question of Registration; in other words—Should Midwives be Registered in Scotland? Dr Hart had agreed to open the discussion. After that it would be thrown open. Fellows might speak in any order, and they hoped that the country Fellows would contribute, because they had more experience of midwives in country places. After Dr Hart had spoken, the time allotted to each speaker would be seven minutes.

Dr Berry Hart then opened the Discussion by reading the following paper on THE PROPOSED MIDWIVES REGISTRATION BILL:—

The subject of Midwives, their status, and the advisability of registering them, has for some time been the subject of attempted but as yet abortive legislation. These attempts have been subjected to very severe criticism and disapproval by a large number of the profession, especially in England. The introduction of a Midwives Registration Bill into the House of Lords by Lord Balfour of Burleigh, on May 14, 1895, and the fact that it passed a second reading, has brought the question acutely before the medical profession of this country; for though the Bill is only to apply to England, there is little doubt that if passed it will soon be extended to Scotland and Ireland.

Our President and Council have done wisely, therefore, in proposing this question for discussion at a general meeting. The sudden, if not unexpected, dissolution of Parliament has un-

doubtedly postponed this Bill, but it will in all probability soon be reintroduced, and it will be therefore of great advantage for the profession in Scotland to consider the matter during this breathing space fully and calmly. The discussions on this question have been conducted in England with an amount of feeling which the word considerable inadequately expresses. In Scotland it has attracted comparatively little attention, but I hope the result of our meeting to-day will be to direct the attention of all to a most important subject. Before passing on to describe the intention of the Act, I may be permitted to say that it is a matter for congratulation that the Bill has been in the hands of a statesman like Lord Balfour of Burleigh, who has shown the greatest tact and fairness in the discussion of a difficult and thorny question. The selection of Sir William Turner, too, as Chairman of the General Medical Council's Committee on this subject, is also a matter for congratulation, and is a guarantee for a consideration of this question as able as it is important.

The Bill is entitled, "An Act for the Compulsory Registration of Midwives, and may be cited as the Midwives Act, 1895."

The main reason for its introduction may be given in the following extracts from Lord Balfour's speech in introducing the Bill:—

"He supposed their Lordships would expect any one who undertook to move the second reading of this Bill to prove to the House two things—firstly, that an undoubted evil existed; and secondly, that the remedy proposed proceeded on safe and wise lines, and would not bring in its train evils greater than those which now existed, or even any evils at all. Anyone who studied the returns of the Registrar-General would see that there were in this country between 800,000 and 900,000 births, and he thought it would surprise many of their Lordships when he said that more than half of these births were attended by midwives only, without any intervention on the part of a fully qualified medical man. . . . It was also universally acknowledged that the great majority of the midwives who attended those cases were almost wholly, if not wholly, untrained, and were, in too many instances, lamentably ignorant of the important duties they undertook to discharge."

The College of Physicians in 1891 had passed the following resolutions:—" (1.) It appears there are from 10,000 to 15,000 midwives practising in England and Wales, many of them entirely uneducated and incompetent. This must be taken as an existing fact that cannot be ignored. (2.) Midwives are under careful state regulation in all the other principal countries of Europe, and, in the opinion of your Committee, the education, examination, and registration of midwives in Great Britain are urgently required in the interests of the women they attend " (p. 4).

To meet these evils, the main propositions of the Bill are as follows:—

1. "The term 'midwife' means a woman who undertakes to

attend cases of natural labour without the direct supervision of a medical practitioner" (p. 1, Clause 2). In the amended Act, however, no definition of the term midwife is given.

2. "No woman is after a certain date to be allowed to call herself midwife unless registered under this Act. The registered midwife can recover fees, but is not to be qualified to grant a certificate of death or still-birth" (p. 2, Clause 4).

Clause 5 is a most important and remarkable one: "Any woman who at the passing of this Act is in *bonâ fide* practice as a midwife, or has obtained a certificate in midwifery and claims to be registered before the expiration of two years from the passing of the Act, and produces the prescribed evidence of her title to be so registered (such title to be determined by the General Medical Council), shall be entered on the Midwives' Register at such reduced fee as the Midwives' Board shall prescribe."

So much for registration. What as to education? A Midwives' Board is to be formed, "which shall consist of twelve registered medical practitioners, three to be appointed by the Royal College of Physicians of London, three by the Royal College of Surgeons of England, three by the Society of Apothecaries, and three by the Incorporated Midwives' Institute, and of three persons in addition, to be appointed by the Lord President of the Council, of whom one at least shall be a woman."

In regard to the Incorporated Midwives' Board, it seems to have been difficult for the General Medical Council to obtain information, but, so far as the *Lancet* reports go, the members seem to have been satisfied, although the only definite fact there stated was that its patrons were eminent, and included, among others, the Governor of the Bank of England. The Midwives' Board is to make rules as to examination of candidates, to conduct the examinations, to prepare a register, to frame rules as to admission to the register of so-called *bonâ fide* midwives, to frame rules for regulating the practice of midwives,—in fact, to carry out the provisions of the Act. In regard to the rules for the admission of *bonâ fide* midwives to registration, and those regulating the practice of midwives, the General Medical Council are to exercise supervision, and the rules so framed by them are to be submitted to the Privy Council.

