THE MALTESE MIDWIFE IN HISTORY

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FOREWARD

Since the midwife is a practitioner of normal obstetrics, she is intimately involved in the preservation of life. Being so, the history of midwifery is closely linked with that of medicine.

The Midwives in Malta have established their National Association in 1974, which they affiliated to the International Confederation of Midwives in 1975. The motto of the association is: "Amor Custos Vitae" which may be translated as: "Love is the Guardian of Life".

The aim of the Midwives' Association of Malta is: "To promote and advance the art and science of Midwifery, to raise the efficiency of midwives and to improve their status". To reach this aim, the association has decided to publish relevant studies.

Dr. Paul Cassar, besides being a psychiatrist, is also a well-known author of the historical and legal aspects of medicine. He has contributed several articles in local and foreign journals (Scientia, Melita Historica, St. Luke's Hospital Gazette, The Law Journal, Catholic Historical Review of America, British Medical Journals, etc.) He also published a book, "The Medical History of Malta" (London, 1965).

The Midwives' Association of Malta felt that it ought to publish "The Maltese Midwife in History", the text of a lecture which Dr. Paul Cassar, delivered to the Refresher Course for Midwives in April 1974.

Mary Vella-Bondin,
Founder and President,
Midwives' Association of Malta.
The Training of Midwives

The first moves to introduce in Malta the formal teaching of the theory and practice of obstetrics to prospective midwives were made in the late 18th century, when a surgeon in the service of the Order of St. John of Jerusalem, which then ruled over Malta, proposed to start a course of instruction for midwives. He was Dr. Giuseppe Antonio Cren (or Creni) who suggested delivering lectures once a month, or more often if necessary, not only to women who intended taking up midwifery as a career but also to those midwives who were already in practice. He also had in mind to give practical demonstrations on an anatomical model which he had acquired from Bologna where he had undergone his surgical training. He submitted his request to the Grand Master to whom he remarked that on account of the unskilfulness of Maltese midwives in the exercise of their art, they not infrequently caused injury and sometimes death to both mother and baby. His hopes, however, never materialised because, according to one of the Senior Physicians of the Holy Infirmary, the main hospital of the Island, the midwives were so ignorant that they could in no way derive any profit from lectures. Indeed apart from the fact that they did not understand Italian, which was then the official language in Malta, they did not even possess a knowledge of the fundamental principles of human anatomy or of the technical terms used in midwifery. Under these circumstances lectures to midwives were deemed to be not only useless but also "scandalous and full of inconveniences".

This state of affairs was not unique to Malta. As late as the mid-19th century the training of midwives in most European countries constituted one of the pressing issues in the medico-cultural and social spheres. Some progress had been achieved in France, Austria and Prussia but in England no special arrange-
ments had yet been made for training midwives though pupils were being accepted for instruction at Guy's and at King's College hospitals.

In 1798 the Order of St. John was expelled from Malta by the armed forces of Napoleon Bonaparte. The Maltese, however, soon rose against the French and in 1800 the Maltese Islands passed under British protection. One of the first acts of the British Commissioner in Malta, Sir Alexander Ball, was to reorganise the medical studies which had become disrupted during the short French occupation of Malta. Official initiative for the teaching of obstetrics to midwives dates since this period when in March 1802 a Dr. Francesco Buttigieg was appointed Teacher of Obstetrics at the Women's Hospital at Valletta to deliver lectures to medical students and also to hold a separate class for midwives who were taught in the Maltese language as they did not have a good grasp of Italian. This school was, however, abolished in later years with a consequent deterioration in the practice of midwifery.

In March 1841 a section of the press after stating that, due to their ineptitude, midwives were causing the death of babies and their mothers, urged government:

(a) to provide a course of theoretical instruction for midwives,
(b) to ensure that women following this course of studies were able to read and write, and
(c) to have them trained in a clinic attached to the Maternity Wards of the general hospital under the direction of the Professor of Obstetrics. In their report on the proposed reform of University studies, Dr. T. Chetcuti and Dr. N. Zammit recommended in 1842 the holding of lectures for midwives by the Professor of Obstetrics.

