THE REGULATION OF MIDWIFERY.*

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YOUR committee has asked me to speak on the regulation of midwifery.

Midwifery is defined in the Century Dictionary as: "The practice of obstetrics; the practice of assisting women in childbirth."

So to avoid any possible misunderstanding, I am using midwifery as synonymous with obstetrics, and shall speak of the obstetrical problems in our American cities where we have a large foreign population with which to contend.

Now if we look at the obstetrics as conducted in the foreign quarters of any of our large cities, we are at once brought face to face with two classes of practitioners, — the midwife, usually dirty and untrained, and her competitor or accomplice, the doctor, usually ignorant and often unscrupulous. It is of these two classes of practitioners I wish to speak.

But as we have used the word "foreign" in connection with those that employ the midwife, let us for a few moments retrace the steps of the immigrant and see the midwife at home.

In Europe, obstetrics has always been in the hands of midwives, and the necessity for the trained midwife was recognized as soon as higher medical knowledge was considered essential for the practice of medicine. Let us take Germany as an example of a country with a well-established midwife system, realizing that what is true of Germany is with only slight variations true of the whole of Europe.

In Germany the midwife is carefully trained by the government in well-established Kliniks, usually by university professors.

Midwives are rigidly examined before they are allowed to practice. Their exact duties and limitations are carefully outlined by law. Before starting in practice, the midwife must report to the medical inspector in charge of that locality,

* Read before the Conference on Infant Hygiene, Philadelphia, May 22, 1912.

and after he has passed upon her credentials, she will be allowed to go to work, but she is constantly under his supervision, and should she neglect her duty or disobey his instructions, she is subject to fine or imprisonment. Not only that, but she must report at once any abnormal symptoms occurring in the condition of any one of her patients to a physician, and should he fail to respond to her summons, he is subject to punishment.

In considering the continental midwife and her work we must remember the high standing of European physicians. The standard of education required before they are permitted to practice is so high that imposters and charlatans and, to a lesser degree, dishonorable physicians, are excluded. Thus it is that the midwife when she summons medical aid must necessarily call upon a trained practitioner.

Then we must also bear in mind that in European countries laws on the statute books are enforced without the slightest regard for local popular sentiment, so that it is next to impossible for the midwife to violate the law and practice outside of her narrow limits without being punished.

But in spite of this complete system, Germany to-day is seriously in doubt as to the worth of her midwife system. Many obstetricians feel that just as long as the midwife is tolerated, just so long puerperal fever will reap its yearly harvest, and each year thousands of mothers and newborn babies will yield up their lives unnecessarily as a result of the flaws and fallacies in the midwife system.

In England we find an entirely different story. True, the midwife has always flourished there, but the government regulation is of very recent date. The midwives were so numerous, and the trained midwives so very few, that early in the present century tremendous pressure was brought to bear on Parliament, and the present midwife system was adopted, in spite of very vigorous medical opposition.

In comparing the system with America, we must bear in mind that in England, as on the continent, the standing of the medical profession is high and the standard uniform. Quacks are not countenanced, and unscrupulous medical men comparatively few.

The result of this new system in England has been very curious and interesting. The obstetricians, of all the medical men, alone urged the passage of the midwife bill because they saw the worst results of the old régime, and they felt that any change must be an improvement. The general practitioner fought the bill. Now we see the tables turned; for the most part the general practitioners are in favor of the changed conditions. The midwife works *with* the general practitioner and saves him much wearisome and unprofitable work. The general community is probably, at the present time, better off, because midwives were numerous and very dirty and now they are, comparatively speaking, clean. But the obstetricians are feeling considerable regret, for they find that England is satisfied with the midwife instead of the physician, which must steadily make for a lower obstetrical standard.

One member of the Midwives Board for 1911, Sir George Fordham, states in no uncertain terms that all the normal midwifery of the country should be in the hands of the midwives, and the medical profession act merely as consultants in emergencies. Deprived of the bulk of normal obstetrics of to-day, how can the English physician of the future be prepared competently to care for the emergencies? The lowering of the obstetrical standard must ultimately react on the infant welfare of the future.

As the situation we are facing in this country is not so much the midwife question as the question of poor obstetrics in general, it is interesting to note the recent figures of Chalmers, in Glasgow, where the physicians are good and the nurses and midwives without proper training or supervision; he found that puerperal fever was occurring in the practice of midwives and nurses at twice the rate which obtained in the practice of qualified practitioners when they had charge of the patient from the beginning. In this country what little investigation has been accomplished has usually proved that in this regard the midwives were no worse than the doctors with whom they were in competition. This has been used as an argument in favor of the midwives; does it not, however, merely show the frightful level to which obstetrical practice in America has been allowed to sink?

