

SCHOOLS FOR MIDWIVES.*

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THE practice of midwifery dates back to the beginning of human life in this world. At this supreme moment of motherhood it is probable that some assistance has always been required and given. Its history runs parallel with the history of the people, and its functions antedate any record we have of medicine as an applied science. To deny its right to exist as a calling is to take issue with the eternal verities of life. The only points upon which we may argue are the training required for its safe and lawful practice, and the essential fitness of those who follow this calling requisite for the safeguarding of the mother and child.

That Socrates' mother was a midwife bears testimony to the honorable nature of such a profession at a time when civilization in one of its highest forms was at its summit.

With the advances that medicine has made we are all familiar. Midwifery as one of its component parts has achieved a high type of efficiency, but the midwife, per se, has been left behind in the march of progress and, untrained and unsupervised, has absorbed a large part of the work of caring for childbirth, without being regarded as a serious competitor to the trained physician or, indeed, as of any particular importance as a factor in obstetrical practice. The evil has been insidious. Europe was aroused to

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the danger of the situation some twenty years ago. Here in the United States we have either carried on a mild sort of supervision of midwives, ignored them completely, or, in a few instances, passed mandatory legislation officially stamping them as non-existent, and then neglected to make any provision to see that they remained so.

At the present time ignoring the midwife is criminal culpability, but denying her existence is a state of sublime ignorance that bears the elements of humor, but is essentially tragic in its consequences.

In the large cities of this country we must face the fact that the midwife is a permanent part of our social structure. To a lesser degree this fact is equally true in smaller communities and rural districts. Our vast alien population maintains the traditions of its home countries in matters pertaining to its personal habits, and the midwife is an entrenched institution in those parts of Europe which are furnishing us with the larger class of our immigrants. From a study of a large number of cases in New York City I have found that the average cost of a midwife's services is eight dollars. This amount almost universally includes attendance during the confinement, daily visits for at least ten days thereafter, nursing care (crude though it may be) and many housewifely duties, including sometimes the preparation of meals and general care of the household. Contrast this with the service rendered by the average physician for the same amount of money, and it is easy to see one of the main reasons why the midwife will continue to be employed, whether or not the law recognizes her existence.

The dangers of the unsupervised practice of the untrained midwife are matters of elementary knowledge and need not be recounted. One point, however, merits attention—that is, the so-called criminal practice which has been widely discussed, and which by many investigators is considered the most serious indictment of the midwife as she exists to-day. This criminal practice, which mainly is concerned with the production of abortions, bears the same relation to the practice of midwifery by midwives as it does to the practice of medicine by physicians. In either case it is the illegal practice of medicine, amenable to laws which are in effect in practically all states, and directed toward the prohibition of this practice, irrespective of whether the offender be physician, midwife or layman. That a midwife may be guilty of the illegal practice of medicine is no more an

indictment against her legitimate sphere of practice than it is an indictment of the practice of medicine if a physician be found guilty of the same offense. That there may be more danger to be feared in the case of the midwife is true, but the legal status of the crime is in no sense altered. While medical examining boards and boards of health should refuse to issue a license to practise to any midwife found guilty of this crime, and should revoke any license already in effect for the same cause, the action should be equally drastic in the case of any member of the medical profession under like circumstances.

The methods of control of midwives in the United States are remarkable mainly for their deficiency. Most of the European countries have met the situation in a much more able manner, and the best midwives in this country are those who have been graduated from European schools. In this country, in the few instances where we have been aroused to the necessity for action, we have remained content to pass a more or less drastic law requiring an examination before a license to practise is issued, or in many cases prescribing certain regulations of the practice with no machinery for enforcement, and no provision for further supervision to see that the law is obeyed. Europe has struck the keynote by not only recognizing that preliminary education and training is essential, but in most instances providing facilities for procuring it, but even here the situation is not wholly satisfactory.

