

## THE MIDWIFE SITUATION:

IS THE CONTROL OF THE MIDWIFE AS UNDERTAKEN BY THE  
PENNSYLVANIA BUREAU OF MEDICAL EDUCATION  
AND LICENSURE A STEP IN ADVANCE OR  
A RETROGRESSION?

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THE unique problem presented by the midwife situation in the United States is a result of the unrestricted immigration of the past years, with the consequent establishment of colonies in every large city, as well as in many rural communities, in which the language and customs are those of the parent land. These colonies are composed of people who are ignorant in every sense of the word, who do not speak English, who have but little money, but are prolific breeders, and who come here with definite and fixed ideas in favor of the midwife rather than of the doctor. The result has been, as could have been foreseen, that the midwife has taken firm root. As there were no suitable laws for her control and no machinery to enforce the few emasculated laws which were in existence, she has been a law unto herself and unto her patients; she has become more and more ignorant as time passed over her, and she has with great avidity accumulated political pull in her ward, as we can certify from experience.

When, in 1914, the Bureau of Medical Education and

Licensure of the State of Pennsylvania began the work of attempting to better conditions it was found that the job was a real one. First of all, probably 70 per cent. of the midwives were impossible, being not only ignorant in general but without any obstetric training whatsoever; could neither read, write, nor speak English, were by nature suspicious, had little equipment, and were very, very dirty. They had no respect for laws which had never been enforced, and in many instances looked upon the whole propaganda as a grafting scheme, and with the most beautiful frankness tried to buy desired privileges and exemptions from discipline. In many instances the local physicians were in league with these women, signing birth certificates for those whom we forbade to practise, and furnishing false recommendations to those applying for license. In other instances we found that the neighborhood influence of the midwife was so great that graduates of medicine hesitated and finally refused to give testimony against her even when they possessed first-hand information of nefarious practices. Moreover, our work was made more difficult because while we had not more than 30 per cent. of well-trained women we were unable to at once put out of practice the 70 per cent. of undesirables, since the actual need for their services could not have been met by the remainder.

At the beginning of our work we realized that our plan must of necessity be different from that of any other country which has attempted the control of the midwife. We have many languages and no school of instruction, and most of our women have never had a day's training, but are at best midwives "by inheritance." We therefore decided that actual policing, not only of the midwife, as is done elsewhere, but also of the actual cases delivered, was a vital necessity. The correctness of this opinion has been amply verified by our experience during the past three years. We believe that we have accomplished a great deal, and we attribute it to the

fact that each case delivered by a midwife is seen by a trained inspector of the bureau within a few days after birth. We have four inspectors, women graduates in medicine. Each case delivered is reported to one of them and is visited by her, and she in turn makes report to me in detail upon a card furnished by the bureau. Any difficulty during labor or any subsequent trouble in the puerperium must also be reported. During labor if any abnormality presents itself the midwife must obtain medical aid, and this must be reported. If patients are too poor to pay an outside physician, an inspector is called and either takes charge of the case or sends her to the hospital; all this is a matter of report and eventually comes to me. I make a quarterly report to the Bureau of Medical Education. While it was a hard matter at first to enforce these regulations it is now well understood by the midwives, and I have been interested in noting the improvement in this respect, as evinced by cases admitted to my wards both at the Methodist and Polyclinic Hospitals. As a corollary to the inspection of the cases we have a bimonthly disciplinary meeting in the dispensary at the Polyclinic, at which all women who have in any way transgressed the regulations are compelled to be present. The sentences vary from admonition to legal action before the courts.

We compel all midwives to attend lectures given in their own tongue, throughout the winter months, by the inspectors. At the present time no woman who cannot read, write, and speak English is accepted as a midwife; but we, of course, still have a large number whom we were compelled to license at the beginning of the work who are guiltless of any knowledge of any language save their own.

In the study of any sociological problem it is well to define the common grounds of agreement in order to avoid misunderstanding and unnecessary argument. Failure to do this has greatly clouded the whole question of the midwife,

and therefore I desire especially to emphasize that those of us that are concerned in policing the midwife, I use the work advisedly, are as thoroughly convinced of the evils of the system as now conducted as are those members of the medical profession who oppose our work. In other words, we who are dealing with these women are of one mind concerning the incongruity of allowing or actively sanctioning by license, the doing of distinctly medical work by non-medical persons. We cannot adduce a single argument in its favor except the argument of necessity, and therefore we hope that the discussion of the subject at this time will not be clouded by rhetoric aimed at the system itself, since we are as well convinced of its iniquities from our personal knowledge as we could be by the arguments of those who possess, in many instances, a theoretical knowledge alone. We have therefore a common point of agreement from which to start—namely, our absolute concurrence with the most emphatic disapproval of the system which allows anyone not a medical graduate to practice midwifery. Here, however, our common ground of agreement ceases, for while we may inveigh most sincerely against the foolish short-sightedness and criminal neglect of the present authorized system, we do not consider that our duty is therefore discharged. We are fully conscious that we are faced by a condition which demands reforms of a radical nature, but we are also entirely satisfied from an abundant experience that no power is at present available which can revolutionize or blot out the practice of midwifery by midwives. We believe therefore that we are fulfilling a much higher course of action by attempting to improve legally existing conditions than we would be by being satisfied with non-constructive criticism alone.

