

Surgical Sociology

Ira S. Wile, M.D.
Department Editor.

The word obstetrics is but another term for midwifery. Long before the practice of medicine was taken out of the hands of the priests the attendants upon the lying-in woman were only of the feminine gender. Midwives flourished among the Egyptians. The mother of Socrates was one of the midwives of ancient Greece. When difficult labor occurred among the Jews of Biblical times a midwife was called into attendance and the results were glad or sad, even as at the present day. Rachel died under the care of a midwife at the birth of Benjamin. Not alone among the ancients was midwifery the practice of women but during the so-called Middle Ages obstetrical work was largely in the hands of women, though they tended to call men in when labor was obstructed or unduly prolonged. Naturally there is a very difficult problem to-day among the high caste women of India who permit no male physician to look upon them, but the midwife problem is also existent all over the civilized world.

At the present time the midwife question is receiving unwonted attention from the various organizations interested in the prevention of blindness and in the reduction of infant mortality, while the health departments of many states are asking "what shall

Digitized by Google

we do about the midwife?" Only fourteen states have any legislation relating to the midwives. In many states single cities or counties may have ordinances tending to restrict the practice of midwives so as to exclude the undesirables. In New York state, for example, only New York City, and the city of Rochester and Erie County, have protective and regulative legislation of midwives.

The midwife is an imported institution, but is none the less real, in this country, considering that over forty per cent. of the births in cities are under the guidance of midwives. In Chicago in 1907, 86 per cent. of the births among the Italians was attended by midwives, and 68 per cent. of those among the Germans, while the births among native Americans had the attention of untrained midwives to the extent of 35 per cent. of those reported. In Arizona the Mexicans in the rural districts use midwives, in Nebraska, Oregon, Utah and West Virginia the problem is greater in the rural districts. In the cities Italians, Poles, Russians, Hungarians, Austrians, Swedes, Danes, Syrians, Finns, Slavs and some of the Negroes make more use of the midwives than they do of physicians for child-birth. Despite this general use of midwives no state in the Union can tell or make an intelligent accurate estimate as to the number of midwives practicing in the state.

The United States alone of the civilized nations has failed to take cognizance of this problem and therefore the problem presents more difficulties now than before immigration was so extensive. Can the midwife be eliminated? Should the midwife be legislated out of existence? Should the midwives be subject to regulation and supervision?

Physicians from a class feeling might quickly speak for the total annihilation of this ignorant, untrained, dirty, abortifacient class. Mature judgment would show that the traditions of a people are not easily overcome, nor can women be forced to go to physicians for obstetrical care. If midwives are adjudged illegal practitioners in the state of Massachusetts it can not be denied that a large percentage of the births of that state are attended by midwives. They can not be eliminated *de facto* as long as the training of the women who are to bear the babies is such as to make them demand midwives. The extension of obstetrical out-patient services or lying-in hospitals may possibly reduce the number of women entrusting themselves to their fellow-countrywomen. Education as to the advantages of adequate medical service at labor may partially solve the problem.

To legislate the midwife out of existence is not alone impossible, but at present is undesirable. The obstetrical service of the average physician is at a higher cost than the poor can afford. There is insufficient out-patient service to meet the demand for attention that would arise from excluding midwives from practice. As a whole, the doctors handling the so-called cheap confinements fail to give adequate care to the parturient women and have too hasty recourse to the ever-ready lacerating forceps. The community would be no gainer by forcing such ob-

stetricians upon the large class now availing themselves of midwives. Furthermore, the midwives would be driven to work in secrecy and the injuries of child-birth would greatly increase from the delay incident to fear of calling in a physician. At the present time midwives do not attend abnormal cases of labor as a rule, and freely avail themselves of medical assistance whenever labor is protracted or obstructed. To remove the midwife would also mean a secret disposal of still-births without any record being made of them. The registration of births is at the very basis of vital statistics, and the value of such records would be seriously impaired if midwives were forced to work under a ban, or in the guise of a friend of the family or a neighbor who happened to be visiting when the baby came.

