

to talk about the midwife, because she will have disappeared."

The first implies the pre-natal care, care at time of confinement, and care until the baby is at least a year old. The second implies more attention to the training of doctors in obstetrics, better equipped maternity hospitals and dispensaries, and so a raising of the dignity of obstetrical practice. The bad work that is being done in very many parts of this country in connection with maternity service is appalling. That is used by some as an argument in favour of midwives, but it is not an argument at all; it merely suggests uniting one bad thing with another, and two bads never made a good. The tolerance of midwives in any country merely emphasizes the low obstetrical ideals of that country.

Have you ever thought seriously about the strange anomaly we have in connection with this subject? In the care of the pregnant woman we have the key to the health of the nation. If that woman is cared for sensibly and tenderly during pregnancy, is kept under careful, skilled supervision so as to have bad symptoms detected and corrected in time; if she be delivered with cleanly skill and nursed during her lying-in period by skilled nurses, think for one moment of all the suffering, all the unhappiness, the long years of invalidism, the weakness of offspring that would be prevented. All of you who have had experience in the gynaecological wards of hospitals know that those wards are the monuments being raised up each year to bad obstetrics. We hear people say so glibly that giving birth to a child is a natural process, and from that saying have resulted many of the troubles that will have to be conquered before we are the strong race we were meant to be.

Here I should like to quote Dr. De Lee again: "Obstetrics has great pathological dignity—it is a major science, of the same rank as surgery.

"Certainly having babies is a natural process, and, in the intention of nature, should be a normal function, yet there is no one here who can deny that it is a destructive one. We all know that even natural deliveries damage both mothers and babies, often and much. If child-bearing is destructive, it is pathogenic, and if it is pathogenic it is pathologic.

"I do not have to go far to prove these statements, and will cite only a few facts: That 20,000 women die in the United States every year during child-birth is a very conservative estimate. Hundreds of thousands of women date life-long invalidism from apparently normal confinement, and our local findings are very meagre. A few of the less prominent but proven sequences of child-birth are: Laceration of the cervix, parametritis postica, chronic metritis, sterility; again: laceration of the perineum, rectocele, pelvic congestion, patulous vulva, chronic infection of the vagina, cervix, uterus, &c. Again: Urethro-cystocele, cystitis, ureteritis, pyelitis, nephritis, and combinations of all these, leading to incurable invalidism. Of the more evident damages, pro-

lapse of the uterus and deviations of this organ may be mentioned, and—let this be emphasized—these admittedly pathologic sequences not seldom but often follow so-called normal labour.

"As for the babies, there is a birth mortality of at least three per cent. in spontaneous deliveries, and there is a larger percentage of brain injuries than can be proven by available statistics.

"Thus far, I have had in mind only natural deliveries, so-called normal labours. Let us remember the complications of pregnancy and labour, placenta previa, eclampsia, abruptio placentae, ruptura uteri—accidents occurring with startling suddenness and requiring instant treatment. They have a mortality of from 15 to 80 per cent., as high, if not higher than any of the complications of surgery. And we are to trust the prevention of these accidents, these diseases, these deaths, to ignorant midwives!

"If the profession would realise that parturition, viewed with modern eyes, is no longer a normal function, but that it has imposing pathologic dignity, the midwife would be impossible even of mention. The double standard of obstetric practice would be abandoned."

Now, when this noted obstetrician gives us such a clear explanation of the great importance of this science and art, how is it that in so many parts of the world midwives are tolerated? To Canada may yet belong the laurels for rescuing obstetrical practice from the shades of darkness and ignorance and putting it where it belongs, on a pinnacle illumined by the torch of knowledge. Will she rise to it?

I have pointed out that Canada has time to work out a good system; her districts are not congested, nor are foreigners pouring in at a destructive pace. In other countries those have been the reasons cited for having midwives. Up to the present they do not hold with us. The excuse given for having the midwife question thrust upon us at this stage is the need in the sparsely settled districts for medical and nursing care. The midwife is supposed to offer a solution for this problem. Will she solve it?

No one who has not penetrated into the out-of-the-way rural districts of Western Canada should attempt to solve the problems of those districts. The Canadian West is a land of vast distances—extremely beautiful, it is true, but vast. The individual holdings are large. There are comparatively few families in a district of twenty or thirty miles square. The woman who goes there should be able to cope with every kind of emergency—the cases are not many, but they are urgent—accident cases, typhoid, pneumonia, maternity, heart, rheumatism, &c. Now, in districts of 20 to 25 miles square, the obstetrical cases looked after by the nurses averaged 11 per nurse per year—less than one a month. Midwives would take only maternity cases, could hardly cover a large area, so even granting that they were satisfactory for maternity cases—which I do not grant for one fraction of a second—it would not seem the best policy to have a person employed

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