

THE  
Journal of the American Medical Association  
PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE.

PER ANNUM, IN ADVANCE.....\$5.00  
SINGLE COPIES.....10 CENTS.

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Address

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION,  
No. 68 WABASH AVE.,  
CHICAGO, ILLINOIS.

All members of the Association should send their Annual Dues to the Treasurer, Richard J. Duglison, M.D., Lock Box 1274, Philadelphia, Pa.

LONDON OFFICE, 57 AND 59 LUDGATE HILL.

SATURDAY, MARCH 29, 1890.

MIDWIFERY AND THE MIDWIVES.

The practical results achieved by the application of asepsis and antisepsis to obstetrical practice is one of the greatest triumphs of modern medicine. No fact has been more frequently and forcibly emphasized than this, and the triumph thus gained is all the more welcome because it comes with relief to the very sufferers to whom our sympathies go out most powerfully—to child-bearing women.

Prior to the advent of our present methods of treatment, in many parts of the world, and these the very centres of the highest civilization, child-bearing had become a veritable curse to woman-kind, at least to those unfortunates who were obliged to take refuge in hospitals. In one of the largest hospitals of the world pregnant women learned to shun certain wards as they would charnel-houses. "Often the most heartrending scenes were witnessed when kneeling women wrung their hands and implored a release from surroundings which they knew to be pestilential." In this same department "lying-in women with pulse-beats so rapid that they could not be counted, with bellies bloated and with tongues parched by the dreadful puerperal fever, protested almost with their last breath that they were *perfectly well*, in order that they might be spared from medical treatment that they had learned was but the precursor of death."

Such were the scenes and such the condition of affairs at a time when puerperal fever destroyed more people than cholera and small-pox com-

bined. But antisepsis has changed all this, and now, *mirabile dictu*, the lying-in patient is actually safer in one of the best conducted hospitals than she is surrounded by her friends in her own home and provided with the average quality of medical attendance. This is not because the hospital patient encounters fewer dangers in her surroundings, but simply because the protection afforded her against danger is more nearly adequate to the exigencies of the situation. In the hospital, cleanliness and real antisepsis are the daily lessons taught, and the hospital is the place where they are most readily learned. Simple as these lessons are, there are none more difficult to inculcate in the case of refractory pupils, and all skeptics and all people of moderate intelligence are refractory in this respect. Even with the most painstaking care and watchfulness hospital authorities experience very great difficulty in carrying out the minutiae of antisepsis, without which there is no guarantee whatever of success.

The medical students of to-day are thoroughly drilled in the important field of bacteriology, and thus they become intelligent and willing pupils when it comes to the application of the principles involved in the treatment of wounds and the conduct of labor. With nurses the task is a more difficult one, for with no practical acquaintance with the vital phenomena, the bacteria, they often find it an ungracious task to regulate their habits by rules which scarcely appeal to their reason, and which require them to modify almost their entire mode of life.

There are still other classes of individuals who are difficult subjects to deal with. First there are the good, hard-headed, common sense doctors who studied medicine before the upstart bacteriologists were born—men who never encountered a bacterium in a medical practice of fifty years, and who would have little respect for a micro-organism unless it could be demonstrated to be supplied with claws and poisonous fangs. Some of these practitioners are excellent obstetricians and surgeons, for the most part, but when they do lose a patient from septic infection they have no difficulty in convincing themselves that he or she died from causes quite aside from those of microbic invasion; whereas not infrequently the skilful pathologist is able to convict such a one from the testimony of his own mouth. Then, again, there is the class of practitioners who

freely admit the teachings of bacteriology and endeavor to follow its precepts, but do so in a slipshod manner that is entirely inadequate ; or, after employing the most approved methods of disinfection, vitiate all their work by a single *lapsus*.

Formerly almost any intelligent and dexterous physician was regarded as good enough to assist at a surgical or obstetrical operation, while to-day many such would not even be admitted to the operating room, from the operator's fear that he would nullify the effects of otherwise adequate antiseptic precautions.

What, then, shall we say of a class of individuals who are yearly entrusted with the lives of tens of thousands of cases which require for their successful management almost as precise and delicate methods as those employed by the surgeon who opens the peritoneum, and who are, nevertheless, in a large measure utterly ignorant of the greatest dangers that beset their charges? These individuals are the midwives of our own country. Bacteriology has set its seal upon the physician, upon the surgeon, and upon the obstetrician, but we have no evidence that its influence has been felt by the midwife. In most of the European States the importance of this subject has long been recognized, and ample protection has been afforded the public from the danger of infection at the midwife's hands. These women are first carefully trained under governmental direction and then placed under the supervision of competent authority. Their minutest duties are accurately prescribed by printed instructions, which they are bound by heavy penalties to follow to the letter.

In most parts of Europe a much larger proportion of obstetrical practice falls to the hands of midwives than here ; the proportion, indeed, is often as great as 75 per cent, and the control of midwives is in one sense a more important subject in Europe than it is in the United States. But it is certainly important enough everywhere to demand our most thoughtful consideration, and it is hoped that it will not be long before our midwives are required to show a much higher degree of proficiency in their art than is the case at present. It would seem also to be a very simple and useful procedure to place in the hands of each midwife printed instructions regarding her duties toward those to whom she offers her assistance.