Caring and Curing
Dodd, Dianne, Gorham, Deborah

Published by University of Ottawa Press

Dodd, Dianne and Deborah Gorham.
Caring and Curing: Historical Perspectives on Women and Healing in Canada.

For additional information about this book
https://muse.jhu.edu/book/6551
Women assisting other women before, during, and after childbirth—the practice of female midwifery—probably constitutes the oldest, most traditional, and culturally widespread health care activity. Typically, female birth attendants would comfort the woman in labour, help with the delivery of the child, sever the umbilical cord, dispose of the afterbirth, and perhaps further aid the mother by performing household chores for several days surrounding the birth. Although important exceptions existed, usually midwives' experience and reputation were the main criteria for determining their worth, rather than formal education or training. Despite this ancient and diverse heritage, social and cultural historians, as well as historians of medicine, have focussed their attention on the evolution of female midwifery in Anglo-America, especially during the nineteenth and early twentieth centuries. What interests these scholars are the many tensions and changing agendas that developed in this period with respect to childbirth practices and attendants. Issues that have been explored include the general shift from traditional practices to scientific, obstetrical medicine; the impact of technological innovations and interventions during childbirth; the supplanting of lay practitioners by professional physicians; the apparent domination of males over females; and the influence of different socio-economic environments on some of the aforementioned shifts. Indeed, the historiography of female midwifery crystallizes broader historical trends inasmuch as matters pertaining to elites versus social groups, feminism, professionalization, and comparative development have been addressed.\(^1\)

This discussion attempts to comprehend the early evolution of Ontario's midwives. As will be shown, although considerable midwife activity existed in nineteenth-century Ontario, it would be incorrect to characterize female midwives as comprising a movement. Moreover,
while tensions between physicians and midwives existed, this paper argues that Ontario doctors displayed considerable tolerance of, if not occasional support for, midwives; furthermore, legislation that negatively affected midwives was not expressly calculated to bring about their demise. It will also be argued that medical technology, although it did have an adverse effect on female midwifery, did not appear to have been employed primarily to oust midwives. Thus it is generally argued here that the demise of this form of health care practice in nineteenth-century Ontario resulted from the confluence of several forces and was not solely the result of pressure brought to bear by the province's male doctors. Moreover, the interpretation of this discussion presents Ontario's experience of midwifery as different from that of Quebec and Newfoundland—provinces having the most complete histories yet published on the subject. In brief, this essay, if nothing else, demonstrates that the "midwifery debate" in nineteenth century Ontario was anything but black and white; it was much more nuanced and ambiguous than simply male physicians vs. female midwives. To be sure, one physician might well rail against a midwife, but it would be misleading to exaggerate these disputes—as one contemporary physician remarked, there were larger fish to catch than midwives.

In articulating this argument several points of contrast and comparison emerge with respect to other essays in this volume. Dealing as it does with the nineteenth century, this discussion pushes back the time frame of the study of women as health care providers in Canada. In so doing it identifies some of the gender issues and also those of professionalizing that became more fully articulated in the following century. While midwifery was not legal for a great deal of the nineteenth century, it is evident that some male physicians were tolerant of midwives and their activities; other medical practitioners were, however, antagonistic toward these women. It also becomes evident that midwives in nineteenth century Ontario did not appear to have become organized or developed champions (male or female) for their cause; this finding stands in contrast to later women's health care movements that clearly spawned leaders and lobbyists to advance their aims, as others discuss in this book. Nevertheless, despite this lack of formal organization, midwives could often garner the support of their community and the press demonstrating their acceptance and legitimacy within a segment of nineteenth century Ontario society. Notwithstanding such occasional overt support for Ontario midwives it appears that, generally speaking, Victorian Ontario society, including medical practitioners, were ambivalent towards the practice of female midwifery—a result that is not inconsistent with Dianne Dodd's analysis of popular midwifery in the
For the history of female midwifery in nineteenth-century Ontario several research problems exist, however. First, there is a dearth of primary source material written by midwives themselves: no archival or published accounts of midwives' experiences appear to have survived, if written at all. Second, as there were no midwives' journals or associations in Ontario, another possible direct source of information is unavailable for study. Consequently, and unfortunately, the voice of the midwife herself is silent; indeed, much of what we know on this topic in Ontario results from physicians' accounts. A third problem centres on what actually constituted a "midwife" in nineteenth-century Ontario. Was the term "midwife" applied by contemporary doctors and laypersons equally to formally trained and self-taught persons? Might "midwife" also have indicated a helpful neighbour woman who actively assisted in the birthing process, or perhaps even a curious onlooker who happened to be present while the child was being born? Because of this likely indiscriminate use of the term "midwife" in Ontario, a fourth problem arises in attempting to estimate how many midwives actually existed in the province during the nineteenth century. In her study of the history of nursing in Ontario, Judi Coburn estimates there were eight midwives in 1851; sixteen in 1861; twenty-one in 1871; and sixty-one in 1881. (Interestingly, these data show that the number of midwives was increasing over the century and not decreasing.) However, Coburn's figures are based on census data—but how discriminating was the original governmental survey? Did it include trained and/or "full-time" midwives, for example, as well as casual "ad hoc" midwives? Exacerbating these problems is that of legislation. As will be
shown, owing to the varying legal status of female midwifery in Ontario during much of the nineteenth century it is likely that many practising midwives—of whatever background—might have been reticent to declare themselves as such. Interestingly, too, a recent survey of estate records of nineteenth-century health practitioners in Ontario failed to turn up evidence of the occupational category of “midwife,” suggesting that neither legal bodies nor women themselves formally employed such a term. Thus to offer any information on the number of midwives in Ontario during this period is fraught with difficulty. In sum, because of these several inherent methodological difficulties the following discussion might appear to be skewed to the historical advantage of physicians. On the contrary, it is one of the aims of this article to identify some of the many factors involved in physician-midwife relations in an effort not to present an overly dichotomized argument. To be sure, examples will be cited that illustrate clear confrontation between these two groups of health care providers, but it is hoped that an overall picture will emerge that clearly shows that complex and interconnected relationships could and did exist.

Legislation and Female Midwifery

Apart from these problems with sources, there does exist concrete information regarding female midwives and legislation. The first law regulating medicine in Upper Canada, passed in 1795, made specific mention of midwifery and declared that “no person . . . shall be permitted to vend, sell, or distribute medicines by retail, or prescribe for sick persons, or practise physic, surgery or midwifery within the Province, for profit, until such persons or persons shall be duly approved of by a board of surgeons.” Much has been made of this early legislation concerning its apparent prohibition of female midwifery. Writing in the early 1820s the acerbic Robert Gourlay claimed that this law was “absurd,” “cruel” and “meddling” for it meant that a “poor woman in labour could not have assistance from a handy sagacious neighbour, without this neighbour being liable to be informed upon and fined!” Subsequent commentators have also cited this law and Gourlay’s comments as evidence of the medical profession’s antagonism towards and desire to eradicate female midwives from the province. But Gourlay and his successors failed to take into consideration a crucial phrase contained in the original legislation that specified that the legal prohibitions applied only to those persons who practised “for profit”; thus indeed there was no legal impediment to prevent a “handy sagacious
neighbour" in aiding a "poor woman in labour." Furthermore, as circulating currency was extremely scarce in the province at this early time, it would be highly improbable that any midwife who practised "for profit" would have received payment in the form of money; typically if any exchange took place it would have been in kind or goods, thus making it difficult or impossible for any legal authority to press charges against the apparently illegal female practitioners. In sum then, this law probably did little to restrict the practice of female midwifery within the province; although to be sure it might have inhibited the migration of some midwives into Upper Canada.

