THE MIDWIFE PROBLEM IN THE STATE OF NEW YORK.*

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AT the One Hundred and Eighth Annual Meeting of The Medical Society of the State of New York, held in New York City April 28, 1914, I presented the following resolutions to the House of Delegates:

WHEREAS, The demand for better obstetric care has directed increased attention to the practice of midwives, and

WHEREAS, Necessity demands that the supervision and training of midwives should be undertaken by the State, and

WHEREAS, At the present time there does not exist in New York State any such supervision and regulation, therefore be it

Resolved, That the President of The Medical Society of the State of New York appoint a committee of five members who shall immediately after their organization begin a study of the subject as it presents itself in this State, and file their report with the House of Delegates of the State Society at the meeting in 1915.

In pursuance of this resolution, the president, Dr. Grover W. Wende, appointed the following committee:

John Van Doren Young, M.D., New York City, Chairman.
O. Paul Humpstone, M.D., Brooklyn.
John A. Sampson, M.D., Albany.
Frederic W. Sears, M.D., Syracuse.
Peter van Peyma, M.D., Buffalo.

During the summer Dr. Sampson, of Albany, resigned and Dr. George W. Kosmak, of New York City, was appointed. The committee felt that while they were sorry to lose Dr. Sampson, they were exceedingly fortunate in securing the co-operation of one so well informed upon the subject as Dr. Kosmak.

From the outset of the work we have realized the bigness of the problem and the difficulties confronting an investigation, and the still greater difficulties of any committee in offering a substitute for the midwives other than simply to say dogmatically, "eliminate the midwife."

For practical purposes the question may be considered under two heads, the midwife in the City of New York, and the remainder of the state.

The ethical question is the same whether in New York City, Rochester, Buffalo, or the outlying districts of the state, but the practical question is quite different. Let us consider for the moment the question in New York City. Six years ago there were approximately 3,000 known midwives in the city; today there are 1,448 registered, whose work is supervised by a special bureau of the Board of Health, and whose ranks are recruited from the graduates of one recognized school for midwives in the city, the Bellevue Hospital School for Midwives. It is a startling fact, nevertheless true, that this body of 1,448 midwives deliver approximately 53,000 babies per year; that all the lying-in hospitals in New York City can care for is 11,000. There are 5,427 practicing physicians in New York City. If the midwives were abolished this would give to all physicians registered in New York City about nine confinements to look after per year. If you eliminate the various specialists who do not do obstetrical work and throw this enormous volume of work upon those who actually do the obstetrics of the city, it would probably mean from 20 to 25 cases per year to each physician.

Is there any ethical reason in the light of the foregoing figures, why the state, and especially the medical profession, should allow about 1,700 violators of the law to do an enormous amount of work affecting in New York City alone over 100,000 lives per year? When you realize that this, in ten years, affects the life and health of half a million babies and the future health and welfare of not less than 350,000 to 400,000 women, the enormity of the problem is at once apparent to you. Whether in a small outlying district of a manufacturing town one or two midwives ply their vocation, known to every practitioner in her neighborhood, and whom she feels she can call upon in the slightest trouble, will do proportionately as much harm as the 1,400 midwives in a large city is a question hard to answer.

On the other hand, one is face to face with the question, should you eliminate the midwife, what will you substitute? The answer to this question is the reason for this discussion. It is an admitted fact that the problem is so complex that the immediate elimination of the midwife is an *economic impossibility*. I feel sure that eventually the midwife will be a relic of the barbaric past, and that this field of medicine will be in the hands of those qualified as physicians to give such service as the pregnant and parturient woman has a right to demand.

The whole problem is summed up in the right of the expectant mother to the best possible obstetric care, and this paper is a plea for better obstetrics, for a realization by all practitioners of medicine, in or out of the cities, that there is no more noble work or no work more worthy of their best endeavor than the study and care of the obstetric case. Surely nothing can be more important to the health of the nation than the care given to its mothers, who are the fountain-head of the future generation.

