Caring and Curing
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Caring and Curing: Historical Perspectives on Women and Healing in Canada.

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Over the course of the nineteenth and twentieth centuries, male medical practitioners successfully asserted control over more and more aspects of the traditional mothering role. The medicalization of childbirth, which saw a transition from midwifery with its emphasis on “natural” childbirth to physician-controlled and eventually hospital-based birthing, is one aspect of this phenomenon. Recently, historians have begun to investigate the role played by middle-class women in this process, focussing on their efforts to provide birthing women with the undeniable benefits of medical science, while at the same time trying to minimize the alienation and loss of control that came with it. This paper will focus on the role of professional women. Did women physicians and nurses, subservient to the wishes of male physicians, desert the midwife, denigrating her skills and reinforcing her association with domestic labour, in order to secure for themselves a niche in the professional world, as the early historiography has suggested? By examining the role of Helen MacMurchy, one prominent Canadian woman physician, in improving maternity care for Canadian women in isolated areas, I hope to show that professional women’s relationship with their “untrained” sisters was somewhat more ambiguous. Like their male colleagues, middle-class women were motivated by the eugenics movement, which focussed on infant and maternal health as a means to both improve “the race,” and preserve the authority and prestige of the movement’s professional leaders. However, within this shared sympathy for professional solutions, there are gender-based differences worthy of investigation.

The deluge of official advice literature in the 1920s on child and maternal welfare, much of it written by professional women, certainly helped to propagandize medical professionalization, and undermine the role of midwives. There is one document, however, that is
something of an exception to the prevailing norm of telling mothers to call the doctor for every imaginable problem. In 1923, the newly formed federal Department of Health, issued a supplement to its widely read *Canadian Mother’s Book*, part of the Blue Book series, written by Dr. Helen MacMurchy, Chief of the Department’s Child Welfare Division. MacMurchy’s advocacy of prenatal care, rest, nutrition, cleanliness, and especially physician-attended births, was impossible for outpost women to achieve because physician and nurse services were unavailable. The *Supplement* was written exclusively for outpost women and their “untrained” neighbours who often assisted at births because no one else was available.

The *Supplement* was highly contradictory in tone and message and consequently quite revealing. Ostensibly a manual of advice on “what to do if baby arrives before the doctor does,” it was in reality a “popular midwifery” guide. Its confused message indicates an author personally torn between a desire to ensure maternal safety through medical science, and the need to provide pioneer women with a safe alternative, given the paucity of medical services in isolated areas. MacMurchy’s ambivalence stemmed from the difficult role she played in mediating the diverse and conflicting interests participating in the early twentieth century debate on midwifery and maternal mortality. Sympathetic to women’s groups who sought to improve the level of care Canadian mothers received in the outpost communities, MacMurchy also had to placate the more powerful medical profession, who insisted on an obstetrical monopoly, and her employer, the federal government, who recklessly promoted western and northern settlement.

The *Supplement* also reflects a compromise position on midwifery. Shifting from an earlier preoccupation with infant mortality alone, the public health movement was, by the 1920s, focussing on maternal mortality. This came with the realization that reductions in the infant mortality rate, achieved from the 1890s to World War I, had occurred in the last eleven months of the first year of infant life. Deaths occurring in the first month of life, remained stubbornly high, and were often accompanied by maternal deaths. Public health professionals such as MacMurchy advocated that the midwife be given training and supervision to teach her the essentials of asepsis, use of silver nitrate for the newborn’s eyes, and the ability to recognize problems that required a physician, in order to provide adequate medical care for certain women.

If the *Supplement* seems a paltry substitute for medical services—which it was—it also indicates the very constrained role MacMurchy was
allowed to play, as a public health representative concerned with women's issues. When viewed in the context of MacMurchy's career as a medical reformer, however, the Supplement points to women's contribution to health reform. Not only does it reflect MacMurchy's attempts to preserve, and to have recognized, aspects of women's traditional nurturing role in childbirth, but it also suggests that some professional women had a broader view of maternal health care than both private and public health physicians. Illustrating the contradiction between the public health message, which stressed preventive medicine through regular physician consultations, and the reality of restricted medical services, MacMurchy's Supplement also helped push the federal government to recognize health as a political issue.

Helen MacMurchy: Physician, Reformer, and Feminist

Helen MacMurchy was the daughter of Archibald MacMurchy, the controversial principal of Toronto's Jarvis Collegiate from 1872 to 1900. Enduring her father's autocratic rule, his known opposition to women teachers, and an exacting set of academic standards that propelled Jarvis to an elite status, Helen MacMurchy taught for twenty years in her father's school. Despite, or perhaps because of, her father's views, Helen focused her philanthropic energies in local women's groups such as the Local Council of Women. Then, in 1901, at the age of thirty-nine, she received her medical degree from the University of Toronto, fulfilling a lifetime ambition to practise medicine. A woman of limitless energy, tremendous faith in education as a means to social reform, and no apparent taste for domesticity on the practical level, MacMurchy quickly rose to prominence as a eugenist and public health advocate for infant and maternal health reform. She also maintained a private medical practice using the family home on Bloor Street as her office.

A political lobbyist of considerable talent, a charismatic speaker, and an upper middle-class professional with excellent social connections, MacMurchy goaded authorities into taking that important first step in recognizing social problems. As a result of these lobbying efforts, MacMurchy was appointed special investigator into infant mortality for the province of Ontario from 1911 to 1913, and provincial inspector of the "feebleminded" from 1906 to 1919. Then, in 1920, she was appointed to the Federal Department of Health's new Child Welfare Division where she wrote the famous Blue Books and turned her attention toward the problem of maternal mortality. Through popular
journals and advice literature, she also brought the new preventive medicine message to ordinary Canadian women, a role that was then thought to need a woman's touch. However, as a popularizer of medical ideas, conciliator of interests, and woman with maternal feminist sympathies, MacMurchy was somewhat isolated. Despite bringing many issues to light, she never achieved any major administrative role in the programs she helped create, but was sidelined in advisory positions dealing with issues perceived to be of special concern to women.