Probably as a result of the ineffectiveness of the 1795 law, subsequent medical legislation passed in 1815 stated that while it did restrict medical and surgical practitioners in the province "nothing in this Act contained shall extend or be construed to extend to prevent any female from practising midwifery in any part of this province, or to require such female to take out such license as aforesaid." A similar exemption appeared in the several provincial medical acts that followed. Only the Act of 1839 omitted this clause, but this legislation was disallowed in 1840, whereupon previous laws again took effect—legislation that did not discriminate against female midwifery. With the passage of the new Medical Act of 1865 the midwives’ exemption clause was again omitted; thus, strictly speaking female midwifery was illegal. However, the intent of this new legislation and subsequent amendments to it, was to punish those persons who deliberately and falsely portrayed themselves as licensed, registered doctors—something that midwives probably neither desired nor needed to do. Therefore, for the remaining third of the nineteenth century (and indeed for the twentieth century, too), there were no direct restrictions pertaining to midwifery, in short this practice was never really illegal. By the same token, neither was it legal, which meant that midwives could be found guilty of "practising" medicine, that is, obstetrics, without a medical licence. Thus while midwives could practise with impunity from the 1790s to the 1860s, for the remainder of the nineteenth century and beyond their activities fell into a legal grey area.

Special mention should be made of specific legislative activity concerning the legal status of midwives. In the autumn of 1873 a draft of a bill to amend the Ontario Medical Act was prepared. While most of the proposed amendments were designed to address a variety of "housekeeping" issues, a wholly new idea was also put forward. Briefly, through the creation of territorial division medical associations, it was envisaged that local physicians could have more control over the regulation of
medicine within their own regions. In particular, it was proposed that midwives could be licensed by a board of examiners appointed by members of these local associations. Thus midwives, "upon satisfactory proof of competence" and upon their payment of an annual fee, would be granted a licence to practise within a specified district. This licence could be revoked if the woman was found incompetent or guilty of misconduct, but it also exempted her from any penalties that the Medical Act may otherwise have imposed. Although this amendment never became law, its very framing demonstrated that some physicians did recognize the merits of midwives. However, offsetting such support were the comments of the Canada Lancet editor, who felt that such a provision was "scarcely necessary," especially as there were "few women who aspire to that office except in the largest cities, and besides, there are at present no favorable opportunities for the education of women in this department." Several years later when the Medical Act was again considered for amendment, several municipal councils within the province submitted petitions in support of the idea that female midwifery be formally recognized; no bill or amendment in support of such a move was put forward, however.

Two decades later, debate about the legalization of midwives again surfaced. Owing to discussion of this issue in the United Kingdom, the editor of the Ontario Medical Journal (official organ of the province's medical association) stated how there were no specific laws prohibiting or supporting midwives in Ontario. Under such conditions midwifery was "open to public competition, as if it was something any ignoramus, male [sic, male?] or female could dabble in with impunity." Accordingly, often the actions of "unqualified midwives" led to disastrous results for both babies and mothers. Inasmuch as this editor apparently had no argument over the legalization of midwives in the United Kingdom, one may assume that his criticism of Ontario midwifery centred not so much on its existence or practice per se; rather, the issue was one of qualifications and regulation.

The last political battle in the nineteenth century over midwives came with the election of several members of the Patrons of Industry party, which brought to the Ontario legislature in the early 1890s a new voice of reform within provincial politics. A party with strong rural support, the Patrons sought to challenge the Ontario establishment on a variety of fronts, the medical profession being but one. It is difficult to pin down the Patrons's exact political position vis-à-vis doctors, however. On the one hand doctors (as well as lawyers, liquor dealers, merchants and "all persons of proved immoral character") were
excluded from membership in their organization, while on the other the Patrons declared that they “never had any warfare with the medical profession, but they have boldly declared that the privileges given to the [Ontario Medical] Council have not been such as should be confined by any body of men outside of the law courts where justice ought to be procurable by the humblest citizen of the realm.” Perhaps the most accurate evaluation of the Patrons’s attitude towards doctors was that they opposed them as a monopoly, not as a profession, and in particular they opposed the Medical Council of Ontario because it was the power behind this supposed monopoly.

Of special concern here, however, was the introduction of the Haycock Bill in the spring of 1895 (named after the leader of this group —J. L. Haycock). This proposed legislation challenged Ontario doctors in five areas: licensing exams and fees set by the Ontario College of Physicians and Surgeons; the College’s practice of disciplining physicians (i.e., its self-policing function); the registration fee administered by the College; the College’s right to approve physicians’ fee schedules; and finally, the status of midwives within the province. This last aspect of the bill strove to license midwives and place them under municipal control, removing them from any legal grey area. That the medical profession found the Haycock Bill objectionable in its entirety is not surprising, not simply because its passage would have significantly altered their position within society, but perhaps more importantly, because the bill was a poorly drafted piece of potential legislation. Following is the section of the proposed bill that pertained to midwives:

16.—(1) Any person, being a woman, who, within six months after the coming into force of this Act, produces before any local board of health a certificate signed by the head of the municipality or by two justices of the peace that she is a person of good character, and who proves by evidence taken on oath before such board that she has successfully performed the office of midwife in at least ten cases of confinement before the passing of this Act, shall be entitled, upon payment of a fee of $1 to the treasurer of the municipality, to a license, under the hand of the chairman of the board, to practise midwifery in the municipality for two years from the date of such license, and the said board may at the expiration renew such license upon the production of similar evidence of good character.

It would appear that for the Patrons, then, the primary requisite of a midwife was to be of “good character” and experience; no mention was made of training or proof of examinations. Furthermore, although there was a requirement of ten confinements, the legislation
as presented did not identify what sort of proof was acceptable to show that the candidate had indeed attended ten confinements. When voted on, the entire bill was a dismal failure. Dr. R. B. Orr editorialized in the Ontario Medical Journal how the “gist of the bill was ridiculous in the extreme, both from the standpoint of benefit to the profession and benefit to the general public.” And, the Toronto Globe congratulated the collective action of the Ontario Legislature, noting that the original Ontario Medical Act “was passed for the protection of the public not for the purpose as some people suppose of creating medical practitioners of Ontario a closed corporation.”

Public and Professional Attitudes toward Female Midwifery

But what were the attitudes of the general public and medical profession to midwifery in Ontario during the period under study? Owing to the spotty nature of sources, our understanding of public attitudes must remain somewhat impressionistic; however, it appears that female midwifery was indeed accepted and supported by Ontarians at large. As early as 1810 the wife of the King’s Printer in York displayed a sign on the door of her residence proclaiming “Isabella Bennet, midwife from Glasgow.” Eighteen years later “Mrs. Bennet, Midwife” announced in the York newspaper the Colonial Advocate that she was moving to new premises. Other advertisements for midwives further indicate the apparent popular acceptance of female midwifery. From October 1829 to January 1830, Mrs. Sarah Tebbutt announced that having practised for several years as midwife in England, she was now “ready to attend families in that capacity in the Town or neighbourhood of York.” Interestingly, Tebbutt also noted that she “refers to Dr. Widmer,” a clear indication that midwife-physician relations could be cordial. And, in 1842 Mrs. Mahon, a recently arrived Dublin-trained midwife, advertised her skills to the public. Noting that as she had had an “extensive and successful practice in her line of business among the higher and lowlier classes of ladies, for upwards of twenty years” she would “at all times be in readiness and cheerfully attend to any calls” and thus satisfy her clients as a result of her “real knowledge, experience and attention.”

