
*"The midwife must be abolished!":
The Fall of Midwifery in Mid-Twentieth Century New Orleans*

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The reasons underlying the decline of midwifery in the United States are complex. With the rise of the American Medical Association and the proliferation of hospitals nationwide in the late 1800s and early 1900s, the general trend for birthing shifted away from the homebirths performed by midwives, who were usually women and towards hospital births performed by doctors, who were usually men.¹ This can be attributed to a national campaign of “staking of professional terrain” for the developing medical specialization of obstetrics and gynecology, in which midwives were considered to be physicians’ “most serious competitors.”² Organized medicine sought to elevate itself during this period by convincing the public of the nobility of physicians and the preeminence of conventional medicine for treating women’s reproductive needs. This coincided with a national effort to paint midwives as unintelligent, untrustworthy, and criminal. Indeed, criminal abortion was a crucial element in these turn-of-the-century campaigns to control urban midwives.

Condemning midwives for abortion made all physicians appear morally upright in comparison and shifted attention away from those physicians who practiced abortion.³ This trend was most pronounced in large cities throughout the United States. Curiously, though, this national trend to discredit midwifery through abortion prosecutions did not really take effect in New Orleans, Louisiana until the late 1940s and early 1950s. It was not until Assistant District Attorney Matthew Braniff launched an investigation into an alleged “abortion racket,” which coincided with consistent derogatory *Times-Picayune* reporting, that the powerful campaign to shut out New Orleans midwives became effective.

It may seem reasonable to assume that movements towards hospitalization and increased medical intervention in women’s reproductive health resulted in improved infant and maternal health outcomes. However, deeper examination of maternal and childbirth statistics reveals that this was not always the case. The transition of childbirth from homes into hospitals mirrors the rise in the use of hospitals overall.⁴ In 1900, only five percent of all births occurred in hospitals, compared to nearly seventy-five percent of urban births and half of all births by 1935. Surprisingly,

¹ Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973*. Berkeley: University of California Press, 1997.

² Barbara Baird, “The Incompetent, Barbarous Old Lady Round the Corner: The Image of the Backyard Abortinist in Pro-Abortion Politics.” *Hecate*, 22 (1997): 9-11.

³ Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: University of North Carolina Press, 2005.

⁴ Melissa Thomasson, “From Home to Hospital: The Evolution of Childbirth in the United States, 1928-1940,” *Explorations in Economic History* 45(2008): 76-99.

as births shifted to hospitals, maternal mortality rates (measured as the number of maternal deaths per 100,000 live births) did not decline between 1900 and 1940. Furthermore, infant mortality rates due to birth injuries actually increased forty to fifty percent between 1915 and 1929 as hospital birthrates increased.⁵ The stagnant maternal mortality rates and rising rates of infant mortality due to birth injury may have given obstetricians and gynecologists an incentive to destroy their competitors: midwives.

The American Medical Association's fear was warranted because many families relied on midwives as their primary health care providers. Midwives typically charged one-half the fee physicians did for performing very similar obstetrics services.⁶ Many physicians regarded midwives as inferior substitutes and blamed them for high rates of maternal mortality. Taking over midwives' business enabled physicians to oversee this "gateway" to the entire practice of medicine.⁷ When abortion was criminalized—although abortion was performed by both physicians and midwives—abortion prosecutions became a tool for the medical profession to discredit midwifery and healthcare provided outside of hospitals.

Many state legislators began passing these laws, which for the first time criminalized abortion at all stages of pregnancy, during the 1860s and 1870s.⁸ Any person who aided a woman's effort to end a pregnancy, whether by providing information, drugs and instruments, or inducing an abortion, could be prosecuted under the new criminal abortion laws, including the woman in some states.⁹ This period exhibited emerging movements for abortion law reform and shifting attitudes toward abortions performed outside of hospitals that continued into the early twentieth century. But even after states passed statutes criminalizing abortion, women still continued to seek and receive abortions.¹⁰ According to historian Leslie Reagan, abortion was tacitly accepted until the 1930s, so long as it was performed discreetly, and was frequently performed by both physicians and midwives. Although the crime of murder by abortion had been on the books for decades, prosecutions for this crime were "extremely rare" before 1900.¹¹ It was not until women's reproductive health was recreated by physicians as something that needed the services of highly trained professionals that efforts to delegitimize midwifery became focused on criminal abortion.

At the turn-of-the-century, the prosecution of midwives for performing abortions, particularly in large cities, became commonplace. In 1906, the Chicago Medical Society established a group that became part of one of the five standing committees of the Chicago Medical Society officially titled the Criminal Abortion Committee; one year later they formed a spin-off investigatory group called the Committee on Midwives that aided Chicago police in criminal abortion investigations.¹² In 1907, the New York City Police Commissioner labeled the city's

⁵ *Ibid.* 77.