Accurate data regarding this matter has been difficult to procure, as the work is in a transition period in many countries, and literature on the subject is meager and conflicting. In general the situation is as follows:

None of the European countries have laws which regulate midwifery practice throughout each respective country. The authorities complain of lack of uniformity. Apparently the situation is better in Germany than in the other European countries, but here too the regulations are better in some provinces (Saxony, for example) than in others. Statements in regard to the conditions as usually found are often misleading, as they apply only to certain cities or districts.

Germany.—No uniform regulations exist for the empire. A midwife can practice only in the state in which she has passed her examination. If she goes to another state it is necessary for her to take another examination.

A Prussian law of May 10, 1908, regulates the fees of mid-

wives. At present there is a strong movement toward reform, and an attempt is being made to

1. Improve the social standing of midwives;
2. Appoint a definite number to practice in each district, based upon the number of inhabitants;
3. Induce well-educated women to practice midwifery;
4. Insure against sickness and old age.

Austria.—The conditions are similar to those of Germany, but not so favorable.

Switzerland.—There are no uniform regulations for the entire country. Each of the twenty-three cantons has its own.

France.—Here also there are no general regulations holding good for the entire country. There are, however, two classes of midwives licensed—those who may practice anywhere in France (these have a more complete training), and those who are allowed to practice only in certain districts, and who have had a more elementary previous education and training.

England.—By Act of Parliament, after March 31, 1910, no uncertified midwife can practice. The provisions of this Act are carried out by the Central Midwives Board. This Board selects subjects for study, holds examinations, and keeps a record of all midwives. The Board regulates the practice of midwives, sits as a court to hear charges preferred against these women, and supervises them by visits of an inspector.

NUMBER OF MIDWIVES.

The following table of the number of midwives in the various countries has been compiled from Prinzing and other sources.

Country	Number of midwives	Year	Number of midwives to 10,000 inhabitants	Average number births annually each midwife
Germany	37025	1898	6.8	55
(Prussia)	20878	1907	5.7	63
Austria	20000	1909	7.3	51
Switzerland	3305	1903	10.1	29
Norway .....	.....	.....	5.5	53
France .....	.....	.....	3.4	67
England	27238	(registered 1909)	7.3	38
Italy	15000	(active practice)	4.3	81
Russia	14000	.....	.9	550

NUMBER OF INSTITUTIONS AND NUMBER OF PUPILS.

Germany.—In 1908 forty-three institutions for training midwives. Of these twenty-seven in Prussia, four in Bavaria, three in Baden, two each in Saxony, Hessen and Thuringen; the rest scattered, one in each of the remaining provinces.

Prussia.—1907-1908: twenty-seven institutions, with 925 pupils.

Netherlands.—Amsterdam and Rotterdam, thirty pupils annually.

Paris.—Seventy-six pupils; thirty-five two-year and forty-one one-year courses.

INCOME OF MIDWIVES.

	Average fee normal case	Average annual income
Germany.....	\$.50-\$4.00	\$75.-\$100.
Austria.....	2.00	60.- 75.
Switzerland.....	6.00	80.
Russia.....	.....	50.- 75.
England.....	1.00- 4.00	.....

TRAINING.

(Previous to entrance to schools.)

The requirements for admission to the schools throughout Europe vary greatly, but generally include an age limit, good health, moral character and a definite previous education.

Prussia.—The applicant must be healthy, between twenty and thirty years of age, of good character, must not have had an illegitimate child or be pregnant, and must have had an elementary education including reading, writing and simple arithmetic.

Russia.—No definite requirements can be ascertained, but investigation has shown that 60 per cent. of the midwives have attended public schools.

Netherlands.—An age limit of between twenty and twenty-six years is required.

England.—The applicant must be at least twenty-one years of age and present vouchers of good character. An elementary education, including reading and writing, is required.

France.—Age limit of nineteen to thirty-five years. Applicant must not be pregnant and must have preliminary education to include reading, writing and arithmetic.

Professional Training.

Prussia.—An average of nine months. May vary from six months to one year.

France.—One or two years. In Paris the second year is optional, but from 25 to 50 per cent. take the advanced course.

