

"Vested Interests": The 1902 Midwives Act as a Case Study in Professional Identity

By

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B.A. University of Victoria, 2004

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Abstract

Some scholars, in examining the debate which led up to the Midwives Act of 1902, have portrayed the conflict as a struggle between the monolithic medical profession and midwives. However, this thesis demonstrates that the late nineteenth-century medical profession was still very much divided on the issue of midwifery. There were tensions between various branches and between elite members and general practitioners. Further, the British Medical Association, the General Medical Council, the *Lancet* and the *British Medical Journal* all competed for the right to speak for the profession as a whole. In the course of the debate the medical profession caricatured the “mythical” untrained midwife while seeking to impress upon the public their own identity as skilled and caring practitioners. The 1902 Midwives Act, which reveals that Parliament, accepted some, but not all, of the medical profession's claims, signifies both the extent and the limits of the medical profession's influence.

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Dedication

This thesis is dedicated both to the memory of my maternal grandmother whose life inspires me every day and to my fiancé Jon who makes my life a joy.

Chapter One:
Deconstructing the Monolith: Background to the Relationship Between Medical Men and Midwives

She was a fat old woman, this Mrs. Gamp, with a husky voice and a moist eye, which she had a remarkable power of turning up and only showing the white of it. Having very little neck, it cost her some trouble to look over herself, if one may say so, at those to whom she talked. She wore a very rusty black gown, rather the worse for snuff, and a shawl and a bonnet to correspond. In these dilapidated articles of dress she had, on principle, arrayed herself, time out of mind, on such occasions as the present; for this at once expressed a decent amount of veneration for the deceased, and invited the next of kin to present her with a fresher suit of weeds; an appeal so frequently successful, that the very ghost of Mrs. Gamp, bonnet and all, might be seen hanging up, any hour in the day, in a least a dozen second-hand clothes shops about Holborn. The face of Mrs. Gamp – the nose in particular – was somewhat red and swollen, and it was difficult to enjoy her society without becoming conscious of a smell of spirits.¹

Dirty, drunk, grasping and greedy: this is the comic portrait of Sairy Gamp, midwife and handywoman, created by Charles Dickens in his novel *Martin Chuzzlewit*. After it was published in 1844, Dickens's novel gave birth to the derogatory term "Gamp," which was then used by many medical men to characterise the untrained British midwife of the late nineteenth century.² Medical men used loaded language, such as the shorthand term "Gamp," as part of a campaign to delegitimize untrained midwives and to have them replaced with midwives trained under the institutional biomedical model of health care. The latter was based in institutions such as medical schools or hospitals and rooted in the scientific clinical model of health care.³ The medical profession's own

¹ Charles Dickens, *Martin Chuzzlewit* (Hertfordshire: Wordsworth Editions Ltd., 1994), 298.

² Throughout this thesis Britain/British and England/English will be used interchangeably. The Midwives Act of 1902 only affected England and Wales. However, this did not stop medical men from Scotland and Ireland discussing the situation as it was thought that any measure put into action in England and Wales would eventually be modified and utilized for Scotland and Ireland.

³ The term untrained is used as a reflection of the point of view of the majority of the medical profession. Though many midwives were well-educated and adept at their job, they were considered by many in the medical profession as untrained because the former's training was largely informal. Finally, it should be noted that this thesis will often refer to "medical men." Though there were a few medical women at this time they were still very much in the minority and had yet to ascend to positions of power within the

training was based on this model, in contrast to the more traditional knowledge acquired by untrained midwives through informal apprenticeships.⁴ The campaign to bring midwifery under doctors' control was part of a larger effort by the profession to employ legislation to dismantle a system of free market health care and replace it with one controlled by themselves. In so doing, doctors reinforced their own identity as professional men. Indeed, members of the medical profession were considered little more than tradesmen in the early days of the vocation; the British Medical Association (BMA) was not founded until 1856.⁵ However, by discounting some practitioners as "quacks" and absorbing other, more "respectable" health care providers, the medical profession attempted to change the landscape of British health care into a more standardized and professional entity and to create a hierarchy of medical care with themselves firmly at the apex.⁶ The assimilation of other health care providers was relatively easy, but the campaign to legislate the registration of midwives took more than a century; this thesis focuses on the crucial sixteen years between the Medical Act of 1886 and the Midwives Act of 1902.⁷ The tensions revealed by the profession's involvement in the midwife debate provide a particularly interesting and productive case study for understanding

medical hierarchy which minimized their impact on issues such as the midwives debate. However, it should be noted that, like their male counterparts, many female doctors viewed midwives as competition. For more information on female doctors in Britain, see Catriona Blake, *The Charge of the Parasols: Women's Entry Into the Medical Profession* (London: The Women's Press, 1990); Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women: Autobiographical Sketches* (London: Longmans, Green, and Co., 1895); Mary Roth Walsh, "Doctors Wanted: No Women Need Apply": *Sexual Barriers in the Medical Profession 1835-1975* (New Haven: Yale University Press, 1977).

⁴ However, doctors often appropriated traditional knowledge and made it their own.

⁵ Harold James Perkin, *Origins of Modern English Society 1780-1880* (London: Routledge, 1969), 429.

⁶ See R. Kenneth Jones, "Schism and heresy in the development of orthodox medicine: The threat to medical hegemony," *Social Science and Medicine* 58 (2004): 703-712; Brian Martin, "Dissent and heresy in medicine: models, methods and strategies," *Social Science and Medicine* 58 (2004): 713-725; Mike Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health* (London: SAGE Publications, 2003).

⁷ Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann Educational Books Ltd., 1977), 46, 56, 124, 173-176.

doctors' self identification in the late nineteenth and early twentieth centuries. During these sixteen years medical men struggled to define and understand their professional identity in regards to their relationships with midwives, Parliament, the public and with each other.

Based on an exhaustive examination of the two leading medical journals between the years 1886 and 1902, this thesis seeks to problematize the image of the medical profession as a monolithic force characterized by its uniformity and static nature over time. This thesis will show that the profession, when faced with an issue such as the registration of midwives, was fractured and rife with debate. Further, in the case of the midwife question, these divisions were so deep as to undercut the profession in the realization of its professional goals and desires regarding registration. Finally, this thesis will argue that one of the main causes of the profession's difficulties regarding the midwife question can be found within the profession itself. More specifically, this thesis will argue that the legitimation of midwifery practitioners by the Medical Act of 1886 significantly effected the way in which the medical profession approached the question of midwifery legislation. The term "midwifery practitioners" will be used throughout this essay to include both obstetricians, formerly known as "man-midwives," and general practitioners who often used midwifery to build their practices. Before the rise of midwifery practitioners, the medical profession had called for the simple replacement of the untrained "Gamp" by the biomedically trained midwife. Towards the mid-nineteenth century male midwifery practitioners sought to control the biomedically trained midwife as well.

The purpose of this thesis is to trace the tensions within the medical profession which were brought to light by the debate over midwife registration. When studying such an issue it is easy to fall into the trap of creating a false binary between the two main parties involved. Thus, both midwives and doctors have the potential to become conceptualized as monolithic figures locked in an epic battle, instead of diverse groups of people with often disparate needs and desires. What this thesis sets out to demonstrate is that the debate over midwifery, as traced through the medical journals and Parliamentary debates, actually tells us more about doctors' own hopes and fears than about midwives and their practices. A close analysis of the literature reveals that, in the course of caricaturing the mythical incompetent midwife, doctors were seeking to impress upon the public their identity as skilled, caring and legitimate professionals. In analyzing the debate, the goal of this thesis is to reveal that the late nineteenth-century medical profession was still in the process of establishing itself; that it was divided between its various branches, between its elite members and its general practitioners; that the British Medical Association, the General Medical Council and journals such as the *Lancet* and the *British Medical Journal* competed in claiming to speak for everyone in the profession.

However, this thesis will demonstrate that since not all medical men were behind the new call for greater control of midwives, the profession split over the issue. The messy battle over which side was correct was communicated, via the press, to the public and to Parliament. The latter eventually decided that the members of the medical profession were too concerned about their own interests to be objective advisors in the formulation of midwife legislation or effective administrators of its provisions. When the

Midwives Act of 1902 was finally passed it contained almost none of the privileges and controls which had previously been offered to the medical profession in draft Bills of the early 1890s.

This chapter will briefly examine the current historiography on the rise of medical men and, more specifically, the relationship of medical men to midwifery. It will demonstrate how this thesis fits into, and contributes to, the wider scholarship on the subject. Finally, this chapter will describe the three main primary sources used in the articulation of this thesis. It will note both the strengths and weaknesses of employing sources such as the *Lancet*, the *British Medical Journal (BMJ)*, and the Parliamentary Debates of both the House of Commons and the House of Lords.

In all societies babies have traditionally been delivered by midwives. In early modern England the church licensed such women primarily on the basis of their morality, but by the eighteenth century this form of regulation had fallen into decay.⁸ In the nineteenth century male doctors in the United States increasingly took over the delivery of babies, so that by the twentieth century midwifery in America was almost entirely eliminated.⁹ In Europe, however, many governments in the 1800s established systems for the instruction and regulation of midwives.¹⁰ For much of the nineteenth century it was unclear which direction England would take. The protracted debate over midwifery in the

⁸ Donnison, *Midwives and Medical Men*, 6-7, 22.

⁹ For an excellent history of midwifery in the United States see Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New Haven: Yale University Press, 1989). Also see Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995).

¹⁰ See Hilary Marland, ed. *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993); Hilary Marland and Anne Marie Rafferty, eds. *Midwives, Society and Childbirth Debates and Controversies in the Modern Period* (London: Routledge, 1997); Valerie Fildes, Lara Marks and Hilary Marland, eds. *Women and Children First: International Maternal and Infant Welfare, 1870-1945* (London: Routledge, 1992).

British Isles demonstrates how class and gender concerns were entangled in professional rivalries.¹¹

Socially and culturally, childbirth is obviously a deeply important event. The historiography of childbirth, even when limited to Europe or Britain, is extensive. Sociologists and historians have produced volumes of scholarship examining the issue from several different angles: the changing meaning of childbirth in Western society; the changing role of women's work; the rise of the cult of motherhood in England; the increasingly active role taken by government in the lives of its citizens; and, of course, the rise of the medical profession. These works span a wide temporal range, some beginning before the nineteenth century and ending after World War II with the development of the National Health Service in Britain. However, the historiographical portion of this thesis will focus on those works which provide important contextual and background information on the changing nature of the medical profession and the relationship of the medical profession to midwives and midwifery.

¹¹ For example, the relationship of nursing to midwifery raised many questions about the role of women as professionals. Briefly, the changing face of nursing is too dynamic a history to be fully discussed in this thesis except in its relation to midwifery. Beginning in the 1850s nursing underwent a professionalization process in which it changed from a job undertaken by women, as Florence Nightingale put it, "too old, too weak, too drunken, too stolid or too bad to do anything else," to a vocation undertaken by trained and highly professional women. Unlike midwifery, nursing became seen as a romantic vocation, an image bolstered by the image of Nightingale and others nursing young soldiers during the Crimean War. By 1886 nursing, though not yet officially regulated, was quite professionalized in its infrastructure. Nursing also did not transgress gender norms in the same way that midwifery did, as many nurses, especially those trained by Nightingale, or according to her methods, were expected to accept doctors' almost complete control over their work. There were many midwives who were also trained as nurses which caused some overlap of the professions. However, it should be noted that within this thesis, unless otherwise specified, references to the nursing duties of midwives refers to the pre- and postnatal care of the mother and child – in contrast to the actual delivery itself – and thus does not necessarily denote special training in nursing. For more information on British nursing during this time period see Dr. G. Barry and Lesley A. Carruthers, *A History of Britain's Hospitals and the Background to the Medical, Nursing and Allied Professions* (Sussex: Book Guild Publishing, 2005), 329; Peter Arden, *The Nursing Sister: A Caring Tradition* (London: Robert Hale, 2005); Vern L. Bullough, Bonnie Bullough and Marietta P. Stanton eds. *Florence Nightingale and Her Era: A Collection of New Scholarship* (New York: Garland Publishing, Inc., 1990); Catherine Judd, *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (New York: St. Martin's Press, 1998).

Many works study the emergence of the medical profession. In *The Medical Profession in Mid-Victorian London*, M. Jeanne Peterson provides an early history of the urban medical profession and demonstrates how it transformed itself from a heavily fragmented group of individual practitioners in the early nineteenth century, to a more cohesive body, with a clearly evident group identity, by the mid-nineteenth century. Peterson argues that this identity was then formalized by the 1858 Medical Act.¹² Using a social science framework for her analysis, Peterson identifies the removal of lay control and involvement in the medical profession as the key to its emancipation and coalescence.¹³ She shows that in the first decades of the nineteenth century medical care was dominated by lay values and needs. For example, Peterson points out that in the early nineteenth century, doctors' scientific and medical authority was not given much weight by the public, which meant that most medical men were at the mercy of the whims and desires of their patients. She writes,

Without freedom or authority, their work was defined by laymen and in private practice they were judged by the standards of the lay world. They were the servants of their employers and their patients. Their authority, when they had any, came not from their medical knowledge but had its origins in connections, social origins or social style.¹⁴

Peterson attributes this early lay dominance of the medical profession to the fact that, since patients were effectively controlling the health care market during the early nineteenth century, doctors had to struggle to attract and keep clients.¹⁵ According to Peterson, this forced competition meant that there was little solidarity within the profession. Further, most young medical men had no common educational background on

¹² M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978), 2-3.

¹³ Peterson, *The Medical Profession in Mid-Victorian London*, 3-4.

¹⁴ Peterson, *The Medical Profession in Mid-Victorian London*, 134.

¹⁵ Peterson, *The Medical Profession in Mid-Victorian London*, 91-98.

which to build relationships with other members of the profession. In the early stages of the professionalization of medicine each college and medical school worked according to a different curriculum and many medical men were still trained individually through apprenticeships.¹⁶

Peterson argues that the medical profession began to gain more control over its own practice when medical men took over hospitals.¹⁷ They were able to do so when medical schools were opened within the hospitals for medical students to complete their practical training. This meant that hospitals, which had previously been run by boards of lay governors, began to add medical men to their governing infrastructure. This reform opened the door for medical men to dominate these boards and eventually allowed them to gain sole control over the health care aspects of those institutions.¹⁸ Control of the hospitals was crucial to the profession's sense of personal prestige but, more importantly, Peterson contends, it also allowed medical men finally to establish a value system where scientific ability and applied science were given a greater reputation among medical practitioners. Thus scientific merit was the arbitrator of success, instead of lay values such as personal demeanour or social connections.¹⁹ She further argues that when medical men finally gained control of the medical schools and the teaching areas of the hospitals they were able to isolate medical knowledge from the public and give it a mystical, almost religious, quality.²⁰

¹⁶ Peterson, *The Medical Profession in Mid-Victorian London*, 283.

¹⁷ Peterson, *The Medical Profession in Mid-Victorian London*, 284.

¹⁸ Peterson, *The Medical Profession in Mid-Victorian London*, 281-284. Administrative duties, as distinct from the actual practice of health care, were still undertaken by lay officials.

¹⁹ Peterson, *The Medical Profession in Mid-Victorian London*, 286.

²⁰ Peterson, *The Medical Profession in Mid-Victorian London*, 282.

Finally, Peterson contends that, though the medical profession did not become formally united until the Medical Act of 1858, the removal of lay control and lay values eased the competition between medical men. She identifies institutions such as the British Medical Association and the *Lancet*, which focused on the medical profession as a whole, as further aiding the unification of the profession and, more to the point, helping to create the idea of medicine as a respectable profession.²¹ Peterson also points to a growing sense of *noblesse oblige* on the part of the elite doctors towards their younger, struggling colleagues, as another indicator that medical men were forming a united professional consciousness.²² According to Peterson, the idea of the medical profession as a unified entity was then formalized through the Medical Act of 1858 which, among other things, created the General Medical Council (GMC) and, more importantly, laid down rules for the minimum education requirements for all medical students. This meant that, to a degree, all medical men now were to receive the same training, which would give medical students and medical men a common base of experience on which to further build professional associations.

In *The Medical Profession in the Industrial Revolution*, Ivan Waddington also identifies the connection between a patronage-based system of service and “constraints on the development of professional autonomy,” in the early nineteenth century when lay values dictated medical actions.²³ However, unlike Peterson, Waddington frames his analysis by focusing on the changing market demands for health care. He links the rise of the profession to the process of industrialization and, more importantly, to the growth of the middle class. Beginning his analysis in the eighteenth century, Waddington argues

²¹ Peterson, *The Medical Profession in Mid-Victorian London*, 134-135.

²² Peterson, *The Medical Profession in Mid-Victorian London*, 192.

²³ Peterson, *The Medical Profession in Mid-Victorian London*, 191.

that, initially, the demand for biomedical health care was quite low, except among the upper classes and that this made it extremely difficult for the average practitioner, who did not have connections to the upper classes, to survive.

According to Waddington, industrialization not only created a larger demand for biomedical health care by creating and expanding the middle class, but also growing urbanization meant that many people who wanted that type of health care congregated in relatively small geographical areas. This allowed a medical man to make a living without having to travel large distances to get to patients. Waddington further notes that with the rise of industrialization came new social values and “the widespread belief in progress and the rational control of the world was extended to include the idea that man could control disease in much the same way that he was so busily controlling other natural forces.”²⁴ This increased cultural respect for science served to legitimate medical men and further increase the demand for biomedical services. As biomedicine became accepted by greater numbers of people, medical men found themselves treating patients of lower status than themselves which, according to Waddington, aided in a power shift from patient to practitioner. Waddington ends his discussion by looking at the changing state of medical education and comes to many of the same conclusions as Peterson; he discusses the way in which education became nationalized rather than localized in its curriculum and its character. He states that this change further enhanced the solidarity of medical men and helped facilitate the emergence of cohesive medical profession.²⁵

²⁴ Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and MacMillan Humanities Press, 1984), 197.

²⁵ Waddington, *The Medical Profession in the Industrial Revolution*, 203-204. For other works tracing the rise of the medical profession see Eliot Friedson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd Mead, 1970); Noel and Jose Parry, *The Rise of the Medical Profession: A Study of Collective Social Mobility* (London: Croom Helm, 1976; S. E. Shortt, “Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth

Further, both Waddington and Peterson make reference to the scientific knowledge of the medical profession beginning to acquire a somewhat mystical, even religious quality.²⁶ Many authors have taken this concept much further and have found it useful to use theoretical frameworks and vocabulary which was originally formulated for the study of the power structures of major religions. Indeed, some scholars argue that, after the Industrial Revolution, science took over the duty of creating and maintaining a discourse which explained the nature of life, the universe and the individual's place within it.²⁷

Though Peterson and Waddington are informative on the generalised rise of the medical profession, they do not answer the question of how male practitioners began to absorb the professional territory of midwives. In *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, Adrian Wilson addresses that question. He states that his goal in writing the book was to refute arguments made by other authors that women changed from having female midwives to man-midwives as their birth attendant, due to the dual power of forceps and fashion.²⁸ According to Wilson, the forceps and fashion argument is incorrect, as it not only reduces women to slavish followers of fads, but also

Century," *Medical History* 27 (January 1983): 51-68; John Woodward and David Richards, eds. *Health Care and Popular Medicine in Nineteenth Century England* (London: Croom Helm 1977); A. J. YOUNSON, *The Scientific Revolution in Victorian Medicine* (New York: Holmes & Meier Publishers, 1979).

²⁶ Peterson, *The Medical Profession in Mid-Victorian London*, 282; Waddington, *The Medical Profession in the Industrial Revolution*, 198.

²⁷ See R. Kenneth Jones, "Schism and heresy in the development of orthodox medicine: The threat to medical hegemony," *Social Science and Medicine* 58 (2004): 703-712; Brian Martin, "Dissent and heresy in medicine: models, methods and strategies," *Social Science and Medicine* 58 (2004): 713-725; Paul Root Wolpe, "The Dynamics of Heresy in a Profession," *Social Science of Medicine* 39.9 (1994): 1133-1148.

²⁸ Unfortunately Wilson fails to clearly identify which scholars were making these assertions and it is unclear whether he is claiming that medical men in this time period used this argument to explain their own rise or it is modern scholars who are utilizing the "fashion and forceps" explanation. See Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge, Mass: Harvard University Press, 1995), 3.

denies them agency and their own history.²⁹ Wilson argues that, while forceps and fashion may have given man-midwives an entrée into the birthing room, it was not until cross-class hallmarks of female life became fragmented in the 1700s that midwives began losing ground to man-midwives. Wilson states that as chores such as brewing, baking and textile works were no longer done by the upper classes, the bonds which had previously joined women across classes began to dissolve.³⁰ In the eighteenth century, poorer classes of women were increasingly working outside the home and could no longer afford to take time off for their own lying-in periods, much less to serve as gossips for the lying-in periods of other women.³¹

Wilson does admit that forceps, and the less well-know vectis and fillet, assisted in the rise of man-midwives over female midwives, as they allowed the former finally to shed their previous association with death.³² He argues that, at the same time that the lying-in period and its related traditions were becoming increasingly unwieldy, doctors were continuing to provide pregnant women their traditional services: cutting open a dead

²⁹ Wilson, *The Making of Man-Midwifery*, 3.

