THE MIDWIVES OF ANNE ARUNDEL COUNTY, MARYLAND.*

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In an effort to solve the midwife problem in the United States there have been careful reports published of the midwifery conditions in three large American cities: Baltimore, Chicago and New York. Up to the summer of 1911, however, no investigation of conditions in the rural districts had been attempted. In these the character of the population, the industries and transportation facilities present an entirely new phase of the question. Therefore, an investigation in Anne Arundel County, Maryland, was undertaken under the direction of Dr. Mary Sherwood.†

This county was selected as a fairly typical example of the conditions existing throughout the country districts of the State, with its mixed population, native whites, foreign whites, and colored, and the varied nature of its industries, ranging from farming to oystering and canning. The means of transportation here is almost entirely by horse.

Anne Arundel County lies on Chesapeake Bay just south of Baltimore County and includes the city of Annapolis. It covers an area of 430.4 square miles. A recent census gives a population of 43,740, of which 26,775 are white, 16,965 are colored. The county is divided into eight election districts, in each of which there are usually two Board of Health subregistrars who report to the local registrar at Annapolis. All but two of the registrars are physicians. Outside of the city of Annapolis there are twenty physicians, or approximately one physician to every twenty-one square miles.

Before presenting the details of the investigation which we have conducted in this county, it may be well to give a brief summary of the requirements in this State for the licensing of midwives:

1. If in actual practise prior to July 1, 1910, a license will be issued without examination after registration with the local registrar.

2. After July 1, 1910, requirement for registration and license is the passing of an examination with the State Board of Health; applicants for examination must be qualified to read and write, must be able to fill out correctly the required birth certificate and present a certificate from a maternity hospital or legally qualified practitioner of applicant's attendance on at least five cases of childbirth, and that such applicant is competent to attend ordinary cases of labor.

The statute declares it unlawful for any midwife to make a vaginal examination, to attempt to deliver a retained placenta, to use forceps, to attempt version or any forcible delivery, and requires that in all cases of labor not normal a licensed practitioner be notified.

Report of all cases of ophthalmia neonatorum is obligatory.

We are under great obligations to Drs. Price and Beitler of the State Board of Health for their hearty co-operation and assistance. From them we obtained a list of the registered midwives. Owing to the difficulties of traveling in the county, we found it convenient to fix our headquarters in Annapolis and make trips of several days duration into the various districts where the registrars cordially gave us invaluable assistance in locating the midwives in their vicinity. Many of the houses were difficult to reach as they were miles away from the main road. In conducting the interviews with the midwives we used the questionaire prepared by the Committee on Midwifery which is similar to that employed in all previous investigations, and a tabulation of the facts obtained was prepared which appears in Tables I and II.

Of the 119 midwives practising in the county 17 or 14.28% are Americans, 95 or 79.83% are colored and 7 or 5.71% are foreigners, including 2 Germans, 2 Poles, 1 Lithuanian, 1 Bohemian and 1 Dane. Twenty are practising in the city of Annapolis.

The white midwives take only white cases. The colored midwives take white and colored cases, and the latter they deliver themselves, whereas to most of the white cases they serve only as obstetrical nurses with a physician. Three of the 119 midwives had about 75 cases a year; 1 had 65; 2 had 50; 2 had 35. The remainder averaged from 3 to 30 cases a year.

Two-fifths of the births in Anne Arundel County recorded at the Health Department are attended by midwives. In the year 1911 40% of this two-fifths were reported by three midwives. Only 33 of the 119 midwives state that they ever report births, and most of these do so only occasionally.

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† Chairman of the Committee on Midwifery of the Association for the Study and Prevention of Infant Mortality.

Of the 119 only 4 had been trained in a school for midwives. The remainder were self-taught or had worked with a physician at the bedside. One of the 4 had attended a school for midwives in Chicago for six months. Two had a six months' hospital training, one in Germany, one in Russia. One had two and a half years in a hospital in Denmark. Two colored midwives had "responded to the call of a good spirit."

Thirty-four had registered with the Board of Health; 21 of these had received licenses to practise. Only 3 had signs displayed according to the law. Seventy-seven could neither read nor write.

Practically all the midwives made vaginal examinations. nail-scissors with especial pride; 4 carried thermometers. The midwives did not count the pulse; 1 colored midwife stated that she always felt the pulse, but gave as an estimate of the normal pulse, "about two."

