

# The Midwife.

## CANADA AND MIDWIVES.\*

In choosing the title for this paper, "Canada and Midwives," I was prompted by a desire to give you a shock by seeing the combination, which, let us hope, will never be a reality. In this paper I am going to try, first of all, to rid the subject of the many misunderstandings which surround it at present—so many who have written and spoken of it recently have confounded the terms "midwives" and "maternity nurses"; others have heaped all kinds of abuse on the women practising as midwives; others, again, have surrounded them almost with a halo, attributing all the virtues to them and maintaining that they can and will do many wonderful things that no one ever heard of their doing, and so on, ad infinitum, until it is difficult for those who have not studied the question carefully to know just what they are considering. I may state, at the outset, that praise and blame to midwives, as a class, are unfair. In so far as I am able, I intend to make my treatment of the subject as scientific and as impersonal as I can make it.

The word "midwife" is from the old English "mid," "with," and Anglo-Saxon "wife," and in its original meaning is "one who is with (i.e., assisting) a wife." Gould gives the definition: "A woman who practises obstetrics," and his definition of obstetrics is: "Obstetrics is the science of the care of women during pregnancy and child-birth." That definition of obstetrics is a good one, and before I have finished I hope to show how far we have travelled away from it.

In order to secure a broader outlook before taking up the subject for Canada particularly, it may be well to glance for a few moments at what has been done and at what results have followed in other parts of the world.

In the old countries, midwives have been known from the earliest times, and various rules and regulations as to their training, licensing, inspecting, &c., have been drawn up. In Europe, Holland, Belgium, France, and Italy have a full two years' course for them; Norway, Sweden, Denmark, Austria and Germany, a one-year course. England in 1902 faced the problem and tried to solve it by establishing the Central Midwives Board, by Act of Parliament, entitled: "An Act to Secure the Better Training of Midwives and to Regulate their Practice." This provided for a three months' course, which has lately been extended to six months. The Japanese midwives are well trained, a two-year course being required in the University of Tokio. In the newer lands, in the United States, the first school for midwives

on this continent was opened at Bellevue, August 1st, 1911. This provides for a six months' course after the probation month.

Now, glancing at general reports from these countries, we find that in Austria and Germany—this has nothing to do with present war conditions—one of the best authorities reports the midwife situation in those countries in a "state of misery." Dr. De Lee, in writing on this matter, sums up: "I have visited many European clinics, and I am convinced that the reason they are so far behind ours in their obstetric technique is because of the presence of the midwife and the low ideal she establishes."

"In Europe the midwife has more standing than she has in this country; the laws she must obey are stricter; they are enforced better than they could possibly be enforced here; she receives a two years' training in the best maternities under the world-famed professors; she has to take post-graduate courses every few years; she is under the direct supervision of the health physicians—and they supervise; and yet an authority on midwives calls the situation miserable."

In the United States the situation, according to authorities there, is far from ideal.

In England, judging from the unrest, from the numerous expulsions and from the more rigid rules that are being enacted, I should say the midwife question is far from satisfactory.

Now, Canada occupies in this, as in so many things, a unique situation. She may profit by the experiences and the mistakes of all other countries. She has time to evolve a perfect system would she set her mind to it, be guided by vision, and, looking far ahead, see, with the seeing eye, the outcome. Will she rise to it? That is the burning question to-day, not only pertaining to midwives, but to many other problems at our doors. Our great menace in this connection is that Canada may slothfully adopt a midwife scheme that has proved a failure elsewhere, merely because she is too lazy, too indifferent, too unprogressive and too lacking in ideals to do anything else.

What Canada should do is to evolve a scheme of good scientific obstetrical practice, which implies an improvement in every part of the present service.

Dr. J. Whitridge Williams, of Baltimore, expresses himself thus: "We have to bear two things in mind: That obstetrics is a broad subject, and obstetrical care should begin when pregnancy begins and should continue until the baby is able to eat ordinary food. . . . The second thing is the education of the doctor, and when the doctors of this country—and it applies to Canada just as well—feel as all intelligent obstetricians do about the subject, there will be no further need

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[previous page](#)

[next page](#)