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Table of Contents

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THE MIDWIFE PROBLEM.*

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To a certain extent the title of this paper is a misnomer inasmuch as the midwife represents but a part of the general obstetric situation with which we have to deal. An attempt to confine oneself to a single aspect of this great problem is not to deal broadly with the subject presented, but the midwife, representing as she does one of the weaker links in the chain which supports this important part of our social fabric, becomes the object of our most marked attention.

In this community the general trend of thought is to ignore the possibility of benefit to be secured from the continuation of that ancient institution, the midwife. This attitude is generally carried to the point that the average man in his medical upbringing is imbued with the idea that the midwife merits none and has no defence. At least this was my personal experience and it was only gradually borne to me by the wealth of literature on the subject continually appearing in our journals, that our method of easy disposal of the midwife problem, was not apparent to the country at large. It was evident from the number and conflicting nature of the articles in question that the last word on the subject had not been said, and it was also apparent, did one stop to consider, that the midwife played a considerable part in the practice of obstetrics in Europe.

With this in mind, and a considerable interest in the obstetric situation as it exists, an attempt to secure more information on the subject was begun with the object of formulating an opinion which would be in keeping with the facts. Proceeding with this as the object, a rather extensive communication was carried on with various people interested in the subject throughout the United States. This included the leaders in the practice of obstetrics, officials whose work brought them in contact with obstetric problems, boards of registration in medicine, boards of health and various local organizations.

Briefly, the communications were requests for information and opinions regarding the obstetric situation generally and the midwife in particular with such facts as would aid in a study of the matter. I would take this opportunity to express my great appreciation of the kindness and courtesy with which my requests were received on every hand, and my great obligation for the many and extended communications from the various people mentioned. The replies could be easily catalogued as statistics of the opinions and facts regarding the whole subject of midwifery in its present status, but it would perhaps be more interesting to outline briefly the impressions to be gathered from this wealth of material.

* Read before the Chirurgical Society of Boston, April 28, 1915.

The striking feature of it all was what might be described as the uncertainty of the medical profession generally regarding the whole subject. It was usually apparent that the minds of many were in doubt as to the best and final solution of the obstetric problems which are so evident. Further the replies embodied two general possibilities. The first might be described as the ideal solution of the care of the parturient woman. This ideal is, that every such woman is entitled to all the benefits to be derived from care by a trained obstetrician, that such ably trained obstetricians should be in every community in sufficient numbers to care for all maternity cases and that by the high character of their work they would automatically suspend the activities of poorly trained physicians, midwives and every other agency which did not maintain this high degree of obstetric skill. The first premise—that every pregnant woman is entitled to the best that science can secure—needs no comment. The remainder of the idealistic program immediately raises a myriad questions, all of which resolve themselves into one of practicability, and therefrom has developed the second group of ideas which might be described as the practical method of dealing with the subject, and I am constrained to say, that the practical methods almost invariably include the trained midwife as a part of their procedure.

With but one or two exceptions, the opinions all agree that the midwife, as she exists at present in the United States, represents an institution intolerably below the standards which should be legitimately demanded. Perplexity as to the solution was the keynote of all these communications. The tendency, however, was toward the training and supervision of the midwife, and various steps, as you know, have been taken here and there with an idea of bringing about this regulation. In some places the midwife is legally ignored. In others, she is licensed to carry on her work, but without particular supervision. In still other states, some attempts at supervision are made, with some inquiry into the qualifications of the practitioners of this art. In others attempts have been made to secure these qualifications as well as to regulate the practice. New York, Pennsylvania, Maryland and Illinois may be cited as examples of states taking the most advanced stand in the matter of securing properly trained midwives.

Another opinion almost universally expressed concerned the unsatisfactory state of obstetric teaching and training in the medical schools. Dr. Moran of Washington expresses the general idea on the subject when he says, "In my judgment the medical curriculum needs to be materially changed. Surgery is today made the intensive course to the disadvantage of general medicine and obstetrics which are certainly of more vital importance to the recent graduate. The interne as a rule, is so enamored of the knife that he gives scant attention to the test tube, stethoscope and microscope. Obstetrics should be made the intensive course of the curriculum and I am constrained to believe that major surgery should be restricted to post graduate work. Much of the time now spent in the amphitheatre could be more profitably devoted to study and experience in the general practice and obstetrical wards."

In closing this very brief résumé of the opinions gathered from these communications, it is fitting to add that Boston represents the stronghold of what might be described as the anti-midwife attitude. It should also be added that throughout the country the condemnation expressed was not only of the midwife as she at present generally exists, but also of obstetrics as it is practiced by many physicians. Dr. Williams of Baltimore sums the situation up quite definitely when he says, "In regard to the midwife problem, we are in a very difficult position, as in my experience the average doctor who treats the poor, and sometimes the rich as well, does quite as much harm as the ignorant midwife. Consequently, I do not think that we are justified in trying to abolish her until we can put our own house in order. I therefore feel, that the first thing for doctors to do who are interested in the subject is to see that steps are taken to bring about proper obstetrical teaching in our medical schools and the foundation of institutions where that subject will be taught as a science rather than as a mere art. As long as students are taught that obstetrics consists merely in the delivery of women so long will it remain a discredited branch of medicine. After we have brought about these changes and are prepared to offer properly supervised outpatient care to the poor, then we should take up the question of abolishing the midwife."