The excuse has been frequently offered for the existence of the midwife by the statement that she is not hurried, that she gives to the

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woman better practical care than the overworked, careless and perhaps dirty physician. This is no answer to the question. Better obstetrical care must be obtained by an improvement in the obstetrical training of the physician, and a realization by him of the fact that no more important work will ever fall to his lot to perform, and also by a realization on the part of the public of the necessity of care through her entire pregnancy. This will, in turn, cause them to realize the fact that the obstetrician must be better paid, and this, in turn, will attract more men to the field.

A word as to the history of the midwife. The origin of the midwife is lost in the mists of the past. Ebers papyrus, 1550 B. C., is the earliest known medical production and contains prescriptions for the causing of abortion, for promoting labor and curing displacement of the uterus. Even Moses himself owed his safe lodging in the bullrushes to Puah and Shiprah, two midwives who defied the order of Pharoh. At this time midwives were recognized as a class in Egypt, and therefore antedate by many centuries the advent of the physician in this field of labor, as it was not until the middle of the tenth century that women were attended by any save their own sex. In Greece the skilled attendants were, as with the Egyptians and Hebrews, midwives. The writings of Hippocrates show us that up to that time the physician had studied only abnormal cases, leaving all of the subject of obstetrics and the delivery of women to the midwife, his chief function being the dismemberment and removal of the dead fœtus.

The classical writers of Greece tell us that women have charge of parturient women, that divine aid is sought, and goddesses are invoked to facilitate labor. Gods or men were only called in in the gravest necessity, as when Apollo rescued the infant Aesculapius by performing a Cesarean operation on the dying Semele.

The earliest recorded contribution to medical literature on the subject of obstetrics is by one Aspasia, who imprinted her teachings upon the work of later authors. Up to 1600 the midwife had undisputed sway in obstetrical work. In the next fifty years several French and English medical men began to write upon the subject. In 1671 Jane Sharp wrote "The Midwives' Book, or The Whole Art of Midwifery Discovered." About this time midwives in France and Germany published books of a similar character. It may have been the necessity of asserting their power and the fear of losing their hold upon the people that demanded these writings, as it was about this time that medical men began to be called in to natural labors. From this time on the midwife lost her hold upon the practice of obstetrics, and medical men began to realize that the work was worthy of the best efforts of the best men.

It is well to remember that the efforts to control, regulate, educate and improve the midwife date as far back as the close of the seventeenth century, and how much had been accomplished is graphically brought out by a quotation from Dr. J. Clifton Edgar's article written in 1911: "That over 90 per cent of the midwives in New York City are hopelessly dirty, ignorant and incompetent." This was from the work of Miss Crowell in the year 1906. This brings us naturally to the question of control and education. The earliest efforts in this work were begun abroad. In France there were two classes, one that was allowed to practice in any part of France, and had a superior standing, while those of the second class were restricted. They were allowed to vaccinate and prescribe certain antiseptic preparations. They were not allowed to use instruments and must call in a medical man in difficult cases. In Spain midwives are allowed to practice after passing the examination covering studies at least four half-years. The system in Germany is most elaborate and I shall leave its fuller outlining to Dr. Kosmak, who will discuss this paper, who from personal observations of its working, is able to speak authoritatively as to its value in Germany and its possible use in America. Midwives are recognized in Italy and are compelled to pass an examination and obtain a diploma. In Russia the midwife is under the Medical Department of the Minister of the Interior. Each town has a senior midwife and a number of junior midwives in proportion to the population. In Norway, Sweden, Denmark and Holland midwives are licensed after examination. In England there was no regulation of any kind up to 1902, when the first effort was made to control them. The system in England is under a central Midwife Board, whose duties are to regulate and issue certificates, and the conditions of admission to the roll of midwives to regulate a course of training, taking examinations, to supervise and restrict their practice, and to publish a roll of duly certified midwives, and to eliminate undesirables. Further requirements of the law take up in detail the supervision of their work.

In the United States no effort was made to control the midwife and regulate her practice until very recent years. In 1906 the first serious effort was made in New York City; in that year the Board of Health took upon itself the work of regulating the practice of midwives, and from that time until the present a great work has been accomplished through their efforts, and especially the labor of Dr. S. Josephine Baker.