Professor Williams, of Johns Hopkins, has recently proved that obstetrics is shamefully neglected in most of our medical schools, and that even the large majority of students in our best schools at the time of graduation are not sufficiently trained to conduct properly a case of normal labor on their own responsibility.

As we look at the history of obstetrics in America, we do not find any uniform standard. The situation differed probably in each of the thirteen colonies, and now we have a different story in each state of the Union.

Let us see what has been the history of midwifery in Massachusetts, and how the problem has been treated down to the present time.

That the midwife was the chief practitioner of obstetrics in Massachusetts in colonial times, we judge from the following paragraph written by a Boston physician in 1820: "Among ourselves it is scarcely more than half a century since females were almost the only accoucheurs. It was one of the first and happiest fruits of improved medical education in America that they were excluded from practice, and it was only by the united and persevering exertions of some of the most distinguished individuals our profession has been able to boast, that this was effected." So we see that until about 1770 midwives flourished in Massachusetts, but that from then on they disappeared from practice, so that the mere proposal of one coming to Boston to practice brings out a forceful pamphlet on the midwife question.

When the midwife came to Boston, and how

she flourished in other parts of Massachusetts, it is not difficult to imagine. She came with her fellow countrymen from Austria, from Russia and from Italy, and working among her own people she was not noticed until gradually her position became established and she gained recognition in that the laws for registration of births recognized her existence. However, when the Board of Registration in Medicine was established, in 1894, and laws governing the practice of medicine were passed, the midwife was not mentioned, and by such omission the Supreme Court of Massachusetts has decided that midwives are excluded from the practice of their profession, and midwives have been fined for violating the law.

But this does not mean that Massachusetts is free from midwives. Careful search reveals them at work in every city where the foreigner forms a large proportion of the population. But because of the enforcement of the law, feeble as it has been, the midwife is not conspicuous. How many midwives there are, and how active, it is very hard to say; careful investigation has, however, revealed some one hundred and fifty in more or less active practice. And in five cities, where they are unchecked in their activities, in 1909 they attended 2,138 births, or an average of 15% of all the births in those five cities.

In Boston during the year 1911, not a single birth was reported to the city registrar by a midwife. But this does not mean that Boston is free from midwives. They exist, unfortunately, but they are closely connected with physicians, who report the births for the midwives. Perhaps to some this would seem an ideal solution of the problem — the midwife conducting the normal case, the physician assuming the responsibility and exercising a supervision over the midwife. This might be ideal in foreign countries, but here in America the physician who will work with the midwife is not usually of such high standing as to promise much for the welfare of the patients.

In view of this in the recent Prompt Birth Return law which has just been passed in Massachusetts, there is a clause requiring the physician or midwife signing the report to state whether or not they were actually present *at* the birth. Thus we hope gradually to secure evidence which will make it possible to prevent the midwives from continuing in practice.

But in such a matter as this, legislation is powerless. The keynote is education. We must educate the general public to realize the necessity for good obstetrics, and place the means of obtaining it at the disposal of all, and then with or without laws against the midwife she will disappear from our cities.

As a factor in this campaign of education a well-conducted maternity dispensary is of tremendous power. Let me describe the working units of such an institution.

A few rooms in a congested portion of the tenement house district; the patients apply for treatment as soon as they wish, but the earlier the better, preferably as soon as pregnancy is suspected. As soon as the diagnosis is made the patient is visited by a social worker, who sees to it that the patient is worthy of charity, or else that a nominal fee is promised. The patient returns for monthly conferences, meanwhile being visited by a district nurse. Should an abnormality or any deformity be discovered, the patient will be delivered in a maternity hospital, but if all is normal, in her own home by students of medicine in medical school centers, under the supervision of competent instructors, or by young *physicians*, where students are not obtainable. Such an institution advertises itself and educates a constantly increasing proportion of the mothers of the future.

We are gradually developing the details of such a system in Boston, where the Out-Patient Department of the Lying-In Hospital has for many years cared for more than 10% of all the births in the city. To show that the foreign population will come to such a hospital, I have collected the following figures from the records of the pregnancy clinic of the Boston Lying-In Hospital.