On the other hand, a large number of the leaders of the medical profession headed by Dr. Jacobi and Dr. Edgar of New York, take another view and feel that the proper and practical solution of the whole problem is to be secured through the medium of the properly trained and supervised midwife in conjunction with the general better training of those physicians who practice obstetrics.

From the wealth of facts and opinions secured in the pursuit of this study, various deductions may be drawn. Obstetrics as a branch of medicine has been highly developed and is on a par with the rest of that science, but as such is practiced by the very few. As practiced by the rank and file of physicians it occupies a considerably lower plane than does the general practice of medicine and surgery, and as pursued by the few, represents a very low type of medical service. Why is this so? The practice of medicine as a whole is carried on by individuals as a private undertaking, unfortunately, but neverthless truly, representing not only a devotion to an ideal but a means of livelihood. This fact applied

to obstetrics discloses a very unpleasant truth. The time necessary to care properly for an obstetric case, according to present-day standards, cannot be given for the small financial return that the great majority of people can afford or expect to pay for such service, and the result is that this class of work is done because of its entering into general practice in spite of the inadequate return, or, worse, is poorly done by an inadequately equipped attendant for the inadequate fee, this latter including the midwife as she at present generally exists in this country.

This state of affairs has borne itself upon the public mind to a certain extent with the results that various private and institutional attempts to deal with the problem are evident. Nor must we neglect the part played by the institutions for medical training which in serving their own ends have also supplied a portion of various communities with excellent obstetric treatment.

It would, perhaps, be natural to inquire why this chaotic state exists as regards the practice of obstetrics, when, comparatively speaking, surgery as a whole, of which obstetrics is a branch, is standardized in a measure at least. The unpleasant statement was made that poor obstetrics seems to bear some relation to an inadequate financial return. Why is the return inadequate? Everyone has observed the rather anomalous situation of a family paying a very considerable sum easily and without apparent reluctance for some surgical operation, when the same family expects to pay for attendance during pregnancy and confinement the most meagre fee.

To understand this peculiar state of affairs we may perhaps with advantage consider what might be stated as the psychology of medicine. The science of medicine occupies in the eyes of the public at large an anomalous position. It is not regarded as an immutable science, but as a mixture of science, pseudo-science, and in part as a belief. We may even see the belief predominate to the exclusion of all else, and like that great example of belief, religion, it is found in many guises and forms. The average person by nature is more or less a practitioner of healing, with many ideas and convictions deeply rooted. In one of these deeply rooted convictions we are particularly interested as we discuss the subject of obstetrics. This is the idea which is held by the community at large, that the giving birth to a child is a manifestation of nature pure and simple. And nature in this, at least, is considered practically, if not entirely, self-sufficient. Nature requiring but a minimum of assistance to complete her work in her obstetric undertakings, obviously such a minimum of assistance should merit but a minimum of regard with the little that that entails. This minimum assistance has been rendered from time immemorial and in it we can see the obvious development of the midwife.

It is hardly necessary to indulge in a description of the transition from the earlier attempts at assisting nature, to the trained midwife as she at present exists in Germany, for instance. The midwife as an untrained practitioner of this art merits the condemnation that she has rightly received on all sides, but the midwife as an institution developed in some parts of Europe represents an attempt to solve a great problem, the culmination of much thought and study, and the whole representing conclusions we cannot lightly disregard. It is generally conceded that in Germany the most advanced steps have been made in the perfection of the community life. The nature of the government is such that should a certain procedure in the light of careful investigation seem desirable, that procedure can be put in force without such difficulties attending establishment of new civic regulations and procedures as would be witnessed in this country, for instance. Should it be decided after extensive investigation in Germany, that the midwife could with advantage be supplanted by any other agency, that supplanting could, and apparently would, be done.

The lesson we may learn from the method of dealing with the problem is not that the midwife institution represents perfection, but rather that it is the most practical means available. Attempting to apply the experience of other countries to this, we are confronted first with the necessity of public education which must precede all progressive legislation or regulation and which might obviously become a difficult matter. In the light of our experience in securing beneficent legislation concerning the public health, witness, for instance, the difficulties surrounding an attempt to secure such a desirable enactment as would ensure clean milk. In other words, it is questionable whether our community life would lend itself to the proper regulation of a work of this kind, in part because here an idea of central authority has not been developed to the point where community efficiency supplants individual efficiency.

