

THE REGULATION OF MIDWIVES IN NEW YORK.

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BY

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THIS subject has been attracting considerable attention in New York City and State during the past few months, and so far as the old city of New York is concerned, the problem has been before us for many years.

Pursuant to an invitation extended by the Public Health Committee of the Association of Neighborhood Workers, a conference was held under the auspices of this committee at the New York Academy of Medicine on the evening of Thursday, December 20, 1906, at which the following delegates were present: Dr. W. E. Studdiford, representing the Health Department of the City of New York; Dr. Egbert LeFevre, of the Committee on Legislation of the Medical Society of the State of New York; Dr. Herman L. Collyer, of the New York Academy of Medicine; Dr. R. H. Pomeroy, of the Medical Society of the County of Kings; and Dr. J. M. Mabbott, of the Medical Society of the County of New York. There was no delegate from the New York Obstetrical Society, but four of the five physicians in attendance are fellows of this Society.

Mr. Gaylord S. White, President of the Association, in calling the meeting to order, explained that as workers in the tenement house districts of the city, they have been confronted at every turn with the illiterate, inexperienced, and uneducated midwife; that in order to ascertain exactly the extent of the practice of the midwife and her qualifications to conduct that practice, an investigation of the midwives in the city had been conducted under the auspices of the Neighborhood Workers. This investigation had been entrusted to Miss F. Elizabeth Crowell, an experienced worker in organized charity and a professional trained nurse.

Miss Crowell then read a paper giving the result of her investigation. The full text of this paper may be found in the January 12, 1907, number of *Charities and the Commons*, published by the Charity Organization Society of the City of New York.

*Read before the New York Obstetrical Society, February 12, 1907.

It was stated that in the year 1905 the demand for the midwife's attendance was voiced by 43,834 mothers in Greater New York, from which statement it will be noted that 42 per cent. of the children born in the City of New York during that year were attended at birth by midwives, and that among the Italians 93 per cent. of the children born were attended by midwives.

The lack of training, the unsanitary conditons under which they work, and their willingness to perform criminal operations was dwelt upon in the report, as was also the lack of inspection or regulation of their practice by any authority whatsoever.

Miss Crowell states that a provision of the Sanitary Code requires them to register at the Board of Health, but she found that for purposes of investigation, or, for that matter, for any other purpose, the register of midwives kept by the Health Department is utterly inadequate. Midwives are registered there who have been dead these many years. Out of 500, 249 were incorrectly registered and there were 37 whose names did not appear on the register.

She visited 500 midwives and reports on their nativity, length of practice, attendance on normal cases or otherwise, use of anti-septics, equipment and cleanliness of bag, care of infant (eyes and cord), bathing mother, and making bed; also stating that 28 had been convicted of crime or misdemeanor, 29 agreed to perform criminal operation on special detective, 119 others were considered suspicious in this respect, and 31 receive and care for patients in home. Two hundred and one held foreign diplomas, and 88 held no diploma. The remaining 211 held United States diplomas of so-called Schools of Midwifery in this country or certificates from physicians, most of which Miss Crowell considers utterly worthless as evidence of training or efficiency. She reiterates: "As a matter of fact, I consider the 88 midwives I saw who held no diploma quite as efficient as the 211 who held these worthless diplomas."

Of the midwives' homes 106 were absolutely filthy, as were the clothing and person of the midwife herself. Of the remaining 394 one-third might be designated as excellent, the other two-thirds fair. Three-fifths of the total number visited stated frankly that they would undertake the care 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 en-

tirely unable to cope with the situation at hand. Practically all of them (492) claimed that they used antiseptics, which meant very little (Miss Crowell says) if the midwife was dirty, her bag filthy, and if she appeared generally ignorant and incompetent. (Differing with Miss Crowell, I should think it meant all the more under these circumstances.)

The usual length of attendance was for nine days—longer if 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 speaker feels bound to state that no better results were ever obtained in certain institutions in this city than when exactly the same practice prevailed in the hospitals some twenty years ago.) The mother is also bathed and the bed made by 431 of the 500 midwives, 48 of the 69 exceptions being found among the 78 Italian midwives. Midwives attended 962 out of 1,029 reported births among the Italians, or 93 per cent.

Time and space do not permit extensive reference to Miss Crowell's deductions in regard to the connection of midwives with the practice of criminal abortion. Briefly, she seems to accept the statement made to her by "an official whose position affords every opportunity for his judgment to be reinforced by a wide experience, that in his opinion not less than 100,000 abortions were committed annually in New York City." "And 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.

Miss Crowell states that statistics have been compiled showing that one-third of the known criminal abortions result in the death of the mother as well.