The regulations as now carried out by the Board of Health in New York City are of the greatest importance both to the midwife and to the health of the community. Briefly outlined, they are as follows:

All midwives are compelled to register with the Board of Health, who have the arbitrary

right to decide upon the issuance of the license. This power is carried out with absolute justice. A sample copy of the application blank is herewith exhibited.

A circular is issued by the Board of Health showing amount of education required, together with an outline of the studies to be followed in a given school. The only school recognized by the Board of Health is the Bellevue Hospital School of Midwives, the course of which is six months and the training excellent.

Rules governing midwives are published in pamphlet form in English, French, German, Italian and Hebrew. The midwife is provided with proper blanks for registration of births, postal cards for notification to the Board of Health in case of sore eyes.

The Department of Child Hygiene keeps a rigid supervision of the work as carried on by the midwife, her general character and the supervision of her armamentarium, her general cleanliness in so far as possible, and the results to child and mother.

The midwife is instructed in the care of the eyes, general rules of cleanliness, and when to call in a physician.

Important developments in the saving of blindness by the use of nitrate of silver provided by the Board of Health have been demonstrated by the writings of Dr. Baker and Miss Van Blarcom.

The Board of Health of New York City has grappled with a most difficult and complex problem in a masterly way, and has accomplished an enormous amount of work with its munificent benefits by developing a supervision and management of the midwife that is second to none in the United States.

The Board of Health of the State of New York is taking the first steps looking to a similar management of the question in the whole state. Its first effort was the issuance of Chapter IV of the Sanitary Code, the object of which is to obtain the registration throughout the state of all midwives, and later the regulation. This part of the problem will be dealt with fully in a paper by Dr. Linsly R. Williams, which follows mine.

Rochester and Buffalo have dealt drastically with the problem and have the situation well under control.

There is one side of the midwife question that has not been dealt with in any of the articles that I have read upon the subject, and that is the criminal practice of the midwife. From my experience as secretary of The Medical Society of the County of New York I am fully convinced that this is an important factor and should be taken into consideration in all investigations of the subject. The Medical Society of the County of New York have prosecuted ninety-nine midwives for criminal practice, with the following result:

Convicted, fined and paid $500	2
" " " " 250	5
" " " " 200	1
" " " " 150	2
" " " " 100	7
" " " " 75	2
" " " " 50	17
" " " " 25	1
Case withdrawn	1
Health permit revoked	1
Out on bail	10
Thirty days in penitentiary	1
Discharged	1
Agreed to operate for $40	4
Agreed to operate for $10	1
Agreed to operate	1
Case dismissed	2
Case pending	1
No record	4
Guilty	1
Sentence pending	1
Test case	1
Discharged	1
Not guilty	1
Suspended sentence	1
Sixty days in prison	1
Ten days in city prison, or $100 fine	4
Ten days in city prison, or $250 fine	1
Thirty days in city prison	1
Under bond	1
Thirty days in jail, or $250 (went to jail)	1
Thirty days in city prison, or $75	1
Ten days in city prison, or $50	1
Refused to operate	1
Vulgar, coarse woman, filthy apartment	1

That this work could have been carried to a much greater extent is witnessed by the number of complaints received at the office of the counsel and the secretary. At a conference with the Board of Health of New York City Dr. Haven Emerson inquired of me why it was that so few of the complaints forwarded to me had been investigated by the Society's Legal Bureau. I stated that it was due to a lack of funds, and that the complaints were so numerous and investigations so expensive that the Society had been absolutely unable to cope with the situation. That every effort had been made to enlist the services of the District Attorney and the Police Department without result, and that the Society could not expend the entire amount of funds available for the prosecution of illegal practitioners in this branch of the work, no matter how fully it realized the importance and necessity of the effort.

