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TRANSACTIONS OF THE AMERICAN ASSOCIATION FOR STUDY AND PREVENTION OF INFANT MORTALITY.

SECTION ON OBSTETRICS.

Sixth Annual Meeting, Philadelphia, November 10, 1915.

Chairman, DR. MARY SHERWOOD, *Baltimore*.

Secretary, DR. JAMES LINCOLN HUNTINGTON, *Boston*.

The following papers were read:

THE EDUCATION, LICENSING, AND SUPERVISION OF THE MIDWIFE.*
By DR. J. CLIFTON EDGAR, New York.

IS THE MIDWIFE A NECESSITY?*
By DR. J. M. BALDY, Philadelphia.

PROGRESS TOWARD IDEAL OBSTETRICS.*
By DR. JOSEPH B. DELEE, Chicago.

DR. W. R. NICHOLSON, Philadelphia, said in opening the discussion: There is really so much I should like to say that I don't know exactly where to begin. I don't want to appear here as the champion of the midwife. It was a great pleasure to me to be associated with Dr. Baldy when we worked out the plan under which we are doing the work in Pennsylvania and in the County of Philadelphia, which of course particularly interests me, as I have charge of it. First of all I want to say that I am, as I have already said, not an enthusiastic adherent of the midwife. I am moderately busy in hospital work and obstetrics and gynecology and it has been my duty, under the orders of the Bureau of Education, to institute, under their new rules, dispensaries for the care of the poor women and for the education of our internes. A good deal of my work is along those lines but the point that, to me, is important, has been brought about by Dr. DeLee's paper better than anything else which has ever appealed to me before, and that is this: Dr. DeLee says he is willing to shut his eyes to present conditions, for the sake of the future.

*See original articles, pages 385, 399, 407.

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I am not; that is simply the line of demarcation between the men who believe in the midwife as a bridge, as it were, for the present time, and the men who believe that the midwife should be blotted out, and I do not believe, I am not willing to take any forty-four doctors from the rural districts as having expert knowledge enough to tell me anything about what ought to be done with the midwife. The point that appeals to me most particularly is that we have statistics after our twenty-one months' work, which show that certain things that are said are not so, at least in Philadelphia. Now I believe that my special duty here to-day is to, in a moment go over the system which we follow here, and the first point I want to make is that without inspection of every case delivered by midwife, you cannot control the midwife. I don't want midwives; if I had my way and could do that with my hand, they'd all be in the Delaware River or somewhere else, but if I did that, the women week after next would not be cared for in this town. It is all very well to say what would be nice if we could do so and so, but we cannot. We have not enough hospitals, etc., in this city to care for the women in the next ten days in excess of the cases there now. I do not believe there is a maternity hospital in this city now that is not running pretty close to capacity. If we could get the law passed, that is one point; and secondly, if we could enforce the law after we had it passed, that these women should stop practicing in two weeks, we would not have any way of taking care of the women who would need care in this city. I simply want to go over, very rapidly, a few statistics which are statistics upon which we place a considerable amount of dependence because we have worked on them, as Dr. Baldy told you in his paper; we have five inspectors working in this city, all graduates of medicine what training in obstetrics, who inspect every case after the delivery has taken place. We cannot do anything with prenatal work, and that is one of the greatest arguments against the midwife. If I were standing up here and arguing with you that midwives should be continued, that anything should be done to make midwives a permanency, you would simply have to get up and say "what about prenatal work?" And I would have no argument left at all. But we cannot do anything about prenatal work because those women do not often engage their midwives until they are in labor. We have a card filled out by the midwife when she has delivered the case, that goes to the inspector. The inspector visits the case and sends the card to me. We had a card to be filled out by the midwife when engaged for the case, in order that we might get some prenatal work in, but there were very few returned. We have had in the last seven months 12,977 women delivered; of those, 1028 were not inspected. In the early part of our work we did not have all the inspectors we have now and could not get around to inspect all those women, so that leaves 1028 not inspected, and the remainder of the statistics are based on women inspected. We had 365 cases of fetal death. Of course that is not the whole number, because there were a certain number of cases that died later than the ten days in which we were in charge.