³⁰ Wilson, *The Making of Man-Midwifery*, 185-186.

³¹ The traditional lying-in period included several days of bed rest for the mother followed by seclusion within the house before the traditional churching which was the new mother's reintroduction into society. The "gossips" were women who clustered around the pregnant mother before, during, and after the birth. They provided a community of support, acted as a liaison between the mother and birth attendant and helped to manage the labour. They also helped to take care of any children already born and made sure that the husband of the new mother did not bother her too soon after the birth with his sexual demands. For a description of the traditions of the lying-chamber see Wilson, *The Making of Man-Midwifery*, 200-206; Lisa Forman Cody, "The Politics of Reproduction: From Midwives' Alternative Public Sphere to the Public Spectacle of Man-Midwifery," *Eighteenth Century Studies* 32.4 (1999): 479-481; Donnison, *Midwives and Medical Men*, 1-20; Ann Oakley, "Wisewomen and Medicine Man: Changes in the Management of Childbirth," in *The Rights and Wrongs of Women* eds. Juliet Mitchell and Ann Oakley (Middlesex: Penguin Books Ltd., 1975), 24-25.

³² Historically, forceps were much the same as modern midwifery forceps and were made with two separate blades or with the two blades connected by a hinge. They could be used to artificially mould the head in order to bring the baby through the birth canal and also to provide traction. The vectis was a single curved blade that was used to artificially flex the babies head in order to bring it through the birth canal. It also provided a limited amount of traction. The fillet was a tool with a strip of silk or leather connected to a pair of rigid handles. The cloth was slipped over the top of the babies head and then drawn through the handles as if it was a noose. It then was used to pull the baby from the mother. Wilson, *The Making of Man-Midwifery*, 96-97.

mother in order to save or baptize the baby, or, more commonly, performing a craniotomy, a procedure which removed a dead foetus from the mother.³³ Occasionally, instead of using the traditional craniotomy tools, a doctor used the more convenient and easy to operate midwifery forceps which were beginning to circulate at the beginning of the eighteenth century. Eventually a doctor, using forceps, might unexpectedly deliver a live child to the delight of the people in the lying-in chamber.³⁴ News of the birth would spread and families became less reluctant to call a man-midwife when a difficult birth occurred, increasing his chances of delivering a live baby. As doctors delivered more healthy babies, their traditional association with death began to disappear, in an ever reinforcing circle, until finally, they began to be called in to deliver normal births – partially to save the expense of having to pay both the midwife and the doctor if an emergency did arise.³⁵ Thus, according to Wilson, the introduction of forceps did aid the rise of man-midwives, in that the use of forceps allowed doctors to take advantage of the opening of the birthing market resulting from the break down of vertical social connections between women.

Lisa Forman Cody, in her article, “The Politics of Reproduction: From Midwives’ Alternative Public Sphere to the Public Spectacle of Man-Midwifery,” considers both Wilson’s work and her own as moving beyond dichotomies of “medical glory versus

³³ Performing a craniotomy was the early man-midwife’s most common function. He would insert a metal hook or blade to crush the infants head so that the dead child could be pulled from its mother in order to save her life. In most cases this would happen only if everyone involved was certain that the child was dead. If it was not, the family might choose to do the operation to save the mother, or they might delay until it was certain that the child was dead, or they might have the child baptized in utero. In contrast, midwifery forceps, developed by the Chamberlens at the end of the seventeenth century, allowed for the possibility of a live birth.

³⁴ Wilson, *The Making of Man-Midwifery*, 96-97.

³⁵ Wilson, *The Making of Man-Midwifery*, 96-97.

gory misogyny.”³⁶ However, Cody argues that the issues of cross-class relationships raised by Wilson can be expanded upon by examining the question of the rise of man-midwives using the theoretical framework of Jurgen Habermas and his concepts of private and public spaces.³⁷ Cody argues that the traditional birthing room was an inherently politicized space where men had no power. According to Cody, the lying-in chamber was a place where class boundaries were left at the door and gender became the one qualification for admittance and where the midwife, as a woman, had unprecedented authority.³⁸

Cody takes her argument further when she notes that midwives were some of the only women granted a public role, as they served as the state’s experts in matters to do with female sexuality and the female body.³⁹ However, with the rise of “rational thinking,” birth, along with other previously taboo subjects, lost its status as a sacred mystery. No longer something that could only be known through experience, birth became something that men could learn about through study. Additionally, medical men and man-midwives began to argue that it was they who should control birth as they, as males, were rational creatures who could assess and deal with crisis situations without emotion.⁴⁰ The rationality argument was also used to remove the midwife’s privilege of having a public role in legal matters, as it was claimed that women’s evidence was based on emotional reasoning and therefore unusable. Midwives, who had once been valued for

³⁶ Cody, “The Politics of Reproduction,” 478. By “medical glory versus gory misogyny” Cody is referring to the debate between historians who portray doctors as the heroes in a story of ever-increasing discovery and improvement and historians who portray doctors as interfering and dangerous and motivated mainly by greed.

³⁷ Cody, “The Politics of Reproduction,” 478. See also Ludmilla J. Jordanova, *Sexual Visions : Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries* (Madison, Wis.: University of Wisconsin Press, 1989).

³⁸ Cody, “The Politics of Reproduction,” 480.

³⁹ Cody, “The Politics of Reproduction,” 481.

⁴⁰ Cody, “The Politics of Reproduction,” 482.

their public role, now found their femininity and womanliness being challenged.⁴¹ Cody also argues that husbands and fathers were more comfortable with the transparency which they felt characterized the practice of man-midwives, as they were made part of the process and not excluded, as they had been, from the private world of the birthing chamber. Thus, Cody argues, man-midwifery was welcomed by men as – before the advent of man-midwifery childbirth – the female-controlled ritual of the lying-in chamber had always posed a challenge to their paternal control over the household.⁴²

Ann Oakley also examines how midwives transgressed gender boundaries in that midwives were given legitimacy through licensing by the church. In her article, “Wisewomen and Medicine Man: Changes in the Management of Childbirth,” Oakley states that midwives threatened social norms in three important ways. Midwives threatened the authority of “church over laity, man over woman, landlord over peasant.”⁴³ Oakley claims this triple threat was one reason that midwives were subject to prosecution for witchcraft, with doctors serving as witnesses against them in an attempt to return normalcy to the social structure.⁴⁴ However, other authors cited in this chapter argue that it was much more likely that midwives would be the expert witness, and not the accused, in trials involving witchcraft. This disagreement may have to do with the fact that Oakley is writing in the tradition of what Cody terms “gory misogyny,” an approach adopted by some feminist scholars of the 1970s as part of women’s attempt to take back control over

⁴¹ Cody, “The Politics of Reproduction,” 482, 486.

⁴² Cody, “The Politics of Reproduction,” 484, 487. For other works on midwifery during the early modern era see Hilary Marland, ed. *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993); Adrian Wilson, “Participant or Patient? Seventeenth Century Childbirth from a Mother’s Point of View,” in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porter (London: Cambridge University Press, 1985): 129-144.

⁴³ Oakley, “Wisewomen and Medicine Man,” 26.

⁴⁴ Oakley, “Wisewomen and Medicine Man,” 25.

childbirth.⁴⁵ Indeed, Oakley argues that women were far better off with female midwives than with doctors and biomedicine, who and which she claims were and are inherently oppressive and disenfranchising of women.⁴⁶

Conversely, one author who follows the “medical glory” line can be found in Edward Shorter whose book, *A History of Women’s Bodies*, covers both the pre-industrial and industrial time periods, is framed as an answer to scholars such as Oakley. Where Oakley seeks to show that midwives were far safer than doctors, Shorter presents doctors as rescuing pregnant women from ignorant midwives. According to Shorter, after childbirth passed into the hands of medical men the quality of maternal care continuously improved.⁴⁷ Shorter counters Oakley’s statement that midwives were non-interfering and accuses them of injuring their patients in their desire to hurry births along. He asserts that the lying-in chamber was not beneficial to women and that it curtailed their activities and forced the recovering mother to entertain the gossips to the detriment of her own health.⁴⁸ Shorter uses a statistical analysis to support his claim that doctors were safer and he compares births in different countries to provide evidence for his assertions.⁴⁹

Irvine Loudon also uses statistics and a comparative perspective in his book, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality 1800-1900*. Refuting Shorter, Loudon shows that midwives caused far fewer maternal

⁴⁵ Cody, “The Politics of Reproduction,” 478.

⁴⁶ Oakley, “Wisewomen and Medicine Man,” 22-24. For other works which share the view that biomedicine and obstetrics oppress women both historically and currently see Shelia Kitzinger, ed. *The Midwife Challenge* (London, Pandora Press, 1988); Ann Oakley, *The Captured Womb: A history of the medical care of pregnant women* (Oxford: Basil Blackwell Publisher Ltd., 1984); Diana Scully, *Men Who Control Women’s Health: The Miseducation of Obstetrician-Gynaecologists* (New York: Teachers College Press, 1994); David Stewart & Lee Stewart, eds. *Compulsory Hospitalization or Freedom of Choice in Childbirth? Volumes 1-3* (Marble Hill: Napsac Reproductions, 1979).

⁴⁷ Edward Shorter, *A History of Women’s Bodies* (New York: Basic Books Inc., 1982), 48.

⁴⁸ Shorter, *A History of Women’s Bodies*, 48.

⁴⁹ Shorter, *A History of Women’s Bodies*, 97-98.

deaths than their male counterparts.⁵⁰ The causes and differentiations in maternal mortality rates are the main subject of Loudon's book, which he opens with the case study of a woman, Mrs. K., who goes into labour and then, soon after a seemingly successful delivery, suffers a massive hemorrhage and dies.⁵¹ Loudon uses this case study to introduce the four main questions he wishes to explore: how did the quality and type of birth attendant, the social class of the patient and the country in which the birth took place affect maternal mortality; and, what were the reasons that maternal mortality significantly decreased between the years 1800 and 1950?⁵² The first part of *Death in Childbirth* is devoted to an examination of the main causes of maternal mortality, which Loudon identifies as puerperal fever, toxæmia of pregnancy and eclampsia, obstetric hemorrhage and abortion.⁵³ Loudon, himself a former medical doctor, thoroughly explains the pathology of each cause and manages to do it in clear and simple language which the non-medical historian can understand. In the second part of the book, Loudon takes his comparative framework one step further by examining maternal mortality in four main geographical areas Britain, the United States, Europe and New Zealand and Australia.

For the purposes of this thesis the most important existing study is Jean Donnison's *Midwives and Medical Men: A History of Inter-Professional Rivalries and*

⁵⁰ See for example, Irvine Loudon, *Death in Childbirth: An International Study of Maternal Care and Maternal Mortality, 1800-1950* (Oxford: Clarendon Press, 1992), 61. Loudon shows that doctors, who both treated the ill and participated in their dissections, passed infections on to pregnant mothers during examinations. In contrast, midwives came into less contact with ill people and were less likely to be carriers of infection.

⁵¹ Irvine Loudon, *Death in Childbirth*, 1-7.

⁵² Loudon, *Death in Childbirth*, 3-5.

⁵³ He also includes a chapter devoted to the less frequent, though still common, causes of maternal death such as rachitic pelvis and puerperal mania. See also Irvine Loudon, "Deaths in Childbed From the Eighteenth Century to 1935," *Medical History* 30 (1986): 1-41; Irvine Loudon, *The Tragedy of Childbed Fever* (Oxford: Oxford University Press, 2000).

Women's Rights (1977). Donnison meticulously catalogues the events leading up to the first Midwives Act of 1902, tracing the ways which competing factions of midwives' groups and medical men attempted to influence Parliament. Donnison does not set up a false binary between doctors and midwives. She includes the opinions of dissenting groups, such as the group of radical midwives who formed the Manchester Midwives' Society, as a counterpoint to the Midwives Institute and the former which opposed any kind of restraint on their right to practice as they had always done.⁵⁴ Donnison also shows how outside forces could benefit one group or the other. For example, she notes that the Midwives Institute allied with groups who were interested in the issue of women's right to work, such as the National Union of Women Workers.⁵⁵ Donnison's key argument is that if it had not been for the support of middle-class feminists through such organizations as the Matrons' Society, midwifery would have likely not survived in England.⁵⁶ Donnison is clearly correct in stressing the nuanced nature of the midwife debate, but less cautious researchers have tended to assume that the struggle was between a monolithic medical profession on one side and midwives on the other.⁵⁷

⁵⁴ Donnison, *Midwives and Medical Men*, 151.

⁵⁵ Donnison, *Midwives and Medical Men*, 136.

⁵⁶ Donnison, *Midwives and Medical Men*, 193. For other works on midwifery and childbirth during the modern period see Lucinda McCray Beier, "Expertise and Control: Childbearing in Three Twentieth – Century Working-Class Lancashire Communities," *Bulletin of the History of Medicine* 78 (2004): 379-409; Deborah Dwork, *War is Good For Babies and Other Young Children: A History the Infant and Child Welfare Movement* (London: Tavistock Publications Ltd., 1987); Valerie Fildes, Lara Marks and Hilary Marland, eds. *Women and Children First: International Maternal and Infant Welfare, 1870-1945* (London: Routledge, 1992); Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980); Hilary Marland and Anne Marie Rafferty, eds. *Midwives, Society and Childbirth Debates and Controversies in the Modern Period* (London: Routledge, 1997); Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press, 1990); Ellen Ross, *Love and Toil: Motherhood in Outcast London, 1870-1918* (Oxford: Oxford University Press, 1990). For an excellent oral history on midwifery after the 1902 Midwives Act see Nicky Leap and Billie Hunter, *The Midwife's Tale: An oral history from handywoman to professional midwife* (London: Scarlet Press, 1993).

⁵⁷ For examples of works in which the medical profession is portrayed as a united monolithic force see William Ray Arney, *Power and the Profession of Obstetrics* (Chicago: University of Chicago Press, 1982); Carrie Yang Costello, "Teratology: "Monsters" and the Professionalization of Obstetrics," *Journal of*

In order to problematize the idea of the medical profession as a monolithic force this thesis has consulted several sources on the theoretical concept of identity. And though it has not chosen a particular theoretical framework for its examination the medical profession's changing identity several authors and works have been particularly useful in understanding the possible dynamics of using identity as a category of analysis – as well as the pitfalls of doing so. Anselm L. Strauss, for example, provides a good introduction to how history contributes to the shaping of identity and shows that in order to understand the identities of individuals or groups one must consider their historical context.

Identities imply not merely personal histories but also social histories. The proceeding statement follows rather simply from this: individuals hold memberships in groups that themselves are products of the past. If you wish to understand persons – their development and their relations with significant others – you must be prepared to view them as embedded in a historical context.⁵⁸

Strauss argues that in the very act of creating an identity a person or a group rewrites, reinterprets and even discards their past history in order to make the past explain the present.⁵⁹ Strauss also addresses the issue of the so-called “collective fantasy” or, the imagined ideal purpose of the group and who has the right within that group to interpret that fantasy. He asks: what are the required characteristics for membership in that group and which of those required characters are expressed openly and which are hidden?

Historical Sociology 19.1 (March 2006): 1-31; Sarah Robinson, “Maintaining the Independence of the Midwifery Profession: A Continuing Struggle,” in *The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain*, eds. Jo Garcia, Robert Kilpatrick and Martin Richards (Oxford: Oxford University Press, 1990): 61-91; Mike Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health* (London: SAGE Publications, 2003). It should be noted that by referring to these works my intent is not to recriminate or delegitimize their works but to justify the necessity of my own.

⁵⁸ Anselm L. Strauss, *Mirrors and Masks: The Search for Identity* (San Francisco: The Sociology Press, 1969), 164.

⁵⁹ Strauss, *Mirrors and Masks*, 167. For a more recent exploration of the ways in which groups reinterpret their past history to serve their present identity see Jonathan Friedman, “The Past in the Future: History and the Politics of Identity,” *American Anthropologist* (New Series) 94.4 (December 1992): 837-859.

Strauss also introduces another useful concept called “status forcing.”⁶⁰ Strauss explains that “status forcing” occurs when one group, through either “shaming” or “heroizing,” forces another group into a new status. This concept will be particularly useful in both the discussion of the shaming of midwives and of the historical shaming of midwifery practitioners; Strauss explicitly uses the medical profession as one of his examples. He warns against viewing identity – especially group identity – as static; he uses the title “doctor” to show that, over time and space, that particular title has meant many things to many people, including doctors themselves.

As medical techniques improve, equipment is invented, as the human body becomes more fully understood, new medical specialties then develop and old ones split into several or disappear entirely. The new specialists must exert their claims, sometimes on upon strange grounds, that what they are doing is medicine and they too are physicians. The old-fashioned doctor as he becomes a bit outmoded must wrestle with problems of what, really, ‘is’ a doctor.⁶¹

Strauss also urges scholars to see that identity, including that of doctors, is inherently connected to language. He argues that the way that humans identify and name things to develop and to demonstrate their mastery of them is heightened in group situations as specialized lingo and terminology both helps to identify other members of the groups and maintain that group’s exclusivity.

Histories of popular culture have also demonstrated the power of language to form identity. For example, Ian McKay explores how the myth of the folk was created in early twentieth-century Nova Scotia to promote tourism and shows how one group used language to construct a homogenizing view of a non-existent other. Further, he demonstrates that those constructed images had ramifications for the people who became known as the “folk.” However, McKay argues that the image of the folk was not merely a

⁶⁰ Strauss, *Mirrors and Masks*, 77.

⁶¹ Strauss, *Mirrors and Masks*, 163.

creation of a “false Folk front” for the tourists, with reality occurring beneath it, but instead a reordering of reality itself.⁶² This thesis will apply some of the ideas from McKay’s and Strauss’s works and others to its three main primary sources which will be used in the investigation into how medical men affected, and were affected by, the debate over the registration of midwives.⁶³

The two main sources used in this thesis are the *Lancet* and the *British Medical Journal*. The letters, articles and editorials contained within these journals give valuable information as to the points of view of average medical men on the issue of midwife registration. These two journals were chosen in particular for several reasons. First, the weekly publication schedule of both the *Lancet* and the *BMJ* allowed the journals to keep pace with the events and opinions surrounding the midwife debate, which often changed rapidly. Secondly, both the *Lancet* and the *BMJ* were journals published for the medical profession as a whole and so showcased a cross-section of medical opinions instead of focusing on a specialist concern or target audience. Thirdly, both the *Lancet* and the *BMJ* had a high circulation during the relevant time period and both were well established as journals before 1886.⁶⁴ Lastly, both the *Lancet* and the *BMJ* contain additional information significant to this analysis. For example, the *Lancet* reprinted, though in an

⁶² Ian McKay, *The Quest of the Folk: Antimodernism and Cultural Selection in Twentieth-Century Nova Scotia* (Montreal & Kingston: McGill-Queen’s University Press, 1994), 35.

⁶³ See also, Craig Calhoun, “Social Theory and the Politics of Identity,” in *Social Theory and the Politics of Identity* ed. Craig Calhoun (Oxford: Blackwell, 1994), 621. For another good article on the subject of the constructionist nature of using identity as a category of analysis see Paula M. L. Moya “Introduction: Reclaiming Identity,” in *Reclaiming Identity: Realist Theory and the Predicament of Postmodernism* eds. Paula M. L. Moya and Michael R. Hames-Garcia (Berkeley: University of California Press, 2000): 1-26. Moya’s example of the Zulu maid and the Afrikaner madam, who are both women but who are divided by race, class, history and their different levels of authority (page 3) is particularly compelling.

⁶³ Calhoun, “Social Theory and the Politics of Identity,” 9. See also “Editors Introduction: Multiplying Identities,” in *Identities*, eds. Kwame Anthony Appiah and Henry Louis Gates, Jr. (Chicago: University of Chicago Press, 1995), 1-6; Stephen Mennell, “The Formation of We-Images: A Process Theory,” in *Social Theory and the Politics of Identity* ed. Craig Calhoun (Oxford: Blackwell, 1994), 175-197.

⁶⁴ P. W. J. Bartrip, *Mirror of Medicine: A History of the British Medical Journal* (Oxford: Clarendon Press, 1990), 16-17, 185.

edited form, the minutes of the meetings of the General Medical Council which are utilized heavily in Chapters Three and Four. The *BMJ* also reprinted the Council minutes but in less detail.⁶⁵ However, the *BMJ* did reprint, in their entirety, all the draft Bills for the registration of midwives which were presented to Parliament and this information is used throughout this thesis, but particularly in Chapter Four.

No source is unproblematic and the *Lancet* and the *BMJ* are not exceptions. The content of both journals was dependant on editorial privilege. Within each journal there was, in addition to the voices of the individual medical men who served as writers, or wrote letters to the editor, another voice: one might call it the voice of *Lancet* and the voice of *BMJ* themselves. Both the *Lancet* and the *BMJ* were agents of social reform. This no doubt has to do with the personalities of their editors. Thomas Henry Wakely, who was the senior editor of the *Lancet* during the entire time period under review, inherited the editorship from his father Thomas Wakely, who had founded the *Lancet* with the express purpose of combating what he saw as corruption within the medical profession. Thomas Henry, who was “dominated by an overbearing father,” kept this spirit of reformation alive when he took over the editorship of the journal.⁶⁶ Though the *British Medical Journal* had two different editors between the years 1886 and 1902, Ernest Hart (editor 1870-98) and Dawson Williams (editor 1898-1928), both felt that the *BMJ*, like the *Lancet*, should be an organ for social change both within and outside the medical profession. The *BMJ* was the organ of the British Medical Association, an organization first formed in 1832, under the name of the Provincial Medical and Surgical

⁶⁵ However, because both the *Lancet* and the *BMJ* printed a version of the GMC minutes comparisons between the two accounts can be made. It seems, from these comparisons that both versions were fairly accurate as there was a great deal of overlap between the two accounts.