Italy.—At the universities two or three years, but this often includes the time spent in giving the midwives an elementary education, as many applicants cannot read or write.

Switzerland.—At the schools and universities from six months to one year.

Japan.—At university and private institutions one year,

Netherlands.—At Amsterdam and Rotterdam two years. Must conduct at least ten cases of labor, and pass an examination at the end of the course.

Russia (some parts).—Three years, including general education.

Belgium.—Two years.

Scandinavia.—One year.

England.—Six to nine months. The midwife must deliver and nurse at least twenty cases of labor during her period of training.

In all countries the method of instruction is similar—partly didactic and partly practical.

EXAMINATIONS.

Germany.—Oral and practical. The certificate gives only the right to practice in the state in which the examination takes place.

France.—Oral and written.

Japan.—Examination is held before the chief of the training school, a public medical officer and two obstetricians.

England.—Oral and written before the Central Midwives Board.

Prussia.—All midwives are expected to be examined once in three years. This requirement, however, is not closely followed.

COST OF TRAINING.

Germany.—From \$65 to \$150.

France.—The two years' course costs approximately \$200.

England.—From \$100 to \$150.

SUPERVISION.

Germany, Austria and England have special supervising inspectors, a definite number of midwives being assigned to each.

Midwives are required to keep a day book with records of cases attended and deaths. The equipment is regularly inspected.

In order to determine the existing conditions in regard to the control of the practice of midwifery in this country, the following questions were sent to the State Board of Health in every state:

1. Is the practice of midwives in your state regulated? If so, will you kindly send me a copy or abstract of the law?
2. How many midwives are practising in your state?
3. How many births are reported annually by midwives?
4. What per cent. of the total births reported does this represent?
5. Are schools for midwives under special regulation?
 - (a) If so, what is the method of control?
 - (b) What public department exercises supervision over them?
 - (c) How long is the course in these schools?
 - (d) What is the curriculum?
 - (e) How many such schools are there in your state?
6. If you have any literature regarding midwives will you kindly enclose it.

Thirty-five sets of answers were received. (See Table I.) Thirteen states have laws regulating the practice of midwives, yet only six knew the number of midwives in the state, and only one could state the number of births reported by them. Any system of supervision or enforcement of the law could not be determined in any state except as the matter was delegated to the local authorities of cities or towns. In two states the presence of midwives is not officially recognized, the law requiring that any person must qualify as a Doctor of Medicine in order to practice midwifery.

Similar letters of inquiry were sent to the most prominent cities in each state. Twenty-eight replies were received. Eleven were acting under the state law, while four had local ordinances or a state law applying only to the city in question.

In only two states—Ohio and Utah—was it conceded that any schools for midwives existed, Ohio having one under no supervision, and Utah two, under state supervision, with a required six-month course of study, yet with the curriculum unknown to the governing authorities of the cities. Trenton, New Jersey, was the only city where the number of schools was definitely stated, and these were not supervised. Milwaukee, Wisconsin, stated that the schools were under supervision, but gave no in-

formation as to their number or method of control. (See Tables I and II.) The lack of knowledge of conditions and the inadequacy of control are lamentable. It is evident that a widespread campaign of education is urgently needed in this direction.

In two cities a definite beginning has been made toward the solution of the problem. In Philadelphia Dr. Newmayer, the efficient chief of the Bureau of Child Hygiene of the Bureau of Public Health, not only personally examines each applicant for a license but refers each applicant who is deficient in training to the Philadelphia Hospital, where she is instructed in the essentials of the care of cases of normal childbirth. New York City is entitled to the honor of having established the first School for Midwives in the United States under municipal control. During the summer of 1911, Dr. John Winters Brannan, President of Bellevue and Allied Hospitals of New York, obtained from the city a special appropriation for this purpose, and in July this school was officially opened.