The Midwives' Register is to be under the custody of the Registrar and Secretary of the Board, and the local supervision is to be undertaken by the Midwives' Board (Act, p. 4, line 33.) This clause runs as follows in the Bill as amended on Report (p. 5, line 33):—"Where a registered midwife is convicted of any felony or misdemeanour, or on an inquiry held by the Midwives' Board, either on a complaint under this Act or otherwise, is found to have been guilty of professional misconduct, the Midwives' Board may remove her name from the Midwives' Register."

Penalties are to be inflicted on any woman who obtains regis-

tration fraudulently, but there are no penalties specified for *mal-praxis*. The Midwives' Board, as already pointed out, attends to this.

There are very evident defects in the Bill, but we must keep before us prominently the fact that the question dealt with is a very difficult one. I do not believe any perfectly satisfactory solution will be found, and our aim must be to obtain the most satisfactory compromise possible. We must keep specially in mind that "no State licence is required by law to enable women to practise midwifery, either gratuitously or for gain," and that thus any woman can legally call herself midwife if she choose. It is very doubtful if the law will hinder a woman calling herself midwife, and in any interval existing rights will be tolerated.

This Bill has been severely criticised, and its main defects are clearly pointed out in the resolutions of the General Medical Council passed on June 5, 1895. These point out the defects in regard to the registration of so-called *bonâ fide* midwives, and specially recommend removal from the register for infringement of rules of practice. Practically, we may sum up the objections as follows:—

1. It is admitted, in the words of Lord Balfour, that about 500,000 births are attended yearly by midwives in this country, and that these midwives are "in too many instances lamentably ignorant of the important duties they undertake." Yet it is proposed to register these women on simple application, and without any examination or certification. For the next twenty years, therefore, all ignorant midwives will probably be entitled legally to attend women in labour, and will have an inferior medical status.

2. Registration is not education, and as a matter of policy we should strenuously resist any such proposal of registration until we know what previous training and education is to be demanded.

3. No provision is made for the education of candidates for registration. It is very doubtful if in this country we have hospital accommodation sufficient to give the requisite practical training. This point should be strongly urged on the Legislature.

It is in making any proposals on this point that one really feels the great difficulty of the question. It is with great diffidence that I therefore throw out the following suggestions.

It is doubtful if we can persuade the Legislature to interfere with the right of any woman to call herself midwife. Might we not, as a compromise, have registered midwifery nurses, from whom at least a six months' hospital training, followed by an adequate examination, should be exacted. The advantages of this would be that the public would more readily understand the position of such, and that the women themselves would not be put in the false position of being considered duly competent to attend labour cases on their own responsibility.

Midwifery is a complex subject, and not one to be mastered in a few months by a woman with a preliminary education of the most meagre description, and with not only an entire lack of any scientific education, but a complete inability to grasp the most elementary scientific facts. No midwife is competent to attend labour on her own responsibility. It is stated that she is to attend only natural labours; but this presupposes the power to discriminate natural and unnatural cases. While the majority of cases need no help, a certain number will, and if not given in time the results may be most disastrous.

The evolution of midwifery training has been from midwife to skilled medical practitioner, and we should scrutinize most warily any attempt to reverse this process.

Such a registered midwifery nurse would be competent to ascertain when a labour could terminate naturally, and, if in doubt, would feel no diffidence in calling in skilled help from the practitioner. In certain cases I see no reason why the practitioner should not first see the patient, and in a natural case hand over its care to the registered midwifery nurse, with instructions as to when his help might be required. This, I think, would be a boon in country districts; but on this point I hope we shall get information to-night.

How this might work in large towns like Glasgow, Dundee, Leith, etc., is also a matter for consideration to-night.

I have no wish further to trespass on your time, but I wish to suggest, in closing, that we might ask for information on the following heads:—

1. What preliminary education and actual hospital training should be demanded of such registered midwifery nurses ?

2. Have we in Scotland sufficient facilities for hospital training, and should the Government not be pressed to subsidise hospitals where necessary for such purposes.

3. What demand is there for such registered midwifery nurses in country districts and large towns in Scotland ?

4. What instances of neglect or *malpraxis* have come under practitioners' notice as the result of the ignorance of midwives ? On the other hand, any one knowing of good results from the employment of midwives will find his evidence welcome.

I had intended to have considered, in conclusion, the question of the results of the employment of midwives abroad, especially in Germany, but this would have taken up an undue amount of time, and I have therefore passed it over without further reference.

The position I take up may be finally summarized as follows:—

Keeping in mind the unlikelihood of unqualified women being prevented by law from styling themselves midwives, the danger of legally creating an order of registered midwives when we know that in this country we have no means of adequate training for them; remembering that the midwife has been tried and found

wanting, and that the science and art of midwifery have been advanced only by the skilled medical practitioner, should we not strongly urge on the profession the importance of having trained registered midwifery nurses, who shall only act under competent and accessible medical supervision? Without a thoroughly comprehensive scheme of practical training, the present Government proposals will only lead to serious disaster.