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The maternal morbidity was 321 cases. In these cases the causes of death ranged from heart disease, phthisis, pneumonia, etc., down. Out of those we had 54 cases of septicemia and 24 of sepsis of the fetus; morbidity, 84 cases. Now the doctors delivered a considerable number of those women, 449 were delivered by physicians. Of those cases a relatively small number were delivered by the inspectors, the vast majority of them by physicians in practice in the neighborhood for whom the midwife sent under instructions by the inspector. She reports to the inspector; the inspector says "can that patient pay?" If that patient can pay, the doctor in the neighborhood is sent for, whoever the midwife prefers; we have to do that. Twenty women were delivered at hospitals; 23 women and 9 babies were sent to the hospital after delivery; there were 28 cases of ophthalmia, true ophthalmia neonatorum. Smears were taken; one woman refused to have the smears taken and two were negative. There 455 cases of sore eyes and 17 cases of maternal mortality; 17 mothers died that we know of. I am not laboring under any false ideas about the reliability of these statistics. There may have been five more that I didn't know of, but that many died of those cases that had passed into the hands of other doctors and we could not keep track of them, but we have followed them up so far as we could, and we feel pretty confident that those 17 deaths represent the larger portion. The causes of those deaths were as follows: one was due to phlebitis, one to shock, three to eclampsia, five to sepsis, one to pneumonia, one to embolism, one to phthisis, two to pulmonary embolism, one to endocarditis and one to phlebitis and endocarditis. To my mind an Association of this sort can do a tremendous amount of good if they would get some common ground on which to work. Reading over the transactions of the previous meeting, it seemed to me that the Association was divided into two camps, those that favored the midwives and those that did not favor the midwives. To my mind the midwife does not enter into the question at all. I don't care anything about the midwives, it is for the benefit of obstetrics and not the benefit of those women. If any of you came to the Polyclinic Hospital and saw one of our meetings every two weeks, those who have been in the magistrates courts would know exactly what is going on. I simply sit as a committing magistrate in those meetings; the women are brought up for any infraction of discipline, not visiting cases, not reporting sore eyes—they understand that that is an unforgivable sin with us; and while I cannot present statistics of conditions before we came into the field, still I am certain that we have saved the lives of babies and mothers and improved the conditions of obstetrics in the lower classes in this town by our work. We have not lost a gonorrheal eye this year; we have had quite a number, but the inspectors take the cases and specialize them; they are sent to hospitals if the mothers will let the babies go. The majority of hospitals won't take them. We have done a considerable amount of good work simply as a temporary expedient. Dr. Baldy said that he did not believe in educating young women to be midwives, but he

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has said he left that matter in the hands of the supervisor—myself, in this district—because he felt that the question was at least a debatable one. I would like to get rid of 40 per cent. of midwives practising in this town right now. They are not fit to practise; it is only by the closest supervision that we are able to keep them in touch at all. I believe that if we had a certain number of well-trained, English-speaking, intelligent girls who had had the training that would fit them to take care, as you might say, as nurses, to be present at a normal delivery and whom we could control, that we would be able to get rid of a good many of the most abominable among the midwives. We tried it as an experiment and we have nine girls that we have trained in the last year over a period of six or eight months with frequent lectures, lectures given by one of the inspectors, and those girls have to see and deliver twenty cases under the inspection of other midwives or doctors before they can come up for examination. I have those examination papers in my possession and they are very remarkable. I do not mean to say that those women are trained nurses, obstetricians or anything else, but it is simply an experiment which Dr. Baldy gave us permission to try to see what we could do, and we believe that the result of the work of those women in a year from now will be good.

DR. J. WHITRIDGE WILLIAMS, Baltimore, said: I have listened to these papers with the greatest possible interest. The first two midwives that I know anything about were mentioned in the Bible; the two women for whom Pharaoh sent when he wanted to get rid of the young Israelites, and it states further in the Bible, "God dealt well with the midwives;" and I think He has dealt well with them ever since, a great deal better than they deserve. I was very much pleased with the body of the papers; they give us a great deal to think about. Dr. Edgar's paper gave a very interesting account of his attempt to train midwives, and he admits that it is impossible to train them in anything like a reasonable time, and I agree with him. Dr. Baldy goes further than that, he admits you cannot train them and does not try. Both of them hope that they will disappear and I hope so too. Another thing Dr. Edgar said was that we needed supervision. Dr. Baldy has supervision. Now I have known Dr. Baldy for a long time, but you cannot get Dr. Baldys in every state, because Dr. Baldy can put the fear of God into everybody he comes in contact with, and we cannot get such men in Maryland and I doubt if you can get them in New York and other states. In New York City you cannot get them to carry out the laws relating to protection from fire; even to-day I happened to see the "New York *Times*" while I was coming over on the train and I found they were complaining that the proper inspectors did not attend to their job. When you come to face the inspection of midwives in the big cities, unless we have a man like Dr. Baldy who can put the fear of God in people, it is going to be a miserable failure, and the fact that Dr. Baldy has to police these women and that Dr. Edgar says they have got to be policed to make them halfway respectable, begs the question from my point of view. I try to face the subject in a square