Of the last 1,000 cases that have applied for treatment in our pregnancy clinic, 83% were foreign born, a large proportion of them speaking little or no English; 51% of these 1,000 cases were born in Russia and 13% in Italy.

Another method of education has been recently started by the Division of Child Hygiene, of the Boston Board of Health. To prevent the high infant mortality in certain of the most congested portions of Boston, the scheme was adopted last fall of sending around nurses to make visits in the homes where infant deaths had occurred from enteric disorders the previous year. Where these nurses found that another child was expected, they tactfully began a campaign of education by advising competent hospital care, but where this was refused, even after continued urging, they endeavored to keep the confidence of the family, in spite of what might ensue, striving to give prenatal and post-partum care, so far as the patient would permit. The work started with two nurses, but it has been so successful that six nurses are now at work in greatly increased territory.

There is another method of education which might be afforded these ignorant immigrants, and that is to place in their hands upon arrival in this country a statement of the true facts as to midwives and doctors, explaining that these terms in America are not necessarily equal to their known European value; also where to apply for advice in case of illness.

Let us briefly see what has been done elsewhere in America. In New York City where over 50,000 births are conducted by midwives each year, the problem has seemed too stupendous to be met as in Massachusetts, and so the midwife has been recognized and a school established for her education, and laws have been passed for her regulation and supervision.

In Pennsylvania, until 1909, there was no law controlling the midwives. But in that year such a law was passed. Dr. Newmayer, having had charge of the working of this law in Philadelphia,

has come to the conclusion that the midwife is *not* an economic necessity. He believes that by education she can be gradually eliminated. Such a work of education with this end in view has been begun in Pittsburg in the last few weeks. Finding that some 5,000 babies were born every year in that city without medical attendance, the Pittsburg Maternity Dispensary was established to care for this portion of the population. It has an efficient corps of physicians, nurses and social workers.

To summarize the regulation of midwifery in America, we have first of all to face these problems: obstetrical education in our medical schools, the midwife, and the ignorance and prejudice of the immigrant population. Let us be prepared to meet these problems with eyes opened to the facts. Our medical schools are not giving the proper training in obstetrics. The general public is not awakened to the value of obstetrically trained physicians. The man or the woman who is to take the responsibility of obstetrical cases must be prepared to cope with each and every emergency which may occur during labor or the puerperium; must be, in other words, an obstetrician thoroughly trained in general medicine to give the best results, to give the attention we know to be necessary. Anything less than this is a makeshift and a substitution and must be so regarded in the clear light of modern science. To train women to take care of normal cases only must be fallacious, for who is to make the diagnosis and be sure that the case is normal?

Until we have a uniform standard of medical education, we shall be sure to find the ignorant physician summoned by the midwife in trouble; the better trained doctors will not be called upon; the contrast would be too marked.

It seems hardly fair to punish the immigrant mother for her ignorance. It seems hardly right to say there shall be two standards of obstetrics, one for the poor and ignorant, and another for the intelligent and well-to-do.

Let us frankly acknowledge our shortcomings and strive to educate the general public to realize the importance, the vital importance, of obstetrics, and demand that it shall be thoroughly taught to every medical student before he is allowed to practice medicine. And to only such persons as have adequate training shall the full responsibility of attending obstetrical cases be entrusted.

Then let us teach our immigrants that in America we believe in equality, as near as possible an equal chance for life, health and happiness given to each child at birth, — a single standard of obstetrics for all.

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MIDWIVES IN MASSACHUSETTS.*

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THE fact that many midwives are practicing in Massachusetts in defiance of the law was uncovered in 1909 by an investigation relative to the prevalence of ophthalmia neonatorum. To find out as nearly as possible how many of these practitioners there are and how well they are qualified for their practice, the "Commmittee on Birth Returns and Midwives of the Boston 1915" instituted an investigation. The following is a study of the results of this investigation together with some closely related data obtained by the Research Department, Boston School for Social Workers supported by the Russell Sage Foundation. These data concern the association of physicians and midwives in Boston and are of interest in the light of recent legislation.

The investigation carried on by the "Committee of Boston 1915" employed trained workers acting under the advice of a Boston obstetrician. In two cities the facts were collected by other trained workers—in Fall River by the agent for the "Society for the Prevention of Cruelty to Children" and in New Bedford by the agent of "The Children's Aid Society."

The plan of campaign adopted by this committee was to see what cities and towns had a foreign population of sufficient size to make midwife practice probable. The city or town clerks in these communities were then questioned as to the number of birth returns made by midwives and of the presence of midwives in that city or town. Then, with these facts at hand, the investigation went to the cities and towns where the midwives existed in numbers large enough to make the study worth while.