The Supplement's Message

The Supplement was divided into two segments, the first entitled "A Word to the Mother," which attempted to reassure her that all would be well "until the doctor arrived." The second, entitled "The Neighbour's Part," offered more detailed information on labour and childbirth. Clearly an anomaly given the strong emphasis on medical professionalization in the period, the document highlights some of the conflicting interests and priorities of those involved in its writing and distribution. MacMurchy wrote the Supplement in the hope, perhaps futile, of educating the lay midwife and thus saving lives among infants and new mothers in the outposts, without actually endorsing midwifery, a move that would have alienated the medical profession. Charging the midwife with incompetence and ignorance, refusing them any recognition or education, and blaming them for high maternal mortality, most physicians failed to distinguish between the various levels of skill and training among practising midwives. As Biggs has argued, physicians were able to undermine the midwife's expertise by characterizing the management of childbirth as a scientific venture requiring a medical professional. Obstetricians felt that allowing "untrained" women to attend births undermined the status and prestige of obstetrics as an emerging specialty, and hampered efforts to improve medical education and upgrade the level of practice. General practitioners were particularly anxious to eliminate female competitors who undercut fees and kept families from acquiring the services of a family doctor at the time of birth.

Whether the result of MacMurchy's own ambivalence, political pressure, or both, the Supplement reflects a strong sense of reluctance toward providing laywomen with medical information, and especially toward recognizing midwifery. Indeed the Health Department not only chose to keep quiet about its availability, but channelled its distribution
through the medical profession. At a 1923 meeting of the Dominion Council of Health, the advisory body for the Federal Department of Health, one health official had this to say about the Supplement:

There is an appendix to the Canadian Mother’s Book intended for mothers in districts where they cannot get doctors or nurses to look after them. This book is to be distributed where proper help cannot be given to the mother in the way of nursing and medical attention. It is perhaps just as well not to give this book out broadcast. It is to be left to you gentlemen or any others who come in contact with those kinds of cases.²¹

“You gentlemen” referred to the provincial public health officials, all M.D.'s who dominated the discussion in the Dominion Council of Health, despite representation from labour, farm, and women’s groups.

The Supplement was also published, not as a separate pamphlet, but as a supplement to the Canadian Mother’s Book. The cover page inscription, printed in bold letters, “For Distribution by Doctors and Nurses Only,” further separated it from the body of general advice literature coming out of the Department of Health in the 1920s. To further bolster medical authority, MacMurchy began her Supplement by asserting the need for medical attendance at childbirth.

The best nurse we can get and the best doctor we can get are needed when the Baby arrives. We should think of this when we build our Canadian home. The baby is coming. Try to settle within reach of medical and nursing aid. You need a Doctor and a Nurse. You should have them if it is possible.²²

For the benefit of her medical colleagues, MacMurchy assumed that all midwives were untrained, and ignored their use in urban areas among poor and immigrant women, although she must surely have been aware that competent midwives practised in Canada.²³ Further, the Supplement was not called a midwifery manual, and “the neighbour,” to whom the bulk of the comments were addressed, was never referred to as a midwife. In fact, the word is never used.

Pandering to physicians’ prejudices, MacMurchy portrayed the midwife as a frightened, ill-prepared helper, far from confident of her ability to deal with the vicissitudes of childbirth. MacMurchy assured her, somewhat patronizingly:
Perhaps you have never seen a birth. Never mind, there is a great deal you can do to help the mother and child.24

MacMurchy even explained what a vaginal examination was, that is, "when the Doctor feels with his fingers inside the maternal passage to find out if everything is all right," and warned the attendant or any other unskilled person against doing this as it "may cause the death of the mother."25 Although MacMurchy does not say so, this precaution was designed to prevent the introduction of bacteria, which could cause a potentially fatal infection. Performing vaginal examinations was the prerogative of medical practitioners who, in theory, were well versed in aseptic techniques. In practice, however, physicians' record on puerperal sepsis was arguably worse than that of midwives.26

Despite these qualifications, MacMurchy's midwife is a well-intentioned helper. In fact, her portrayal is an uneasy mix of two opposing stereotypes—the ignorant meddler of medical propaganda27 and the kindly, gentle and often competent neighbour of midwifery folklore.28 Although MacMurchy could or would not legitimize the neighbour woman by calling her a midwife, the Supplement did give a subversive recognition of the midwife that is unique for the period, and somewhat remarkable given the widespread hostility toward her. MacMurchy remarked in her opening comments, "There is some woman in Canada who would be a help to you and would come. Get her in time."29 MacMurchy assumed that the traditional birth attendant, would in fact be a "she" as she advised the helper to "take off your dress," "scrub your hands and arms clean with soap and hot water," and "put on a clean washdress and apron."30 This unrecognized lay helper was also expected to stay for several days after the birth, as instructions were given for changing the pads and checking that the colour of the discharge changed from reddish to brownish to greenish in colour.31

MacMurchy's sympathetic view reflects loyalties divided between the medical profession and women. Middle-class women's groups such as the National Council of Women of Canada (NCWC), were also divided on the idea of preserving a role for the midwife. They generally accepted the medical view of childbirth as potentially dangerous and favoured doctor-attended births and prenatal checkups.32 Nonetheless, some local councils of the NCWC as late as 1924, condemned the high rate of maternal deaths in the northern and isolated parts of the country, and petitioned the government to train and license midwives for such districts.33 If neighbour women were already helping at births in outpost homes, why not give them adequate training? Although seen as uneducated, unglamorous, and ill-equipped for emergencies, the
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midwife could take on essential nursing and domestic duties, and was
seldom prepared to interfere with the natural process of labour,
avoiding the problem of "meddlesome midwifery" as practised by
some physicians—a problem that added to already high maternal
mortality figures.