The President said he understood that Dr Hart had, in opening the discussion, spoken against this Bill for the registration of midwives. If any Fellow was prepared to speak in favour of the Bill, they would be glad if he would continue the discussion.

Dr Buist said he felt in favour of this Bill, and that was not merely his personal opinion, but was a fair representation of the opinion of the medical profession in his district—viz., Dundee. There was very good ground for it. Within 300 yards of his house there were eight or nine midwives in actual practice. He came across their work pretty constantly, and could, therefore, speak from personal experience of the conditions under which they worked. Another thing that made them feel pretty keenly on the subject was this, that many of the population of Dundee were so poor that they could not afford to pay a fee of 15s. or the guinea which many of the profession preferred to charge; and the alternative of handing these over to some other system of management was, that they should be content to work for 10s. or 10s. 6d. They felt that was not a very satisfactory conclusion of the matter. Their experience of midwives' practice led them to fancy that, under proper conditions, they could be trusted to manage a great deal of the work. A great number of difficulties had been raised on this question of registration which seemed to him entirely extraneous, and introduced for the purpose of obstructing discussion. The bulk of English criticism was that they were creating a new order of medical practitioners, who would be allowed to certify still-born children for interment, to treat miscarriages, and to perform a great many other medical functions, and who would be quite free from supervision and control. As matters stood, however, they had no guarantee that a midwife would not certify still-born children, or that she would not undertake to manage complicated cases. They had no control, no power over her. The only penalty was an action for malpractice on the part of the patient. If they gave these women, after satisfactory conditions of training and experience had been insisted on, the special privilege of registration, they had at once a penalty they could inflict. As with a medical practitioner, they could strike her off the register; and there was also the liability for damages. With regard to the satisfactory nature of a certain amount of midwives' work, he thought he had had in midwives' practice four cases of placenta prævia. To three of them he was

called by a fairly competent midwife. In each case she sent him a message telling him what was wrong. When he got there he found she had already ruptured the membranes, and so far the treatment was safely conducted, and he knew exactly what he had to take with him. In the practice of that midwife he had had a good many other difficulties to deal with. He found that in almost every instance she could tell him beforehand the nature of the complication, and he went therefore prepared to undertake interference. She exercised several functions which she should not be allowed to do. Suppose a patient with a high temperature during the puerperium, which she could detect, she had no hesitation in giving quinine, antipyrine, phenacetine, or other drug, however dangerous or uncertain its action might be. If they put her on the register, they would have the power to say that the administration of drugs was malpractice, and could deprive her of her certificate. He had a fourth case, which was a great contrast to these other cases. In another case, also in the hands of, he thought, a registered midwife, a patient came to hospital suffering from albuminuria. She had been dosed steadily for days with opium pills, on account of swelling. That also would be malpractice if midwives were registered. In the case of unqualified women he had had unsatisfactory cases to deal with; a shoulder case, in which ergot had been steadily given, and a face case, which had been neglected until an attack of ophthalmia was almost inevitable. Ophthalmia neonatorum had been brought forward against registration, but seemed to him an argument in favour of registration. If a midwife had a case of ophthalmia in which she did not call in a registered medical practitioner, her certificate could be removed. He put the question as entirely one of cost. The people whom midwives attended were, in nine cases out of ten, too poor to pay the ordinary fee, and unless they introduced some other system of meeting that difficulty, no legislation would get rid of midwives. One way of getting rid of the difficulty was to leave them just as at present, to prescribe, certify still-born children, and neglect patients as they chose, subject only to the risk of an action for damages. They had also the alternative of the Poor Law, but they knew how strong the objection was to calling in the Poor Law medical officer. He did not think that this would be sufficient. Another proposal was to change the Poor Law, or introduce a system of dispensary treatment. Another possible system was that people should be asked to insure against confinement, and that would be all very well; but, unfortunately, in most cases they came from classes so poor that they did not insure against sickness. The last was the alternative he had already referred to—viz., cheap medical work. There was one outlying district of Dundee in which this cheap medical work was done, and he did not think the work was done more satisfactorily there than by midwives in the town. If the work were paid for

to a certain extent, it would be performed to that extent, and very little more. Another proposal was to have midwifery nurses, under the superintendence of the medical practitioner. But to call for nurses who could only attend in addition to the medical practitioner was simply to make the difficulty greater. Instead of protecting the poor, they were only providing additional protection for the rich woman.

