THE POSITION OF THE NEW YORK STATE DEPARTMENT OF HEALTH RELATIVE TO THE CONTROL OF MIDWIVES.*

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THE midwife problem has been with us for years. Many physicians, without full appreciation or understanding of the problem, have consistently advocated the abolition of the midwife. In various foreign countries midwives have been taught the elements of midwifery and have been granted licenses and supervised so that they might be kept under control. The problem in England was met by the establishment of a central board of control, as is now a matter of general knowledge to those who have followed the various attempts to control midwives.

Realizing that this was a problem which had to be met, it was undertaken by the Department of Health of the City of New York in accordance with a special act of the Legislature, passed in 1907, granting power to the Board of Health in the City of New York to enact regulations for the licensing and supervision of midwives (Chap. 432, Laws 1907).

When the general amendments were made to the Public Health Law of the State of New York in 1913, the appointment of a Public Health Council was provided for, and this Council was granted power to enact regulations controlling the practice of midwifery. In accordance with this authority, the Public Health Council enacted Chapter IV of the Sanitary Code, which provides in substance as follows:

"That no person other than a duly licensed registered physician shall practice midwifery or be registered as a midwife until she shall have received a license to practice midwifery from the State Commissioner of Health. No midwife shall be registered with a local registrar of vital statistics unless she shall have received her license."

Qualifications which were established in October, 1914, and went into effect on November 16, 1914, required that any applicant up to the first day of January, 1915, who was not less than twenty-one years of age, could read and write, who was registered with the local registrar of vital statistics, and whose moral character was vouched for, would be licensed to practice midwifery.

In order to obtain a license after January 1, 1915, the Code required that the midwife be not less than twenty-one years of age, able to read and write, cleanly, and show constant evidence in general appearance of habits of cleanliness, and either to possess a diploma from a recognized school of midwives or have attended, under the instruction of a duly licensed and registered physician, not less than fifteen cases of labor, in regard to which she must present a written statement from the physician or physicians that she has received instruction in the fifteen cases, and must present the name and address and date of birth of each case. She must also present satisfactory evidence of her qualifications of good moral character.

When this chapter of the Sanitary Code went into effect there were 439 midwives registered with the various local registrars outside of the cities of New York and Rochester, which are exempted. Up to January 1st, under these minimum requirements, 238 midwives were licensed.

With the higher qualifications since January 1st, 88 midwives have been granted licenses, making a total of 326 midwives licensed up to and including April 15, 1915.

In order to determine the general character of the work performed by these midwives, four of the nurses of the State Department of Health have been more or less constantly at work since the 15th of December inspecting the work of the midwives outside of the cities of New York and Rochester, and ascertaining, as far as is practicable, all the facts in connection with their work. Of the 326 licensed midwives it is found that only 38 are American or British, 88 are Polish, 81 Italian, 63 German, 16 Slavish, 11 Austrian, and the rest scattered among the Hungarians, Finns, Swedes, Russians, etc. Of the total number, nearly half—134—speak English.

TABLE I.

Nationality of Midwives.

Scotch	1	Russian	5
German	63	Bohemian	2
Polish	88	Slavish	16
Swiss	1	American	8
Hungarian	6	Colored	1
Italian	81	Hebrew	3
French	1	Irish	2
Finn	1	English	30
Swede	5	Dutch	1
Austrian	11		

Language Spoken.

English	134	Hebrew	1
German	37	Lithuanian	4
Polish	69	Bohemian	4
Italian	56	Austrian	1
French	3	Swedish	3
Hungarian	10	Spanish	1
Russian	5	Dutch	1
Slavish	22		

Two of them are trained nurses, 56 have re-

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ceived diplomas from various obstetrical schools, and 32 who have been granted licenses since the first of January, have had the qualification of fifteen cases under medical supervision, and 11 applications for licenses are pending.

It must be obvious that in order to begin any supervision over the midwives, it was first necessary to know where the midwives were. Fortunately, the new Vital Statistics Law, which became operative January 1, 1914, required that every midwife register her name and address with the registrar of vital statistics of the district in which she resided. By this method of registration it was found that 474 midwives were registered with registrars of vital statistics. This gave the department information as to the number of women who apparently were desirous of practicing midwifery.

There were received 593 applications from 46 different counties, and 326 licenses have been granted up to April 15, 1915, in 35 different counties, 84 in Erie, 68 in Westchester, 18 in Oneida, 14 in Schenectady, 14 in Albany, 12 in Nassau, 11 in Onondaga, 10 in Niagara, 10 in Dutchess, and the rest scattered in the various counties as shown in Table II.

TABLE II.