The fees received average from $3 to $5, although several of the white women earn as much as $10 to $25. The distances to be traveled often make it necessary for the midwife to remain at the home of the patient. In these cases, besides the confinement and nursing, her duties always include entire charge of the household. Many, however, make daily visits for ten days toiling backward and forward several miles over the country roads.

TABLE I.—119 MIDWIVES OF ANNE ARUNDEL COUNTY—PERSONAL STATISTICS.

Nationality.	Number.	Age in Years.								Residence in America.				Education.				Diploma.			License.		Registered at Health Board.		Home Conditions.			
		20 or less.	20–29.	30–39.	40–49.	50–59.	60–69.	70–79.	80–89.	1 yr. or less.	1–10 yrs.	10–20 yrs.	20 or more.	Read and Write. Yes.	Read and Write. No.	Speak English. Yes.	Speak English. No.	American.	Foreign.	None.	Yes.	No.	Yes.	No.	Good.	Fair.	Bad.	Not seen.
Americans	17	..	..	3	4	8	1	1	..	..	..	..	..	14	3	17	..	1	..	16	1	16	3	14	12	3	1	1
Negroes	95	..	..	6	19	42	16	10	..	..	1	1	..	14	73	95	..	..	1	95	18	77	29	66	23	62	9	1
Germans	1	..	..	1	..	..	1	..	..	..	..	..	1	1	..	1	..	1	..	..	1	..	1	..	1	..	..	..
Bohemians	1	..	..	..	..	..	1	..	..	..	..	..	1	1	..	1	..	..	..	1	1	..	1	..	1	..	..	..
Dane	1	..	..	..	..	1	..	..	..	..	..	..	1	1	..	1	..	..	1	..	1	..	..	1	1	..	..	..
Lithuanian	1	..	..	..	..	1	..	..	..	..	..	..	1	1	..	1	..	..	..	1	..	1	..	1	1	..	..	..
Poles	2	..	..	..	..	1	1	..	..	..	..	..	1	1	1	..	2	..	..	2	..	2	..	2	..	2	..	..
TOTAL	119	..	..	10	23	53	20	11	2	..	1	3	3	32	77	117	2	2	2	115	21	98	34	85	37	66	10	5

TABLE II.—119 MIDWIVES OF ANNE ARUNDEL COUNTY—FACTS ABOUT THEIR PRACTISE.

Nationality.	Number.	Length of Practising Years.				Methods of Practice.												Care of Infant's Cord.				Attention to Mother.		Suspected of Criminal Practise.	Receives and Cares for Patients in Home.
		1 or less.	2–9.	10–19.	20 or more.	Attends Normal Cases Only. Yes.	Attends Normal Cases Only. No.	Uses Antiseptics. Yes.	Uses Antiseptics. No.	Uses Antiseptics. Sometimes.	Equipment and Cleanliness of Bag. Fair.	Equipment and Cleanliness of Bag. Bad.	Equipment and Cleanliness of Bag. Not seen.	Equipment and Cleanliness of Bag. None.	Care of Infant's Eyes Bathed Daily. Boric.	Care of Infant's Eyes Bathed Daily. Water.	Care of Infant's Eyes Bathed Daily. Breast Milk.	Care of Infant's Eyes Bathed Daily. No.	Prophylactic (Boric) Yes.	Prophylactic (Boric) No.	Twine and Powder or Nutmeg.	Twine and Absorbent Cotton.	Twine and Lard or Vaseline.	Sterile Tape and Aseptic Powder	Yes.	No.		
Americans	17	1	4	18	4	14	3	8	7	2	..	4	..	13	9	6	1	1	7	10	9	1	5	6	17	..	1	..
Negroes	95	1	19	36	39	59	36	10	71	14	..	24	..	71	21	55	3	16	8	87	28	7	57	3	29	6	1	1
Germans	1	..	..	1	1	1	1	1	1	..	1	..	..	1	1	1	..	..	1	1	..	..	1	1	1	..	..	..
Bohemians	1	..	..	1	..	1	1	1	1	..	..	1	..	..	1	..	..	..	1	..	..	..	..	1	1	..	..	..
Dane	1	..	..	..	1	..	1	1	1	..	..	1	..	..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..
Lithuanian	1	..	..	1	..	..	1	1	1	..	..	1	..	..	..	1	..	..	..	1	..	..	1	..	..	1	..	..
Poles	2	..	..	..	..	..	2	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..
TOTAL	119	2	23	47	47	74	45	22	81	16	1	31	..	87	33	65	4	17	18	101	37	8	63	11	110	9	2	1