These statements are certainly startling. We are somewhat relieved to find, however, that she reports only 748 deaths in six years (1895 to 1900, inclusive) recorded at the Board of Health, 389 from abortion not classified as criminal, and 359 from uterine hemorrhage, and assumes that "criminal malpractice should be regarded as the remote cause of death in at least two-thirds of all such cases." This would be less than one hundred deaths a

year (which is certainly bad enough), amounting to less than one-tenth of one per cent. of the estimated number of criminal abortions, or not quite one in a thousand, instead of one in three cases, as we are almost led to infer.

Perhaps, however, other deaths are to be included. The report states elsewhere that in five years (1901-1906) comparing the number of deaths from puerperal fevers and puerperal hemorrhage with the number of deaths in women of childbearing age, the percentage has increased from 3.39 per cent. in 1901 to 4.12 per cent. in 1905. This might bring the mortality up to somewhere near 1 per cent. of the entire known number of confinements, or about one-half of 1 per cent. of the estimated number of births and abortions. Some part of this percentage must have been inevitable, and some must be laid at the door of other agents, including the patients themselves. But we fully agree with Miss Crowell in the belief that midwives are responsible for a large share of the deaths due to ignorance, inefficiency, and criminal operations. Unfortunately, it seems to be impossible at the present time to reach definite conclusions, many cases seen by midwives terminating under the care of physicians in private practice and in the hospitals.

The report arraigns the midwife on other counts, showing that 24 per cent. of the stillbirths in the Borough of Manhattan for the year 1905 were reported by midwives.* Still further, attention is called to the fact that during the past five years, the Medical Society of the County of New York, through its counsel, Mr. Andrews, has secured seventy-one convictions of midwives upon the charge of practicing medicine illegally.

Miss Crowell makes a strong appeal for the adoption in this country of foreign methods of instruction, supervision, and regulation of midwives, but fails to present statistics for comparison of results secured under those methods with results obtained here. And, unfortunately, she admits that in Munroe, Erie, Niagara, and Chautauqua Counties in this State, where there is "special legislation to regulate the practice of midwifery," the enforcement of the limitations under which the licenses are granted is entirely neglected. She continues: "In proof of this I can recite the result of personal interviews with five midwives in Buffalo,

*As they would be entitled to 42 per cent. among their proportion of the births, this item simply serves to give some idea of the number of their cases which pass into other hands.

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."

After the reading of Miss Crowell's report Mr. Champe S. Andrews read the draft of a bill prepared by him to be introduced at Albany and enacted as a State law regulating the practice of midwives. The proposed bill is almost as extensive as the Medical Practice Act and was admittedly almost a complete copy of the same with such changes as were necessary to make it applicable to midwives. It would provide for the registration of all midwives, 21 years old and of good moral character, now following their vocation as such, without inquiry as to their qualifications, on the payment of a registration fee of ten dollars. Future applicants for registration would be subject to certain standards of qualification.

Dr. Studdiford said we must admit that there is a reasonable opposition on the part of physicians to legal recognition of the midwife. He considered the proposed law too comprehensive. He thinks you would create an impression that you will flood the State with midwives. He might favor a law regulating the practice of midwives for the City of New York. He would restrict their practice to the conduct of normal labor. Such a law had been passed five years ago, but was vetoed by the Governor on account of the opposition of the medical profession, and on the ground that it was local and not general in its application, and alleged to be the result of a political move, and not in the interest of the public health. Under existing law there is absolutely no provision made for regulating and inspecting the midwife, and except for a few counties in the State, the midwife has no legal status at all. The Health Department lacks the power even to enforce the rule requiring midwives to register. A law would seem desirable conferring this power and providing for some degree of regulation, leaving the details to the Health Department or some local and representative board created for the purpose.

Dr. Lefevre objected to the law proposed by Mr. Andrews because it would permit present midwives to continue. According to Miss Crowell's report they are a pretty bad lot. The law would give the midwife too much dignity and importance. He

agreed with Dr. Studdiford as to the possible desirability of a law for New York City to control present midwives.

Dr. Mabbott thought each community should deal with this problem in its own way when its interest is sufficiently aroused. He might favor some legislation requiring supervision of the midwife by a physician who should be called in in every case of labor, and holding the physician responsible for malpractice. The physician would then conduct the case unless he were willing to be held responsible for the work of the midwife. He formerly thought a midwife should be only a nurse or district nurse, and published a paper some years ago under the title, "A Plea for the Methodical Examination of Pregnant Women in Private Practice, and Incidentally for the Relegation of Midwives to the Field of Nursing."* Temporarily he would not commit himself beyond favoring some degree of control by the Health Department and requirement of conformity with existing law in each community.

Dr. Collyer had come to represent the New York Academy of Medicine at the request of President Dana at the last moment. He thinks the various nationalities must have midwives, but has no definite plan in mind for their legal control. He had heard it said that certain schools for their instruction in this city teach them how to practice "midwifery and abortions."