It is situated in a separate building, devoted exclusively to that work, and now has accommodations for eight patients, with a possibility of expansion within the near future. The present class of midwives numbers eight; others have entered from time to time but have left the school either because they were not fitted for the work, or because they refused to take so long a course. The length of the course has been placed at six months. The midwives live in the building all the time, observe each case that is received, and in turn they are allowed to deliver cases under the supervision of the house physician. A resident physician and a superintendent of nurses are in charge. Three lectures a week are delivered to the midwives by the resident physician. These lectures cover the elementary and practical points in the diagnosis of pregnancy, the management of normal labor, the diagnosis of abnormal conditions existing at labor, and the care of the mother and child during the puerperal period. The nurse in charge delivers three lectures weekly, covering somewhat the same subjects from the nursing point of view. These lectures are made as practical as possible, couched in simple language, and the cases observed by the midwives are used as subjects for description and demonstration.

This school is maintained as part of the nursing work at Bellevue Hospital, and is under the immediate direction of the Superintendent of Nurses. Special effort is made to train these midwives in the fundamental points of nursing of pregnant

TABLE I.

Name	1. Practice of midwives regulated by law	2. Number of midwives in state	3. States number of births reported annually by midwives	4. Per cent. of total births reported by midwives	Schools for midwives		
					5. Under special control	A. Method of control	B. Character of control
Alabama.....	No.....	3000	25000	55.60	No.....		
Arkansas.....	No.....	276			No.....		
Colorado.....	No.....	Not known			No.....		
Connecticut.....	Yes.....	125	Not known	Not known	No.....		
Delaware.....	No.....				No.....		
District of Columbia.....	Yes.....	207	1218	17.3	No.....		
Florida.....	None.....	Not known	Not known	Not known	No.....		
Idaho.....	?	Not known	Not known	Not known	No.....		
Illinois.....	Yes.....	Not known	Not known	Not known	No.....		
Iowa.....	No.....		None.....	None.....	No.....		
Louisiana.....	Yes.....	276	Not known	Not known	No.....		
Maine.....	No.....	Not known	Not known	Not known	No.....		
Maryland.....	Yes.....	284	Not known	Not known	No.....		
Massachusetts.....	No.....	Not known	Not known	Not known	No.....		
Michigan.....	No.....	Not known	Not known	Not known			
Minnesota.....	Yes.....						
Montana.....	No.....	Not known	150	.2	No.....		
Nebraska.....	Not recognized						
Nevada.....	No.....						
New Hampshire.....	No.....	Not known	Not known	Not known	No.....		
New Jersey.....	Yes.....						Yes.....
New York.....	No.....	266	Not known	Not known	No.....		
North Carolina.....	No.....						
Ohio.....	Yes.....	450	None.....	None.....	No.....		
Oklahoma.....	Yes.....						
Rhode Island.....	No.....	200	Not known	Not known	No.....		
Utah.....	Yes.....	Not known	Not known	Not known	Yes.....	See note	See note
Vermont.....	No.....	Not known					
Virginia.....	No.....	Not known	Not known	40.	No.....		
West Virginia.....	No.....		None.....	None.....	No.....		
Wisconsin.....	Yes.....						
Wyoming.....	Yes.....	5	Not known	Not known	No.....		
Oregon.....	No.....	Not known	200	5.	No.....		
Albany, N. Y.....	No.....	6	200	19	No.....		
Baltimore, Md.....	Yes.....	146	Not known	Not known	No.....		
Birmingham, N. Y.....	No.....	4-5	196	21	No.....		
Boston, Mass.....	No.....	Not known	None.....	None.....	No.....		
Bridgeport, Conn.....	Yes.....	20	1555	53	No.....		
Buffalo, N. Y.....	Yes.....	50	Not known	Not known	No.....		
Columbus, Ohio.....	No.....	Not known	Not known	Not known	No.....		
Fall River, Mass.....	Yes.....	45	850	20	No.....		
Grand Rapids, Mich.....	No.....	21	416	74	No.....		
Holyoke, Mass.....	No.....	6	305	20	No.....		
Jersey City, N. J.....	Yes.....	115	Not known	53	No.....		
Kansas City, Mo.....	Yes.....	12	100-125	2-3	No.....		
Los Angeles, Cal.....	Yes.....	130	528	10	No.....		
Louisville, Ky.....	No.....	25	400	10	No.....		
Memphis, Tenn.....	Yes.....	40	50-100	Not known			
Milwaukee, Wis.....	Yes.....	140	3948	25	Yes.....		
New York City.....	Yes.....	1300	50000	45	No.....		
Omaha, Neb.....	Yes.....	18	500	5	No.....		
Philadelphia, Pa.....	Yes.....	178	8640	24	No.....		
Portland, Me.....	No.....	1	6-7	Not known	No.....		
Providence, R. I.....	No.....	39	1536	31	No.....		
Reading, Pa.....	No.....	12	300	12	No.....		
Richmond, Va.....	No.....	120	1230	48	No.....		
Rochester, N. Y.....	Yes.....	16	1500	33	No.....		
St. Paul, Minn.....	Yes.....	207	Not known	Not known	No.....		
San Francisco, Cal.....	No.....	60	100	161	No.....		
Syracuse, N. Y.....	No.....	12-15	425	75	No.....		
Trenton, N. J.....	Yes.....	672	Not known	Not known	No.....	See note	

