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The Midwives Act of 1902: Women in the Victorian Era

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Subject: History/Women's & Gender Studies

Abstract

Midwives had been active for centuries in all cultures and were the customary assistants to women during childbirth. In England, the midwife had been in charge of the birth process and immediate aftercare of mother and child for generations. In the aftermath of the Enlightenment as men became more enamored with the things of science, the male medical community eventually began questioning the worth and competence of the old-fashioned midwife. In 1889 a call was raised to regulate midwives and many persons and professional groups in Britain became involved in the controversy and discussion; this was the debate that ultimately, after many unsuccessful attempts at passage, led to the passage of the law, The Midwives Act of 1902 mandating formal training, registration on a national roll, and strict supervision to be overseen by a newly created Central Midwives Board, and was the end product of a vigorous effort.

Throughout history midwives have been a part of the birthing process in all cultures. The midwife was the expert help who attended at childbirth, often along with the women of the family and neighbor women; the midwife was in charge of the process and the immediate aftercare of mother and child. Beginning in the eighteenth century the once natural function of childbirth became an area of contention, with men of science advocating for the modern scientific methods that they claimed were superior to the ways of the old-fashioned midwife. The change in the perception of the value and role of the midwife had its origin in the scientific revolution that had begun in the sixteenth century. Men became very interested in scientific methods, reasoning out processes, studying, questioning, and presenting theories. The natural way of things based on scripture was beginning to be debated and men of science, medical men, were becoming more numerous and respectable.[1] The male medical community eventually began questioning the worth and competence of the old-fashioned midwife. Many persons and professional groups in Britain became involved in the controversy and discussion; this was the debate that ultimately led to The Midwives Act of 1902. The law, mandating formal training, registration on a national roll, and strict supervision to be overseen by a newly created Central Midwives Board, was the end product of vigorous effort. The hard fought Midwives Act that was intended to professionalize midwifery and create a new career path for genteel single women would also eventually force out the working-class practioners of midwifery who had learned their craft through practice. Eight bills were introduced from 1889 through 1900 and all failed to pass; finally, in 1902, the bill introduced by Lord Cecil Manners succeeded.[2]

There were voices calling for the registration of midwives while other voices were adamant in their opposition to midwives, registered or not. Still other voices considered the debate a non-issue. Behind all the voices of discussion and debate were some of the crucial questions of the era. How could the genteel middle-class single woman earn a livelihood? Are women capable of continuing the midwife's craft without a medical man to direct them in the procedure? Is there a future for women in the "men's world of medicine?" Is it the duty of the upper and middle-class woman to raise the standards of the working class? The debate on midwives registration sheds light on the diverse perspectives surrounding the role and value of women in the Victorian era.

The established medical associations chose to take no official notice of the midwife debate in the early years, considering midwives and the question of their registration to be of no importance to them. The Royal College of Physicians of London was founded in 1518, the Company of Barber-Surgeons in 1540, and the Worshipful Society of Apothecaries in 1617. These were the three original British medical societies; members of these highly regulated societies were responsible to their associations for their professional conduct.[3] The Royal College of Physicians considered birth to be a manual operation unworthy of their skill and training; according to the president of the College it was messy and immodest, completely beneath the dignity of the university graduate.[4] The Barber-Surgeons had formed a guild as early as the thirteenth century that allowed its members the exclusive right to use instruments in performing surgeries once they had completed a successful apprenticeship.[5] The Royal College of Surgeons held the practices of midwifery and pharmacy in contempt, ostracizing members who involved themselves with either practice.[6] The general feeling of the medical community was one of disdain for the practice of midwifery; the midwives themselves were beneath their contempt. As a group the midwives were thought to be careless, ignorant, and responsible for the high mortality and chronic ill health among the working class women who chose them during the lying-in. Midwifery was not considered a profession. Although physicians, surgeons, apothecaries and surgeon-apothecaries all practiced midwifery to some degree, their official associations chose not to recognize it.[7]