As a result of this undertaking, 104 midwives were interviewed, most of them in their homes, and the following tables are arranged from facts obtained at such interviews.

Besides these 104 midwives found in the cities and towns mentioned below, there were in 1909 some 28 midwives practicing in the cities of Gloucester, Lawrence, Lowell and Worcester, as reported by H. C. Greene.[1]

It is the opinion of the Committee that there

* Reported at the annual meeting of the American Association for the Study and Prevention of Infant Mortality, Cleveland, Ohio, Oct. 4, 1912.

[1] Ophth. Neon. in 10 Mass. Cities. Monograph No. 1, Am. Asso. for the Cors. of Vision.

TABLE 1. (1) BOSTON.

Nationality	No. of midw'fs	Age in yrs.					Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Italian	18	2	6	6	4	0	10	5	3	13	5	2	16	0	11	7	5	10	3
Russian	5	2	1	0	0	2	3	2	0	5	0	4	1	0	4	1	3	2	0
Irish	2	0	0	0	1	1	0	0	2	1	1	2	0	0	0	2	0	2	0
Syrian	1	0	0	1	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0
German	3	0	0	1	2	0	0	0	3	3	0	3	0	1	1	1	3	0	0
Swedish	4	0	0	1	2	1	0	0	4	4	0	4	0	0	4	0	3	1	0
American	2	0	0	2	0	0	0	0	2	2	0	2	0	1	0	1	1	1	0
French	1	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	1	0	0
	36	4	7	12	9	4	14	7	15	30	6	19	17	2	21	13	16	17	3

TABLE 1. (2) BOSTON.

Nationality	No. of midw'fs	Length of Practice				Attends Normal Cases Only		Uses Antiseptics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Italian	18	0	6	9	3	13	5	16	2	11	5	2	0	5	13	6	12	2	16	1	17
Russian	5	1	1	1	2	3	2	4	1	1	1	1	2	2	3	5	0	0	5	0	5
Irish	2	0	0	1	1	1	1	1	1	0	1	0	1	0	2	1	1	0	2	0	2
Syrian	1	0	0	1	0	0	1	0	1	0	0	0	1	1	0	0	1	0	1	0	1
German	3	0	1	1	1	2	1	3	0	1	0	2	0	1	2	0	3	0	3	0	3
Swedish	4	0	0	1	3	1	3	4	0	1	0	3	0	1	3	4	0	1	3	1	3
American	2	0	0	2	0	1	1	2	0	0	0	2	0	0	2	1	1	1	1	0	2
French	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1	1	0	0	1	0	1
	36	1	8	17	10	22	14	30	6	14	7	11	4	10	26	18	18	4	32	2	34

existed in 1910 approximately 150 midwives in more or less active practice in the State of Massachusetts.

The tables herewith are made to correspond with those employed by investigators of the midwife in other cities and states.

I have divided the results obtained into five sets of tables and a general summary. Each set consists of two tables, one pertaining to the personal data concerning the midwife herself, the other relating to her practice. I have grouped the cities in some cases where the number of midwives would otherwise have been insufficient to have made conclusions possible.

As each locality investigated shows many individual characteristics. I shall take up each group and describe in a little more detail the results given in the tables.

In table 2 a few of the columns perhaps need a word or two of explanation. Column 2 might perhaps better read "States she attends normal cases only," as the word of the midwife was not questioned in most of these cases. In column 3 by "the use of antiseptics" is meant the use of corrosive sublimate or lysol or sulpho-naphthol in sufficient strength to be useful. At first glance the "Care of infants' eyes and cord" in column 5 seems an unfortunate grouping, but as it has been employed in the reports of investigators in other cities, I have continued it here. As a matter of fact, there was no instance of a midwife using especial care in the treatment of the cord who did not at the same time use some prophylactic for the eyes. "Attention to mothers" in column 6 I have taken to mean, when negative, nothing more than the attention a physician or an externe from a lying-in-hospital would give to the mother in his post-partum visits, such as changing the pad (and binder if necessary), taking the temperature and pulse and straightening out the bed. The other columns need no explanation.

From a study of these tables we see that half the known midwives in Boston are Italians, who, for the most part, are in the prime of life, the graduates of excellent schools and living in fairly good homes. More than 66% state that they attend only normal cases and many of these notify a physician, with whom they are closely associated, at the onset of labor in each and every case they attend so that he will be ready to give assistance should it be necessary. Additional information, however, shows that some of these well-trained Italian women are practicing medicine in other lines than obstetrics and are open on many counts to violation of the law.