Also in York during the 1820s, the Society for the Relief of Women made provisions for aiding pregnant women that included “comfortable clothing of all kinds, a midwife, and Physician (if required) and the best nourishment.” Moreover, in the early 1830s diarist Mary O’Brien recorded how a midwife named Mrs. Fraser assisted after the birth of one of her children; also of note, Mary O’Brien herself acted as midwife.
at least twice. (Despite her experiences, she also recorded in her diary that during the birth of another child she "began to be a little alarmed and to wish to see the doctor" suggesting that even at this early date some Ontarians perceived that during a difficult birth a physician should be consulted, presumably because he had superior medical and obstetric skills.) Finally, during the mid-nineteenth century Susanna Moodie recalled how she "succeeded in procuring a nurse" to attend the birth of her second child while she lived in the Peterborough area.

Newspaper editorials and letters to the editor also indicate that female midwifery was embraced by the public. An especially illustrative incident is recorded in the pages of the Toronto Globe of 1874. In August of that year a Gravenhurst midwife was charged and found guilty of practising medicine (i.e., performing obstetrics) without a licence, for which she was fined twenty-five dollars and court costs. The circumstances surrounding this event caused a local uproar; however, the debate escalated when it became the subject of wider editorial commentary. According to the midwife, Jane Brines, a fifty-six-year-old widow and one of Muskoka's earliest settlers, she had attended the birth of the child of a Norwegian woman who spoke little English; no fee was apparently charged for this service. Shortly after this event Brines, at the insistence of the local physician, Dr. J. Adams, was charged with the illegal practice of medicine. In court, the Justice of the Peace reluctantly fined the midwife the least possible penalty, while sympathizing with her "as far as his duties would permit." (And in a further display of his ambivalence towards the case, the magistrate also found the physician guilty of contempt of court and fined him two dollars.) The midwife's friends and neighbours immediately came to the woman's aid and collectively paid her fine. The physician's perspective of this incident was, not surprisingly, somewhat different. Adams stated that there were several midwives in the district and, as far as he was concerned, they could practise with perfect impunity as long as they didn't interfere with his cases. This latter point appeared to be the crux of the issue, for Adams had been called to attend the pregnant woman but on his arrival the midwife already had matters in hand and told the physician twice to leave; it was on the grounds of this conflict that the physician proceeded with the charge.

Clearly, some understanding should be extended to both parties, but it was evident that it was the midwife who was seen as the victim in this case. Certainly the local community was behind her; so too was the Globe. Editorials entitled "Midwives Beware" and "Medical Oppression" left little doubt where it stood. One issue this case raised was the
propriety of men attending women, for the Globe's editor noted how it was "notoriously far more decent and becoming that women should be engaged on such occasions than men." A second issue was the more ready availability of female midwives over male physicians in rural areas, and also the former's generally recognized skills in childbirth. Yet another, was the "tyrannical act of the Legislature of Ontario, which gives a monopoly of the art of healing to one society." Commenting on the details of the case itself, the Globe felt that the overall outcome was an "undeniable triumph to the victim" as shown through the support the midwife received from her community, while for the physician it would prove to be a grave tactical error: Adams’s action was a "mere piece of personal jealousy, which the neighbourhood has taken into its own hands and very decisively passed judgement upon."31

The following year, in response to the Ontario Medical Council's prosecution of several unlicensed medical practitioners, there appeared another series of letters and articles in the Globe condemning the medical profession. As these pieces referred to all manner of medical practitioners, midwives also figured in them.32 One Globe editorial was highly critical of the Council's action and described how it might be possible (perhaps recalling the Gravenhurst case) that an "elderly midwife" could end up in prison in the company of "the most degraded of her sex" simply for assisting "in the hour of another woman's agony."33 And in another editorial the Globe advocated that midwives should challenge the medical profession by narrowly interpreting the pertinent legislation and thereby avoid prosecution. "She [the editorial noted] may hire herself by the day as a nurse for a couple of dollars more or less, and give her assistance when the crisis arrives. Who shall assail her? She has not practised for hire or reward. It is a pure piece of benevolence on her part; who shall lay hands on her?"34

Assessing in greater detail the regular medical profession's attitude to midwives is easier as more material exists, but by the same token there is a wide disparity of opinion that hence calls for caution in its interpretation. To be sure, some Ontario doctors were openly antagonistic towards midwives; but there was also support for them. Perhaps the earliest published accounts in Ontario by a physician (as evidenced by his technical language) concerning female midwifery appeared in the Kingston Gazette in 1815. In a letter closing only with the signature "W," readers were informed how a pregnant woman died as a result of the "ignorance or trepidation" of a "female accocher [sic]". Thus "W" felt it was necessary for both magistrates and the public to "root out these pretenders."35 Clearly it would appear as if "W" opposed midwives,
but as is evident from a subsequent letter to the Gazette, "W" had no objection to them *per se*—if they were trained and subject to examination, as was the case with physicians and surgeons. Tacit support for midwives also came from Christopher Widmer, President of the York Medical Board who, in 1832, reported to the Lieutenant-Governor concerning the need to establish a lying-in (maternity) hospital in York. Dr. Widmer claimed that besides the obvious benefits afforded by such an institution, it also "might be made subservient to the instruction of students and midwives." Generally speaking, Ontario doctors tolerated midwives and were prepared to work with them, but such working relationships could often be strained.

Details of other published case histories provide additional information concerning physicians' attitudes to midwives. An example of the work of one midwife is related by a Kingston practitioner. John R. Dickson recalled that in the summer of 1850 he attended a confinement where he met "an educated midwife" who had cared for the patient during the previous night. Far from being hostile to this woman, Dickson requested her assistance before and after the birth of the child. The first helpful act included a visual examination of the patient, while the second involved questioning of the husband and wife about the latter's health. In all probability this professional relationship was a result of the "educated" state of the midwife, presumably a reference to her knowledge and intelligence, if not also to her experience and training, suggesting that a doctor might distinguish between "educated" midwives and occasional helpful neighbour women or ad hoc midwives.

However, contrasting this happy case was the experience of another Ontario doctor. In 1840 Dr. F. S. Verity was summoned by the husband of a woman who was experiencing a difficult and protracted labour; the services of a midwife had also been procured previously.

Upon examination [Verity stated] I found the right arm protruding through the vulva, wrapped in a piece of cloth "for fear of cold," as the midwife said, and carefully tied to the patient's thighs "for fear it should go back again." On learning the history of the case, I was very angry with the midwife, and asked why she had not sent for assistance sooner; when she coolly told me, that as long as she had "the smut" [ergot of rye] she did not expect to require any one's assistance. . . . "So you have been giving her this," I said. "Yes," she replied, "and I always give it, when the case is a long one, and I never knew it fail until now." My temper, I confess, was ruffled, and after rating her soundly, for her presumption and rashness in administering such a powerful remedy without a knowledge of its properties and the circumstances under which it was proper to give it, I left her.
As Verity had to wait until the action of the “smut” had dissipated, it was almost three hours later before he managed to deliver a “fearfully bruised,” dead infant. Commenting on this case, Verity wrote how it “serves to illustrate . . . the cruel treatment to which women are subject, in the hands of rash and ignorant Midwives.” Whereas it is possible that Verity was condemning all midwives’ actions in this comment, it is more likely that he referred only to midwives whose actions were similar to those discussed in this case. That is, in all likelihood for Verity, not all midwives were “rash and ignorant,” but some were, and therefore only they should be condemned.