During the three years 1914 to 1916 inclusive our midwives have delivered 23,952 women. Of this number, however, there were 1052 cases which were not inspected by us and

therefore our statistics are based upon 22,900 cases. These cases have been carefully inspected, many of them having had repeated visits by the inspectors, and we believe our records to be trustworthy. We have to report a maternal mortality of 26, though it is not quite fair to do so, as 4 cases among this number were delivered by non-licensed women. Of these 26 deaths there were 8 due to sepsis, 5 to eclampsia and placenta previa, 1 from an unknown cause, 1 from shock, 1 each from pneumonia, uremia, and diphtheria, 2 from phthisis, 1 from ablatic placenta, and 4 from embolism, 1 of the latter being subsequent to a Cesarean operation by a well-known operator. When the conditions under which the work of the midwife is performed are taken into consideration, together with the fact that there is no prelabor care possible, we consider that this very small mortality percentage is rather remarkable. Moreover, it is only fair to subtract the case of phthisis, pneumonia, and diphtheria from this list, since we are considering the matter of this mortality from the stand-point of the arraignment of the midwife.

With regard to infant mortality the figures are of necessity less conclusive, since our inspection and therefore our knowledge of the babies is limited to the first eight days of life. We have had 586 infant deaths occurring during the first eight days, most of these deaths being due to prematurity or birth injury. In this list we include 173 premature births, of which a good proportion were non-viable. There were 31 cases of death ascribed to a patulous foramen ovale, while 42 were due to supposed syphilis. There were 119 deaths directly due to some trauma at birth, such as faulty presentation, forceps injury, funic prolapse, and disproportion of the head and pelvis. In the hands of skilled obstetricians working in the hospital there would undoubtedly be a greatly lessened mortality among the last-mentioned class; but when it is remembered that in 819 instances the delivery was performed

by a physician, it is clear that at least a large proportion of these cases were not actually delivered by the midwife but by a graduate in medicine, so that at least a certain percentage of this mortality is at the door of the medical profession and not at the door of the midwife. Study of this infant mortality in detail is useless, since in almost all instances we are dependant upon the general practitioner for the diagnosis of the cause of death; and since, moreover, there is a large number of deaths which occur subsequent to the eighth day, which is our limit of attendance. We therefore do not offer this series of stastitics as representing the real infant mortality in our series of cases, since a mortality based on the first eight days of life is very misleading, and, moreover, because of the varying factor in diagnostic ability represented by the practitioners who work among these women the various diagnoses are likewise undependable. It is, however, to be realized that the actual fetal death-rate either limited to eight days after birth or extended to the first six months cannot be laid to the midwife in the large majority of instances, but is dependant upon the poverty and ignorance of the mothers themselves, conditions over which the midwife has no control. If the care of these children were left to the physician working under the same material disadvantages there would at least be no improvement in the mortality column.

A matter of interest from the purely scientific side may be noted here—namely, the incidence of deformities in this series of cases. Among the 22,900 deliveries there were 187 cases of twin birth and 1 case of triplets; there were therefore 23,087 babies inspected by an official of the Bureau of Medical Education. We found 11 cases each of spina bifida and hydrocephalus, 4 of anencephalus, 2 of imperforate anus, 1 absence of an eye, 12 club-feet, and 9 cleft palate complicated by hare-lip in 7 instances. The lesser deformities were well represented.