Dr. Pomeroy of Brooklyn said the problem was only about one year old over there. In his mind "It is a question whether it isn't a question of policing." The midwife needs regulating. He doesn't believe the midwife can classify her cases as normal and abnormal. He believes she must either handle abnormal cases or be simply an obstetrical nurse. At the moment he would be opposed to giving her a legal foothold. If she is engaged in committing crimes, that is a matter for the police to deal with.

Mr. Andrews stated that he had presented his draft of a law without prejudice, chiefly as a basis of discussion. With such a law as that which he had drawn, a midwife once convicted of a crime would be absolutely disqualified to practice thereafter. It would be impossible for her to practice without a license and her license would be revoked under the law.

Dr. Mabbott said he recognized the force of the last argument but feared that the advantage would be more than offset by pos-

sible disadvantages, including opportunities for graft and blackmail. He believed women in labor were entitled to more consideration for the relief of suffering, including the administration of chloroform more generally in the second stage; that ergot should occasionally be given; and this would constitute the practice of medicine. The more he considered the subject the less he felt disposed to advocate any legislation giving the midwife legal recognition in any capacity to assume the entire responsibility of practicing midwifery even in supposedly normal cases.

Mr. Cooper agreed with the last speaker. He was of the opinion that they would be practicing medicine to all intents and purposes and such license would seem to be unwarrantable.

As a result of the conference the committee in charge formulated the situation as follows:

I. The extensive use of the midwife by the foreign population in the City of New York makes it impracticable to abolish the midwife by law, as much as it might be desired under ideal conditions.

II. That nearly all of the midwives in the City of New York are incompetent and without skill.

III. That a very large percentage are engaged in the work of performing criminal operations.

IV. That if, as seems the case, the midwife cannot be abolished in the City of New York, she should be regulated and supervised by competent authority.

V. That this could be undertaken in a varied number of ways.

(a) The enacting of a State law regulating midwifery, providing for examination, inspection, and license, following the precedents set by a dozen or more States in the American Union, and in Canada, England, Germany, and many other foreign countries.

(b) To enact a law placing the midwife in the hands of the Board of Health in the City of New York, giving them authority to regulate, inspect, and lay down requirements for her admission into the work of midwifery, and for the withdrawal of the license.

(c) To enact a law along the same lines, placing the authority, however, in the Board of Health in connection with medical men to be appointed from the County of Kings, the County of New York, and the New York Academy of Medicine.

It was finally decided that the medical representatives present would make a report of the Conference to their respective organizations, asking them to report to the Public Health Committee

of the Neighborhood Workers whether or not their respective societies would favor one of the three suggestions made.

This report was duly presented to the Comitia Minora of the Medical Society of the County of New York at its meeting on Friday, January 18, 1907, with the request that the Neighborhood Workers be informed whether or not this organization of medical men and women will support the Neighborhood Workers in their efforts to secure legislation along one of the three lines above named, and if so, along which one of the said three lines.

After accepting the report the Comitia Minora instructed its delegate to inform the Chairman of the Public Health Committee of Neighborhood Workers that it is impossible to secure an expression of opinion from the members of the Medical Society of the County of New York until some future time, and that the Comitia is not prepared to endorse any of the three propositions submitted. Its delegate was requested to represent the Society in the same capacity in the event of further conference with the aforesaid esteemed committee.

By inference Miss Crowell unconsciously answered in advance the best argument for a State law, namely, because a midwife once convicted of a crime would afterwards be disqualified to practice by reason of said conviction. First catch your rabbit. The report says: "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."

From a statement already quoted, it is evidently much easier to convict on the charge of practicing medicine illegally. But I do not suppose such conviction would interfere with a licensed midwife following her own vocation thereafter. If it would, Mr. Andrews' point would be very important. Otherwise, even from this standpoint we should scarcely be better off with a State law than we are at present. And under such a law, I suspect, convictions for practicing medicine illegally would become exceedingly difficult.

In presenting this review of the subject, I do not recommend any special legislation for midwives this year, notwithstanding the recent investigation and conference. As in the case of the social evil, the problem remains unsolved. Miss Crowell has made an interesting report, but her conception of the magnitude of the evil associated with the present state of affairs seems greatly exaggerated. It occurred to me to make inquiry as to the present attitude of life insurance companies toward women of child-bearing age as compared with men, and women likely to be attended in confinement by midwives as compared with those employing physicians. I have the honor to present the following letter from my esteemed friend, Dr. Augustus S. Knight, Medical Director of the Metropolitan Insurance Company. Dr. Knight stated over the telephone that a woman actually known to be pregnant for the first time or a multipara who has had a previous complicated labor is not considered as good a risk as a nongravida.

NEW YORK, Feb. 5, 1907.

