

The Midwives of New York

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[This investigation into the conditions of midwifery practice in New York city was made under the auspices of the Public Health Committee of the Association of Neighborhood Workers. The report was submitted on December 20, 1906, at a special meeting of the Committee held at the New York Academy of Medicine, at which were present representatives of the New York County Medical Society, the Kings County Medical Society, the Academy of Medicine, the Board of Health and the New York Obstetrical Society. Miss Crowell is a graduate nurse and was for several years the superintendent of St. Anthony's Hospital in Pensacola, Florida. She is at present assistant secretary of the New York state branch of the Public Health Defense League.]

To the physician in his daily battle with disease and suffering, to the lawyer with his wide experience of crime and criminals, to the city official in his endeavor to record carefully and accurately the vital statistics of a great city, to the social worker in his or her intimate daily contact with the great masses of humanity who are living on the verge of dependence, the problem of the midwife and her practice has presented itself in varying aspects—professional, criminal or social—but always as a problem of grave importance. It was for the purpose of obtaining that knowledge of conditions and facts indispensable to the solution of any problem that this investigation of midwifery practice both abroad and in this country, but more especially here in New York, was undertaken last February at the instance of the representative body of men and women interested in social work in New York city, the Association of Neighborhood Workers.

Before going into the details of the methods of the investigation and the results thereof, it may not be amiss to give just a word relating to the world-old custom of employing midwives. History and tradition are at one as to its antiquity. In fact, the history of midwifery is the history of the human race. From the earliest ages mothers of all races, Jewish, Egyptian, Greek, Roman, down to the modern European, have called upon the midwife for assistance in child-birth. During thousands of years the care of parturient women was practically entirely in the hands of these midwives. If an unusual or dangerous complication arose, a physician was called upon to assist in the delivery, but the process of labor was

considered a natural, normal occurrence, requiring ordinarily no interference or aid outside of that to be obtained from women experienced in this form of service.

At the end of the fifteenth century the impetus which the invention of printing had given to all branches of human knowledge was felt in the science of medicine; its branches began to pulse with new life and vigor, and midwifery, which had heretofore been regarded as an art, now began to develop as a science. Here was the physician's opportunity. His development kept pace with the increasing intelligence of the community, while the midwife, when she did not actually retrograde, at least stood still. Universities that were open to physicians were closed to her, opportunities for advancement, for improvement, were denied her; the profession of midwife ceased to be regarded as a profession. The result was inevitable,—a gradual lowering of the standards that had hitherto prevailed among women who devoted themselves to this calling. During the seventeenth century we find the man-midwife, as he was then contemptuously styled, claiming and obtaining his share of obstetrical work. In France fashion set the stamp of her approval upon him, and a few decades later the general introduction of the use of forceps in obstetrical practice entrenched him upon an impregnable point of vantage. But a custom which had been sanctioned by the usage of thousands of years and which was in complete accord with the deepest, most sensitive prejudices of womankind, was not to be lightly set aside. The battle was on. For three

hundred years it has waged. Through it all the women of the masses, in their hour of travail, have demanded aid from their sister women, and received it; and this demand, rooted in popular prejudice, nourished by the economic conditions under which these masses struggle for a bare existence, has kept alive the calling of midwife until to-day.

In the beginning of the nineteenth century, Europe generally seems to have accepted the fact that midwives as an institution were an inherent part of the existing social order, a force to be guided and controlled rather than ignored or opposed. Consequently we find many European states at this time providing for their efficient instruction, examining them and licensing their practice. England alone refused to enact legislation affecting the midwife and her practice until 1902.

To-day the training and duties of midwives are practically the same in all parts of Europe. They are admitted to lying-in asylums supported by the government for poor women, and for the training of midwives, where they are taught cleanliness and the physiology of labor theoretically as well as practically. They are under the immediate supervision of trained instructors, and in fact, the European midwife remains under supervision during her entire life time. Her equipment is inspected; she is prosecuted in case of neglect, and for such neglect her license may at any time be revoked.

From this brief reference to conditions controlling the practice of midwifery abroad it is possible that we may come to a keener realization of our own sins of omission in this regard. I know that many hold the view that such omission is not a sin but a virtue; that any legislative restriction involves a corresponding recognition; and that any such legal recognition is to be regarded as an unmixed evil. Medical men are prone to anticipate any fancied invasion of their own special domain. They argue that any legal recognition of the midwife will create a new order of medical practitioners who, with little skill and less learning, will not hesitate to assume the gravest responsibilities of life and death

in connection with the treatment of many ills. Advocates for the special training and education of nurses had to meet and live down opposition upon this same point in the early days of the development of nursing as a profession—the fear of medical men that the nurse would usurp the functions of the physician. To-day the physician is the first to recognize and acknowledge that a large measure of his success depends upon the efficient co-operation of well educated, thoroughly trained nurses, whose very training and education make for a surer recognition of their own limitations. Again, there is urged the impossibility of attracting the better class of women to the profession of midwifery. I admit the difficulty, not the impossibility. That there is a certain stigma attached to the title "midwife," must be granted. The reason can easily be seen when we consider the usual type of woman who follows the calling of midwife in this country. Coming in with the ever increasing tide of immigration, the majority of these so-called midwives are foreigners of a low grade—ignorant, untrained women who find in the natural needs and life-long prejudices of the parturient women of their race a lucrative means of livelihood. With no required standard to meet and no legal regulation of their practice, they are allowed to go on unmolested as long as they are not caught in open violation of the law.