Dr J. Connel said that he would like to state the feeling with regard to this matter in the country. He must say, *in limine*, that he was entirely with *Dr Hart* in his preferring registered qualified nurses to registered midwives, and although he felt the difficulties expressed by *Dr Buist*, he could testify this, that whereas thirty years ago in the country it was quite usual for women to send for a sensible neighbour or a woman who professed some practice, it was now accounted entirely bad form, whether they intended to pay the practitioner or not,—often they did not. They did not find more than one or two cases in the year where they had been dependent entirely on a neighbour or one calling herself a midwife. There seemed a reason in the nature of things at the bottom of that, and it was this:—That in proportion to the improvement of medical education women had come to see that midwifery was a branch of medical practice which required special education and special skill. They had got to see that specialism was a thing to be trusted to medical practice, and that no one without scientific knowledge and skill was to be trusted. That was to be kept in view, and the reason why in poor districts people still sent for neighbours and those unskilled was that they did not know any better. If the general feeling of the public was that medical skill was a good thing, then the poor would claim the best medical skill. If they were going to register midwives, why should they not register bone-setters? People in the country, and in the town also for that matter, consulted them. For some cases the bone-setter deserved credit, for others he deserved something else. There were, it was true, bone-setters who had advised bold methods of treatment,—*e.g.*, in breaking down adhesions, which had been adopted by surgeons since. But that afforded no argument that those who had acquired experience as farriers, blacksmiths, etc., should be registered. If those were matters that they would not think of relegating to any but the best surgeons, why should the practice of obstetrics be relegated to any but the skilled? Let them improve the breed of nurses, give them better education, and rest the responsibility on the educated medical man, and he saw from his experience of the country population that public opinion would bear them out. It was said that those women should take charge of natural labour; but who could define natural labour? Their anxiety hardly began until after the child was born. It was when the labour was half through that they were anxious, and the most simple and rapid case might present appalling complications in a

very short time. The midwife's presence of mind might readily fail and the case die on her hands. He supposed the wife of the poor man was the most precious thing to him. Her death was certainly an appalling catastrophe for him. Why should they countenance legislative proposals that would carry them back to the Middle Ages? In his childhood he used to see boards up here and there advertising midwives, but now the tide of feeling was rising that obstetrics, as Dr Hart had remarked, was a branch that required the highest scientific and practical skill. Why should they go back to the practice of the Middle Ages? If they were going to give the poor this benefit, let them insist on the insurance of pregnant women. Women could forecast the condition for six months at any rate. That was a matter of public health as much as keeping the drains of a house right. Why should not Lord Balfour, when public opinion was sufficiently formed, bring in a Bill to the effect that no woman should be pregnant without having made preparation for labour? The fact that a woman now thought it bad form, to use the vulgar phrase, to have a child and no doctor attending her, was a proof that they considered it a matter of medical knowledge and skill, and the aim of legislation should be to keep that knowledge in the hands of skilled persons, and not to make laws which led them back to an earlier state of development.

Dr S. Macvie said one reason which would induce him to keep quiet was the fact that in Berwickshire he had not heard of a midwife. When he was in such a country town as Strathavon he had no dealings with midwives at all. He had heard of an occasional attendance by a midwife, but never came in contact with them. As a matter of fact nobody would employ them if there was a doctor to be had. That was true in Shotts Ironworks, true of Strathavon, and of the whole parish of Avondale, and still more true of Berwickshire. He had never seen or heard of one in Berwickshire. The feeling among the working classes there was simply this, that they would rather defer payment of their house rent than putting past money enough to pay for a doctor, so that the wife might have skilled attendance at a very critical period, and that the husband might not be left absolutely miserable with a small family on his hands. He believed, with Dr Buist, that it came to be a question of cost. Because poor people said they could not afford to pay, was that a reason why they were to be helped to inferior skill? If a poor man said he was not prepared to pay £5 a year for his house, would Lord Balfour bring in a Bill to abolish the Public Health Act and permit this man to occupy an unhealthy dwelling? The question of cost was one they should not altogether yield to. He perceived the difficulty in meeting it on this ground, because they laid themselves open to a charge of trades unionism outside. There was no medical man he had come across against whom such

a charge could be laid without injustice. The whole tendency had been to improve the graduate, what with larger fees, extra classes, and extended curriculum. It was not to his interest to begin with a large expenditure of capital. It was not in the interest of the student, but in the interest of the public. They had permitted ladies to enter the medical profession largely in order that they might take upon themselves a great part of midwifery duty, and he believed that these ladies would be doing a large share of midwifery duty in their own sphere, and would it not be rather hard on the lady medical practitioners to attempt to set up against them unqualified medical practitioners? They had practically abolished the male medical unqualified assistant, even in England—in the north of England at anyrate—and it seemed that this must be a backward movement to give status to unqualified midwifery practitioners. He agreed with Dr Buist and Dr Berry Hart that it was really a matter of poverty, caused, in a great many cases, by imprudence; because the better classes of workers who were thrifty did not call in midwives. That was his experience. Dr Buist had evidently more experience of that question than he had. If it came to be a question of cost merely, would it not be possible for such things as clubs to be started? He knew that in collieries half the midwifery fee was embraced in the weekly payment. As for assistant nurses, if a doctor were once called in, depend upon it the people would not care for anybody else, and therefore the assistant nurse would be of little use. If the doctor said, "I am too busy to attend you; yours is a common case," that would not satisfy the patient. The doctor, if once called in, must be there all through.