One of the requirements for the issuance of a license by the Board of Health of New York City is that a midwife shall have a clean bill of character in so far as charges of illegal practice or convictions are concerned. The futility

of this requirement is demonstrated by the statement above made, that there is no constituted authority whose duty it is to investigate the activities of the midwife in this nefarious business. It is a recognized fact that there are certain physicians who devote a large portion of their time to the induction of criminal abortion, and it is a sad and rather gruesome fact that in the annals of The Medical Society of the County of New York three physicians have been convicted and have served prison sentences, all three of whom were pardoned by Governor Dix the last day of his incumbency in office.

The knowledge of the midwife in relation to anatomy, surgical cleanliness and the dangers of abortion would make her a less dangerous factor to the mother and more destructive to child life than in former years.

In talking with the attending physician of one of the large hospitals in New York City, he stated that there were times that it was absolutely necessary to close the wards to incomplete abortion cases, practically all of which were done by midwives. The temptation to the physician, even with his higher moral standard, is great; what must it be to the midwife, who feels safe in her surgical procedure, and who is not hampered by a code of ethics, or a possible investigation. It is well to remember that in the practice of the criminal abortionist, whether a physician or midwife is the guilty party, it is only the occasional case that sees the light of day, leaving to the imagination the computation of the enormous number of pregnancies terminated for a financial consideration.

Another phase of the subject is the care of the patient during the pregnant state. It is granted that this is impossible for the midwife unless she is given the full power of the practicing physician. Today the skilled obstetrician hesitates to face the problem of delivery without a full knowledge of the patient, her functions and her measurements; yet the midwife, with no other knowledge than the ability to "deliver a baby," faces the same problem with infinitely less knowledge of medicine and no study of the patient. The frequency of post-delivery, retroversion and the other complications too numerous to even mention, preventable in a large measure by proper care, are again absolutely disregarded by the midwife.

Care of the child is most superficially considered, if at all. This is not said in criticism of the efforts of the Board of Health in any of the cities to look after the health and welfare of the child from birth up, but is a mere statement of fact in relation to the preparation of the midwife for her self-imposed task.

Let us consider for a moment the situation in a broad sense. Throughout the United States the midwife delivers approximately forty per cent of obstetrical cases. In New York City the figures show that in 1914, 1,448 midwives were registered. During that period 140,647 births were reported, of which physicians delivered 87,650. The midwife delivered 52,997. In other words, to the care of midwives are delivered the health and future of over 100,000 lives a year. At a very conservative estimate, in ten years this would make an enormous total of one million women and children who trust their present and future health to her care. It is appalling to think of the number of cases in this enormous number who need the care of a skilled physician both before and after delivery. Statistics upon the subject are impossible from the very nature of the problem, but deducting one's conclusion from hospital and private practice experience, the number must be very large.

Still another side of the problem is the physician unskilled in obstetrical work. The statement has been made that the midwife gave her patient better care and had fewer post-partum infections, fewer sore eyes, and her results were generally better than many of the physicians who practice among the same class of patients. It is difficult to conceive how this statement could possibly be true, but granted its truth, it does not answer the question at all. The only method of getting at a full comprehension of the ultimate results would be to obtain a record of these patients for a long enough period after delivery to eliminate the later as well as the primary complications of labor. The work entailed would be so enormous as to be a practical impossibility. Again, granting that the midwife does give her patient practical care during her labor, that post-partum infections are rare, and complications, so far as the child, are eliminated by careful supervision, does this justify the placing in the hands of the midwife the right to practice medicine? Most emphatically NO. And again, does the fact that the overworked, poorly paid physician, working in the tenement district, has apparently poor results both as to immediate and secondary complications of delivery, excuse the profession, and the state, from giving to the pregnant woman that care to which she is entitled? Again most emphatically NO. The responsibility of the care of the birth of the nation is upon the profession of medicine, and New York State, and no avoidance of the issue will give the profession or the state immunity from the charge of neglect of its plain duty.

It has been stated on the bulletin of the Board of Health that a community may, within certain limits, regulate its own death rate. This I believe is true, and I am still further convinced that the first step in this direction is the proper care of the pregnant and parturient woman.