Last year the demand for a midwife's attendance was voiced by 43,834 mothers in greater New York. In other words, forty-two per cent of the total number of births reported for 1905 were attended by midwives. To meet this demand there are in the Borough of Manhattan alone between nine hundred and one thousand practicing midwives. I have seen and interviewed five hundred of them and I give here a few significant facts regarding them, their professional equipment or lack of equipment; and their methods of practice.

I must first explain how I obtained this information. For the purposes of investigation, or for that matter for any other purpose, the register of midwives kept by the Board of Health is utterly inade-

Table II.

500 midwives of New York City, facts about their practice.

| Nativity | Total | Length of practice | | | | Methods of Practice | | | | | | | | | | Criminal | | | | | | | |
|--------------------|-------|--------------------|--------------------------------|-----------------|----------------|---------------------------|-----|-------------------|-----|---|-----------|-----------|----------|------------------------------|------|---------------------------|-----|------------|---|------------|---------------------------------------|-----|-----|
| | | 1 yr. or less | Over 1 yr. & less than 10 yrs. | 10 yrs.-19 yrs. | 20 yrs. & over | Attend normal cases only? | | Use anti-septics? | | Equipment & cleanliness of bag ¹ | | | | Care of infant (eyes & cord) | | Bathes mother, makes bed? | | Conviction | Agreed to perform criminal operation upon special detective | Suspicious | Receives & cares for patients in home | | |
| | | | | | | Yes | No | Yes | No | 1st class | 2nd class | 3rd class | Not seen | None | Good | Bad | Yes | | | | | No | |
| Austria-Hungary | 138 | 9 | 45 | 44 | 40 | 69 | 69 | 138 | ... | 9 | 90 | 10 | 16 | 13 | 128 | 10 | 134 | 4 | 1 | ... | 23 | 1 | |
| Italy | 126 | 3 | 57 | 42 | 24 | 52 | 74 | 123 | 3 | 9 | 64 | 20 | 9 | 24 | 106 | 20 | 78 | 48 | 13 | ... | 6 | 32 | 3 |
| Germany | 111 | 7 | 31 | 40 | 33 | 33 | 88 | 109 | 2 | 7 | 56 | 8 | 25 | 15 | 91 | 20 | 103 | 8 | 10 | ... | 17 | 32 | 19 |
| Russia | 70 | 3 | 18 | 22 | 27 | 32 | 38 | 69 | 1 | 4 | 37 | 10 | 15 | 4 | 63 | 7 | 68 | 2 | 2 | ... | 2 | 9 | ... |
| United States | 23 | 1 | 12 | 8 | 2 | 6 | 17 | 23 | ... | 1 | 10 | ... | 4 | 8 | 23 | ... | 20 | 3 | 1 | ... | 2 | 10 | 4 |
| Ireland | 12 | ... | 5 | 2 | 5 | 2 | 10 | 11 | 1 | ... | ... | ... | ... | ... | 9 | 3 | 10 | 2 | 1 | ... | 1 | 1 | ... |
| France | 4 | ... | 1 | 2 | 1 | ... | 4 | 4 | ... | 1 | 1 | ... | 1 | 1 | 4 | ... | 3 | 1 | ... | ... | 3 | ... | 2 |
| Sweden | 3 | ... | 1 | 1 | 1 | ... | 3 | 3 | ... | ... | ... | ... | ... | ... | 3 | ... | 3 | ... | ... | ... | 1 | 1 | ... |
| Switzerland | 2 | ... | 1 | 1 | 1 | ... | 1 | 2 | ... | ... | ... | ... | ... | ... | 2 | ... | 1 | 1 | ... | ... | 1 | 1 | 1 |
| Scotland | 2 | ... | 2 | ... | ... | ... | 2 | 2 | ... | ... | ... | ... | ... | ... | 2 | ... | 2 | ... | ... | ... | ... | 2 | ... |
| Syria | 2 | ... | ... | ... | 2 | ... | 2 | 1 | 1 | ... | 1 | ... | ... | 1 | 1 | 2 | ... | ... | ... | ... | ... | 2 | ... |
| Turkey | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... |
| Denmark | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | 1 | 1 |
| Belgium | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... |
| Holland | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... |
| Argentine Republic | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... |
| England | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | ... | ... | ... | ... | 1 | ... | 1 | ... | 1 | ... | ... | ... | 1 | ... |
| West Indies | 1 | ... | 1 | ... | ... | ... | 1 | 1 | ... | 1 | ... | ... | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... |
| Total | 500 | 23 | 173 | 167 | 137 | 190 | 310 | 492 | 8 | 34 | 269 | 51 | 74 | 72 | 438 | 62 | 431 | 69 | 28 | ... | 29 | 119 | 31 |

¹ Bag was marked "1st class" when fully equipped and clean; "2nd class" when equipment was incomplete, untidy, dirty; "3rd class" when bag and contents were filthy.

quate. Midwives are registered there who have been dead these many years. Again, one midwife is frequently registered under two or three different addresses. And finally, a number of midwives are not registered at all. Out of 500, 249 were incorrectly registered and there were thirty-seven whose names did not appear on the register.