DR. J. M. MABBOTT, 19 Fifth Avenue, New York City:

DEAR DOCTOR:—Replying to the question that you asked me over the telephone yesterday, I can tell you that the Metropolitan Life Insurance Company has not been able to detect and discriminate against those women who are likely to be attended in their confinements by midwives, because those facts have not been presented to us in the different cases. I will say further, though, that if it were brought to our attention that a woman had gone through a confinement under the care of a midwife, and that a midwife would be employed if she were again pregnant, we would promptly discriminate against that person as a life insurance risk.

The Medical Director of the Prudential Life Insurance Company informs me that these cases have not been detected, and have, therefore, not been discriminated against.

On the whole, our experience with females as life insurance risks in the industrial department is very satisfactory, for, whereas the number of insured males is just about the same as of the females, yet the mortality among the females is three times as favorable. This indicates the exposure and hardships which the men have to undergo.

Yours very truly,

(Signed) A. S. KNIGHT,

history-of-obgyn.com Medical Director.

As shown by Dr. Knight's letter, the insurance companies as yet actually make no discrimination against the midwife's supposed victims.

The Investigator seems to have a special horror of domestic filth. But unless actually introduced by some one's fingers into the parturient canal, ordinary dirt or filth is comparatively innocuous. Dr. I. L. Hill, in a paper entitled "The Statistics of One Thousand Cases of Labor,"* forming part of the Report of a Free Outdoor Maternity Clinic, makes the observation that "apparently the tenement house in spite of its squalor and filth, is at least as unlikely to furnish the germs of infection if a careful technique is used as the hospital, where case follows case, even though in the hospital a more formal and perfect scheme of asepsis is possible." I hope never to have occasion to cite this observation in defense of my hospital work. But it seems to me that organized outdoor maternity service among the poor in their own homes, as provided, for many years, by the Old Marion Street Maternity Hospital (now an integral part of the New York Infant Asylum) and on a much larger scale by the Society of the Lying-in Hospital, and by other philanthropic societies and individuals, should gradually and largely supplant the midwife until the condition of the poor shall improve to the extent of enabling them more generally to pay for the services of a physician as well as some kind of a nurse.

To quote once more, we are told that "The law protects the poor against improper housing conditions, against unsanitary surroundings, against unwholesome food supplies; but it makes no effort to protect over forty thousand mothers who are annually exposed to the known dangers of incompetent, ignorant, unclean midwives who attend them during confinement." On the contrary, in case of death it requires a certificate from a physician or coroner before a burial permit can be obtained. The fear of the law is the beginning of wisdom. If stillbirths were placed in the same class, such a provision would inculcate a still greater sense of responsibility. This would probably promote a disposition to call in a physician more frequently, and at an earlier stage in protracted and complicated cases. The community expects a man to provide medical aid for a sick child. It would involve no unusual hardship to be compelled to call a physician for

*AMERICAN JOURNAL OF OBSTET., Vol. LIV, No. 1, 1906.

the unborn babe and mother in labor, or be held answerable to the coroner. Even the coroner's office might not always remain above suspicion. But the Health Department could revoke a rule at any time, whereas a State law "altereth not" or at least not easily.

President Schurman, of Cornell University, is reported to have opened his argument against socialism in a recent debate by stating his belief that "the need of the day is not more government but less government."* The Raines Law, regulating the sale of liquors on Sunday, is a sufficient warning for those who would seek to improve the morals of the community by legislation.

The more I reflect on the subject the more I become convinced that we should not do too much in this country to insure the permanency of the midwife. Midwives are un-American. Where I grew up, in a Connecticut city less than a hundred miles from New York, they were unknown. After we have assimilated our immigration (always making allowances perhaps for the last undigested increment) we should have no more use for them. The writer has always supposed that, next to economy, the after-care of the mother and baby was the secret of the legitimate demand for the midwife's services. But among the Italians, 93 per cent. of whom employ midwives, as already stated, less than half of these midwives perform the services indicated. Apparently the Italian midwife is no longer obliged to do the nursing. It ought not to be very difficult to persuade most of these people, who no longer depend upon the midwife as a nurse, of the superior advantages of employing a physician. The Italian midwife has evidently risen above her calling. The same is true of another midwife, to whom Miss Crowell apparently points with pride, a Russian, "well educated, whose home showed every evidence of refinement, whose husband and son were both physicians," and of whom the midwife stated "that she taught them all they knew." Imagine such a woman restricting her practice to normal cases!

The writer of this paper thinks that a woman should be examined during pregnancy and that uranalysis should be made in every case. I believe that a woman in confinement is entitled to professional care. I believe she is entitled to some relief of suffering in certain cases by various means, including the use of chloroform. I believe that ergot should sometimes be administered and pre-

*New York *Herald*, Monday, January 21, 1907.

scribed to be taken repeatedly. This would constitute the practice of medicine, provided the midwife is to be paid for her services. Still further, I believe that immediate perineorrhaphy should be done in many cases of laceration of the perineum which cannot be predicted in advance. How can I, therefore, recommend a law for the license and regulation of midwives when they regularly deprive women of some or all of these advantages? On the other hand, shall we pass a stringent law abolishing the practice of the midwife? For the present will it not be better, avoiding specific legislation, to make a continuous effort, year by year, to educate the people to understand the superior advantages of medical supervision and medical attendance?