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way. I know that in a city like New York there isa large population with their own peculiar customs and characters and that the midwife is much harder to get rid of there than in cities with a more homogeneous population, but I do believe that in a reasonable length of time you can get rid of them, and the less we try to protect the status of the midwife, the better it will be for the community. I was very much interested in what Dr. Nicholson said, that one of the great arguments against the midwife was that she could not give prenatal care, that the women did not call on the midwife soon enough for her to give it if she was prepared to do so, and in my mind one of the greatest advantages in modern obstetrics is the development of prenatal care. It does almost as much good as good care at the time of labor, and we have people delegated to foster prenatal care and they teach the poor women in their locality to call for it and welcome it. We do not consider that the obstetrical case is ended when the baby is born and the woman is able to get out of bed and do her washing, but we extend the time long beyond that. We must face the condition of the woman afterward; we must see that this woman is prepared to nurse her baby and to raise it, and we must see that that woman is kept in condition to have other children and have them safely. Therefore it means that proper obstetrical care implies not only prenatal care, not only care at the time of labor, but supervision of that woman during the months in which she is suckling her child. That cannot be done by ignorant women, you cannot train them to do it, and the only hope of getting that type of work is to have the work under proper supervision. The matter of prenatal care, care at the time of labor and postnatal care is not simply a matter for the obstetrician; it is altogether composite work for the obstetrician, the pediatrician and for the social service worker. These three have to unite and we have to make use of our obstetrical dispensaries, lying-in hospitals, childrens' hospitals and then the various baby-saving agencies for the next year or eighteen months. That, to my mind, is the whole problem, and so obstetrics is not merely delivering the woman, such as Dr. Nicholson spoke of, where the woman stands for the wife at the time of labor—that is only a small fragment of the work to be done, and if we are going to face this problem on a broad basis, we have to make a much more extended program. I have expressed myself on other occasions before this Association as to the crux of the matter, and the crux of the matter is the proper education of doctors. We have just begun to understand what an obstetrician is, and he is much more than a man-midwife. The man who invented the obstetrical forceps was named Chamberlen and I came across a copy of his book the other day, and he called himself "Hugh Chamberlen, man-midwife." The greatest obstetrician at the end of the eighteenth century in Great Britain was Dr. Thomas Denman, and referred to himself as "Thomas Denman, man-midwife and accoucheur of the St. Thomas Hospital." What could you expect from a man who had a job that they called by the name of man-midwifery? What we want to do is to educate doctors to be competent obstetricians and the obstetrician is much

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more than the man who simply stands there and delivers the woman. One of the things I objected to in Dr. DeLee's paper was the use of the word accoucheur. I think that is an opprobrious epithet; it comes from "accouchee," and that means to put a woman to bed, and a man who goes around and calls himself a putter to bed of women is a very poor type. I have great regard for Dr. DeLee, and probably when he hears my criticism, he will not use the term in the same way, but a man-midwife and an accoucheur are two things that raise my ire. The man-midwife has disappeared, the accoucheur is disappearing, and what we want is the scientific obstetrician, and we are only going to get him by a great extension of our medical education. I am in entire sympathy with everything Dr. Baldy has said concerning the interne and the time devoted to obstetrics, because the average doctor in the past had no obstetrical training. I was a professor of obstetrics and what do you think my training was? I had two years of lectures on obstetrics and never saw but one patient, and I got the obstetrical prize too, when I graduated. I saw one poor darkey delivered up an alley and she was delivered by another student and myself about three months after we had undertaken the study of obstetrics. That was thirty years ago. We have gone from that, and Dr. Baldy had very much the same experience. He took a position in an obstetrical dispensary, knowing nothing about obstetrics, to learn by experience with these poor women. Now Dr. Baldy is asking that the internes, in their first year after graduation, have at least six months' experience in the obstetrical end of the hospital. That is just the beginning of it. What we want, as I said before, is means for educating decent men in obstetrics in the broadest sense, and obstetrics in the broadest sense is a very broad subject indeed and not merely the putting to bed of women by an accoucheur. What we want are large, properly endowed women's hospitals, where everything pertaining to women and child-bearing is studied, and not only studied from the point of view of teaching what we now know, but discovering important truths for the future. We are just beginning to get them. The first institution of the kind in this country which was properly equipped, was opened in Pittsburgh two weeks ago to-day; that is the Magee Hospital, an institution whose buildings cost $700,000, and it has an endowment of $3,500,000. That institution, if properly run, ought to set the pace for what we get in other cities. Last year in Boston I understand I hurt the feelings of certain Bostonese by telling them that their provisions for the care of women at the time of labor were antiquated. I can say that for almost every city, Baltimore as well. My own hospital—I hate to talk about it, but that's what we want, and it strikes me that we have got two things to bear in mind, that obstetrics is a broad thing, not merely delivering women, and it begins from the time when pregnancy begins and extends over until the baby is able to eat ordinary food and the mother is in position to have another baby if she wants to. Another thing is the education of the doctor, and when the doctor—when the bulk of the doctors of this country, feel as I do and as all

