

## The Midwife.

### MIDWIFERY AS A BRANCH OF SURGERY.

Dr. Victor Bonney, Assistant Obstetric and Gynaecological Surgeon to the Middlesex Hospital, in an interesting paper read before the Harveian Society of London, and published in the *British Medical Journal*, emphasised the importance of recognizing midwifery as a branch of surgery. He wrote in part: As a result of the affiliation of midwifery to medicine in the past, the analogy between reproduction and other natural processes has been too much insisted on. Child-bearing is, of course, a physiological process, but it stands alone amongst such, in that while the rest of them are exercised for the good of the individual, reproduction is exercised for the benefit of the race at the cost of the individual. The toll reproduction exacts from womankind is very definite and is levied on civilised and aboriginal alike; animals, whether domesticated or wild, do not escape it. At no other time in the life of a healthy woman is ill-health so imminent as during the periods of child-bearing. Pregnancy is normally associated with altered metabolic processes, closely verging on auto-intoxication; labour is an example of Nature's rough surgery, puerperia a time of healing of self-inflicted wounds. Midwifery is an almost purely surgical art. Therapeutic treatment finds less place in it than perhaps any other department of our profession. The means it employs are almost entirely mechanical. Its operations, as compared with those of other branches of surgery, are to the full as difficult, and require, from the circumstances under which they are usually carried out, a far greater average degree of care, skill, and fortitude. Further, the liability for infection to follow them is much greater, because asepsis of the operation area is much less under the control of the operator.

Attendance on the puerperium resolves itself into the care and treatment of wounds of the genital canal—wounds naturally produced, indeed, but of the character of lacerations or abrasions, often associated with much bruising, and situated, as regards the placental site, in a position unfavourable for drainage, and as regards perineal tears in one impossible to render aseptic.

It follows, therefore, that the obstetrician stands more in need of modern surgical surroundings, accessories, and assistance than any other class of surgeon, if he is to carry out his work in keeping with the present-day standards of aseptic surgery.

These statements are truisms, I venture to think, to all who give to the subject any degree of thought, yet the layman has a very imperfect understanding of them.

The unqualified reiteration of the "naturalness" of childbirth, the false conception derived from the profession itself, that midwifery is dissociated from the rest of medical science, has led the public to belittle the medical importance of labour, which, in the lower orders at least, tends to be regarded as analogous on a larger scale to defaecation or micturition. Hence has arisen, and is maintained by custom, a want of comprehension of the necessity for making proper provision and pre-arrangement against the time of labour, and a disinclination to expend on the event the amount of money commensurate with its importance.

There are in all great cities numbers of houses unfit for the habitation of human beings; thousands of tenements stinking and verminous. The patient is filthy, the bedclothes are filthy, the supply of water limited to one small kettle, the utensils to a single bowl or basin, the room choked with lumber, dusty furniture, and frowsy garments. In such surroundings it is the custom, against which no vigorous voice is raised, to perform difficult surgical operations peculiarly fraught, under any circumstances, with the risk of post-operative sepsis.

Who is not familiar with the general surgeon who relates with pride that he successfully operated for, say, a strangulated hernia, in a dingy cottage by the light of a single candle and the assistance of only one other medical man and a nurse. But what of the obstetric surgeon who, alone and unaided, amidst similar surroundings, acts the part of anaesthetist, operator, and nurse in his single person?

The absence of the conception of the "surgicalness" of midwifery, however, is not limited to the lower classes.

Consider the average lying-in room in the average middle-class house. A double bed is the first object that strikes the eye, unwieldy and inconvenient. In one corner is the baby's cradle and a pile of baby clothes; in another the washhand stand, and on it toothbrushes, bottles of hand and hair lotion, the husband's shaving materials, and various other objects. The dressing-table absorbs much of the floor of the room and most of the light from the window. It is littered with the implements of the toilet—brushes, combs, hair-pins, trays, boxes, vases, photograph frames, and other rubbish. In another corner stands the cast-clothes basket. A large wardrobe obtrudes itself on the already limited space, and a chest of drawers, piled with books, knick-knacks and various odds and ends, takes up much of the remainder. Add to these several chairs and a commode, and the picture is complete.

In this room lies a woman threatened with the possibility of surgical intervention. Were

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