The NCWC's 1924 report on Maternity Nursing and Trained
Midwives, revealed a Council divided on the question of midwifery. Attempts to have midwifery recognized had met with little success in the
past, and in 1924 when Charlotte Hannington, Chief Superintendent of the Victorian Order of Nurses, made one last passionate appeal to the
NCWC to train midwives, she was forced to resign. Significantly it was
the few women doctors on the NCWC's Executive who opposed
midwifery. Instead they favoured the Canadian Nurses Association
(CNA) approach to solving the problem of maternal care, which recom-
manded the establishment of outpost hospitals, and "the extension of
training and supervision of nursing housekeepers to assist registered
nurses in outlying rural communities." They also endorsed the idea of
home nursing classes for rural women, and petitioned provincial
governments to improve transportation services, and offer bonuses to
physicians practising in rural areas. Struggling for professional recog-
nition, nurses stressed the need to staff outpost hospitals with fully qual-
ified nurses. They also insisted that these nurses be well paid for their
services to the community, and that they be provided with assistants
who would perform mental domestic tasks. Confronting the hostilities
of doctors who preferred subservience to professionalism in their nurses
and the public perception of the nurse as a glorified domestic worker,
nurses were unable to take up the midwife's cause.

The fact that midwives themselves never entered into the debate
on maternal mortality indicates the near decimation of the practice by
the early twentieth century. A woman with little authority, scant expert-
sise to draw on and virtually no recognition from the medical commu-
nity, the midwife could command only irregular fees, if any at all. If she
had received training, which was unlikely given the lack of schools in
North America and the strong resistance to recognizing midwifery, she
was further handicapped by legal restrictions. In Canada the practice of
midwifery was officially outlawed, although this was impossible to
enforce.

Support for midwifery was also weak among public health physi-
cians. While a few advocates of midwifery, including MacMurchy,
pointed to European statistics, which indicated that where trained and
licensed midwives practised maternal mortality was much lower than in
the United States and Canada, most were lukewarm to the idea of transferring this European institution to North America. There was some unease as well regarding the use of midwifery in rural areas, as this argument called for a two-tiered medical system divided on urban-rural lines. The Supplement reflects the belief that midwives were an emergency stopgap measure only, warning mothers against using the Supplement as a substitute for the doctor. "No, it is only to help you until the Doctor comes," MacMurchy pointed out, although she almost certainly knew that in many cases no doctor would arrive.

To further complicate her position, MacMurchy was employed by the federal government, whose primary concerns such as economic growth and land settlement often conflicted with those of public health activists and women's groups. The NCWC, which was instrumental in pushing the federal government to establish the Department of Health in the first place, had long demanded improvements in maternal and infant health care in Canada. In their 1923 report, the Public Health Committee of the National Council expressed its outrage at the federal government's policy of promoting the pioneering life as an act of heroic nation building, without addressing the health concerns of Canadian women:

If immigration increases, there is plenty of definite information from voluntary sources that goes to prove that only those willing to face the lack of maternal and nursing care should settle in our outlying districts. This lack should be given as much prominence as any glowing description of our natural resources. We women feel the disgrace of this situation all the more keenly because for over a quarter of a century we have been urging governments to recognize conditions and provide remedies.

The Supplement reflects this sense of impotent rage.

Despite her official position, MacMurchy could barely disguise her misgivings about sending women of childbearing age into isolated outposts where danger and hardship awaited them. Before advising the mother of what to do should she find herself alone at the time of birth, for example, MacMurchy tells the prospective mother, "Do not let this happen," either by going in good time to the nearest hospital or the home of a friend or relative, or by ensuring that the husband remains close at hand when the time of birth approaches. In one of the later Blue Books entitled How to Make Our Outpost Home in Canada, MacMurchy again gave some uninspiring advice to prospective
pioneers, telling them, "Think twice before you go to live and make your home more than fifteen miles away from any Doctor.”

Although lobbying by women’s groups for improvements in maternal care was not ineffectual, it was veterans of the Great War who provided the catalyst to move the government to action. As the federal government’s unique means of handling the maternity problem, the Supplement indicates the low priority given to maternal and infant welfare. It is significant that even this inadequate response occurred within the context of the problems encountered by some twenty-five thousand ex-soldiers whom the government had helped settle on farms. The Soldier’s Settlement Board, which administered this postwar program, set up a Home Branch, staffed by home economists, to help the wives of soldier-settlers adjust to farm life in Canada. In the course of their home visits, Home Branch officials learned first-hand of the lack of maternal care in rural and isolated areas.

In her Division’s annual report for the year 1923, MacMurchy reported that “special requests have been made from time to time, especially by the Home Branch of the Soldier’s Settlement Board, for a little book for mothers in outpost homes who fear that medical and nursing aid may not be available at the time of birth.” As a result of this request, one thousand copies of the Supplement were printed, until, as MacMurchy noted, “we can ascertain whether or not a larger distribution is advisable.” The following year she reported that the Supplement had “apparently been found useful and satisfactory for the purpose for which it was intended.” After several copies of the proof edition had been sent to a “number” of doctors and nurses, and to individuals who had special knowledge of outpost homes, some suggestions and improvements were incorporated into the text and a revised edition came out in February 1924.

Despite its many shortcomings, however, the Supplement did give recognition to a women’s public health concern, and conveyed far more information about the process of labour and childbirth than was typical of popular medical books of the time. In translating medical knowledge into plain English for a lay public, MacMurchy, the former school-teacher, was at her best. She forgot none of the practical details. For example, an illustration of several knots to be used in tying the umbilical cord, appeared after the Supplement’s title page. In keeping with a well-founded concern to prevent puerperal infection, a major cause of maternal mortality, MacMurchy insisted on strict cleanliness. The attendant was not only to don a clean dress and apron, and scrub her hands, arms and nails, she was also to scald, scrub and thoroughly clean all
pitchers, basins and dishes, and to put plenty of water on to boil. If no clean sheets were available, MacMurchy advised using old newspapers and baking them in the oven to sterilize them. If a family member had any illness especially rash, "sores" or skin disease, the attendant was instructed to try to get them away to a neighbour's for a few days. Flies were also to be banished from the birthing chamber.

MacMurchy then explained the three stages of labour, informing mother and attendant that a discharge of bloodstained mucus called "the show" would signal the beginning of the first stage, which ended when the uterus or womb was fully dilated and the waters broke. MacMurchy advised the attendant that once the pains got stronger and more frequent, and the mother felt like bearing down, she should ask the mother's permission to look into the maternal passage. If the attendant could see a bluish-white body, round or sausage-shaped and protruding at each pain, then she could rest assured that "everything is going well" and that the waters would soon break to release the fluid surrounding the baby. This could come in a great gush, which might well flow onto the floor, but the well-prepared attendant would have placed a pan there to receive it. MacMurchy estimated the average length of the first stage at six to sixteen hours for a first baby (but possibly as long as twenty-four) and from two to twelve for subsequent births.