Number to Whom License Has Been Granted.

(*By Counties.*)

Albany	14	Onondaga	11
Allegany	1	Ontario	1
Broome	8	Orange	7
Cattaraugus	1	Orleans	3
Cayuga	3	Rensselaer	4
Chautauqua	12	Rockland	3
Chemung	2	St. Lawrence	1
Columbia	6	Schenectady	14
Delaware	1	Suffolk	5
Dutchess	10	Sullivan	1
Erie	84	Tioga	3
Franklin	2	Ulster	1
Herkimer	3	Washington	1
Jefferson	2	Wayne	1
Madison	3	Westchester	58
Montgomery	6	Wyoming	4
Nassau	12		
Niagara	10		326
Oneida	18		

In enacting the Chapter on Midwives of the Sanitary Code, the Council had in mind similar waivers of examination as existed when physicians were first licensed and the waiver of examination of other professions when licenses have first been issued by the State Board of Regents. It was also considered essential that midwives should be granted a license, upon a minimum of requirement. As was expected, a large number of the midwives were found to be ignorant and did not wholly understand the requirements they were expected to fulfill in order to secure a license. In the majority of instances the applications for license were filled out by others. Many deferred making application for license until after January 1, 1915, when the requirements were higher than they were previous to November 16, 1914.

After January 1, 1915, the Code required that each midwife should have a diploma from a recognized school of midwives or should have personally attended fifteen cases of labor. Those who have interested themselves in the study of the midwife question, must fully realize that except for graduates of the Bellevue School of Midwives, New York City, but little actual training was given in any school in this state. Examinations held by the Board of Health of Rochester, and the Board of Examiners of Erie County, do, however, set a standard which is far higher than anything else that has been set in the state, and the recent action of the Board of Examiners in Syracuse has also raised the standard in that city.

The value of the foreign diploma is questionable, and there is no way of ascertaining whether or not such diplomas have any particular value, or are granted after any specified amount of teaching or experience. In instances where such diploma was not forthcoming and where the midwife could not give evidence with names, addresses and dates of birth of fifteen cases of labor in which she had been in attendance under a physician, in a statement signed by the physician, she was required to continue as a practical nurse under the direction of a physician until she had completed her fifteen cases.

Criticism has been made of this provision, by saying that midwives will falsify their record and can get almost any physician to sign such a statement. This is a sad commentary on the medical profession if this be a true statement.

The criticism is made that fifteen cases are too few, but this is far more practical experience than the average physician has had at graduation.

In the supervision of the midwives a series of rules and regulations were established by the Commissioner in accordance with the authority granted him by the Public Health Council, which rules and regulations are identical (with one or two exceptions) to those enacted by the Board of Health in New York City. These rules and regulations define chiefly the means to be taken in securing asepsis, the symptoms and conditions which may arise before, during and after labor which require the attendance of a physician. It has proven absolutely essential that nurses must be maintained either by local boards of health or by the State Department of Health for the supervision of these midwives. All the midwives who have made application for licenses have been examined by the nurses, their homes and outfits examined, and reports made thereon. In many instances, the home, midwife and her outfit are found to be meager and uncleanly, but every

effort has been made to improve these conditions rather than to at once revoke the license.

From an administrative standpoint it seems wiser to lead and instruct these midwives rather than to take away their license and to run the risk of their continuing to practice midwifery without a license. It is found that many of the midwives own their own homes and are fairly well to do. The majority of them are married and are assisted perhaps by their children or other members of the family in making out of certificates, which the midwife herself signs. This better class of women are cleanly, fairly competent, and get good results.

A second group are women who are older, who have been trained abroad, who speak little or no English, who live in comparative poverty, and who take care of a poorer class of women, receiving perhaps five dollars for a confinement.

There is a third class of midwives who have received some education, who are young, more intelligent, and of whom it has been learned that they have made examinations for pregnancy, that they have had instruments in their possession and drugs of various kinds for treatment and possibly for the induction of abortion. In investigating this class of midwife the nurses have confiscated the drugs and the instruments and have warned them that they should not have them in their possession and that if found again in their possession the license would be revoked and further action taken.

It is found that in some instances physicians have trained women to assist them in caring for obstetrical cases, and that after a time these women have become midwives themselves. These midwives continue to ask the physician to assist them in difficult cases, and the physician refers to the midwife cases which he does not feel that he can afford to take care of. This is to the apparent mutual advantage of both physician and midwife.

Contrary to our expectation, it has been found that in comparatively few instances does the midwife perform the household duties of the patient, and in some instances does not even care for the baby. Only the poorer class of midwife does this.