There was one theme which pervaded all the writings and communications I was privileged to see, a theme often submerged, but always recurring and that theme was, that the midwife was "practicing medicine without being a physician." It has occurred to me that much of the adverse attitude of the medical profession to the properly trained midwife has unconsciously developed from this idea, and the question arises, if this work were carried on by trained nurses under the supervision of competent obstetricians, would not a different attitude toward the whole matter develop? This is not offered as a suggestion but rather as a possible explanation of some of the distrust with which the whole subject is viewed, and this without attempting to mitigate the part played in the production of

this distrust by the appearance on all sides of women practicing the art of midwifery with but the slightest, if any, qualifications to carry on that work. Nor should we ignore the fact that not even in Germany, where the development of the system and its regulations are carried out with regard to the minutest detail, which characterizes the German mind, is the system entirely above reproach in the eyes of those most interested and qualified to judge. Its continuance is partly the result of long established custom and partly because no better method has apparently been devised which is practical of application.

Emmons and Huntington, in an article discussing the subject, described workings of the German system and, as the result of their own observations, condemn it strongly. In the course of the article they quote from the *Journal of the A. M. A.*, which states that "the midwife is not so well regulated in this country as in Europe, but the harm done is probably less, since the midwives are not so numerous," which might seem to offer in several respects an opportunity for considerable argument, a statement which is based apparently on an opinion rather than on available demonstrated facts.

Leaving the general aspects of the question temporarily, let us briefly review the situation as it exists in our own community where we personally are most concerned. Boston's position as a leader in the advancement of the science of medicine is sufficiently well recognized to need no description. The work for the betterment of the general practice of medicine includes as well that branch devoted to the practice of obstetrics. The individual application of the knowledge and skill as exhibited by the leaders in this subject is of the highest order and merit. The teaching of obstetrics here is as complete as anywhere in the country, though that is saying but little, and yet the practical application of this comparative excellence to the whole community is conspicuously lacking. That every woman confined in Boston does not receive all the benefits available from high-grade obstetric care is due not to the absence of high obstetric ideals, but rather to the incomplete organization or machinery to supply that high-grade service to everyone.

The presence of medical schools increases materially the total number of obstetric cases that are properly cared for, which is a distinct advance Boston has over communities not supporting such schools, but even in Boston, the work done is not sufficient in volume to care for all the cases deserving of such care. It is to be noted also that the private charitable organizations doing the bulk of obstetric work among the needy, carry on that work as a part of the teaching propaganda of medicine. Without the medical schools, the number of cases receiving proper care during pregnancy would be reduced very materially, as must be obvious to anyone who would stop to consider.

In 1913 approximately 20,000 births occurred in Boston proper, not including the miscarriages which necessitate a material addition to the amount of work necessary to care properly for this class of patients. Statistics compiled by Emmons indicate that some 4,500 cases were attended in or by the various institutions doing obstetric work. A striking feature of this being that practically all of this institutional work was carried on by private organizations, while at least three-fourths of the cases were conducted as a part of the teaching of medicine. And, further, that of all the cases attended, less than 100 were cared for in municipal institutions. The city has practically left the whole care of its maternity cases to private organizations and physicians. Of the other 15,500 cases delivered in Boston, how many were cared for by private physicians for a return so small as to make it impossible to devote the attention necessary to the proper conduct of these cases? How many were delivered by physicians not competent to furnish high-grade obstetric service? How many cases were delivered by midwives, and what of the character of the midwives doing this work?

From time to time we receive from the schools of the continent well trained midwives. A part of their training includes the imbuing of a wholesome respect for the law. Finding that the law prohibits their practicing in Massachusetts, a considerable portion of these better class midwives refrain from attempting to practice. Those who do, represent a type without respect for legal or medical promulgations. The attempts in Boston to convict midwives of the illegal practice of medicine are interesting as a commentary on the peculiar status of the law bearing on the subject. In the last few years two convictions have resulted, but in both of these cases, while the practice of midwifery was the cause of attention of the authorities, the convictions were for a violation of the statutes in other respects than in practicing obstetrics without a license.

The attitude of the medical community toward the whole subject is not one characterized by a definite and comprehensive plan to deal with the problem, but seemingly favors continuance as at present until the idealistic state already mentioned is secured, until every one of the 20,000 or more cases per year receives the high grade obstetric attention correctly assumed to be their righteous due. Just how this is to be brought about, however, is not entirely discernable. The general scope of the plan seems to include more trained obstetricians, more dispensaries devoted to this work, and the elaboration of some such scheme as has been tried in Manchester, N.H., where various physicians have devoted a considerable time to the care of obstetric cases as a part of the work of a charitable organization.