The Italian midwives in Boston charge from $5 to $20 for attendance and very few do more for the mother and baby than can be accomplished in a daily visit of one hour. It is inter-

esting to note that the Italian midwives who have the largest practice, some 150 to 200 cases a year, are for the most part untrained and, by their own admissions and by the testimony of Italian physicians who constantly see these women at work, are shockingly careless. On the other hand, midwives of excellent training and good character, with as near adequate equipment as a midwife can possess, are called for but 30 to 60 cases a year.

Little can be said about the Russian midwives except that they do very little work, nearly all of the five practicing now solely as obstetrical nurses.

The Scandinavian midwives, all well-educated women, deliver some 200 to 250 children every year in Greater Boston, averaging about 55 cases per midwife. They receive $10 to $15 for each case. Unlike most midwives of other nationalities they act in the double capacity of physician and nurse and do much for the comfort of their patients.

TABLE 2. (1) CAMBRIDGE 12, SOMERVILLE 1, CHELSEA 3, BROOKLINE 1.

Nationality	No. of midw'fs	Age in yrs.					Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Irish	3	0	0	1	0	2	0	0	3	2	1	3	0	0	0	3	0	2	1
Portuguese	3	0	1	1	1	0	1	0	2	2	1	2	1	0	0	3	0	1	2
American	2	0	0	2	0	0	0	0	2	2	0	2	0	0	0	2	0	1	1
Canadian	2	0	0	1	1	0	0	1	1	2	0	2	0	0	0	2	0	1	1
Polish	2	1	0	1	0	0	0	2	0	0	2	2	0	0	0	2	0	0	2
English	1	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	0	0	1
Scotch	1	0	0	0	0	1	0	0	1	0	1	1	0	0	0	1	0	1	0
Russian	1	0	0	1	0	0	0	1	0	1	0	1	0	0	1	0	1	0	0
Swedish	1	0	0	1	0	0	0	0	1	1	0	1	0	0	1	0	1	0	0
Armenian	1	0	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0	1	0
	17	1	1	9	3	3	1	5	11	12	5	15	2	0	2	15	2	7	8

TABLE 2. (2) CAMBRIDGE 12, SOMERVILLE 1, CHELSEA 3, BROOKLINE 1.

Nationality	No. of midw'fs	Length of Practice				Attends Normal Cases Only		Uses Antiseptics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Irish	3	0	1	0	2	3	0	2	1	0	1	0	2	0	3	3	0	0	3	0	3
Portuguese	3	0	1	0	2	2	1	3	0	0	2	0	1	0	3	2	1	0	3	0	3
American	2	0	0	1	1	2	0	2	0	0	1	0	1	0	2	2	0	0	2	0	2
Canadian	2	0	0	0	2	1	1	2	0	0	0	0	2	0	2	2	0	0	2	0	2
Polish	2	0	1	0	1	2	0	0	2	0	0	0	2	0	2	2	0	0	2	0	2
English	1	0	0	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Scotch	1	0	0	0	1	1	0	0	1	0	0	0	1	0	1	1	0	0	1	0	1
Russian	1	0	1	0	0	0	1	1	0	0	0	1	0	1	0	1	0	0	1	0	1
Swedish	1	0	0	0	1	0	1	0	1	0	0	1	0	0	1	1	0	0	1	0	1
Armenian	1	0	0	1	0	1	0	1	0	0	0	0	1	0	1	1	0	0	1	0	1
	17	0	4	2	11	13	4	12	5	0	5	2	10	1	16	16	1	0	17	0	17

Close analysis of these tables shows that most of the women are past middle life, practically without any technical education and living in poor surroundings. Additional information shows that most of them are not professional midwives, many of them working without pay for their friends and neighbors. Only six of the seventeen cared for more than 20 women a year and not one of them for more than 60 cases. The fees averaged about $5, though one well-trained midwife would never take a case for less than $10. According to the statements of physicians familiar with these midwives and their work, most of these women when left to themselves in charge of a case conducted it without the slightest knowledge of the principles of obstetrics and in utter ignorance of the danger involved.

QUINCY, BROCKTON AND LYNN.

These cities are grouped together because the number of midwives in each city is so small, and as these cities are a little too far away to be included in Suburban Boston.