⁶⁶ *Lancet*, 3 October 1998, 1141.

Association (PMSA), to “foster social and scientific intercourse and also promote the interests of non-metropolitan practitioners.”⁶⁷ The *BMJ* was created eight years later as a way to further aid the realization of medical interests. Thus, the *BMJ*, like the *Lancet*, was rooted in the philosophy that, instead of just reporting medical news, the journal should play a part in making it. However, despite the bias in their editorial voices – both the *Lancet* and the *BMJ* were pro-registration during the early years of the debate and more oppositional during the later 1800s – both journals presented a variety of medical viewpoints and arguments. These two competing journals were also intertwined in a variety of other ways; Thomas Wakely was involved with PSMA in its formative years and Ernest Hart got his start as the elder Wakley’s protégé at the *Lancet*.⁶⁸

The desire to make the news instead of just reporting it meant that both the *Lancet* and the *BMJ* were drawn to controversial issues such as the debates over midwifery, vivisection and patent medicines. Though this close coverage is beneficial to historians it can make it seem as if certain issues were more important to the average medical man than they really were. For example, when the *Lancet* polled its subscribers in February of 1900, asking them how they felt about the midwife debate, only one-third bothered to reply despite the fact that the *Lancet* paid for the return postage. Of the 6299 medical men who did reply as of 24 February 1900, 596 said they were indifferent to the entire issue. Thus, less than one-third of *Lancet* subscribers had any real feelings about the

⁶⁷ Bartrip, *Mirror of Medicine*, 6.

⁶⁸ Bartrip, *Mirror of Medicine*, 7, 68.

issue.⁶⁹ Despite this lack of interest, however, both the *Lancet* and the *BMJ* published hundreds of articles and letters on the issue in the sixteen years between 1886 and 1902.⁷⁰

The other primary source utilized by this thesis, the Parliamentary debates of the House of Commons and the House of Lords from the year 1902, are less problematic. Except in the case of errors of recording, they were not subject to any editorial alterations, as were articles in the *Lancet* and the *BMJ*. However, the debates of the British Parliament as well as the articles of the *Lancet* and the *BMJ* all reflected views which were predominantly male and almost exclusively middle or upper class. It was ironic that, despite the fact that the issue of the registration of midwives most affected poor pregnant women, the discussion was dominated by wealthy older men. Despite this irony, the truth of the matter is that the upper and middle classes often decided issues such as the registration of midwives on behalf of the poor whether they liked it or not. However, this bias was kept in mind when these sources were used.

This chapter began with an image of Mrs. Gamp and it is only fair to end with another; one must give her an opportunity to defend herself. This image is not as tidy or quotable as the one at the beginning of this chapter and one has to read the text closely and carefully to find it. But it is there: a picture of pregnant women, and women who were, or will be, pregnant, surrounding Mrs. Gamp – relying on her, not only for the delivery of their babies but also the care of their new infants and their own reproductive health. “Every window in the street became alive with female heads; and before he could repeat the performance whole troops of married ladies (some about to trouble Mrs. Gamp

⁶⁹ *Lancet*, 24 February 1900, 549-550.

⁷⁰ Thus, throughout this essay reference will be made to the “medical profession.” However, it should be noted that this refers to those members of the profession who had an opinion about midwife registration and expressed that opinion in either the *Lancet* or the *BMJ*.

themselves very shortly) came flocking round the steps, and crying out with one accord.”⁷¹ In this picture Mrs. Gamp is not slovenly or base; instead, she is an important member of a community and plays a key role in the lives of many women. She is the link which ties them together. Just as the image of Dickens’s Sairy Gamp is not as clear as it first appears, the image of the medical profession in the years between 1886 and 1902 was not always as it seemed. On the surface the medical profession often appeared powerful and cohesive – a monolithic force – but, as this thesis will demonstrate, underneath this image the profession was plagued by insecurities about its role, at least in regards to the issue of midwife registration. Chapter Two will show how the medical profession as a whole used identity politics in a campaign to delegitimize the untrained midwife. Using evidence from the *Lancet* and the *British Medical Journal*, it will demonstrate that these concerns were often rooted in the midwifery practitioners’ own fears. Other doctors’ past disdain towards them was still very much at the forefront of their minds.

Chapter Three will turn to an analysis of the split that occurred within the profession over the registration of midwives and how the interested members of the medical profession divided into two competing factions, depending on whether or not they supported the trained midwife. Chapter Four will show how the internal conflict was communicated to Parliament through the intermediary of the General Medical Council, whose task it was to present the concerns of medical men to the British government. Despite the fact that the profession was split on the issue of registration, the GMC continued to insist that MPs follow its injunctions in the Bill pertaining to midwifery. The

⁷¹ Dickens, *Martin Chuzzlewit*, 295.

GMC's aggressiveness, I will argue, angered MPs and had the unintended consequence of leading the government to eliminate some of the measures for the surveillance of midwives that it had earlier promised the medical profession and the GMC. Thus, doctors' claims that an apparently innocuous and simple piece of legislation such as the 1902 Midwives Act represented for them a humiliating defeat can only be fully understood when located in the context of doctors' worries about their powers, status, and prestige.

Chapter Two:
Doctors Versus Midwives: The Delegation of Female Midwifery

I have ordered, answered my father, the old midwife to come down to us upon the least difficulty; – for you must know, Dr. Slop, continued my father, with a perplexed kind of smile upon his countenance, that by express treaty, solemnly ratified between me and my wife, you are no more than an auxiliary in this affair, – and not so much as that, – unless the lean old mother of a midwife above stairs cannot do without you.¹

This scene, from the classic novel *Tristram Shandy* (1760) by Laurence Sterne, in which a doctor is forced into a position of subservience to the will of a midwife, was becoming increasingly rare in the nineteenth century. In Sterne's novel the historic birth of Tristram Shandy is managed by the midwife whose knowledge and expertise grant her control over both the birth and Dr. Slop's role in it. Though Dr. Slop is eventually called upstairs to assist in the birth, thereby crushing the famous nose with his forceps, it is clear that Dr. Slop's position and the knowledge that he possesses is given secondary importance to the years of apprenticeship and experience of the midwife. By the eighteenth century some surgeons and physicians in England were delivering babies, but the elite members of the medical profession held accouchers in low regard. The doctors who most commonly attended childbirths were the general practitioners, who in the early nineteenth century emerged from the ranks of apothecaries. They naturally enough opposed midwives as their obvious competitors in serving humble households and made their opinions known in journals such as the *Lancet* and the *BMJ*.

The 1858 Medical Act finally brought together surgeons, physicians and general practitioners as registered members of a unified medical profession. Midwifery was left unregulated but the subsequent 1886 Medical Act required all doctors to have a basic

¹ Laurence Sterne, *Tristram Shandy*, ed. Howard Anderson (New York: W. W. Norton & Company, 1980), 103.

training in the delivery of pregnant women. Some now looked forward to the eventual disappearance of midwives; others took the view that the poor at least would have to continue to rely on humble midwives and so the latter would have to be trained and regulated. In the last two decades of the nineteenth century the struggle within the medical profession over the training and registration of midwives peaked.

This chapter will examine the ways in which medical men responded to both the untrained and trained midwife demonstrating that many medical men initially sought to defame and delegitimize untrained midwives as part of the medical profession's plan to replace them with medically trained midwives. Concepts of identity will be key to this discussion. This chapter will then show how many male midwifery practitioners, as they became uncomfortable even with the idea of the trained midwife, redeployed against them some of the same defamation techniques which medical men had used against the untrained midwife.

We begin by exploring the various ways in which British doctors in the last two decades of the nineteenth century denigrated untrained midwives. Using evidence from the *Lancet* and the *British Medical Journal (BMJ)* this chapter will show that many medical men created a caricature of what they considered to be midwives' worst qualities. Medical men, in deploying this public persona, often used the term "Gamp midwife," referencing the last name of Dickens's character Sairy Gamp, as a shorthand term linking untrained female midwifery with alcoholism, sloth and filth. Though medical men created and advocated many types of identities throughout the debate over the registration of midwives, both for themselves and for others, the Gamp identity, which members of the medical profession imposed on untrained midwives, was the one

most clearly articulated in the *Lancet* and the *BMJ*. Its consistence is likely because the profession was largely united in its condemnation of the Gamp. The main argument against the Gamp midwife was a simple one. It was argued that because the knowledge that midwives gained was via apprenticeships and was not formally tested, their knowledge was inherently invalid; hence, the concept of midwives as “untrained” despite the fact that many studied for years under master midwives.

Brigitte Jordon, a leader in the study of the sociology of childbirth, uses the term “authoritative knowledge.” Though this is not always necessarily the knowledge of the ruling authority, Jordon describes authoritative knowledge as that which has gained “ascendance and legitimacy.” She further states that

A consequence of the legitimation of one kind of knowing as authoritative is the devaluation, often the dismissal, of all other kinds of knowing. Those who espouse alternative knowledge systems then tend to be seen as backward, ignorant, and naive, or worse, simply as troublemakers....The constitution of authoritative knowledge is an ongoing social process that both builds and reflects power relationships within a community of practice.²

Thus, when the editors of the *Lancet* took the trouble to point out, in reference to a midwife at a coroner’s inquest into the death of her patient, that she was, “without any hospital training,” they were not only delegitimizing her personal training, they were also “building and reflecting” their own knowledge base.³

Though this type of delegitimation of the Gamp midwife, contrasting her training to that of medical men, commonly took place at coroner’s inquests, it also occurred

² Brigitte Jordon, “Authoritative Knowledge and Its Construction,” in *Childbirth and Authoritative Knowledge Cross Cultural Perspectives*, eds. Robbie E. Davis-Floyd and Carolyn F. Sargent (Berkeley: University of California Press, 1997), 56.

³ *Lancet*, 21 April 1894, 1024.

elsewhere.⁴ For example, William Smyly, in his address on obstetrics at the 1894 annual meeting of the British Medical Association (BMA) at Ipswich, clearly differentiated between the authoritative knowledge of the medical profession and the knowledge of midwives when he opened his speech with the following words: “[t]he struggle between science, and nescience, represented by medical practitioners and midwives commenced in the sixteenth century.”⁵ In an 1889 article in the *BMJ*, which discussed the ways of preventing *ophthalmia neonatorum*, it was noted that in Ireland some efforts had been made to educate untrained midwives in the prevention of that disease by providing them with an informational card on the subject. However, the article concluded that it was a largely ineffective measure as the language on the card was “couched in terms which we think might rather puzzle the Sairey Gamp.”⁶

Many doctors went even further and suggested that the Gamp midwife would be unlikely to be able to read the card at all. Articles and letters in the *Lancet* and the *British Medical Journal* focused on illiteracy, not only as a classic characteristic of the Gamp identity, but also as a factor in her disqualification for future training. Literacy was thus a hurdle which kept the Gamp from attaining higher status, as she could not educate herself through recognized medical texts as doctors did.⁷ Accordingly, the untrained midwife was seen as being both unfit for the practice of midwifery, due to her lack of formal training, and unable to accumulate the training which doctors deemed acceptable. For

⁴ For other examples of the knowledge of midwives being delegitimized at coroners' inquests see *British Medical Journal*, 19 December 1891, 1319; 2 January, 1897, 56; 27 February 1897, 567; 1 December, 1900, 1563; *Lancet*, 14 April 1888, 757; 26 July, 1890, 189; 3 October 1891, 778-779; 16 June 1894, 1541; 23 March 1894, 789.

⁵ *British Medical Journal*, 11 August 1900, 337.

⁶ *British Medical Journal*, 25 May 1889, 1188. *Ophthalmia neonatorum* was a condition in which bacteria, usually from the birth canal, infected an infant's eyes. It often caused blindness. However, it was fairly easy to prevent and usually only required that the birth attendant wipe the infant's eyes with a clean cloth.

⁷ For the concept of learning midwifery through texts see *Lancet*, 16 September 1893, 717.

example, when the *Lancet* editors censured a midwife, Mrs. Speakman, for her involvement in the improper burial of an infant, they connected her “improper training” to her illiteracy and thus deemed her “ignorant.”

Here we have an elderly woman induced to become a midwife because her mother was one before her, ignorant to the depth of not being able to write her own name and unscrupulous enough to certify what she and others knew to be a falsehood.⁸

It should be noted that the “falsehood” that Mrs. Speakman committed was certifying an infant, who had lived a very short time, as stillborn. She later testified that as soon as it was born she knew it would not live. In the same article the *Lancet* noted that the cost of burying a stillborn in Mrs. Speakman’s parish graveyard was 1s. 6d. while the cost of burying an infant born alive was 9s. 4d.; this was a considerable difference for a poor family.⁹ It seems likely that this is why Mrs. Speakman gave the false certification and not for some “unscrupulous” purpose as the article suggested.¹⁰

In this case it was not only illiteracy that disqualified Mrs. Speakman’s knowledge, but also her age. Indeed, whereas age was once considered a necessary qualification for a good midwife, as it spoke to her steadiness and experience, in the latter years of the nineteenth century the medical profession redeployed age as a quality of the Gamp midwife. Old midwives were seen as fundamentally backward, as they could not possibly be aware of recent advances in obstetric medicine.¹¹ At an 1898 inquest in

⁸ *Lancet*, 28 May 1892, 1201.

⁹ *Lancet*, 28 May 1892, 1201

¹⁰ In this case the “unscrupulous” purpose was likely a veiled accusation that Mrs. Speakman participated in or helped to cover up a case of infanticide.

¹¹ “Even at the close of the seventeenth century European tradition still required that they [midwives] should be married women of a mature age, who had borne children.” Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women’s Rights* (London: Heineman Educational Books Ltd., 1977), 18.

Yarmouth this connection between age and inability to understand new innovations in medicine was made explicit.

The midwife stated that she had been in practice for thirty-eight years. Therefore she had begun her practice when antiseptics were unheard of; and had probably passed the teachable age before their utility in midwifery practice had been demonstrated.¹²

Age was frequently mentioned in reference to untrained midwives and, though the literary Sairy Gamp was not of terribly advanced years, it is clear that the Gamp as created by medical men was aged and that this was a negative quality. In one of the more colourful examples one doctor described the midwife in question as a “drunken old hag,”¹³ and in almost every report of an inquest involving an untrained midwife of advanced years her advanced age was not only mentioned but the number of years was actually reported.¹⁴ By implying that the “only qualification” of the real life Gamp midwife “is her age” doctors further distanced her knowledge from that of the medical profession.¹⁵

Doctors also used the idea that the untrained midwife could not possibly understand the advances made in modern medicine to argue that midwives should not be allowed to handle or use drugs or antiseptics, or that they should do so only under medical supervision. Despite the fact that midwives were using obstetric drugs long before medical men, after the knowledge and use of drugs was declared as officially under medical purview, via the Apothecaries Act of 1815, the medical profession became uncomfortable with midwives using such articles. By the late nineteenth century medical

¹² *British Medical Journal*, 5 March 1898, 668.

¹³ *British Medical Journal*, 19 December 1891, 1319.

¹⁴ For examples of the age of midwives being mentioned in coroners' inquests see *British Medical Journal*, 5 March 1898, 668; 4 March 1899, 560; 20 April 1902, 992; *Lancet*, 15 April 1893, 877; 10 October 1896, 1024; 18 February 1899, 466, 468; 28 July 1900, 295.

¹⁵ *Lancet*, 22 November 1890, 1126.

men, especially apothecaries, began to get very angry when midwives advertised their abilities and willingness to prepare and dispense drugs. Many medical men, especially the newly legitimated apothecaries, roundly denounced “midwives’ cordials” whenever the opportunity arose. Even if nothing negative happened from the use of such a cordial, medical men deemed the very act of prescribing drugs an inappropriate action for midwives, especially when it came to dosing infants. In 1897, when a midwife administered a harmless mixture to a child who later died from unrelated causes, the Broughton coroner still used the case to comment on the practice. Though the coroner admitted that that midwife’s particular cordial was free from laudanum or other morphine derivatives, he pointed out that morphine was usually one of the “chief ingredients of the ‘cordials’ administered to infants to keep them quiet,” and he asserted that administration of such cordials was “a form of unqualified practice which must be strongly condemned.”¹⁶

Antiseptics were also politicized as doctors declared them the proper province of the medical profession. Some concern was expressed in the *Lancet* and the *BMJ* as to the appropriateness of allowing midwives to use them. Though it was deemed necessary that midwives be allowed access to antiseptics, to prevent puerperal fever and sepsis, many medical men were concerned about midwives using them in their pure, and thus poisonous, form. For example, a statement issued to the *Lancet* by the management committee of the General Lying-In Hospital questioned “whether it is right to trust poison

¹⁶ *British Medical Journal*, 27 February 1897, 567. For other examples see *British Medical Journal*, 1 December 1900, 1563; *Lancet*, 13 February 1897, 468; 22 October 1898, 1074; 2 December 1899, 1542, 1563.

in such coarse quantities of those who can scarcely appreciate their intensity and risk of accident.”¹⁷

In another example a surgeon applied to the Notes section of the *Lancet* asking for information on a good antiseptic which he could recommend to midwives which was both “efficient” and “safe.”¹⁸ Though the surgeon’s tone was much more polite than the tone of the pamphlet from the General Lying-In hospital – the message, that midwives could not completely understand the dangers inherent in the use of antiseptics and so could not be completely trusted to handle them – was nonetheless the same. In addition, in both of these examples, the language used gives the impression that the medical profession was allowing midwives to use antiseptics. For example, the concept of “trusting” the use of poisons to midwives certainly suggested ownership on the part of medical men.

In the campaign against untrained midwives, many members of the medical profession often used the technique of reinterpreting and reshaping history in order to serve their own, present, needs.¹⁹ For example, many medical men represented female midwifery as inherently backward and claimed that no advances had been made in the art of managing childbirth until it was taken over by doctors. In fact, the first recorded Caesarean section in modern Britain in which both the mother and child survived was performed in 1738 in Ireland by an illiterate midwife named Mary Dunally.²⁰ Medical men, by appropriating all advances in midwifery as their exclusive property, recast the

¹⁷ *Lancet*, 13 February 1892, 374. Some of the antiseptics used were corrosive sublimate, glycerine, perchloride, and potassium all of which had to be heavily diluted before they could be safely used.

¹⁸ *Lancet*, 23 June 1888, 1276.

¹⁹ For information on this technique in the formation of identity see Anslem L. Strauss, *Mirrors and Masks: The Search for Identity* (San Francisco: The Sociology Press, 1969, 167; Jonathan Friedman, “The Past in the Future: History and the Politics of Identity,” *American Anthropologist* (New Series) 94.4 (December 1992): 837-859.

²⁰ Donnison, *Midwives and Medical Men*, 49.

history of female-controlled midwifery as being backwards, old-fashioned and even barbaric.²¹ For example, in his evidence to the 1892 Select Committee of Parliament on the Midwives Bill, Dr. Hugh Woods reportedly said that “midwives were a relic of the Dark Ages and that until the sixteenth century so long as midwifery was in the hands of women exclusively, no advance was made to the art.”²²

Doctors also connected the history of female midwifery to current “barbaric” practices in other nations in order to show Britons the backwardness of female midwifery. For example, in the same session of the Select Committee where Dr. Woods damned midwives as “relics of the Dark Ages,” a female physician, Dr. Mary Scharleib, who was opposed to midwives, talked about her experiences as a doctor in India where “Mahomedan and Hindoo ladies were never attended by men in their confinements.”²³ Since India was still a British colony at this time the identification of female midwifery with India was even more powerful as Britons would likely feel superior to their colonial subjects. Indeed, there was a great deal of reference to midwifery in “civilized” societies as compared to “uncivilized.” For example, Dr. H. G. Molony, in a letter responding to an article about a Honduran midwife inverting a patient’s uterus, noted a similar case and gave its details. He ended the letter by stating that “[t]his bit of ‘barbaric midwifery’ occurred near home in Ireland.”²⁴

In both the *Lancet* and the *BMJ* the editors and contributors used editorial techniques to skew the real circumstances of an inquest or event in order to link

²¹ For examples of this connection made between advances in midwifery and its takeover by the medical profession see *Lancet*, 5 July 1890, 37; 28 May 1892, 1218; 8 July 1893, 95; 27 April 1895, 1068; 8 June 1895, 1473; 7 May 1898, 1269-1270.

²² *Lancet*, 10 September 1892, 634.

²³ *Lancet*, September 10 1892, 633. For other examples of articles on “barbaric midwifery” see *British Medical Journal*, 22 January 1887, 158-159; 30 April 1892, 927.

