

⁸ Lucy P. Shaw to Jane N. Weston, April 21, 1839, Lucy P. Shaw Papers.

⁹ Oscar M. Addison to Mrs. I. S. Addison, April 2, 1845, Oscar M. Addison and Family Papers, Center for American History, The University of Texas at Austin.

¹⁰ Quoted in Speer, "Contagion", 25.

¹¹ *Colorado Gazette, Advertiser* (Matagorda, TX), November 9, 1939.

¹² Nicholas Labadie to Anthony Lagrave, December 27, 1839, Nicholas Descomps Labadie Papers, Rosenberg Library, Galveston.

¹³ Charles W. Hayes, *Galveston: History of the Island and City*, (Austin: Jenkins Garrett Press, 1974), 390.

¹⁴ *Telegraph and Texas Register* (Houston), October 21, 1847.

¹⁵ *Galveston News*, September 27, 1853.

¹⁶ *Galveston News*, October 16, 1867; War Department, *Report on Epidemic . . . 1867*, xix, 83; Thomas J. Heard, "Report on Medical Topography, Meteorology, and Epidemic Diseases of Texas," *Galveston Medical Journal* 3 (October 1868): 465; J. M. Toner, "The Distribution and Natural History of Yellow Fever as It Has Occurred at Different Times in the United States," *Public Health: Reports and Papers* 3 (1875): 359; George Augustin, *History of Yellow Fever* (New Orleans: Searcy and Pfaff, 1909), 1011-2.

¹⁷ Ashbel Smith, *Yellow Fever in Galveston, Republic of Texas, 1839* (Austin: The University of Texas Press, 1951), 34-5; *Galveston News*, September 27, 1853; *Weekly Telegraph* (Houston), October 13, 1858.

¹⁸ Smith, *Yellow Fever in Galveston*, 33, 35, 38-40. Typically, physicians administered calomel [chlorid of mercury used as a purgative. - ed.] until the patient began to copiously salivate and sometimes repeated the treatment until the patient's teeth began to fall out.

¹⁹ *Galveston News*, May 8, 15, and October 9, 1855.

²⁰ *Texas Christian Advocate* (Galveston), July 4, 1857.

²¹ *Galveston Civilian*, August 17, 1858; William Pitt Ballinger Diary, September 25 and 27, 1859, Rosenberg Library, Galveston.

²² Lucy P. Shaw to Jane N. Weston, December 3, 1839, Lucy P. Shaw Papers; Galveston City Council Minutes, October 7, 1853, City Secretary's Office, Galveston City Hall; *Galveston News*, September 28, 1858; October 31, 1854.

²³ *Galveston News*, November 7, 1854; September 9, 1858.

²⁴ Smith, *Yellow Fever in Galveston*, 42.

²⁵ *Galveston News*, September 5, 1854.

²⁶ Lucy P. Shaw to Jane N. Weston, December 3, 1839; July 24, 1841; May 10, 1850; Lucy P. Shaw Papers.

²⁷ Ballinger Diary, February 3, August 27, September 5, October 17 and 22, 1862; June 11, 1863; July 11, 1864.

²⁸ *Galveston News*, July 25, 1859.

²⁹ *Galveston News*, January 5, 12, 26; March 14; May 28, 1849.

³⁰ John Henry Brown, *History of Texas, 1685-1892* (St. Louis: L. E. Daniell, 1892), 349-50; David G. McComb, *Galveston: A History* (Austin: The University of Texas Press, 1986), 102; *Colorado Tribune* (Matagorda, TX), July 16, 1853; *Galveston News*, May 5, 1857.

³¹ *Colorado Tribune* (Matagorda, TX), March 15, 1851, quoting the *Galveston Civilian*; *Telegraph and Texas Register* (Houston), March 21, 1851.

³² Phillip Crosby Tucker, Jr., "History of Galveston, 1543-1869," Phillip Crosby Tucker, Jr., Papers, Center for American History, The University of Texas at Austin; *Galveston News*, September 18, 1855.

³³ Hayes, *Galveston*, 351.

³⁴ James H. Cassidy, *Medicine and American Growth, 1800-1860* (Madison: University of Wisconsin Press, 1986), 155, 159.

³⁵ *Ibid.*, 63, 65.

³⁶ Charles Hooton, *St. Louis Isle, or Texiana: With Additional Observations Made in the United States and in Canada* (London: Simmonds & Ward, 1847), 38.