Dr Ballantyne (Dalkeith) said that he had not heard the whole of this discussion, but his own feeling was that things should remain very much as they were at present. He did not think there was any advantage either to patient or doctor in having special registered nurses. He thought such women should be fully medically educated. Dr Macvie had said something about the matter of cost. He thought medical practitioners were sometimes very much to blame themselves in regard to that matter. He knew his respected friend Dr Anderson never thought of charging a fee unless offered it by the poor working people,—never thought of sending an account. He hoped that kind of practitioner was dying out, because it made people feel that the service was not worth very much when they got it for nothing. It also hurt the medical practitioner in other ways, made him form the habit of doing a lot for nothing, which out of respect for his fellow practitioners and others he should insist on being paid for. He did not think he had much more to say on the matter. With regard to qualified midwives, as one gentleman remarked, one had been successful in diagnosing the condition of matters. He himself had come across midwives of this kind. Others were very stupid, but that was just the way of

humanity in general, and they could not expect to find the former every day.

Dr Lucas said that his experience of midwives had invariably been among those women who had been educated in Edinburgh and had gone through a systematic course of training suitable for women. These women, he found, acted admirably under the direction and with the sympathy of the medical man. In the district in which he practised he had times without number been called in by these women,—in the rural district around Dalkeith, and in Dalkeith itself. He never saw any mishap yet. Forceps cases, cases of convulsions, and hæmorrhages had been attended by these women in such a manner as to throw no reflection on the midwife or medical man. He thought the life of a practitioner in the country who was in full practice and willing to do his work without the help of midwives and midwifery nurses would be intolerable. It was, however, a commercial question. There were surely quite enough medical men in Britain to attend to all the cases that occurred. Why did they not do so? Simply because if a man was in full work he could not be expected to rush about attending midwifery cases for nothing or next to nothing. Trained women under medical men coped with the whole difficulty. As far as his experience had gone he had never met with any difficulty in the matter.

Professor Simpson said that he had not heard the whole of the discussion, but since he had been asked he would express the feeling that he was very much in sympathy with *Dr Connel* and the other Fellows who had spoken since he came in. Sympathising as he did very much with the difficulty in regard to the whole question, he yet felt strongly that the development in our country of a special group of women with a special title and who should have a special status in the community was an extremely dangerous experiment, and when the thing was brought forward at all he was profoundly glad to see that the experiment was not to be made on Scotland, but on the more vile body. There were difficulties on either side, but the worst thing that could happen would be that there should be a group of women imperfectly trained, who should be incapable of encountering midwifery as it ought to be met and could only be met by those trained in the whole of the medical arts and sciences. They had a group of women—it was possible that after six months' training at the Maternity they might be more capable—who even after three months' training were extremely helpful, and he did not know that registration would greatly add to their qualifications, or would give a satisfactory guarantee against inefficiency. Registration of a certain group of women would add immensely to the work of the Medical Council, already so exacting. In this era of programme-making, some of our legislators, besides making proposals for old-age pensions, would do well to consider whether due provision could not be made for the poor women who were

about to become mothers. Great care was taken of the lives of our soldiers. The women in child-birth ran as great risks as any of their sons on a field of battle.

Sir Wm. Turner said that he felt great hesitation in discussing the Midwives Registration Bill, as he had absolutely no knowledge or experience of midwifery practice. He had had as a student the "six cases," and he experienced so much, he might say, disgust at the practice, because it was conducted in the slums of London in the summer time when insects prevailed, that he was glad that he took up a branch of the profession which did not require him to attend women in labour,—so that he had had no experience; but still as a member of the profession who had had thrust on him, very often unwillingly on his part, a good deal of public work connected with the profession, and as during the spring of the present year the Medical Council imposed on him a duty which he did not in the least wish to discharge, namely, to act as Chairman of a Committee appointed to inquire into the Midwives Bill introduced by Lord Balfour of Burleigh, it was necessary that he should apply himself to the consideration of this matter to the best of his power. The Bill now put into his hands by Dr Hart, entitled a Bill as amended on Report, was a very different thing from the Bill submitted to the Medical Council. It was improved, or the reverse, he could not say which, in many ways, so that at first one hardly recognised it. Any criticism on the Bill as it was originally presented to the House of Lords fell to a large extent now entirely on one side, and what they and others who took a serious interest in this matter had to consider, was not the original Bill, but the Bill as amended on Report. As Dr Hart stated, the definition of midwife had entirely dropped out. As it was proposed to be defined in the original Bill, the term meant a woman who undertook to attend cases of natural labour without the direct supervision of a medical practitioner. They would observe that it was important to keep before them that this definition was a limitation. It limited the term midwife to a woman who undertook to attend cases of *natural* labour. The amended Bill striking out the definition practically admitted that midwives could attend all cases of labour whether natural or unnatural, which was a very much wider reading of the term. Those of them who objected to the definition as laid down in the original Bill had still more reason to object to the Bill as amended on Report, because there was no limitation at all to the cases that registered midwives might attend. Dr Hart had referred to the term midwifery nurse, and had expressed his preference for that term. This was argued at great length in the Medical Council, and they had more than one division on the matter. He should like to state one objection to the term, which weighed with him in voting against the change of term. It was said that the midwifery nurse should be on the same lines as the surgical nurse or medical nurse. The duties of