The requirements of the situation demand a broad and comprehensive organization which can carry on a large amount of work, supplying good service on a large scale. The possibilities as have been indicated are: first, the trained midwife organization, the method adopted generally abroad as the not entirely satisfactory but most practical solution of the problem; second, the training in large numbers of obstetricians to carry on the work as individuals. Without discussing this factor at any length, it is interesting to consider a few possibilities. What does "the properly trained obstetrician" mean? It means the same as a properly trained surgeon about which we are hearing so much. It means seven or eight years in preparation with all that that implies. And is this extensive preparation for competition with the midwife in her special field?

The plea for better obstetric teaching in the medical school represents another method of attacking the problem of poor obstetrics and that it should result in a marked uplift is obvious. Unless the improved training is carried practically to the point that a skilled obstetrician results, may we not see an increase in what has been described as "meddlesome midwifery?"

The first and striking thing which impresses us is the lack of consideration given the subject by the community as a whole. What has been done for the sick poor generally? The many public insitutions for their care, aided by numerous charitable organizations, attest that this branch of social service, at least, is rescued from obvious neglect. It is a commentary on conditions that exist that practically no provision is made by the city to care for its maternity cases. Should a human derelict, in vain search for amelioration of his misery, accept the frequent and easy opportunity to indulge in alcoholic relief and thereby meet with an accident he would be the recipient of services by an organization, which would furnish not only the physical means but the skill to treat his injuries in a manner which would compare more than favorably with those of an individual having unlimited wealth at his command. The care and treatment of such a case entails a very considerable expense, which is willingly met by the city. In contrast to this consider the plight of a poor woman about to give birth to a child, whose care and attention depends on the possible charity of some private individual or organization, or worse, the ministration of a midwife, working without the pale of the law.

The problem is primarily an economic one, and as such, if not for humanitarian reasons, demands that the parturient receives throughout the course of pregnancy and confinement, the very best care that the community can provide. It must be apparent to anyone who considers the matter, that the present method, or lack of it, is inadequate to deal comprehensively with the situation, and that a radical and far-seeing policy for the ultimate development of a method of properly conducting this part of our community existence is imperative. In the author's opinion there are but two possibilities for such a comprehensive plan. First, the establishment of a midwife organization similar to that in operation in other countries; or second, the adoption of this problem by the city as one in which its vital interests demand its official participation. In other words, that the city should adopt the care of its maternity cases in the same way that it adopts the care of the needy when they are ill or infirm for any reason. Why should not a city the size of Boston have an organization devoted to the care of obstetric cases, which are unable to secure for themselves proper obstetric treatment? Communities too small to support such an organization should pay for the proper care of obstetric cases, as is already done in many places. The striking difference between the conduct of such a municipal lying-in hospital and the other municipal organizations should be the realization that the treatment of these cases is not primarily the treatment of paupers, but rather an appreciation of the fact that the state demands that every obstetric case receives through its whole course, the care that the importance of such a case demands. The taking of such a step by this and other communities would of itself tend to solve the so-called midwife problem, which is but part of the problem of poor obstetrics, and bring about that which all seek, the fact that every parturient woman receives the attention commensurate with present-day obstetric standards. This solution of a vital problem is advanced as a practical method of dealing with a situation which cannot be allowed to continue without the development of some method to secure its amelioration.

CONCLUSIONS.

From this study of the various facts and opinions presented, the following conclusions might be reasonably drawn:—

1. Education in obstetrics in the various medical institutions in this country is considerably below the standards achieved in other branches of medicine.

2. The practice of obstetrics generally is very materially below the standards of general medicine and surgery, due first, to the educational deficiency in this subject; second, to a low type of midwife service, the result of a practical absence of regulation; and third, due to the fact that the general attitude of the public at large toward the practice of obstetrics is not in keeping with the dignity of that subject.

3. That no comprehensive and far-seeing plan is generally being developed to cope with the situation as it presents itself.

4. That there is a distinct tendency in many quarters to adopt the midwife as an institution,

after the manner of its conduct in the countries of Europe.

5. That, while the whole subject of the proper obstetric care of patients needing this service is one of great economic importance to the state, there is practically no attempt at meeting this situation by the state.

6. That it would seem that our method of government is not adapted to the rigid requirements which the properly regulated midwife demands.

7. That the state should assume the management and control of this work, which is of the greatest economic importance, as readily and as well as it assumes the burden of caring for such of its citizens as are incapacitated by ill health or age.

REFERENCES.

Baker, S. J.: School for Midwives. (Transactions of the Second Annual Meeting, American Asso., for Study and Prevention of Infant Mortality, Chicago, 1911.)

Beitler, F. V.: Registration and Practice of Midwifery. (Trans. of the Second Annual Meeting, American Asso., for the Study and Prevention of Infant Mortality, Chicago, 1911.)

Darlington, T.: The Present Status of the Midwife. American Journal of Obstetrics and Diseases of Women and Children, Vol. lxiii, No. 5, 1911.)

