## The Midwife.

## THE MIDWIFE IN ENGLAND.

The Committee for the Prevention of Blindness in the State of New York, early in the course of its work, came up against the problem of the midwife, for it discovered how ignorant and untrained were many of the midwives in the country, and became convinced that here, at least, lay one cause of the frequency of ophthalmia neonatorum, with its resultant blindness; and, if this evil, how many other evils might there not be due to the same incompetency.

Before suggesting reform measures in the United States the committee therefore decided to study midwifery conditions in other countries, including a study of the laws in fourteen European countries and Australia, relating to the training, licensure, and control of midwives, and the organization and curricula of midwifery schools, in order to learn what the results of this training and supervision are, when measured in the terms of the health of mothers and babies.

With the hope of obtaining information which might be helpful in recommending action for the training and subsequent control of midwives in New York State, the Committee commissioned its Executive Secretary (Miss Carolyn Conant Van Blarcom, R.N., formerly Assistant Superintende it and Instructor in Obstetrical Nursing at the Johns Hopkins Hospital Training School for Nurses), to visit England in the early autumn of 1911, to make a study of the history and working of the Midwives Act, 1902. Those who met Miss Van Blarcom while she was in this country, and know how thoroughly she carried out her mission, will read with much interest her conclusions on the whole subject, incorporated in a booklet entitled "The Midwife in England," which is described by Dr. J. Clifton Edgar, who contributes the preface, as "the most valuable contribution to the solution of the problem of the midwife in America thus far published.'

Dr. Edgar states that in regard to the Problem of the Midwife, three standpoints are, broadly speaking, taken in America. "First, the midwife must be abolished. Second, the midwife had best be ignored and left to her own devices. Third, the midwife should be raised to a higher plane by proper State control and education." He continues: "The first proposition is, in my belief, after a thorough study of the situation, impossible, until some better substitute for the midwife is at hand, to care for some 40 per cent. of pregnant women in child-birth, as at present. The second proposal is unworthy of consideration. The third proposition is at the present time the only practical way of dealing with the Midwife Problem ; whether it has for its object solely the temporary safeguarding of helpless women and children, or a

more far-reaching aim, namely, the final elimination of all but skilled and educated midwives.

## THE MIDWIFE IN AMERICA.

Miss Van Blarcom first deals with the midwife in America, pointing out that the problem of the midwife as a factor in American life is one which is being considered with increasing seriousness by those who are interested in the prevention of blindness, and in other phases of infant welfare. . . . It is due, in great measure, to the ignorance and neglect on the part of midwives that many babies become blind from what is commonly known as babies' sore eyes (ophthalmia neonatorum).

About 40 per cent. of all births in America are attended by midwives, concerning which Miss Van Blarcom writes :—" The importance of the midwife problem in this country, however, is not measured by the extent to which she practises, for in Denmark, for example, although midwives attend between 90 to 95 per cent. of all births, in that country there is neither the same high death-rate among infants, nor the relative amount of unnecessary blindness which exist in this country. The blot on our escutcheon is the fact that we give the safe-keeping of nearly one-half of our mothers and babies into the hands of women who are ignorant, careless, and dirty, because neither trained nor supervised. . .

Although there are in America many competent midwives who have received careful training in European schools, reports from various parts of the country indicate that the majority of those practising here are dirty, ignorant, and untrained. The extreme ignorance of some of the more unfit of these women is suggested by the superstitions which they foster. One, for example, will advise the mother to wear a string of bears' teeth to make the child strong; another that in cases of tardy labour it is beneficial to throw hot coals on hen feathers, and place them under the patient's bed; another that it is flying in the face of Providence to bathe the infant before it is two or three weeks old ; while others recommend that such articles as cabbage hearts, bacon rinds, beer, &c., should be included in the baby's dietary. This type of midwife knows nothing of hygiene, asepsis, or antisepsis, and is often practically responsible for the death and invalidism of mothers as well as the death, blindness, and mental and physical impairment of infants. Visits to the homes of these women fill one with dismay, for only too often one finds that a midwife with a large practice is herself a dirty, unkempt person, living in a squalid tenement. A deplorably large group is exemplified by the old woman of eighty who declared ' I am too old to clean, too weak to wash, too blind to sew; but, thank God, I can still put my neighbours to bed.'