⁶ *Ibid.* 79.

⁷ Rosalind Pollack Petchesky, *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom*. Boston: Northeastern University Press, 1990.

⁸ Leslie Reagan, "Victim or Accomplice?: Crime, Medical Malpractice, and the Construction of the Aborting Woman in American Case Law, 1860s-1970," *Columbia Journal of Gender and Law* (2001): 1-17.

⁹ Reva Siegel, "Reasoning from the Body: A Historical Perspective on Abortion Regulation and Questions of Equal Protection." *Stanford Law Review*. 44 (1992): 261.

¹⁰ Reagan, *When Abortion Was a Crime*.

¹¹ Carolyn Frazier and Dorothy Roberts. "Victims and Villains in Murder by Abortion Cases from Turn-of-the Twentieth-Century Chicago," *TriQuarterly*, 124 (2005): 16-63.

¹² Frazier, "Victims and Villains."

crackdown on the practice of abortion as “the midwife problem.”¹³ In 1911, a physician writing in the *American Journal of Obstetrics and Diseases of Women and Children* stated, “...40 to 50 per cent of the births... are attended by midwives who, except in some rare instances, are ignorant, untrained, incompetent women, and some of the results of their obstetric incompetence are unnecessary deaths and blindness of the infants, and unavoidable invalidism, suffering and deaths of the mothers.”¹⁴

The targeting of midwives for criminal prosecution for performing abortions nearly decimated the profession altogether. The number of midwives per 100,000 people decreased from 7.39 in 1900 to 2.90 in 1920 and the share of births attended by midwives fell from fifty percent in 1900 to 12.5 percent of births in 1935. This trend was particularly pronounced in large cities.¹⁵ While doctors’ advice columns, public health campaigns, and patients’ demands for increased comfort and convenience increased demand for hospital births, a declining supply of midwives also left women with fewer alternatives to physician attended births in hospitals. Law enforcement and public degradation drove midwives out of business, and the medical profession eventually succeeded in securing its dominance over women’s reproductive health by the mid-twentieth century.

However, during the late 1940s, New Orleans experienced a small but compelling resurrection of this trend to end midwifery—one that was out character among national trends and quite intense for its time period. Whereas the rest of the nation had largely withdrawn support for midwifery, the profession had remained relatively robust in New Orleans. But whereas the height of most national midwife prosecutions had died down by the mid-twentieth century, it appears that in New Orleans it did not even really begin until the late 1940s. These midwife prosecutions spiked during the 1950s abortion racket investigation led by Assistant District Attorney Matthew S. Braniff.

On April 8, 1950, *The Times-Picayune* reported that ADA Braniff had announced that his office would lead an investigation into “an abortion racket operating in New Orleans.”¹⁶ This investigation targeted local midwives. The clustering of prosecutions involving midwives suggests a heightened anxiety over abortions performed beyond hospital supervision in the city. At the same time, the *Times-Picayune* highlighted these cases and that both attacked the validity of midwifery and endorsed professional physicians. By actively criminalizing New Orleans midwives and vilifying them with slanderous language, the District Attorney’s office and the newspapers, respectively, served to publicly discredit individual midwives, and consequently, to delegitimize the practice of midwifery in New Orleans during the mid-twentieth century.

The onset of Braniff’s investigation of the alleged “abortion racket” implies that he was attempting to tackle serious, organized criminal activity. A week after he announced the investigation, Braniff told *The Times-Picayune*, “It will be a big job.”¹⁷ However, a closer look at a report from the Orleans Parish Coroner at the time, Dr. Cole, reveals quite the opposite. Dr.

¹³ Reagan, *When Abortion Was a Crime*.

¹⁴ J.C. Edgar “The Remedy for the Midwife Problem.” *American Journal of Obstetrics and Diseases of Women and Children*. 63 (1911): 881.

¹⁵ Loudin. *Death in Childbirth. An international Study of Maternal Care and Maternal Mortality 1800-1950*. Clarendon Press, Oxford, 1992.

¹⁶ “Braniff Guides Quiz on Abortion Racket,” *Times-Picayune*, April 8, 1950.

¹⁷ “Arrest of Fifth Midwife is Made,” *Times-Picayune*, April 15, 1950.

Cole's report lists the number of deaths by years as follows: "1934 - seven, 1935 - nine, 1936 - two, 1937 - four, 1938 - six, 1939 - seven, 1940 - six, 1941 - five, 1942 - six, 1943 - five, 1944 - four, 1945 - seven, 1946 - five, 1948 - one, 1949 - one, 1950 - none."¹⁸ Surprisingly, the number of deaths from criminal abortion actually steadily declined after 1945. This evidence confirms that Braniff was not motivated to prosecute abortionists because more women were dying from the procedure.