During the second stage of labour the attendant was advised to give the mother a towel to pull on while she pushed, and watch for the baby's head to appear, which should take approximately one-half to one hour for a first baby, or less for a second. MacMurchy then assured the birth attendant:

Don't be frightened. It does not look like a head yet, only that you can see the hair, but the surface is ridged and squeezed up and you can only see about three inches of it.

Positioning the mother on her left side (unless she prefers to be on her back), the attendant was to wait for the head of the baby to appear at the outside opening, then help the mother, between pains, to turn on her back. When the face of the baby appeared, it would likely turn toward the mother's right, and the attendant was instructed to use several cotton swabs dipped in clean boiled water to gently wipe out the baby's mouth and nose, and to wash the lids of both eyes.

The attendant was then instructed to slip her right hand first finger round the baby's neck:
If you feel the cord twisted around the neck, gently draw it down and pass the loop over the baby's head, so as to avoid the danger of the cord being caught and thus strangling the baby.\footnote{61}

About fifteen minutes after the baby's birth, when the beating and pulsating in the cord had stopped, and the baby had cried, MacMurchy advised the helper to tie the cord in two places by tying narrow tape that had been boiled into a reef knot,\footnote{62} and cut it with a pair of clean scissors. If the end of the cord was not bleeding, she should then wrap the baby in a blanket and keep him by the fire for warmth.

Finally, MacMurchy explained the third stage of labour, as “expulsion of the afterbirth or placenta, membranes and cord” and estimated its duration from one half to three-quarters of an hour. The attendant and/or any helpers were instructed to massage the mother's abdomen with clenched fist(s) in order to prevent haemorrhaging and help the uterus to contract. She also warned the attendant to expect a gush of blood but assured her that if the uterus felt like a hard firm ball, all was well.\footnote{63} Once the afterbirth had been expelled, the attendant was to wash the mother with the boiled water, see that she got a hot nourishing drink and some rest, and nursed the baby within six hours of birth.\footnote{64}

The traditional view of birthing as a natural process requiring little human intervention, save feminine nurturing and support, blended uneasily with the medicalized view of birth as a medical emergency and the Supplement's message mixed friendly encouragement with dire warnings. In MacMurchy's brief section, at the beginning of the Supplement, entitled “A Word to the Mother,” MacMurchy warned against being left alone at the time of birth, giving the Supplement a tone that was often unsettling. Should an emergency occur, however, there were seven things for the mother to do. The first, which could be done well in advance, was to make up the bed with an underlay for protection that could be easily removed after the birth. Once labour began, the mother-to-be was advised to take an enema, a bath, and then go to bed. The fifth item on MacMurchy's list was probably the most difficult to achieve. The labouring woman was advised to “keep yourself cheerful” all the while dealing with the most horrible of emergencies that should never have happened in the first place.\footnote{65}

In a slightly more practical vein, MacMurchy did explain the three stages of labour, advising the mother to bear down only after dilation of the cervix had occurred and only during pains. “Soon you will begin to feel the head of the child coming down,” advised MacMurchy, and the mother's legs must be separated to make room for the baby.
The mother, having cheered herself and waited for nature to take its course, was then instructed to make sure, by seeing and feeling, that there was nothing obstructing the baby's breathing, and wait quietly for help to arrive.\(^6\)

At the same time as she advised the mother to let nature take its course, MacMurchy also told her to pray to Jesus for deliverance from the unspeakable horror of facing childbirth unassisted by a nurse or M.D.:

> It is the mother and the powers of nature that bring about the birth; you will probably be all right. And you are not alone, after all. Remember how the Lord Jesus thought about mothers. He is thinking of you to-day, here alone, and He is near.\(^6\)

MacMurchy's attempt to strike a comforting tone is less than convincing. The appeal to prayer, nowhere else resorted to in her advice literature, surely conveyed the message that without professional help, the mother was in grave danger.

The *Supplement*'s few suggestions for handling problems, which ended with an appeal to get the doctor—somehow!—reveal the frightening implications of reluctantly giving advice to a woman deemed hopelessly unqualified to handle any non-routine occurrences. MacMurchy offered advice on what to do if the baby did not cry at once. If holding him by the feet and giving him the proverbial slap on the bum did not work, the attendant was to try shaking him gently, tickling the baby's ribs, and/or dashing a few drops of cold water on his chest. If the baby still did not breathe, the attendant was to cut the cord. If the baby's body bled freely, she would know that he was still alive, and should attempt artificial respiration. She should expand the baby's chest by lifting its arms out and up, and then bringing them down by its side gently, about twelve times per minute. The discouraged assistant was advised not to give up. "Keep on. You may save him yet. He may give a little gasp, and live, any time within an hour or more."\(^6\)

Unusual presentations were also discussed, the attendant being assured that chance was on her side, as the safest presentation, that is, head first, occurred in 97\% of cases.\(^6\) Another 2\% of births were breech, that is, when the lower part of the baby's body was born first, MacMurchy explained. In general, the attendant was to let nature take its course. However, if the limbs began to move convulsively, she was instructed to lift the baby's body, bend its legs upward, and press on the mother's abdomen during pains, to assist the birth. The remaining 1\% of births, which included a number of other parts presenting, were not
discussed in the *Supplement*, except to tell the attendant that if a hand presented, mother and helper were in trouble and the doctor was to be sent for.  

The *Supplement’s* final section assured the “neighbour woman” that birth was a natural process:

> Never lose hope or courage when you are with a mother. Nature is equal to almost all difficulties. Do not be in a hurry. Do not use force. Be quiet. Be gentle. Be kind. Be very patient. Nature needs time to bring about the birth.  

