

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF CINCINNATI.

Meeting of February 10th, 1887.

The President, DR. GUSTAV ZINKE, in the Chair.

THE PRESIDENT delivered his inaugural address as follows:

A PLEA FOR THE TEACHING OF PRACTICAL MIDWIFERY AND THE EDUCATION OF MIDWIVES.

Hundreds of newly graduated physicians are sent from our colleges annually who have not had the opportunity (nor is it required of them) to attend one or more women in confinement. They may have witnessed one or two labor cases in an amphitheatre; but what is that compared with the personal delivery, under the direction of an experienced accoucheur of several women? At the present day, with the facilities we possess, there is no consistent reason why a medical graduate should not be required to have attended several confinement cases before admission to the practice of medicine. Schools for practical obstetrics are an acknowledged necessity abroad. In this country we can no longer do without them.

We also know that every year many hundreds, if not thousands of women are waited upon during labor and confinement by ignorant, officious, dirty, and careless midwives. Here, also, is ample room for improvement and reform.

About four years ago, I made an unsuccessful attempt to establish a school for the education of midwives. I say unsuccessful, for the reason that the material necessary for practical demonstration was insufficient, and because quite a number of prominent physicians of this city strenuously opposed my effort, simply because they did not believe in midwives. Had it not been for the scantiness of such labor cases as are required for teaching, I might have been able to prove to my opponents the value of

good midwives, as well as the advantage that a good school of midwifery possesses.

Who will deny that every year many lives are sacrificed, homes robbed of their mothers, and parents of their offspring, simply for the want of opportunity in the training of young physicians and midwives in the art of obstetrics?

Students may learn a great deal from didactic lectures and textbooks, but, notwithstanding good teachers, excellent books, and diligent application, without practical experience in the "chambre d'accouchement" they will be awkward, embarrassed, and prone to commit errors, the responsibility of which rests solely with imperfect education in this very important department of medical training. Theoretic education will not prepare a student to meet the emergencies often arising unexpectedly, immediately before, during or after labor. Negligence in study may be a fault in young doctors or midwives, but teaching [however thorough and brilliant the instructor may be] cannot be perfect without actual demonstration in a considerable number of labor cases.

At the present time, and in a city like ours, no apology can be made for the non-existence of an institution where students and midwives can be brought in actual contact with obstetrical cases.

I would not be understood as desiring to cast reflection upon, nor attacking the gentlemen who have the power, influence, and opportunity to create such schools. My only object is to point out to them that the time is at hand when they must spend their every effort in thought and action in this direction, and to appeal to them to use their influence to the utmost, and not rest until the obstetric wards of our otherwise commodious and beautiful city hospital are thrown open to all students, male and female, who are desirous to study midwifery.

I am informed that there is an average, in that institution, of about thirty deliveries per month. These cases are there at the expense of the city. What return do they make for the services they receive, for the food they eat, for the clothes they wear? None. And so far as these cases are concerned, only a favored few have an opportunity to profit practically by this gratuitous material; these are the internes and a small number of students who, perchance, hear of the opportunity of a private course given whilst the schools of medicine are not in regular session. And even in these courses, limited to five or six students, no opportunity is afforded these gentlemen to attend a woman in actual labor. They are nothing but so-called "touch courses," and they seldom, if ever, either see or deliver personally a single patient. It is said that, by admitting students to these cases, the lives of these women are placed in jeopardy because the student's clothes are saturated with the atmosphere of the dissecting room. Then the authorities of the hospital seem to have proof which conclusively shows that the gentlemen giving these private instructions

have had to mourn the loss of more cases from "puerperal fever" than those who abstained from so doing during their services at the institution. This may be so. I cannot deny it. Yet I venture to assert that, with the proper antiseptic precautions on the part of the student and teacher, as well as those in behalf of the patient, there need be no danger of infection from that source. Students who dissect should not be admitted to these cases, and those who are admitted, though not dissecting at the time, should be compelled to change their clothes, and go through a process of personal antiseptic ablution that will insure perfect safety. Therefore, I see no reason why, with such an amount of material as we have on hand, an applicant for graduation should not be required to present a certificate of having attended a certain number of confinements, just as he is obliged to prove that he has dissected a given number of subjects.

We have, then, public obstetric wards amply supplied with material for practice, and we have able men who are willing to teach; we have the students most eager to learn, and still resources for instruction in practical midwifery are in an embryonic retarded state of progress. How long will it be thus? Who or what stands in the way of adding to Cincinnati's numerous advantages another one that will outstrip in usefulness many of those existing? Besides the growing demand for a school of this kind, and the blessing it would confer upon suffering women, it is the duty of the profession, and especially of the teachers connected with our colleges and the medical staff of the City Hospital, that this imperative and long-felt want be at last supplied.