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intelligent obstetricians do about the subject, there will be no further need of talking about the midwife, because she will have disappeared and there will be no need for God to deal with her in the future.

DR. JOSEPHINE BAKER, of New York, said: Naturally I have a certain diffidence in speaking on this subject, particularly as Dr. Williams has said "There is no Dr. Baldy in New York who can put the fear of God into the hearts of the midwives." I think this so-called "problem" which we have been discussing for the last five years is just about as near solution to-day as it has ever been, that is, it seems to me that we have failed to get together on the fundamental principles of this whole proposition. Now I think that, as Dr. Nicholson said, those of us who, by virtue of our positions, have to deal with this problem have felt all along that we have been placed in a false position in constantly being referred to as the defenders of the midwife. We have been talked about and we have had the finger of scorn pointed at us because we have insisted upon the fact that at the present time, in our large cities at least, the midwife is a necessity; that the midwife is a condition and not a theory, and that it is necessary to provide some means of dealing with her. In discussing this question, I am not willing to take second place to anyone in my desire for the welfare of the babies and their mothers. My interest in the midwife is to make her, as long as we must have her, a person to give mothers and babies the care that is essential for their highest welfare.

There is much to be said in the favor of the idealistic attitude of Dr. DeLee, that midwives should be abolished, but I think I am simply reiterating Dr. Baldy's and Dr. Nicholson's remarks when I say that it is absolutely impossible to abolish the midwife in our cities at the present time. The situation in regard to their work, particularly in New York City (and I think Dr. Nicholson has said the same as regards Philadelphia) has been misinterpreted also. Dr. DeLee speaks of the high morbidity and mortality which follows the work of the midwife. He is, I assume, expressing his personal opinion, but the statistics of New York City, as well as for Philadelphia, do not bear out any such assertion. The morbidity and mortality, both among mothers and babies attended by midwives, are, in most instances, less in proportion to the number of births attended than are found among those attended by physicians. Dr. Williams' contention that the medical student should receive a better education in obstetrics is highly desirable but, in the interim, those of us who are forced to meet this question and deal with the midwife as we find her at the present time are doing, as far as we are able, the thing that seems to us the most efficacious and that most nearly protects the mother and the baby.

We come to you frankly, and ask if you can suggest any better method of dealing with this situation. A great many of you say "yes, eliminate the midwife," but "eliminate the midwife" is no answer at all to our question. What we want is a practical working program that is better than the one we have at the present time. As a matter of fact, the midwife is being eliminated. Dr. Edgar told

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you of the decrease in their number in New York City. We have now only half as many midwives in New York City as we had seven years ago. This is probably the result of that section of the Sanitary Code of the Board of Health of New York City which makes it impossible at the present time for any new midwife to obtain a permit to practise until she has completed a course of training at the Bellevue Hospital for Midwives. The elimination of the midwife will come about by making the standards of permissible practice so high that none of the ignorant, untrained women can reach it. This cannot be done in a day; it will be done in ten, fifteen or even, possibly, twenty years, but, inevitably, it will be done and there is no occasion to become academic and to talk about getting rid of the midwives in a day. This is an absolute impossibility. They will practise, whether licensed or not, and the best course is to see that they are at least competent.