By and by the foreign population could be made to understand that there are large numbers of physicians willing to attend them for small fees, or without remuneration if they are too poor to pay. They can be made to understand that certain institutions furnish such services gratis under proper supervision; and, further, they will eventually learn that there are several hospitals to which they may be admitted entirely free of cost to themselves if they are unable to remain at home. When the time comes for a more radical change the more decent midwives might be permitted to register as nurses. But you will find that some of the very persons who are prepared to advocate a State law for the registration of midwives to continue their vocation as such appear to feel hurt at any such suggestion.

Nevertheless, the demand for nursing among the poor makes this the natural vocation of honest, decent midwives, or of those at least who shall prove incapable of qualifying themselves to practice medicine in conformity with the requirements of the laws of the State of New York.

A campaign of education on the part of our settlement workers and others, a little more restriction by the Health Department, and a stricter enforcement of the laws now on the statute books, are the remedies chiefly to be recommended at present in dealing with the midwives of New York City. I have always supposed the Health Department to be endowed with extraordinary powers. If it has not the power to enforce the provisions of the Sanitary Code, such power should be conferred upon it by an enabling act. Unless essential, I am not sure that such an act should contain any specific reference to midwives.

A paper was read by DR. MABBOTT.

DR. WILLIAM E. STUDDIFORD.—At the meeting of the Association of Neighborhood Workers, as noted in Dr. Mabbott's paper, three propositions were submitted:

First, a law based on the English midwifery law and the Medical Practice Act of New York State. This law as presented was very elaborate, and provided for courses of instruction, examinations, etc., and was disapproved by all of the medical men present.

The second proposition had for its basis a Board of Examiners drawn from officers of the Department of Health, and placed the matter in their hands.

The third proposition suggested a Board of Examiners, to be appointed by the Department of Health, but on nomination by the Academy of Medicine and the County Medical Society. Both this proposition and the second one met with many objections, the principal one being that, while midwives seemed to be a necessary evil, any law which gave them recognition on a basis of examination was at this time not to be considered.

With these facts in mind, the Department of Health, together with Mr. Andrews of the County Medical Society and the Corporation Counsel, have drawn up the following bill:

*See original article, page 516.

An Act regulating and restraining the practice of midwifery in the City of New York.

The people of the State of New York, represented in Senate and Assembly, enact as follows:

Sec. 1. The Department of Health in the City of New York is hereby vested with power and authority to adopt rules and regulations and adopt ordinances governing the practice of midwifery in the City of New York, including rules and regulations, and ordinances for the admission to said practice, the exclusion from said practice, and the regulation and inspection of midwives and the practice of midwifery generally, in the City of New York.

Sec. 2. As used in this Act, the practice of midwifery means the offering or undertaking by any person to assist a woman in normal childbirth, but it does not include at any childbirth the use of any instrument, nor the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version, nor the removal of adherent placenta, nor the administering, prescribing, advising, or employing in childbirth of any drug other than a disinfectant. This Act shall not be construed as applying to any practitioner of medicine duly authorized to practice medicine and registered according to law, nor shall it authorize any midwife to practice medicine.

Sec. 3. Any person who shall practice midwifery in the City of New York in violation of any rules, regulations, and ordinances promulgated by the Department of Health, shall be guilty of a misdemeanor.

Sec. 4. This Act shall take effect immediately.

By this bill the Department of Health is given absolute power in the matter of drawing up rules and regulations for the control of midwives. It enables it to inspect midwives and lying-in establishments conducted by them. At the present time the Department has no power in this matter, and, as a result, the number of midwives is increasing; they are under no regulation or inspection, and many of them undoubtedly resort to criminal practices and are a source of danger to the community.

This bill is presented to you for discussion, and it is earnestly hoped that at the end of the discussion the Society will see its way clear, both as a society and as individuals, to indorse the bill and work for its passage through the legislature.

DR. C. A. VON RAMDOHR.—I indorse the remarks made by Dr. Studdiford, and would heartily support the proposed law as an initial step in the suppression or restriction of midwives. It is impossible for us, when we hear that forty-five thousand women are confined by them in New York City, to ignore midwives. Further, so many women are accustomed to the services of a woman at the time of parturition that we cannot at once set aside their cherished traditions and customs. In Europe midwives are well educated in proper institutions, where, by a long course of

training, the principles of asepsis, diagnosis, nursing, and noninterference are drilled into them. They are properly supervised by periodical inspection of their obstetrical bag and careful investigation of any death of mother or child or any sepsis occurring in their practice. When these midwives arrive on our shores, a small number remain the same careful women, and do all proper obstetrical work, barring operations, as well as the average physician, but the great majority without supervision very soon get slovenly, do not attend to cleanliness, try to do minor or major operations, and learn to perform abortions. Another class, who, after a little experience, some fake teaching, or experience as nurses, have felt proper to call themselves midwives, are, with rare exceptions, a danger to the life of mother or child, and to the community in general.