We see from these tables that the few midwives in these cities are for the most part middle aged women or younger, well educated in all save obstetrics and living in comfortable surround-

TABLE 3. (1) QUINCY 5, BROCKTON 3, LYNN 3.

Nationality	No. of midw'fs	Age in yrs.						Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Finn	4	1	2	0	1	0	0	1	2	1	4	0	3	1	0	1	3	1	2	0
Swedish	2	0	0	2	0	0	0	2	0	0	2	0	1	1	0	2	0	2	0	0
Lithuanian	1	0	1	0	0	0	0	0	0	1	1	0	1	0	1	0	0	1	0	0
Polish	1	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	1	0	0	1
Irish	1	0	0	0	0	1	0	0	0	1	1	0	1	0	0	0	1	1	0	0
Scotch	1	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	1	1	0	0
Canadian	1	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	1	1	0	0
	11	1	3	3	3	1	0	3	4	4	11	0	9	2	1	3	7	8	2	1

TABLE 3. (2) QUINCY 5, BROCKTON 3, LYNN 3.

Nationality	No. of midw'fs	Length of Practice				Attends Normal Cases Only		Uses Antiseptics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Finn	4	0	3	0	1	4	0	4	0	2	0	1	1	0	4	4	0	0	4	1	3
Swedish	2	0	0	1	1	1	1	2	0	2	0	0	0	1	1	2	0	0	2	0	2
Lithuanian	1	0	1	0	0	1	1	1	0	1	0	0	0	0	1	1	0	0	1	0	1
Polish	1	0	1	0	0	0	1	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Irish	1	0	0	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Scotch	1	0	0	1	0	1	0	1	0	0	0	0	1	0	1	1	0	0	1	1	0
Canadian	1	0	0	1	0	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0	1
	11	0	5	3	3	9	3	11	0	6	2	1	2	1	10	11	0	0	11	2	9

TABLE 4. (1) SPRINGFIELD 8, CHICOPEE 2, HOLYOKE 5.
CITIES OF THE CONNECTICUT RIVER VALLEY.

Nationality	No. of midw'fs	Age in yrs.						Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Polish	6	1	2	3	0	0	0	6	0	0	6	0	0	6	1	5	0	1	2	3
Italian	5	1	2	0	2	0	0	5	0	0	4	1	2	3	0	4	1	1	3	1
German	2	0	0	2	0	0	0	0	0	2	2	0	2	0	0	1	1	1	0	1
Russian	1	0	0	1	0	0	0	0	1	0	1	0	1	0	0	0	1	0	1	0
Canadian	1	0	0	0	0	0	1	0	0	1	1	0	1	0	0	0	1	0	1	0
	15	2	4	6	2	0	1	11	1	3	14	1	6	9	1	10	4	3	7	5

TABLE 4. (2) SPRINGFIELD 8, CHICOPEE 2, HOLYOKE 5.

Nationality	No. of midw'fs	Length of Practice				Attends Normal Cases Only		Uses Antiseptics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Polish	6	0	2	4	0	6	0	6	0	2	4	0	0	0	6	6	0	0	6	0	6
Italian	5	0	1	3	1	5	0	5	0	3	0	2	0	0	5	3	2	0	5	0	5
German	2	0	0	2	0	2	0	2	0	1	0	0	1	1	1	1	1	0	2	0	2
Russian	1	0	0	0	1	1	0	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Canadian	1	0	0	0	1	0	1	0	1	0	0	0	1	0	1	0	1	0	1	0	1
	15	0	3	9	3	14	1	14	1	6	5	2	2	1	14	11	4	0	15	0	15

ings. They all render the mothers rather more attention than a physician would give. Additional data shows that at least three of these eleven are really obstetrical nurses who only occasionally take full charge of a case. These women have anywhere from less than 10 to about 60 cases a year and receive from $3 a case to $15 a week for their services.

Examination of these tables shows that these industrial centres of Western Massachusetts have a moderate number of midwives for the most part from 30 to 50 years of age, well educated (two-thirds of them holding diplomas from foreign schools), living in fair surroundings and giving the mothers rather more attention than they would receive from a physician alone. Additional data shows that these women are doing a large practice, eleven stating that they delivered 50 or more cases a year, five of them delivering over 100 and one of these 300 cases a year. They are paid from $2 to over $10 for their services. The Italian women are probably as a class the best trained, but many of them are practicing medicine in other branches than obstetrics, according to the statements of physicians familiar with the work of these midwives.

TABLE 5. (1) FALL RIVER AND NEW BEDFORD.

Fall River.