I want to speak a word in regard to the prenatal work in connection with the midwife. My experience has been rather contrary to that of the other speakers; we have found the midwives to be one of our best coadjutors and sources of help in our prenatal work in New York City. Probably 70 per cent. of the expectant mothers we cared for were referred to us by the midwives, and these midwives seem to be glad and anxious to coöperate with us in this regard. My experience is that women engage their midwives quite as early as, in the majority of instances, they engage their doctors. I do not believe there is any greater opportunity for the mass of physicians to give prenatal instruction than for the mass of midwives to do so. In our work we care for the mothers through the prenatal period, visit the cases immediately after confinement, and carry on a system of supervision through the first year of the child's life, by means of our infant's milk stations.

I think none of us who have this problem to meet can fail to be tremendously impressed with Dr. Baldy's paper and the wonderful system of midwife supervision which he outlines. From my own experience, however, I must confess that Dr. Baldy either has the ability which Dr. Williams has suggested—that of putting the fear of God into the hearts of these women and making them do anything he wants them to do, or he has an infinitely more complacent set of midwives than we have been able to reach in New York, law or no law. We have met many legal obstacles, such as the opinion of the Corporation Counsel that the city has no right to send an official into the home of the woman while she is being confined unless we have knowledge of some definite wrong-doing on her part, which would warrant our entering the premises. We are therefore trying to accomplish this form of supervision in a different way. We are trying to get the midwives to invite us. They are beginning to coöperate in this way, and we are gradually overcoming that objection.

We hold meetings with the midwives in different localities, for instruction and conference, and the midwife is coming to look upon the authority of the Department of Health, not as something

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to be combatted and avoided, but as something which has a very definite promise of help for her. We believe that through that kind of coöperation we are going to be able to effect reforms which will be more permanent and more effective than mere drastic legal methods.

I have brought with me a midwife bag which we have devised for the use of midwives in New York City, and which contains simply the articles which are allowed by our rules and regulations. As you see, the bag is lined with washable material, and everything is in plain view. We believe it is compact and useful, and the midwives themselves like it. Indeed, this year the Midwives' Association is giving one of these bags as a present to the midwife who has delivered the largest number of cases with the fewest casualties during the year. I shall be glad to leave the bag so that any of you may look it over, if you care to do so.

DR. W. C. WOODWARD, of Washington, said: It seems to me that we are laying too much stress on the midwife and not enough on the mother and the baby. Our dividing line is certainly on the efficiency of obstetric service generally, and not merely on the service of the midwife. We are dealing too particularly with midwives, and we are dealing with them too much as a class. We must have something with which we can compare their work in order to determine their proper status, and of course a fair comparison is with the medical profession. I agree with what has been said here this afternoon, and with what has been said before, that there is the same need for raising the standard of obstetrics among physicians that there is for raising the standard among midwives, and I believe there is urgent need for statistical control as to the results of the work of both groups. But should we undertake, as the writer of one paper has done, from the fact that fifty-seven or so physicians in various rural parts of the United States report that there are no midwives in those places, to infer that those places can get along well without them. I think we would hardly make a justifiable inference. We must know first what the results are to the mothers and to the babies in those communities.

In the jurisdiction from which I come, the Congress of the United States passed a law in 1896 requiring an examination of the midwives. Since that time the number of deliveries by midwives has fallen from 50 per cent. to 9.8 per cent., and there has been a large increase in the number of deliveries in institutions. That of course appears very encouraging; but I was somewhat disappointed recently—somewhat puzzled, and am still somewhat puzzled—on checking up in a rough way the work of the physicians in the homes of the mothers with the work of physicians in hospitals, to find that there was a larger percentage of stillbirths in the hospitals than in the homes. The question is raised, therefore, as to how much good we have accomplished by that transference of cases. We know already the institutions that have higher percentages of stillbirths among the cases delivered. Next year we are going to know not only the institutions that have high percentages of stillbirths, but also the percentages of stillbirths occurring in the practice of each physician

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and each midwife, in institutions and out of institutions. Of course, I know that the percentage of stillbirths does not represent the final criteria as to the efficiency of the institution or of the doctor, but I believe that when we have figures of that kind, by comparing the work of the physicians in institutions and out of institutions, by comparing the work of the physicians practising among the poor—the physician who is willing to replace a midwife—with the work of a midwife, we will establish a basis upon which to act further with respect to the practice of midwifery among midwives and some basis upon which to urge further improvement in the practice of obstetrics among physicians.