these were solely to act under the medical man or surgeon. They had no initiative. It was intended in this Bill, and the practice of centuries had shown that midwives had to exercise initiative, *i.e.* were to be called in to treat women in labour and to relieve them from the burden they were suffering from. If they were to make a new title, say midwifery-nurse and not midwife, they must give an entirely new definition of nurse. A nurse must be a person who was to take an initiative. Those of them who advocated the view that the term midwifery-nurse must be substituted must meet this objection. He ventured to state that they would find strong objections to the substitution of the new title. Just running his eye over the Bill he found that there were alterations in various other directions, and that various suggestions which the Medical Council made to the Government had not been adopted by Lord Balfour. For example, one of the clauses in the Bill that they gave some attention to was what was to be done with existing midwives? The proposition in the original Bill was that they were to go on the register if they could produce certificates of having been in *bonâ fide* practice. They felt that this was too sweeping, and would be loading the register with persons who had no right to be there. They had had experience of this. They had had a dentists' register allowing anyone who claimed to be a dentist to be put on the register without having had an examination or certificate of any kind. The register was therefore full of persons whose only claim to be on it was that on some occasion or other they had drawn a tooth. They would have the midwifery register loaded with women of that kind,—not only those who could show certificates, but anyone who could say that she had been in *bonâ fide* practice. The Council suggested that she should produce certificates from persons of position in the district also that she was a woman of good character. That had not been adopted, and so these safeguards had entirely been ignored. He thought that was a direction in which action should also be taken. The Midwives' Board, according to the constitution proposed in the original Bill, was limited to twelve persons: three from the Royal College of Surgeons of England, three from the Royal College of Physicians of London, three from the Society of Apothecaries, and three from the Incorporated Midwives' Institute. In the Bill as amended on Report it was proposed to add three other persons appointed by the Lord President in Council, of whom one should be a woman, and therefore the Midwives' Board should consist of fifteen persons. They were all anxious to ascertain what this Incorporated Midwives' Institute was. Dr Tuke would bear him out that not a single member of Council knew anything of the Incorporated Midwives' Institute. Since he came home he had received papers from the Institute. It consisted of a body of philanthropic ladies who had applied, not to the Privy Council, for a charter, but, he thought, to the Board of Trade. In accordance with a

recent Act of Parliament, which allowed the Board of Trade to give incorporation to associations of this kind, they had got a certain legal status. They were excellent ladies, he had no doubt, but what claim they had to return members to a Board in association with representatives of the leading bodies representing the medical profession in England and Wales, he, for his part, could not give them any information. But he observed, from the amended Bill, that the Lord President of the Council was now in addition to appoint three persons, of whom one at least should be a woman. These would also be persons, he supposed, of philanthropic disposition similar to the members of the Midwives' Institute. They would have a Board of fifteen persons, six of whom did not belong to the medical profession, but represented philanthropic and public interests, and did not represent in any way the feeling or tone of the medical profession. This was not to apply to Scotland, and from observations which had been made by several gentlemen who had spoken, it seemed as if the midwife in Scotland was rather an accident. She did not seem to be required, but undoubtedly she was required in England. There was no doubt that a Midwives' Bill, if a properly constructed Bill, would meet a great public want. He had no hesitation in saying that. They had before the Medical Council representatives from the counties of Lancashire and Cheshire, who made excellent speeches. One of the speeches made against the Bill was, in his judgment, the strongest argument in favour of it. It showed them that there was in England a great amount of malpractice on the part of uneducated women acting as midwives. The public in England would have midwives; they could not do without them. If so, then surely these women should be educated—educated women able to attend members of their own sex in times of trouble and difficulty. He felt this most strongly. It was their duty to see that these women were properly educated. He felt that he must support any properly-considered measure for the education of midwives. That education could only be tested by examination. One of the great blots on this Bill was that there was no provision for education. There was provision for examination. He did not think the word education once occurred in the Bill. The Medical Council suggested that there ought to be words inserted into the Bill, showing that these women had had proper training. Such words did not appear, and that he considered to be a great defect in this Bill as amended on Report. They had not taken the Council's advice on that matter; but still the practical point had to be faced by those women, that they could not pass an examination unless they were educated. In England he did not know how far there was provision for educating women. It was said they did not have it in Scotland. They were not pressed to have a Bill of this kind, therefore they were not directly affected by it. The Medical Council was to exercise a certain control over the Midwives' Board

as regards arrangements for examination. From what he knew of the Medical Council and its action in connexion with examinations in Medicine, in Public Health, and in Dentistry, the Medical Council would see that these rules were of the proper standard. He thought Dr Tuke would entirely bear him out that the Medical Council did not support any examination which was not of a *bond fide* character and calculated to test the knowledge of the individual. The Council would do its duty in that respect, and would require that all the rules for examination would be of a thoroughly *bond fide* kind. It almost seemed to him, in listening to the remarks, that those who spoke against this question did not sufficiently apprehend that examination must precede registration. Therefore before that the midwife—*i.e.* the woman under the new conditions—could be registered, she would have to show that she had had proper training and education. The Medical Council would insist on that, and they might say that all registered midwives would possess, up to a certain point, a knowledge of midwifery. But the difficulty that he experienced in regard to this Bill as amended on Report was that it was not a knowledge of midwifery as applied to natural labour, but a knowledge of midwifery generally. He did not know that he had anything else to say. He was afraid he had spoken too long, though there were other objections of a minor kind that one might offer to certain of the clauses in that amended Bill.