The invention of the forceps in 1730 caused the fortunes of the Accoucheurs, men midwives, to rise and they became much more prevalent. The forceps had been invented years earlier by a medical family and been kept a tightly guarded secret, but by 1730 that secret became known to the larger medical community causing great excitement. According to Thomas Forbes in his article on English midwives, "The popularity and male monopoly of the instrument contributed to the increasing appearance of men in delivery rooms."[8] The forceps took childbirth from a normal process to a procedure that could be controlled; by use of forceps, the Accoucheur could guide the head of the child through the pelvis causing the birth to take place more quickly and saving the mother labor and exhaustion. It is not surprising that the services of the Accoucheur became the standard for many of the middle and upper class. The poor continued to use the services of the more affordable female midwife who had no right to the use of forceps; neither did she have the necessary schooling in anatomy and physiology that would enable her to use them correctly.

Several other medical wonders added to the popularity of the medical man. The stethoscope was invented in 1819 and through its use came the discovery of the fetal heartbeat;[9] again this invention was only available to and useful for medical men who had been trained in its use. Chloroform was another birthing innovation available only to the medical men. Midwives were eventually allowed by the Central Midwives Board to dispense chloroform tablets under the direct supervision of a doctor. This came nearly fifty years after it was first used, once The Midwives Act of 1902 had been passed and the Central Midwives Board was overseer of the duties and practices of midwives.[10]

Some individuals advocated training and registration of midwives as a way of separating the birthing process from the infection prone medical community. One medical man who supported midwives was Dr. James Edmunds. Dr. Edmunds had been associated with the Royal Maternity Charity in its midwife assisted birthing. He was impressed with the low death rate there compared to that of London medical men in general. He was convinced early on that Semmelweis was correct in his theory of antisepsis, that infection was carried by medical men coming directly to birthing mothers from surgical, medical, or post-mortem cases; this was his primary reason for wanting midwifery separate from other medical practice. Although Dr. Edmunds was an advocate of women's rights and supported the idea of women medical practitioners, he did not believe that midwives should treat medical or surgical cases.[11]

There were groups who hoped to bring the craft of the midwife into a respectable mode of earning a living for the genteel woman who found it necessary to support herself; they saw training and registration of the midwife as necessary steps to accomplish this goal. The Female Medical Society was formed in 1862 with an aim of enabling women to study medicine.[12] The society's immediate goal was to train midwives and open up the field to genteel middle-class women, spinsters and widows, who needed a respectable means of earning a living. They established the Ladies Medical College where midwifery skills as well as diseases of women and children were studied.[13] The Ladies Medical College turned out only a few midwives compared to the number of lay-midwives that were practicing; a study at the time showed that midwives attended seventy percent of all births in England and Wales. In the early 1870s the Female Medical Society proposed a bill that would allow qualified women to be admitted to the Medical Register as Licentiates of Midwifery, a move that would give them equal status with the medical men. At the same time a group of London midwives, including Ladies Medical College students, formed the Obstetrical Association of Midwives with the aim of furthering their admittance to the Medical Register. Around 1874 the Female Medical Society and the Ladies Medical College disappeared without achieving their goal of admitting midwives to the Medical Register; they had, however, opened up midwifery for the respectable middle-class woman.[14] Jean Towler surmises that once women were admitted to the established male-dominated medical schools, the Ladies Medical School closed and support for the Midwives Association was finished. She further suggests that once women qualified as doctors, self-interest may have been the reason they abandoned the midwife's cause; educated midwives would add to the competition for birthing cases.[15]

Women attempting to earn medical degrees and admittance to the Medical Register saw midwife education and registration as a vehicle to further their goal of becoming

accepted in the field of medicine. During the mid-nineteenth century women who wanted to practice medicine were forced into a long and difficult battle with the male medical hierarchy; they were not admitted into British medical schools until 1869. Elizabeth Garrett, who had earned a medical degree in New York in the 1860s, was not allowed to take qualifying exams, but did qualify with the Society of Apothecaries; consequently, she was licensed as a doctor.[16] When she applied for membership to the London Obstetrical Society in 1874, she was blackballed even though she was fully trained in all aspects of medical knowledge including midwifery.[17] Elizabeth Garrett connected the low status of midwifery training in the medical schools with the high rate of maternal mortality. She said,