³⁷ Galveston, TX., *Charter, Amendments, and Revised Ordinances of the City of Galveston* (Galveston: Civilian Book Office, 1855); Hayes, *Galveston*, 436-7.

³⁸ Willard Richardson, et al., eds., *Galveston City Directory, 1859-1860* (Galveston: Galveston News Book and Job Office, 1859), 76.

Galveston's Midwives in the Early Twentieth Century

Cheryl Ellis Vaiani

Midwives were an accepted fact of life in early twentieth-century Texas. The Bureau of Maternal and Child Health estimated that at the turn of this century, traditional birth attendants, "granny midwives," or "parteras" among the Spanish-speaking population attended 75 percent of births in Texas.¹ This large percentage can be attributed to the large rural character of the state, the high proportion of Spanish-speaking mothers, particularly along the Mexican border, and the large immigrant population in urban areas.

As an important port city, Galveston had a large immigrant population in addition to white, black and Hispanic groups. Since the state medical school was located in Galveston, there were an abundance of physicians and two hospitals. These differences between Galveston and other areas within the state could influence a woman's choice of birth attendant, as evidenced by the following data about midwifery between 1910 and 1925.

Although little is written about the midwives of Galveston, much can be discerned about the nature and style of their practices through existing historical sources such birth records, Galveston Public Health Department records, and Galveston City Directories. In discussing the practice of midwives in Galveston between 1910 and 1925, I shall explain how the practice of midwifery was influenced by complex and interrelated social and legal factors.

The practice of midwifery has always been legal in Texas. The mention of midwives in the first Texas Medical Practice Act of 1873

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was very permissive: "... nothing in this act shall be so construed as to apply to ... females who follow the practice of midwifery strictly as such."² Although the legislature supported the individual's liberty to choose, physicians objected to permitting "ignorant and irresponsible females, without any evidence of qualification, to practice midwifery."³ Later versions of the Medical Practice Act attempted to place restrictions on midwives but were relatively ineffective.⁴ Other state statutes mention midwives specifically and serve as acknowledgement of their continued practice within the state. In 1914, a statute concerning birth registration named midwives as birth attendants.⁵

The Galveston City Directory included "Midwives" in its occupational listing from 1870 through 1913. Two of Galveston's practicing midwives were listed as nurses in the 1914 list. In 1900, nine midwives were listed, the largest number for a particular year. Louise Ahl, the most active of the Galveston midwives, was listed continuously from 1884 through 1913. Mrs. Sophie Best, was included from 1895 through 1913, and Mrs. Louise Cambeilh from 1884 through 1913. Some practicing midwives (as determined by their signature on birth certificates as the attendant) were never listed in the city directories. One midwife, active primarily among the black population, was listed in the regular (alphabetical rather than occupational listing) directory as a servant. Mrs. Henrietta Meyer was listed in the Galveston Directory only from 1870 to 1887, but she attended deliveries through 1917 when she filed 16 birth registrations. For the years 1910 to 1919, the Directory listed between one and five midwives per year, the number decreasing as the century progressed. In 1919 the occupational listing of midwife ceased to exist.⁶

In 1910, midwives attended 37 percent of the recorded births in Galveston (Table 1 below). Ten female names were listed as birth attendants, with three of the ten attending fifty or more childbirths in that year. Those three midwives, Louise Ahl (attending 83), Sophie Best (attending 69), and Louise Cambeilh (attending 50), were responsible for 202 of the 255 midwife-attended births. Although Ahl and Cambeilh attended primarily white families and Best primarily blacks, none of their practices were limited to only that group. Two other midwives attended only ten and nine births respectively. Mrs. A. Saklavsky was never listed as a midwife in the city directory and attended 17 or less births per year but her clients were almost exclusively listed as Jewish or Hebrew. Lucy Williams, listed in the city directory as a servant of Joseph Lobit, exclusively attended blacks. As determined from the family name and husband's occupation, Galveston midwives served a primarily immigrant and ethnic working class population.⁷

Table 1: Midwife Activity in Galveston 1910-1925

Year	Population*	Recorded Births	Births Attended by Midwives	Percentage
1910	39,000	686	255	37%
1911	40,027	756	242	32
1914	49,468	960	174	18%
1915**	53,289	985	108	11%
1917	46,672	832	137	17%
1920	44,255	905	35	4%
1921	49,996	1,007	47	5%
1923	51,656	966	20	2%
1924	53,446	1,037	0	0
1925	55,000	1,011	0	0

* Population data estimate from Galveston City Directory except for 1920, when census data was utilized.