Nationality	No. of midw'fs	Age in yrs.						Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Portuguese	4				1				2	1				4	0	0	4	0	1	3
Irish	2					1		0	0	2			2	0	0	0	2	2	0	0
American	2												2	0	0	0	2	1	1	0
English	2				1					2	1		2		0	0	2	0	2	0
Italian	1								1				1		0	0	1	0	1	0
Russian	1									1								1	0	0
Polish	1										1			1	0	1	0	1	0	0
	13				2	1		0	3	6	2		7	5	0	1	11	5	5	3
New Bedford.																				
Portuguese	4	0	0	2	2	0	0	0	0	4	1	3	4	0	0	0	4	3	0	1
Polish	3	0	0	0	1	1	1	0	3	0	0	3	1	2	0	1	2	2	0	1
Russian	1	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1
American	1	0	0	0	1	0	0	0	0	1	1	0	1	0	0	0	1	1	0	0
American (Colored)	1	0	0	0	0	0	1	0	0	1	1	0	1	0	0	0	1	0	0	1
English	1	0	0	1	0	0	0	0	0	1	1	0	1	0	0	0	1	0	1	0
Scotch	1	0	0	0	1	0	0	0	1	0	0	1	1	0	0	0	1			
	12	0	0	3	5	2	2	0	5	7	5	7	9	3	0	1	11	6	1	4

TABLE 5. (2) FALL RIVER AND NEW BEDFORD.

Fall River.

Nationality	No. of midw'fs	Length of Practice				Attends Normal Cases Only		Uses Antiseptics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Portuguese	4				1		2		3					0	4						
Irish	2	0	0	1	1									0	2						
American	2	0	0	2	0			1						0	2						
English	2	0	0	1	1	1		2	0	1	0	1	0	0	2						
Italian	1	0	1	0	1																
Russian	1	0	0	0	1			1	0					1	0						
Polish	1	0	0	1	0									0	1						
	13	0	1	5	5	1	2	4	3	1	0	1	0	1	11						
New Bedford																					
Portuguese	4	0	1	1	2	4	0	3	1	0	0	3	1	0	4	4	0	1	3	0	4
Polish	3	0	0	1	2	3	0	2	1					0	3	3	0	0	3	0	3
Russian	1	0	0	0	1	1	0	1	0					0	1	1	0	0	1	0	1
American	1	0	0	0	1	1	0	0	0					0	1	1	0	0	1	0	1
American (Col).	1	0	0	0	1	1	0	1	1					0	1	1	0	0	1	0	1
English	1	0	0	1	0	1	0	1	0					0	1	1	0	0	1	1	0
Scotch	1	0	0	0	1	1	0	1	0					0	1	1	0	0	1	0	1
	12	0	1	3	8	12	0	9	3	0	0	3	1	0	12	12	0	1	11	1	11

TABLE 6. (1) GENERAL SUMMARY.

City	No. of midw'fs	Age in yrs.					Res. in Am.			Read Write		Speak Eng.		Diploma			Home Conditions		
		20 to 29	30 to 39	40 to 49	50 to 59	60 yrs. or more	1 to 10 yrs.	10 to 20 yrs.	Over 20 yrs.	Yes	No	Yes	No	American	Foreign	None	Good	Fair	Bad
Boston	36	4	7	12	9	4	14	7	15	30	6	19	17	2	21	13	16	17	3
Cambridge, etc.	17		1	1	9	6	1	5	11	12	5	15	2		2	15	2	7	8
Quincy, etc.	11	1	3	3	3	1	3	4	4	11	0	9	2	1	3	7	8	2	1
Springfield, etc.	15	2	4	6	2	1	11	1	3	14	1	6	9	1	10	4	3	7	5
Fall River	13				2	1		3	6	2		7	5		1	11	5	5	3
New Bedford	12			3	5	4	0	5	7	5	7	9	3	0	1	11	6	1	4
	104	7	15	25	30	17	29	25	46	74	19	65	38	4	38	61	40	39	24

TABLE 6. (2) GENERAL SUMMARY.