> *... The responsibility for this rests ...with the examining bodies. When they recognize that a sound and extensive knowledge of practical midwifery is infinitely more important to a practitioner than a minute acquaintance with organic chemistry and with the refinements of physiology there will be a chance of improvement, but not till then....*[18]

Elizabeth Garrett was opposed to the registration of midwives. It is interesting to read a portion of a letter that she wrote to the Times of London in 1898 regarding her opposition. Her reason for opposing the measure is that the proposed bill's aim to "diminish mortality and suffering due to the practice of midwifery by ignorant women," would not be met because a clause in the bill allowed for the registration of those midwives who had been practicing for a number of years, even though they would not have been trained or examined; in today's terms it could be called a grandfather clause. The backers of the clause said that eventually these untrained midwives would die out. Elizabeth Garrett's opinion was that if everyone was allowed to register, trained or not, it would be much harder for a poor woman to choose a good midwife; in addition, "everything that raised the status of the best midwives will tend to take them out of the reach of the poorest patients".[19]

Sophia Jex-Blake was another of the early medical women who used education as a midwife in the struggle against the barrier of female exclusion from the Medical Register. She and two of her colleagues from the Ladies Obstetrical College applied for examination by the Royal College of Surgeons. The Ladies Obstetrical College had been established in 1873 to train lady-midwives, or Obstetrices, as they called themselves. The goal of the founders was an amendment to the Medical Act that would allow a diploma to be registered for the practice of midwifery giving the educated midwife a professional status.[20] Sophia Jex-Blake and her colleagues met the requirements and prepared to take the exam; a letter to the Times of London in 1878 describes her experience. The College, on advice of their legal counsel, determined the ladies were eligible and must be admitted for examination; the ladies gave proof of their four years of study and were granted permission to proceed. At that point the entire examination board resigned rather than be a part of the examination of women and their subsequent admission to the Medical Register. The College refrained from seating a new Board of Examiners. The examinations that had previously been held four times a year were no longer given because legally the College would be forced to include women.[21]

Eventually the persistence of the medical women was rewarded with admittance to the Medical Register. A medical man who was against the registration, Dr. Lawson Tait, wrote a letter to the editor of the Times of London in 1895 stating his objection on the grounds that the proposed bill would cut the ground from under the women physicians who had been members of the British Medical Association for several years. He questioned where they would practice if not among birthing mothers and babies.[22] Several days later a letter from L.M. Robinson who was Secretary of the Association for the Compulsory Registration of Midwives, asked how Dr. Tait's highly trained and fully qualified women could work for five to ten shillings, which was still a higher fee than many of the poor women could afford. He stated that the proposed legislation was for the benefit of those who had no means of childbirth delivery care other than the midwife.[23]

During the seventeenth century men had begun calling themselves men-midwives; this term eventually gave way to Accoucheur, and then Obstetrician. The latecomer to the medical associations was the London Obstetric Society founded in 1858 by practicing men midwives in the attempt to improve their own political position.[24] These Obstetricians, the less respected members of the medical community, whose practices were in direct competition with midwives, considered the midwife to be ignorant and careless; unqualified to be an independent professional, capable only of working under the direction of a medical man.

Dr. Aveling, the head of the London Obstetrical Society, supported the education and registration of midwives. This support is confirmed by his letter to the Times of London in 1875 outlining the steps taken by the London Obstetrical Society and the British Medical Association to get the matter before Parliament. Due to a change in government, no action was taken on the joint proposal.[25] Although he was not opposed to midwives he strongly disagreed with the aims of the Female Medical Society. He was convinced that the teaching of the Ladies Medical College was not thorough enough to qualify the women in medicine while over qualifying them for the duties of midwife. Dr. Aveling's opinion was that the highly trained midwives would not go out into the poor areas where their services would be of value but stay in the cities and compete with the General Practitioners for the more affluent cases.[26]

General Practitioners, the family doctors, were opposed to midwife registration because it would interfere with their livelihood by making midwives a more acceptable alternative to their services. The General Practitioner was the medical man, aside from the Obstetrician, most likely to practice midwifery along with surgery and pharmacy. The individual medical man who was involved in childbirth found it to be a time-consuming process that interfered with his normal medical practice and his leisure as well; although it was tedious, nerve-wracking, time-consuming, and did not pay very well, birthing the babies was the backbone of a family medical practice. The young family doctor, the General Practitioner, would deliver the baby girls and attend them all through childhood and early adulthood until they, too, were young mothers engaging his help in the birthing of their own children.[27] Although, in general, physicians were either aloof from the registration discussion or opposed to it, there were individual doctors who held strong opinions both for and against the proposal.