It is strictly unprofessional, if not criminal, to neglect so tremendous a duty so plainly placed

upon the profession and the state. The history of obstetrics is as old as the birth of the first child. The realization that there was such a science as gynecology is but fifty years old; therefore, in my opinion, all statistics, no matter how carefully compiled, are valueless except in a general way. One has but to do a few years of clinical gynecology to realize that there has been a great neglect chargeable to the physician.

The plea that I desire to place on record is a plea for better obstetrical care, not only to the rich but to the poorest of the poor, and again, not only to these two classes of cases, but to those who are neither rich nor poor, and who admittedly are least well cared for in their medical needs.

It is due to Dr. George W. Kosmak, whose experience in this field is large and extends over many years, that a committee was appointed by the State Society to look into this most vital of questions.

There are three plans suggested as a possible solution for the midwife question.

First, that of education through properly conducted schools for midwives, such as the Bellevue Hospital School in New York City. These schools could be made to graduate capable midwives, provided, of course, sufficient material for clinical study was available. The education should include the return at intervals of two or three years of the graduate of the institution for post-graduate instruction.

The second plan, as suggested by Dr. William E. Studdiford, the opening of a department in all the large lying-in hospitals for the practical and essential instruction of midwives. This would have many points of advantage from an economic and a practical standpoint. The objection made to it by the hospitals in question is that it would interfere with the work of their staff and students. It would seem, however, that this objection could be eliminated and a course of study given of not less than two years of the greatest practical value to the midwife both in the routine care of the woman during and after delivery, and the care of the child for the first two weeks.

These two plans deal with the midwife question in an effort to improve conditions existing at present and make for better work on the part of the midwife.

The third plan suggested by Dr. Kosmak is the elimination of the midwife by the development of the following solution of the trouble, namely, that there be created obstetrical clinics where patients should apply as soon as they discover that they are pregnant and receive care during the parturient state, both as to instruction in the care of themselves and hygiene. At these stations physicians could receive instruction in the study of the pregnant woman, and become skilled in the art of measurements. These stations necessarily be open night and day and be under the charge of a nurse, who might be resident, or if the work were active enough there might be created a day and night service. Physicians skilled in obstetrics would be in attendance at one or more of these stations, who would have supervision of the general management of the station, and whose duty it would be to see that there were enough students of obstetrics to attend prospective confinement cases. The post-partum visit would be carried out by the nurse at the station, and the post-partum examination made by one of the physicians in charge. These stations might be run in conjunction with one of the lying-in hospitals, or might be developed as a supplement to the Board of Health.

It requires but a glance to see the enormous advantage to the profession in the education along obstetric lines of this plan of work. That such a plan would be well received by the people who most need it is witnessed by the fact that this branch of labor in hospitals, such as the Nursery and Child's and the New York Lying-In, have been most successful, and by the fact that 11,000 women are delivered annually in the hospitals. I believe that were this plan inaugurated, even at an expense to the state, the ultimate good to the profession and to the people would be so enormous in its economic saving that it would be more than repaid in a few years. It is the only logical solution of the midwife problem, and while it would probably take years in developing, would give to those most deserving it better obstetrical care, and to the profession education in obstetrics that would attract to this state serious-minded, hard-working physicians who desired to master the most important branch of medicine. In New York City alone a nucleus of over 50,000 obstetrical cases per year to draw from would be clinical material of the greatest value.

In closing, permit me to say that it is my belief that the midwife is indeed a relic of the barbaric past wherein the survival of the fittest seemed to demonstrate her right to violate the law, to give a most superficial and unscientific care to a most vital subject, and that eventually the light of education must eliminate her and the public realize that child-bearing, while a normal function, is capable of such variations that only the physician should be provided to deliver the patient who has had special education to enable him to recognize and meet any of the complications arising in the course of the case; at least, to have that skill whereby he can see danger ahead and be prepared before the damage is done.

Those of us who look back on thirty years of experience realize how inadequately a physician

was prepared for obstetrical work, but this does not in the least eliminate the responsibility for unpreparedness at present, and with the plan outlined and the enormous clinical material available, it is my belief that for the woman about to be delivered better obstetrical care would be obtainable.