All the midwives are required to keep on hand the silver nitrate solution prepared and furnished them free by the State Department of Health, and as far as can be learned most of them are using it regularly.

After four months of work, upon revisiting a number of midwives they say that they send for a physician for difficult cases, where four months ago they claimed to be proficient enough not to have to send for a physician. Many of the younger and better class midwives are giving up the practice of midwifery and are working as practical nurses, doing maternity nursing by the day for physicians and assisting physicians in obstetrical cases.

It is found that a number of the midwives cannot use a thermometer, although they are learning to do so. In a small number of instances, it has been found that the midwife is comparatively incompetent, not very cleanly and not well informed, but is the only woman in her district who is willing to assist in confinements in families where a physician refuses to go. In one instance recently, a midwife to whom a license had been refused, wrote in and stated that she had recently had two calls which she had refused where the expectant mother was not able to receive any assistance whatsoever, the patients being so many miles away from a physician that a physician's services would cost more than the patient could legitimately afford to pay. In this particular case investigation proved the facts to be true, and although the midwife did not seem to be a desirable one, license was granted with the hope that she would improve.

It has been found in a few centers of foreign population there were foreign midwives who could neither read nor write and whose services were practically necessary for these poor foreigners. In consequence of this fact, the Council amended the Code providing that in cases of midwives of foreign birth, who were unable to read and write, and upon investigation of the case and recommendation by the Commissioner of Health, the Council might waive this requirement. The Council has waived this qualification in 13 instances and 10 cases are pending.

It is the desire of the department to continue the supervision of the midwives at present licensed, to continue to license new midwives for the rest of the year in accordance with the present method, to continually supervise and educate the midwives, to weed out those who are absolutely incompetent, to keep closer supervision over those who do not promptly report births, and who have cases of sepsis, and to try and generally improve the practice of the midwives.

The department notes with regret that the legislature has only appropriated a sufficient sum of money for four supervising nurses, which will, to a certain extent, curtail the work of the supervision of midwives. At the recent session of the legislature a bill was introduced which required that the Sanitary Code should not have the force and effect of law until it had been approved by the legislature. This bill was introduced at such a late period of the session that it was impossible even to consider the enactment of the Sanitary Code into the Public Health Law of the state by the legislature, so that its passage would have entirely abrogated the Sanitary Code until the next session of the legislature. The department felt it absolutely essential to the usefulness of the State Department of Health to defeat this measure and noted with regret that the Legislative Committee of the State Medical Society urged the passage of this bill, which would have entirely repealed the Sanitary Code. If this bill had be-

come a law, the power of the Council to enact regulations controlling the practice of midwives would have been taken away and the work of the supervision of midwives entirely discontinued, at least until the next session of the legislature.

From an ideal standpoint possibly it would be better to abolish the midwife, but at the present time we have, outside of the City of New York, 326 midwives who are reporting perhaps almost one-quarter of the births, and to abolish them generally would mean, in the majority of instances, one of two things—either that the midwives would continue to practice without a license, or the patients would not be able to receive any assistance whatsoever during the period of childbirth.

Discussion.

Dr. George W. Kosmak, M.D., New York City: It has been remarked that on every occasion on which the so-called "midwife problem" comes up for discussion practically the same people will be found taking part in the same. This must be regarded as rather unfortunate and it would be very much better if the entire medical profession would show a more determined interest in this matter. We must regard the midwife question from a number of viewpoints. Medical practice at the present time has been invaded by numerous outside influences. Such bodies have relegated unto themselves a particular field for the practice of their cults and have become sufficiently organized in numerous instances to demand of state legislatures a license to practice unmolested the particular division of medicine to which their activities apply. Thus within recent years the optometrists have invaded the field of the legitimate medical practitioner who has given years of study to the eye and its ailments; the osteopathist finds in the spinal column the source of every evil and has practically persuaded our legislators that he is entitled to practice in every field of medicine by the exercise of this procedure; the neuropathist, the Christian Scientist, the chiropractors, and others too numerous to mention, have organized themselves in order to assail legitimate medical practice. In attempting to license and regulate the practice of midwifery by individuals who have not had any medical training in the accepted modern sense, are we not ourselves extending the ranks of the irregular practitioners and favoring the invasion of the legitimate field of medicine? Much can undoubtedly be said to justify the existence of the midwife, and reference is frequently made to foreign conditions as a basis for the regulation of our own. Thus, the German system is frequently referred to, but a moment's thought to what the conditions in Germany actually are will convince the casual observer that this is impossible. In Germany the respect for law and order becomes almost a prenatal influence, and the careful supervision of the midwife by the state can never, from the nature of things, be duplicated in our own country. To one who has been on the field the duplication of the exceedingly well-managed German system must be admitted as impossible under our own form of government. In Germany and other countries in Europe midwives are educated in public hospitals and practically remain public servants, not as with us simply under a more or less deficient public supervision. That even under this highly developed system a great deal of dissatisfaction exists among the members of the medical profession will become evident to anyone who converses with the German practitioner. I have been repeatedly told that they wonder why we should attempt to introduce any such method in our own country although recognizing the effect of a custom that goes back through the centuries. In Germany of today there is certainly more obstetrics done by the medical practitioner and less by the midwife than formerly. The dangers and limitations of the midwife are acknowledged to such a degree that these women are compelled to return for post-graduate courses at regular intervals. Their supervision is not limited to their technical equipment but their mental qualifications are likewise kept under guard. So even the Germans admit that the educated midwife is not a safe institution and they have provided public salaried physicians who must be called upon in case of necessity. I would simply ask can we ever bring about such a condition in this country?