Blank spaces mean that information asked for could not be furnished.

women, and special attention is directed towards the care of infants, the necessity of breast feeding, and the manner and methods of artificial infant feeding.

In the school the midwives prepare the meals, are responsible for the neatness and care of the house, take all care of the patients as well as being in attendance at the confinement. The purpose is to provide a training which will include the housewifely duties, the essential methods of nursing, and the professional knowledge essential to the proper care of cases of normal labor.

Too much cannot be said in praise of this school. In its appointments and management it is eminently satisfactory. I am informed that it is proposed to develop the out-patient department as rapidly as possible, so that the women may have opportunity of confining women in their own homes, thus working under conditions which approximate those which will confront them when they start out as independent workers.

No special requirements for admission are maintained, but the applicant must be able to read and write, and must be of good moral character. No charge whatever is made for the course.

While this school is maintained by New York City, the Department of Health which controls the practice of midwives in the city, under a special state laws, has been unable to demand that all midwives shall be trained there before being allowed to practice, on account of its limited facilities. All women, however, who apply at the department for permits and who have not cared for the requisite twenty cases of childbirth are referred to the school for the necessary instruction. As soon as sufficient provision can be made to provide for the number of midwives in the city, this course preliminary to the granting of a permit to practice should be made compulsory.

As a further argument, if any is needed, for the establishment of proper schools for midwives, a survey of the situation in New York City may be used. The Department of Health, through the Division of Child Hygiene, supervises all midwives in the city, and requires that they obtain permits to practice. These permits are in force one year from the date of issuance, and must then be renewed. Before a permit is granted the midwife must submit evidence that she has attended at least twenty cases of childbirth; that she is of good moral character, and that she has never been convicted of illegal practice of medicine. A preliminary inspection of her home equipment and personal habits is then

made. After the permit is issued repeated inspections are made as nearly once a month as possible, to instruct her and to examine her bag and equipment. Infraction of any of the rules and regulations may be punished by the revocation of her permit. The use of silver nitrate solution in the eyes of the baby at the time of birth is insisted upon, and is furnished free of charge by the department. This form of supervision has been in effect for three years. So far as supervision can accomplish results, they have been satisfactory. There are at present 1344 permits in force, and during 1910 the midwives reported 51,996 births, or 40 per cent. of the total occurring in the city. In 1912 a special staff of five physicians and eight trained nurses have been provided to supervise this work. With this special staff it is believed that a higher standard of efficiency may be attained.

Of the total number of midwives, only 9.1 per cent. were born in this country; 26.4 per cent. are Italian, with Germany furnishing 23.1 per cent. and Austria 20.6 per cent. 1254 or 93.3 per cent. can read and write in their own language or in English, while 69 per cent. have had a common school education. 1085 presented a diploma from a school of midwifery when applying for a permit to practice. Of these 512 or 38 per cent. were from foreign schools, and showed evidence of a satisfactory training. 573 or 42.6 per cent. of the diplomas presented were from schools in the United States; 350 of these were from one school in New York City. It would seem from a study of these facts that the midwife herself has recognized the value of preliminary training when with no compulsion 80 per cent. of the applicants have voluntarily availed themselves of such a course. The adequacy of the training received in this country is open to question, yet the cost of the course in the school furnishing the majority of the diplomas is \$75.00, which must be an item of importance to many of these women. (See Table II.)

