

THE RELATION OF THE COMMUNITY TO THE MIDWIFE.

By WALTER H. ALLPORT, M. D.

The lecture read by the President of the Chicago Gynecological Society at Lincoln Center, February 29th, on "The Relation of the Midwife to the Community,"* was illuminating and thoughtful, if not of a tone to flatter our civic *amour propre*. It was also a little pathetic in its appeal to the public in the interest of the man-midwife—with incidental references to the parturient woman. Possibly, it may be contended, the discourse was not meant that way, but we have looked in vain for any word of commendation or encouragement or hope for the midwife as she certainly exists in medical history, as a goodly proportion of her must unfortunately be confessed to exist in this country today, or as we may hope she will come to exist in the future under more intelligent state supervision and instruction.

But the Doctor's discourse has presented only one side and one phase of the ever fresh, yet ever old and bitter, war of extermination between the male accoucheur and the *sage femme-hebamme-wehemutter-midwife*. Just at present the accoucheur seems most in favor in high places, and by virtue of superior education has the ear of the public. But time was when the accoucheur cooled his heels in the antechamber or behind the arras of royalty, waiting expectantly for an announcement that the *sage femme* at the queen's beside had reached the end of her resources. The eternal feminine is strong even in queens; and even when the life of an heir to a throne has been in the balance the exigency had to be a serious one to warrant calling for male help. Time was, too, when the accoucheur** awaited the summons in vain, and only heard after his return to Paris that the midwife had turned the child by the foot, and herself, unaided, had brought a dauphin into the world.

*The paper strikes a note quite in harmony with the following resolutions recently unanimously adopted by the Section on Midwifery, American Association for the Study of Infant Mortality:

Be it resolved; that it is the sense of this Section:

1. That the teaching of obstetrics in medical schools of the United States is grossly inadequate; that no time should be lost in according to the teaching of obstetrics an importance equal to that given to medicine and surgery.

2. That the study of local mid-wifery conditions is urged as a means of collecting facts with which to direct public opinion toward this important subject.

3. That the extension of outdoor dispensary and hospital obstetric facilities is advocated as one of the most efficient measures for obviating this source of maternal sickness and death and a high rate of infant mortality.

**Charles Guillemeau—the queen called him contemptuously, "cet homme de Paris qui accoucha les femmes."

The midwife of the present day has been so scared by the noise made by her male competitor in his efforts to accomplish her annihilation, or to bring her, at least, to a proper sense of her true and very humble position as a subordinate handmaid of science, that her voice is now seldom heard even in her own defense. But it should not be forgotten that the three earliest scientific text-books on obstetrics ever written were penned in the early 17th century by women for women—even though Ambroise Paré contributed most of the ideas. In England, Jane Sharp wrote "The Compleat Midwife." In Germany and the Low Countries, Justine Sieggemundin wrote the "Chur-Brandenburgischer Hof-Wehemutter," and had it illustrated at her own expense with copper-plate etchings which probably inspired the larger and more ambitious, but no better ones, in John Hunter's "Gravid Uterus." In France, that fat, delicious old midwife, Louise Boursier—*née* Bourgeois—wrote half a dozen books on her art, that would have done credit to any surgeon of her day. In her last book she is conceded to have talked her male derogators to a standstill.

The professional descendants of these women are practicing safe and satisfactory midwifery in European countries today and 80 per cent of European children are born under the wholesome supervision of women who have had no broad medical education.* But these women have had a thorough and practical training in state institutions, and practice under carefully framed and rigidly enforced state regulations, any fracture of which results in either fine, imprisonment or revocation of license.

The lecturer is undoubtedly correct in holding that we are afflicted with a plague of bad midwives, but the fault lies with us as a community and not with the midwives, who, like the rest of humanity, are just as good or as bad as our law or our enforcement-mechanism obliges or allows them to be. Furthermore, in spite of the hard feelings which the man-midwife for many centuries has felt toward his now much humbled but still numerous female colleague-*consoeur*, as it were—it is probable that the number of women practicing midwifery will continue to increase rather than diminish. This is not only because we are now educating a body of women physicians who instinctively take up obstetrics as a specialty, but in response to a wholesome and permanent public sentiment, existing in

*At the Hotel Dieu, Paris, in 1740-1, there were confined by midwives, 3,743 women. Of these only 5 died, and only 29 children were still born. At the London Lying-in Hospital in 1829, 377 women were confined by physicians and 4 died, with 18 still births.

every community, in favor of women attending women during normal childbirth. That this sentiment exists in every country and every age is obvious to anyone who cares to look over the polyglot catalogue of obstetrical pamphlets in the library of the surgeon general at Washington. Here are a few titles out of many:

P. Hecquet; *De l'indécence aux hommes d'accoucher les femmes. Ouvrage dans lequel on fait voir; pardiis raisons de physique, de morale, et de médecine, que les meres n'exposeraient ni leurs vies, ni celles de leurs enfans en se passant ordinairement d'accouchements et de nourrices.* Paris.