I desire again emphatically to reiterate that those of us who are overseeing the work of the midwives in Pennsylvania are by no means holding a brief for either the midwife or the system; we are perfectly willing to admit that there are weak points in our plan. None know them as well as we do, and we also are of one mind that the midwife is an anachronism in present-day medicine. We have no quarrel with anyone who differs from us in methods of control, but we do most emphatically join issue with the rather large portion of the better educated among the medical profession who take the attitude that because they do not approve of the midwife therefore they will not sanction any means by which the great evils of the system may be mitigated. We would like to call the attention of our critics to the fact that no civilized nation has so far been able to care for their women in childbirth without the aid of the midwife. This does not prove that these wonderful United States of America will be unable to work out some plan in the future, but at the present time any such consummation seems far distant. It will be well to consider the alternate method which has been proposed to meet the situation, since to most persons not experienced in this matter it seems, and very naturally, that there certainly must be some solution other than the midwife for the care of the obstetric poor. The alternate method is simply the procuring of a sum of money large enough to compass the care of these women by whatever means, hospitals or subsidized physicians, as may be decided upon. This is a most satisfactory theoretical scheme, but most visionary, since not only do we lack the money but the machinery for its accumulation. If we wait until some such plan is matured we are simply folding our hands and getting out from under our responsibilities. The city physicians cannot undertake the work, the charitable organizations are helpless before it, and the hospitals are running at capacity even now. In other words, if it were possible to pass a law

which would be effective in preventing any work by midwives we in Philadelphia might be able to care for those delivered in the first week or ten days by various agencies, but at the expiration of that time we would be absolutely swamped. Moreover, the question is not only that of the actual delivery but also that of nursing.

It is a fair question as to what we have accomplished in the last three years of our work. Unfortunately, no one is in a position to make an accurate comparison of the conditions existing before there was supervision and the present time; in other words, the improvement which we can demonstrate is by no means the entire difference between the former and present conditions, since before we had a chance to collect statistics there was a definite improvement in the work of the women. We lay claim to the following changes which the method of supervision or policing has brought about:

1. The midwives have been improved very greatly as to personnel since we have rejected a large number who would otherwise been able to practice.
2. The general cleanliness of those midwives whom we registered has been greatly improved; this we can demonstrate on the living women.
3. The patients are much better cared for; this is particularly noticeable in regard to the use of clean absorbent dressing for the woman and a marked improvement in the care of the baby.

One of the most gratifying results of our work has been the improvement in the care of the eyes of the newborn. At the beginning of our work we felt that any improvement in this regard was probably out of the question, and we therefore feel greatly pleased with our results which are as follows: Among the 22,900 cases inspected during the past three years there were 680 babies who showed eye infections of various grades. In the vast majority of instances these conditions were simply



the result of lack of ordinary care upon the part of the midwife, and we are happy to be able to report that along with the general improvement in case hygiene we can also report a remarkable decrease in the ordinary sore eyes. Thus during the first year's work we had 324 sore eyes among 6504 inspected cases; during the second year we had 175 sore eyes among 7895 inspected cases; while in the last year among 8501 inspected cases there were but 118. From January 1 of the present year we note a very much greater decrease, so that at the present time the report of a sore eye is a matter for comment. Among the 617 cases mentioned above there were 63 that presented a degree of inflammation justifying the diagnosis of ophthalmia. Cultures are made in all cases which show discharge, and in all but 15 cases the diagnosis by smear was determined to be gonorrhoeal. These 15 cases showed 13 negative reports with respect to the gonococcus, while 2 others refused any treatment. In but 1 case in the last two years have we had impairment of vision. At present and for the past several months we have insisted upon the use of silver nitrate in the eyes of the newborn.

Moreover, it is the opinion of the inspectors that physicians are called much oftener and earlier than was the custom when the midwife was to all intents and purposes the physician instead of the creature of the Bureau of Medical Education, as she is at the present. Finally, the missionary work of the inspectors as they go from patient to patient is a force in social service which cannot be overlooked.

From our experience during the last three years we are led to believe that the whole system as at present constituted is a blunder, that some plan should be put into effect to obviate the great evils of the system, that at present no plan which fails to recognize the midwife can be a success, and that by the expenditure of a sufficient sum of money a radical betterment of conditions can be confidently expected.

Just a final word in explanation of these conclusions: While we admit that the great majority of midwives are not competent, we also charge that under a method such as ours, whose keynote is supervision, there is much that can be done even with our present poor material, and that a good portion of our failures of achievement are due not to the unequipped midwife, but to the prevalence of poverty among their patients and to the poor training of the practitioners whom they use as consultants. We feel confident that, given a sufficient sum of money for the employment of inspectors, we could revolutionize conditions in this State. While the necessary budget would be large compared to the amount available at present, it would be as nothing when compared to the amount needed to supply well-trained doctors and hospital facilities for these women. If we were enabled to control the prenatal care of the patients, if we were enabled to train young, intelligent women as midwives, and if finally we could control the supply of consultants upon whom the midwives call, and compel intelligent oversight in the care of the infants for months, instead of for days, as at present, it would be possible to revolutionize conditions and show statistics unequalled in the history of the world. This may seem highly imaginative, but we submit that it is perfectly practicable and possible of accomplishment with much less expense than any other plan so far proposed.