No amount of legal enactment for mere control after licensing and no amount of mere supervision, however faithfully carried out, will ever solve the midwife problem. If we are to meet and master the situation—and the need of such a course is imperative—we must insist that every midwife receive an adequate professional training before she is allowed to practice, and we must provide the proper schools for this purpose.

TABLE II.
MIDWIVES IN NEW YORK CITY.

	Total	Per cent.
<i>Number permits</i>	1344	
<i>Nationality:</i>		
Austrian	278	20.6
Italian	355	26.4
German	311	23.1
Russian	206	15.3
United States	123	9.1
Norway-Sweden	18	1.3
England-Wales	18	1.3
Swiss	9	.7
French	13	1.0
Finnish	4	.3
Greek	2	.1
Turkish	3	.2
Holland	2	.1
Miscellaneous	2	.1
<i>Education:</i>		
Read and write	1254	93.3
Cannot read or write	90	6.7
Common school	928	69.0
<i>Diploma from</i>		
United States	573	42.6
Foreign	512	38.8
Austria	179	
Italy	163	
Germany	53	
Russia	83	
Norway-Sweden	10	
England-Wales	8	
Swiss	3	
France	5	
Finnish	3	
Greek	2	
Miscellaneous	3	
Total diplomas	1085	
<i>United States Diploma presented:</i>		
Arrested	20	
Imprisoned or fined	1 (fined \$50)	
Condition of bag:		
Satisfactory	567	
Not satisfactory	6	
Condition of home:		
Clean	552	
Not clean	21	
Condition of person:		
Clean	566	
Not clean	7	

TABLE II.—Continued.

MIDWIVES IN NEW YORK CITY.

	Total	Per cent.
<i>Foreign diploma presented:</i>		
Arrested.....	9	
Imprisoned or fined.....		
Condition of bag:		
Satisfactory.....	504	
Not satisfactory.....	8	
Condition of home:		
Clean.....	504	
Not clean.....	8	
Condition of person:		
Clean.....	508	
Not clean.....	4	
<i>No diploma presented:</i>	259	19.3
Arrested.....	5	
Imprisoned or fined.....	1	
Condition of bag:		
Satisfactory.....	252	
Not satisfactory.....	7	
Condition of home:		
Clean.....	248	
Not clean.....	11	
Condition of person:		
Clean.....	252	
Not clean.....	7	

Even with a satisfactory course of training, continued supervision will always be essential, and in presenting this paper for the discussion which the importance of the subject merits, our summary of the essential features of the adequate control of the practice of midwives must include:

1. *State laws on midwifery:*

- (a) Defining the practice of midwives.
- (b) Requiring a definite course of study at a registered midwifery school.
- (c) Requiring the local health authorities to enforce the law.
- (d) A license to practice required and obtained yearly from the local Board of Health.
- (e) Continuous supervision of midwives' practice.

2. *Schools for midwives:*

- (a) Under state control, maintained under a license and subject to inspection.

- (b) Required curriculum.
- (1) Six-months course.
 - (2) Instruction and practical demonstrations of management of normal labor.
 - (3) Diagnosis of abnormal presentations or positions and complications of labor.
 - (4) Nursing during pregnancy, confinement and puerperium.
 - (5) Infant hygiene and care.
 - (6) Infant feeding.
 - (7) The delivery and care of at least twenty normal cases of confinement.
 - (8) All teaching to be practical, with actual demonstration of methods.

In conclusion I wish to record my appreciation of the valuable aid of Dr. Charles Herrman in the review of the situation existing in the various European countries.

33 WEST 96TH STREET.