DR. ARTHUR B. EMMONS, of Boston, said: I am always interested in obstetrics, and it seems to me that there are two or three hopeful things—our Chairman wants the hopeful things about obstetrics—and one is, that if you have followed in the last two years the *Journal of the American Medical Association*, especially what the Council on Education has done, you will have seen they have been "killing medical schools," as they call it. As a result there has been a diminution in the medical schools of the country by about eight or ten a year, roughly, and much of this "merging" has followed the report by Abraham Flexner, which said there were 130, I think, and that he thought about thirty good schools would supply the country's need. The result is that the number of medical schools has been reduced very markedly, and greatly to the advantage of medical education. I feel that although the result of this improvement is a distant thing to wait for, better schools and fewer of them, because it means fewer and better doctors, that it is fundamental to the whole problem, the better education of the physician.

The next step which I see rapidly advancing, especially in Pennsylvania, is the State requirement, and of course Pennsylvania, as we all know and as you can see in reviews of the situation, is leading the country to-day by requiring for licensure a year of hospital work, and that year must be in approved hospitals. Now, in order to be in an approved hospital, you have to offer obstetrical training, and the man is required to have a minimum of six weeks of obstetrical work. A man doing this minimum of work in obstetrics will certainly learn some of the dangers, enough to keep many out of obstetrics if they are wise enough, and that is going to be a wonderful thing for the people in Pennsylvania. I do not believe that the rest of the country can lag far behind those advances. As regards Massachusetts; when our Chairman, Dr. Sherwood, was up in Boston, she made the significant remark, after surveying the wonderful sights that we had been showing her in the city of Boston, such as the buildings of the Harvard Medical School and some of the very fine hospitals that we have around it, the Infants Hospital, and Children's Hospital, a splendid general hospital, a cancer hospital, all of the finest, an animal hospital, and a dental infirmary for children, which is a marble palace, but *no hospital for obstetrics*. I do not mean to say that there is no hospital in Boston for obstetrics, but that there is no large modern hospital which in any way reaches the level of these

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other hospitals. We have hospitals in Boston that are doing very good obstetrics, but they are not meeting anywhere near the needs of the City to-day and I believe that this backwardness in equipment for obstetrics is a good deal the same in many other cities throughout the country.

DR. GEORGE W. KOSMAK, of New York, said: I think I am one of that steady company that Dr. Baker referred to a little while ago that attends all these meetings and discusses the papers on the midwife. Now the Association has taken up the midwife question in its section on obstetrics because it believes that that is one of the principal factors in the solution of the great problems with which it is concerned. I beg to differ from the speaker who said that the question is no nearer a solution now than it was before. I think the admissions that have been made by those who have favored the midwife in her education are enough to show that the attitude which was taken a few years ago is gradually changing, and that those who advocated absolutely the retention or higher education of the midwife have considerably changed their point of view into an admission that this factor in medical practice must be gradually eliminated. Now all the arguments that have been made in favor of the supervision and even the partial education or complete education of the midwife cannot be denied if their ultimate purpose is to do away with any permanency to this form of medical practice. I think that is the essential point to be remembered, that no matter what we do at the present to overcome these conditions, we must not think of retaining the midwife system as a permanent feature in the practice of medicine. The admission was made here, I am glad to say, only once—at other meetings I have heard it made a great many times—that the average physician gave less and poorer care to his patients than the average midwife. Now if that statement is true, I think it is a very sorry admission to make, and it is one that we, as a united profession, ought to be thoroughly ashamed of and ought to do everything we can to eliminate such criticism. We have heard a great deal about the supervision which is necessary for the midwife. It seems to me that there is no clearer argument for the ultimate elimination of this woman than the fact that such police powers are necessary. Now we, as physicians, certainly do not want to have our actions policed, and if any members of our guild find it necessary to have this done, I think the sooner we get rid of them, the better. It has been said that the maternity hospitals are filled to overflowing and that they cannot take care of any more patients. I think where the demand occurs, the supply will follow. The demand has not been made on the hospitals. A few years ago I read a paper before this Association at its Cleveland meeting, in which I showed the great advantage that accrued to a woman who was taken care of by our students and nurses and graduate physicians at the New York Lying-In Hospital. In connection with the expansion of this work, I have noticed that we have an increasing number of applications from classes of foreigners who never applied to us for treatment in previous years. The fact is often mentioned that the Italian woman