However, this advice was accompanied by some very uncomfrotting words:

> Usually all goes well when the baby comes, even if the doctor is late. But if the Mother has been in labour over twenty-four hours at the birth of a first baby, or even a shorter time especially if it is not the first baby, and she seems to be getting weak and looking ill and anxious, and there is no sign of the baby coming, and the pains are not as strong as they were, you must get help for her somewhere, somehow, or she may die of exhaustion before your eyes. No doubt the husband has tried telegraph and telephone already. Try again. Send a messenger on horseback to the nearest neighbour who has a motor to go and get the doctor. Send a message to the nearest Radio outfit. S.O.S. The Mother’s life must be saved.

**Distribution of the *Supplement***

The *Supplement’s* significance lies less in a question of numbers reached, than in the undercurrent of its message, which is essentially a weak response to demands for obstetrical information and services. There is, in fact, little evidence on the *Supplement’s* distribution, although one would not expect to find a lot, given the restrictions placed on its distribution. While there were many organizations that could have been active in distributing or using the manual, such as the Red Cross and the Victorian Order of Nurses (VON), no reference to it has been found in any of their records or publications.

However we do know that the *Supplement* was used, at least in the 1920s. MacMurchy’s Division sent the Blue Books to new Canadians in the 1920s, and it is possible that the Supplement was routinely sent to those destined for outpost areas. It was certainly sent to those who asked for it. One woman physician who had practised in Prince Rupert, B.C.,
in 1938 recalled being summoned to a maternity case in which the inhabitants of an isolated village were using the *Supplement* to deliver a "difficult case." As often happened, the physician arrived after the birth took place. There is also one reference to a letter in the Department of Health files indicating a request for the book. In 1937 the Canadian Welfare Council, a voluntary agency that took over the work of MacMurchy's Division when it was disbanded upon her forced retirement in 1934, received a letter from the wife of an Anglican missionary. This couple was about to depart for an Indian settlement near the mouth of the Mackenzie River where the nearest hospital was 110 miles distant. She says in her letter:

> Some years ago, Dr. MacMurchy issued a little pamphlet, on exactly what to do if you had to deliver a baby without a doctor's help. For five years we have been near a doctor and I am going back to where I will have to take up a certain amount of midwifery work again. The little pamphlet was splendid. I translated it into Cree at one time. I only had one copy and have lost it. Can you get me one?

Although Dr. Heagerty, Chief Executive Assistant of the Department of Pensions and National Health immediately recognized the pamphlet as MacMurchy's *Supplement*, he was unable to find a copy. He suggested that the Council advise the woman to contact the VON and request permission to attend a few confinements and/or obtain suggestions as to appropriate textbook reading.

While the *Supplement* was used during MacMurchy's tenure in the Child Welfare Division from 1920 to 1934, it appears to have been out of print and out of circulation by the late 1930s, when the midwife option was no longer being considered, and the political strength of newly enfranchised women was declining.

What is clear is that a demand for obstetrical information existed. The same year that the *Supplement* was published, the Red Cross, which also had close ties with the Soldier's Settlement Board, instituted a Home Nursing Course. Working largely with volunteer nurse-instructors, the Red Cross co-operated with groups such as the Women's Institutes, to offer courses for one dollar per student with a maximum of twelve students per class. The course consisted of twelve two-hour sessions, providing practical demonstrations, classroom instruction, and a manual to serve as a home reference guide. One section of this manual, called *Maternity Nursing*, covered material very similar to that found in MacMurchy's *Supplement*. Intended to teach women what to do in an "emergency" delivery, as the thousands of non-
physician-attended deliveries were coming to be called, the text was prefaces with the usual caution against taking on professional privileges:

In an emergency case or in a case of an outpost home where a doctor cannot possibly be obtained, the following information will be useful in helping the home nurse to meet the situation as best she may: but no home nurse should ever presume that she is competent to take charge of a maternity case, except under the supervision and direction of a doctor. No one can foretell the case when the services of a doctor will make a difference of the gravest importance to the mother or the baby or both. Therefore it is deplorable negligence not to secure the services of a doctor if this is at all possible.

Advertisements for the Home Nursing Course promised Canadian women knowledge and skill that might prevent suffering and save lives, enumerating many of the skills to be learned. Emergency delivery of an outpost baby was not mentioned, however.

The information in the Red Cross home nursing manual probably reached a much broader audience than MacMurchy’s Supplement. In 1924 alone, 243 classes were taught, reaching some 3,000 women. By 1929, the Red Cross boasted sponsoring 1,234 classes with a student enrolment of 17,333.

The Supplement’s message foreshadowed and reinforced future developments. Innovative for its time, the Supplement’s information was eventually incorporated into maternal advice literature. Beginning in 1940, future editions of the Canadian Mother and Child (revised from the Canadian Mother’s Book) discussed emergency birth. However, the Supplement also reinforced the growing trend toward transporting outpost women to the nearest hospital as the only acceptable resolution to a conflict that pitted women’s needs against professional privileges. Modern advice literature for outpost women now focussed on dealing with the out-of-town hospital experience. Advice on what to do if the baby arrived en route to the hospital was much less extensive than was the case in the Supplement. No instructions were given to tie or cut the cord for example, as it was assumed the baby would be immediately taken to hospital.

As well, the downgrading of the midwife’s role to that of housekeeper was solidified in the 1920s. Whereas the midwife had once done everything, there was now a doctor and/or nurse to take charge of the birth, a nurse to supervise patient care, and a homemaker to temporarily replace the new mother’s domestic labour in the household. As if
in accordance with the CNA's recommendations, the Red Cross had institutionalized these changes. In addition to its Home Nursing Course, the organization had established forty-five outpost hospitals and a visiting homemaker service.89

The Maternal Mortality Campaign

The _Supplement_ also reflects MacMurchy's ameliorative approach to reform. Vacillating between a reluctant endorsement of the midwife's role, and the ideal of doctor-attended births, MacMurchy's attempts to reconcile women's needs with professional prerogatives often appear pathetic. When viewed as part of MacMurchy's career-long campaign to educate doctors and the public on the importance of improving maternal and infant health care, however, the _Supplement_ illustrates Canadian women's contribution to maternal health reform.