In order to get a fairly complete list of practicing midwives, together with the correct names and addresses, I examined nearly 10,000 birth certificates returned for April and May, 1906, taking for granted that a midwife who did not return a birth certificate within two months either had very little practice and was scarcely worth considering, or else did not report her births. Even with the addresses thus obtained, I found that within two or three months a midwife had frequently changed her address and had to be traced through information given by a friendly housekeeper at the old address, or had moved to another borough,

or, in some instances, to another city. Of the 500 visited, about 225 lived on the middle and upper east side, which includes Little Italy; 200 on the lower east side south of Houston street, and seventy-five on the west side from the river up through the Tenderloin district.

The usual method of attack was to ask to see the diploma, stating that I was visiting all the midwives in New York for that purpose. In the majority of cases I was taken for an official inspector from the Board of Health. Where my right to see the diploma was questioned, the production of a letter from the Health Commissioner, stating that I was a representative of the Association of Neighborhood Workers and requesting that information be given to me, was most effectual. Details of age, civil condition, education, professional and general, length of residence in the United States and length of practice were easily obtainable. The bag containing instruments, dressings, etc., was seen in the ma-

Table I.

500 midwives of New York City: personal statistics.

| Nativity | Total | Length of residence in U. S. | | | | Age | | | | Education | | | | Registration at Board of Health | | | Dependent upon practice | | Condition of home & person | | | | |
|-------------------------|-------|------------------------------|--------------------------------|-------------------|----------------|-----------------|--------------------|--------------------|----------------|------------------------|-----------------------|-----------------|---------------------------|---------------------------------|-----------|----------------|-------------------------|-----|----------------------------|-----|------------|-----|-----|
| | | 1 yr. or less | Over 1 yr. & less than 10 yrs. | 10 yrs. - 19 yrs. | 20 yrs. & over | 20 yrs. or less | 21 yrs. to 24 yrs. | 25 yrs. to 29 yrs. | 30 yrs. & over | General | | Professional | | Correct | Incorrect | Not registered | Yes | No | Fair or good | Bad | | | |
| | | | | | | | | | | Able to read and write | Able to speak English | Foreign diploma | U. S. diploma (worthless) | | | | | | | | No diploma | | |
| | | | | | | | | | | | | | | | | | | | | | | Yes | No |
| Austria-Hungary..... | 138 | 1 | 56 | 59 | 22 | 27 | 76 | 35 | 127 | 11 | 87 | 51 | 94 | 37 | 7 | 60 | 68 | 10 | 44 | 94 | 109 | 29 | |
| Italy..... | 126 | 13 | 49 | 34 | 30 | 1 | 49 | 58 | 103 | 23 | 51 | 75 | 60 | 38 | 28 | 53 | 64 | 9 | 26 | 100 | 87 | 39 | |
| Germany..... | 111 | 1 | 4 | 30 | 76 | 11 | 55 | 45 | 109 | 2 | 110 | 1 | 21 | 82 | 8 | 59 | 49 | 3 | 51 | 60 | 102 | 9 | |
| Russia..... | 70 | 5 | 23 | 35 | 6 | 14 | 36 | 20 | 60 | 10 | 52 | 18 | 17 | 19 | 34 | 26 | 38 | 6 | 30 | 40 | 54 | 16 | |
| United States..... | 23 | .. | .. | .. | 23 | 6 | 13 | 4 | 22 | 1 | 23 | .. | .. | 21 | 2 | 9 | 9 | 5 | 11 | 12 | 18 | 5 | |
| Ireland..... | 12 | .. | .. | 3 | 9 | .. | .. | .. | 9 | 3 | 12 | .. | .. | 1 | 4 | 7 | 1 | 9 | 2 | 7 | 5 | 6 | |
| France..... | 4 | 1 | .. | 1 | 2 | .. | .. | .. | 4 | .. | 3 | 1 | 2 | 1 | 1 | 1 | 3 | .. | 2 | 2 | 4 | .. | |
| Sweden..... | 2 | .. | .. | 2 | 1 | .. | .. | .. | 3 | .. | 3 | .. | 1 | .. | .. | 1 | 2 | .. | 1 | 1 | 3 | .. | |
| Switzerland..... | 2 | 1 | .. | 1 | .. | .. | .. | .. | 2 | .. | 2 | .. | .. | .. | .. | 1 | 1 | .. | 1 | 1 | 2 | .. | |
| Scotland..... | 2 | .. | 1 | .. | 1 | .. | .. | .. | 2 | .. | 2 | .. | 1 | .. | .. | 1 | 1 | .. | 1 | 1 | 2 | .. | |
| Syria..... | 2 | .. | 1 | .. | 1 | .. | .. | .. | 1 | 1 | 1 | 1 | .. | .. | .. | 1 | 1 | .. | 2 | 1 | 1 | 1 | |
| Turkey..... | 1 | .. | 1 | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | 1 | .. | .. | 1 | 1 | 1 | .. | |
| Denmark..... | 1 | .. | .. | 1 | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | 1 | .. | .. | 1 | 1 | 1 | .. | |
| Belgium..... | 1 | .. | .. | 1 | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | 1 | .. | .. | 1 | 1 | 1 | .. | |
| Holland..... | 1 | .. | .. | 1 | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | 1 | .. | .. | 1 | 1 | 1 | .. | |
| Argentine Republic..... | 1 | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | 1 | .. | .. | .. | 1 | .. | .. | 1 | 1 | 1 | .. | |
| England..... | 1 | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | 1 | .. | .. | .. | 1 | 1 | 1 | .. | |
| West Indies..... | 1 | 1 | .. | .. | .. | .. | .. | .. | 1 | .. | 1 | .. | .. | .. | 1 | .. | .. | .. | 1 | 1 | 1 | .. | |
| Total | 500 | 24 | 135 | 168 | 173 | 1 | 113 | 252 | 344 | 449 | 51 | 351 | 149 | 201 | 211 | 88 | 214 | 249 | 37 | 175 | 325 | 394 | 106 |