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will not have a man physician, that she insists on having a midwife. I think in New York City that is largely due to the fact that the matter has not been brought to her attention. The number of Italians that have been confined in lying-in hospitals has been increased year by year, as has the number of Hungarians, Poles, Germans and women of all nationalities who are used to the midwife in their home countries and have not become acquainted with the changed conditions in their adopted country. Now, in connection with this subject, reference might be made to the necessity for the better education of the doctor in obstetrics. That point has already been touched upon; in addition to the better education of the doctor, the lay public ought to be better educated. In this connection attention must be drawn to the fact that every time attempts have been made by physicians to educate the lay public, the thing has gone too far and the lay public have attempted to take up the technical side of the question and develop that to their own satisfaction instead of leaving it to those who know how. That is the case very largely in this work. We have seen that practically exemplified in the recent agitation for "twilight sleep." We find that some of the lay journals, instigated I am very sorry to say by physicians, have taken up the matter of "twilight sleep" and made it appear that those physicians who refused to give this supposed panacea to their patients are ignorant of the matter and do not wish to do the best thing for their patients. It seems to me that we are dealing with the same problem in our work in reference to the midwife; we do not bring the matter properly to the attention of the public. I want to illustrate that further by the contents of a little circular I have which has been issued by one of our leading life insurance companies of New York City, which has its field largely among the poorer classes of the population, who might be likely to patronize the midwife. Now this company circulates among these people a little pamphlet entitled "Mother, Baby and Midwife," in the pages of which an unthinking woman would readily suppose that the midwife was the equal of the doctor and was acknowledged by him to be his equal and could do as good work. Among other things it states that the visiting midwife visits her patients morning and evening for two or three days after the baby comes, and after that calls for ten days to care for the mother and baby. If that midwife exists in New York, I would like to have her visiting card; I have not found her yet. All this shows that higher standards of education are necessary. I am at heart totally opposed to the retention of the midwife, yet I realize that her elimination is going to be a very difficult matter and the development of substitute agencies is the most important factor in getting rid of her. I regret to say that this matter has not been given a sufficient amount of attention. Substitute agencies in New York to-day are hardly any better than they were five or ten years ago. I know that at the Lying-In Hospital we do not take care of nearly as many cases as we ought to. I think that if we had applications for 12,000 or 15,000 cases a year instead of 6000, our Board of Governors would soon find means to supply the desired demand.

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DR. LINSLY R. WILLIAMS, Deputy Health Commissioner, Albany, said: I want to speak briefly about the conditions that exist in rural communities. Almost every one who has spoken on the subject this afternoon has spoken of the large cities and what has been accomplished and the facilities offered for better obstetrics in those centers. The State of New York has fully 2,500,000 people who live in rural homes and under rural conditions. There are some 500 towns that have an area in square miles amounting to nearly 50,000 where there are perhaps in each one of those 500 towns one, two or three doctors. Those figures are approximate. In those towns it is not possible to have a hospital, it is not possible to have a dispensary; there is no substitute for the home care of obstetrical cases; it is not a feasible proposition, no matter how much you want to do it. It has been said that it is possible, if a sufficient demand is created for obstetricians to look after these cases and that the hospitals will soon come. Now there has been a demand for hospitals for tuberculosis in New York State for a great many years. There has not only been a demand, but there has been a persistent fight on the part of a number of agencies spending $25,000 a year for the past seven years. We now have twelve hospitals working with cases in them in twelve counties out of fifty-seven counties and in twelve other counties steps have been taken to construct hospitals. In the course of two or three years we will have possibly forty. There is no demand for obstetrical hospitals in the rural districts; no demand for dispensaries. There is a constant demand for good midwives. Some doctors refuse to attend these cases; there is no question about it, they won't go. I personally know of instances where they would not go. If the midwife is not available, the farmer's wife cannot get anyone but the neighboring farmer's wife to look after her, and the doctor's paper this afternoon, which spoke of the conditions existing in rural communities made a very superficial estimate and drew some conclusions entirely unwarranted by the facts. Those conditions are not true. We have to have, for an indefinite number of years to come, midwives in the rural districts at least; in the urban centers, it may be possible to find substitutes for the midwife in the very dim future, but I do not think any of us will live to see conditions which will result in the abolition of the midwife problem. It is possible theoretically to conceive of a gigantic scheme of better obstetrics, and I believe that if someone would place in the hands of the State Department of Health about $50,000 a year for the next ten years, we could create a division of obstetrics and perhaps have Dr. DeLee or Dr. Emmons or some of these gentlemen here to-day put in charge of it to develop a state-wide obstetrical service to be done by the State and paid for by the State. I think it might be a very beneficial thing for the health of the whole state. I don't think it would be democratic, I don't think it would be wise and I don't think it would be the kind of a thing that anybody expects to accomplish. For myself, I expect to know about midwives as long as I retain my sanity and I expect to find midwives in the State of New York as long as I have anything

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to do with the state officially and I hope to do my best to see that some system of supervision is developed along the lines Dr. Baldy has given you this afternoon. The midwife is here to stay. I would like to abolish her. I would like to abolish the social evil and a great many other things, but I am afraid that the midwife is here to stay.