** Birth records for this year have more corrections and additions than other years.

Source: Birth registration records, Vital Statistics Section, Galveston Public Health Department.

In comparison to Galveston's numbers in 1910, forty percent of the reported births in New York City were attended by midwives and 91 percent of the city's midwives were foreign born.⁸ By 1917, midwives were responsible for 32 percent of the births in New York City⁹ and by 1921, only 25 percent.¹⁰ Boston, a city well supplied with hospitals and physicians, had only 2.5 percent of mothers attended by midwives by 1921.¹¹

In 1911, thirty-two percent of the recorded Galveston births were attributed to midwives. Of the birth attendant names listed, sixteen were female with Ahl (115) and Cambeilh (62) responsible for 73 percent of the midwife-attended deliveries. Sophie Best attended only 5 births, the last on the 19th of January. I initially posited that Mrs. Best might have left the area, died, or have been forced into retirement by illness. Since she continued to be listed as a midwife in the city directory for 2 more years, I can provide no explanation for the sudden cessation of her pre-

viously busy practice. Eight female names appear only once as birth attendants and probably represent friends, helpful neighbors or relatives.

Midwife-attended births in 1914 had decreased to 18 percent of the total. Thirteen females are listed as birth attendants. Louise Ahl attended 50 percent of the births. She and 3 others were responsible for attending 85 percent of the births. Violet Keiller, a physician at the medical school is listed as the attendant for one birth although the birth certificate does not identify her as a physician.

As mentioned before, the records from 1915 were the most troublesome and incomplete of the years examined. Of births recorded in that year, 108 (11 percent) were attended by midwives with Louise Ahl responsible for 41 percent. A relatively close ethnic match continues to be observed, with Ahl and Cambeilh delivering women of European nationality and Silas and Williams attending the blacks of the community. In addition, the occupations of the fathers of Ahl's and Cambeilh's clients were more frequently skilled workers or merchants, perhaps reflecting a higher economic status immigrant family. From an indication of their nationality or from the surname, a large portion of Ahl's and Cambeilh's patients were of Italian descent. It was not unusual to see the same women to be attended a number of times by the same midwife, indicating not only a tradition but also satisfaction with the birth experience.

In 1917, one hundred thirty-seven (17 percent) of the births in Galveston were attended by midwives. Louise Ahl was the birth attendant for 41 percent of these births. Four women attended only one birth each and again most likely represent the friend, neighbor or relative category.

By 1920, the census set the population of Galveston at 44,255. Of the 905 registered births in that year, only 4 percent were attributed to midwives. Louise Ahl attended 31 of those 35 births, with 4 others attending 1 birth each. Also in 1920, a relative with the same surname as the mothers reported twenty births. Those reporting were often the husband of the delivering mother. In these cases, no attendant was identified.

Registered births numbered 1,007 in 1921. Of the 47 births attended by midwives, Louise Ahl attended 42. The rate of midwife deliveries remained relatively stable from the previous year, at 5 percent. Relatives reported twenty-nine births.

In 1923, only two percent of the recorded births were midwife-attended and 18 of those were by Louise Ahl. In 1924, one thousand thirty-seven births were registered and none were attributed to midwives.

A Mrs. R. Ostermayer attended one delivery and although the birth record identified her as an M.D., she was not listed as a physician in the city directory. Since an Emma (Mrs. R.) Ostermayer was also responsible for 1 delivery in 1917, 1 in 1920, and 3 in 1921 and was not identified as a physician at any of those times, it is probable that she was a midwife. The father or other relative reported twenty-five deliveries in 1923, and 19 of those were to Mexican families. It is possible that some of these deliveries were attended by a "partera" who did not register the births. In March of 1923, the Health Department began reporting hospital births. For the ten months of 1923 reported, 359 births occurred inside of the hospital and 875 outside.

In 1925, the population of Galveston reached 55,000. The number of registered births was 1,011, 47 percent of which (471) were outside of the hospital. No births were attributed to midwives, although a nurse who was the mother's mother attended 1 birth. Of the 21 deliveries reported by family members, 15 were Mexican mothers.

The situation in Galveston can be contrasted with the 1924 Texas survey of midwives where only 40 percent of the midwives in the six counties studied were literate. All of the Galveston midwives practicing during this period were able to complete and sign their birth certificates. In other cities, literacy data was more comparable with Galveston. In New York, 93 percent of the midwives in this period were literate.¹²

Also in contrast to the 1924 Texas midwife survey, there were no midwives with a Mexican surname registering births during this period. From a review of the midwife attended births in 1910 and 1911, less than 1 percent of the registered births by midwives for those years were to families of Mexican heritage. Records in 1910 and 1911 most commonly include nationality or country of birth for parents thus allowing the most accurate determination of ethnic origin.