²⁴ *British Medical Journal*, 17 December 1892, 1374.

midwives, often very tenuously, with distasteful topics such as abortion, infanticide, puerperal fever and sepsis. These editorial techniques were often very simple and frequently consisted of nothing more than the placement of words in a certain order to suggest wrongdoing. For example, the *Lancet* published an article in 1895 called “Murder Made Easy” about an untrained midwife and the death of an infant. Yet, the child died from overlaying and so was accidentally smothered; it was not a case of infanticide.²⁵ The only justification given for that title was that if the child had indeed been murdered it would not have been reported to the police, because the midwife, who had an arrangement with the graveyard caretaker, took the body straight to him without first notifying the proper authorities.²⁶

Many members of the medical profession wanted to create the impression that midwives were connected with death in the same way that obstetricians had once been.²⁷ Though doctors sought to create the image of poor women as passive victims, “cry[ing] for protection” there does seem to have been an awareness within the medical community, that such women would, and did, exert their free will in their choice of birth attendant.²⁸ Infants, however, could not make such a choice and their very innocence and lack of agency allowed medical men to portray them as victims. A report in the *BMJ* in 1893 stated that “an inquest recently held at Ipswich illustrates the waste of infant life

²⁵ The term “overlaying” could mean either that the infant had been accidentally smothered by its blankets or that it was sleeping with the parents in their bed and one of them rolled over it and smothered it.

²⁶ *Lancet*, 10 October 1896, 1024.

²⁷ For the connection of obstetricians to death see Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge Mass: Harvard University Press, 1995).

²⁸ *Lancet*, 12 March 1898, 731; *The British Medical Journal*, 9 February 1901, 371. For example, an untrained midwife, Mrs. Eleanor Bumforth, after attending a case of puerperal fever, was cautioned by a local medical man not to attend any cases for two weeks. In accordance to his wishes, she attempted to get out of attending a pre-booked confinement which was occurring in one week’s time. However, the patient requested that Mrs. Bumforth come anyway stating, “that she had no fear as people had to die when their time came and not before.” See *Lancet*, 21 September 1889, 608.

which goes on from the practice of midwifery by incompetent persons.”²⁹ Further exploiting the pathos of the situation, the *BMJ* spoke of the infant’s death as a “sacrifice.”

Finally, by the clumsy term, “midwives’ midwifery,” which was increasingly used by both the *Lancet* and *BMJ*, the medical profession “othered” untrained midwives.³⁰ By using “midwifery” in this way the medical profession was attempting to show that “midwifery,” without clarification now meant the type of midwifery done by obstetricians and medical men. “Midwives’ midwifery” was a deviation, even a perversion, of that word’s true meaning. In the debate about the London Obstetrical Society’s voluntary certification program this distinction took on an even greater significance as many medical men were concerned that the certificate of proficiency which the LOS gave out to its pupil midwives would confuse the public.³¹ For example, Dr. Glover noted in 1899 that, “[i]t was a certificate in midwifery and although there was a midwife’s midwifery as distinguished from a medical man’s midwifery, there was no such qualification in this certificate.”³² This was a marked departure from the days where the onus of clarification was on the medical profession which practiced “man-midwifery,” a term understood by the public to mean a deviation from normal or proper female “midwifery.”³³

²⁹ *British Medical Journal*, 11 March 1893, 556. For other examples of infants as the “victims” of untrained midwives see *British Medical Journal*, 15 September 1888, 626; 19 December 1891, 1319; 27 July 1895, 225-226; 27 February 1897, 567; 4 February 1899, 294; 1 December 1900, 1563, *Lancet*, 7 July 1888, 49; 11 October 1890, 802; 7 May 1892, 1040; 23 September 1893, 776; 23 February 1895, 499; 20 March 1897, 843; 26 March 1898, 879.

³⁰ The term became popular to the extent that it was listed in the *Lancet*’s index. For examples see *British Medical Journal*, 22 April 1899; *Lancet*, 3 March 1888, 453; 20 July 1889, 127-128.

³¹ The debate over the LOS certificate will be discussed in detail in Chapter Three.

³² *Lancet*, 2 December 1899, 1564.

³³ For a detailed look at the difference between “midwifery” and “man-midwifery” see Wilson, *The Making of Man-Midwifery*. In it Wilson explains how in the eighteenth century “midwifery” (female) usually meant a birth which was primarily normal and which the mother and child were both likely to survive. Conversely, “man-midwifery” carried with it associations of danger and death, as the presence of a man-midwife usually meant that the mother or the child, or both, were not going to survive the birth process.

Through the use of various strategies the medical profession both created and delegitimized the Gamp midwife in order to leave the way open for the medically trained midwife. However, some medical men saw even the trained midwife as a threat and some, midwifery practitioners in particular, began to voice their concerns about the effect the trained midwife would have on their profession. This chapter will now examine these concerns.

In 1827, in a letter to Sir Robert Peel, the President of the Royal College of Physicians Henry Halford defended the decision to ban midwifery practitioners from obtaining membership in the College. He stated that midwifery was a manual operation and so “deemed foreign to the habits of Gentlemen of enlarged academical education.”³⁴ Halford also pointed out that, since uneducated women were able to practice midwifery successfully without a formal medical education, midwifery itself was not a medical procedure.³⁵ These statements, which were echoed by other medical men at the time, demonstrate that, not only was man-midwifery denigrated by the elite members of the medical community, but that the scorn was rooted, at least partially, in the fact that midwifery practitioners shared their vocation with lower-class women.³⁶ Only fifty-nine years later the importance of midwifery to medicine, and consequently the status of midwifery practitioners, was validated via the 1886 Medical Act. The 1886 Medical Act was enacted largely to fine tune the clauses of the 1858 Medical Act which had formalized the infrastructure of the medical profession for the first time.³⁷ However, the 1886 Act did include one new clause which is of particular importance to the argument of

³⁴ Donnison, *Midwives and Medical Men*, 47.

³⁵ Donnison, *Midwives and Medical Men*, 47.

³⁶ Donnison, *Midwives and Medical Men*, 42-48.

³⁷ Donnison, *Midwives and Medical Men*, 106.

this thesis. It required, for the first time, that all medical men who wished to have their names placed on the Medical Register, and so be licensed to practice, had to be trained in medicine, surgery and midwifery, “thus raising the status of the specialty by granting it legal recognition as part of medicine.”³⁸

Despite this newfound recognition, it seems that midwifery practitioners still deeply felt the scorn which had long been expressed towards them. Many midwifery practitioners, only a few years later, expressed concerns that the advent of the trained midwife would only serve to lower the standard of all midwifery which they had worked so hard and suffered so much in order to raise.³⁹ As early as 1892, Robert Reid Rentoul, one of the more vocal doctors opposed to registration, heroized the suffering of the early midwifery practitioners.

The nickname ‘man-midwife’ had been applied to doctors who had the courage to try and raise midwifery to the level of medicine and surgery, and therefore helped to do away at least with the terrible mortality that afflicted lying-in women.⁴⁰

Many medical practitioners felt that the medical profession, by sanctioning the trained midwife and supporting registration, would again be sending the message to the public that midwifery was an inherently simple vocation, as women, usually of a lower class, could safely engage in it with only a limited amount of medical training.⁴¹ These medical men were concerned that the introduction of the trained midwife would signal a

³⁸ Donnison, *Midwives and Medical Men*, 106.

³⁹ Though the concerns of midwifery practitioners about the trained midwife were expressed continuously between 1886 and 1902 there seems to have been an upsurge of concern around 1895.

⁴⁰ *Lancet*, 10 September 1892, 631.

⁴¹ *British Medical Journal*, 6 December 1890, 1302; 19 May 1894, 1103; 4 May 1895, 1005-1006; 22 June 1895, 1418-1419; 18 November 1889, 1447; 25 November 1889, 1517; 12 January 1901, 118; 22 February 1902, 476; 31 January 1891, 261; 28 February 1891, 514; 11 June 1892, 1324; 29 February 1896, 580; 20 February 1897, 553; 25 February 1899, 545; 2 December 1899, 564; 23 December 1899, 1778; 12 May 1900, 138.

“returning with a vengeance to the early days of the century when obstetrics were thought unworthy of the study by learned men.”⁴²

But who were the “trained” midwives about whom the abovementioned midwifery practitioners were so concerned? Most of the so-called “trained” midwives in England and Wales had undergone the voluntary training and certification program offered by the London Obstetrical Society (LOS).⁴³ This program was created by the LOS in 1872 to provide the public with an alternative to the Gamp midwife.⁴⁴ The process was voluntary and in order to receive her certificate a midwife had to provide a certificate of good character and have personally attended twenty-five labours under a supervisor whom the Society deemed acceptable. She also had to pass an examination set by the LOS and for her pains she received a diploma from the LOS declaring her competency to attend natural labours.⁴⁵ Though the requirements were rigorous and the program voluntary, many women still decided to undertake the LOS training for the prestige it granted and, unsurprisingly, many of the leaders of the movement for the rights of midwives, such as the founders of the Midwives Institute, held a LOS diploma.⁴⁶ However, many medical men began to express their disapproval of the LOS and its program which they saw as enabling midwives to agitate for further rights.

⁴² *British Medical Journal*, 18 November 1889, 1447. For other examples see *British Medical Journal*, 25 November 1899, 1517; *Lancet*, 10 September 1892, 631.

⁴³ The London Obstetrical Society was founded in 1826 by a group of doctors who were also midwifery lecturers, most notably Dr. Augustus Granville. Its original purpose was to force the medical community, either through internal pressure or government regulation, to instruct all medical men and women in a standardized obstetrical curriculum. Later the organization became involved in the midwives question as the debate had a direct bearing on their members' interests. The extent of the LOS's involvement in the midwife debate will be more fully discussed in Chapter Three and Four. Donnison, *Midwives and Medical Men*, 46.

⁴⁴ Women who trained at the Rotunda Hospital in Ireland were also considered “trained” by many medical men.

⁴⁵ Donnison, *Midwives and Medical Men*, 78-79.

⁴⁶ Donnison, *Midwives and Medical Men*, 100.

Many midwifery practitioners argued that allowing women to practice as “trained” midwives contravened the Medical Acts since it would be allowing those women to practice what was a newly considered branch of medicine without having to be educated in the entire “sacred trinity,” which included midwifery, medicine and surgery.⁴⁷ Whether allowing trained midwives actually contravened the Medical Acts was debatable since the Acts actually stated that a person had to be trained in midwifery, medicine and surgery to be added to the Medical Register, which midwives were not. However, the legality of the claim was a moot point. What is important is that many medical men felt that trained midwifery contravened, at the very least, the spirit of the Medical Acts. Also, many midwifery practitioners seemed to have been concerned that by allowing midwives to practice midwifery divorced from the rest of the medical trinity, midwifery itself lost some of its status as an equal branch of medicine. As Sir William Turner, a medical practitioner and member of the General Medical Council (GMC) stated:

In 1886 they had no legal definition of ‘midwives.’ Midwifery in that year became one of the standing branches of the medical profession, and he believed that no man or woman could practice midwifery who did not know medicine and surgery as well.⁴⁸

Turner’s statement is particularly interesting as it implies ownership of midwifery by the medical profession. Many medical men chose to interpret the Medical Act of 1886 as giving the medical profession the prerogative to control all types of midwifery. Robert Reid Rentoul stated in a letter to the editor of the *BMJ* in 1896 “the Medical Act, 1886, contained our chartered rights. Let us now defend them.”⁴⁹

⁴⁷ *Lancet*, 16 January 1897, 155.

⁴⁸ *Lancet*, 8 July, 1895, 1472.

⁴⁹ *British Medical Journal*, 14 November 1896, 1479.

When Rentoul first began campaigning against the trained midwife, right after the 1886 Medical Act was passed, he was often demonized and ridiculed by opponents for his point of view.⁵⁰ However, towards the middle of the 1890s, support for the opposition against registration began to grow and Rentoul's pariah status was lessened. One reason for the upsurge in support for the opposition's cause was that many medical men felt that they had grossly overestimated the passivity of the Midwives' Institute, the largest and most influential midwives' group. Some medical men were shocked and angered when, in 1899, the Midwives Institute went behind the back of the medical profession to contact the Primrose League, a non-medical Conservative lobby group, to support its quest for midwives registration.⁵¹ The *Lancet* was also reporting that trained midwives were acting more and more like medical professionals by focusing on the birth itself instead of the post natal care of the mother and infant.⁵²

Two events – the case of the Leicester Poor Law Guardians and the situation at the Liverpool Lying-in Hospital – made many midwifery practitioners distinctly uneasy. In 1885 the Leicester Board of Guardians decided that it was unnecessary and costly to keep an obstetrician on staff to deal with the midwifery cases of the poor. Instead, it chose to employ only a London Obstetrical Society (LOS) trained and certified midwife, with the idea of obtaining a doctor for emergency cases. For this the Board was “loudly praised by the local press.”⁵³ The *BMJ* was not so enthusiastic and blamed what it saw as

⁵⁰ See Donnison, *Midwives and Medical Men*, 145.

⁵¹ *Lancet*, 2 December 1899, 1543. For more examples of the Midwives' Institute working for their own interests, or the perception of this by medical men see *British Medical Journal*, 22 June 1895, 1418; 17 July 1895, 249; 9 May 1896, 1156; 9 December 1899, 1618; *Lancet*, 24 May 1890, 1149.

⁵² For examples of midwives acting as medical practitioners see *Lancet*, 22 June 1895, 1603; 16 January 1897, 158; 24 April 1897, 1175; 9 April 1898, 1020-1021.

⁵³ *Lancet*, 30 January 1897, 346.

a betrayal of the medical profession on the ladies who sat on the hospital board.⁵⁴ One year later, in 1896, the Liverpool Lying-in Hospital added to the unease of medical men by supporting its matron, a midwife, over the doctors who worked there during a dispute over control of the lying-in ward. The disagreement led the medical staff to walk out in protest.⁵⁵ In response to the medical men's demand to have unrestricted access to all patients, without regard to the matron, the President, William Barlett and the Ladies Charity Committee who ran the hospital responded that they would allow the medical staff access to the wards and patients, but that "no such visit is to be regarded as relieving the matron from her responsibility or charge of the case."⁵⁶ They also forbade the medical staff from using normal cases for teaching purposes or for the purposes of writing articles or doing studies. Not unsurprisingly, these statements did not relieve the anxieties of midwifery practitioners.

Such concerns were not shared by all medical men. While some felt the need to oppose the trained midwife, many others, especially members of the London Obstetrical Society, felt that trained midwives were still the best answer to the midwife question. Thus, unlike the creation and delegitimation of the Gamp identity, the attack on the trained midwife identity was less united, less seamless and also less successful. There were doctors who felt that the midwife should be "ended" rather than "mended" and defamed her with the hopes of replacing her with a combination of medical men and obstetrical nurses. Others wanted to delegitimize the LOS midwife only enough to justify

⁵⁴ *British Medical Journal*, 22 June 1895, 1407.

⁵⁵ *British Medical Journal*, 2 May 1896, 1102.

⁵⁶ *British Medical Journal*, 9 May 1896, 1154-1155.

her being kept under tight medical control.⁵⁷ The first strategy used by those opposed to the trained midwife was in some ways quite similar to the attack which had been made on the Gamp midwife as medical men attempted to show that the knowledge of trained midwives, especially LOS midwives, was flawed. The second strategy saw doctors casting the female supporters of midwives as bored middle-class busybodies. They declared that such women were totally unfit to give an opinion on the subject of midwifery as they did not possess any medical qualifications and would never use a midwife themselves. The decision to attack the supporters of trained midwives, rather than focusing solely on the trained midwife herself, was likely due to the realization of some medical men that they needed some kind of midwife to exist, otherwise they would have to take care of all the unprofitable and distasteful poor midwifery cases themselves. Thus, in their attempts to delegitimize the trained midwife some midwifery practitioners chose also to create a negative identity for the main supporters of trained midwives, as well as for the trained midwife herself.

Doctors could not directly attack the knowledge base of the trained midwife in the same way that they had attacked the knowledge base of the Gamp midwife. This was because the trained midwife, especially the LOS midwife, received an education similar

⁵⁷ The position of the "end" agitators was a difficult one since, in order for their various schemes to work, there almost had to be the prerequisite of state-run health care, as the medical profession made it clear that it would never get behind any scheme that would lower their fees for attendance on childbirth beyond a certain point. (Usually a guinea was seen as the absolute lowest acceptable fee). Though the government had made some strides in this direction through the reform of the Poor Laws and the institution of state funded vaccination and education programs it was unwilling to engage in a complete welfare program. For information on midwifery's relationship to state funded health care, see Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Child Welfare Movement in England 1898-1918* (London: Tavistock Publications, 1987); Enid Fox, "An Honourable Calling or a Despised Occupation: Licensed Midwifery and its Relationship to District Nursing in England and Wales before 1948," *IHNJ* 1.2 (Autumn 1995): 17-28; Nicky Leap and Billie Hunter, *The Midwife's Tale: An oral history from handywoman to professional midwife* (London: Scarlet Press, 1993); Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980).

to that which medical men both advocated and utilized themselves. Instead, medical men attacked the trained midwife's ability to understand what she had learned and suggested that what she did manage to absorb was often the wrong type of knowledge.

It is neither necessary nor desirable that these women should aspire to be amateur doctors or even specialists in their own department although no doubt some advances have already been made in this direction. 'You are suffering from inflammation of the overtures' said one of these highly educated and diplomatised ladies recently to a confiding patient.⁵⁸

Thus, in order to devalue the knowledge the trained midwife had worked so hard to obtain, midwifery practitioners frequently suggested that trained midwives had learned nothing more than a few technical terms only good for "impress[ing] those more ignorant than themselves."⁵⁹ In the eyes of her opponents, the trained midwife's knowledge was in many ways as worthless as the so-called intuitive knowledge of her untrained colleagues. Some medical practitioners also argued that her very womanhood disqualified her. As a female, she was inherently irrational, unable to think scientifically and prone to gossiping and other frivolous behaviour.⁶⁰ One medical man considered midwives' "frivolous nature" among his primary concerns regarding their registration. "Among the objections was this, that there was a great deal of idle talk among females, who often did harm with their tittle-tattle."⁶¹

⁵⁸ *Lancet*, 30 May 1896, 1522.

⁵⁹ *Lancet*, 9 February 1893, 374. For other examples of challenges to the LOS midwife's knowledge base see for example *British Medical Journal*, 17 June 1899, 1482; *Lancet*, 10 September 1892, 632, 634; 8 June 1895, 1459; 23 December 1899, 1178.

⁶⁰ This sexist view of women, though normal for its time, was also used to delegitimize the knowledge and fitness of lady doctors. For examples of sexism against female doctors see *British Medical Journal*, 2 February 1901, 309; 21 October 1901, 1113; *Lancet*, 10 September 1898, 633; 23 June 1894, 1588; 12 November 1898, 1283. See also Catriona Blake, *The Charge of the Parasols: Women's Entry Into the Medical Profession* (London: The Women's Press, 1900); Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women: Autobiographical Sketches* (London: Longmans, Green, and Co., 1895); Mary Roth Walsh, "Doctors Wanted: No Women Need Apply" *Sexual Barriers in the Medical Profession 1835-1975* (New Haven: Yale University Press, 1977).

⁶¹ *British Medical Journal*, 4 June 1892, 1205.

Medical men were also very concerned about the “lay” public involving itself in the midwifery debate, as shown, for example, by the former’s negative reaction to the Midwives’ Institute reaching out to the Primrose League. Such interference suggested that the midwives question was not solely a medical concern and that the eventual control of midwives, through legislation and registration, might escape medical hands.⁶² Accordingly, they attacked the trained midwife’s female supporters and created an identity for them as well which challenged their fitness for involvement in the debate.⁶³ One strategy used by medical men in order to discount the female supporters of the trained midwife was to humiliate them in the *Lancet* and the *British Medical Journal*. Doctors attacked their ability to understand the issues at hand and even their grammar and writing ability. In a response to a pamphlet written by the vice-president of the Manchester District Midwives’ Society, the *British Medical Journal* stated that it was impossible to understand, “for the grammatical construction was a little involved,” and it further deemed her whole argument “absur[d] and ridiculous.”⁶⁴ The paternalistic tone taken by the *BMJ* in this case effectively reduced the unnamed vice-president to the level of a child.

In another article, the *Lancet* twisted the words of Mrs. Creighton, a supporter of the registration and training of midwives, to make her seem sublimely stupid. She reportedly stated that she was surprised that there was a need to hold meetings in support of registration, which, from the context, seems to have been a rhetorical device

⁶² *British Medical Journal*, 16 December 1899, 1700; 22, June 1901, 1532; 7 June 1902, 1450.

⁶³ *British Medical Journal*, 14 May 1898, 1276; 17 June 1899, 1482; 19 January 1901, 180; 14 June 1902, 1513; *Lancet*, 25 May 1895, 1330; 29 February 1896, 580-581; 30 May 1896, 1521; 16 January 1897, 159; 27 February 1897, 622.

⁶⁴ *British Medical Journal*, 17 June 1899, 1482. Ironically a typographical error occurred in this article and the *BMJ* actually printed “absurb” instead of “absurd.”

demonstrating that the benefits of registration were beyond doubt.⁶⁵ However, the *Lancet's* response was both paternalistic and deliberately obtuse.