Davis, E. P.: The Need of Hospitals for Maternity Surgical Cases. (Trans. Am. Asso., for the Study and Prevention of Infant Mortality, Fifth Annual Meeting, Boston, 1914.)

Ehrenfest, H.: The Midwife in the United States. Interstate Medical Journal, Vol. xix, No. 10.

Emmons, A. B.: Obstetric Care in the Congested Districts of Our Large American Cities. (Trans. of the Second Annual Meeting, Am. Asso., for the Study and Prevention of Infant Mortality, Chicago, 1911.)

Emmons, A. B.: The Resources for Giving Prenatal Care. (Trans. of the Fifth Annual Meeting, Am. Asso., for the Study and Prevention of Infant Mortality, Boston, 1914.)

Emmons and Huntington: Has the Trained and Supervised Midwife Made Good? (Trans. of the Second Annual Meeting, Am. Asso., for the Study and Prevention of Infant Mortality, Chicago, 1911.)

Emmons and Huntington: A Review of the Midwife Situation. BOSTON MED. AND SURG. JOUR., Vol. clxiv, No. 8, pp. 251-262, February 22, 1911.)

Huntington, J. L.: The Regulation of Midwifery. BOSTON MED. AND SURG. JOUR., Vol. clxvii, No. 2, pp. 54-57, July 18, 1912.

Huntington, J. L.: Midwives in Massachusetts. BOSTON MED. AND SURG. JOUR., Vol. clxvii, No. 16, pp. 542-548, October 17, 1912.)

Huntington, J. L.: The Midwife in Massachusetts: Her Anomalous Position. BOSTON MED. AND SURG. JOUR., Vol. clxviii, No. 12, pp. 418-421, March 20, 1913.

Jacobi, A.: The Best Means of Combating Infant Mortality. New York Medical Journal, June 8, 1912.

Jacobi, A.: A Final Word to the Fellows and Members of the American Medical Association. Journal of the American Medical Association. August 30, 1913, Vol. lxi, pp. 688-635.

Knox, J. H. M., Jr.: The Claim of the Baby. (Trans. of the Fourth Annual Meeting, Am. Asso., for the Study and Prevention of Infant Mortality, Washington, D. C., 1913.)

Newell, F. S.: The Ideal Obstetric Out-Patient Clinic. (Trans. of the Fourth Annual Meeting, Am. Asso., for the Study and Prevention of Infant Mortality, Washington, D. C., 1913.

Noyes, Clara D.: Training of Midwives in Relation to the Prevention of Infant Mortality. Am. Jour. Obst. and Dis. Wom. and Child., Vol. lxvi, No. 6, 1912.

Plecker, W. A.: The Midwife in Virginia. Virginia Medical Semi-Monthly, Vol. xviii, No. 19, January 9, 1914.

Price, M. L.: The Problem of Midwifery from the Standpoint of Administration. (Transactions of the Second Annual Meeting, Am. Asso., for the Study and Prevention of Infant Mortality, Chicago, 1911.)

Schwarz, Henry: Prenatal Care. (Transactions of the Fourth Annual Meeting of the Am. Asso., for the Study and Prevention of Infant Mortality, Washington, D. C., 1913.)

Sherwood, Mary: Newer Ideals of Obstetrics. (Alumnae Association of the Woman's Medical College of Penn., 1913.)

Van Blarcom, C. C.: The Midwife in England. (New York Committee for the Prevention of Blindness. December, 1913.)

Van Blarcom, C. C.: Midwives in America. (New York Committee for the Prevention of Blindness.)

Williams, J. W.: Medical Education and the Midwife Problem in the United States. (Journal of the American Medical Association. Jan. 6, 1912. Vol. lviii, pp. 1-7.)

Moran, J. F.: The Endowment of Motherhood. (Journal of the American Medical Association. Jan. 9, 1915, Vol. lxiv, pp. 122-126.)

PERSONAL COMMUNICATIONS.

Bacon, C. S.: Chicago, Ill.
DeLee, J. B.: Chicago, Ill.
Dorland, W. A. Newman: Chicago, Ill.
Edgar, J. C.: New York.
Huntington, J. L.: Boston, Mass.
Jacobi, A.: New York.
Moran, J. F.: Washington, D. C.
Peterson, R.: Ann Harbor, Michigan.
Steele, Guy: Cambridge, Md.
Van Blarcom, C. C.: New York City.
Williams, J. W.: Baltimore, Md.

THE PREGNANCY CLINIC AND THE MIDWIFE: A COMPARISON.

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FROM some where, every once in so often, comes the plea for recognition of the midwife. Let us see why this is made in Massachusetts. In the first place we have a number of midwives, probably less than two hundred in the entire State, in active practice, but unrecognized, unregulated, and unprosecuted—for they are all defying the statutes of our Commonwealth. These women and the class of legal practitioners of medicine with whom they are closely associated are in the main responsible for this indefinite agitation.

