

PHILADELPHIA OBSTETRICAL SOCIETY, June 5th, 1890.

PRESIDENT, DR. WILLIAM H. PARISH, IN THE CHAIR.

DR. B. C. HIRST :

THE PRACTICAL TEACHING OF OBSTETRICS IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

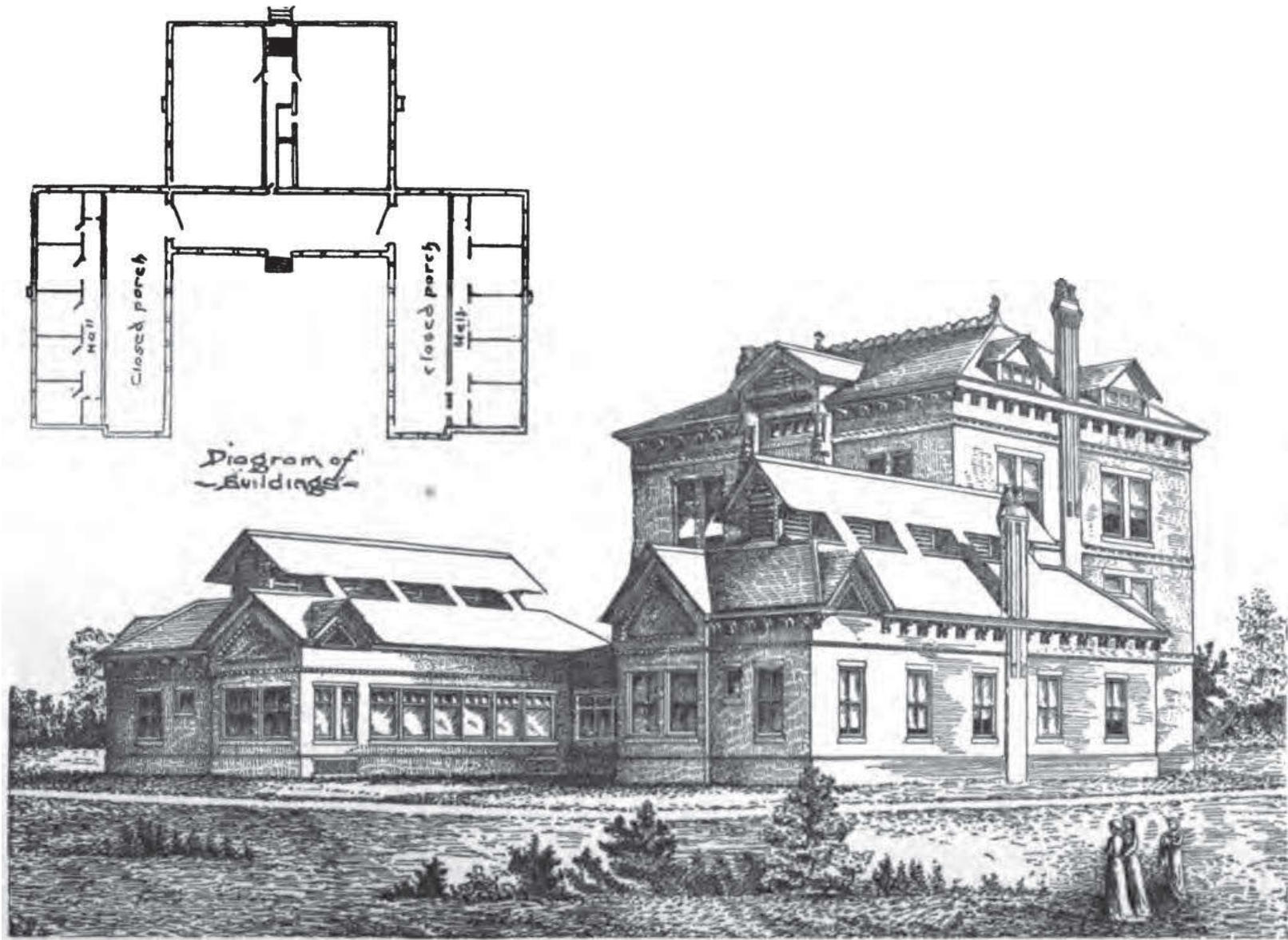
There is no highly civilized country in the world, except our own, in which the pretension of a medical school to an adequate equipment would not be received with derision if no provision were made for clinical instruction in obstetrics. Foreign schools demand attendance on four, six and even eight confinements, under the supervision of an instructor, before permitting a student to graduate. Here, on the other hand, the self-evident proposition that in no part of a general medical education is practical training so important as in obstetrics, has long been ignored. There was an excuse for this in the early history of medical education in this country. The time of study was too short, the endowment of medical schools too meagre, the population too small and the dangers of childbirth in hospitals too great to permit the establishment of maternities in connection with medical schools, for the practical training of students in the management of labor cases. All these obstacles have now, however, been overcome, and it is gratifying to observe at last that the more prominent medical schools of the country are providing facilities for the practical teaching of obstetrics which begin to compare with the arrangements that have long obtained abroad. Harvard requires attendance on four cases before graduation. Jefferson College announces the establishment of a maternity department in its hospital and of an out-door service which enables each student to attend a case of labor before graduation. The splendid Sloan Maternity, connected with the College of Physicians and Surgeons, in New York, stands a model to the whole country. The College of Physicians and Surgeons in Baltimore, I am told, has a