We must say Mrs. Creighton's naive confession of ignorance as to why there is an opposition to the Bill somewhat surprised us, for surely it is incumbent on the supporter of a measure to make himself or herself acquainted with the point of view of the opposition.⁶⁶

Ironically, at the same time that many medical men were attacking the knowledge and mental abilities of the trained midwives' supporters, the former were also accusing the latter of tricking such bodies as the General Medical Council and the London Obstetrical Society. In one particularly lyrical statement, Dr. Lovell Drage, an opponent of midwife registration, compared these medical men to the Brahmins of a fable, who, according to the story, were eaten for their gullibility. "It appears to me that the earnest female workers in social subjects having taken the Brahmins of the Obstetrical Society for a ride on their backs have returned home with the Brahmins inside and the smile on their faces."⁶⁷

Ultimately, these attacks on the knowledge base of the trained midwife and on her supporters failed to gain extensive support amongst the medical profession as a whole, perhaps because influential bodies such as the LOS did back the trained midwife and felt that, through legislation, it would be able to gain enough control over her to make the system work. A much more popular tactic – indeed, even the GMC supported the idea – was to neutralize some of the power of the trained midwife by using language to reframe her as a nurse. The first way in which the medical profession attempted to linguistically transform the midwife into a nurse was simply to refer to a midwife as a nurse whenever

⁶⁵ *Lancet* 27 March 1897, 900.

⁶⁶ *Lancet* 27 March 1897, 900.

⁶⁷ *British Medical Journal*, 14 June 1902, 1513.

possible, but especially when framing the language of prospective Midwives Bills.⁶⁸ This was based both on the sense that “midwifery,” as explained above, was now a term “owned” by doctors and the realization that, while the public was unsure whether a midwife was subordinate or equal to a doctor, it knew that a nurse was definitely subordinate. Dr. Charles J. Cullingworth noted that the use of the title of nurse, “signifying a limitation of responsibility” had specific effects in the minds of the public, as to them “a nurse always means someone who is subordinate to the medical man, who acts under his orders, and has no independent responsibility.”⁶⁹

In addition to referring to her as a nurse, medical men in the *Lancet* and *BMJ*, perhaps in response to reports of midwives acting like practitioners, focused on those duties most associated with nursing and not with the actual delivery of the child. In a letter to the editors of the *British Medical Journal*, a doctor, who identified himself as an “Senior G.P.” wrote the following: “What a lying-in woman requires, above all, next to a bed in sanitary surroundings, [is] a nurse.”⁷⁰ Finally, medical men attempted to ascribe to women a nature which particularly fitted them for what constituted the nineteenth-century image of nursing. By creating such an identity for midwives, they were also suggesting that doctors, who were almost invariably males, were especially fitted for the practitioner role. The characteristics which were ascribed to females were of course in line with the womanly ideals of the time. Doctors spoke of midwives as drawn to their calling from “womanly sympathies,” which also caused them to delicately “[shrink] from

⁶⁸ There were variations on that same theme, including: “midwifery nurse,” “monthly nurse,” and “obstetric nurse.”

⁶⁹ *Lancet*, 2 April 1898, 957-958.

⁷⁰ *British Medical Journal*, 19 January 1901, 181.

more serious operations.”⁷¹ Though the idea of the midwife reframed as a nurse was very popular with the medical profession as a whole, it was not as popular with Members of Parliament, who saw the strategy for what it was and refused to confuse the public on the issue of midwives by changing their name.⁷² One MP, Walter Foster, took the medical profession to task for just that, stating angrily, “The adoption of the term “midwifery nurse”...[is] the preliminary to placing the midwife under the direct superintendence of a medical practitioner and the term was avowedly coined with this intention.”⁷³

Fuelled by concerns about the degradation of the vocation of obstetrics and bolstered by arguments that the trained midwife violated the Medical Acts, midwifery practitioners and their supporters attacked the Gamp midwife and then, towards the mid-1890s, after realizing that she too might be a danger, they attacked the trained midwife and her advocates. In essence, these medical men built up caricatures of these women simply in order to knock them down. However, not only did the poor still employ the local handywoman, but those medical men who attempted to problematize the trained midwife and her supporters could not muster the support of the entire profession. The reality was that many medical men still felt that the best way to solve the problem of the untrained midwife was to provide a substitute for her. They felt that if trained midwives were educated in the precepts of institutionalized biomedical health care that they could be controlled by doctors. However, some medical men were concerned by the fact that, though women could not speak in Parliament or even vote, female pressure groups,

⁷¹ *British Medical Journal*, 3 June 1893, 1183; 11 June 1892, 1259. See also *British Medical Journal*, 11 June 1892, 1260.

⁷² See for example, *British Medical Journal*, 4 August 1894, 282; 3 November 1894, 1015; May 25 1895, 1176; 1 June 1895, 1240, 1244; 15 June 1895, 1356; 22 June 1895, 1417-1418; 19 September 1896, 794; *Lancet*, 27 April 27 1895, 1068; 18 May 1895, 1282; 25 May 1895, 1339; 8 July 1895, 1472, 1474; 28 July 1900, 295.

⁷³ *Lancet*, 25 April 1896, 1165.

organized and staffed by the wives of influential men and allied with prominent doctors and social organizations, would be a force in the decisions made by Parliament on this issue. The rifts within the profession that resulted from these differing points of view and the identity politics which accompanied it are the focus of the next chapter.

Chapter Three:
The Profession Divides: Internal Relations Within the Medical Profession

The arguments for and against the registration of midwives have been given at length so often in our columns and we have summarised and compared them, substantiated and refuted them, so repeatedly that it is unnecessary to reconsider the whole question here.¹

This statement, made by the editors of the *Lancet* just a few months before the first Midwives Act passed into law on 31 July 1902, conveys an appropriate sense of weariness. During the sixteen years leading up to the Midwives Act of 1902, the profession engaged in a long debate over the issue of the registration of midwives. Discussions became particularly heated, even acrimonious, in the last seven years before the Act was passed. Around 1895 many midwifery practitioners became increasingly concerned about the effect that the advent of the trained midwife would have on their practices and their prestige. The preceding chapter focused on how these concerns affected the ways in which the profession acted towards midwives. It demonstrated that members of the profession opposed first the untrained midwife and then the trained midwife and her female supporters. This chapter will examine the effects that the concerns of midwifery practitioners and their supporters had on their internal relations with colleagues within the medical profession. In Chapter Two it was noted that, though some medical men opposed the trained midwife, others felt that the replacement of untrained midwives with trained midwives was necessary. As time went on this difference of opinion led to a division within the profession, with those who opposed the trained midwife gaining a greater number of supporters.² This chapter will examine the

¹ *Lancet*, 1 March 1902, 606.

² See Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heineman Educational Books Ltd., 1977), 143.

two parties involved in the debate: those who supported the trained midwife and those who problematized her. The chapter will pay particular attention to the ways in which each side of the debate participated in a dialogical process in an attempt to discredit its opponents and to convince Parliament of the soundness of its particular point of view.

In the early days of the midwives debate in the mid-1800s, the medical profession was more or less of one mind concerning the midwives issue.³ Most doctors felt that the best way to deal with midwives was to replace untrained midwives with those trained and certified by doctors, thus bringing midwives under the medical profession's sphere of control.⁴ Apothecaries and dentists were already subject to this vetting process. Members of the medical profession had served as advisors to Parliament in framing both the 1815 Apothecaries Act and the 1878 Dentists Act.⁵ Those with proper medical training received, under their respective Acts, the right to call themselves a chemist or a dentist. Parliament supported such distinctions as a way to empower the public to differentiate between the "trained" and "untrained" and thus choose qualified health care practitioners. It is important to note that none of these Acts banned unqualified practice. Anyone could

³ Even though the medical profession was often divided on several issues regarding the registration of midwives, most seemed to agree that the untrained midwife was a problem that needed to be solved. However, it should be noted that even in regards to this issue the profession was never totally united and a minority group of medical men wrote to the *Lancet* and the *BMJ* expressing their respect and support for the untrained midwife. One of the most notable of these men was Mr. Balding, a doctor who claimed he would rather that untrained midwives dealt with childbirth as they took better care of pregnant women than medical students, the latter, he felt, being improperly trained. It should be noted that his point of view was roundly denounced by other medical men. See *British Medical Journal*, 5 May 1895, 975.

⁴ See Donnison *Midwives and Medical Men*, 62-87. Excluding those who had always sought to end the Gamp midwife the main concern by most medical professionals in the early 1880s and early 1890s was that the Gamp midwife would be added to the Midwives' Register as a *bona fide* practitioner and that that would give her legitimacy. For concerns about untrained midwives being added to the Midwives' Registers see *British Medical Journal*, 27 December 1890, 1476; 4 August 1894, 282; 15 June 1895, 1365; *Lancet*, 3 January 1891, 55-56; 11 June 1892, 1324; 25 May 1895, 1339.

⁵ Donnison, *Midwives and Medical Men*, 46, 56-57, 106, 124.

still legally prepare medicine or practice dentistry or provide health care as long as he or she did not call himself or herself a chemist, dentist or doctor.⁶

The medical profession made several futile attempts to have Parliament apply a similar process to the registration of midwives. These attempts always failed because they were badly timed.⁷ In 1872 the London Obstetrical Society began its voluntary certification program as part of a proposal to register midwives with the idea that as soon as legislation was put into place the LOS would hand over its program to the relevant government body.⁸ Indeed, the LOS even had the General Medical Council's (GMC) blessing in executing this plan and the GMC offered to be an advisor to both the LOS and to Parliament during the legislative stage.⁹ The LOS's Bill failed to pass in 1877 because the profession and Parliament shifted their attention to refining the 1858 Medical Act. Nonetheless, the LOS's voluntary certification program remained in place, the LOS maintaining that it would gladly give it up when the government was ready to take the burden of midwives' training and registration off its hands.¹⁰

Those medical men who remained supporters of the trained midwife between the years 1886 and 1902 seemed at first to have the best of the argument. First, the registrationist faction had the support of the LOS which was much respected and had a well established reputation as the tireless protector of the parturient poor.¹¹ From the

⁶ Donnison, *Midwives and Medical Men*, 46, 56-57, 106, 124.

⁷ For example, midwives were originally slated to be dealt with under the Medical Act of 1858 but the sections relating to them were taken out so as to keep the focus solely on the reform of the medical profession. See *Lancet*, 27 April 1895, 1035.

⁸ Donnison, *Midwives and Medical Men*, 78.

⁹ Donnison, *Midwives and Medical Men*, 98.

¹⁰ Donnison, *Midwives and Medical Men*, 78.

¹¹ For examples of the profession expressing its support of the LOS see *British Medical Journal*, 6 October 1888, 743; 22 November 1890, 1212-1214; 11 June 1892, 1259-1260; 4 May 1895, 1006; 11 May 1895, 1063; *Lancet*, 24 May 1890, 1144; 31 May 1890, 1205; 15 November 1890, 1039, 10 September 1892, 361; 4 May 1895, 1145.

LOS's inception, it repeatedly claimed it had only started its voluntary licensing program in order to provide trained midwives for the poor who could not afford a doctor. For example, in 1895, Dr. Francis Henry Champneys, President of the LOS, stated:

The motives of our Society in instituting and carrying on this examination have been (I state it without any qualification) absolutely unselfish and disinterested. We began the work because there was no other competent body to begin it and we have continued it purely from public spirit. We have sought again and again to be allowed to transfer it to a State-regulated machine.¹²

In addition to the support of the LOS, those who supported registration had the benefit of precedence. Their position on the training of midwives was close to that which the profession as a whole had taken on the registration of chemists and dentists.

In contrast, the doctors who opposed registration initially appeared to be handicapped. They were internally divided and were comprised of two distinct groups with very different interests. One group included doctors such as Robert Reid Rentoul and Lovell Drage who believed that midwives should be “ended” rather than “mended.”¹³ Earlier these men had been scorned by their peers, as the former opposed the trained midwife when most of the profession was still behind that initiative. However, as time went on they enjoyed greater support. In the 1890s these medical men formed the Joint Committee to Oppose Registration to aid in the realisation of their main objective, the end of female midwifery. A second group was made up of those medical practitioners who were not opposed to registration or training in principle, but who demanded an “ideal midwife.” They defined this ideal midwife so narrowly so as to almost guarantee

¹² *Lancet*, 27 April 1895, 1039.

¹³ Was it a better strategy to attempt to “mend” midwives by improving their training or to “end” them and replace them with something else? For examples of the “end” philosophy, *British Medical Journal*, 21 June 1890, 1471; 18 March 1893, 604-605; 25 April 1896, 1047; 19 January 1901, 181; *Lancet*, 24 May 24 1890, 1149; 21 February 1891, 452-452; 11 June 1892, 1324; 10 September 1892, 634; 16 January 1897, 153-159; 6 January 1900, 63.

that she could not be found. The portrait of such a paragon was often sketched out by contributors to the *Lancet* and the *British Medical Journal*. Obstetricians, who were afraid that their reputations would suffer if they were forced to associate with working-class midwives, particularly wanted midwives drawn from the ranks of the respectable.¹⁴ However, the notion of a higher-class midwife was not much more than a fantasy since the poor demanded that their birth attendants not only attend the actual labour, but help with household chores – tasks a higher-class woman would likely be unwilling to perform.

Although proponents of the ideal midwife wanted higher-class midwives, they certainly did not want midwives such as Rosalind Paget or Jane Wilson who had the habit of agitating for midwives' rights.¹⁵ For example, in 1899, at the meeting of the East York and North Lincoln Branch of the British Medical Association (BMJ), a medical man, Mr. Brown, made an impassioned speech against the women of the Midwives Institute. He declared angrily that:

It had now become evident that the Midwives Bill was...intended by those who were responsible for introducing the Bill that it should produce or make a new order of midwives who should be able to take the place of the doctor entirely....These people had got their agents at work for them – ladies from the Primrose League and other political organisations, and from the Liberal Associations all over the country – for they said, 'This is a Women's Rights question.'¹⁶

¹⁴ *British Medical Journal*, 18 November 1889, 1447. For other examples see *British Medical Journal*, 25 November 1899, 1517; *Lancet*, 10 September 1892, 631.

¹⁵ Jane Wilson and Rosalind Paget were prominent members of the Midwives Institute. Jane Wilson was one of its charter members in addition to being an active member of the Institute's allied organization, the Workhouse Infirmary Association. For concerns about the midwife as agitator see *British Medical Journal*, 22 June 1895, 1418; 17 July 1895, 249; 9 May 1896, 1156; 9 December 1899, 1618; *Lancet*, 24 May 1890, 1149.

¹⁶ *British Medical Journal*, 9 December 1899, 1618.

Mr. Brown then proceeded to read passages from the Midwives Institute's publication *Nursing Notes* as further proof of that organization's iniquities.¹⁷

Though this group of medical men refused to support any registration scheme which did not ensure their idea of the perfect midwife, it is important to note that they – unlike Rentoul and Drage – did not want to see the end of all female midwifery. They wanted a midwife who would attend a relatively small number of midwifery cases amongst the poor which paid little. These men did not want to do those cases themselves, largely because they felt such cases only exhausted them and ruined their health. Their hope was “the educated midwife will relieve the hard-worked practitioner of drudgery as unprofitable as it is fatiguing.”¹⁸ The group of patients that these medical men wanted midwives to confine themselves to treating were the “middling poor” – those who were too poor to pay the lowest acceptable medical fee (about one guinea) and yet not poor enough to qualify for a medical practitioner under the Poor Laws.¹⁹ Finding a higher-class woman who was willing to take only the most unremunerative of poor midwifery cases, who was intelligent and educated, yet subservient and not prone to step outside her prescribed sphere was – unsurprisingly – difficult. It was made more difficult by the fact that the few women who did fit this description were likely to be seduced into the more lucrative and romantic profession of nursing.²⁰ Therefore, practitioners who maintained that registration and legislation was acceptable only if the majority of midwives could live up to some mythical ideal were, in reality, opposed to registration.

¹⁷ *British Medical Journal*, 9 December 1899, 1618.

¹⁸ *British Medical Journal*, 10 November 1888, 1080. For other examples where poor midwifery was portrayed as fatiguing see *British Medical Journal*, 22 November 1888, 1415; *Lancet*, 16 September 1893, 717; 30 September 1893, 840; 14 October 1893, 937; 16 November 1901, 1375.

¹⁹ *British Medical Journal*, 22 November 1890, 1214; 6 December 1890, 1334; 21 May 1892, 1092; 4 August 1894, 282; 16 December 1899, 1700; 21 July 1900, 159; 9 March 1901, 614; *Lancet*, 8 June 1895, 1473; 8 June 1895, 1477; 18 January 1896, 195; 21 March 1896, 790.

²⁰ Donnison, *Midwives and Medical Men*, 66-68.

Both the opponents and the supporters of midwives were united in recognising the need to counter the impression that the medical profession was seeking to dominate health care for its own selfish reasons.²¹ Those medical men who continued to push for registration, led by the LOS, said they supported legislation out of pure benevolence. In response, those who opposed registration sought to problematize the image of benevolence. Accordingly, they created a trope of the “good doctor,” which they then contrasted with a trope of the “bad doctor,” which was a caricature of what they saw as the worst characteristics of the LOS/registrationist doctor.

When the oppositionist faction set out to create its trope of the good doctor, it chose the young general practitioner (GP) as its tragic hero. The young GP was portrayed in the *Lancet* and the *BMJ* as hardworking, yet poor and struggling to set up his practice in a world of unworthy competitors, including midwives. He was contrasted with wealthier specialists whose practices were lucrative and well enough established to allow them to be active in medical societies and voluntary organizations.²² Several oppositionists used a letter to the editor, written in 1896 by “A Young G.P.,” to make their case.

When I am short of money to pay my butcher and baker I confess that “the noble ideals of a grand profession” begin to appear to me like suicidal nonsense... Exaggerated notions of ‘duty to humanity’ which are invented and taught by a few wealthy leaders of the profession, have to be practiced equally by the struggling poverty-stricken mass at the foot of the ladder.²³

²¹ *British Medical Journal*, 17 November 1888, 1061; 22 November 1888, 1415; 4 June 1892, 1206; 18 March 1893, 604-605; 21 July 1894, 156; *Lancet*, 14 April 1888, 757; 24 May 1890, 1181; 8 November 1890, 998; 21 February 1891, 443; 8 July 1893, 95; 18 May 1895, 1258, 1283; 1 June 1895, 1397; 29 February 1896, 580-581; 30 June 1900, 1920.

²² For evidence of the trope of the heroic general practitioner see *British Medical Journal*, 25 May 1895, 1175-1175; 20 March 1897, 755; 22 July 1899, 251; 29 July 1899, 313; 18 November 1889, 1447; *Lancet*, 2 February 1895, 312. It should also be noted that while the heroic young practitioner was usually identified as a GP, he was sometimes only identified him as a young medical man.

²³ *British Medical Journal*, 22 August 1896, 476.

This kind of testimony was welcomed by oppositionists who were eager to make the “wealthy leaders of the profession” into villains bent on denying their young brothers a chance at making a living. For example, Robert Reid Rentoul posed the following question in a letter to the *BMJ*: “Why do our ‘leading’ doctors...in preference hand over the guinea confinement to the midwife instead of helping the young doctor?”²⁴

The oppositionist faction of medical men also used the trope of the general practitioner to argue against the plan to register midwives as a whole. They argued that the poor GP could not establish a practice without relying on midwifery to give him an entrée into local communities. In 1895 the *Lancet* reported that, at a special meeting of the British Medical Association, the general practitioners present were angry because they felt that “this movement [for the registration of midwives] is ruining their practice, the importance of which as the surest stepping stone to family practice has long been acknowledged.”²⁵ The oppositionist faction further argued that the trained midwife would assault the dignity of the poor GP; she would undermine him, forcing him to “cover” her mistakes and be at her beck and call.²⁶ Frank Greeves, a surgeon, contended that not only would midwives force the GP to come to their aid – to the detriment of his own practice and health – but also that certain midwives would force the general practitioner to

²⁴ *British Medical Journal*, 27 December 1890, 1506.

²⁵ *Lancet*, 9 February 1895, 374. For other examples of medical men viewing midwifery as the way for a young man to build his practice, see *British Medical Journal*, 1 June 1901, 1376; *Lancet*, 16 January 1897, 154; 6 January 1900, 63.

²⁶ *British Medical Journal*: 22 June 1895, 1419; 22 July 1899, 251; 29 July 1899, 313; 17 November 1900, 1478; *Lancet*, 2 October, 1897, 882. Covering was a semi-legal term used by the General Medical Council and the medical profession to denote a situation where a medical practitioner used his or her position to support an unqualified practitioner. A doctor would “cover” the unqualified practitioner by signing off on his/her cases and signing any death or other certificates as necessary. This action was banned by the profession as “infamous conduct” and a medical man found “covering” was liable for removal from the Medical Register. There was some concern that if a doctor was called to aid a midwife he might be open to charges of “covering” if, for example, the mother died and he had to sign the death certificate.

become an unwitting advertisement for her as she would use his good reputation to increase her own business.