majority of cases; seventy-two stated that they had no bag; seventy-four that the bag had been left at the home of a patient, or some excuse for not showing it was offered. While looking over the contents of the bag, it was an easy matter to extract information as to the midwife's methods of practice. The condition of the home and the personal cleanliness or uncleanness of the midwife were also noted.

Classifying according to nationality, I found that out of the 500 midwives twenty-seven per cent were Austro-Hungarians, Bohemians, Austrian-Poles; twenty-five per cent Italians; twenty-two per cent Germans; fourteen per cent Russians; that four per cent were born in the United States; two per cent in Ireland, and the remaining six per cent were made up of natives from France, Sweden, Switzerland, England, Scotland, Syria, Turkey, Holland, Belgium, Denmark, Buenos Ayres, and one West Indian negress. While considering the nationality of the midwives it may be interesting to note the result of an analysis of the births reported for the month of April, 1906, according to the nativity of the mothers. The per-

centage of births reported by midwives for the year, forty-two per cent, held good for the month as well. Of the total number of births amongst mothers born in the United States, Canada, England, Scotland and Wales, one-sixth were reported by midwives; amongst Germans, thirty-one per cent; amongst Russians, thirty-one per cent; amongst Austro-Hungarians and Bohemians, sixty per cent, or nearly two-thirds, were reported by midwives; and amongst the Italians,—and this is by far the most significant figure of all—out of 1,029 births, sixty-seven were reported by physicians and the remaining 962, or ninety-three per cent, were reported by midwives.

To return to the midwife. I found that twenty-four had resided in this country one year or less, 135 from one to nine years; 168 from ten to nineteen years, and 173 twenty years or over. About one-half were between thirty-five and fifty years of age; one-fourth under thirty-five and one-fourth over fifty years of age. As to their educational qualifications, I was surprised to find the percentage of illiteracy as low as it is. Out of the 500 but fifty-one were unable to read

and write, the percentage being highest amongst the Italians and Russians. Thirty per cent were unable to speak English, and here again the Italians were to be found in the lead.

Coming to the question of their professional education, I found 201 holding foreign diplomas. This means that forty per cent of the total number had been properly trained, and had given evidence of having attained a certain required standard of proficiency before such diplomas were granted to them. Forty-three per cent held diplomas from so-called schools of midwifery in this country—with two exceptions, schools conducted here in New York city—or certificates from physicians who, for considerations best known to themselves, have in many instances seen fit to certify to the proficiency of ignorant, incompetent women desiring to practice midwifery. In many instances I am convinced that this collusion between the physician and midwife points to an agreement that he is to be called upon for assistance in all difficult cases, the combination or partnership thus proving a source of revenue for the physician and protection for the midwife. The diplomas of these New York schools are utterly worthless as evidence of training or efficiency on the part of the midwife holding them. In some cases I found that they had been granted to women who were unable to read or write, but who had had the price—\$66. There are four such schools in this city. Theoretical knowledge is imparted by the physician in charge three hours each week; practical experience is obtained in the homes of the poor who may have applied to the school for the attendance of a midwife during the expected confinement. Midwives holding such diplomas have told me of being sent to their first cases with no supervision of either a physician or an experienced midwife, of having to conduct the entire labor as best they could, of their fear of finding the patient dead upon their return visit as a result of their ignorance and want of skill. Three of these schools I feel very certain are being conducted solely for the benefit of the physician in charge—for revenue only. The fourth, for the instruction

of the Italian midwives, I am inclined to believe is on a slightly higher plane and is really aiming, however ineffectually, at raising the standard of midwifery practice amongst this nationality. It is not to be counted against a woman that she holds a certificate from one of these diploma mills, but certainly it is a strong indictment against these schools to see the kind of "graduate" they turn out in ever increasing numbers. As a matter of fact I consider the eighty-eight midwives I saw who held no diploma quite as efficient and capable as the 209 who held these worthless New York diplomas.