Dr Batty Tuke said that Sir Wm. Turner had fully expressed, he thought, everything that he (Dr Tuke) could possibly have wished to say on this subject in his usual statesmanlike manner. He might say, however, that during last winter this subject had been to him a source of great worry and hesitation, because it presented so many sides that it was impossible to say which side was the best. But he went up to London to the Council feeling that so far as home interests were concerned there was not much call to decide, because he believed that in Scotland the registration of midwives was not required. His experience of country practice in Scotland was not exactly, as certain gentlemen had said, that there were no midwives; but he knew a considerable number of country practitioners who maintained midwives, supervising them. But when he went up to London he found the Council discussing a Bill for the registration of midwives, a Bill which was strongly opposed by Sir Walter Foster and Mr Wheelhouse, who in a previous session of the Council had impressed on the Council the necessity of registration, and who had proposed and seconded a resolution which committed the Council to approving of such a measure. These gentlemen tried to ride on the term "midwifery-nurse," which was the most evident endeavour to get round the position they had taken. The Council had not been asked to consider the "midwifery-nurse," a word which the ordinary legislator could only interpret as a "monthly nurse," so that he

(Dr Tuke) had returned even more "mixed" as to the position than when he went up. He felt with Sir William Turner that the absence of a definition in the Bill as amended on Report was a serious matter. He had not seen the amended Bill, but if no restraining clause had been introduced, it would constitute the midwife a full practitioner in midwifery, which should certainly be strenuously opposed. The original definition was not a scientific one, but for all practical purposes it was sufficient, as it indicated a considerable class of women who by education and experience were competent to attend normal cases. Such women had existed since the world began, and would continue to exist. They relieved the work of the general practitioner; and it must be remembered that, were it possible to throw all midwifery work into his hands, a recrudescence of the unqualified male assistant must necessarily follow. But really one was unable to discuss the Bill as amended on Report. The whole aspect of the matter had changed, and in the absence of anything like definition, the registration should be resisted as far as it possibly could.

Dr Norman Walker said he had to thank them for the opportunity of being there to-day. He had, as many of them knew, taken an interest in the question for a good many years now. It was quite impossible for him to go over the whole ground, but on some of the points he would like to make a remark or two. Dr Hart said that there were some 800,000 cases of delivery every year in England, 500,000 of which were attended by midwives; but they knew that near the beginning of the century nearly all the cases were attended by midwives. Did it mean that the doctors were gaining on the midwives, or were they going back again? If the midwives were gaining on the doctors, were they not going back to the old system, or to one where poor women would be attended by midwives and the richer by doctors? Was it to be supposed that the new woman, if she had babies, would call in the midwife? It was said the poor could not afford to have both a doctor and a midwifery nurse. He could not remember, from his experience of practice in the north of England, that the nurses were required. The poor were very kind to one another: the difficulty was the number of friends willing to give assistance. It was an agricultural district. He had also had a pretty wide acquaintance in Sheffield and Derbyshire, and he had only met with one gentleman in favour of registration. Newcastle had solved the matter for itself in a way which he understood Dr Buist was trying to do, viz., by establishing a dispensary to which medical men were attached, and having a staff of midwifery nurses. The question of foreign practice had been referred to, and when he was abroad some years ago he took pains to inquire into the practice in Germany and Austria. A friend of his in practice in Baden-Baden gave him his experience. When he was called one day to a case he found that the midwife

in charge had injected into the patient's vagina pure carbolic acid in mistake for a weaker solution. It was his duty by the law to call attention to that, which he did. He had no more midwifery practice in that district. Another friend in practice in Hamburg gave him his experience. He had a large midwifery practice. After two years other two men came to practise in the place. His midwifery practice had disappeared altogether in a month, owing, he found, to the midwives getting a percentage of the fee paid to the medical man. That struck the Committee of the Branch as rather unusual. Only last Sunday he was told that exactly the same thing happened in the north of England. He had inquired how many practitioners in Scotland were put on the Medical Register who were not qualified, *i.e.* had no qualification at all, and was told about five. The number proposed to be put on by this Bill was 500 or 1000. They all saw the difficulties, but he could not agree with Dr Buist that all the English objections to the Bill were frivolous. His (Dr Walker's) opposition was perfectly honest, and he allowed the same to the other side. He thought it a pity that men should be accused of wilfully making objections for the purpose of destroying the Bill. He might point out to Dr Buist that the women who attended two of the cases quoted—one of placenta prævia and the other of albuminuria treated with opium pills—were both trained midwives, three months trained. Registration, which was supposed to be the panacea, would only consist in putting on the register these very women which they said were so incompetent. As to Sir William Turner's view, that they should leave everything to the General Medical Council, he did not think that they should give even the General Medical Council a blank cheque. The Council was not to draw up the rules, but others were to do so, and the General Medical Council were to accept or reject them. This would go on until finally a compromise would be arrived at which none of them could accept. He thought something on Dr Hart's lines would have to be adopted. In any Bill that might be brought forward, they should, first of all, see that a thorough system of education was demanded; secondly, that midwives should act entirely under the supervision of medical men.