The amount of sepsis which occurs after midwives' confinements is appalling. They only call medical help when their patient is about to die. Lesser cases of sepsis are never reported to the Board of Health. Should there be a death it is not always reported, I am sorry to say, by some practitioners, for there are always terms like double pneumonia, which sound better on a death certificate than septicemia.

That these women need supervision we know. We cannot suppress them, neither can we at the present time create a professional class of midwives of high standing, because we have not the necessary schools. I heartily indorse the proposed bill which enables the Board of Health to supervise their work.

DR. S. MARX.—While I agree in the main with what the last speaker has said, yet I feel there is much use for midwives in New York City. If I had the courage of my convictions, and were it not for the fact that midwifery is known to-day to belong in the same category with the professional abortionists, I should, as a teacher and attendant in lying-in hospitals, have long ago started a respectable school for midwives. A year ago I asked a midwife what she had gained from the course of instruction she had taken. The answer was, "I have not gained. I lost. It cost me two hundred dollars for three weeks' teaching, and the only instruction I got was in seeing a woman delivered." This is the experience in instruction in midwifery to a person who should be upheld and encouraged in the proper direction. Dr. Mabbott does not come in contact with these cases initially, a thing that he must realize. If the average poor woman is to be attended by a physician it is physically and morally impossible for that man to give the woman the care and attention required at ten dollars per confinement. I know of one physician who employs three careful and skilled midwives to aid him. He has four hundred cases every year. The women are attended by one of these midwives, and, when about to be delivered or when difficulties arise, the doctor is sent for and delivers them. He rarely has a case of sepsis or a case of laceration of the perineum. In my own experi-

ence I see cases who have been delivered by midwives, and lacerations are no oftener met with in their cases than in those attended by physicians. When I look back to my internship in the New York Maternity Hospital, about twenty-two years ago, and remember the skill and the care with which the nurses examined the women, the care and skill exercised in diagnosing not only the presentations but the position of the presentations; when I look back at my experience abroad at the lying-in institutions in Europe, at the skill and the care shown by midwives there, I can see no reason why New York should not have them. By this courage of my convictions, I believe a proper school should be started. Such an institution or hospital for taking in and training women would be of value, and they should be trained, not for six weeks but for six months, trained in making a diagnosis of the position of the presenting part, and how to act in emergencies. If we allow incompetent women to go on, and if we make no attempt to elevate them, you will have bad midwives to deal with as long as you live. Give careful instruction to the midwives here as is given abroad, under careful supervision, letting them know that they will be absolutely forbidden to use any instrumentation whatsoever, and I maintain, in view of that, that we will require midwives in the City of New York. The poor woman is proud, and will not be treated as a pauper in an institution; but if at home, and attended by a midwife, and if the midwife is honest and anything happens, the woman may be urged to send for a physician. I believe that if the bill is passed it will be a good bill, but all such bills are lost. This is probably the last we'll know of it until some new altruistic streak will develop in the future.

DR. WILLIAM S. STONE.—I think that we should indorse this bill. From my own observation of midwives, I agree most heartily with some of the remarks of the last speaker in regard to them. I have found there are no more cases of sepsis in those women who are attended by midwives than in those who are attended by physicians. I think that in comparing the midwife with the physician attending the tenement-house cases, sepsis will probably be found to be less frequent in the cases attended by the midwives. I have thought since my experience with the midwives and with their work that we have been inclined to abuse them. I believe there is a field for them. While it may be that the Italian midwife does not give the after care required by these patients, there are few men skilled in obstetrics who can give the care for a ten-dollar fee that midwives, in general, can. Therefore, believing there is a field for them, I wish to heartily indorse the bill, which will do something in the way of legislation and will be the first step in furthering their education.

DR. W. E. STUDDIFORD.—I should like to make two or three remarks in regard to Dr. Mabbott's paper. First, as regards the power of the Health Department at present. The Health Depart-