About three-fifths of the total number visited had been engaged in practice over ten years, while twenty-three had begun to practice within the past year. In the majority of cases the women had taken up the practice of midwifery to eke out the family income, the husband or grown children contributing largely to the actual support of the family; 175, however, were entirely dependent upon their own exertions for their livelihood. The husbands' occupations give some indication of the economic status of the family. They were carpenters, street cleaners, stone-masons, tailors, peddlers, machinists, laborers, bartenders, cooks, waiters, painters and drivers. Among the Italians were found several musicians, an artist, and an architect; among the Hebrews, several real estate agents and one politician. The husband of one American-born midwife was a policeman. A number of the women have educated their sons as physicians or lawyers.

The homes of these midwives are to be compared with the homes of the women upon whom they attend, the average three-room tenement—clean or dirty, according to the personal habits of the woman who occupies it. Of the midwives' homes 106 were absolutely filthy, as was the clothing and the person of the midwife herself. Of the remaining 394, I should say one-third might be designated as excellent, the other two-thirds fair.

To the medical man the facts concerned with the methods of practice of these women will undoubtedly appeal with greatest force. Three-fifths of the total number visited stated frankly that

they would undertake the care and treatment of abnormal cases. Many did not hesitate at the removal of an adherent placenta, others will perform version, and all of them will treat a *post partum* hemorrhage, calling in a physician only when they find themselves entirely unable to cope with the situation at hand. Practically all of them claimed that they used antiseptics, which meant very little if the midwife was dirty, her bag filthy, and if she appeared generally ignorant and incompetent. There is a chance that antiseptics in the hands of such women may work an infinite deal of harm, for we have no guarantee that they will be properly used.

As for the bags and their equipment, from a professional standpoint by far the greater number would make fit decorations for a chamber of horrors. Rusty scissors, dirty string, a bit of cotton, a few corrosive sublimate tablets, old rags and papers, some ergot and vaseline, a gum catheter, wired, were the usual contents. Out of 303 bags inspected, thirty-four only were marked as first-class—that is, they were clean and their equipment was complete and sterile.

I was visiting one Italian midwife whose home was of the dirtiest, the condition of whose hands was indescribable, whose clothing was filthy, the condition of whose bag beggars description, when a call came for her to go at once to a confinement. Not wishing the woman to lose a case because of my being there, I told her to make her necessary preparations while I talked. "Oh," she replied, "I am ready," and throwing a shawl over her head and seizing the bag, she was off—to take the life, the future health and well-being of a mother and child into her keeping.

Again, foreign trained midwives who brought out the usual dirty bag for inspection would have, stowed away on top of a wardrobe, behind the stove, or under the bed, a most complete, compact, convenient portable sterilizer, which they had purchased at home and which the law there had compelled them to use. When asked the reason for not using it here the invariable reply was, "It is not necessary, nobody cares what we use; the bag

is handier and everyone uses it here." Of those midwives who had no bags, with the few exceptions where the midwife had her clientele amongst people of the better class, who themselves provided everything beforehand, the usual reply was, "I go as I am," and they would show me a bit of string in the pocket and a pair of scissors fastened to the belt; or they would depend upon whatever they chanced to find at the patient's home.

Inquiring as to the after care of the mother and child, I found that the usual length of attendance was for nine days—longer when necessary. Two visits a day are generally made for the first two or three days. The baby was bathed, the cord dressed with powder, and the mother received the necessary attention, in many cases unnecessary attention as well, in the form of douches, the practice of douching being followed by over one-half of the midwives as a regular method of procedure independently of any indication of infection. The mother is also bathed and the bed made. An exception to this last statement should be made in case of the Italian midwives, over one-third of whom leave this work for the family to do, not considering it a part of their duties as midwives.

In regard to the care of the child's eyes,—the majority of midwives stated that they used borax or boric acid to bathe the eyes and some few use the nitrate of silver solution prescribed by the Board of Health. With regard to the prevalence of ophthalmia neonatorum there are no available statistics for New York city. The provision of the sanitary code regarding the reporting of contagious diseases to the Board of Health within twenty-four hours is practically a dead letter in connection with this particular disease. In October, 1905, the Board of Health made an effort to secure reliable information upon this point by sending out circular letters to all registered physicians and midwives in the city, calling their attention to their duty in the matter of reporting all such cases. The co-operation of the various ophthalmic hospitals and dispensaries was also secured. As a result of this movement, about twenty-four cases were reported by the

hospitals and dispensaries (but one of which had been attended by a physician at birth) and six cases were reported directly by midwives. For the past two months and a half not a single case has been reported, indicating that those most concerned are relapsing into their former disregard of this particular law.

In this connection I attempted to investigate the cases of *ophthalmia neonatorum* applying for treatment to the various ophthalmic hospitals and dispensaries of the city during the past year, but with very unsatisfactory results. In all I secured the names and addresses of some 150 cases. Many had moved from the address given and it was impossible to find any trace of them. Of those seen I found that the numbers attended at birth by physicians equalled, in fact exceeded by one, the number attended by midwives.