MacMurchy used her post with the Child Welfare Division to lobby the medical profession for support in her attack on maternal mortality, employing a mix of flattery and coercion. There may be a connection between the publication of the _Supplement_ in 1923 and the Canadian Medical Association (CMA) "request" for a study on maternal mortality in 1924 that was orchestrated by MacMurchy, for instance. As she had done with infant mortality and with the issue of the feebleminded earlier, MacMurchy manoeuvred herself into the position of official reporter/investigator. In 1924 the Dominion Council of Health, the Department's advisory council, met in Ottawa. On their agenda was a Memo on Maternal Mortality presented by MacMurchy, in which preliminary estimates of Canada's rate of maternal mortality were announced. In classic "pass-the-buck" style, MacMurchy was then sent down the street to deliver the same paper to the Conference on Medical Services. Arranged by the CMA, this meeting took place in the House of Commons under the patronage of the Minister of Health, 18 to 20 December.90 That august body of physicians then duly resolved, with little discussion, to formally request that the Federal Department of Health undertake an inquiry into maternal mortality. They then continued on with their discussion of medical education.91

Once appointed, MacMurchy put the concerns of women's groups and public health activists into the language of science, giving them credibility with those in authority to act. MacMurchy set out to document the extent of maternal mortality, compare that mortality rate with other countries, investigate the number of births that occurred
without medical or nursing aid, and decide whether medical fees were too high. She studied all maternal deaths occurring from 1 July 1925 to 1 July 1926, and used physician questionnaires to obtain more information than the death certificates could provide. In the period studied, MacMurchy found that 1,582 deaths had occurred, or 6.4 maternal deaths per 1,000 live births, indicating that official statistics underreported maternal mortality. MacMurchy also outlined the major causes of maternal death—puerperal infection (sepsis), toxemia, haemorrhage, dystocia or prolonged labour, and shock. The study confirmed in statistical, scientific terminology the fact that Canadian women were dying in childbirth from preventable causes. MacMurchy was clearly targeting doctors with this report. On the title page of MacMurchy's ensuing report, entitled Maternal Mortality in Canada, MacMurchy indicated that the study had been requested by the CMA. Despite the fact that the National Council of Women also called for such a study in the same year, this information was not similarly noted. Coming from a health department official and a physician who used physician input to arrive at her data, this information could not be ignored. But just to be sure, MacMurchy had a copy of the report sent to every physician in Canada. MacMurchy also had copies of the first edition of the Supplement sent to a “number of” nurses and doctors for feedback. By involving physicians in the research exercise, she attracted a larger audience within the medical profession for her health propaganda.

MacMurchy bolstered doctors' claims to an obstetrical monopoly. One of the questions she set out to study was the number of maternal deaths associated with lack of medical care, no doubt hoping to expose the danger of outpost conditions. However, a surprisingly low 14% of the deaths were associated with “unattended” births. Undaunted, MacMurchy stressed that 1,342 or 90% of these dead mothers had received no prenatal care, concluding that indeed doctors were vital to maternal health. However, she also shamed the medical profession for complacently accepting the appallingly high rate of maternal mortality and made demands of the profession in regards to improving maternal health care. Physicians were accused of using forceps too often, of being careless about prenatal checkups or not doing them at all, and of charging fees that many Canadians could not afford. She also criticized medical education in obstetrics as inadequate, and suggested that physicians took maternal welfare too lightly. In typical bureaucrat fashion, MacMurchy expressed these complaints largely through other people. For example she quoted the Ontario Red Cross Director of Nursing Services as saying, “How can we make it possible for
patients to call a doctor as often as our nurses feel is necessary when each trip represents a financial outlay of $25 to $50?"100

While most physicians saw the ideal of medical attendance at childbirth as sufficient to ensure maternal safety, conceding that improved obstetrical education would help, MacMurchy and other women reformers saw it as one aspect of a larger program that included nursing care, preventive medicine, rest, and nutrition.101 In fact, her report is innovative in revealing the role played by secondary causes in maternal death, such as exhaustion, poor nutrition, and other health complications. These accounted for the discrepancy between MacMurchy's and the official figures. More than half of these 1,532 mothers were in poor health long before the baby was born, said MacMurchy,102 stressing the need for more help in the home. She quoted letters describing the pitiful conditions under which some mothers lived and died, all too frequently of sheer exhaustion.103

Although MacMurchy dared not directly implicate physicians in high rates of maternal mortality, MacMurchy's praise of public health nurses had important implications. Although nurses were trained to wait for the illusive doctor to arrive, many were playing a role not dissimilar to that of the neighbour woman in the Supplement, being placed in the position of having to deliver babies with neither adequate training nor authority. VON nurses, for example, were pressured by women, both for reasons of economy and modesty to take maternity cases, although officially they had to advise pregnant women to see a doctor. Many patients did not, waiting until they were in active labour to call the nurse, who would deliver the baby as an "emergency case."104 The order attended 16,000 maternity cases,105 out of a total of 50,000 in 1922.106 Yet the VON had to officially disavow any connection with midwifery and assume a subservient tone vis-à-vis the medical profession in order to survive as a service. Graduate nurses who staffed the Red Cross Outpost Hospitals also did obstetrical work,107 and biographies of public health nurses indicate that midwifery skills were valued in most communities.108

While MacMurchy refused to endorse midwifery, it is clear that she valued the important role played by the neighbour women in providing basic nursing, and taking over household management so that the mother could rest. MacMurchy published statistics on the VON's record on maternal mortality, in a pamphlet entitled Maternal Care,109 giving voice to their boasts of lowering maternal mortality through good nursing care. In 1928, for example, of 14,070 maternity cases attended by VON nurses all over Canada (of which 4,201 were
"emergency" cases), the rate of maternal mortality was 1.6 per 1,000 live births. This compared favourably with the official Canadian rate of over 5 per 1,000 live births.

MacMurchy's career indicates that rather than abandoning midwifery, she unsuccessfully attempted to elevate its status through professionalization. In her pre-war investigation into infant mortality for the Ontario government, MacMurchy advocated the training and licensing of midwives. But in the intervening ten or fifteen years, the prevalent view among public health professionals had changed. By the time the Blue Books were written in the 1920s, MacMurchy scarcely mentioned midwives and the refusal to use the term in the Supplement certainly indicates a reluctance to lend any legitimacy to the traditional female birth attendant. She did not, however, explicitly prohibit their use, as did other publications on maternal welfare. Then, in a 1933 article for Canada Lancet and Practitioner, MacMurchy compromised by advocating the nurse-midwife. Canadian nurses, who vehemently objected to midwifery, were more sympathetic to the concept of the nurse-midwife, a trained graduate nurse who specialized in obstetrical nursing. The name change from midwife to nurse-midwife is a very significant one, as it represented an effort to combine the positive aspects of traditional midwifery with nursing, an emerging if not fully recognized profession.