ment has tried its best to extend the general health act, which gives power to add to the sanitary code, or to make ordinances, where public health is at stake. This means the protection of the public health. No one would consider such a measure as directed to a normal labor attended by a competent midwife. In the conduct of any normal labor, midwives understand their business, and there is no occasion for any such act. But, on the other hand, the Corporation Counsel has been consulted and has stated that the Health Department has no power in this matter. Bills have been introduced in the counties of Chautauqua, Monroe, and Erie; the bills all passed, and examining boards were appointed by the County Judge, and all served without remuneration. The Board is made up of physicians, of practising physicians, and they receive no remuneration. Consequently the Acts have not produced the results desired, with the exception of Rochester. Mr. Golden, active in all lines of sanitary work, assumed the responsibility of the instruction of midwives in Rochester. The bill presented to-night is based upon an entirely different plan. It gives broader powers to the Health Department than it has had, and enables it to deal more seriously with midwives. They should be limited to the conduct of normal labors. Now they not only take cases outside, but also in lying-in establishments. A number of these people within the last few years have been convicted by Mr. Andrews, the counsel for the County Medical Society, but the Health Department has not had the power to inspect these institutions. If the bill is passed and the midwife knows that her work is under inspection by officers of the Health Department, that alone is going to be efficient. If one found a midwife with her bag containing a dilator and a curette, that would be presumptive evidence of criminal work. Therefore, she would be prevented from practising midwifery. While this is the basis of the bill, it requires no examination; yet it presupposes the formation of a school for the instruction of midwives. At present there is no such school. I ask the members of this society to indorse the bill, so that we can at least establish some police regulations over midwives practising here, and eliminate the criminal and the incompetent ones. Afterwards, schools for the education of midwives in the city may be formed if we see the necessity for them. It is a narrow and an unwise policy for the medical profession to oppose legislation which gives control over the practice of midwifery.

DR. H. L. COLLYER.—I wish to support the doctor's statement. The New York Academy of Medicine recommended a State law. We know from past experiences what the midwife has been and what she is to-day. We cannot get rid of the midwife in this city or in other cities. But we can regulate her practice. It appears to me that a law which gives the Board of Health power to regulate midwives is a law we want. The law suggested appeals to me on the ground that it controls midwives to the greatest

alone with the least amount of danger. So long as the Board of Health remains efficient in this matter as now I hope the Society will indorse the bill.

DR. R. H. POMEROY.—It is fair to assume that this Society wishes to consider the public welfare in this entire matter. The midwife is a permanent institution in this city. From the point of view of the prospective mothers, it must be stated that they are attended as efficiently by the midwives as by physicians attending the same class of patients. This is a recognized fact. At present there are two classes of midwives, those that need more education and those who are criminal. In order to accomplish anything for the benefit of the public, we must have legislative power to police the criminals in that class. We as educators must stand together and have educated those who are willing to be educated. We cannot clean our own skirts. There is probably as much bad obstetrics by graduated and registered physicians as there is by midwives. I think we should stand positively for this legislation.

DR. F. A. DORMAN.—My first experience with midwives came when I went doing obstetrical work at the Post-Graduate. I was caring for a woman who had previously been delivered by a midwife. It took me about ten minutes to persuade the patient to allow me to remove the sheets for the purpose of making an examination. It showed me the ingrown prejudice against male attendance among these women. In the Sloane Maternity we saw very little of the bad results from the work of midwives. More desperate cases would occur in the cases attended by doctors, the result of bungling work. The gravest feature of the midwife situation is the amount of criminal operations that are done by them. While I have not had much contact with that sort of thing, I understand that in the Lying-in Hospital there are numbers of septic cases, the results of abortions by midwives. I agree with the attitude of Dr. Mabbott that this class of people should not have recognition, so far as giving them professional standing. They should not be given an opportunity to treat cases medically. But I feel strongly in favor of the bill as drawn up, and I hope we will do all we can to pass it.

DR. JAMES N. WEST.—My experience has been that a great many bad results occur from the attention of midwives to patients in confinements, and I have often thought of this subject. I welcome with delight the bringing forward of a law to control the practice of midwifery. I believe this is in the right direction. This law now brought up may have to be modified, but this time alone can tell. It is certainly a step in the right direction. We all know that a great many women commit abortions, and I know, moreover, that with regard to this crime that there is an awakening as in many other branches of society. It has been my pleasure to be called as an expert by the State in three cases within the last sixteen months, and this illustrates the manner with which the law covers the crime of abortion, and it also illustrated the difficulty

a fair-minded and determined jury encountered in bringing the guilty to justice.

The first case was that of Conrad. Through the instrumentality of the New York County Medical Society, Mr. Andrews, the counsel, brought Conrad to trial for an attempt at abortion. He did not produce the abortion; he did not even touch the woman. But, because he had in his possession instruments designed for the purpose, and the patient in position for operation, he was convicted. The case was taken to the Court of Appeals and they ratified the findings of the court which had convicted him, and he is now serving his term in Sing Sing.

The second case was that of a servant girl. A policeman had steered this girl to Conrad's sanitarium, and there Conrad did the work. This Conrad was already under sentence, the first conviction of the kind in this country. The case was a unique one. The policeman simply took the girl to the sanitarium, and he was convicted and sentenced to serve a term in the penitentiary for taking part in the performance of an abortion.