A similar unfortunate experience was related by Charles Rolls, a Wardville doctor. Rolls wrote that on one occasion he travelled twenty-five miles to attend a woman in labour and, on his arrival “found the house, as usual, filled with women, all eagerly on the qui-vive, to know whether the patient was to die or live; and the ladye-midwife amongst them, an old dame about eighty years of age; on enquiry from whom, I learned the patient had been in labour for two or three days . . .; that she had delivered one child, and another was behind—the patient having frequently felt its motion.” After about ten minutes Rolls managed to remove the two placenta and the second, stillborn child. For this practitioner, there was little doubt that the stillbirth “was produced by the officious, meddling mismanagement of the attending midwife. At all events, had a regular competent physician been present from the commencement of labour, the patient must have been spared a great amount of pain.”

Such angry words suggest Rolls was hostile to midwives in general; but he was not. In another case history, Rolls explained that when he visited this particular patient she had already been in labour for forty-eight hours, and had been attended by “two women midwives” who, by the patient’s own account, had caused her much suffering and subjected her to “rough handling” (perhaps a reference to their attempt at performing external version). After some difficulty, Rolls managed to deliver the child successfully, despite the greatly weakened state of the mother. In his summation of the case, Rolls remarked on its clinical details, but more importantly, he also passed comment on the midwives’ actions, declaring that he

furnished the case for publication in your journal, as from a wish to show to the public and the Legislature how necessary it is that all, whether men or women, who are engaged in the practice of midwifery, should be thoroughly qualified by previous study and examination. There cannot be the least doubt had this patient been left without
further assistance ... she must have been a corpse. ... She had been attended by two professed midwives (one of whom is esteemed by the public quite a village oracle): and yet the poor creature had been allowed to remain in strong labour two days and nights, unassisted, ... no attempt had been made in the right direction by these midwives, but the labour had been encouraged to proceed, and the woman tortured and worn out ... they actually expecting to effect the accouchement by tugging at the arm, and wondering what in creation prevented the child from being born.

Rolls's anger is again evident, but the focus of his anger becomes clearer:

To women, as midwives, I have no objection, if they be properly qualified (as in the old countries) by previous education and examination; but to allow the ignorant persons, who at present are so frequently employed in the country parts of Canada, any longer to be so engaged, without proper qualifications, is, in my opinion (and I doubt not other physicians will generally coincide with me) unjust to the public, unjust to the profession who are called on to rectify their blunders, and, above all, most lamentably unjust to the poor suffering patients themselves, who are so painfully and often fatally deluded by them.

Thus Rolls had no quarrel with the principle of female midwives, nor with their practice either, so long as those who claimed to be skilled—presumably to those standards of midwives from the “old countries” (for example, France and Great Britain) that Rolls had learned to respect. (Rolls himself was educated in France and Britain; he obtained his licence to practise in Upper Canada in 1834.) Moreover, based on Rolls’s testimony, the majority of those women who called themselves midwives in the “country parts of Canada” had little right to do so, for they possessed no qualifications or degree of skills similar to those female practitioners of the “old countries.”

In another clinical example a Fingal, Canada West, physician recalled that in 1865 he attended a “case of accouchement” where he found the woman to be generally debilitated, with vaginal “parts” that were “hot, tender, and swollen.” During a difficult vaginal examination, the physician discovered some anatomical anomalies of the unborn child whereupon he deduced that the attending midwife “by some means or other, had pulled off the arm from the shoulder.” After confronting the midwife with this supposition and his threatening to call for a constable, the woman “produced the two arms of the child, with the clavicle and scapula attached to one, and the clavicle to the other; and confessed that by means of
a noose, above the elbow of the child, connected to a towel around her shoulders, she had succeeded in extracting, first one arm without much trouble, and then the other after a great deal of difficulty." It was only with the aid of a consulting physician and after the patient had been anaesthetized that the Fingal doctor managed to turn and deliver the decomposing remains of the baby. This case is remarkable on a couple of points. First, was the midwife's barbarous treatment (to use the physician's own expression) of the pregnant woman and unborn child. In all likelihood this case was an extreme one, but it does underscore the point that some midwives were truly ignorant of more humane solutions to complex birthing problems. To be sure, recommended midwifery practice as taught by Dr. E. M. Hodder in Trinity Medical College in the 1870s called for embryotomy, for as one student recorded in his notes, "Far better to perforate [the skull] ... as our object is to save mother and let child go to pot." But while the outcome for the child would be the same in both approaches, the physician's methodology using anaesthesia and more refined surgical techniques would likely be less damaging and less harrowing for the mother. Second, based on the information provided, the attending physician only threatened to have the woman arrested; no formal action appears to have been pursued.

To try and keep a sense of balance with respect to physician-midwife relations yet other, occasionally gruesome, examples should be cited. "Rusticus," another country practitioner who kept "jogging along" in his "secluded rural" practice, lamented how he had to compete with a local bonesetter and a neighbour who bled and also extracted teeth; a "host of illiterate midwives" also presented a problem for "Rusticus." But although this physician complained about these competitors, he was also disgusted over the incompetence of some of his medical colleagues. In particular, he related the case of "Dr. S.," who bungled a delivery and forthwith left his books, instruments, and practice to escape the consequences. "Dr. S." apparently enjoyed a good obstetric practice until he encountered a problem birth in which there was an arm presentation for which he was unprepared. In an effort to facilitate birth, "Dr. S." had "recourse to the brutal expedient of cutting the presenting member with a common jack-knife and left the woman to her fate!" (Another colleague later effected the delivery, but both mother and child died.) For "Rusticus," therefore, it was necessary to curtail or expose all acts of incompetence whether by "illiterate midwives" or brutal physicians. And another physician recounted en passant how he often shared obstetric cases with midwives, a few of which resulted in the death of the mother. Indeed, in one case of childbed fever, this physician stated that the death of the mother may
have been brought about by the midwife’s inappropriate administration of castor oil to the mother; but he related this information in a non-accusing or blameful way.\textsuperscript{45}

These various clinical accounts involving Ontario doctors and midwives over a period of fifty years yield the following conclusions. First, they are further evidence that midwives were active in Ontario during much of the nineteenth century.\textsuperscript{47} Second, they offer some insights into the actual procedures employed by midwives, which might include the administration of drugs, various surgical procedures, general perinatal examinations, and care of the newborn infant. Moreover, one case suggests midwives and other women helpers probably further aided the mother by offering psychological and social support—important “services” that male physicians might not be able or wish to offer to their patients. Third, there appears to have been a wide range of skills of these women, varying from compassion to ignorance. Fourth, while physicians were not generally against midwives, based on this sampling at least, there appears to have been a consensus that Ontario midwives could and should have been better experienced or trained. Finally, Ontario doctors showed a fairly high degree of tolerance towards those midwives who occasionally blundered; in their published reports doctors did not mention by name those women they criticized, nor did they appear to have taken legal action against them. (By comparison Ontario physicians often criticized their colleagues and others by name or by some other means of identification in the pages of medical journals.)\textsuperscript{48}