Another group of agitators are those physicians who see all about them the results of bad obstetrics. They either feel that the midwife, as she exists today, is responsible for a large part of this state of affairs, and therefore she should be educated since she has not been suppressed; or else they feel that as the poor practitioner is responsible for most of this bad work it would be advisable to adopt the European trained midwife, feeling that any change must be for the better. Others urge this change because they feel that the immigrant will always cling to the midwife; they fail to understand the requirements of modern obstetrics, and believe that it is possible to educate these midwives so that they can give proper care to these immigrant women.

Now this present situation in Massachusetts is very far from being ideal. But the solution by changing the laws and recognizing the midwife is certain to make for a worse obstetrical situation rather than a better.

In the first place the responsibility for the brand of obstetrics practised so generally in Massachusetts today rests on the shoulders of the untrained and improperly trained practitioners. These outnumber the midwives ten to one, and they know little, if any, more about obstetrics than do the midwives with whom they are in competition. The medical schools which prepare these practitioners are also responsible for the conditions as they exist today; for they

allowed these physicians to enter practice without adequate training but with the idea that operative obstetrics is child's play, whereas operative surgery requires post-graduate training.

The standards required for admission to practice medicine in Massachusetts have been so low that many men of inadequate training have come to our State as a haven of refuge. Obstetrics is admittedly the poorest taught subject in the medical schools of America today. The result is that these physicians know practically nothing about obstetrics. Yet they have been educated out of the healthy dread of meddling which the untrained midwife possesses.

We see the background of obstetrical practice in the State. Let us for a moment see how this proposed change would work out. What is to become of the midwives in practice today? Are they to be allowed to practice without any more education than they now possess?

Of course when education of the midwife is suggested, one means training in a lying-in hospital or out-patient dispensary, so arranged that the midwife shall be fitted to take the responsibility of the case. Merely giving an ignorant woman an opportunity to observe for a few months the conduct of normal labor, and assist in the after-care, is not education but only the familiarity that breeds contempt.

At the present time there are not enough obstetrical opportunities in the hospitals of Boston, our only medical school center, for the proper education of all our medical students in residence. Thus we see that the midwives would have to be educated outside of Boston or else their education would be at the expense of the future medical practitioners. But outside of Boston there are few, if any, lying-in hospitals properly equipped and doing a sufficient amount of work to undertake this new departure. It means, therefore, the establishment of new schools. How are you going to raise money to build and equip these schools? How are you going to get pupils to fill them? Supposing you could force the graduates of the famous European schools for midwives to enter these schools, would they profit by the training? A large proportion of the women practicing as midwives in Massachusetts have this training—over 36% in 1912,—also these trained women have the largest practice as a rule. Thus we see that we should have many problems to solve before we can educate the midwife in Massachusetts.

It would not be a difficult problem to establish the machinery for licensing the midwife. She would have to appear in person at the State House and pass an examination and pay a registration fee, that would be all; but how would it be possible to prevent the unlicensed midwives from practicing? We see how futile the law is at present; all the women practicing as midwives are breaking the law now, yet very few are prosecuted annually. Would more be prosecuted if some midwives were licensed and only a few were violating the law? When we have seen the numerous violations of the law governing the practice of medicine in Massachusetts and the indifference with which these violations were met, it is hard to believe that the license to practice as a midwife would be worth very much. Law that is not backed by public sentiment is futile; public sentiment in Massachusetts is absolutely indifferent as to whether midwives practice or not or whether they are or are not licensed.

But supposing the machinery for the proper education of the midwife is established and public sentiment is aroused to enforce the midwife laws, is it going to be an easy thing to regulate the midwife in her practice? Proper regulation means supervision by trained physicians and nurses. This would be expensive and could not exist without the loyal support of the police department.

After a few arrests and convictions the system would probably work as well as the midwife system does in England or in Germany, certainly no better, provided the medical education of the midwives and of the physicians on whom they would be compelled to call for help, were up to the European standard. In other words, the midwife system depends finally on the efficiency of the medical profession, for the midwife must keep in constant touch with a physician in all her abnormal cases.

Now by developing a midwife system a dual standard is established in obstetrics. Unlike all other branches of medicine, there would be two classes of practitioners,—one to care for the normal uncomplicated case among the poor, the other to care for normal cases except among the poor, and for abnormal cases wherever they occur. This seems hardly a fair division of service at best. Is there no other alternative?

We are told right along that the immigrant cannot be weaned from the midwife, and that is the strongest argument given by those in favor of the midwife and her education and regulation. That she not only can be, but has been, weaned from the midwife can be seen by the casual observer who will spend a morning in the Pregnancy Clinic of the Boston Lying-in Hospital. Every day Russians and Italians are flocking to us for care. No one possessed of any knowledge of the essentials for the proper care of pregnancy, labor and the puerperium would pretend that midwives, no matter how well trained they are, could give the care these patients are receiving.