On 4th August 1853 the Commissioners of Charity were still deploring the fact that "competent midwives were rapidly diminishing and that ignorant women were assuming their duties to the serious detriment of the poor population". They ascribed this state of affairs to the abolition of the School for Midwives and recommended to government the re-establishment of the school together with the enactment of legal measures to
prevent women from exercising the profession of midwife unless they were furnished with the appropriate certificate and qualifications. It was suggested that the pupils should pay five shillings (25 cents) monthly and perform the duties of servants while residing at the hospital for instruction.

The school was reopened in 1854, the teacher being Dr. G. Clinquants but clinical material was so scarce that the teacher had to make use of a girl of ten years from the medical wards for demonstration purposes to the great consternation of the Chairman of the Board of Charity Commissioners who threatened to report similar future occurrences to His Excellency the Governor.

Fresh arrangements were made in 1865 to place the School of Midwifery at the Central Hospital of Floriana on a sure foundation but it was realised from the very start that the organisers would have to face obstacles arising from popular prejudices and from unnecessary “scruples” which interfered with the practical training. The absence of anatomical models was another difficulty. It is not surprising, therefore, that at this period, and for many years afterwards, midwives were “mere attendants capable only of uttering ejaculations and prayers, quite of their own making, while stretching forth their arms to receive a fetus naturally expelled from the womb, an assistance which any individual knows how to afford”.

In 1868 suggestions were made to create a more efficient School of Practical Midwifery at the Central Hospital under the direction of the Senior Surgeon and Accoucher and in the following year a set of rules was submitted for approval to His Excellency the Governor by the Comptroller of Charitable Institutions. He contemplated the selection of a better type of student, the teaching of both the theory and practice of midwifery, a qualifying examination and the taking of an oath by the students before being allowed to enter the profession.

The provision of properly trained midwives was especially needed in such a prolific place as Malta where, owing to the “proverbial” modesty of women, the presence of a male doctor in the labour room was only tolerated in cases of extreme danger. It was, therefore, hoped that as the number of adequately
trained midwives increased one or two of them would be assigned to each police district. In his endeavour to give the scheme the widest publicity the Comptroller of Charitable Institutions availed himself of the assistance of the parish priests and the police of the two islands to inform the public of the prospective course of studies.

The School was opened on 24th November 1869, the lectures being delivered by Professor S.L. Pisani, the Senior Surgeon and Accoucheur of the Central Hospital. The lectures, given in English and Italian, covered the principles of midwifery, the nursing of puerperal patients and the care of the newborn. During this first course there were many opportunities for the students to assist at normal deliveries but they were unable to attend any pathological labours for want of cases. The course lasted 16 months and the results achieved were considered by the hospital authorities to be most satisfactory.

A second course was started in 1871 but the illiteracy of the applicants constituted a serious stumbling block so much so that the teacher had to limit his instruction to a few short talks in Maltese. After assisting passively at a few deliveries the pupils underwent an oral examination. No practical tests were given.

The medical profession condemned this state of things and agitated for reform. It was suggested that pupils should be chosen from girls who had attended the elementary schools to be able to follow a book on obstetrics written in Italian. Midwives were accused of being a grossly ignorant lot who either failed to call the obstetrician at the right time or else attempted to hasten delivery of the baby causing extensive perineal lacerations to the mother. Others even dared to pose as doctors prescribing medicines for menstrual pains and also pretending to correct malpositions of the uterus.

In October 1873 a request by Professor S.L. Pisani was submitted to government for the printing of his lectures in book form for distribution to his pupils at the end of the course but it was not until ten years later that his Midwife's Book was published in Maltese. Thus, the first book on obstetrics for Maltese prospective midwives saw the light about 90 years ago.
Another course of lessons in the Maltese language in "practical midwifery in connection with the lying-in-wards of the Central Hospital" was held in 1883. In 1885 an anatomical manikin ("an artificial body") was purchased by government for the training of pupils.