Additional insights about professional attitudes towards midwives are available in the non-clinical writings of Ontario doctors. In various published letters and editorials, physicians further articulated their varied opinions concerning this form of health care. Writing in January 1874 “A Correspondent” complained to the editor of the \textit{Canada Lancet}\textsuperscript{49} about the “meddlesome interference on the part of old women.” In particular the physician objected to being undercut by midwives:

\begin{quote}
Where I am located I have to contend with two of these old bodies and a quack, who I must say have been pretty successful in their attendance on such cases. They charge $2 (while I have $5) for their attendance, and they get about 60 cases a year, which would amount in my hands to a very decent living for my small family.
\end{quote}

Certainly implicit in this comment is a motive for the removal of midwives by regular doctors—especially those physicians who were
trying to establish their own practice. Thus the argument that some physicians were not tolerant of midwives on the grounds of economic imperatives must be recognized. And, in a subsequent *Canada Lancet* editorial,50 the actions of midwives were also implicitly attacked. After commenting on the superior inventive skills of men vis-à-vis midwifery ("all the instruments of the obstetric armamentarium are the inventions of men"), the editorial continued:

But if woman [sic] could only be made intimately acquainted with the truth, that the cultivation of obstetrics by men has been to their advantage by immense odds over what could have been expected of its continued practice by women, what a debt of gratitude would the sex be sensible of owing to man, and how far it would go in overcoming whatever lingering repugnance there may be to the employment of the accoucheur. As it is we believe, the preference for the obstetric practitioner over the midwife is arrived at by every day exhibitions of his superior skill.51

Notwithstanding the paternalistic tone of this piece, of especial note in this passage is the phrase "lingering repugnance" to employing a male accoucheur, suggesting that some women preferred a midwife to a male doctor for reasons of gender and perhaps decorum rather than merely skill—a sentiment that this medical editor appeared not to appreciate fully.

In another letter, to the editor of the Toronto *Globe* in September 1875,52 "Country Practitioner" felt compelled to comment on the amount of "high falutin’ correspondence" and "buncombe and blathering" that had appeared in the *Globe* concerning doctors, licensing, and the practice of medicine. Respecting the drawbacks of female midwifery, "Country Practitioner" noted that in twenty years of medical practice he had "never yet met [a midwife] who had any knowledge of anatomy, who could act whenever the slightest complication occurred, or ever knew it had become necessary to send for a surgeon." But, by the same token he readily admitted that for the period of the late 1850s to 1875 he knew of no occasion where any woman had been "prosecuted for acting as sage femme [wise woman—midwife]" excepting one incident in Gravenhurst in which the midwife "licked" the attending doctor and was charged with assault.53 Moreover, he stated that during seventeen years of constant attendance at meetings of his county medical society, he had "never heard the subject of interfering with women who practised midwifery mentioned, much less discussed or proposed to be acted upon." To be sure, this doctor had little respect for midwives, but
it would also appear that he did little to impede their practice. In a word he was ambivalent towards the concept of female midwifery. Also in this year, the executive council of the College of Physicians and Surgeons of Ontario displayed a similar show of mixed feelings towards midwives. These physicians had to respond to a petition from a Kingston midwife named Myers who had practised many years with great success and therefore wished to become a formally licensed midwife. While her petition was bound to be ineffective as no appropriate legislation existed, this case remains instructive. First, her application was supported by several Kingston “medical gentlemen”—another apparent indication that physicians and midwives could collaborate. Second, although Myers was ineligible to register because she lacked a medical diploma, the issue was debated at length by the executive with several members requesting that the midwife at least receive a “courteous answer” to her inquiry. Finally, the incident caused one of those present to resurrect the idea that the College should license midwives. Dr. Campbell noted that he had previously framed an amendment to the Ontario Medical Act that would have permitted territorial districts stipulated by the College to examine and license local midwives.54

More letters by Ontario doctors also indicate that while some physicians were openly antagonistic towards midwives, others merely shrugged their shoulders. One doctor, writing in the Canada Lancet in March 1879 under the pseudonym “Justice,” lamented that in the eastern counties of Ontario there were

one, two, or perhaps three midwives in every section giving their services at the modest rate of one dollar for each accouchement, thus taking the bread out of the mouths of those who have given their time and money to qualify themselves for the practice of the profession, and in many instances jeopardizing the health and prospects, and not unfrequently sacrificing [sic] the lives of their dupes.55

Protests also arose over the actions of Dr. J. D. Macdonald, President of the College of Physicians and Surgeons of Ontario, who in 1879 ordered that unlicensed midwives were to be exempt from any College prosecution.56 Another letter by “Protection” of London57 complained that, in effect, the President of the College had “thrown the aegis of the [Medical] Council over a class of individuals who style themselves ‘midwives,’ although it is well known in all the communities which they infest, that nine-tenths of them possess in no shape or form, any license or document whatever, that any special instruction or knowledge has qualified them for such a title.” In particular, what angered “Protection”
was the interpretation of legislation by the Medical Council and College President that the law exempted female midwives from prosecution; that is, males who practised midwifery without a licence could be charged, but not so females. For “Protection,” this legal interpretation was both wrong and an outrage for it protected “a lot of ‘pseudo-midwives,’ who infest every city and town throughout the Province.”

This College action clearly hit a nerve with some physicians. The London Medical Association engaged in spirited correspondence with Macdonald, excerpts of which were submitted to the Canada Lancet by the Association’s secretary, Dr. S. Payne. According to Payne, President Macdonald defended the decision to protect midwives, by arguing that to pursue prosecutions was “indiscreet, and tended much to bring public indignation upon the college” and, further, the Medical Council “did not take that view of the dangers which may be expected to arise from the occupation of a mid-wife . . . but midwives were spoken of as a useful and harmless class of persons, whom it was unjust, and for us, most unwise to molest.” The idea that midwives could be harmless caused Payne and his associates especial difficulty, thus he felt compelled to relate the details of three recent cases in which midwives encountered or caused problems (in all three instances the babies died; in two of these cases the mothers died).  

Countering these anti-midwife sentiments were the opinions of other doctors, however. William Harris of Brantford criticized “Justice” by writing that as for “‘old women midwives’ looking after a case of ordinary labour, few medical men would care to contend with them about their right to do so.”  

And, “Fair Play” in another response to “Justice,” wrote that while he was firmly behind the move to prosecute unlicensed doctors, he also felt that midwives should be left alone; in his words there were “larger fish to catch here than midwives.”  

Supporting these points of view, and also the College’s action was a surprising Canada Lancet editorial that, while noting that it frequently disagreed with the Medical Council, endorsed the pro-midwife position. “The persistent and continuous prosecution of a parcel of ignorant old women [the journal noted], cannot fail to bring the profession and the Council into contempt—especially as when, as one of our eastern correspondents says, there are ‘larger fish to catch!’”

