

WOMEN AS PRACTITIONERS OF MIDWIFERY.

To the Editor of THE LANCET.

SIR,—In all popular movements, however one-sided and irrational they may seem, there is some foundation of truth, the grain of common sense in the bushel of chaff. And so it is with the movement that is now taking place with respect to the admission of women into the rank of medical practitioners. I believe, most conscientiously and thoroughly that, as a body, they are sexually, constitutionally, and mentally unfitted for the hard and incessant toil, and for the heavy responsibilities of general medical and surgical practice. At the same time I believe, as thoroughly, that there is a branch of our profession—midwifery—to which they might and ought to be admitted in a subordinate position as the rule.

In France, and in many other parts of the Continent, this division of labour in midwifery is fully carried out, and with great advantage to both parties—to the regular practitioner, who is relieved of part of his most arduous, most wearing, and most unremunerative duties, and to the women who have a vocation for medicine, who are able, thus, in large numbers, to gain a respectable living in the profession they wish to practise.

I think I may safely say that there are very few medical men who have been ten years in practice who would not gladly, thankfully, hand over to a body of well-educated and friendly midwives their half-guinea or guinea midwifery cases. To a young practitioner there is the charm of novelty, and the desire to improve, which make remuneration altogether a secondary consideration. But after ten years' practice, often long before, a very decided change comes over the spirit of the dream. With experience comes the power of judging what is likely to take place; and then the only really interesting cases, those that present any real charm are those which are called the bad cases, the unnatural presentations, and the accidents of midwifery. When battling with such cases, the experienced accoucheur feels like the experienced captain of a ship in a storm, like the veteran in the field before fire, and all weariness, all regret at the utter waste of valuable time, are lost in the intense sense of the importance and responsibility of the duties to be performed.

But nineteen cases out of twenty are mere ordinary cases, in which there is little or nothing to do but to watch; and what words can describe the weariness and impatience of a busily employed practitioner in attendance on such patients, when unremunerated or badly remunerated. The golden hours passing away, the daily duties neglected, the night's rest lost, and all just to "keep a practice together." For the mere humanitarian feeling becomes deadened by force of habit. If all is right, if there is no difficulty, no danger on the horizon, the cries and laments of the parturient female fall on the ear of the old accoucheur pretty much like the chimes of the clock, merely telling him in the next room, by their tone, at what period of the labour the poor sufferer has arrived.

Now in France midwifery practice, in my humble opinion, is better managed; and I think that we should do well to imitate the French division of labour, the more so as we should thus satisfy the craving for medical employment which has got hold of some of our fair countrywomen. There is a very large midwifery hospital in Paris, and similar ones in other large towns, in which women students are alone admitted, and regularly educated by a well-selected staff of accoucheurs, aided by female teachers. In these "midwives' hospitals and schools" no male students are allowed to enter, and thus the revolting mixture of young male and female students in the study of the anatomy, physiology, and pathology of the sexual organs is avoided, and respect shown to those feelings of delicacy which pertain to Christian civilisation.

Once these midwives have obtained their diplomas, they settle in practice both in town and country, and attend

generally the lower and lower middle classes throughout the kingdom. Every midwife, however, as a rule, selects a medical man as her consultant, her referee, her supporter in difficulty, and the great majority make a point of applying to these "consultants" in difficult or dangerous cases.

As a result of this system midwifery occupies a better and a more remunerative position in France than in England, although in France medicine is much worse remunerated. I am told that two or three hundred francs (eight or twelve pounds), is the usual Paris fee for a medical practitioner for small tradesmen, whilst the fee for the heads of the profession is a thousand francs, or forty pounds, instead of twenty guineas as in London. The Clinical Professor of Midwifery, still in active practice, told me the other day that he now never takes a case under forty pounds, and that all smaller fees he hands over to his juniors. What is of more importance, however, is that medical men in general and active practice escape a deal of the drudgery and night-work, which is, no doubt, the principal cause of their break-down in health as they advance in life. How many accoucheurs, like our lamented colleagues, Dr. Ferguson and Sir James Simpson, die just as they are reaping the reward of a life of intellectual and physical labour; and who can say that incessant night-work has not been the principal cause of their too early departure from amongst us.

I am fully aware that there is a very general feeling of aversion in Great Britain to midwives' midwifery. But I believe that it has originated merely from the fact that nearly the only midwives we have are ignorant, stupid, old women, who have taken to midwifery instead of charring, and who practise their art in opposition to the medical men of their neighbourhood, with whom they live in a state of feud and antagonism. Such women do not know danger when they see it, and, being averse to receiving skilled assistance, often wait too long to apply for it. The case is altogether different when midwives, well-educated, intelligent women, practise their art supported and backed by medical men whom they acknowledge and look up to. I know that it is so from my own personal experience. In the early part of my career I was six years physician-accoucheur to the Western General Dispensary. A large number of women were attended yearly by the four midwives connected with the institution, and my services were only required in cases of difficulty. During these six years I never once had a reproach to make to my midwife staff. They were only too willing and ready to screen themselves behind me, and I was more frequently sent for when patience alone was required than when the opportunity for action had passed. And yet my subordinates were not the skilful, well-educated women we might have in such a position.