The Boston Lying-in Hospital was the first to establish a real Pregnancy Clinic in Boston in connection with its other work, and has today by far the largest Pregnancy Clinic in New England. It was started in 1911 and now there are at least three other similar clinics in Boston, besides others in smaller cities, all working along the same lines.

Let us now glance at the care given as routine and the results obtained last year.

All patients are urged to come as early in their pregnancy as it is possible, and every year more patients are coming to us before the fifth month, many for the diagnosis of pregnancy. A careful history is taken, and the details of the proper hygiene of pregnancy are explained. Every patient has a complete physical examination at the first visit, including a Wassermann test (this test is carried out at the State Board of Health Laboratory), an examination of the urine, and a determination of the blood pressure. Every patient is required to return for examination at the end of four weeks or sooner if any symptoms arise. Should any abnormality be noted the patient is told to return promptly, the exact day being specified, to see how treatment is affecting the condition or to establish more definitely the line of subsequent treatment of the case. Should any grave complications be noted, the patient is referred to the Hospital for treatment in the wards. All cases where the pelvis is so contracted as to offer any question as to the outcome of the labor, are referred to the Hospital for examination by the visiting physician.

All patients making their subsequent visits are carefully questioned as to how they are following out the rules for the hygiene of pregnancy, their blood pressure is taken and their urine is examined. Many of our patients who are to be delivered in the Hospital are visited in their own homes by our Pregnancy Clinic nurse, who goes over carefully all the points touched upon in the Clinic and does what she can for the comfort and welfare of the patient. Patients who are to be confined in their own homes are similarly visited by the nurses from the District Nursing Association. These visits are made about every ten days or oftener if necessary.

Of course, most of our House patients make some return to the Hospital for the treatment they receive. Our out-patients do not, being merely allowed to make a voluntary contribution to the support of the Hospital. These voluntary contributions, averaging about 76 cents per patient, brought in over $1500 last year.

The results obtained in the Pregnancy Clinic of the Boston Lying-in Hospital last year are as follows:

NEW APPLICANTS FOR TREATMENT.

Referred from the hospital	528
Referred from the out-patient department	1259
Referred for consultation from other institutions	14
Subsequent visits	2727
First visits of babies	20
Subsequent visits	16
Total number of visits	4562
Total number of new patients	1799
Remaining under observation from previous year	268
	2067
Subsequently delivered in the hospital	432
Subsequently delivered in the out-patient department	1055
Not pregnant	16
Removed from district	11
Discharged to private physicians	12
Ceased attendance or otherwise provided for	219
Consultations from other institutions	14
Died undelivered	2
Remaining under observation	306

Of the 2067 women under the care of the Pregnancy Clinic during the year 1914, 592 presented the following complications of pregnancy:

Contracted pelves of varying degrees	228
Albuminuria without other signs of toxemia	137
Definite symptoms of toxemia	72
Elevated blood pressure without other signs of toxemia	47
Heart lesions	41
Ante-partum bleeding	17
Miscarriage	5
Acute hydramnios	6
Pyelitis	6
Phthisis	4
Syphilis	4
Gonorrhea	3
Hemorrhoids (giving acute symptoms)	3
Diabetes	2
Flat foot (acute)	2
Congenital malformation of the rectum	1
Cyst of mammary gland	1
Epilepsy	1
Exophthalmic goitre	1
Fibroid uterus	1
Mastitis	1
Ovarian cyst	1
Peritonsillar abscess	1
Phlebitis	1
Placenta praevia	1
Pruritus vulvae	1
Purpura	1
Scarlet fever	1
	592

Of the 1487 women from the Pregnancy Clinic delivered in the Hospital or in the Out-patient Department there were

Discharged well	1418
Discharged to private physicians	8
Discharged to other institutions	3
Discharged dead	6
Remaining under care	52
	1487

The work of such an institution is educational. We educate the community to appreciate the value of good obstetric care; we teach our patients how to obtain this care and our students how to provide it.

We feel confident that this is the solution of the obstetrical problem in Massachusetts, offering far better results than could the midwife, no matter how well trained and regulated. By the increase in the number of such institutions we are encouraged to believe that the midwife will gradually disappear, being superseded by the modern obstetrical dispensary.

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THE MIDWIFE VERSUS THE PREGNANCY CLINIC.

As leading articles in this issue of the JOURNAL we are glad to present two papers on the midwife problem by two Boston physicians, representing two radically different modes of regarding and undertaking the solution of this important question. The first article, by Dr. A. K. Paine, reaches the conclusion that in view of the obvious deficiencies of training in obstetrics in this country, the best method of meeting the needs of the situation is to adopt the midwife system of Europe, placing it, however, under suitable regulation and providing adequate training for those who are to undertake this work. The second article, by Dr. James Lincoln Huntington, on the other hand, after pointing out the inherent evils of the midwife and the undesirability and impracticability of such training, describes the work of a well-equipped pregnancy clinic, contrasting the merits of such a system, in conjunction with a lying-in hospital, with the disadvantages of the midwife method.