Medical Services

Caught in a medical system that insisted on a medical monopoly on obstetrics and prenatal care but failed to provide services to all Canadians, the pioneer woman highlighted a major discrepancy between ideal and reality. Although histories of the Canadian health insurance program have pinpointed the catastrophic Depression years as the catalyst for this social and medical reform, one could argue that its origins lie in an earlier period. Public health rhetoric of the 1920s certainly clashed with the economic reality of private medical practice, crystallizing demand for medical services. MacMurchy's excerpts from the letters of angry Canadians protesting the lack of medical help for maternity cases and its high costs, as well as specific complaints from the Soldier's Settlement Board, indicate that Canadians responded to this contradictory advice.

The maternity needs of outpost women were merely the tip of the iceberg, made politically visible by eugenics-inspired concern for
infant and maternal mortality. In the short run, the gap between the ideal of doctor-attended deliveries for all Canadian women and the reality of the “untrained” midwife forced a tentative endorsement of midwifery in isolated areas. However, in the long run, MacMurchy’s poignant portrayal of the unmet needs of Canadian pioneer women helped generate discussions on methods of improving general medical accessibility. At the Dominion Council of Health meeting, when MacMurchy’s initial maternal mortality figures were announced, they were greeted at first with shock and disbelief. However, the officers ended a serious and thorough discussion of maternal mortality by considering the idea of “state medicine.”

In the prairie provinces, where the doctor shortage was most acute, the first steps toward publicly sponsored medical insurance were taken. In the 1920s, Saskatchewan instituted a municipal doctor scheme, whereby a municipality could hire a physician to treat all town residents, paying his or her salary out of tax revenues. By the early 1940s this system operated in sixty-seven municipalities in Saskatchewan, five in Manitoba and three in Alberta. The first hospital insurance plan was instituted in Saskatchewan, and that province also pioneered in state-sponsored medical insurance schemes, later copied on the national scene. Alberta approached the problem of maternity care by offering a restricted form of hospital insurance, only for maternity cases, beginning in 1944.

Conclusion

The Supplement reflected, in a poignant way, MacMurchy’s often pathetic attempts to reconcile the interests of isolated women patients with those of professional and government elites. As a limited concession to women’s demands for improved obstetrical information and services, prompted by the problems of ex-soldiers, the Supplement may be viewed as a weak excuse for inaction, disguised as educational material. Committed to professionalism and medical science, and anxious to shed the stigma of untrained domestic work closely associated with the denigrated North American midwife, professional women compounded this ineffectual response. All of this serves to confirm Strong-Boag’s thesis that professionalism constrained feminism.

Within professional women’s conservative defence of professional privilege, however, emerges a particular strategy for representing women’s interests. As far as their marginal role and precarious status allowed, professional women attempted to rehabilitate the traditional
role by professionalizing it, and advocated a health regime that stressed prevention, nursing, rest, and nutrition, as well as physician-attended births.

Such efforts were not entirely unsuccessful. Highlighting the contradictions in the public health message, the Supplement must be seen as part of women's contribution to larger social and medical reforms. Such efforts seem less meagre when viewed in light of the restricted role women were allowed to play.

Endnotes

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3. Leavitt, Brought to Bed.

4. Buckley has argued that nurses' hostility toward midwives, their aspiration for a professional status closely tied with the image of upper-class womanhood, contributed to the demise of the midwife and threatened maternal and infant safety among poor and isolated women. Suzann Buckley, "Ladies or Midwives? Efforts to Reduce Infant and Maternal Mortality," in A Not Unreasonable Claim, ed. Linda Kealey (Toronto: The Women's Press, 1979), 131–150. Veronica Strong-Boag suggests that professionalism constrained the

5. Angus McLaren, Our Own Master Race (Toronto: McClelland and Stewart, 1990), 28-45.


8. Helen MacMurchy, Supplement to the Canadian Mother's Book (Ottawa: Department of Health, n.d.).


11. In her report on maternal mortality, MacMurchy reprinted a chart indicating that in New Zealand infant mortality in the first month of life had not improved from 1905 to 1920, while infant mortality among babies who survived the first month had fallen dramatically. MacMurchy, Maternal Mortality in Canada, 59.

12. Litoff, American Midwives, 92-93.

13. Dodd, "Advice to Parents."

14. Public health nurses in particular were faced with these contradictions and devised means to deal with them. See Stuart, "Ideology and Experience"; Report of Task Force on Midwifery, 215-218.


16. For more on MacMurchy's career see Dodd, "Advice to Parents"; McLaren, Our Own Master Race, 28-45; Suzann Buckley, The Search for the Decline in Maternal Mortality:


23. Given that estimates of non-physician-attended births accounted for 30% to 40% in the early 1920s in the U.S., the number is likely to be higher in Canada. Litoff, 114.


25. MacMurchy, Supplement, 146.


27. It was not uncommon for doctors to refer to midwives as "some neighbour woman, generally an old dirty witch who claims to have 'papers from the old country.'" MacMurchy, *Maternal Mortality in Canada*, 52.


29. MacMurchy, Supplement, 139–140.


31. MacMurchy, Supplement, 156.

32. By the early twentieth century, this faith in the ability of medical science to reduce the risks and pains associated with childbirth for both mother and baby was widespread, despite evidence that actual improvements lagged far behind. Leavitt, *Brought to Bed*.

33. National Council of Women Yearbook, National Archives of Canada, 1924, 73.


36. Buckley, "Ladies or Midwives?"


39. Ibid.

40. Executive Meetings, 10 September 1923, 30 October 1923 and 1 December 1923, National Archives, Canadian Nurses Association, MG 28 I 248, Microfilm M4606.