I have purposely omitted all reference to the competent, well-trained, reliable midwife. Unfortunately, so far as numbers go she is a negligible quantity. Out of the 500 midwives visited, less than ten per cent could be qualified as capable, reliable midwives. That there were even that many is a hopeful indication and an earnest of the class of women we might have in this profession if we took the proper method of raising the standard of midwifery practice. I have in mind one woman in particular, a Russian, well educated, whose home showed every evidence of refinement, whose husband and son were both physicians. In the course of many years' practice she had delivered between four and five thousand cases. Speaking of her son's obstetrical practice she said, "That little tad, I taught him all he knows," and nodding to her husband she added, "and I taught him all *he* knows." The husband smilingly confirmed his wife's statement.

We come now to what is by far the darkest chapter in the history of midwifery practice here in New York city.

I refer to their criminal work. We cannot limit the question of the midwife and her profession solely to its professional aspect. Considered broadly, it has a deep social significance as well. In reality, the science of midwifery deals with the perpetuation of the human race. As

regards the voluntary restriction of the increase in population, the state recognizes the right of the unborn child to live and endeavors to safe-guard that right by making criminal abortion a felony, but any medical jurist will admit the enormous difficulties to be encountered in any attempt to obtain sufficient evidence to secure a conviction upon this charge. Would it not be the better part of wisdom to adopt a wise policy of prevention by effectually closing the profession of midwifery to illiterate, ignorant, untrained women of doubtful morality, licensing such women only as can meet a high standard of education, training, experience and morals, rather than to pursue the present *laissez-faire* policy of allowing practically any woman to follow this calling undisturbed, except in the few rare cases where evidence of malpractice be adduced against her? Ignorance and cupidity are ever the faithful hand-maidens of crime. Such midwives, possessing that little knowledge which is a dangerous thing, restrained by no sense of moral responsibility, tempted by the pecuniary reward offered, furnish willing recruits to the ranks of professional abortionists.

To show that the machinery of the criminal law is utterly ineffectual to accomplish the punishment of such women, I need only cite the facts that the records of the coroner's office show an average of three deaths in a month due to criminal abortion, while from the records of the district attorney's office we learn that in the past six years there were but twenty-four prosecutions for criminal abortion. Of these, ten were dismissed by the grand jury, six were discharged at trial, five were acquitted, and three were convicted.

The New York County Medical Society, through its counsel, Champe S. Andrews, has attempted to overcome the difficulty of prosecuting supposed offenders under the existing law, by instituting proceedings against such women (in cases where complaints have been made) in the Court of Special Sessions upon a charge of practicing medicine illegally. In the past five years there have been seventy-one convictions of midwives upon this charge. Of the 500 midwives that I visited I have classified 176 as criminal.

Against twenty-eight I had a record of conviction; against twenty-nine a record of investigation, that is, special detectives had been sent to these midwives and they had agreed to perform a criminal operation upon the detective; 119 I classified as suspicious. In some few instances I had received complaints against them from other midwives. I have had women tell me of midwives who had operated upon them or their friends. But by far the larger number themselves furnished all the evidence necessary when they exhibited their bags, containing large gum catheters wired, uterine sounds, dilators, curettes and pessaries, in addition to the customary scissors and string and—dirt. I found thirty-one midwives who received and cared for patients in their own home. Such women are making money and their homes, generally an entire house, are nicely kept, frequently expensively furnished. Several of these women allowed me to inspect the entire house. One notorious woman, against whom there is a record of several convictions, stated at the time of the interview that business was slack, she had only three patients—one a miscarriage, recovered, and about to be discharged, and two expecting to be confined. In the latter cases the child would be boarded out until such time as a home could be found for it by advertising. The customary charges are \$5.00 a week for board and washing and \$25.00 for the confinement.

Last March a successful crusade was made against those institutions which were using the daily papers as an advertising medium to make known to the public their willingness to undertake criminal operations. As a result some thirty midwives were forbidden the use of the United States mails. In July I found some of these same women advertising in a German paper. The advertisements were immediately ordered out, but in November the same women under different names were to be found again advertising in another German paper. Such advertisements may also be found in the French and Bohemian papers. There is a "Midwives' Protective Association" in the city which exists ostensibly to furnish

legal assistance to members for the collection of bad accounts, but in reality the reason for its existence is to render advice and aid in case of prosecution for violation of the law.

How widespread this evil of abortion is becoming, we can but form the vaguest conception. An official whose position affords every opportunity for his judgment to be reinforced by a wide experience, stated recently that in his opinion not less than 100,000 abortions were committed annually in New York city. Others to whom I have repeated this statement have assured me that it was a most conservative estimate. The consensus of opinion seems to be that midwives are the chief agents in procuring these abortions. Indeed, some go so far as to say that the two terms "midwife" and "abortionist" are synonymous here in New York. Nor in the consideration of the moral question involved must we lose sight of the physical ills resulting from these criminal operations. Not only is the life of the unborn child destroyed but the life of the mother is seriously jeopardized. Statistics have been compiled showing that one-third of known criminal abortions result in the death of the mother as well. During the same period, 1895 to 1900, inclusive, there were reported at the Board of Health 389 deaths from abortion, not classified as criminal, and 359 deaths from uterine hæmorrhage. While it is impossible to make any definite statement as to the number of such deaths that should be attributed to midwives who, through contributory negligence or direct unlawful interference with the progress of pregnancy, were directly or indirectly responsible for these conditions which ultimately resulted in the death of 748 women in six years, we may safely assume that criminal malpractice should be regarded as the remote cause of death in at least two-thirds of all such cases.