These letters, case reports, editorials in the professional and lay press, and reviews of pertinent legislative acts all serve to increase our knowledge of female midwifery in Ontario. They indicate that for the first two-thirds of the nineteenth century female midwifery was not illegal in Ontario; while during the remainder of the century, although
the law did change, midwives might continue to practise with relative impunity. In fact as we have seen, the popular press encouraged midwives to continue their activity; so too did not a few doctors, including the President of the Ontario College of Physicians and Surgeons, tacitly approve female midwifery in the province. Of course, there also existed a vocal group of doctors who strongly opposed the midwives primarily on the grounds that they were untrained and ignorant of techniques often necessary during difficult or complex deliveries; they also objected to midwives because of the lower fees that such women charged their clients. Thus in the final analysis one can probably only say that in addition to a wide spectrum of midwife activities there was equally as wide a spectrum of medical opinion ranging from antagonism to ambivalence. It would therefore be problematic to argue that the Ontario medical profession acted en bloc to eradicate female midwifery. Also material presented shows that midwives operated widely in the province, in both urban and rural areas; but as stated earlier in this discussion it is not possible to offer an accurate figure of how many actually existed during the period of the late eighteenth to early twentieth centuries. Finally, if the accounts written by several doctors are taken at face value, they suggest that Ontario midwives were women of an advanced age: whether for or against female midwives, much of the material cited has repeatedly drawn attention to the old age of the attending women. While reference to their age was perhaps a subjective evaluation (and perhaps a derogatory one), it could suggest that Ontario's midwives were among an earlier generation of settlers, and further that their daughters or other younger settlers did not pursue the tradition of female midwifery as was the case in Quebec and Newfoundland, for example.

The Erosion of Female Midwifery

In her discussion of midwifery in Ontario, Lesley Biggs concludes that by the turn of the century the Ontario medical profession had made "considerable headway against female midwives, although it had not yet eradicated the movement entirely." To buttress her claim Biggs cites government statistics to the effect that only 3% of all births in Ontario (in 1899) were attended by midwives with the remainder of births being attended by physicians, or apparently by no one at all (16%). Clearly then by the close of the nineteenth century physicians were in attendance at the overwhelming majority of births in Ontario, and indeed midwives occupied a minor role in the birthing process. Accepting then,
as we should, that female midwifery had declined, what explanation may be put forward for its demise? It is unlikely that any one single reason should be invoked to explain the eventual decline of female midwifery in Ontario. At one level changing legislation vis-à-vis midwifery, although it did contain loopholes, probably intimidated some practising midwives and no doubt discouraged new ones from entering the field. Similarly if, as already suggested, midwives were much older women, then as they retired or died without training a new generation of replacements, female midwifery would very likely become extinct within the province. Of course, the arrival of European immigrants, some of whom must have had midwifery experience, may have augmented the ranks of midwives in Ontario; again, it is not possible to explore this issue further owing to lack of documentary evidence. In the final analysis, as midwives do not appear to have become organized or registered, or to have established their own training programs (as occurred in Britain, Europe, and the United States), their knowledge and skills were never disseminated.  

Ironically, it is possible to speculate that any influx of new, European midwives might have actually been a disruptive influence because in certain rural communities midwife-client relationships were often fragile and “outsiders” were regarded with suspicion and were not quickly accepted.

General trends in the development of Victorian medicine have been cited, especially in American studies, as a major cause of the demise of female midwifery. The rise and proliferation of the modern general hospital that occurred at roughly the same period might well be imagined as an important factor; but such a supposition would be erroneous. As Jo Oppenheimer has convincingly demonstrated, it was not until post-World War I that hospital births became ascendant. Similarly we have the example of the testimony of one prominent Ontario general practitioner who noted that it was “not until well after the mid-twenties that hospital confinements became popular and I could refuse to accept pregnant patients unless they agreed to go into hospital.”

Other broad causal explanations should be tempered for Ontario, at least. Although discussed by the medical profession, the indiscriminate use of forceps, for example, appears not to have occurred in nineteenth-century Ontario medicine. Students at the Trinity Medical College in the early 1870s, while taught about instrumental labour, generally speaking were advised against its overuse. Rather, students were told “where head of child is making very slow but sure progress ... leave it to nature,” for in cases where forceps were used there was a 1 in 13 chance of mothers dying, compared with 1 in 30
with no interference. One analysis of the obstetric records of Dr. Walter H. Burritt, an Ontario physician who delivered 1,854 babies from 1835 to 1886, shows that in only 104 cases were forceps used. Thus on the average this contemporary practitioner used instrumental delivery twice every year; but the frequency of the use of forceps did increase over the period of Burritt's professional life from 1 in every 60 deliveries to 1 in 10 deliveries. (The most common reason for employing forceps was "want of [labour] pains" in 46 out of 104 cases, followed by "disparity—large head" in 27 out of 104 cases.) Similarly, an analysis of the notebooks of Dr. Hugh MacKay of Woodstock for the period of 1873 to 1889 reveals that he used forceps in only 18 of 935 deliveries. And, like Burritt, MacKay used instrumental intervention only in particularly difficult cases, and he noted further that he generally "got along well" without their use. However, a recent study of another physician's notebooks shows that his use of forceps did increase over the latter half of the nineteenth century. However, in her analysis of James Langstaff's use of forceps, Jacalyn Duffin notes how prudent he was in their use. She concludes that this "ordinary" Ontario physician did not abuse this procedure; she also presents material that illustrates Langstaff's disdain for a colleague's ignorance of proper forceps technique. Also noteworthy is one case where Langstaff did not employ forceps at the request of his patient.

Corroborating evidence of physicians advocating the moderate use of forceps is found in contemporary medical journals. The editor of the Canada Lancet noted in 1879 that "in the very large majority of cases of all labors, the powers of nature are quite adequate to the safe, and generally facile, expulsion of the child." Moreover, this editorial criticized the overzealous practitioner "who rushes to the forceps, simply to economise his own time," and suggested that such a doctor should either take a partner or give up his practice altogether. Noteworthy too is an 1885 letter of complaint from a Hastings physician about an American medical colleague who advocated the use of forceps in every delivery. This Ontario doctor stated that "the proportion of cases really requiring instrumental aid are so few, that to carry them [forceps] always entails a deal of unnecessary trouble." He further claimed that in fifty-five years of practice he used forceps a dozen times. Finally, in a contemporary review of the activities of the Toronto Burnside Lying-In Hospital for the nine-year period 1888 to 1897, Dr. Adam Wright noted that there had been 1,259 deliveries with eight deaths. In particular, when discussing "meddlesome" or "interventionist" practices he noted that in this major maternity cum teaching hospital catheterization was
"considered an evil" and the use of forceps was "discouraged"; in fact, Wright declared "no resident assistant is allowed to apply the forceps without the permission of the medical superintendent or a member of the visiting staff." Moreover, hospital records showed that in the last 500 cases, labour had been assisted by the use of forceps only three times.74

Another reason for physicians to be judicious in their use of forceps was the possibility of being charged with malpractice. The case of McQuay vs. Eastwood, while apparently an isolated incident, remains instructive in this regard. In 1886 a Toronto court heard the case of a Mr. McQuay who sued his wife's physician, Dr. Eastwood of Whitby, for negligence and want of skill in the latter's use of forceps during Mrs. McQuay's confinement for childbirth. The evidence put forward stated that as a result of the physician's actions, the mother suffered lacerations of the perineum and cervix which, it was advocated, led to septicemia. The jury found for the plaintiff, awarding him three hundred and fifty dollars; but a later appeal by Eastwood saw the case dismissed. Briefly, because it was agreed that any case of septicemia or puerperal fever could arise "spontaneously," it was not possible to attribute the onset of infection directly to the physician's use of forceps and any consequent injury. Furthermore, because the plaintiff's lawyer specifically identified the use of forceps as the primary problem in the original suit, the appeal judges felt that the malpractice argument was not convincing. This case, however, was noted in the medical press, and may well have caused some physicians to think twice about the employment of forceps in cases in which there already was some element of doubt.75