42. See Biggs, "The Case of the Missing Midwives," 21 and Connor, this collection. In the U.S., the midwife was often prohibited from performing many necessary functions—from vaginal examination to applying silver nitrate to the newborn's eyes to prevent ophthalmia neonatorum. Also, Litoff, American Midwives, 78, 97.

43. MacMurchy, Maternal Mortality in Canada, 60; Litoff, American Midwives, 78, 97.


45. MacMurchy, Supplement, 139.

46. Buckley, "Ladies or Midwives?"

47. National Council of Women Yearbook, 1923, 60.

48. MacMurchy, Supplement, 139-140.

49. MacMurchy, How to Make Our Outpost Home in Canada (Ottawa, Department of Health, 1927), 19.

50. Largely in the western provinces some soldier-settlers were provided with Dominion lands, although many received only loans for livestock and equipment purchases. Soldier Settlement on the Land (Ottawa: Report of the Soldier Settlement Board, 31 March 1921); Robert England, Twenty Million World War Veterans (London: Oxford University Press, 1950), 31-39.

51. Requests for aid were directed to charitable organizations such as the Patriotic Fund or Red Cross. Soldier Settlement on the Land, 17, 39-41, 66, 74, 80, 85-86, 91-92, 101-102, 109-111, 119, 123-125, 131, 138-139, 146.


53. Ibid., 43.


55. MacMurchy, Supplement, 143-144.

56. MacMurchy, Supplement, 144.

57. MacMurchy, Supplement, 148.


59. MacMurchy, Supplement, 149.

60. MacMurchy, Supplement, 149-150.

61. MacMurchy, Supplement, 150.


64. MacMurchy, Supplement, 156.

65. MacMurchy, Supplement, 140.


67. MacMurchy, Supplement, 142.


73. Interested organizations such as the Canadian Nurses Association, Canadian Medical Association and the National Council of Women do not discuss the *Supplement*. No reference can be found to it in the *Canadian Journal of Public Health, The Canadian Nurse* or the *Canadian Medical Association Journal*. The records of the Victorian Order of Nurses, the holdings of the Canadian Red Cross Archives, Ottawa, were searched, as well as several biographies of public health nurses. For example, Marion Royce, *Eunice Dyke, Health Care Pioneer* (Toronto, Charlottetown: Dundurn, 1983); Alvine Cyr Gahagan, *Yes Father, Pioneer Nursing in Alberta* (Manchester: Hammer Publications, 1979). See also National Archives, National Council of Women of Canada, MG 28 I 25; National Archives, Victorian Order of Nurses, MG 28 I 17; National Archives, Canadian Nurses Association, MG 28 I 248. There are at present only two copies of the *Supplement* in Canada, both in the National Library.

74. Report of the Department of Colonization and Immigration for Year Ending March 31, 1927 (Ottawa: Department of Colonization and Immigration, 1928), 68.

75. Dr. Pugsley, interview by author, Ottawa, February 1990.

76. Letter from Fyvie Young, Secretary, Division of Maternal and Child Hygiene, Canadian Welfare Council, to J. J. Heagerty, Chief Executive Assistant, Department of Pensions and National Health, dated 23 March 1937, National Archives of Canada, Department of Health Records, RG 29, vol. 991, file 499-3-2 pt. 3.

77. Ibid.


79. The number of midwife-attended births had fallen dramatically in North America from 1900 to 1930 due to immigration restrictions, acceptance of the medicalized view of childbirth, as well as a fall in the birth rate. Litoff, *American Midwives*, 97.


84. Canadian Red Cross Annual Report, 1929 (Toronto: Canadian Red Cross Society), 26–27.


86. Northwestern Ontario Women’s Health Information Network, *Long Distance Delivery* (Helmsman Press), 58. Thanks to Meryn Stuart for bringing this source to my attention.


89. McKenzie Porter, To All Men: The Story of the Canadian Red Cross (Toronto, McCleland and Stewart, 1960), 54–65.


91. Conference on Medical Services in Canada, 18 to 20 December 1924 (Ottawa, 1925), 87–104.

92. Conference on Medical Services in Canada, 1924. 89.


95. MacMurchy, Maternal Mortality.

96. MacMurchy, Maternal Mortality, 55.

97. MacMurchy, Maternal Mortality. As estimates of the number of unattended or midwife-attended births in the U.S. at this time ranged from 90% to 40%, it is clear that the absence of a physician at the birth was not a major cause of maternal death. Litoff, American Midwives, 114.

98. MacMurchy, Maternal Mortality, 27.


100. MacMurchy, Maternal Mortality, 12.

101. Buckley argues that MacMurchy paid little attention in her maternal mortality report to non-medical factors involved in maternal deaths. A closer examination of her career, however, indicates that MacMurchy's view of maternal health was broader than that of most male physicians. See Buckley, "The Search for the Decline in Maternal Mortality."


107. In Ontario, for example, between 1922 and 1933, 3,600 births occurred at the Red Cross's twelve outpost hospitals, eleven nursing stations, and one hospital railway car. Report of the Task Force on Midwifery, 217.

108. Cyr Gahagan, Yes Father, chap. 8 (pp. 86–97), for example, describes this nurse's first baby case, of which there were many more. Interestingly she was not adverse to using many of the techniques one might think of as being reserved for doctors. At her first case, a difficult one, she used pituitrin to hasten a slow labour and chloroform to relieve pain. In a another case, however, she describes calling in a doctor to deliver a large stillborn by forceps. She recalls her fear and sense of helplessness, knowing that if the doctor had not made it, the woman would have died.

109. MacMurchy, Maternal Care (Ottawa, Department of Health, 1931).
110. The VON counted against its mortality rate any death occurring after a patient was removed to hospital. Report of the Task Force on Midwifery, 221.


112. For example, a pamphlet published by the Toronto Department of Public Health in 1922 told women, "Do not engage a midwife, it is illegal." Report on the Task Force on Midwifery, 214. See also The Child (Metropolitan Life Insurance, 1912), 7, which gives similar advice. Thanks to Denyse Baillargeon for bringing this source to my attention.


116. Minutes of Meeting, 15 to 17 December 1924, Dominion Council of Health.


119. Taylor, Health Insurance, 6.

120. Taylor, Health Insurance, 90.

121. Strong-Boag, "Canada's Women Doctors."