In order to identify cases of criminal abortion, Braniff relied upon several other parties. He explained to *The Times-Picayune* that his detectives intended to check records from the office of the Orleans Parish Coroner from the "past three or four years" for unreported deaths of criminal abortion.¹⁹ Additionally, Braniff ordered all New Orleans hospitals and physicians to "report all future deaths resulting from criminal abortions to determine if there are others," and declared that failure to do so be punishable by a fine of \$100 and a jail sentence up to 90 days.²⁰ Braniff's announcements suggest that the problem of criminal abortion was not necessarily a visible one, and that investigation into this "criminal abortion racket" would require aggressive and persistent action.

While his efforts express a determination to uncover any and all accounts of "criminal abortion," Braniff concentrated his investigation on midwives who performed abortions outside of hospitals. In April 1950, he ordered the arrests of four women: Lillian Robinson, Ethel Reynolds, Mrs. E. Bowden, and Mrs. O. Baquie; all were charged with practicing midwifery without a license.²¹ One of these defendants testified that she "forgot to send a dollar" to have her license renewed, another claimed to be "trapped by a reporter" into being charged, and another argued that the licensing of midwives "does not require yearly renewal."²² About a month later, a *Times-Picayune* story covering the arrest of two Gretna midwives noted that, "the cases were called to the attention of Jefferson authorities by Matthew Braniff ADA Orleans Parish."²³ Braniff's scrutiny of midwives, which included going so far as to cross jurisdictional borders, suggests his preoccupation with criminalizing women who practiced midwifery.

Braniff's focus on the practice of criminal abortion by midwives suggests that he had hidden intentions behind monitoring the practices of New Orleans midwives. It is important to consider Braniff's use of the word "racket," which refers to organized illegal activity. In reality, New Orleans midwives "operated" individually, as can be deduced from examining typical public midwifery advertisements during this time. These women advertised separately, offered services independently of one another, in different locations, and charged different fees ranging from \$10 to \$235.²⁴ To refer to any single abortion procedure performed by one of these women, then, as part of a larger abortion "racket" conveys the image of a malicious network of scheming abortionists. This is misleading, as midwives practiced and advertised their services openly during this time.

A review of *The Times-Picayune* news coverage of abortion in New Orleans prior to Braniff's career indicates that persons found guilty of engaging in illegal abortion practices in Orleans Parish

¹⁸ *Ibid.*

¹⁹ "Inquiry on Two Deaths Ordered," *Times-Picayune*, April 12, 1950.

²⁰ *Ibid.*

²¹ "Midwife Facing Practice Charge - Engaging in Work Without License Alleged," *Times-Picayune*, April 13, 1950.

²² "Trial of Midwife is ended in Court," *Times-Picayune*, August 10, 1950.

²³ "Charge Kept Open Against Midwife," *Times-Picayune*, May 13, 1950.

²⁴ See "Medical Classifieds," *Times-Picayune*, July 19, 1938; January 4, 1942; and March 16, 1946.

paid small fines of “illegal operations charges” or at most were charged with manslaughter.²⁵ The same behavior by different abortionists, under Braniff’s jurisdiction, however, warranted charges in criminal district court for sometimes multiple counts of “murder as a result of criminal abortion,” murder (which could be filed against a person responsible for the death of an unborn child more than four months old), as well as criminal abortion.²⁶ Although some women, including Lillian Robinson, later had their charges reduced to criminal abortion, the severity of these original charges marks the intensity with which Braniff prosecuted midwives.²⁷ Midwives, most of whom were women, and their services became Braniff’s prime targets. Meanwhile, men and doctors who worked in hospitals or in the coroner’s office remained entirely exempt from prosecution.

Physicians and hospitals became Braniff’s allies when he began to target midwives. In the case of Mrs. Lillian Robinson, a warrant for her arrest was issued after a physician at Charity Hospital complained of a patient “dangerously ill from an incomplete abortion.”²⁸ Robinson, who had also been booked a few months earlier for practicing without a license, was then charged with murder as a result of criminal abortion. Another woman, Mrs. Lotta E. Pete, was arrested and prosecuted after a Charity Hospital physician reported treating “a Negro woman” for “complications resulting from abortion.”²⁹ Moreover, in a 1950 *The Times-Picayune* article, the city health superintendent condemned illegal abortion as “a most heinous practice” and the Orleans Parish Medical Society agreed to relinquish, “whatever information it has concerning criminal abortions in this city.”³⁰ By limiting his prosecutions to midwives, Braniff was able to foster a strong relationship with medical professionals, and relied heavily on their cooperation in pursuing his investigations. It is important to note that physicians who treated women suffering from botched abortions risked prosecution if they failed to inform authorities that a woman who had likely had an abortion had sought treatment.