Dr Thatcher said that, as a teacher of nurses for nearly twenty years, he would like to say a few words on the subject. He considered that he was supported in his opinion by a great number of country practitioners, that midwives were absolutely essential in Scotland. In large colliery districts and large manufacturing districts the practitioner had not time to do the work, and it was very important that women expecting to have children should be properly attended to. He thought that properly qualified nurses in these rural manufacturing districts were a great protection to the wives of the working classes. If the doctor had not time, were the women to be left alone, or to the mercy of women who had had

no training whatever? He thought a clear distinction should be drawn between the trained and untrained as regards capability. A three months' course, he certainly thought, was rather short. A longer course would be very much to the advantage of the nurses. Women, as far as his own classes were concerned, before they left, were examined partly on the theory and partly on their practical work. The examinations were not, he considered, trifling; they embraced a considerable amount of work. Before they gave a certificate they expected her to have fully what would be a pass mark for a medical student on the subject of midwifery; and as regards registration, he thought in some respects it might do good by putting a restriction on women who were inclined to do too much; but he thought it would be a pity that so many unqualified women should be cast upon the public. He had had considerable experience in being sent for by nurses connected with their Institution, women also who had been trained there, and he was bound to say he had never seen anything happen that might not have happened with any one. They had sent in proper time, and had not been guilty of neglect.

Dr James Carmichael said that he might have misunderstood *Dr Thatcher*; but if he really meant to say that a midwife who had had three months' training was expected to be as well informed as a medical student who had received a full training in anatomy and physiology and all the other subjects of a medical education, to his mind it was quite ridiculous.

Dr Thatcher explained that he expected the nurse to come up to the same standard in proportion to her training as the medical student did in proportion to his.

The President said that he thought it was time the discussion was brought to a close and they passed to another item on the programme. He thought it was a wise thing to hold this discussion. He wished to thank their guests—*Sir William Turner*, *Dr Tuke*, and *Dr Norman Walker*—for their contributions to the debate, and especially *Sir William Turner* for his remarks that this Bill was very different from what was brought forward before, that they must practically study the question *ab initio*, that no definition had been given of the term midwife, that many valuable suggestions of the General Medical Council had not been adopted, and especially for the light that had been thrown on the composition of the Midwives' Board, of which six out of fifteen members were to be people with no special experience or interest in medical education. That these people should be put on the same Board on a level with members of the College of Surgeons and Physicians was, to his mind, quite absurd. If he understood *Dr Hart*, he was in favour of the registration of midwifery-nurses, while he would leave midwives to die a natural death. He felt inclined to support *Dr Hart*, were it not for the difficulties brought up with regard to the term nurse, and also

that in country districts, when patients called in a doctor they did not require a nurse in addition. He saw the practical difficulties in the way of the substitution of nurses for midwives. He thought the practical conclusion of this debate was that in Scotland at present there was no great need for the registration of midwives. They had, unfortunately, not had a large representation of country members. But those who had spoken were representative Fellows of the Society, and their testimony had been unanimous. Nothing had struck him more than what Dr Connel said as to the midwives dying out and medical practitioners taking up their work. Dr Macvie had said that he had never heard of a midwife in Berwickshire. If that at all represented the state of affairs in that county, and there was a large section of the country in this condition, there was not the same call for action on this matter in Scotland as in England. At the same time, England and Scotland were in many respects one country, and their interests as regards medicine were the same. One result of the discussion would be, he hoped, that they would all watch this Bill very closely. It might become an Act for England, and if anything was passed for England it would sooner or later cross the Border. They must watch the Bill along these three lines,—1. What was the definition of midwife? 2. What provision was to be made for education? and 3. What was to be the composition of the Board which was to settle the important question with regard to registration? He desired in the name of the Society to thank those of their guests who had been with them that evening and had taken part in the discussion.

Dr Ritchie said that the Parliamentary Committee of the British Medical Association had remitted it to a sub-Committee to prepare a scheme of this kind; that they had done so; and that it had been agreed to send down this scheme, along with Lord Balfour's Bill, to the Branches for their opinion. He could not agree that Scotland should remain neutral.

After the discussion, the Fellows dined together, covers being set for over ninety. The toast of "The Guest of the Evening" (Prof. Simpson) was proposed by Dr James Ritchie, and suitably responded to. Thereafter other toasts, songs, and stories were the means of pleasantly terminating a most successful meeting.