THE CHAIRMAN: The time has come when it is necessary for us to close this very interesting discussion. There will be an opportunity to-morrow afternoon, when the round table for the reception of reports is convened, for others who wish to say something more on this subject to do so. I will ask Dr. Edgar to close the discussion on his paper.

DR. EDGAR: I have very little to add to what I have already stated in the paper. I wish to go on record as being opposed to the midwife, first, last and every time; but we have them here and we have got to reckon with them. I cannot take the attitude that my friend Dr. DeLee of Chicago has taken, and close my eyes to the situation and quietly wait until the elimination of the midwife occurs, because it is going to take a good many years for that to happen, if it ever does occur; and naturally, in a discussion such as we have had this afternoon, there will be differences of opinion, and one difference of opinion is between Dr. Baldy and myself. Dr. Baldy seems to think that the education of the midwife will perpetuate the midwife. My opinion is that the education of the midwife will gradually eliminate the midwife. Of course a difference in opinion is valuable in a discussion like this, and the idea of the education of the midwife and the passing of laws in New York State, from the standpoint there, is to get the midwife's number, so to speak, and find out how many of them we have, and then eventually, if possible, to raise the standard so high that there will be only a few midwives left and it will entice trained nurses who have had some previous medical education, and are better fitted to practise midwifery, to take out licenses. The recent agitation that we have had in New York has already accomplished something, as has been referred to by Dr. Josephine Baker. For instance, in the last few years, the number of midwives has been reduced from 3000 and something to 1200. Another favorable symptom is the attitude of the foreign population, the immigrant population, so called, which has been referred to by Dr. Kosmak; we have hundreds of hospital records of Bellevue and Manhattan Lying-In Hospital to show that a foreign woman would have a midwife in her first confinement, and for the second, third, fourth and fifth, they go to the dispensary doctor; that shows the way the wind is blowing. It is not absolutely necessary that we preserve the midwives for the foreign population. As far as the foreign population of New York is concerned, they are quite willing to go to the dispensary doctors in place of the midwives.

DR. J. M. BALDY, Philadelphia: I can add little or nothing to what I have already said. There were one or two points brought out in the discussion in regard to which I could say a word.

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There was an expression used by Dr. Williams in regard to myself, "putting the fear of God into the minds of these midwives." I have never before associated anything in connection with God in relation to the police courts and jails; it is the police courts and jails that our midwives fear; some of them have been there and we have no compunction in sending them there if they don't behave themselves. Everybody else can do it; there is nothing mysterious about it. I had a letter day before yesterday from Erie County, from our inspector, saying "your instructions were followed in regard to midwife "so and so," she has been convicted and will be sentenced this afternoon. We railroaded four midwives in Wimber, a small town of about 8000 or less, outside of Johnstown, in the coal regions of this state, and they were all convicted. The result was a very valuable one, exceedingly valuable in the direction of your vital statistics." Vital statistics are utterly worthless in this country as they stand; our vital statistics in Pennsylvania are not worth the paper they are written on. In that one town, Wimber, that night there were turned in twenty-five birth reports; births that never had been reported, and never would have been reported, in a community of 6000 or 8000. Multiply that over the state and see what your statistics are worth. This work is invaluable in making your statistics what they never were before. Those are features that go incidentally with this work of taking the midwife and instilling into her mind the fear of God or whatever else it may be.

When we started out, the Board of Health notified us that there were 800 in this town; we have less than 200 now. Many were mythical, and the statistics of the number of midwives are shown by that very instance, as being something of which you have had no real knowledge. When people guess that there are 490 in Massachusetts, I guess that they would find there are that many in Boston alone. Dr. Williams brought out the crux of the whole matter—education of the doctor. We do not get improvements in a day or a week or a month. Many times we are all too impatient, we want to wipe out that which has been inherent in the country ever since the country has been a country, in a day or two. It is an impossibility, and people who work on such a basis never will accomplish any more than this Association has accomplished up to the present time.

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