Nor do midwives of this class confine their unlawful practice solely to producing abortions. Having unlimited confidence in their own powers and trading upon the credulity of the ignorant women who consult them, they do not hesitate to administer drugs, to undertake the cure

of sterility (frequently with the most disastrous results), and to give advice as to the treatment of many minor ills, retarding the patient's recovery by preventing her from obtaining necessary treatment from a reputable physician. It is undoubtedly true that many a better trained foreign midwife who continues to practice midwifery here is equally guilty on these several counts. [Accustomed to practising her profession under the strictest medical and governmental supervision in her own country, her first thought upon resuming her calling here is that she is in a free country, where she is at liberty to follow her own way without let or hindrance.] Unlawful demands are made upon her services, she sees others reaping the pecuniary rewards for rendering such services, and it is only a question of time until she too falls into line and stands ready to do whatever may be required of her—for a consideration.

One of the world's great social economists, John Ruskin, has laid down the axiom that "every child has a right to be well-born." If accepted, this should involve not only the preservation of the standard of health, morals and intelligence by the rigid regulation of the conditions of marriage, but also adequate provision for a child's safe entry into the world at birth, through the maintenance of a supply of skilled attendants for women in labor. Such a supply can be secured only through the operation of some method or law restricting the practice of such attendants to those who have attained a minimum required standard of efficiency. In the case of physicians a recognized standard generally prevails. Should not the midwife also be obliged to conform to a certain standard of skill and experience if she is to be allowed to take into her own keeping the lives of hundreds of mothers and babes? No child is "well-born" who starts life handicapped with a crippled limb, an accident of birth, or who must live out his days in blindness or with impaired vision, the result of neglect in infancy. No mother has received proper attention who must endure months, frequently years of suffering, caused by the *sequelae* of child-birth. Doubtless the ideal condition would be to have the entire ob-

stetrical practice of the community in the hands of physicians. But we are face to face with a practical need and it must be met in a practical way. It is a condition that confronts us, not a theory.

I think we may safely assume that midwives have a right to exist so long as they are required and, right or no right, they will continue to exist so long as women demand their services, and women will demand their services just so long as the economic condition of the masses remains as it is. Shall we have an efficient, well-trained, well-supervised body of women to meet this demand or shall we allow the present condition of chaos to go on indefinitely? The law protects the poor against improper housing conditions, against unsanitary surroundings, against unwholesome food supplies; but it makes no attempt to protect over 40,000 mothers who are annually exposed to the known dangers of incompetent, ignorant, unclean midwives who attend them during confinement. The theory that the present policy of non-recognition will eventually result in the gradual disappearance of the midwife, or else in a law restricting the practice of obstetrics to the medical profession, is not tenable in the face of the enormous and ever increasing foreign population with which we have to deal. Within fourteen years the number of births reported by midwives has nearly doubled (1891, 22,770; 1905, 43,830). This increase is of course comparable with the increase in population from natural causes, from immigration, and from the extension of the confines of New York city, so that the percentage of the total number reported remains practically the same.

The midwives practicing in the city of New York have absolutely no recognized legal status under the laws of the state of New York. A provision of the sanitary code requires them to register at the Board of Health, but such registration, which should at least be evidence that the midwife is properly qualified to fulfil the duties of her calling, in reality does not guarantee that the midwife so registered is in the possession of even a modicum of intelligence, let alone any fitness, professional or otherwise, beyond

what is shown by the recommendation of two physicians or a certificate from a school of midwifery. I have already commented upon the value of both these requirements.

The greatest dangers in the practice of the ignorant midwife lie in her willingness to interfere with the natural progress of labor, under the impression that she is thereby rendering assistance to the mother; in her inability to recognize conditions that make for future disease, disability or suffering; in her undertaking to conduct abnormal or difficult labors; and in her total disregard of the first principles of cleanliness. It is worthy of note that within the past five years (1901-1906) comparing the number of deaths from puerperal fevers and puerperal hæmorrhage with the number of deaths of women of child-bearing age, the percentage has increased from 3.39 per cent in 1901 to 4.12 per cent in 1905. I am not prepared to say upon whose shoulders the responsibility for this increase should rest, but at least it indicates the necessity for the stricter enforcement of antiseptic precautions in the care of parturient women. Another argument frequently advanced as proof of the incompetency of the practising midwife is the high still-birth rate that prevails here in New York. An examination of 3,635 still-birth certificates returned for the year 1905, in Manhattan, showed that approximately twenty-four per cent were signed by midwives. Some of these certificates were signed with the attending midwife's mark, she being evidently unable to write her name. Had these midwives been intelligent, properly trained women, quick to recognize an emergency and prompt to summon medical aid, is it not reasonable to suppose that this percentage would have been materially reduced? On the other hand, the right to sign such certificates affords a cloak to the criminal midwife under which she may continue her nefarious trade. It is impossible to estimate how many of these still-births are the result of accident or disease and how many the result of criminal interference with pregnancy.