A more involved state of affairs prevails with respect to anaesthetic methods. In general, Ontario physicians induced anaesthesia in labour only rarely and with caution. Dr. Burritt's obstetric notes reveal that chloroform was used only twice in 1,828 obstetrical cases; moreover, his records show that he first used chloroform in 1877—thirty years after it was initially introduced to the profession as an anaesthetic agent.76 In the twenty-six years of medical practice recorded by Dr. MacKay, chloroform was used in 18 of 935 cases and then, only "slightly."77 And, in several thousand births James Langstaff used chloroform in only a handful of cases.78 Also instructive is the 1885 editorial comment, which called for caution when administering anaesthetics during childbirth: noting that the use of chloroform and ether had "been quite fashionable . . . especially in American cities," it reminded Ontario doctors that the "exhaustion caused by ordinary labour is soon recovered from, but not so the depression induced by chloroform or ether, which sometimes continues for days."79
That Ontario doctors used anaesthetic agents sparingly (perhaps unlike some of their American counterparts) appears to be the case, yet it has been propounded that the use of anaesthesia, and other "scientific" procedures, was somehow foisted upon women by male doctors to assert their superiority over midwives. While this may certainly have been the case with some practitioners, there is evidence to suggest that other imperatives were involved. For example, according to one practitioner upon his entering the patient’s room, the woman “begged of [him] most piteously to give her the chloroform, saying that she never yet experienced such agony as she was then enduring. She would barely allow me time for the necessary examination, so urgent was she to be relieved from suffering.” Similarly, the prominent Ontario surgeon, William Canniff, declared in 1868 that it was his custom “to always carry with him chloroform when called to attend a case of midwifery, to be given if desired by the patient, and the number desirous of having it is steadily increasing.” Such statements indicate that patient persuasion and desire for choice were factors in doctors’ decisions to use anaesthetics. That is, often some women desired chloroform to ease their pain during labour; thus any “redefinition” process of childbirth was not wholly a physician-dominated act nor was it designed to eradicate midwives.

Similarly, the effect of another facet of the Victorian scientific revolution in medicine on midwifery, that of antiseptic/aseptic technique, should be reviewed. The adoption of antiseptic/aseptic practices (the collective practice of maintaining a clean or sterile operating environment—Listerism) by Canadian practitioners was a slow and, at times, noisy affair; for almost thirty years (until the 1890s) this topic was a prominent one in Canadian medical periodicals. Indeed, many Ontario physicians vociferously opposed antiseptic practices; only in the last decade of the nineteenth century was some consensus forged.

Again in his analysis of Toronto’s Burnside maternity hospital, Adam Wright noted that of the 1,259 deliveries during 1888 to 1897 there had been eight deaths, five of which were attributed to septicaemia. Although not wholly satisfied with the death rate, Wright was encouraged by the decreasing incidence of septicaemia owing to the introduction of aseptic procedures in 1891. Interestingly, Wright noted that aseptic midwifery in this institution was very much in the hands of the head nurse or matron “who is the most skilful midwife and the best teacher of aseptic and anti-septic nursing in midwifery that I have ever met.” And, one of the main problems encountered in instituting the new cleanliness precautions was the reaction of the “resident assistants”
who either ignored the rules or "obeyed the directions in a half-hearted way." Hence, despite the "scientific" appeal of aseptic procedures, some institutions did not follow them until almost the close of the nineteenth century; and these practices were not necessarily well received, even by a new generation of doctors. In addition to this information, Wright's comments also clearly indicate that he, for one, was still able to respect a midwife—as long as she was "skilful." Finally, the Canada Lancet editorialized that "antiseptics may come and go, and all kinds of new-fangled theories and practices, but that obstetrician who has most faith in Nature, and also makes patience, discrimination, cleanliness, and moderate conservatism his guiding star, will be able to show a record second to none." In short, even by the late nineteenth century antiseptic/aseptic technique was just beginning to make inroads into general midwifery practice. At this time techniques were not sufficiently widespread to clearly discriminate against midwives—if they ever did. Indeed, based on Wright's testimony the most proficient teacher of aseptic practices he had met was a midwife—a clear indication that this supposed means of exclusion for midwives was actually anything but that.

What, then, was the collective effect of these scientific developments on female midwifery in Ontario? To be sure, the use of forceps, anaesthesia and aseptic methods did indeed give Ontario physicians the "wherewithal to interfere in childbirth more than any midwife would dare." And, there must have been some doctors who indeed did abuse these techniques perhaps to underscore the difference between them and midwives. But, based on the material presented in this discussion, the general professional attitude and response towards the new "technological obstetrics" were both cautious and judicious. Although there appears to be few grounds for arguing that Ontario doctors overtly used these new techniques in order to gain ascendancy over midwives who were practising in the province, with the gradual acceptance and eventual widespread implementation of such birthing technology, "instrumental interference" did mean that doctors were "separated" from midwives.

Altogether, then, the practice of female midwifery declined in nineteenth-century Ontario as a result of a combination of attrition and erosion. As midwives themselves got older they did little to ensure a future generation of practitioners; thus without an adequate supply of "new" midwives, numbers were bound to dwindle. Concurrent with this process were others that helped erode female midwifery within the province. As noted, changing legislation must have had some negative
effect upon midwives, but in itself it cannot be held solely responsible for their decline. Similarly, medical technological developments in childbirth no doubt helped to replace the midwife in the birthing chamber, but again as there did not exist a medical consensus over the use of new obstetric techniques, such changes were only partially instrumental in displacing traditional female midwifery practices.

Although its practice declined by the end of the century, female midwifery clearly constituted an acceptable form of health care in Ontario throughout the nineteenth century. While many of the earlier midwives may have taken formal training before arriving in the province, many more acquired their skills primarily through observation, common sense, and personal experience. By all accounts female midwives appear to have been fairly widespread, but exactly how many there may have been at any time is impossible to say. Also, as there was no formally designated idea of what constituted a midwife in Ontario, it is likely that the term embraced a broad spectrum of practitioners who possessed a widely variable repertoire of skills. The very existence of such midwives permitted some pregnant women an element of choice in the gender and approach of their birth attendants. Similarly, the occupation of midwife often allowed these women practitioners an income, role, and status within their communities. But it was also likely that for many other Ontario midwives, their activities were an extension of routine domestic work inasmuch as their midwifery tasks constituted unwaged labour. And, probably as a result of the diverse nature of this group, physicians' attitudes to female midwives varied greatly too. We have seen that physicians could work along with some midwives and respect them for their skills and recognized their contribution to the health of many Ontarians; others, however, were severely critical of them. It has also been argued that for most of the nineteenth century provincial legislation did nothing to prevent female midwifery, while for the latter third of the century changed legislation could have dissuaded some midwives; but in practice they were free to continue. Sporadic midwife activity endured into the early twentieth century in remote and northern areas of the province, but for all intents and purposes the midwife had faded from Ontario's health care scene by this time.

Endnotes

* I would like to acknowledge the Social Sciences and Humanities Research Council of Canada and the Hannah Institute for the History of Medicine for their financial support. I would also like to thank R. D. Gidney and W. P. J. Millar for so enthusiastically sharing
some of their unpublished research material with me; thanks, too, to C. Lesley Biggs, Judith Walzer Leavitt, Janet McNaughton, and the editors of this volume for their useful critiques of an earlier version of this paper.