The soil is ready, the germ is sown, let this Society nurture it faithfully, and it will sprout and grow in proportion to the attention it receives. We cannot afford to neglect it. Though it may (and I very much fear it will) remain in statu quo, and another generation pass, and perhaps another, and another if you please, before this hope is realized—that schools of obstetrics will be created and live, is an absolute certainty. It is merely a question of time, of energy, and of a thorough appreciation of its value and necessity on the part of representative and thinking men in the profession.

There is a very considerable element of opposition to the education of midwives among reputable American physicians. They claim that it is impossible for any one not a regularly educated doctor of medicine to be a good and skilful attendant upon a woman in labor. And I have heard some say, "What is the use of teaching women to do that which we can, and prefer to, do ourselves?"

To argue successfully against such prevailing sentiments, I need only refer to the fact that the majority of women, in nearly all the larger, and in a considerable number of the smaller cities of this country are now attended by midwives. This is so, because

it is the custom in nearly all European countries for women to be delivered by midwives. Emigration has brought the *custom* to this country; I am sorry to say, *not* the good midwives.

Annually stupid, bold, and lazy women announce themselves and impose themselves upon the public as "trained midwives" when, indeed, they are no more qualified for this vocation than a bootblack would be to edit a respectable medical journal. The harm they do, the lives lost by their imposition upon the community in which they practise, are known to you all. They cannot be exterminated, because the law does not pursue them.

Many women want midwives, and cannot be persuaded to have doctors; for the reason already mentioned, as well as some puerile fears that "they might use instruments," or resort to some other method which, in their estimation, seems barbarous, in order to deliver them of their children. Since, then, we must have midwives, let us have good ones, the best that can be had.

Thus good and reliable midwives will be a blessing to women, and a great help to the busy practitioner. How often are physicians called away unnecessarily from very important cases to see an obstetrical patient, and on arrival they find it was "a false alarm," owing to the absence of an intelligent nurse or attendant? Again, how often are they compelled to remain at the bedside a whole night or day, or both, when the presence of a competent midwife would have answered the purpose as well, especially if she were previously instructed to send for the attending physician when labor should fairly commence, or at the first signal of danger. Of late years, after satisfying myself that labor would be natural, though slow or retarded, I have resorted to such help repeatedly, when very busy, and found it to be of value in many respects.

Certainly there can be no reasonable doubt but that a woman of ordinary intelligence, who is able to read and write, can be taught so as to be competent to recognize a pregnancy; and when she is doubtful, to call in a physician. If she can recognize the existence of pregnancy, she can be taught to appreciate the deviations from the normal position of the child; whether or not the pelvis is ample, etc. In the absence of abnormal conditions, with labor commencing at the right time, progressing naturally, and terminating normally without an accident (which is the rule in the large majority of cases), who is not willing to admit that a woman, not a physician, but one who has been trained to receive the newly-born child, to tie the cord, to deliver the placenta, wash and bandage the mother, and cleanse the bed, cannot do all this without the costly presence of a doctor? It is to this extent that her function should be limited.

True, the wealthy and those comfortably situated have no need of midwives except by choice, and will, therefore, as a rule, employ a physician. But the wives of mechanics, laborers, and those

not blessed with means will usually, for the sake of economy as well as habit, prefer the services of a midwife. Good midwives, then, are a necessity; firstly, because it is, to a great extent, customary to employ them on account of a natural delicacy, and an aversion existing on the part of husband and wife to have a male attendant; secondly, because they are less expensive than the services of a physician. Habit and fashion have created a demand for them. This being undeniable, it seems to me that, for the sake of humanity if for no other reason, we, as physicians, should regard it as a duty to see that those women who desire the services of midwives should not be exposed to the risk attending the employing of inefficient and ignorant women.

In the face of all of these facts, provision should be made for women desirous of becoming midwives to obtain practical knowledge of midwifery. Then we may demand of them that their work be well done, and furthermore, we must see to it that they do not abuse their privileges.

More might be urged, but enough has already been said to indicate that we need a school of midwifery for the practical training of both physicians and midwives. I have taken the liberty of pointing out to you where such an institution might, with ease, I believe, be established. A school of this kind would be an honor to the profession, a recommendation to the city, and an attraction to the student of medicine and the medical world in general.