

Editorials.

AN OBSTETRICAL RETROSPECTION.

In the beginning of the year 1900 it seems strange to note that the teaching of obstetrics by medical men to medical students was begun only one hundred and fifty years ago. It is true that systematic instruction was given before this; in Paris, at the Hôtel Dieu in 1720, in Edinburgh at the University in 1726, in Dublin at the Lying-in Hospital in 1746, and in Holland at about this time; but only midwives in embryo were the pupils. Not until 1754 was a professorship instituted in Paris, and in 1756 in Edinburg. Patients would not permit the presence of doctors (men) when in labor. Possibly in this modesty was linked with wisdom, for the obstetric doctors of the period have not had their graves strewn with laurel by the historian.

The mid-wives, as a class, were rather the superiors of the obstetricians in experience, if lacking in boldness.

The French *sage-femme* Louise Bourgois, and the German *hebamme* Justine Siegemundin and A. Elizabeth Horenburg achieved most worthy success in practice and, by writings, the advancement of their art. On the reverse, the obstetric physicians, weighted with inexperience, boldness and the awful title of "man-mid-wife," as they became attendants only in complications, appeared naturally to the terrified mothers as harbingers of death. The historian Puschmann quotes Heister anent these terrible men that "they were sadly wanting in experience of the acts of turning and extracting the child. When they intended to perform any operation they came with a hook instrument, and in a pitiful and horrible manner tore the child into many pieces in the mother's womb in cases where, had they possessed the befitting knowledge, they might

easily have reached it with their bare hands, and thus have prevented the uterus being lacerated as well as the child and extracted with it, as it actually was frequently in the case of these unhappy women." (And anesthesia was then unknown.) Puschmann specifies a Dr. Deisch, who was called by the populace, "the butcher of children and women." "Augsburg was his slaughter-house. He perforated and dismembered without intermission, whether the children were alive or dead. He practiced decapitation, too. If he had performed turning he was astounded if the child came into the world alive. In 1753 he used sharp instruments twenty-nine times in sixty-one births, ten of the mothers perishing. Mittlhauser considered himself especially successful if out of ten women whom he attended only two died."*

Even the worthy Smellie, a dry-goods dealer at Lanarsk, began as a man-midwife.

Wickes states that "the first record of a man-midwife in the colonies (United States) is in a notice of the death of John Dupuy, M.D., of New York, in 1745. Dr. Atwood was the first who had the hardihood to proclaim himself a man-midwife. It was deemed a scandal to some delicate ears, and Mrs. Granny Brown, with her fees of two or three dollars, was still the choice of all who thought women should be modest."

With the second half of the Eighteenth Century obstetrics may be said to have been taken into the medical fold, and while in this, the year 1900, she still shows on the one hand the mother mark of an ignoble birth in the trammels of the midwife, and in the neglectful indifference with which she is received by many practitioners, is falsely posed as an unimportant medical representative, and, on the other hand, is superciliously flounced upon by her junior gynecology; she is not only sustaining her individuality but ranks today as one of the leading members of the medical family in artistic development and scientific refinement.

* History of Medical Education, p. 430. Dr. Theodore Puschmann.

THE PASSING OF THE MIDWIFE.

The most glaring anachronism in medicine today is unquestionably the management of labors by midwives. If their presence is an anachronism and the standard of medical practice is toward improvement, then their disappearance is inevitable. It is quite possible for many midwives to rise to the education required to satisfy the requirements of different countries and become doctors. They will then cease to be midwives before the law. Thanks to the arduous labors of obstetric scientists, the plane of obstetric practice has risen above the reach of the genus midwife.

This midwife question has disturbed the even pulse of many a gathering of the savants of medical societies. Shall she be educated? Shall schools be established for her? Shall she be licensed? In the care of poor women whom she attends for a few dollars, is there a substitute who will give equal care and as good or better skill? Is not an experienced midwife preferable to an inexperienced physician? Our somewhat over-expanded hospital and dispensary service to the poor in all other departments of medicine now extends them the benefit of as good skill and care as goes to the rich. Is Obstetrics up with her sisters in the race? Let us see.

In Germany and Austria the midwife averages a much more satisfactory standard than in the United States. She receives more assistance in preparation for her duties. At the same time many more women proportionately are confined in hospitals. There is not so much for them to do. In Great Britain there has been no marked change for or against her. But the leaven of scientific righteousness is evidently at work. At a meeting of the General Medical Council on November 28th, Mr. Brown disturbed the peace by proposing that "The Obstetrical Society be informed that the Council can no longer assent to their holding examinations and granting pseudo-diplomas to midwives." "You may suppose that this might meet with general support, seeing that the Council once con-

demned the Society and threatened action. But no, the Council afterwards climbed down and let their obstetric friends carry on their illegal traffic in sham diplomas on altering the form of the certificates with which they flood the country." A general practitioner declared "he would dissociate himself from any imputation that these eminent men carried on their examinations for the sake of fees" (Correspondence *Med. Record*). Such heat will soon fuse the connections in the relations between doctors and midwives, and we may look for a change ere long in England.

Twenty years ago in this country, so far as we know, there was not a medical school which made attendance on confinements a requisite of graduation. A large number now require such experience.

The union of medical education with medical charity is almost an essential combination to get satisfactory results for either interest. Regardless of discussion and plans of our societies, the alliance of clinical obstetrics with theoretical teaching is threading the way to a satisfactory solution of the whole question.

As an example of the change taking place in the obstetric situation in New York (Borough of Manhattan) twenty years ago there were estimated to be about 50,000 confinements a year, of which the midwives attended one-half. Since then several institutions closely connected with medical education have appeared, which have much enlarged the in-door obstetric service available for teaching practical obstetrics, and have developed systems of attendance on poor women in the tenements which may be termed a reversal of the dispensary system, in that as the patient cannot come to the dispensary the dispensary will go to the patient.

Over 20 per cent. of the work formerly done by midwives is now carried on by these out-door obstetrical dispensaries. A similar change is now going on in most of the large cities of this country.