Proprietas; Address to the public on the propriety of midwives instead of surgeons practicing midwifery. London.

J. Stevens; Address to the Society for the Suppression of Vice. *Man-midwifery exposed; on the danger and immorality of employing men in midwifery proved and the remedy for the evil found.* London.

G. Gregory; Medical morals illustrated with plates and extracts from medical books designed to show the pernicious social and moral influence of the present system of medical practice and the importance of employing female attendants for their own sex. New York.

J. Blunt; *Man-midwifery dissected*—for the use of married couples and single adults of both sexes. The cunning, indecent, and cruel practices of men midwives, and instructions to husbands how to counteract them. A plan to instruct women in order to supercede male practice. Various arguments and quotations proving that man-midwifery is a personal, a domestic, and a national evil. London.

These medico-literary products of the early half of the Nineteenth Century are at least diverting. The address of Proprietas to the public in defense of "the British fair," with his peroration, "Husbands! beware of the man-midwife; regard him as the most subtle and venomous reptile that crawls upon the earth," is as good as anything in Dickens. The illustrations which Dr. Gregory has taken from contemporary text-books would do credit to Thackeray or Cruikshank, but the doctor is certainly correct in his protest that the artist has not eliminated the trail of the serpent from his work. Some of these articles were written by men of such distinction that they could hardly have been—at that time—lightly put aside. For example, the letter written to the London Times in 1858 by Sir Anthony Carlisle, late President of the Royal College of Surgeons, raised a vigorous and decidedly human protest against the proposed spread of man-midwifery through extension of the examining and licensing powers of the Royal College of Surgeons.

These pamphlets are not half so wicked in the reading as they sound in their titles, and from a medical standpoint they are, of course, mere curiosities, but sociologically—and perhaps morally—they have a far deeper and more permanent meaning.

There is another reason for the permanent existence of the mid-

wife in our community, which should appeal even more strongly to the independent American than to the individual accustomed to what we choose to regard as the state paternalism of European countries. The midwife is often the alternative which the self-respecting laboring man and his wife choose, rather than accept either charity or subsidized help. And we have still a long way to go before the average parent will give any direct recognition to the proposition that the state has any proprietary right in his child, or that his child is "an asset of the state." The average man insists—and rightly so—on paying at least for his first born, and the most he is apt to care to concede to the state is the privilege of training his wife's obstetrical attendant.

The devices which the lecturer offers us to take the place of the midwife—dispensaries, district nursing, social centers, lying-in hospitals, medical attendants salaried by the state—although conceded to be beneficial organizations supplying service far beyond the means of this average working man, are nevertheless apt, when offered or accepted thoughtlessly, to result in the pauperization of many a family which should be entitled to pay for its own service in its own way, in its own home, and at its own price. Such cheaper service is furnished and can only be furnished through the medium of the midwife, and foreign countries, recognizing the legitimate demand, see to it that this great preventive of the misapplication of medical charity is at the same time also safe and satisfactory.

However much society may profit through local generosity and public spirit, the problem calls for a solution far beyond that furnished by dispensaries, district nurses, social and medical centers, or even lying-in hospitals. In fact, such eleemosynary institutions serve perhaps but to cloud and divert the issue and to retard real advance, through offering but a partial way out of the real difficulty of how to help the parturient woman without training her at the same time to accept charity.

We may grant that the present status of the midwife in this country is bad, but we will also have to concede, for the reasons stated, that there will always exist a large proportion of families who will either through choice or necessity avail themselves of her services, however bad they may be.

Under such conditions, the problem obviously becomes one of making the best of a profession which has such a firm hold on many—whom the lecturer calls "these people"—that it cannot be shaken off.

As to the manner in which society as a series of loosely organized and only partially cooperating charitable units has been meeting this problem, the lecturer has perhaps said enough, except that he has failed to bring out the fact that such uncentralized efforts—mostly charitable—are temporary, sporadic, and altogether insufficient and inefficient in reaching the root of the trouble.