This problem of terminology is highlighted by comparing Ontario's situation with that of the province of Quebec. For example, in 1850 the British American Journal published a list of eleven names of midwives who were "duly licensed" for practice in the cities of Montreal, Quebec and Chambly, indicating clearly that there existed a class of women practitioners recognized as professional midwives by the College of Physicians and Surgeons of Canada East (see "Midwives Enregistered," British American Journal of Medical and Physical Science 5 [1850]; 194).

In Canada East, then, "properly qualified" midwives were identified as such. Since in Canada West/Ontario no such register of professional midwives ever existed, the term "midwife" in contemporary writing must be understood to refer to a wide spectrum of practitioners. For example, in the Peterborough area several midwives or birth attendants have been identified as existing. These women, however, variously have been described as "midwives," "nurse-midwives," "family doctor" and "practising nurse." At least one of these women was also known to have practised homeopathic medicine; many others also prepared the dead for burial. See John Walter Martyn, The Past Is Simply a Beginning: Peterborough Doctors, 1825–1993 (Peterborough: n.p., 1995). Similarly, Jacalyn Duffin in her detailed study Langstaff: A Nineteenth-Century Medical Life (Toronto: University of Toronto Press, 1993) notes that although in fourteen obstetrical cases women assisted in the birth, none were described by Langstaff as a midwife—this despite the fact that Langstaff himself seemed to endorse the concept of midwives assisting in his practice (see 185–186).


7. Ibid., 22.


18. See for example the various letters, editorials and articles against the Medical Council of Ontario that appeared in *The Canada Farmers' Sun*, especially 19 September 1894, 3 October 1894, 10 October 1894, 24 October 1894.


21. Background to the state of knowledge of midwifery for M.D.'s at this time may be gained from examining W. S. Playfair, *A Treatise on the Science and Practice of Midwifery* (Philadelphia: Lea Brothers, 1885).


26. See, for example, advertisement, *Colonial Advocate* (8 October 1829): 3.

27. This advertisement appeared in the *Christian Guardian* from 22 September 1841 to 1 June 1842.


29. Mary O'Brien, *The Journals of Mary O'Brien* (Toronto, 1968): 231–232. For a fuller discussion of Mary O’Brien and her diaries see Linda S. Siegel, "Child Health and
"LARGER FISH TO CATCH HERE THAN MIDWIVES" 131


32. See for example "Medicus on the War-Path," Globe (24 August 1875): 2; "Medical Conservatism," Globe (27 August 1875): 2; "The Doctors and Our Corns," Globe (31 August 1875): 2. These issues also contained a variety of letters to the editor.


37. Quoted in Firth, Town of York, 296-297.


39. F. S. Verity, "Case illustrative of the difficulties to be encountered by the Practitioner of Midwifery in a rural practice," Medical Chronicle 2 (1854): 260-262. Similarly when another physician described an attending midwife he encountered on being "extremely ignorant," it is possible that his criticisms were directed solely at this particular woman and not all Ontario midwives in general. See R. W. Evans, "Case of Expulsion of the Fetus at Full Time with the Membranes Entire," Canada Medical Journal and Monthly Record of Medical and Surgical Science (1852): 146-147.

40. Charles Rolls, "Case of Twins, in which, after the birth of the first Child, the second was retained by hour-glass contraction of the Uterus," Upper Canada Journal of Medical, Surgical and Physical Science 1 (1851): 152-153.


42. See Edwin Seaborn, The March of Medicine in Western Ontario (Toronto: Ryerson Press, 1944), 89-90; Canniff, The Medical Profession, 77.


44. Alexander MacLaren Lecture Notebook, Trinity College, Toronto, 4th year, 1872-1873, Department of History of Medicine, University of Western Ontario, London, Ontario.


46. William Kerr, "On Ephemeral or Child Bed Fever," Canada Lancet 6 (1873): 41-46. Similarly, James Langstaff is recorded as chastising some of the women who assisted/attended his cases of childbirth, but his comments appear to be more collegial commentaries than malevolent criticisms. Indeed, it appears that Langstaff got on well with most of
these women and, therefore, had no problem with their presence during childbirth. See Duffin, Langstaff, 185-186.

47. In her discussion of female midwifery, C. Lesley Biggs uses the term “movement.” However, as no evidence has yet surfaced that would show Ontario midwives were organized or attempted to organize themselves with some coherent goal, the term seems inappropriate.

48. See, for example, “Malpractice in Midwifery,” Canada Lancet 6 (1874): 349. A different but related incident is worth recounting in this regard. In an exchange in one journal, a physician had to explain an error in his licence, which showed him competent in midwifery only, not physic, surgery and midwifery. For the journal’s editor, to be licensed in this field only was wholly unacceptable, for obstetric work demanded competence in the other fields. The administrative mistake was soon explained, but this minor row is revealing. It demonstrates that physicians might be critical not only of some women who practiced midwifery, but also males who were perceived to be, in effect, men midwives. See “A Licence Faulty in Principle,” British American Medical and Physical Journal 6 (1850): 515-516, and “Correspondence,” British American Medical and Physical Journal 7 (1851): 42-43.


51. Ibid., 57.


53. This reference is, no doubt, to the previously described incident of the midwife who was fined for illegally practising medicine, not for assault.


64. I am grateful to Dr. Janet McNaughton who brought this insight to my attention based on her extensive knowledge of midwifery in Newfoundland. Although the argument as applied to nineteenth-century Ontario must remain unsubstantiated, it nevertheless is useful.

65. For background on the development of the hospital in Ontario, see [A. A. Allan], The Hospitals of Ontario: A Short History (Toronto: Department of Health, 1934); G. Harvey


68. Alexander MacLaren Lecture Notebook.


70. Hugh M. MacKay Notebooks, Archives of Ontario, Toronto, Miscellaneous MSS collection, 1873, #6, MU 2118.


73. R. W. Clark, "The Use of the Forceps," Canada Lancet 18 (1885): 73. Clark's letter might suggest that American obstetric practices were greatly different from those of Ontario.

74. Adam Wright, "Notes on Methods and Results in the Burnside Lying-In Hospital, Connected with the Toronto General Hospital, Toronto," Canada Medical Review 6 (1897): 155-162.


77. MacKay Notebooks.

78. See Duffin, Langstaff, 199-201.


80. See, for example, Biggs, "The Case of the Missing Midwives," 31, 32.


82. Canniff, "A Few Thoughts Respecting the After-Birth," Canadian Medical Journal 4 (1867-1868): 385-388. See also J. F. Dewar, "A Case of Partial Placenta Praevia," Dominion Medical Journal 1 (1802): 103-106, in which he states that his pregnant patient "insisted" on the administration of chloroform as it had been her "habit" in her two former labours.


88. Conversely, of course, the enactment of any legislation that supported midwives would have helped to institutionalize this occupational group. But, as the case of midwifery in the Netherlands shows, legislative action that may be advantageous may be professionally highly restrictive too. See M. J. Van Lieburg and Hilary Marland, “Midwife Regulation, Education, and Practice in the Netherlands during the Nineteenth Century,” *Medical History* 33 (1989): 296–317.

89. For a general discussion of women, labour and the economy of Ontario, see Marjorie Griffin Cohen, *Women’s Work, Markets, and Economic Development in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1988). Regarding midwives, Cohen notes how “surprisingly small” was the number of these practitioners compared to teachers and nurses, for example (p. 148).