Notwithstanding the good work of the New York City Department of Health in this field and the attempted duplication of its efforts by the State Board of Health, such inspection and supervision leaves much to be desired. Undoubtedly the inferior class of midwives will be eliminated, but in view of the lack of teaching facilities can we ever hope to supply a desired number of so-called educated midwives?

The Board of Health of New York recognizes but one school that fulfills its qualifications, and from a careful inspection of their requirements and examination papers I personally fail to see how any but a very small number of women who might enter this field could ever properly qualify. Moreover, a woman who graduates from a school of this kind considers herself, from the very nature of things, as well qualified to practice obstetrics as the medical practitioner, and the first thing she does is to make a scale of fees in which she competes directly with the doctor practicing in the neighborhood. Moreover, the claim that she acts as a nurse to the mother is all nonsense, as far as my personal experience goes. A midwife of this type makes her post-partum calls just as a doctor would and pays no further attention to her patient. She leaves this to one of her sisters who has failed to come up to the desired requirements of the local board of health and

finds herself compelled to step down to a lower plane.

Referring again to the fact that insufficient facilities are provided for the training of midwives, it has been suggested that the lying-in hospitals open their doors for the instruction of such women after the fashion of foreign institutions. Personally I would decidedly object to a proposition of this kind, as we require all our clinical materials in the hospitals for the instruction of the staff and the students who come from the medicals schools to take this as part of their practical training. Our American nurses, moreover, would never accustom themselves to working in the same harness with a personage who cannot be regarded as a qualified practitioner of medicine.

To one who opposes the midwife system *per se*, the question is often asked: what do you offer as a substitute? A number of very valuable suggestions have been made which fully cover this point and there is not time to dilate on the matter in this discussion. The solution, in my own estimation, cannot be reached by any attempt to introduce into this country the so-called educated midwife. From the very nature of her surroundings she will not prove a success. However, the conditions at present existing cannot be revolutionized, they must be submitted to a process of evolution and this must depend on a change in the economic surroundings of the patients and a better education of mothers as to the importance of proper obstetric care. Until that millennium has been reached we must content ourselves by gradually eliminating the practice of the midwife as much as possible. This the State Board of Health, by means of its new regulations, may succeed in doing. If so, the organization must be congratulated. The development of substitute agencies is the most essential factor in the elimination of the midwife, and the element of competition will do more to eliminate their practice than anything else.

Dr. George W. Goler, Health Officer of the City of Rochester: In 1895, the Board of Examiners in Midwifery was appointed, consisting of three members, two of them physicians, who, together with the health officer, should constitute such board. The compensation of the members of the board has not exceeded $80 per annum for the two members other than the health officer, who serves without compensation.

The board is required to examine and license midwives; any of whom found qualified shall be licensed upon the payment of $10. These midwives so licensed shall practice midwifery in cases of normal labor only and no others, and shall not use instruments nor assist in labor by artificial, forcible or mechanical means, nor perform version, nor attempt to remove adherent placenta or attempt the treatment of disease.

The foregoing statement is a summary of the law as it relates to Rochester. This law was passed as a result of the labors of Dr. N. W. Soble, one of the original members of the board, who, with Dr. W. S. Rambo and the health officer, *ex-officio*, were made the Board of Midwifery Examiners and have served for twenty years. Prior to the time when the Board of Midwifery Examiners of Rochester was constituted, there were 30 or 40 midwives practicing, and they attended more than one-third of the reported births. Today there are nine midwives practicing and they attended last year 18 per cent of the reported births. In the past fifteen years but three or four new midwives have been admitted to practice. Any midwife able to pass the examination of the Rochester board must show theoretically that she is as capable as a third-year medical students in obstetrics, and she must also show that she has had vastly greater practical experience. Midwives must pass examination in English.