Every right thinking man, however, will uphold him in his assertion that the prime duty of furnishing service and protection for society and for the individual, in this as well as in many other closely correlated directions, lies with society itself—"the solution of the medical problem belongs to the state and to society."

The avenue along which this creative and corrective force should proceed is by intervention of the state and its police power to provide and enforce the technical education and regulation of those who would qualify to engage in midwifery practice. It is the duty of the state—at present shamefully neglected—through its legislative and executive arms to approach this matter fearlessly and without regard for pressure or politics.

Such an approach, however, should be well considered, for our entire community is just emerging from an adolescence already too much prolonged by the retarding influence of laws poorly constructed and impossible of execution. American midwifery is in sad need of a chance to take part in such a legal, moral, and social—not to say scientific—regeneration as that which has been coming over the rest of the medical profession during the passing generation. Such a regeneration in order to be permanent and effectual cannot proceed any great distance simply by administrative process acting arbitrarily and from without; it must proceed from within the profession, and must have the hearty support and cooperation of that better class of midwives who are capable of seeing the benefits to be ultimately achieved through better schools and revised laws.

It does not seem to be exactly in this practical or conciliatory spirit, however, that the lecturer approaches his solution of the problem. The proposition that the midwife should "be equally equipped by education with the physician" is tantamount to offering her an alternative between total extinction and taking a college education. This solution can hardly be taken seriously, because it is neither feasible nor necessary. We can hardly think that the time is within measurable distance when the midwife will undergo the hoped-for annihilation by the simple process of making a doctor out of her. It is asking too much both of legislation and of human

nature to ask the midwife to take a degree, or even an equivalent course in medicine, before qualifying farther in obstetrics. Nor does the situation apparently call for such radical measures. In European countries, and especially those occupied by Germanic races, perfectly competent midwives are trained by law, within a reasonable time and at an insignificant cost, to give safe and satisfactory attention to women during normal pregnancy and labor for the small sums which poor but independent families prefer to pay for such services rather than suffer the degradation of accepting charity or subsidized help. That a midwife cannot receive a thorough training in the treatment of normal labor, and in the abnormalities of the pregnant and parturient woman, without qualifying herself to practice medicine is a manifest absurdity, nor is it in any way compensated for by offering to the unwilling parturient the eleemosynary benefits of the dispensary, the visiting nurse, the social and medical center, the undergraduate accoucheur, and the lying-in hospital, as substitutes. Such an alternative is hardly just either to those countless thousands of mothers who wish from motives of modesty or economy to follow their ancestral practice, provided labor is normal, or to those fathers who do not wish to start their children but in the world as public charges. As a choice between two evils, the writer confesses to a sneaking preference for the man who chooses to carry his unpaid bill for his wife's confinement for an indefinite period in his pocket, over the fellow who—more honestly, perhaps—surrenders his independence by having his wife confined at the county hospital.

Evidently, we have the midwife permanently with us because the public demands her and her more aristocratic confreres cannot abolish her. The plain truth would seem to be that the midwife has a permanent and legitimate place in the community, and she should be allowed to fill it under laws which should be reasonable, modern and well enforced. And the state should provide facilities by means of which modern qualifications to practice midwifery can be secured by any Illinois woman without going outside the state.

The midwife should be prepared both in theory and practice to attend normal labor. She should have sufficient knowledge to make her aware of pathological situations both in the pregnant and parturient woman. She should be familiar with the restrictions which the law places on her practice. So much the midwife owes the state, and heaven only knows how far short she now falls in coming up to these reasonable requirements.

But the fault for her short-coming lies now with the state. We

have a right as a modern community to ask for a comprehensive state law which, when enforced, shall bring the status of midwifery up to a standard where it can be compared, without blushing, with that permanently existing in most European countries. It is generally conceded that our present medical practice act under which midwives are licensed, is sadly in need of a general rehabilitation, but nowhere more so than in the sections relative to midwifery.*

Whether the needed remodeling of these sections takes the form of a separate midwifery practice act, or becomes a part of the new

*For the information of those not familiar with the statute, the following extracts from the Illinois Medical Practice Act, 1911, define the present status of Illinois mid-wifery:

Sec. 2. No person shall hereafter begin the practice of . . . mid-wifery in this state without first applying for and obtaining a license from the State Board of Health. Application shall be in writing, and shall be accompanied by the examination fees hereinafter specified, and with proof that the applicant is of good moral character When the application aforesaid has been inspected by the Board and found to comply with the foregoing provisions, the Board shall notify the applicant to appear before it for examination.