An interesting series of letters to the editor appeared in the Times of London in 1895 giving insight into the opinions of individual medical men for and against the registration. The first to weigh in was Major Greenwood, M.D. who cautioned against the belief that the medical profession was in favor of registration. Major Greenwood's personal opinion was that the bill would lead to "an inferior order of midwifery practitioners."[28] Replying to the letter from Greenwood, Dr. Humphreys, who was for the measure, asked the readers to judge the necessity and wisdom of the proposed bill by their personal observation, reports of Select Committees of the House of Commons, and speeches in favor by Lord Balfour and Lord Playfair in the House of Lords.[29] Dr. Tait wrote in opposition to the necessity and value of midwives, stating that help was available from fully trained and qualified medical men and women for every birthing woman in the kingdom.[30] A letter in favor of midwife registration from Dr. Havell, a member of the prestigious Royal College of Surgeons, informed the readers that the destitute were indeed served by the Poor Law medical service, but, depending on the bureaucrat presiding, it was at times grudging at best. In addition there were a great many families just above destitution who could not afford the fees of a doctor plus a nurse. They would choose a midwife who for five to seven shillings would assist in the delivery and aftercare. The choice, he said, was not doctor or midwife, it was good or bad midwife.[31] Dr. Barnes who wrote against the registration because it did not require direct medical supervision of midwives. It was the same scheme that was attempted years earlier when he, Dr. Barnes, led his colleagues on the Board of Examiners in Obstetrics, to resigning rather than test persons who were not fully qualified.[32,33] The final letter in the series was from Dr. Cullingworth who advocated registration because the object of the bill was proper training, as well as effective supervision and control, of midwives.[34]

Socially conscious groups, whose goal was the uplifting of the poor, considered the untrained, low-class midwife unqualified for the role. Only a trained, middle-class woman had the necessary moral authority to accomplish the goal. The organization that became The Midwives Institute began in 1881 as the Matrons Aid Society, the inspiration of Louisa Hubbard, a wealthy single woman who was interested in feminist causes as well as the welfare of women. The original group of eight had grown to twenty-four women by 1884 and, in spite of the social constraint of that Victorian era against using the word "midwife" as part of a formal title, they were The Midwives Institute.[35]

The Midwives Institute was determined to cut the lay-midwife completely out of the birthing process. The women who were the charter members were not practicing midwives although they had trained in the elite learning centers. The leaders of The Midwives Institute were nurses, hospital authorities, and heads of various charity organizations who were interested in social reform. They intended to open up midwifery as a profession where the properly trained middle-class woman would have an honorable means of supporting herself. This aim was a necessary first step in order to achieve their goal of reforming the lower class. Their view was that the only way to help the lower class was to instruct them in the care and nurture of their families. The Midwives Institute leaders believed that infants died because the mothers did not know how to care for themselves and their children properly. This mortality crisis required the instruction and supervision of the respectable, middle-class women who were their social betters. The low-class lay-midwife had neither the skills nor the character necessary to raise the working class woman from her ignorance and slothfulness.[36]

Many of the women who joined the Midwives Institute were there as a result of social networking in an era of social reform. It is worthy of note that the social networking was such that those medical associations that formerly found the midwife question beneath their dignity, became advocates of the goals The Midwives Institute professed. The Royal College of Physicians, Royal College of Surgeons, and The London Obstetrical Society along with a number of Members of Parliament had all signed the Articles of Association for The Midwives Institute.[37] In an era where the upper or middle-class woman was to run the house, comfort the husband, deal with the socialization of the children, and do good works, what better, more worthy cause could she have than to raise the standards of the working class family by her teaching, example, and supervision.[38]