Some states favor a position that ignores the midwife as a public health problem. Indifference to the midwife merely gives tacit consent to her continuation as an obstetrical attendant and throws no mantle of defense around the community upon which her assaults are to be made. The New York Academy of Medicine in 1906 decided that it was impracticable to abolish the midwife by legislation, however desirable such might be under ideal conditions. To recognize an evil is the first step in its control or eradication. The present system of allowing dirty, ignorant, untrained, incompetent women to care for parturient women and to give post-partum care is an evil that has crept into our community from foreign lands and has failed to receive the attention it needs in order to be adapted to our mode of life. The medical profession recognizes that midwives are responsible for much of the unnecessary blindness of infancy, for much of the early infant mortality, for many lacerated perinee, for numerous operations that are the direct result of careless or negligent ministrations, not to mention the many cases of puerperal sepsis that eventuate in death or chronic invalidism. The surgical service of every large hospital is enriched by the unregulated and uncontrolled practice of midwives.

The midwife can not be abolished but she can be subjected to regulation and supervision after the manner of doctors, nurses, etc. Illinois has a law that requires a theoretical knowledge on the part of the midwife but applies no test as to practice. Such a law merely hints at the fact that an educational qualification is essential to a licensure act. The regulations of New York city following the English act demands proof of the successful delivery of twenty women. This local ordinance demands evidence of experience, but there is no fundamental theoretical training demanded. The Department of Health issues permits, good for one year, for midwives to attend only uncomplicated vertex presentations. Their equipment is prescribed, as is the mode of examination of the patient, the care of the eyes, etc.; and there is careful definition of the conditions which make it obligatory to call in a physician under penalty of forfeiture of the annual license. Even this ordinance fails to protect the women of the community sufficiently because there can be no guar-

antee of adequate training of the midwives in the essentials of anatomy, physiology, bacteriology and obstetrics. The state can make no reasonable demand for an educational qualification for midwives until it has offered a place where such training may be obtained. This is the weak spot. At present a few medical men run for their own profit schools for midwives that would scarcely bear investigation. Such illegitimate institutions are a disgrace to the profession and a source of great danger to the community. Until schools of midwifery are instituted these poisonous mushroom places will parasitically develop Sairy Gamps.

The question of abortions committed by midwives brooks no denial, but are all medical skirts clean? Raise the standard of the midwives and give them a position that entails responsibility, and pride, dignity, and knowledge of a recognized social standing in the community will do much to eliminate in the future the incompetent and criminal midwife.

At a conference on the prevention of blindness. The New York Association for the Prevention of Blindness introduced a resolution recommending "that measures be taken in this country to secure state legislation which shall provide for the training, registration, licensure, supervision, regulation and control of women engaged in the practice of midwifery." The same resolution was adopted by the Obstetrical Section of The New York Academy of Medicine. The example has been set for medical societies throughout the country. Let the medical men, who can best appreciate the wastage of life and the widespread destruction of health through incompetent midwives, urge upon the state officials the necessity of inaugurating some plan for the protection of childbearing women. In 1902 the Midwives Act went into effect in England and provided for certified midwives under the direction of a Central Midwives Board. For the fifteen years prior to the enactment of this law the death rate from the various forms of puerperal sepsis varied from 109 to 202 per million females living. In 1903 the rate dropped to 97 and has been falling yearly until 1907 it was 81 per million females living. The greater effectiveness of the midwife originated in her careful training under qualified practitioners.

The plea for the education of midwives has been heard and answered in every civilized country but the United States. Russia has schools in ten universities and the professors of obstetrics train the midwives. Italy has a two years' course for free practicing midwives. Norway, Sweden and Denmark offer a one year course. France demands two years in the *écoles départementales*. Prussia even requires a post-graduate examination every three years. Baden and Bavaria require only a four months' course. Austria and Hungary and Wurtemberg five months, Switzerland six months, etc. The training school for midwives must anticipate legislation.