In the fifteen years from 1910 to 1925 in Galveston, the percentage of midwife-attended births dropped from 35 percent to zero. It is unlikely that all midwife births were reported so the figures and percentage may reflect some under-reporting. The decline in midwife deliveries for the years 1910 to 1925 occurred in four phases. In the years 1910 through 1913, the percentage of midwife deliveries declined from 35 percent to 18 percent, a decrease of almost half.

Excluding the year 1915, when the birth records were most fraught with error, the years 1914 through 1917 were relatively stable. Midwife deliveries remained 17 to 18 percent of the total for those years. These years would coincide with World War I when the effects of slowed immigration were experienced. The 1915 storm and loss of business to Houston with the opening of the Houston Ship Channel in 1916 may

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well have influenced the number of immigrants arriving and remaining in Galveston during those years.

From 1917 to 1920, another dramatic drop of 13 percentage points is seen and finally, in the years 1920 to 1924, the recorded midwife births drop from 4-5 percent to zero.

The rate of decline from 1910 through 1925 reflects the multiplicity of factors influencing the decline of the use of midwives in this country. The story of midwives in Galveston reflects two important reasons for the reliance on and rejection of the midwife as a birth attendant. The first is the European immigrant's choice of the midwife as the traditional and preferred birth attendant. The second is the success of the physician campaign to convince women that birth was so dangerous that the attendance of a physician was necessary.

Galveston as a port city and commercial center had a high proportion of first generation European immigrant families. The dominance of immigrant parents in the Galveston midwife's practice is clear, particularly Italian mothers. Others have documented that Italian immigrants relied almost exclusively on midwives.¹³ It is possible, even likely, that some of Galveston's midwives were European trained.¹⁴ Louise Cambeilh used the title "M^{me}" on her birth certificates, indicating her French nationality. The close ethnic match of the midwife with her clientele may be another indication that some of Galveston's midwives may have been European trained. The female immigrant population most likely preferred a midwife similar to one they might have used in their home country. Brickman wrote, "Wherever immigrants settled, the midwife flourished . . . The midwife, almost always foreign born and living in the community, lay in the buffer that immigrant groups maintained against an already overwhelming culture shock."¹⁵ A further example is Mrs. Saklavsky, serving the Jewish working-class population of Galveston. It is understandable that the high proportion of immigrant population in Galveston contributed to the popularity of the midwife in the early twentieth century. The restrictive immigration laws, wartime conditions and gradual assimilation of the immigrants into the ways of the United States may have contributed to the decline in use.

The change in the concept of childbirth from a normal phenomenon to a pathologic one and the promise of a shorter, safer, less painful labor with the use of forceps by the obstetrician were important factors in increased usage of physician attendants at childbirth. Additionally, during the early twentieth century the medical profession initiated a massive attack on the character, cleanliness, integrity, training, abilities, and safety of the midwife. Their scare campaign asserted that

childbirth was neither safe nor natural. In 1931, Dr. Walter Levy, commenting on the "midwife problem" in the *Southern Medical Journal* wrote, "the erroneous opinion has been prevalent that pregnancy is but a normal process of nature, unneedful and unworthy of the utmost attention."¹⁶ Physicians attributed high maternal and infant mortality rates, the occurrence of gonorrheal ophthalmia, criminal abortions, and puerperal sepsis to midwives in spite of the fact that their evidence was anecdotal and often-unsubstantiated opinion.¹⁷ Without a strong vital statistics program in the United States the midwives could be attacked without contradiction. When a particular city or state gathered statistics, they often provided convincing evidence to the contrary.¹⁸ The "medicalization" of childbirth not only contributed to the downfall of the midwife but to the success of the physician attendant. This process understandably might take place faster and more completely in a community such as Galveston, where physicians were abundant and influential.

The profile of the Galveston midwife and the nature of her practice both coincide and conflict with other images of the midwife. The Galveston midwife seems to more closely approximate the urban midwife of the North serving an immigrant population than she does the black and Hispanic midwives common to other areas of Texas and described in the 1924 Texas survey. The decline of the midwife in Galveston both coincides with and illustrates the trend of other urban areas within the United States during the early twentieth century. The midwife carried the stigma of the past, of poor economic conditions, of unscientific, non-interventionist techniques that could do little to relieve the suffering and pain of childbirth. Modern women, native and immigrant alike, who could afford physicians chose to reject the midwife.¹⁹ As limitations in family size became more common, expenses for childbirth became more justifiable and the safety claimed by the physician became more essential.