The Midwives Institute began their campaign for registration in 1889 and, once they could relate midwife reform to the need for a vigorous labor class in Britain, their movement became popular. There was concern in high places that weakness and ill-health among the working class would lead to the endangerment of Britain's position as the most powerful nation in the world. The country might not have the manpower for an adequate military force or a vigorous labor force. Social reformers of the upper class began to be concerned that the large number of children born to the working class, would soon cause them to outnumber those of higher class. Those who favored Eugenics, the scientific improvement of racial qualities through selective breeding of superior types, talked of limiting the number of working class children born.[39] The theory that caught on was a kind of reform Eugenics, changing the environment of the poor, which would lead to hereditary improvements in the working class.[40]

The voice that had not been heard throughout the midwives registration controversy was that of the untrained midwife herself. There was no association or society to raise her concern about her livelihood, or her defense of her knowledge and integrity in her craft. She continued in her daily routine awaiting the outcome of the discussion and debate. She recognized that it was the debate and subsequent action by those of power and influence that would set the course of future midwifery in Britain. These untrained midwives, the "bona fides", in the end were the one disappointment of that powerful lobby, The Midwives Institute. The "bona fides" were the midwives who were accepted on the registration list due to their long years of practice, even though they did not have any formal training. These "bona fides" were allowed to continue because there were not enough trained midwives to cover the need; it was assumed that they would eventually dwindle off the registration list through retirement.[41] At last, enough pressure was exercised by the various concerns that Parliament began to consider the question of midwife reform and the first of many bills was introduced in 1889.

The Midwives Act of 1902 gave all those who had a voice in the discussion and debate some satisfaction. Midwives were a respectable profession with normal birth as their area of expertise. They were separated from the role of assistant to the medical profession, yet with stringent rules of professional conduct that made them subordinate to the medical men and women in all but normal birth. Even though The Midwives Institute was

disappointed over the "bona fides," its leadership saw the very exacting rules of the governing body, the Central Midwives Board, as a means to drive out of the profession any but the most disciplined of untrained midwives. The victory of The Midwives Institute was in gaining a seat on the governing board thus enabling them to guide the profession into the twentieth century.[42]

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Normal Pressure Hydrocephalus

Author: Ashley Fink
Subject: Health Sciences

Normal pressure hydrocephalus (NPH) is a condition that is often hard to discern and differentiate from similar pathologies. This paper will explore the etiology of this pathology, its clinical manifestations and symptoms, and how NPH is treated. With knowledge of its symptoms, early detection of this pathology will allow for early intervention to greatly improve the prognosis of affected individuals.

NPH was discovered as the first treatable form of dementia in the 1960s by Hakim and his colleagues: Adams, Fisher, Ojemann, and Sweet. This condition occurs when excess cerebrospinal fluid accumulates in the ventricles, which results in ventriculomegaly, or dilation of the ventricles, to compensate for the increased pressure (see figs. 1, 2, & 3). By expanding, this brings the pressure back down within the ventricles around the normal level of 15 mmHg, hence the use of the terminology 'normal pressure' hydrocephalus (Kiefer and Unterberg 16).

There are two categories of hydrocephalus: communicating and non-communicating. Communicating hydrocephalus describes a "free-flow of CSF to the venous sinuses [and] the subsequent connection to the spinal cord" with "delayed or reduced absorption at the venous sinus level" (Jayamohan 101). In other words, there is no obstruction to CSF flow but there is something causing retardation of reabsorption. In non-communicating or obstructive hydrocephalus, the accumulation of CSF is the result of a blockage, as implied by the name. NPH falls into the former category, as a communicating hydrocephalus, along with secondary forms of hydrocephalus caused by trauma to the brain, head injury, subarachnoid hemorrhage, and meningitis (Billek-Sawhney and Jackson 2012). Normal pressure hydrocephalus is an idiopathic condition, meaning its cause is unknown, although it is prevalent in the elderly.

Fig. 1, 2, & 3. Hydrocephalus, Case courtesy of A.Prof Frank Gaillard, Radiopaedia.org, rID: 7258

Normal pressure hydrocephalus is a disease that is often misdiagnosed. The symptoms of normal pressure hydrocephalus are often hard to differentiate from other pathologies