At this period a large British garrison was stationed in the Island. A long-felt need of this army was the provision of English speaking midwives for the wives of military personnel. The wife of the Governor, Lady Sym Fremantle, suggested the training of the wives of soldiers in the practice of midwifery to enable each regiment to have its own midwives who would thus be in a position to assist one another with adequate care and nursing during deliveries. As a result of her endeavours, the so-called Military Midwives Class was set up for English speaking women. The textbook used was a translation of Professor G.B. Schembri's Maltese book on practical midwifery published in 1896 under the title of The Midwife's Guide Book.

In November 1898 Professor Schembri undertook to train another group of prospective midwives from among the soldiers' wives of the British garrison. The theoretical course was planned to last three months while the practical part was to stretch over a period of eight months.

At the beginning of this century, Dr. S. Grech, Professor of Midwifery and Gynaecology, pressed for a reform of the School but it was not until 1915 that it was placed on a sound footing when the course of midwifery was instituted under the auspices of the University and led to the Diploma of Midwife. In 1946, however, the three-year course again reverted to the Medical and Health Department. The midwives, who studied under this scheme, qualified in 1949. Commenting upon the quality of midwives at this period (1949-58), the Chief Government Medical Officer stated that they had a better comprehension of the part they had to play in giving advice to pregnant women and in spotting the initial signs of cardiovascular, renal and infectious illnesses. By 1958, midwives were "fully qualified to render the best service" but there were not enough of them and a call for student-midwives failed to attract many suitable candidates. In fact, out of five students, only one completed the course.
and qualified as midwife in 1961. This period of decline, with absence of facilities for training of midwives, lasted for some years with the result that State Registered Nurses who wished to pursue midwifery studies had to do so in the United Kingdom taking the examination of the Central Midwives Board. A revival took place in 1970 when the school was re-opened on 31st October at the School for Nurses at St. Luke's Hospital under the direction of a Midwifery Tutor from the United Kingdom with lectures delivered by Maltese senior medical staff. The course was meant for State Registered Nurses and lasted one year. The students obtained practical experience in the different branches of obstetrics. The number of deliveries conducted by them for admission to the final examination was 30 — as much as was required in the United Kingdom, in France, the Federal Republic of Germany and Luxembourg. Emphasis was laid on a thorough knowledge of the social and community health services available in Malta especially in relation to child and family care. The running of the School passed by 1974 under the supervision of a Maltese Midwife Teacher who holds a United Kingdom qualification.

A refresher course for midwives was successfully held in 1974 at the Medical School of St. Luke’s Hospital. This course obtained the approval of the Central Midwives Board.

The new feeling of identity of the Maltese midwife found expression in November 1974 in the formation of The Midwives’ Association of Malta with the aim of:

(a) holding post-graduate lectures and demonstrations;
(b) publishing literature on midwifery and related matters; and
(c) promoting and maintaining the unity of the members of the profession.

State and Church Control of the Practice of Midwifery

The earliest evidence of the state control of the practice of midwifery goes back to the first quarter of the 17th century. Regulations were published in the decrees of the Protomediicus of Chief Government Medical Officer of 2nd August 1624, 19th June 1662 and 24th September 1722. These enactments were later incorporated in the legal codes of 1724 and 1784.
According to these regulations no woman was allowed to exercise the profession of midwife unless she had been examined and approved by the Chief Government Medical Officer and granted the requisite licence which she had to submit for renewal to each successive Chief Government Medical Officer soon after his appointment.

An official register of approved midwives was kept at the Court of Law. The first midwife so far known to us by name is Bernarda Micallef who was active in 1598 and who had to deal, unsuccessfully, with a case of foot presentation. Much later we come across the name of another midwife — Paolina Perotto! All we could learn about her is that on 4th June 1635 she submitted a petition to the Grand Master stating that she was "burdened with daughters of marriageable age" and asking to be granted a site in Valletta, where she lived, on which to build a house for one of her daughters to settle her in marriage. A midwife formed part of the professional staff of the Women's Hospital at Valletta.

One of the offences contemplated by law was the use of abortifacients, the penalty for which consisted in flogging and banishment from the Island at the Grand Master's pleasure.