It is obvious that the demise of midwifery in this country was due to a number of complex and interrelated factors.²⁰ Not all can be examined or applied to midwives in Texas and Galveston, but they form the background for a more complete understanding of the situation for midwives. What is clear is that by the middle of the twentieth century, a revolution in childbirth practice had occurred. The tradition of home and women attendants had been almost completely replaced by the hospital and "delivery" by a physician, usually male. Unfortunately, as the physician replaced the midwife, her role in personal care, emotional support, and teaching of the new mother were lost. But the legacy of

midwives in Texas did not end in the mid-twentieth century. A small but important resurgence in the use of midwives accompanied the feminist health movement of the 1960's and 1970's. Women began demanding a greater role in determining their care, particularly the demedicalization of uncomplicated childbirth. In certified nurse-midwives many women of today have found the balance between safety and the personal and human qualities they desire in childbirth.²¹

NOTES

¹Joey Alexander, "Midwifery in Texas - 1984," transcript of public address, Bureau of Maternal and Child Health, Austin, Texas, 1984.

²P.I. Nixon, *A History of the Texas Medical Association 1853-1953* (Austin: University of Texas Press, 1953): Appendix 2, 453.

³*Ibid.*, 95.

⁴The 1901 Medical Practice Act was a partial victory for Texas physicians as it removed the 1873 exemption for midwives. Midwives were required to pass examinations in order to be licensed and receive compensation. However, Section 13 excluded those "who do not prescribe or give drugs or medicine" from the provisions of the act, thus providing a loophole for midwives.

The 1907 Medical Practices Act contained the following condition that could be considered to apply to midwives practicing in the state: "Applicants to practice obstetrics in the State of Texas, upon proper application, shall be examined by the board in obstetrics only and upon satisfactory examination and shall be licensed to practice that branch only; provided, this shall apply to those who do not follow obstetrics as a profession, and who do not advertise themselves as obstetricians or midwives, or hold themselves out to the public as so practicing."

Katherine Haquist, R.N., in the 1924 "Report on the Midwife Survey in Texas" by the Bureau of Child Hygiene, State Board of Health, obviously felt the regulation did apply to midwives. She wrote: "The 1907 Medical Practice Act provides that any one desiring to practice obstetrics alone, must pass a satisfactory examination in obstetrics . . . This is the only law we have as yet that could be construed as applying to midwives. During the seventeen years since this bill was enacted, approximately fifteen or twenty licenses have been issued according to information given by said Board of Examiners. During the survey none of the licensed midwives were found."

Regardless of the original intention, or later interpretation, or the fact that the condition remained in medical practice legislation until 1971, none of the provisions were ever enforced.

⁵*Vernon's Annotated Revised Civil Statutes of Texas*, (St. Paul, Minnesota: West Publishing Company, 1976), Article 4553a, Rule 34, 1914.

⁶*Galveston City Directory*, Rosenberg Library, Galveston, Texas.

⁷My primary source of information concerning the midwives of Galveston was the birth registration records filed in the Vital Statistics Section of the Galveston Public Health Department for the years 1910 through 1925. According to Diane Strain, Registrar for the Galveston County Health District in 1992, accurate birth records were first available in 1910. Even after 1910, it is unlikely that these birth records are complete. This is evidenced by the occasional birth that was registered years after its occurrence and the numerous corrections and additions to the records. The birth register for the year 1915 was particularly problematic with a far greater number of additions than the years proceeding or following it, perhaps attributable to the 1915 hurricane. The yearly number of births recorded in the birth register was compared with the number of births listed as part of the Galveston Public Health Department monthly and annual reports for the years 1914 through 1925. The difference in yearly birth rate between the two sources never exceeded ten. Although far from error-free, the birth records represent sound data on which to base preliminary analysis of the scope and nature of the practice of midwifery in Galveston for this period.