Examinations may be made in whole or in part in writing by the Board and shall be of a character sufficiently strict to test the qualifications of the candidate as a practitioner. The examination of those who desire to practice medicine and surgery in all their branches shall embrace those general subjects and topics, a knowledge of which is commonly and generally required of candidates for the degree of doctor of medicine, by reputable medical colleges in the United States. The examination of those who desire to practice mid-wifery shall be of such a character as to determine the qualification of the applicant to practice midwifery.

All examinations provided for in this act shall be conducted under rules and regulations prescribed by the Board, which shall provide for a fair and wholly impartial method of examination:

Sec. 3. If the applicant successfully passes examination, the Board shall issue to such applicant a license authorizing her to practice midwifery provided, further, that those who are authorized to practice midwifery shall not use any drug or medicine or attend other than cases of labor. Such license shall be in such form as may be determined by the Board and in accordance with the provisions of this act: Provided, however, that any wilful violation on the part of an applicant of any of these rules and regulations of the Board, governing examinations shall be sufficient cause for the Board to refuse to issue a license to such applicant. Such certificates shall be signed by all members of the Board and attested by the secretary.

Sec. 6. The State Board of Health may refuse to issue the certificates provided for in this act to individuals who have been convicted of the practice of criminal abortion, or who have by false or fraudulent representation, obtained or sought to obtain practice in their profession, or by false or fraudulent representation of their profession have obtained or sought to obtain money or any other thing of value, or who advertise under names other than their own, or for any other unprofessional or dishonorable conduct, and the Board may revoke such certificates for like causes. Provided, that no certificates shall be revoked or refused until the holder or applicant shall be given a hearing before the Board.

Illinois medical practice act when that archaic document receives its approaching modernization, the law should on that occasion be framed to bring about permanent conditions of which we have no occasion as a community to be ashamed.

The act should provide for a licensing state board of midwifery examiners and inspectors, authorized also to prescribe and enforce a curriculum of study in licensed and inspected institutions. It should prescribe and define the exact limits of practice by midwives, and should provide penalties for violating or exceeding the same. The board should have authority to revoke the licenses of such midwives as have been legally shown to have exceeded or abused the privileges conferred on them by the act. Upon such an examining, licensing, and supervising board the female midwives should have at least one representative. The same act should provide for the instruction of midwives in the prescribed curriculum, by the staff and in the wards of all lying-in hospitals maintained out of public funds, and at such other incorporated hospitals as shall accept supervision and shall satisfy the board that the legal curriculum is being honestly carried out. Such institutions should be privileged to issue diplomas, but these latter should not supercede the state board license. Provision should be made for the examination and licensing of foreign midwives wishing to practice within the state. The act should provide the board with ample police power, not only to enforce inspection, but to secure the punishment of violations both of the written statute and of its own technical regulations. There should be provision for an annual appropriation actually sufficient to make the law something besides a dead letter.

Since the result of such revision of the existing law is bound to effect a radical change in the status of all midwives, it is but just that it should take effect gradually in order not to work injustice against those who by virtue of long residence have acquired certain rights. These rights do not exist and need not be considered in the case of newcomers or recent graduates. If the law is to reach midwives already practicing in the state at the time it goes into operation, it should not be by way of retroaction, but through the medium of inspection and of the enforcement of penalties for violations of provisions applying to all practitioners.

It has already been intimated that such a regenerative process as one is reasonably entitled to expect through a radical revision of our state midwifery regulations must perforce proceed—to be effectual—from within. The movement, furthermore, should proceed not

only from within the medical profession, but should enjoy the active support of the best members of that other sex and profession which is conceded in this state to be doing more than 50 per cent of the hard work of midwifery. It may perhaps be something of a pill for the State and Chicago Medical Societies or the Chicago Gynecological Society to swallow, but the midwives should be invited to, and should receive a voice in, any representative conference which these societies may call together to frame and promote a revised midwifery statute. To do otherwise would, if nothing more, certainly prove poor politics, for such is the perversity of feminine human nature that it would be hardly reasonable to expect "these people" to give their very important support to a bill vital to themselves yet in the framing of which they were allowed no participation.

It would look as though there were but one logical method to be pursued in making any progress toward a law which the midwives would not fight in the making, and fight some more in the enforcing, and finally evade and nullify in the courts. This method lies through the initiative of the Society of which the lecturer is the honored head, acting in conjunction with our City and State Medical Societies, and meeting with representatives of that large class whose numbers at least should entitle them to a voice in the framing of legislation vitally affecting their own livelihood and standing in the community.