Apart from the Chief Government Medical Officer, the parish priests also examined midwives in order to test their knowledge concerning the proper administration of the Sacrament of Baptism in casu necessitatis. As early as 1575, the first inquisitor to Malta, Mgr. Pietro Duzina, enjoined the parish priests to teach midwives how to fulfill this duty. These admonitions were repeated by the Maltese Synod of 1625. By the 18th century it was laid down that parish priests were to examine midwives at least twice a year, during the Octave of Pentecost and about Christmas time.

If midwives were not found sufficiently versed in the administration of baptism by the bishop, the parish priest was ordered to instruct them "accurately and patiently"; in the meantime they were precluded from practising midwifery. These examinations were repeated every time the bishop or his vicar paid a pastoral visit to the various parishes of the Maltese Islands. On these occasions the midwives submitted for inspec-
tion and renewal by the bishop, the warrant of the Protonotarius and the licence issued by the Episcopal Curia. These procedures are recorded in the account of the pastoral visit of Fra Paulus Alphéran de Bussan of 1774. They were still in operation as late as 1906. It is of interest to note in this connection that in England bishops remained the licensing authorities as late as the 18th century.

Abortion was repeatedly condemned on various occasions. The synod of 1709 warned the faithful that the procurement of abortion was a sin reserved for the bishop while in 1788 Bishop Fra Vincenzo Labini reminded his flock that whoever was responsible for abortion was guilty of murder and incurred the penalty of excommunication.

The carrying out of Caesarean Section on dead pregnant women occupied the attention of the medical profession and of the ecclesiastical authorities in Europe in the 18th century. In fact, both the state and the Church enacted decrees enforcing the performance of the operation to save the life of the fetus and ensure its baptism. Thus an edict of the 14th June 1788 by the Archbishop of Malta Fra Vincenzo Labini warned parish priests to ensure that Caesarean Section was performed on a recently dead pregnant woman. If no surgeon or physician was immediately available, the parish priest was to obtain the services of a midwife to carry it out; and if, in the last resort, not even a midwife was to be found, he was obliged to perform it himself under the penalty of excommunication if he failed to do so.

These ecclesiastical injunctions remained in force for many years afterwards so much so that during the cholera epidemic of 1867 midwives were said to have carried out the operation "successfully in accordance with the rules of surgical art"; however, no specific instances have been recorded. It is of interest to note that as late as 1883 Professor S.L. Pisani in his lectures to student-midwives told his class that they had to be prepared to perform the operation on dead pregnant women in the absence of a doctor.

At this juncture the practice of midwifery was ruffled by another occurrence of which we find very few traces today. Since very ancient times women in childbirth used to deliver themselves in the sitting position on the so-called birth — or
parturition-chair. In the Maltese Islands this chair was called is-siggu tal-qabla or maghuda tal-qabla. It is not known when this chair was introduced among us but it is certain that it formed part of the armamentarium of the Maltese midwife in the 18th century.

The birth-chair differed from an ordinary chair in the following features:

a) the seat was made of wood and had an aperture cut in it in the shape of a horse-shoe;
b) the chair was provided with a back, either fixed or movable, to permit sitting up or semi-reclining position; and
c) an arm-rest was attached to each side of the seat so that by grasping these rests during her pains the woman was able to bear down more effectively during the expulsive stage.

The midwife seated herself on a low stool, or knelt on the floor in front of the chair to receive the baby while another woman stood at the back of the chair to hold the patient in place. As the final phase of labour approached, a large earthenware bowl (lembiża) was filled with straw and placed on the floor beneath the chair so that if the baby was not caught in time by the receiving hands of the midwife, as it came out of the birth canal, the infant would slip on to the soft straw inside the bowl. A variant of the lembiża procedure was the attachment of a kind of drawer underneath the opening of the seat. This drawer was made of strong cloth like a hammock and was pulled out from under the seat to receive the baby during the last pangs of delivery.