The New Orleans physicians who participated in the crackdown on midwives were unquestionably expressive. During the course of Braniff’s investigation, *The Times-Picayune* provided organizations such as the Louisiana Board of Medical Examiners with substantial news coverage, allowing physicians to condemn publicly illegal abortions performed by midwives. One article, published April 6, 1950, quotes Dr. C. J. Brown, President of the Orleans Parish Medical Society: “Even therapeutic abortions are dangerous, and they are performed only under the most aseptic conditions in hospitals.”³¹ Dr. Brown goes on to accuse “the midwife” of being “poorly untrained” and maintaining “only the slightest knowledge of the sterilization procedure.” Another physician, Dr. Walter P. Gardiner, declared illegal abortion a “vicious crime” and “most hazardous for the unfortunate individuals who are stupid enough to subject themselves to this procedure.”³² This reporting, in conjunction with the consistent coverage of midwife prosecutions (which broadcasted headlines such as “Former Midwife Arrested Again” and “Midwife to Face Murder Charges,” and referred to women who sought out abortions as “victims”) served publicly to vilify

²⁵ “Midwife Facing Practice Charge – Engaging in Work Without License Alleged,” *Times-Picayune*, April 13, 1950.

²⁶ “Midwife to Face Murder Charges – Two Counts Alleged in Abortion Complaint,” *Times-Picayune*, Dec. 6, 1950.

²⁷ “Midwife Booked on Physician’s Complaint,” *Times-Picayune*, March 1, 1951.

²⁸ *Ibid.*

²⁹ “Midwife Charged on Abortion Case,” *Times-Picayune*, April 19, 1950.

³⁰ “Doctors Assail Abortion Moves,” *Times-Picayune*, April 6, 1950.

³¹ *Ibid.*

³² *Ibid.*

midwives and discourage women from seeking their services.³³ *The Times-Picayune's* sensational coverage during this investigation reflects underlying assumptions—and at the same time influenced the public's perception—that doctors and hospitals provided services that were safer and more legitimate than those performed by midwives.

The decision to cast midwives in a particularly negative light was not new for *The Times-Picayune*. As early as May 21, 1916, the paper published a full-page article in its first section entitled, "Ignorant Midwives Are Community Menace, Agree Louisiana Physicians."³⁴ This article first summarizes and then reprints word-for-word a report by the Louisiana State Board of Medical Examiners on the status of midwifery in Louisiana. The report attacked midwives exclusively, making claims such as, "investigations prove conclusively, that the midwife, with very few exceptions, the country over, is dirty, ignorant, and totally unfit to discharge the duties which she assumes," "the midwife must be abolished," and "it is useless to attempt a comparison of a midwife with a medical man." The report proposed that because a public demand for midwifery continued and midwives continued to practice, the most practical way to address "the midwife problem," was to formalize the process by which a woman could become a midwife. More specifically, the Board recommended that "some organized and systemic form of instruction be given women and the law modified so as to require a diploma from a recognized school of midwifery—when one is established—before they are allowed to appear before the board for examination." This plan to formalize the practice of midwifery not only made it more burdensome for women to obtain licenses, but effectively shut out poor, minority women, who were not eligible to attend most institutions of higher education due to segregation, from pursuing this path.

Midwives in mid-twentieth-century New Orleans went from practicing unhindered to being demonized in the media and targeted by the criminal justice system. Two central forces energetically destroyed the practice of midwifery in New Orleans: the prosecutions led by Assistant District Attorney Matthew Braniff during the 1950s and *The Times-Picayune's* antagonistic reporting. These actions were not new to American history, nor were they unique to New Orleans. Charged by patriarchal anxieties over the traditionally informal, female-dominated practice, they discouraged women and their families from soliciting midwifery services, intimidated future women from becoming midwives, and ultimately bolstered the intellectual authority of physicians and institutionalized medicine. After the prosecution of female midwives in New Orleans began and their practice was suppressed, male medical doctors gained control over the provision of abortions in the city as well as the supervision of midwifery. With the gradual disappearance of the midwife, women were left with limited access to and fewer options for abortion and reproductive health services. This, in turn, contributed to the national shift toward the dependence on doctors for health-related information and finally, hospital-dominated reproductive healthcare.

³³ "Former Midwife Arrested Again," *Times-Picayune*, August 15, 1950; "Midwife to Face Murder Charges," *Times-Picayune*, December 6, 1950; "Inquiry on Two Deaths Ordered," *Times-Picayune*, April 12, 1950.

³⁴ "Ignorant Midwives are Community Menace," *Times-Picayune*, May 21, 1916.

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