I [do not] consider it fair that the shortcomings of both the midwife and the Legislature should have one common ending – the overtaxed generosity of the harassed and badly-paid general practitioner. Apart from these considerations, there is another one that the doctor who habitually assisted a midwife in her abnormal cases would soon become a local advertisement for that midwife – a fact that she, with true feminine loquacity, would not fail to avail herself of; and the more skilful the doctor the more so this would be.²⁷

The oppositionist faction also sought to reframe the identity of the LOS doctors and other medical men who supported registration. They endeavoured to place those doctors, metaphorically, in an ivory tower disconnected from the rigors of day-to-day practice and thereby making them unqualified to express any opinion on the issue of registration and its effect on the average medical man.²⁸ The oppositionist faction often invoked the image of wealthy registrationist specialists lecturing to interfering society ladies in private drawing rooms. In one instance, Lovell Drage attacked the President and Council of the LOS:

The small clique who are quite willing to lecture to ladies in drawing rooms, and to make presidential addresses when no debate is possible, dare not open a debate upon the subject of midwives' registration when it is possible for an answer to be given. Did not the President and Council of the Obstetrical Society refuse a special general meeting last summer though they were properly requested to do so?²⁹

Drage used the image of the drawing room not only to accuse the LOS of cowardice but also to suggest that, instead of debating the issue amongst their peers as they should, the

²⁷ *British Medical Journal*, 22 July 1899 251-252.

²⁸ For references to registrationists as being out of touch with the realities of everyday practice see *British Medical Journal*, 25 May 1895, 1175-1176; 20 March 1897, 755; 20 July 1901, 180; *Lancet*, 16 January 1897, 155, 159.

²⁹ *British Medical Journal*, 4 April 1896, 881.

registrationist faction had chosen to side with society ladies. As was demonstrated in the previous chapter, many doctors had already disputed the role of such women.

Oppositionists also questioned the benevolence of the registrationist doctors towards the poor. They claimed that wealthy specialists who supported registration only did so out of a desire to make money, carefully masking themselves with an image of “false philanthropy.”³⁰ For example, in 1901, G. H. Broadbent accused the supporters of registration in general, and the members of the LOS in particular, of backing registration because they saw it as a way to make money off of the training, examination and certification of midwives. He also accused them of linking themselves to midwives in order to increase their individual practices by ensuring that such midwives would call on them to deal with difficult births.

Some of us know what it is to be treated somewhat coolly even by some of our brethren who are not connected with the teaching of midwives. And how is this? Simply because of our opposition to midwives who give them the advantage of their ‘patronage and support.’ If these women are the feeders of their practices it is not surprising that they should turn the ‘cold shoulder’ to those who would injure their patronesses!³¹

Broadbent not only accused the members of the registrationist faction of looking after their own financial health as opposed to the health of the poor, but he also suggested that they were dependant on women to secure their medical practices and were in fact emasculated. His use of the term “patronesses” in particular suggests that these men could not survive on their own merits and so sought additional assistance.

³⁰*Lancet*, 12 April 1902, 1062; 6 June 1895, 1460; For the image of medical men in the drawing rooms of rich women see *British Medical Journal*, 4 April 1896, 881; 2 May 1896, 1106. For the image of registrationists as false philanthropists, see *British Medical Journal*, 29 November 1890, 1272, 12 January 1901, 118; *Lancet*, 8 June 1895, 1460.

³¹ *British Medical Journal*, 12 January 1901, 118.

In response to the oppositionists' portrayal of registrationists as greedy, out of touch, vain and lazy, the registrationists created a negative portrayal of the oppositionists. They focused especially on those men who wanted to see the end of female midwifery in its entirety. Dr. Rentoul, in particular, was a favourite target of the registrationists because of his own verbosity and his constant requests for funds, to keep his "fight" going, which appeared in both the *Lancet* and the *British Medical Journal*. In response to one such appeal, Dr. Alexander Stookes responded: "Many of us have got tired of the waste of time and money which Dr. Rentoul requires of us for the purpose of fighting chimeras that have their existence chiefly in his own imagination."³² J. J. Gorham accused Rentoul and his compatriots of being "greedy...over-zealous [and] selfish."³³ Nor was Rentoul the only one denigrated in this way. In a particularly nasty letter to the editor of the *BMJ*, Thomas S. Watt thoroughly discredited the Joint Committee to Oppose Registration. Not only did Watt call the "medical opposition to the midwives Bill...nothing but the organized selfishness – more or less dissembled – of a lot greedy, jealous, monopolists," but he also accused the oppositionists of making the entire profession look stupid, because the pamphlet it presented to the public was full of "inaccuracy in fact and thought, muddling of terms and slipshod looseness of expression, errors of orthography and of punctuation, carelessness in proof-reading, tactlessness of methods [and] unwisdom of proposals."³⁴ The verbal assaults made by both groups were meant to undermine the credibility of their opponents and some medical men even stooped to personal attacks. The debate also descended into the realm of the ridiculous. Two doctors actually engaged in an argument, via letters to the editors of the *BMJ*, as to

³² *British Medical Journal*, 28 July 1894, 156.

³³ *British Medical Journal*, 28 July 1894, 156.

³⁴ *British Medical Journal*, 7 July 1902, 62.

whether the first human child, born to Eve, was delivered by a midwife or a medical man.³⁵

As each group attempted to demonize the other, the reputation of the entire profession suffered. In an article written in the early part of 1895, a particularly vicious year in the conflict, an unidentified author noted that the public was not impressed by the fight between the registrationists and the oppositionists, which had made its way into the newspapers. "The spectacle is not edifying, even to a looker-on belonging to the profession and the lay spectator may be forgiven if he should feel some contempt for a divided profession carrying on its squabbles in public."³⁶ The public's awareness of the profession's lack of unity and the fact that both the registrationists and the oppositionists accused each other of selfish motives damaged the public's, and therefore the members of Parliament's, confidence in the right of the medical profession to extend its control over childbirth.

One strategy employed by the oppositionists against the LOS and the registrationist camp which was much less damaging to the profession was their attempt to pathologize childbirth by redefining the identities of pregnant women. Some oppositionists argued that while birth was a normal physiological event, civilized life in Britain had caused birth there to become abnormal. In 1898 the editors of the *Lancet* stated: "Childbirth in civilised life is full of pain and even of peril, for which remedies must be found, and for the finding of which the medical profession is very deeply responsible."³⁷ Historian William Ray Arney actually credits obstetrician's

³⁵ The two men were Dr. F. H. Champneys and someone who only identified himself as "Adam;" see *British Medical Journal*, 27 April 1895, 916-917; 4 May 1895, 1020.

³⁶ *Lancet*, 9 February 1895, 374.

³⁷ *Lancet*, 12 March 1898, 731.

pathologization of childbirth as the explanation as to how they won the battle against midwives.³⁸ However, the evidence presented in the *Lancet* and the *BMJ* suggests otherwise. It seems that the pathologization of childbirth was a strategy employed by one particular section of the profession and that it was by no means accepted by either the rest of the profession or the lay public.

The strategy of pathologizing childbirth had many benefits for the oppositionist faction. The main idea underpinning the construction of this argument was that the impact of civilized life caused pain and difficulty in childbirth. Oppositionists created a sliding scale of the civilization-danger/pain ratio in which a greater degree of civilization was associated with a higher likelihood and degree of danger/pain. The pathologization of childbirth strategy could be used by the different members of the oppositionist camp with equal effectiveness. Those who belonged to the ideal midwife camp could argue that it was still appropriate for midwives to take care of the lower classes since the latter had the lowest level of civilisation and thus experienced only a minor level of pain and difficulty.³⁹ Such arguments held that lower-class women, who were engaged in manual labour and did not wear corsets, were immune to the difficulties faced by their wealthier sisters and so could safely be attended by female midwives.⁴⁰ Possible risk factors for poorer women, which included exhaustion and poor diet – often resulting in rickety pelvises – also caused serious difficulties in childbirth. Yet the oppositionist faction, who wanted midwives to continue to practice among the middling poor, did not broach these

³⁸ William Ray Arney, *Power and the Profession of Obstetrics* (Chicago: Chicago University Press, 1982).

³⁹ *Lancet*, 16 January 1897, 159; 12 March 1898, 731; 26 August 1899, 602.

⁴⁰ *British Medical Journal*, 21 June 1902, 1551.

issues. To have done so would have reflected badly on their desire to restrict their practices to wealthy patients.⁴¹

And what was the birthing experience of the better off? At the 1899 annual meeting of the BMA, Dr. Archibald Reid presented a paper entitled, "The Causes Which Render Difficult the Labour of Civilised Women," in which he asked the question, "The labours of savage women were known to be safe and easy....How did civilisation render labour difficult?"⁴² The hypotheses which doctors offered in the discussion which followed ranged from the sensible to the bizarre. Reid's own argument was that the advent of forceps had allowed women with small pelvises to be delivered of their children, whilst in the same situation "savage" women would have died. Thus, he argued those women with small pelvises had been allowed to reproduce other women with small pelvises, consequently requiring a medical man for each case. He ended his argument by stating that in the twentieth century women's pelvises would be so uniformly tiny that medical men would be forced to employ their forceps in "99 per cent" of cases.⁴³ Dr. Purslow, perhaps feeling that the process of evolution did not occur quite as rapidly as Dr. Reid claimed, suggested that the trappings of civilised life, such as corseting and lack of exercise, weakened the abdominal muscles and thus made it difficult for middle- and upper-class women to push.⁴⁴ However, Dr. Purslow certainly did not suggest middle and upper-class women cast off their corsets and engage in a more active lifestyle.

⁴¹ For an explanation of the problems of rickets in childbirth see Irvine Loudon, *Death In Childbirth: An International Study of Maternal Care and Maternal Mortality 1800-1950* (Oxford: Clarendon Press, 1992), 130-131.

⁴² *Lancet*, 26 August, 1899, 602.

⁴³ *Lancet*, 26 August, 1899, 602.

⁴⁴ *Lancet*, 26 August, 1899, 602.

Those who wanted to see the end of all female midwifery also pathologized childbirth. However, they employed a clearer line of demarcation – holding that all British women, as compared to those in more barbaric climes, experienced a high level of civilization induced danger/pain. Accordingly, management of every birth required a doctor. Unlike those medical men who wished midwives to continue to practice in a limited sphere and so pathologized only middle class and upper-class births, those in the end camp challenged the normalcy of all births in every social class. For example, Dr. Hugh Woods, a prominent member of the end camp, argued, before the 1892 Select Committee on Midwives Registration, that childbirth simply could not be understood as a normal physiological act, “for physiological acts such as eating &c. did not involve death once in two hundred times.”⁴⁵ Conversely, some oppositionists argued that, while the actual act of giving birth was a normal physiological process, the period afterwards – when women were prone to infection – was not. In a particularly poetic statement, Frederick Churchill, a former Medical Officer of Health (MOH) imagined the pregnant woman as a boat which could only be steered into a safe harbour by an expert skipper.

The defence of the puerperal woman from the encroachment of septic germs, and the safe conduct of her case through the many shoals and dangers of the puerperal period can only be effectively guarded against by knowledge which the expert has acquired through years of study and research in the medical school.⁴⁶

The pathologization of childbirth also nicely reflected the gender and class norms of the day, which often portrayed middle- and upper-class women as delicate and in need of male protection.⁴⁷

⁴⁵ *Lancet*, 10 September 1892, 634.

⁴⁶ *Lancet*, 12 April 1902, 1062.

⁴⁷ For an excellent work on gender norms during the nineteenth century see Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: The University of Chicago Press, 1992).

The response of the registrationists to the oppositionists' attempts to pathologize birth was fairly simple – they denied it was true. At the same time, they also attempted to expose the fact that the pathologization of childbirth was not based on scientific evidence but was a strategy employed by those who opposed midwife registration to serve their own ends.⁴⁸ S. W. MacIlwaine, in a letter to the editors of the *BMJ* in 1899, asserted:

Difficulty – and there appears to be some – in defining normal labour does not and cannot alter the fact, known to everyone, that considerably over 90 per cent of all labours are physiological events in spite of civilisation and Medical Acts.⁴⁹

However, the registrationists' strategy of denial was only partially successful. Although the oppositionists did not manage to convince all the members of their profession or of Parliament that modern childbirth was fraught with danger, they did cause confusion in regards to the definition of natural childbirth. Members of the registrationist camp had been trying since 1890 to find a definition of “natural childbirth” to insert into prospective Midwives Bills, which would limit midwives to overseeing only those births which were not abnormal and so deemed “natural.” Due to the complex nature of childbirth, with its many possible outcomes, registrationists had difficulty agreeing on a definition which was broad enough to refer to all possible anomalies but without having to identify them each by name. Attempts by oppositionist doctors to pathologize childbirth certainly did not make the task any easier.⁵⁰

The last strategy used by oppositionists against registrationists was by far the most aggressive and controversial. Indeed, only a few of the most steadfast of the

⁴⁸ *British Medical Journal*, 20 March 1897, 755; *Lancet*, 23 January 1897, 275; 2 December 1899, 1564; 8 March 1902, 690.

⁴⁹ *British Medical Journal*, 11 November 1899, 1387.

⁵⁰ For references to the trouble defining “natural labour” see *British Medical Journal*, 6 October 1888, 743; 22 November 1890, 1174; 13 December 1890, 1401; 4 January 1896, 48–49; 25 April 1896, 1047; 18 November 1899, 1147; *Lancet*, 10 September 1892, 631; 19 August 1893, 444; 11 May 1895, 1238; 8 June 1895, 1473, 1474; 18 January 1896, 195; 8 February 1896, 384; 25 April 1896, 1161; 20 February 1897, 553.

oppositionists engaged in it, and the majority of them seem to have been medical men who wanted to see the complete disappearance of female midwifery. This strategy involved agitating for the General Medical Council to use its power as the internal legislative controller of the medical profession to bring charges of “infamous conduct” against the LOS for its certification program.⁵¹ These oppositionist medical men, led by Robert Reid Rentoul, attacked the LOS, the most powerful organisation which supported registration, and cast the Society’s members in the role of villains who were working against the interests of the profession as a whole.

In the fall of 1892, Rentoul, backed by a few oppositionist supporters such as Dr. Lovell Drage and Dr. Wheelhouse, began what would become a major conflict. Rentoul petitioned the GMC to look into the various institutions which gave certificates of proficiency in midwifery to women and suggested that such actions were grounds for charges of “infamous conduct.”⁵² The issuance of midwifery certificates was an important point of contention for oppositionists as it directly related to their claim that allowing midwives to practice in one branch of the “holy trinity” of medicine, surgery and midwifery contravened the 1886 Medical Act. They argued that the Medical Acts stated that no “document professing to qualify persons for any practice in medicine, surgery or midwifery, issued by any body or institution which is not a medical authority under the Medical Acts” should be allowed.⁵³ This meant that only recognised medical

⁵¹ For examples on the agitation for the GMC to persecute the LOS see *British Medical Journal*, 4 May 1895, 1005-1006; 11 May 1895; 1063; 18 May 1895, 1120-1121; 1 June 1895, 1244; *Lancet*, 2 February 1895, 311, 312; 1 August 1896, 331-332.

⁵² The LOS was not the only institution which gave endorsements to midwives. Several lying-in hospitals also gave recommendations. However, perhaps because of the highly organized nature of the LOS’s program and the prestige given to the LOS certificate by midwives, the public, and the medical profession, medical men who opposed registration targeted it specifically.

⁵³ *Lancet*, 27 April 1895, 1039.

schools and organizations could give medical qualifications and they could do so only if a person had been trained in all three of the recognised branches of medicine.

When Rentoul first raised the issue, the Council decided to take only moderate action and so wrote to each institution and requested that they be careful to make it clear to their midwife pupils that the certificate or recommendation granted to them was not a medical qualification.⁵⁴ Several of the institutions complied, and the issue was not revisited by the GMC until it was again brought up by Rentoul and his supporters two years later in the spring of 1894. This time the GMC sent a more strongly worded letter warning those institutions which had not complied, including the LOS (which later claimed it had never received the earlier communication), that if they did not comply immediately they would be found guilty of infamous conduct. The LOS's alleged offence was issuing a certificate of achievement to its graduating midwives. The Council deemed that this document too closely resembled a statement of medical qualification, and could confuse the public into thinking that the midwife was medically qualified under the Medical Acts.⁵⁵

An accusation of infamous conduct was extremely serious as anyone found guilty of such an infraction against the profession was liable to be struck off the Medical Register and therefore could no longer use the title of doctor.⁵⁶ The charge of infamous conduct was usually used against individual medical men or women who had acted in such a way as to bring shame and disgrace on the profession as a whole. Such actions included serious crimes such as theft and murder as well as actions which constituted

⁵⁴ *British Medical Journal*, 29 January 1895. 226.

⁵⁵ *Lancet*, 27 April 1895, 1039.

⁵⁶ Russell G. Smith, "The Development of Ethical Guidance for Medical Practitioners by the General Medical Council," *Medical History* 37 (1993): 56.

gross professional misconduct such as sleeping with patients and falsifying patient records.⁵⁷ When the LOS, which had hitherto enjoyed the respect of the profession in general and the GMC in particular, received a letter warning it of possible prosecution and accusing it of creating a certificate which was “calculated to deceive the public,” it was, not surprisingly, outraged.⁵⁸

The LOS likely saw the actions of the GMC as a betrayal of trust, as the two organisations had a past history of cooperation. As previously mentioned, the LOS’s voluntary certification program was originally part of a proposed registration scheme, the parameters of which were created in consultation with the GMC. In fact, when the LOS drew up the certificate in 1887, it had made use of the services of the Royal College of Physicians’ solicitor in an attempt to avoid contravening the Medical Acts. Until the oppositionists took issue with the LOS’s work, no one had criticized the certificate. Further, the leaders of the LOS were furious that they were being accused of infamous conduct for actions which they perceived, and had always presented, as being fundamentally philanthropic.⁵⁹ For example, John Williams, a member of the LOS wrote:

These men, contingently branded with infamy, are well acquainted with the provisions of the Medical Acts, and many or all of them well versed in the ethics of the profession and punctilious in their observance, many of them having held high posts in the colleges and schools, and are held in honour by their professional brethren; none are better informed of the needs of the poor in their travail, none are better able to train and examine midwives; and, by reason of their learning, culture and experience, none are fitter to form correct views of what is and what is not, professionally infamous.⁶⁰

⁵⁷ Smith, “The Development of Ethical Guidance for Medical Practitioners by the General Medical Council,” 58-59.

⁵⁸ *Lancet*, 27 April 1895, 1039.

⁵⁹ *Lancet*, 27 April 1895, 1035-1040.

⁶⁰ *British Medical Journal*, 19 January 1895, 170-171.

Moreover, many medical men, even members of the GMC, differed as to what exactly constituted infamous conduct. According to historian Russell G. Smith, the GMC used *ad hoc* processes to regulate the medical profession, since the GMC had no set rules of practice. Further, the GMC was a relatively new body, having only been created in 1858 as part of the professionalization of medicine via the provisions of the first Medical Act. As the GMC ruled by committee and not by rules or precedents, its tone and action varied depending on the people who made up the Council at any one time.⁶¹

In response to the Council's directive it was presented with the LOS's certificate which stated:

We hereby certify that [name of midwife] has passed to our satisfaction the examination instituted by the Obstetrical Society of London, that she is, in our opinion, a skilled midwife, competent to attend natural labour.⁶²

The question was whether the phrase "in our opinion" prevented the phrase "a skilled midwife, competent to attend natural labour" from making the certificate an illegal avowal of medical competence, as forbidden by the Medical Acts. The issue was ostensibly resolved when the LOS, in consultation with the Executive Committee of the GMC, reworded the certificate. However, the fallout from the issue was far reaching. Neither the registrationists nor the oppositionists were happy with the way that the GMC handled the issue. The oppositionists felt that the LOS had gotten off too easily, and the registrationists, led by the LOS, felt that the GMC had betrayed them by siding with the oppositionists. Dr. F. H. Champneys, the President of the LOS, accused the GMC of

⁶¹ Smith, "The Development of Ethical Guidance for Medical Practitioners by the General Medical Council," 65-66.

⁶² *Lancet*, 27 April 1895, 1036.

playing the role of “puppet” to “the opposition which has sprung up [and] aims at the abolition of midwives.”⁶³

This conflict not only further fractured the medical profession, but it also divided the members of the GMC. After the decision of the Executive Committee was passed, several members of the wider body of the General Medical Council attempted to overturn the Committee’s decision or, barring that, sought to have the matter sent back to the Executive for further consideration.⁶⁴ Clearly the oppositionists had been successful in at least gaining some converts within the GMC. These converts, and the split they caused in what was previously a disinterested GMC, would have a marked effect on the way in which the Council presented itself as profession’s representative to the Parliament, and the way in which the 1902 Midwives Act was eventually framed.

This chapter has demonstrated how the fears of some midwifery practitioners concerning the advent of the trained midwife soured internal relations within the medical profession between the years 1886 and 1902. Building on the evidence presented in Chapter Two, this chapter has established that the problematization of the trained midwife, by midwifery practitioners and their supporters, caused the medical profession to fracture, as medical men sided either with those who supported or those who opposed the registration of trained midwives. What began as a debate rapidly became an often acrimonious dispute as the members of both factions, instead of arguing over issues, resorted to using strategies, based on identity politics, to defame their opponents. This dispute, and the hostility that accompanied it, eventually made its way into the main organisational and disciplinary group of the profession, the General Medical Council.

⁶³ *Lancet*, 27 April 1895, 1038-1039.