This is the problem. Are we prepared

to solve it with restrictive legislation? It is by this means that the question has been met and successfully answered abroad, and it is by this same means that several of our states and localities have attempted to answer the question in this country. The weak point in all our American legislation on this subject lies in the lack of any provision looking to the enforcement of the limitations of such laws, by adequate supervision and inspection of the woman who is licensed to practice midwifery. We have seen how necessary such supervision is regarded abroad. It is rendered equally necessary by the conditions our large foreign population have created in certain parts of the city. A Bohemian midwife who had been in this country a year and a half said, when I called and inquired for her diploma, "I have been waiting eighteen months for you to come." Let it be clearly understood that the function of the midwife is to attend natural labor only and to know when it is her duty to send for medical assistance. A law specifically defining the province and duties of the midwife and providing ample punishment for any violation of the limitations prescribed by such law, and requiring absolute evidence of her professional fitness as a condition of licensing her practice, would operate as a safeguard against the usurpation of the function of the physician by the competent midwife as well as a bar to the practice of the ignorant, untrained, inefficient midwife.

In this state there is special legislation to regulate the practice of midwifery applying to Monroe county, Erie county, Niagara county and Chautauqua county. During the past week I visited Rochester, Buffalo, Lockport, Dunkirk and Syracuse for two purposes: first, to find out the practical workings of the special legislation applying to these localities; second, to secure their co-operation in getting a state law through the legislature, in case that should be attempted. Everywhere I was received with the most cordial interest, and promises of hearty co-operation. The prevailing sentiment seems to be that while the law in force at present has operated toward raising the standard of efficiency amongst mid-

wives and has successfully eliminated the ignorant and incompetent midwife, the enforcement of the limitations under which the licenses are granted is entirely neglected. In proof of the truth of this statement, I can recite the result of personal interviews with five midwives in Buffalo, intelligent and well-trained women. Three stated that they undertook the conduct of abnormal labors; two exhibited bags for inspection quite as dirty as the average bag shown by the New York midwife; and in one bag I found the usual instrument for criminal operations, the wired gum catheter. The physicians of these cities whom I interviewed are enthusiastic at the idea of a state law which will provide a uniform standard applying to all parts of the state.¹

In closing I desire to express my sincerest gratitude to the counsel of the County Medical Society, whose advice

and assistance have been at my command throughout the entire course of this investigation, and without whose hearty cooperation much of the knowledge that I have been able to obtain upon the criminal side of the question of midwifery practice would have remained a sealed book to me; also I wish to thank the officials of the Board of Health for the courtesies they have extended to me in granting access to their records, and for valuable introductions to the heads of the various institutions; also the physicians in charge of these institutions, and the other physicians who have so willingly and readily given me of their time and interest.

¹With this report was submitted a proposed law, drawn up by the counsel of the New York Medical Society, which included what are considered the best features of the state laws regulating the practice of midwifery by midwives. This bill, together with other suggested measures, is now under consideration by the various medical societies.

Clean Milk for New York City

John E. Sayles

Secretary of the New York Milk Conference

The appointment of a large milk committee of earnest and influential citizens by the New York Association for Improving the Condition of the Poor in accordance with the request of the recent milk conference, marks the beginning of what is intended to be a sustained movement towards securing for the greatest city on this continent a clean milk supply. This is a task of great difficulty and complexity owing first, to the fact that more than 1,600,000 quarts of milk must be brought by railroad, in ice-cooled cars from 600 creameries or receiving stations for 30,000 farms or dairies, forty to 400 miles distant, and must of necessity be (one-half of it at least) twenty-four and the other half thirty-six hours old when it enters the city; second, to the enormous number of those who must be supplied,—nearly 4,000,000 people to whom it is delivered by 2,000 wagons, or taken by the people themselves from 10,000 stores and shops, scattered over an area of more than 100 square miles, throughout the whole succeeding day, during all of which time it must be kept constantly refrigerated at or below fifty degrees Fahrenheit. Es-

pecially do the conditions under which the great mass of the people live complicate the problem. A very large proportion living in tenements have no means of keeping milk cold in warm weather and they must procure it in small quantities from nearby sources for immediate consumption. For many reasons it is impracticable that they be served otherwise than from cans into their own receptacles.

These are the conditions presented to the conference and which must be faced by the city. Increasing population constantly requires an extension of the area of supply and furnishes more families to be served, with only slowly improving conditions of housing and living. Those who know how the people of the tenements live will understand the complexity and difficulty of the problem.

Milk is at once the most important single article of food and the most difficult to protect against contamination. Other foods will bear to wait without suffering special deterioration while being examined, and the responsibility for their spoiling in the hands of the purchaser within a few hours after sale can