One of the disadvantages of this type of chair was the risk of causing compression of the infant’s skull as, owing to the narrowness of the seat the woman could not open her thighs wide enough to allow the easy exit of the baby from her vagina; but the most serious danger arose from the tearing of the vagina and perineum as the midwife could not maintain adequate flexion of the baby’s head by supporting the mother’s perineum and thus allow the slow escape of the infant’s head from the birth passages.

Owing to this complication the use of the birth-chair was condemned by Dr. Salvatore Luigi Pisani, Professor of Midwifery, its employment being made illegal in 1883 by Art. 143,
Chapter XIV, of the Police Laws. In spite of these sanctions, however, the usage of the birth-chair persisted for many years afterwards. It was still employed at Birkirkara at the beginning of the present century but it began to fade out after World War I (1914-1918) although one of these chairs survived in Gozo until 1942 when it was burned as useless junk.

One of the milestones in the evolution of midwifery was the introduction of asepsis in the management of labour and the puerperium. The first medical man to advocate cleanliness and the washing of the hands of the accoucher with chlorinated water in maternity wards was Ignaz Semmelweiss while working in Vienna in 1846. This was years before Louis Pasteur confirmed the germ theory of disease in 1864 and before Joseph Lister published the encouraging results of his antiseptic methods and the use of carbolic acid in surgery in 1867. Antiseptic procedures, however, did not come into general use in obstetrics before 1880 so much so that Professor S.L. Pisani in 1883 was still recommending to his student-midwives the smearing of their fingers with oil as a lubricant when performing vaginal examinations. By 1890, however, Maltese doctors were using "antiseptic vaseline" on their hands when carrying out podalic version, while in 1896, and probably earlier, Dr. G.B. Schembri, Professor of Midwifery at our University, taught his student-midwives that when called to attend a labour the midwife was "to clean and disinfect her hands and cut her nails". The disinfectants recommended were carbolated vaseline, corrosive sublimate and Condy's fluid, a solution of sodium permanganate in water.

Official insistence on the adoption of antiseptic measures dates since 1899 when a set of "Regulations respecting midwives" was published in the Malta Government Gazette of 7th August (p. 774). These regulations laid down detailed instructions as to the kind of instruments she was to carry in her bag and as to the steps she was to follow in the various stages of labour in domiciliary practice. They prescribed the use of "antiseptic preparations . . for the disinfection of the instruments and of the hands" up to her elbow; and for washing the perineum and upper regions of the thighs of the patient. Condy's fluid was recommended while a 5% solution of Boric Acid was used for bathing the baby's eyes immediately after birth.
In the past domiciliary midwifery was associated with a characteristic feature of Maltese domestic architecture. This is the so-called "alcove" or "labour room" in which the woman gave birth to her offspring at home. It was a small room with a floor area of about 1.5 m. by 1.8 m. and being just large enough to contain a bed. One entered it through a wide arched way which was not provided with a door but had a curtain, as large as the arched opening, which, when drawn across, concealed the bed and its occupant from view. The "alcove" has now outlived its original purpose though it is still to be seen in some of the old village houses; but it constitutes a social and medical landmark as it reflects the shift from domiciliary midwifery to the maternity hospital during the present century. In fact, while in the 1900s more children were born at home, today the trend is for pregnant women to be delivered in hospital. Since this change became prominent about 25 years ago there has been a decline in domiciliary midwifery so much so that when the last midwife in one of the most populated towns (Senglea) died in 1970 there was no one to replace her. According to statistical figures published in 1975, 98% of deliveries in Malta now take place in hospitals.

The practice of midwifery is today regulated by the Medical and Kindred Profession Ordinance (Chap. 51 of the Revised Edition of the Laws of Malta 1942). This law, originally enacted in 1901, has undergone many amendments during the past 75 years. The latest changes with regard to midwifery have resulted from Act XVIII of 1973 which brought into being the Nursing and Midwifery Board. This Board besides being a disciplinary and advisory body, is responsible for keeping a Register of Midwives licensed to practice their profession. In 1975, this Register listed the names of 189 midwives. The establishment of an official Register is a sign of the recognition that the State has accorded to the Maltese midwife and to her thorough training and scientific education.
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