⁶⁴ The matter had been originally been referred to the Executive Council because the GMC in its entirety was not set to meet for some time. For the debate within the GMC see *Lancet*, 1 June, 1895, 1411-1412.

The involvement of the GMC and the conversion of certain members of the GMC to the oppositionist point of view would have far reaching consequences which will be traced in the following chapter.

Chapter Four:

Parliament Decides: The 1902 Midwives Act and Its Effect on the Medical Profession

He felt great regret that many of his friends in the medical profession had not regarded the Bill with more favour, but he hoped that, in the course of the interval which would elapse before the measure became operative, their views would change, that they would feel some sympathy with it and that their fears would be found to be without foundation.¹

Sir Francis Powell, the honourable Member for Wigan, made this comment in the British House of Commons on 13 June 1902 while congratulating Mr. Heywood Johnstone for succeeding at bringing about what many had tried and failed to do. Despite vigorous opposition, Johnstone had brought in a Bill for the registration of midwives and it was certain that it would pass into law. The 1902 Midwives Bill would finally settle the question of the legal standing of midwives, which had arguably been left unanswered since the English ecclesiastical authorities had stopped registering them in the eighteenth century. However, many doctors viewed the 1902 Bill with alarm and Powell noted the medical profession's fears.

This thesis has argued that midwifery practitioners' misgivings about their own fragile status was the main source of these concerns. Chapter Two demonstrated how some midwifery practitioners sought to discredit the trained midwife in the same way that the profession had denigrated the untrained midwife. Chapter Three traced the ways in which the issue split the medical profession. The argument advanced in this chapter is that not only was the medical profession divided, but the General Medical Council (GMC) was as well. One might have expected that such divisions would have led the Council to be more temperate when expressing its opinions on midwifery registration. Instead, as an analysis of the leading medical journals and Parliamentary debates reveal,

¹ Great Britain, House of Commons, *Debates* (hereafter HCD), 13 June 1902, 630.

the GMC dogmatically insisted that if MPs passed a Bill that did not have the Council's imprimatur they would, by enacting such fatally flawed legislation, be purposely humiliating the entire medical profession.

Originally, the GMC had taken little notice of the midwife question and only appointed a committee to examine the issue in 1872 as part of a larger investigation into the question of women doctors and chemists.² The committee determined that the GMC only had power over female doctors and chemists, as granted to the Council by Parliament via the Medical Act of 1858 and the Pharmacy Act of 1868. Nursing and midwifery were deemed "beneath the Council's dignity, or beyond its proper province."³ Nevertheless, in the early 1870s, the London Obstetrical Society (LOS) drew up a Bill which foresaw the GMC taking a key role in policing midwives. When the Obstetrical Society's Bill came up in Parliament in 1877 it died, partially due to the GMC's lack of interest in becoming directly involved.⁴ However, the GMC, in response to an inquiry from the Lord President, did cautiously assert that it thought that some type of control over midwives would be beneficial even if it did not want to be engaged in overseeing them.⁵

After asking the GMC's opinion of the LOS's 1878 Bill, the Lord President continued to seek the advice of the General Medical Council on subsequent efforts to have midwives submit to registration. The GMC accepted this role and so opened the door for what would be its slowly increasing involvement in the articulation of midwife legislation. In the early 1880s the GMC seems to have been optimistic about the

² Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann Educational Books Ltd., 1977), 81-82.

³ Donnison, *Midwives and Medical Men*, 82.

⁴ Donnison, *Midwives and Medical Men*, 97-98.

⁵ Donnison, *Midwives and Medical Men*, 95.

registration of midwives and continuously informed Parliament that the majority of the medical profession was behind such a measure.⁶ It maintained this position in its recommendations up to and including the Bill of 1890.⁷ According to historian Jean Donnison, between the 1890 draft Bill and the introduction of the next Bill in 1895, the growing opposition in the medical community gained influence in the GMC as a few new oppositionist members were elected and others became converts.⁸ The increased activity of doctors opposed to midwife registration and their assertion that the trained midwife would lower standards in the practice of midwifery contributed both to the GMC's growing involvement in midwifery legislation and, paradoxically, to its opposition to such legislation.

Whether or not the GMC wanted to be engaged in the midwives issue, it did not oppose the increased powers it would be given by the Midwives Bill Committee in the draft Bills.⁹ However, even the GMC's seemingly passive acceptance of the new duties can be seen as desire for greater control. The 1895 Bill proposed that the GMC be given the power of approval of the rules for the examination of midwives as formed by the Midwives Board and although the GMC had the option of refusing this duty, it chose to accept it.¹⁰ Moreover, in that same year, Sir William Turner proposed that the GMC should include, among its other recommendations to Parliament, an amendment

⁶ Donnison, *Midwives and Medical Men*, 97.

⁷ See *British Medical Journal*, 17 May 1890 1152; 27 June 1895, 219.

⁸ Donnison, *Midwives and Medical Men*, 126-127.

⁹ The Midwives Bill Committee drafted all the Bills considered by Parliament. The Committee was made up of representatives from both the Midwives Registration Association (mostly medical men), and the Association for Promoting the Compulsory Registration of Midwives which was founded by the Midwives Institute. These two groups merged and, along with several MPs, representatives from the London Lying-In Hospitals and the Hospital Association, made up the Midwives Bill Committee. For more information see Donnison, *Midwives and Medical Men*, 137.

¹⁰ The 1895 Bill even provided for the eventuality that the GMC would refuse this duty and allowed for the substitution of another body if they did so. See *British Medical Journal*, 27 July 1895, 219-220.

stipulating that the government pay the GMC for its time in carrying out its duties as specified in the Bill.¹¹ This motion was carried in the GMC with an enormous majority of twenty-three to six.¹² It should be noted, however, that despite the GMC's support of the clause in 1895 and in subsequent years, none of the ensuing Bills ever contained this provision and the possibility of adding it was never debated in Parliament.

Successive Bills continued to talk of giving the GMC increased power. For example, the 1897 Bill spoke of the GMC having power of approval over any actions taken by the Midwives Board which were not expressly provided for in the Bill yet deemed necessary to its articulation. If the 1897 Bill had passed the GMC would have also gained power of approval over any fees the Board wished to charge.¹³ There seems to have been little opposition to such proposals within the GMC, with the exception of the President who stated that the Council "would be out of order in considering the Midwives Bill," as to do so would be to go against the findings of the 1872 committee which decided that the regulation of midwives was beyond the GMC's proper province.¹⁴ Despite the President's rank, however, his protests were ignored.

Other doctors wondered about the extent of the GMC's political power. Dr. McVail noted in 1898, that, though the GMC could make amendments to a midwifery Bill and tacitly approve that Bill on the basis of those recommendations, the GMC could never be sure that its amendments would make it through the House of Commons and the House of Lords. There was also the concern that any Bill reviewed and returned to Parliament by the GMC would be presented as having the GMC's approval even if the

¹¹ *Lancet*, 8 June 1895, 1478-1479.

¹² *Lancet*, 8 June 1895, 1480.

¹³ *British Medical Journal*, 20 February 1897, 473-473.

¹⁴ *Lancet*, 29 May 1897, 1513.

Council's recommendations did not make it into the final Act.¹⁵ For example, in 1898 the GMC recommended that midwives be forced to register annually and each year receive a new licence to practice. The GMC believed such a requirement would help fix certain logistical problems which would occur if a midwife died, retired or moved, and allow for another level of control over the practice of individual midwives. However, Dr. McVail warned that, though the proposed change made a great deal of sense to the Council and answered medical concerns about midwives overstepping their bounds, it was doubtful the amendment would be included in the Bill, and the GMC could not base its approval of the Bill on that assumption. He warned that though the GMC felt it safe to recommend the Bill,

it was still open for the Government and for Parliament to take half of the recommendation and while resolving to create a new legal body of practitioners to determine at the same time that it was not necessary that they be licensed. Parliament might say, 'We shall not licence them annually; we object to that.' And he was quite certain of this, that when the recommendation of the General Medical Council reached the House of Commons the people who were promoting the Bill of which Mr. Balfour had charge would strenuously object to the licensing system.¹⁶

For Dr. McVail and others the limits of the GMC's role as advisor to the Privy Council became clearer as the issue of midwife registration received ever more attention.

It was not only what the members of the GMC said which demonstrated their changing opinions in regards to the midwife question, but also how they said it.¹⁷ The GMC's tone and word choice in discussing midwives and Parliament became increasingly antagonistic. One example can be seen in Mr. Victor Horsley's suggestion

¹⁵ *Lancet*, 16 April 1898 1089.

¹⁶ *Lancet*, 16 April 1898, 1089.

¹⁷ For the importance of language in identity construction, see Ian McKay, *The Quest of the Folk: Antimodernism and Cultural Selection in Twentieth-Century Nova Scotia* (Montreal & Kingston: McGill-Queen's University Press, 1994); Anselm L. Strauss, *Mirrors and Masks: The Search for Identity* (San Francisco: The Sociology Press, 1969).

that the GMC create a special committee to watch closely and evaluate the progress of the 1897 Bill and any that came after it. The language he used in proposing such an action is particularly interesting and shows, somewhat ironically, that the desire of the GMC to increase its involvement often reflected its growing opposition to the registration process as a whole.

Mr. Horsely pointed out that watching committees were frequently appointed by other bodies when legislation was in active progress or was threatened. Upon this subject they were threatened with legislation, and it might be necessary for this Council not merely to report upon any given Bill but to tell the Privy Council how far any legislation on the subject interfered with the existing Medical Acts.¹⁸

Horsley's use of the term "threatened" indicated that at least some Council members felt that midwife registration had the potential to be detrimental to the medical profession.¹⁹ Further, the GMC's view that it, a private body, had the right to tell Parliament if legislation would contravene the Medical Acts shows that the Council was developing a great deal of self-importance, perhaps even hubris.

Some doctors changed their tone and language dramatically over time. For example, in 1895 Sir Walter Foster proposed that the GMC, instead of submitting a report with suggested its amendments to the Privy Council, as it had been asked to do, send a statement condemning the Bill. This was the first time that an oppositionist point of view had been voiced in the GMC's discussions of the midwives question and it was roundly denounced. One of the men who spoke out against it was Dr. MacAlister who noted the

¹⁸ *Lancet*, 27 November 1897, 1427-1428.

¹⁹ Some Council members did express concern about increasing their involvement and attempted to reassert the Council's original hands-off position. For example, Mr. Carter "said it would be a wholly new departure for [the] Council to take anything that could be looked upon as an initiative step with regard to midwifery." See *Lancet*, 27 November 1897, 1428. However, the motion to create a watching committee was passed and that committee examined each subsequent Bill up to and including the 1902 Bill which became the 1902 Midwives Act.

importance of maintaining deference to Parliament and stressed the GMC's responsibilities to the government.

They were entrusted by the Lord President, the official representative of the Government, with the privilege of discussing and making observations on the Bill. That he took to be a considerable compliment, and it would ill become them to answer cavalierly. If they returned the answer Sir Walter Foster proposed he ventured to think they might expect to never have another Bill submitted to them....and to return an answer of the kind proposed by Sir Walter Foster would be to stultify the Council and make it appear that their opinion, when at a pinch the Government wanted it, was not one to be depended on.²⁰

MacAlister was applauded for making this statement and Sir Walter Foster was defeated twenty-one votes to seven.²¹ Yet only three years later, after the oppositionists had gained a great deal of ground within the profession, MacAlister made a radically different speech when he motioned that the GMC present Parliament with the following assertion of its opposition to the 1898 Bill.

That in so far as the Bill submitted to the Council is not in accordance with the general principles above laid down, the Council do not regard it as offering an adequate solution of the question under consideration and would earnestly depreciate its passing into law in its present form.²²

His statement contained none of the earlier deference and even reverence for Parliament and suggested that if Parliament did not include the GMC's recommendations the Bill would be useless and that the GMC's opinions should be given precedence over others, including the medical men who had drafted the Bill.

This aggressive attitude, and the GMC's assumption that it knew more about pending legislation than Parliament, angered certain MPs. They argued that if the GMC was so hostile to the Bills presented, it should formulate and present one of its own. Mr. de Tatton Egerton, the member from Cheshire and Knutsford, commented on the

²⁰ *Lancet*, 8 June 1895, 1479.

²¹ *Lancet*, 8 June 1895, 1475.

²² *British Medical Journal*, 16 April 1898, 1036.

increasingly oppositionist stance of the GMC and the fact that, though the GMC had been content to condemn several prospective Bills, it had never proposed an alternative plan:

The General Medical Council has been one of the principal opponents of this Bill whenever it has been brought forward. In the last three or four years they have had a Bill of their own prepared, but have never thought fit to present it for discussion by the House. They have taken up – I will not call it a dog-in-the-manger-position – but while they have never brought their own Bill they have done all they can on every occasion to wreck Bills brought forward by those whom I have the honour to represent.²³

The increasingly tense relationship between Parliament and the GMC was further strained when, in 1897, prominent oppositionists such as Dr. George Brown and Victor Horsley were both elected to the GMC, at the same time as several MPs – most notably the Home Secretary Charles Ritchie and the Home Under Secretary Jesse Collings – began to lean heavily towards the rights of midwives.²⁴ The GMC did not realise that it was rapidly falling out of favour with Parliament and so was shocked by the draft Bill presented in 1902. Not only did the Privy Council fail to ask the GMC for any recommendations on the Bill, it ignored all of the GMC's previous recommendations. Most importantly, when the 1902 Bill was debated in the House of Commons and the House of Lords, Parliament amended it and removed many of the GMC's powers regarding midwives, including its right of approval over the rules of the Midwives Board. The GMC and other medical men were particularly concerned about the latter change, as the first Midwives Board would create the initial rules and guidelines for the governance

²³ HCD, 26 February 1902, 1154. It is uncertain to which Bill Egerton was referring as there seems to be no evidence that the GMC ever formulated a Bill although they obviously had a clear idea of what a "proper" one would look like. Other medical associations had drafted schemes, including the British Medical Association of which many GMC members were also a part. It could be that this is what confused Egerton. However, his statement still carries weight, as the GMC did not propose alternative schemes to the ones it denounced.

²⁴ See Donnison, *Midwives and Medical Men*, 143, 145, 156-157.

of midwives and it was seen as vital that the needs of the medical profession be recognized in such precedent-setting decisions.

The GMC was both angry and confused at what seemed to be a sudden change in Parliament's attitude. Yet, the GMC did not help matters, as it continued to escalate its opposition after the publication of the 1902 Bill. First, the GMC sent copies of its past recommendations, this time unsolicited, to the Privy Council asserting that without such amendments the 1902 Bill would remain hopelessly flawed.²⁵ Included among these demands was that the GMC once again be given power of approval over the Central Midwives Board's rules and, showing some audacity, that Parliament set aside a Treasury grant for the GMC so that it would be properly compensated for the above undertaking.

The GMC even accused Parliament and the Privy Council of breaking their word. It claimed "that the President of the Privy Council had gone back on his statement to the deputation of the supporters of the Bill when he told them that they must agree with this Council."²⁶ This statement was grossly incorrect as the Lord President had said no such thing. He had merely stated, in a meeting with several prominent registrationists, that the Bill would have a better chance of passing if the registrationists had the support of the GMC.²⁷ The Council's accusation reveals its sense of entitlement, which it had developed over time in regards to the issue of midwife registration. Its opposition in the years before the 1902 Act angered Parliament and also limited its effectiveness. Additionally, when the GMC ceased to provide Parliament with any new suggestions or solutions it made itself redundant. The GMC's antagonistic and demanding attitude caused Parliament to

²⁵ *Lancet*, 1 March 1902, 627.

²⁶ *Lancet*, 1 March 1902, 628.

²⁷ *British Medical Journal*, 7 May 1898, 1225-1226.

distance itself from the Council and to limit the future involvement of both the GMC and the wider medical profession in the framing of 1902 Act.

Although it is clear the GMC opposed the 1902 Bill, many doctors supported it. Moreover, even the oppositionists did have some effect on the final form of the 1902 Bill. It is true that the divisions within the medical profession allowed Parliament to take the easiest and least controversial path in terms of the midwives question and follow the precedents which were set down by other recent Acts pertaining to health care.²⁸ Nevertheless, on issues where the profession was largely in agreement, it succeeded in making its voice heard. Such victories included doctors impressing upon parliamentarians the notion of the Gamp midwife and the inclusion of a penal clause in the 1902 Bill prohibiting untrained midwifery. Further, while the more strident oppositionists lamented their failure either to kill the Bill or to gain greater control over midwives, they did succeed in partially convincing Parliament of certain aspects of their point of view.

Though the medical profession was divided, and thus weakened, by the issue of midwife registration, doctors still enjoyed a great deal of prestige in British society. Thus, Parliament could not completely dismiss the concerns and wishes of the medical profession out of hand; it had to at least appear to involve the medical profession in the legislative process. Indeed, many MPs were medical men, some of whom were even titled. However, the majority of members of Parliament advocated a simple Midwives Act, one that followed the precedents of other recent Acts which had organized other areas related to health care. In order to pursue this aim, while at the same time maintaining the image that it was working with the medical profession, Parliament took

²⁸ The most recent acts which regulated the other areas of the health care field were: the Dentists Act of 1878 and the Medical Acts of 1858 and 1886. See Donnison, *Midwives and Medical Men*, 56-57, 106, 124.

advantage of the divisions amongst doctors by siding with the more moderate registrationists whose aims closely mirrored its own. Parliamentarians were aided in this strategy by registrationists, both within and outside Parliament, who, by turning history to their advantage, presented the fiction of a united medical front in favour of registration.²⁹ For example, when Lord Cecil Manners, member for Leicestershire and Melton, motioned for the second reading of the Midwives Bill on 26 February 1902 he claimed that “the consensus of medical opinion, of those best qualified to speak on the subject is very strongly in favour of some legislative action being taken.”³⁰ This might seem like an impossible assertion to make in the face of the now strong oppositionist faction. Yet, Manners was able to say, with complete truth, that the General Medical Council, the majority of the medical members who gave evidence at the 1892 Select Committee, and the Royal College of Physicians had all made statements supporting legislation. However, these bodies and people had made those statements in 1893, 1892 and 1891 respectively. Thus, Manners was using statements from the past, made when the majority of medical men had been supportive of registration, to make it seem that the profession as a whole still supported such legislation. In reality, the registrationists were rapidly losing ground.³¹ Registrationists often minimized the dissent within their profession when they did choose to confront it. For example, Manners, in the same speech in which he claimed that the medical profession was behind registration, also admitted:

Experts, no doubt, differ as to the precise form that action should assume, and I think the opposition which the Bill has met with in the past has been more due to

²⁹ For information on the reframing of history to influence current events see Jonathan Friedman, “The Past in the Future: History and the Politics of Identity,” *American Anthropologist* (New Series) 94.4 (December 1992): 837-859; Anselm L. Strauss, *Mirrors and Masks: The Search for Identity* (San Francisco: The Sociology Press, 1969).

³⁰ HCD, 26 February 1902, 1153.

³¹ Donnison, *Midwives and Medical Men*, 147.

the fact that the opinions of experts thus differ than to any feeling that legislation is unnecessary.³²

He made this assertion despite the fact that the GMC had told the Privy Council that there was no hurry for new legislation as childbirth mortality was decreasing.³³

As many registrationists had portrayed oppositionists as a small faction, Members of Parliament could denounce the oppositionists as dissidents and further supported the registrationists and the case for a moderate Midwives Act. The medical profession as a whole was portrayed in Parliament as “enormously unselfish and devoted...and willing to act...wherever they saw suffering misery, or trouble, they did all they could to alleviate it – for payment if they could get it, but without payment as necessary.”³⁴ In contrast, many MPs portrayed oppositionists as attempting to kill the Bill for their own interests and to the detriment of the poor.³⁵ This contrast was made clear in statements such as those made by Sir Savile Crossley, the member for Halifax:

He would only say that he hoped the Bill would be allowed to go to a Second Reading without division. He was sure it was one which commended itself to all who were interested in the welfare of the working classes, and he hoped the House would look at it from that point of view and not from the point of view of any vested interests or any sort of that kind.³⁶

Parliament was thus able to denounce the views of oppositionists as based on self-interest and only supported by a small percentage of the medical profession. Some MPs also asserted, somewhat paradoxically, that the oppositionist and registrationist points of view were simply differences of opinion about logistics. Despite their defamation at the hands

³² HCD, 26 February 1902, 1153.

³³ See *Lancet*, 9 April 1898, 1029. However, statistics at this time were fairly unreliable and it is likely that the GMC made this statement in an attempt to stall the Bill.

³⁴ HCD, 13 June 1902, 618, 619.

³⁵ It should be noted that even these denunciations were often cloaked in polite language. For examples see HCD, 26 February 26, 1902, 1156, 1167, 1173, 1180, 1194, 1203, 1207; 6 June 1902, 50; 13 June 1902, 630; Great Britain, House of Lords, *Debates* (hereafter HLD), 20 June 1902, 1238; 4 July 1902, 792, 798, 799, 801.

³⁶ HCD, 26 February 1902, 1203.

of several of MPs, the oppositionists did not lose every fight. They had the most success in convincing Parliament when they agreed, or at least seemed to agree with, their registrationist brothers. The two most prominent examples of this are related. The first issue, the caricaturing of the untrained midwife as a “Gamp,” helped feed the fears surrounding the second issue, the penal clause, and ultimately allowed for the inclusion of that clause in the 1902 Midwives Act.