All professed to wash their hands with soap and water although, according to the physicians, many go unwashed directly from field labor to an obstetrical case. A number lubricated their hands and the vulva with lard or vaseline. Only 2 of the 22 who claimed to use antiseptics had any comprehension of their significance. Prophylactic silver nitrate was used by no one. Seventy-four attended normal cases only. Forty-five called in no medical assistance even for such complications as hemorrhage, retained placenta and abnormal presentations requiring version. Perineal tears were apparently not recognized at all, but three admitted their occurrence. One alone of the 119 midwives carried a bag with the requisite supplies and that was not clean. Some sort of a bag was carried by 31—the usual equipment being vaseline, a ball of twine and scissors. One displayed a pair of gilt

A history of puerperal infection, criminal abortion and ophthalmia neonatorum is quite impossible to obtain. According to one of the physicians Neisser infection was very uncommon until, within recent years, the electric lines and State roads have made communication with the city easier. Only two midwives were suspected of criminal practise, and these were white. According to the physicians it is the patients themselves who induce abortion.

The country midwife labors under peculiar difficulties. She is not trained to recognize complications early and when emergencies arise it may take hours before a physician can arrive. One case of post partum hemorrhage was lost by a colored midwife who had been impressed by a doctor that under no circumstances must she introduce her hand or anything else into the birth canal. When the hemorrhage com-

menced she sent five miles to the nearest doctor who happened to be in attendance on a case three miles from home in a house where there was no telephone. That midwife is held in ill repute in the neighborhood because she refused to treat the complication herself. Those who assume any responsibility and are most officious—usually the white midwives—are the most popular. One of this type naïvely stated that she always removed the placenta manually, immediately after the birth of the child, because she thought it was so much better for the mother. She also repaired perineal tears.

The colored midwives are spoken of as "grannies." The plane on which they are held is shown by the fact that when they are too old for any other work they become midwives. For the most part the colored midwife attempts less than the white and her practise is, perhaps, more easily guided by the physician, whereas, the white midwife has much more initiative and is more likely to compete with the physician for obstetrical cases.

The white midwives who have the largest practises and receive the highest fees live in or near the towns.

The following are some of the practises of a few colored midwives:

1. *Treatment for hemorrhage.*—Ice held in the hand; licking alum; a hot potato held in the hand; equal parts of paregoric and laudanum by mouth while at the same time a piece of cloth is burned in the stove; packing the vagina with any kind of rags that are handy in case of post partum bleeding.

2. *Treatment for delayed placenta.*—Feathers burnt under the nose of the patient to make her sneeze; salt held in the hands to make them sweat while the patient blows into a bottle.

3. *The use of douches and ergot.*—In one neighborhood ante partum douches were routine. Post partum douches are quite commonly used when the placenta is not intact or when the lochia have an abnormal odor. The midwife carries from patient to patient her own douche tip, which she greases before using. Ergot is used by a few of the white midwives to increase labor pains.

4. *The kinds of pads used.*—Anything from greased rags to burlap is used by the very poor unless the midwife is in a position to furnish them with something different. On one occasion we visited a poor Lithuanian woman who had been delivered that morning in a room containing two dilapidated beds and a broken chair. The midwife whom we accompanied informed us that a woman washing at a tub whom we could see from the window, had been confined the day before in the other bed. Our midwife not only received nothing for these confinements but even supplied these poor women with clean pads.

In our interviews we marveled at the intelligence of several of these colored midwives who had their training on plantations before the war and who to most of our questions gave replies which would have been a credit to the present generation. They formed a pleasant contrast to the one who in response to our request to see her license amiably produced her marriage license. Notwithstanding their superstition and ignorance the colored midwives were on the whole a simple-minded, sympathetic lot ready to trudge miles over the sandy roads in the midsummer heat to earn their meager fees which in many cases they never received at all.

In conclusion we feel that in the southern rural districts there is a special problem to solve. Most of the physicians in the country agree that the midwife cannot be dispensed with. The distances are too great for the number of physicians practising there and yet the fees are too small to support a greater number of physicians. Since the midwife seems to be a necessary evil in these southern districts the problem resolves itself into one of education. Yet unless the training and equipment were provided gratis the average colored midwife could not avail herself of it. Having had it would she be willing to continue to receive so small and uncertain a remuneration? At the present time the local physician must be looked to not to solve the problem, but for the palliation of these lamentable conditions and to encourage him there is demanded a closer supervision of the midwifery conditions existing in his community.