The whole midwife problem in America is an attempt to engraft an old continental custom upon the people of the United States. We do not want midwives. The mothers of our children ought not to have midwives. We do want better trained physician obstetricians, whose duty it shall be to protect the mother, both before and during, as well as after, the birth of her child.

Dr. P. W. van Peyma, Buffalo: As a member of the Board of Examiners in Midwifery for Erie County during the last twenty-five years, and from about forty years of experience in practical work with them, I am clearly of the opinion that midwives have a field of usefulness. While many are still careless, yet many, also, are cleanly, intelligent and conscientious. The condition would not be improved by turning their practice into the hands of such medical men as could be expected to do the work. The essential difference between a midwife and a physician is that the latter are free to hasten delivery by means of forceps, version, etc. This, in my experience, results in more serious consequences than the shortcomings of midwives.

No community will have good obstetric practice that does not learn to adequately recompense the attendant for time and skill. Time is an element of first importance in labor, and the midwife is more inclined to give this than is the average underpaid physician.

My remarks touching Cesarean section were somewhat as follows:

We have heard much about the technique of Cesarean section and very little about the indications for the operation. The latter interests me more. In placenta prævia a fundamental distinction must be observed between the practically central variety and those where only a small portion of the placenta overlaps the cervix. The essential points to be observed are how much

placenta must necessarily be out of function and for how long a time, also how much hemorrhage is unavoidable. In a practically central placenta prævia, especially in a primipara, Cesarean section will often be the operation of choice. In the lateral varieties, where but a small portion of placenta is out of function and in which type the hemorrhage is easily controlled, Cesarean section is not at all indicated. Various methods of treatment, such as rupture of the membranes, and by pressure on fundus or by traction with forceps, bringing the presenting part to engage and to occlude the cervix and thus compress the bleeding placenta, give good results both to mother and child. In multipara, with quickly dilatable cervix, manual dilatation, introduction of the hand on the side where there is least placenta and version and extraction is also very successful in these cases.

The present wave of operative interferences is disastrous. The writer has delivered naturally several children in cases where Cesarean section had been previously done for supposed disproportion of child and pelvis. Quite recently, in this city, two women delivered themselves while the surgeons were scrubbing up preparatory to Cesarean section.

Dr. N. Kavinoky, Buffalo: The midwife question is not only an administrative and medical one but to a greater extent an economic one. The rich woman gets good obstetrical care of a specialist for good money. A part of the very poor women get the same good help in well-established maternity institutions or general hospitals—as charity. The majority of women are not in position to pay the fee of a special obstetrician, nor do they want to be attended for nothing; they are not paupers and they hate and distrust charity. Those who are doing special work are not accessible to them. Even the young physician, who takes obstetrics as a specialty, will not go to the needy districts; he prefers to wait in comparative idleness for a few years until he picks up a more fashionable practice with high fees. Thus these great masses of women are dependent upon the midwife and the busy and often unskilled general practitioner. The work of both is often unsatisfactory, and sometimes disastrous to the life or health of both mother and child.

Will the abolishing of midwives improve this situation? I am sure that if this should become a fact under the existing conditions, a considerable number of women, who are now taken care of by midwives, would be taken care of by plain women with no training or license (such as relatives and neighbors). Many of the pregnant women (especially Polish) do not see a physician or a midwife before labor. They call for help when labor starts and then it is often impossible to get the attendance of a physician, especially if it happen at night.

One more point I would like to bring up. The bad obstetrical work that is being done by the midwife can be diminished to a more or less considerable degree by strict supervision of the health authorities with the assistance of the medical profession. Fear of losing her license or having the same suspended will force the midwife to be more cautious in her work. Can anything or anyone interfere with the activities of a medical man, if he is unskilled in obstetrics and inclined to do hasty work?

Dr. W. Mortimer Brown, Rochester: In dealing with the question of the midwife, it seems to me that we have been going at it in the wrong way. Instead of trying to legislate and regulate her out of existence I think that we should in a measure forget her, and devote the energy we would expend on her elimination to some constructive effort to build up something to take her place.

At the present time she occupies a place in our social structure which we as a profession have been unwilling or unable to fill. My feeling is that we cannot expect to arbitrarily eradicate her from the community and put nothing in her place.

If we will systematically work to build up a system of care for the poor and ignorant mothers by the means of prenatal or advisory obstetrical clinics, social service work, and the various welfare activities, we will have an educational factor that will do more to remove this evil than any other, that will serve to place the abnormal cases under proper care at once and will ultimately develop some means of caring for the mass of ordinary cases.