I would add, in conclusion, that given women of exceptional energy, capacity, and intelligence, nothing would be easier than for them, if deserving, to rise out of the midwifery ranks into a wider sphere of activity and worldly success. Let them show by their energy, by their writing, by their contributions to the progress of medical science, that they had exceptional powers of observation and intellect, and fame would soon reach them. It has reached the very few women who, like Mrs. Somerville, have given evidence not only of mere ability and talent, but higher powers, the power to grasp the more recondite and abstruse teachings of science. But even this power—the power to master and understand the existing state of science—does not constitute the characteristic feature of the male mind in the Caucasian race. The principal feature which appears to me to characterise the Caucasian race, to raise it immeasurably beyond all other races, is the power that many of its male members have of advancing the horizon of science, of penetrating beyond the existing limits of knowledge—in a word, the power of scientific discovery. I am not aware that the female members of our race participate in this mental power, in this supreme development of the human mind; at least, I know of no great discovery changing the surface of science that owes its existence to a woman of our or of any race. What right then have women to claim mental equality with men?

That women may attain an honourable social position and pecuniary independence in our ranks in the position I point out, is proved by a case that came under my observation last year. A German lady, M.D. in a German Univer-

sity, called on me on her way home from San Francisco. She told me that she had been practising there as an accoucheur and a ladies' and child's doctor for twenty years, had gained a small fortune, and was returning to Germany to live and die in quiet. Her history was this:—Early in married life her husband lost his fortune and became a confirmed invalid. She had thus her husband and two children to support. She studied midwifery and medicine, took a degree, and then went to America, settling at San Francisco. There she placed herself in a subordinate position to the medical men, acting with them, under them, and consequently supported by them. She had thus lived harmoniously with her professional brethren, and had had a career of uninterrupted professional success.

I remain, Sir, your obedient servant,
Grosvenor-street, May 26th, 1870. HENRY BENNET, M.D.

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To the Editor of THE LANCET.

SIR,—I see in your columns of June 18th, 1870, a letter on "Women as Practitioners of Midwifery," and appeal to your sense of fairness to allow me a fourth part of the space it occupied for a few words in reply.

It is hardly worth while to discuss the early part of the letter, as the second paragraph sufficiently disposes of the first. After saying that women are "sexually, constitutionally, and mentally unfitted for hard and incessant toil," Dr. Bennet goes on to propose to make over to them as their sole share of the medical profession what he himself well describes as its "most arduous, most wearing, and most unremunerative duties." In the last adjective seems really to lie the whole suitability of the division of labour according to the writer's view. He evidently thinks that women's capabilities are nicely graduated to fit "*half-guinea* or *guinea* midwifery cases," and that all patients paying a larger sum of necessity need the superior powers of the "*male* mind of the Caucasian race." Let whatever is well paid be left to the man; then chivalrously abandon the "*badly remunerated*" work to the woman. This is the genuine view of a true trades-unionist. It is well for once to hear it candidly stated. As I trust the majority of medical men would be ashamed of avowing such a principle, and as I am sure it would be indignantly disallowed by the general public, I do not care to say more on this point.

But when Dr. Bennet proceeds to dogmatise about what he calls our claim to "*mental equality*," he comes to a different and much more important question. I, for one, do not care in the least either to claim or disown such equality, nor do I see that it is at all essential to the real question at issue. Allow me to state in a few words the position that I and, as I believe, most of my fellow-students take. We say to the authorities of the medical profession, "State clearly what attainments you consider necessary for a medical practitioner; fix your standard where you please, but define it plainly; put no obstacles in our way; either afford us access to the ordinary means of medical education, or do not exact that we shall use your special methods; in either case subject us ultimately to exactly the ordinary examinations and tests, and, if we fail to acquit ourselves as well as your average students, reject us; if, on the contrary, in spite of all difficulties, we reach your standard, and fulfil all your requirements, the question of '*mental equality*' is practically settled, so far as it concerns our case; give us then the ordinary medical licence or diploma, and leave the question of our ultimate success or failure in practice to be

decided by ourselves and the public." This is our position, and I appeal, not to the chivalry, but to the justice of the medical profession, to show us that it is untenable, or else to concede it at once.

I am, Sir, your obedient servant,

Edinburgh, June 21st.

SOPHIA JEX-BLAKE.