City	No. of midw'fs	Length of Practice				Attends Normal Cases Only		Uses Antiseptics		Equipment and Cleanliness of Bag				Care of Infant's Eyes and Cord		Atten. to Mothers		Suspected Criminal Practice		Receives and Cares for Cases at Home	
		1 yr. or less	1 to 10 yrs.	10 to 20 yrs.	20 yrs. or more	Yes	No	Yes	No	Good	Bad	Not seen	None	Good	Bad	Yes	No	Yes	No	Yes	No
Boston	36	1	8	17	10	22	14	30	6	14	7	11	4	10	26	18	18	4	32	2	34
Cambridge, etc	17		4	2	11	13	4	12	4	0	5	2	10	1	16	16	1	0	17	0	17
Quincy, etc	11		5	3	3	8	3	11	0	6	2	1	2	1	10	11	0	0	11	2	9
Springfield, etc.	15		3	9	3	14	1	14	1	6	5	2	2	1	14	11	4	0	15	0	15
Fall River	13		1	5	4	1	2	4	3	1	0	1	0	1	11						
New Bedford	12		1	3	8	12	0	9	3	0	0	3	1	0	12	12	0	1	11	1	11
	104	1	22	39	39	70	24	80	17	27	19	20	19	14	89	68	23	5	86	5	86

As can be seen, the investigation in Fall River was not carried out as fully as in other cities and is chiefly of value in showing the number of midwives engaged in practice. In New Bedford we find twelve women all over 40 years of age and three-fourths af them over 50 years of age, more than half of them illiterate and all but one without any obstetrical education. All of these women rendered rather more service to the mother than would have been given by a physician. Additional information showed that only five of these women were caring for more than 50 cases a year, while only three cared for 150 as a maximum. Their fees ranged from $2 a case to $10 a week.

Looking at the general summary of all these tables we see that in the year 1910 there were 104 women more or less actively engaged in the practice of obstetrics without the degree of doctor of medicine. Of these 104 midwives at least 10% were in reality obstetrical nurses who only occasionally assumed charge of the actual delivery of patients in labor.

We see that a large proportion of these women are over 40 years old. Comparatively speaking very few are illiterate. Over 35% of these women are well educated. Less than 25% of all these women are living in bad surroundings.

Nearly 25% of the midwives in Massachusetts admitted that they cared for abnormal cases. Only 14 midwives used proper prophylactic care in the treatment of the eyes of the new born.

Sixty-eight of the midwives gave more attention to the mother than would be given by a physician but we must remember that at least 10% of these 104 midwives are essentially obstetrical nurses and only pretend to act as midwives in emergencies where the physician having been called has failed to arrive. Only 5% of these midwives investigated were suspected of undertaking abortions.

One fact was obtained very early from this investigation and that was that many midwives were closely associated with physicians and that particularly in Boston the birth returns were usually made by the physicians and not by the midwife.

Acting upon this suggestion an investigation was undertaken by the School for Social Workers.

This was based upon birth returns made in 1910 and investigated in three Wards in Boston.

Table 7 becomes of considerable interest in the light of recent legislation for whatever interpretation could have been put upon the action of these physicians in the past, at the present time they must by law signify on each and every birth return whether or not they personally attended the birth.

As a matter of fact this action on the part of the physicians has probably not been considered as in any way improper because according to the data furnished by the School for Social Workers at least three of the physicians in the above table who signed birth returns for midwives on cases they had never attended are Fellows of The Massachusetts Medical Society.

TABLE 7.

Showing presence at confinement of doctors who signed Birth Certificates in 1910, in Wards A, AA and AAA.

Birth Certificate Signed by	Total for which information about presence of doctor was obtained	Doctor alone present at confinement	Doctor and midwife present at confinement	Midwife present at confinement; doctor came afterward	Midwife present at confinement; doctor did not come at all
WARD A					
Attendance from Institution Y	99	99	0	0	0
Attendance from Institution Z	64	63	1	0	0
Dr. 1	94	10	14	17	53
Dr. 2	78	3	20	39	16
Dr. 3	56	3	15	26	12
Dr. 4	13	1	0	7	5
Dr. 5	13	0	1	2	10
Dr. 6	11	1	2	4	4
Dr. 7	16	1	3	6	6
Dr. 8	18	8	3	3	4
Dr. 9	18	1	3	8	6
Miscellaneous Physicians Resident in Ward A	55	17	12	17	9
Miscellaneous Non-resident Physicians	48	41	3	2	2
Collected by canvassers and signed xxx, or signed by midwives	47	0	0	0	47
WARD AA	630	248	77	131	174
Miscellaneous Physicians	570	566	1	0	3
Collected by canvassers and signed xxx, or signed by midwives	13				13
	583	566	1	0	16
WARD AAA					
Miscellaneous Physicians	477	472	4		1
Collected by canvassers and signed xxx, or signed by midwife	1				1
	478	472	4		2