When the Duke of Northumberland spoke in the House of Lords about the travesty “that it was possible for any old drunken hag, with no idea of cleanliness or acquaintance with proper methods to advertise herself as a midwife and carry on that business without let or hindrance,”³⁷ he was not the only politician to do so. The majority of MPs who spoke out on the issue of midwifery expressed concern about the problem of untrained midwives, and employed many of the same arguments and even the same terminology that the medical profession had used in delegitimizing the Gamp midwife in the *Lancet* and the *British Medical Journal*. For example, whether he knew it or not, when the Duke of Northumberland made the comment calling untrained midwives “drunken old hag[s]” he was echoing the exact words of an editorial written eleven years earlier in the *BMJ*. Other themes which linked the untrained midwife to a myriad of social ills such as abortion, infanticide, ophthalmia neonatorum, filth, laziness and ignorance were brought up in both the House of Commons and the House of Lords and they were often couched in the same terms and language in Parliament as they were in the journals of the medical profession.³⁸

³⁷ HLD, 20 June 1902, 1234.

³⁸ For examples of the delegitimation of the untrained midwife in the medical profession’s journals, see *British Medical Journal*, 19 December 1891, 1319; 2 January, 1897, 56; 27 February 1897, 567; 1 December, 1900, 1563; *Lancet*, 14 April 1888, 757; 26 July, 1890, 189; 3 October 1891, 778-779; 16 June

There is no doubt that the transmission of these ideas, so prominent in medical publications, was facilitated by the fairly large number of MPs who were also doctors. However, the fact that many “lay” MPs also echoed statements utilizing the Gamp caricature, and the fact that few MPs opposed them, showed the effectiveness of such stereotyping.³⁹ Fear of the Gamp midwife was so great that Parliament included a penal clause in the 1902 Act forbidding the unregistered practice of midwifery, albeit after an eight-year grace period.⁴⁰ MPs who supported the penal clause feared that any Bill without such a clause would not stop the practice of untrained midwives as they would simply choose not to register, thus defeating the intent of the registration program.⁴¹

The inclusion of a penal clause in the 1902 Midwives Act was a victory for both the registrationists and the oppositionists, as it sprang from the largely united efforts of medical professionals against the untrained midwife.⁴² In the case of the oppositionists, many people, including members of the GMC, had expressed their disapproval of any Bill without this type of clause as being toothless and this sentiment was often repeated in Parliament.⁴³ The penal clause was presented as a way to strengthen the Bill as it brought midwifery further under medical control. Registrationists had previously not argued for the inclusion of a penal clause because they felt that there was no way that a Bill

1894, 1541; 23 March 1894, 789. For examples of the delegitimation of the untrained midwife in the Parliamentary debates see HCD, 26 February 1902, 1163, 1166, 1169, 1173, 1174, 1179-1183; 6 June 1902, 13 June 1902, 618, 627; HLD, 20 June 1902, 1234, 1238; 4 July 1902, 798.

³⁹ There were defenders of the untrained midwife, the most notable of whom was the Under Secretary of the Home Department Jesse Collings who argued that to call all untrained midwives “dirty and disreputable was libel.” See HCD, 6 June 1902, 49.

⁴⁰ There was one precedent for a penal clause in a previous Act in regards to health care – the Apothecaries Act of 1815.

⁴¹ HCD, 26 February 1902, 1169, 1196; HLD, 20 June 1902, 1241-1242; 4 July 1902, 798.

⁴² It is important to note that the term united is used here to indicate the absence of conflict over this particular issue and not to suggest that the two groups were actively working together.

⁴³ HCD, 26 February 1902, 1158, 1165-1166, 1172, 1180; 6 June 1902, 31, 45; 13 June 1902, 617, 620, 628; HLD, 20 June 1902, 1240, 1242. Of course there were a few oppositionists who wished to see the untrained midwife done away with and so this was not a victory for them. However, even they contributed to the success of the penal clause by participating in the campaign to defame the untrained midwife.

containing such a clause would pass. Dr. Farquharson, the member for Aberdeenshire, called such an idea “a hopeless Utopian dream.”⁴⁴ However, in 1902, when it became clear that it was possible, perhaps due to the growing influence of oppositionists on and in Parliament, registrationists supported it. When the Bill came before the House of Lords, Lord Balfour, one of its main supporters, acknowledged that, though a penal clause had never really been a feature of Bills previously brought forward by registrationists such as himself, he heartily supported its inclusion.

He thought it unfair to arbitrarily interfere with the practice by a woman of good character of her calling. But he believe it was admitted that many of those who called themselves midwives were utterly regardless of the lives of those they attended....By the present proposal the greater skill which was obviously desired would be obtained, and at the same time by the postponement of the regulation for eight years any hardship would be avoided in the case of those who undertook the calling in the future. He believed that the Bill would still be very valuable if the section were omitted, but it would be less valuable than as it stood.⁴⁵

On many issues, though, the medical profession did not work together and the oppositionists usually only secured partial victories in bringing their issues to the attention of MPs. Their own lack of unity prevented them from being able to lobby effectively for their particular pet causes. Yet, in their attempts to discredit the trained midwife, they did bring several arguments to the public’s attention, two of which seemed to have made a definite impression on Parliament. Their pathologization of childbirth, including the idea that civilization made parturition more difficult in modern Britain than in the past, or in more “barbaric” societies, was often accepted by MPs at face value.⁴⁶ For example, Dr. Thompson, the member for Monaghan, presented this view in the 1902 debates.

⁴⁴ HCD, 26 February 1902, 1167.

⁴⁵ HLD, 4 July 1902, 798.

⁴⁶ HCD, 26 February 1902, 1166, 1176; 6 June 1902, 34; 13 June 1902, 618; HLD, 4 July 1902, 801.

He had heard it said in the course of those debates [on the regulation of midwives] that the process of parturition was easy and natural. But the fact was that, owing to our highly civilized condition, it had become almost unnatural in many instances. In many cases the administration of chloroform was necessary....⁴⁷

While many MPs were willing to accept his assertion, they were not willing to go so far as to accept the rest of Thompson's argument; that is "that poor people should have a right to call in medical men and get relief from their sufferings equally with the highest ladies in the land."⁴⁸ Parliament was willing to acknowledge the pathologization of childbirth, insofar as it demanded that midwives be trained and registered, but not to the extent that many oppositionists hoped. That is, Parliament did not give medical men complete control over midwives and childbirth and MPs were certainly not willing to accept the argument that all births needed a doctor's attendance.

The other issue that oppositionists brought up frequently was the importance of nursing to midwifery. This issue was also raised in the Parliamentary debates.⁴⁹ For example, T. P. O'Connor, the member for Liverpool, and a great advocate of the rights of doctors, claimed:

Midwifery was more a matter of nursing than anything else, and unless a woman got training in absolute cleanliness in all matters connected with nursing – such as was given in hospitals, she was almost worse than useless at the bedside of a woman in labour.⁵⁰

Yet, despite numerous attempts by medical men to force Parliament to change the title of "midwife" to something which included the term "nurse," the majority of MPs would not

⁴⁷ HCD, 13 July 1902, 617.

⁴⁸ HCD, 13 July 1902, 617.

⁴⁹ HCD, 26 February 1902, 1156, 1181, 1199; 13 June 1902, 627; HLD, July 4 1902, 794.

⁵⁰ HCD, 13 June 1902, 627.

accept it.⁵¹ In fact, the emphasis on nursing backfired on the oppositionist faction. Parliament, convinced of the importance of nursing to midwifery, proceeded to add two new representatives to the Central Midwives Board, one from the Royal British Nurses Association (RBNA) and one from Queen Victoria's Jubilee Institute for Nurses (QVJIN). These additions further diluted doctor's control over the Central Midwives Board.

The idea of adding a representative from the RBNA was actually introduced by T. P. O'Connor, who hoped that Parliament would substitute a representative of the RBNA for the representative of the Midwives Institute, especially since the RBNA was widely known to be under the control of medical men.⁵² Parliament was moved by O'Connor's praise of the RBNA as an organization which "has done more to produce that wonderful and beneficent reformation and revolution in nursing than anybody else,"⁵³ but would not remove the representative from the Midwives Institute. Instead Parliament chose to expand the board. Matters worsened for medical men when the largely pro-midwife organization, the Queen Victoria's Jubilee Institute for Nurses was also given a representative on the board as per the request of the Duke of Northumberland who presented its case in the House of Lords.⁵⁴ Unlike the RBNA representative who, it could be reasonably hoped, would side with the medical men, the QVJIN was a major supporter

⁵¹ For example, the GMC discussed the importance of the addition of the term "nurse" to the title of midwife. See *Lancet*, 8 June 1895, 1473-1474. For examples of the importance of nursing to midwifery expressed by medical men see *British Medical Journal*, 4 August 1894, 282; 3 November 1894, 1015; May 25 1895, 1176; 1 June 1895, 1240, 1244; 15 June 1895, 1356; 22 June 1895, 1417-1418; 19 September 1896, 794; *Lancet*, 27 April 27 1895, 1068; 18 May 1895, 1282; 25 May 1895, 1339; 8 July 1895, 1472, 1474; 28 July 1900, 295.

⁵² Donnison, *Midwives and Medical Men*, 170.

⁵³ HCD, 26 February 1902, 1199.

⁵⁴ HLD, 4 July 1902, 802-803.

of the Midwives Institute's initiatives for midwife registration and so would likely side with it.⁵⁵

These additions allowed for the possibility of a majority of non-doctors, or at least a majority unsympathetic to doctors' points of view, on the Central Midwives Board. Only four members would be medical men chosen from the medical colleges, in addition to the one medical practitioner chosen from the Midwives Institute. As well, three members were to be appointed by the Lord President and, as mentioned, two by the RBNA and the QVJIN. In a case of a divided board, the nursing representatives, depending on with whom they chose to side, held important swing votes. The position the representatives of the RBNA and the QVJIN held on the board is particularly interesting, as nurses occupied the professional middle ground between midwives and doctors in the world of health care. They were trained and respected practitioners, but also subordinate to the medical profession in a way that midwives were not. Further, the RBNA and the QVJIN included on their roles many nurses who were also midwives. This placed them even more in the middle ground between midwives and doctors and their support – even that of the RBNA which was largely run by medical men and women – could not be guaranteed to one side or the other. The nursing representatives were thus something of a dangerous unknown to medical men. The medical profession's emphasis on nursing was a tactic which had the potential to backfire in the day-to-day regulation of midwives and, more importantly, in the creation of rules by the Central Midwives Board. The latter was considered particularly important as the first Board had the privilege of setting up the precedents for the future control of midwives.

⁵⁵ Donnison, *Midwives and Medical Men*, 171, 173.

Despite the reverses that some medical men felt they had suffered as the 1902 Bill went through Parliament, there were doctors who still felt that the Midwives Act would not pass if MPs were made aware of the clear disapproval of the medical profession. Optimists declared that all that was needed to stop the Bill was to mobilize the oppositionists because “if medical sanction is not given the sanction of Government will be withheld even at the eleventh hour.”⁵⁶ Such assertions showed that medical men assumed they had power, even to the extent of believing they could dictate to Parliament. For such die-hards the passage of the 1902 Midwives Act was clearly a shock.

Despite the inclusion of the penal clause, many medical men claimed the 1902 Midwives Act represented a defeat for the medical profession. They expressed feelings of impotence, suggesting that they had been “emasculated” by the whole procedure.⁵⁷ The use of such humiliating language to reflect the feelings of a profession dominated by men cannot be underestimated. After the Bill passed its second reading in the House of Commons Dr. W. J. Sinclair said:

one of the most depressing circumstances connected with the weaknesses of the Bill is that the medical profession appears to have completely lost any influence to mould it into a better form. There has probably not been in recent times an episode more humiliating to the medical profession than the second reading of this Bill.⁵⁸

Such doctors felt that the medical profession, and especially the GMC as head of that profession, had lost a great deal of prestige and that this loss had not been compensated for by changes made to the 1902 Bill. Many were concerned by the fact that the GMC had no veto power over the rules of the Central Midwives Board and that the medical profession did not have a guaranteed majority on the board itself. Such feelings were

⁵⁶ *Lancet*, 24 March 1900, 872.

⁵⁷ *British Medical Journal*, 14 July 1902, 1491.

⁵⁸ *British Medical Journal*, 7 June 1902, 1450.

expressed in a *Lancet* article protesting the Privy Council having assumed the veto power over the rules of the Central Midwives Board which previous Bills had proposed giving to the GMC.

The General Medical Council must know better than the Privy Council whether the rules framed by the Central Midwives Board of the regulation of candidates for the midwives roll, and their conduct when upon the roll, will conduce the efficiency and harmonious working with the medical profession.⁵⁹

Other medical men, even those who had supported registration, were furious about the way some speakers had portrayed their profession during the debates in both the House of Commons and the House of Lords. For example, after the Bill was passed by the House of Lords, the *British Medical Journal* stated angrily that "it was left to the Earl of Portsmouth to make the offensive and entirely gratuitous assertion that the [penal] clause was drafted in the interest of country doctors, who were jealous of midwives."⁶⁰ Even though the registrationists had succeeded in bringing about the registration of midwives, Parliament, in formulating the 1902 Act, denied the medical profession the control over it that had been promised in previous draft Bills.

After it became obvious that the 1902 Midwives Bill was destined to become the 1902 Midwives Act, many doctors engaged in some self-reflection and came to the conclusion that they were at least partially to blame for what had happened. They regarded the profession's divisiveness in particular as the cause of their loss of control over the registration of midwives, a negative outcome whether one was a registrationist

⁵⁹ *Lancet*, 1 March 1902, 607.

⁶⁰ *British Medical Journal*, 12 July 1902, 144.

or oppositionist.⁶¹ In an article in the *Lancet*, which, like the GMC, had become more militant and oppositionist over time, it was noted:

Of course, each side was somewhat wrong, but neither would attempt to find a middle way. Neither would abate a jot from the position that it had taken up, with the result that the public and the Government have shown themselves unable to attach importance to the medical opinion. The General Medical Council has suffered in prestige, for, although it was generally considered to be more or less of an [understanding] that no Midwives Bill would receive the support of the Privy Council unless it was framed upon lines approved by the General Medical Council, the measure that now approaches the statute-book does not contain the desiderata of the General Medical Council, and as far as we know, has the general approval of the Privy Council.⁶²

This chapter has demonstrated how the oppositionist need to delegitimize the trained midwife convinced some members of the General Medical Council and converted them to the oppositionist cause. Hence, the divisions which had plagued the larger medical profession over the issue of midwife registration bled into the previously neutral GMC. The GMC, in turn, communicated the disarray of the medical profession to Parliament as, with the medical profession as a whole, the GMC could not present Parliament with a reasonable and unified set of demands for the framing of a Midwives Act. As time went on, Parliament became more hostile to the GMC as the latter rejected Bill after Bill. This attitude not only limited the GMC's usefulness to Parliament; it also angered many MPs who felt that the GMC, and the medical profession as a whole, were overstepping their bounds. The idea that the medical profession was attempting to dictate to Parliament – coupled with the fact that the profession was so divided over the issue of midwife registration – led the government to limit the involvement of the medical profession both as an advisor as to the provisions of 1902 Act and as an administrator of

⁶¹ *British Medical Journal*, 22 February 1902 476; 7 June 1902, 1450; *Lancet*, 8 March 1902, 682; 22 March 1902, 832.

⁶² *Lancet*, 22 March 1902, 832.

those provisions after the Act was passed. However, this chapter has also shown that the medical profession was successful in making Parliament see the profession's point of view when it was, or appeared to be, united. These victories were represented by Parliament's acceptance of the Gamp stereotype and the inclusion of an almost completely unprecedented penal clause in the 1902 Act. In contrast, when the profession was not united doctors were less effective. When the oppositionist faction attempted to pathologize childbirth to argue for greater, or even complete, medical control over childbirth and when it tried to focus Parliament's attention on the nursing aspects of midwifery it only managed to win a few adherents. Finally, this chapter demonstrated that many in the medical profession misjudged its influence on Parliament. Right up until the 1902 Midwives Bill became the 1902 Midwives Act many medical men asserted that Parliament was only continuing to process the Bill because it did not know the extent of medical opposition. They argued that as soon as Parliament realized the scope of the profession's disapproval that the government would stop the Bill immediately. This fantasy was shattered when Parliament ignored the protests of the medical oppositionists, claiming them to be born of vested interests.

Chapter Five:
Conclusions

In all the circumstances of the promotion of this Bill we do not hold out much hope to our readers of obtaining the modifications in it that are, in our opinion, necessary. The medical profession have not been united upon the subject, and the more temperate and influential critics of the different measures that have been before Parliament have been hampered by the violent language of those who are opposed to all legislation. As a result the medical opinion and the opinion of the General Medical Council have not weighed with the legislature as they should have done.¹

This statement was part of the *Lancet's* last editorial on the subject of midwifery in 1902. How can one square the dismay expressed by so many medical commentators with the subsequent conclusion reached by a number of historians that midwives, rather than doctors, lost so much more in the 1902 Midwives Act? Under the provisions of the 1902 Act midwives lost the freedom to practice in an open medical market, were placed under regulations similar to those aimed at licensed tradesmen, had their private and professional conduct subject to surveillance and were governed by a disciplinary body composed of rival professionals.² The medical profession was not unaware of these provisions, but the more important point – which is central to this thesis – is that the doctors' debate over the registration of midwifery can only be fully understood if seen first and foremost as fuelled by their preoccupations about their own status.

Historically, the association of female midwifery with obstetrics had compromised the prestige of that vocation. In 1886 the second Medical Act required that all medical men have some training in midwifery, medicine and surgery in order to legally call themselves doctors. Many midwifery practitioners nevertheless still felt the sting of their colleagues' contempt which they had suffered before 1886. Moreover, they

¹ *Lancet*, 8 March 1902, 682-683.

² Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann Educational Books Ltd., 1977), 178-179.

worried that if the medical profession advocated the training of midwives it would not only produce professional competitors, it would once again send out the message that midwifery was a simple occupation that could be adequately performed by lower-class women. Such a message could only undermine the status of male midwifery practitioners.

Between the years 1886 and 1902, the relationship of doctors and midwives, Parliament and each other were in constant flux. Those sixteen years were of particular importance to the issue of the medical profession's identity and how it affected, and was affected by, the midwives debate. This thesis has built on existing scholarship to examine the formation of the medical profession's sense of identity and its campaign to advance itself socially and politically. Particular attention has been paid to how its use of identity politics changed and shifted throughout the sixteen year period under review. Chapter Two examined the ways in which many doctors caricatured the untrained midwife, the trained midwife, and the trained midwife's female supporters.

Turning to relations within the medical profession, Chapter Three set out to establish why some medical men opposed the trained midwife and why others supported her. The medical profession was not a united, stable, monolithic force. Both the registrationists and oppositionists used strategies based on identity politics, similar to the ones that the medical profession had deployed against midwives, in its attempts to win the dispute. Oppositionists portrayed the registrationists as rich elitists, out of touch with the realities of the day-to-day lives of their poorer colleagues. Conversely, registrationists portrayed the oppositionist faction as being made up of greedy monopolists only interested in defending their pocket books. Some of the more fanatical oppositionists went so far as to convince the General Medical Council (GMC) to bring charges of

infamous conduct against the leading registrationist medical organization, the London Obstetrical Society. The GMC was, in turn, the conduit through which the conflict within the medical profession was communicated to Parliament. Chapter Four traced how the Council came to reflect the disunity and confusion of the profession. The GMC itself became increasingly hostile towards midwife registration, and Parliament, angered by the GMC's aggressive attitude, proceeded to bypass it in hammering out the 1902 Midwives Act. Consequently, the Act was regarded, even by some registrationists who had initially supported the legislation, as flawed. Their main objection was that the Act did not include the direct medical control of midwives which had been a feature of previous draft Bills.

The struggle over the registration of midwives thus ended with doctors lamenting their defeat. The fact that medical men were not all of one mind on the midwife question was dramatically demonstrated by the *Lancet* which – though it had become increasingly oppositionist – gave the very last word on the subject to a doctor who took a different point of view. In a letter to the editor, Clement H. Sers reminded his more self-absorbed colleagues of what the disappearance of the untrained midwife might mean to poor families.

It will be interesting...to watch what the poor in the agricultural districts will do, cut off from their succour and supply of Gamps, because, after all is said, this much maligned class have borne the heat and the burden of the day for many generations and have occupied a position on the obstetric field that no frantic parent, sister, or emotional neighbour could act as a substitute.³

Sers's intervention was unusual.⁴ The vast majority of medical contributors to the debate over midwifery were far more concerned about the plight of doctors than about the fate of

³ *Lancet*, 2 August 1902, 314.

⁴ The grace period contained within the Act expired in 1910. However, despite Ser's concerns after untrained midwives were officially banned in 1910 many continued to practice relying on their reputation in the community both to keep them from being found out and to assure their continued business. Nicky

midwives and their patients. The importance of analysing the debate is that it reveals both the extent and the limits of the power of the medical profession, a profession still very much in the process of establishing itself.

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