The midwife problem has been amply discussed in previous issues of the JOURNAL, both editorially and by authors of original articles on this subject. In the light of the argument presented by the two new papers under consideration, we see no reason to modify the attitude hitherto taken by the JOURNAL in condemnation of the midwife and in approbation of the pregnancy clinic system. On the contrary, it seems that the results already demonstrated in the work of the pregnancy clinics at the Boston Lying-in Hospital, at the Maverick Dispensary, and at the Peter Bent Brigham Hospital, to mention some of those in this city alone, demonstrate the superiority of an organized system of pregnancy supervision and out-patient care by competent young physicians and medical students under the supervision of a lying-in hospital staff. The education and regulation of midwives is a difficult and expensive matter. If adequately carried out, it involves not only a greater burden on the community, but the maintenance of a pernicious dual standard of obstetric competence. If not efficiently carried out, or if not carried out at all, it leaves the untrained, or ill-trained midwife as a perpetual menace.

The difficulties of maintaining and administering an efficient midwife system are illustrated by the experience of European communities where this has been attempted. The experience of Scotland, a large number of whose leading physicians have recently petitioned for the passage of a midwife bill for that country, can hardly be cited as an instance in point, since the circumstances of war now prevailing in that country, whereby a large number of medical practitioners have been called to the front, are not to be compared with those obtaining in a country like our own, or indeed, in any peaceful community in which the medical and nursing professions are abundantly filled.

The evils of the midwife system are recognized not only by the profession, but by many among the laity. In a recent issue of the *Chicago Tribune* there appeared an editorial comment on the midwife question, which summarizes in part as follows the comparative obstetric situation in Europe and in the United States:

"The midwife is a product of the Old World, and it is among recent arrivals from Europe that

she plies her trade in Chicago. While there was, and still may be, room for the limited experience and the imperfect knowledge of the midwife in the peasant communities of Russia, Poland, or Galicia, there should be no room for a midwife in Chicago. In the peasant communities of the Old World one has to travel frequently twenty-five or thirty miles to obtain the services of a physician. To make such a journey by wagon—and railways are scarce in such regions—often may mean death to the patient. There the crude obstetric knowledge and experience of a midwife may save a life.

"In Chicago, where the patient is separated from the physician by the space of but a street car ride or an automobile run, the ministration of a midwife cannot be excused on the grounds of expediency. Her experience counts for naught in comparison with the physician's training. The most intelligent of midwives knows next to nothing about anatomy. No matter how clean she keeps herself she is ignorant of the laws of asepsis. She is useless or worse in the sickroom. Where the patient's condition is precarious the midwife is herself compelled to call a physician in order to save her own neck. Where, on the other hand, the condition of the patient is normal, the ministrations of the midwife carry with them at all times a menace of infection.

"The argument in favor of midwives is that they are economical, that they are used in families who cannot afford a doctor. That is no argument. Such cases should be provided for at hospitals and dispensaries. Another defense of the midwife is based on the ground that some women will submit only to the ministrations of a woman. But this defense, likewise, does not hold water. There are plenty of excellent women physicians in this city that can be called in just such cases.

"A ban upon midwives will result in hardships upon a number of individuals, who are now finding midwifery a profitable occupation. But the suppression of the irresponsible practice of medicine and obstetrics by ignorant women will do incalculable good to the community at large."

This editorial is of additional significance, coming as it does from the American city which has the highest percentage of midwide attendants. According to a recent report of Dr. Henry G. Ohls of the Chicago Health Department, there are in that city about 500 midwives who attend over 43½% of all births occurring in that city. In New York City there are 1300 midwives who attend 40% of the births. In Pittsburgh, 31% of the births are attended by midwives and in Philadelphia 21%.

In conclusion, it seems that while, under the conditions of life in many European and Asiatic communities, the midwife is, perhaps, an inevitable evil, her existence is inconsistent with the methods and ideals of civilization and of medical science in this country. This was the conclusion also reached at the recent conference on infant mortality at Philadelphia, noted in another column of this issue of the JOURNAL. That the midwife system has been introduced chiefly as a result of our large alien immigration is a misfortune; that it should be permitted to continue, or to be extended among our native communities seems not only undesirable, but a menace to the ultimate higher development of our civilization and science. It is not to be expected that the midwife system as it now exists should be abrogated unless it is to be replaced by a system in every way superior and preferable. As such a substitute, the pregnancy clinic system coordinated with a lying-in hospital seems wholly superior to a system involving the recognition, training and registration of the midwife as a permanent factor in the medical practice of this country. The midwife in America is an anachronism and an anomaly, and should not be tolerated, but eliminated as speedily as an adequate and efficient substitute system can be developed for the obstetric care of all classes of the community.