Information on the birth certificate included the infant's sex, usually the infant's name (although it was not rare for the infant to be named Baby Smith), birthplace, father's name, mother's maiden name, father's occupation, mother's occupation, current address, race and birth attendant. The parent's birthplace was listed for some years and, in some years, the parents' nationality was included. Without exception, housewife was the only maternal occupation listed. Although original and typed copies of the birth records were reviewed for the years 1910 through 1915, in the years following 1915, only the typed copies were examined. The typed copies were frequently erroneous in their designation of the status of the birth attendant. In mid-1910 the certificate used for the typed report was changed and the status of the birth attendant could be indicated as M.D., Midwife or Other. Although the method used to indicate status on the form was not consistent, I utilized the name of the birth attendant as my primary screen when examining these records and thus was able to correctly identify the status of the attendant from the name. If I was unsure of the status of an attendant, I cross-checked the name with the city directory.

⁸S. Josephine Baker, "Schools for Midwives," *American Journal of Obstetrics and Diseases of Women and Children* 65 (March 1912): 267.

⁹J. Clifton Edgar, "Why the Midwife?," *American Journal of Obstetrics and Diseases of Women and Children* 78 (Aug 1918): 243.

¹⁰Julius Levy, "Maternal Mortality and Mortality in the First Month of Life in Relation to Attendant at Birth," *American Journal of Public Health* 12 (February 1923): 88.

¹¹*Ibid.*, 89.

¹²S. Josephine Baker, "Schools for Midwives," 267.

¹³Ralph Waldo Lobenstine, "The Influence of the Midwife upon Infant and Maternal Morbidity and Mortality," *American Journal of Obstetrics and Diseases of Women and Children* 63 (May 1911): 877, states that 90-93 percent of the Italian population of New York was delivered by midwives.

¹⁴Interestingly, Galveston had its own training program for midwives, The Texas School for Midwives, Dr. A. Galny, superintendent, located on the southwest corner of Market and 21st Streets. Listed first in the Galveston City Directory of 1890-91, it was listed again in the 1893-94 City Directory as the Galny Institute for Midwives. Unfortunately, I was not able to determine whether any of the midwives practicing in Galveston in the early twentieth century had trained there.

¹⁵Jane Pacht Brickman, "Public Health, Midwives, and Nurses, 1880-1930," in *Nursing History: New Perspectives, New Possibilities*, ed. Ellen Condliffe Lagemann (New York: Teachers College Press, 1983), 70.

¹⁶Walter Edmond Levy, 815.

¹⁷For examples see: C.S. Bacon, "The Midwife Question in America," *Journal of the American Medical Association* 29 (27 Nov 1897): 1089-93; Arthur Brewster Emmons and James Lincoln Huntingdon, "The Midwife," *The American Journal of Obstetrics and Diseases of Women and Children* 65 (March 1912): 393-404; E.R. Hardin, "The Midwife Problem," *Southern Medical Journal* 58 (May 1925): 347-50; and Thomas Darlington, "The Present Status of the Midwife," *American Journal of Obstetrics and Diseases of Women and Children* 63 (May 1911): 870-6.

¹⁸Julius Levy, "Maternal Mortality," 88-95.

¹⁹Brickman, "Public Health," 74.

²⁰Works that examine cultural changes in childbirth and specifically the demise of the midwife in America include: Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: Schocken Books, 1979); Judith Walzar Leavitt, *Brought to Bed: Childbearing in America 1750 to 1950* (New York: Oxford University Press, 1986); Barbara Katz Rothman, *In Labor: Women and Power in the Birthplace* (New York: W.W. Norton and Company, 1982); Nancy Stoller Shaw, *Forced Labor: Maternity Care in the United States* (New York: Paragon Press, 1974); and Adrienne Rich, *Of Woman Born: Motherhood as Experience and Institution* (New York: W.W. Norton and Company, 1976); Neal Devitt, "The Statistical Case for Elimination of the Midwife: Fact versus Prejudice, 1890-1935 (Parts 1 and 2)," *Women and Health* 4 (Spring and Summer, 1979): 81-96 and 169-86; Raymond G. DeVries, *Regulating Birth: Midwives, Medicine and the Law* (Philadelphia: Temple University Press, 1985); Jane B. Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, Connecticut: Greenwood Press, 1978); Barbara Ehrenreich and Deirdre English, *Witches, Midwives and Nurses: A History of Women Healers* (Old Westbury, New York: The Feminist Press, 1973); Frances Kobrin, "The American Midwife Controversy: A Crisis in Professionalism," *Bulletin of the History of*

Medicine 40 (1966): 350-63; and Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Connecticut: Greenwood Press, 1978).

²¹Cheryl Ellis Vaiani, "Women and Health," in *The New Handbook of Texas*, (Austin: The Texas State Historical Association, 1996), 6:1043-6.