The third case was the People against Miller. Miller had induced an abortion upon a young woman who died. The Coroner at autopsy found a certain condition of things; among other things, certain material was found in the uterus which was said to be placental material. The first jury failed to convict; it was a hung jury, because the material removed from the uterus had not been examined microscopically. The doctors who saw the autopsy were not able to say positively that it was placental tissue. This was the weak spot in the case, and it was brought up again. The second time a hypothetical question was given to me, and I was able to answer that this was placental tissue. The woman was convicted and sentenced to the penitentiary. If you now think that the crime of abortion is not controlled, it is not because the people are not awakened to the heinousness of it, and that the District Attorney will not prosecute, but because the cases are not brought before the authorities.

DR. A. BROTHERS.—Some years ago I practised in the slums on the East Side, having the best opportunities to see the mischief done by midwives in the practice of obstetrics. The worse midwife for me was the superior woman whom we all met. The majority of cases of sepsis you now see in the hospital, I must confess, are those which give the history of having been under the care of a midwife. There is no question in my mind but that midwives are here to stay. The point was well brought out that the Italians are so sensitive in this matter that it is the greatest exception for an Italian woman to permit a medical man to enter the lying-in chamber during the process of confinement. These women are absolutely opposed to any change in the care of them by midwives. On the other hand, there is good work for us to do for midwives. I do not believe the busy practitioner can devote the time to the care of these poorer classes of women who require

assistance which they can get from midwives. Outside of that fact, I am convinced that a large number of septic cases come from the general practitioners of the slums. They have a case of diphtheria to treat, or they may do an intubation in diphtheritic croup, and then they deliver these women. The chance for infection is far greater than would occur in the hands, perhaps, of an unclean midwife. I disagree with any who feel that midwives as a class should be abolished. I do not believe they will be, nor do I believe they ought to be. I believe that there should be some institution as that of the Board of Health, which should require the registration of midwives. This law should not only be sanctioned by the Society, but it should bring the better class of midwives into the proper sphere of action and exclude that class which should not be allowed to practise. Therefore, I heartily indorse the movement on foot to give the Health Department supervision over midwives.

DR. J. MILTON MABBOTT.—I do not wish to be misunderstood as opposing the other gentlemen present. I am largely in accord with the statements made by Dr. Marx, Dr. Brothers and Dr. Stone. The Health Department should be empowered to enforce the provisions of the sanitary code, and what we wish should be made possible in it, instead of having any State law. I should recommend that instead of passing the resolution that we think it over until the next meeting. Showing that our views may change, I would like to call attention to the change of attitude in Dr. Pomeroy of Brooklyn since December 20 last, when he said: "These midwives need regulating; but I do not believe that the midwife can classify her cases as normal or abnormal. She must treat abnormal cases or be simply an obstetric nurse." Now he favors a law imposing an impossible restriction. Midwives have gone without regulating so far, except in the sanitary code. Some of them have done fairly well, and why should we rush into endorsing a city law giving power to the Board of Health in a specific manner, carefully differentiating, when we have gotten along without it in the past. Until we know what we want and what we need, and until we know what the attitude of the profession will be, I think it is rather early to act. Dr. Manges said to me: "Whatever you do will be wrong." I believe it will be wrong if we act hastily.

DR. W. E. STUDDIFORD.—The sanitary code cannot be considered in this. There is no sanitary code regulating midwives. We cannot incorporate anything into the sanitary code regulating midwifery. It is proposed to have a bill passed giving the Department of Health the power to adopt rules and regulations controlling the practice of midwifery. Now, it seems to me that if this is going to be postponed for a month it is wrong; the bill was to be introduced last night in Albany. It seems to me that a delay of one month may be a serious matter. We need all the backing of the medical profession we can get. If the gentlemen will read

the bill very carefully they will find nothing in it which adds to the recognition of midwives more than we do to-day. But it gives the Department of Health the power to regulate midwifery and makes this regulation as stringent as it may find necessary. This will eliminate a large amount of criminal practice. After a time the question of having a course of instruction may come up and the Health Department will have the power to recognize such courses of instruction, provided suitable colleges or institutions are incorporated where midwives can get their training. All we ask now is simply the power to regulate the practice of midwifery as it exists in the city of New York to-day. I think the New York Obstetrical Society should back up the Health Department in this matter.

DR. H. L. COLLYER.—I rise in reference to the motion. Dr. Mabbott has carefully gone over the situation, but he forgets that something must be done at once in regard to this matter of midwifery. This law simply enables the Board of Health to regulate midwives. Whereas to-day we have no control at all. Anyone can practice midwifery and they can even go further under the guise of midwives. But if we indorse this bill giving the Board of Health the power to regulate midwives, it will give that board the opportunity to stop improper practices. The city law, it appears, can be repealed more easily if we find that it is not good. This is simply a trial. We must control midwives or else the community is injured. Delay is dangerous because it means a failure to have any law passed. Therefore, I recommend that this Society endorse that procedure.

The Society then passed a motion endorsing the proposed bill.