maternity service, with a large number of cases annually. The Medical School of Ann Arbor is about erecting, or has perhaps completed, a maternity hospital, and the roll of honor might be continued a little further. The members of this Society need not be told what a gain is here, even in this small beginning, to the health, safety and happiness of the people at large. I venture to assert that if the victims of medical ignorance during a single year in this country could rise from their graves and be counted, even the profession, which knows so well the faults of our system of medical education, would be astounded at the number and horrified to find that mothers and their newly-born infants outnumbered all the rest.

Two years ago a maternity hospital for the University Medical Department was planned by the writer, and money was collected to build a portion of it. A year later a completed wing of the proposed building was furnished and opened. With some knowledge of the construction and management of similar institutions in this country and in Europe, and with care for the interests of both student and patient, we have established a system of training students in the practice of obstetrics which we purpose in this paper briefly to describe. When the pregnant woman enters the hospital she is assigned to two students, who, together, in the presence of a demonstrator, fill out the following blank. This is done in the main hospital, from which the women, when they fall in labor, are transferred to the maternity pavilion.

PREGNANCY.

No.	Name.	Para.	Age.
Weight: On admission; On discharge.			
Date of admission. Confinement expected.			
Family and personal history. Appearance of first menstruation. Character of previous pregnancies, labors and puerperies. Date of last menstruation. Day of conception. Date			



of quickening. General condition during pregnancy: Constipation; Edema; Nausea; Varices; Leucorrhœa. Urine. Pulse and heart action. Respiration. Temperature.

INSPECTION: Breasts; Chloasmata; Striæ; Conformation of abdomen; Conformation of uterus; Fœtal movements.

PALPATION: Position of back; Position of extremities; Position of head; Quantity of liquor amnii; Tension of abdominal wall; Size of fœtus; irritability of Uterus.

AUSCULTATION: Fœtal heart beat; Fœtal position; Fœtal rate; Uterine souffle; Funic souffle; Fœtal movements.

MEASUREMENTS: Pelvis—Sp. il. (infer. conj. (diag.)); Cr. il. (true conj. (estimated)); Troch. (right oblique); Extern. conj. (left oblique); Pelvic circumference; Tuber. isch. Abdomen: Circumference; Umbilicus; Distance of umbilicus from symphysis and sternum.

The urine is examined once a week chemically and microscopically. During labor the second sheet is filled out.

LABOR.

Operation. Indication.

CHRONOLOGY: Time of first labor pains; Time of rupture of membranes; Time of complete dilatation of os; Time of expulsion of child; Time of expulsion of placenta; Duration of first stage; Duration of second stage; Duration of third stage.

VAGINAL EXAMINATION: Condition of perinæum; Condition of vagina; Condition of cervix; Condition of os; Presentation and position: Caput succedaneum or other swelling.

NOTES ON THE PROGRESS OF LABOR: Hour. Condition.

On entering the maternity pavilion to attend their labor case the students are stopped in an outer porch, where they disinfect themselves thoroughly before entering the parturient's room. We make no rule that the student shall not have attended dissections or post-mortem examinations, but depend altogether on the disinfection which we enforce in the hospital. The record of a year justifies our confidence in the virtue of chemical cleanliness. More than eighty students examined the parturient women, and yet there was not a case of septic infection traceable to them. A light epidemic of septicæmia, without serious consequences, but affecting

six patients, was traced to a careless nurse. She was at once discharged. Before and after her attendance we had no trouble whatever

RULES FOR PERSONAL DISINFECTATION.

Roll up coat and shirt sleeves; scrub arms, wrists and hands with nail brush, soap and warm water.

Put on disinfected gown, tying sleeves below coat sleeve.

Pare and clean finger nails.

Rinse hands and wrists in alcohol.

Immerse hands and wrists in a 1-1000 bi-chloride of mercury solution for at least one minute.

The hands are not to be dried on a towel, but may be wiped on front of gown.

After labor a record is made of the infant's condition and of the appearance presented by the fœtal appendages. During convalescence notes are taken on the progress of mother and infant.

CHILD.

Number and sex. Length. Weight. Head measurements: Bi-parietal; Bi-temporal; Fronto-occipital; Mento-occipital; Trachelobregmatic; Circumference (F. O.). Malformations. Condition of child at birth.

UMBILICAL CORD: Length; thickness; insertion; twists.

MEMBRANES: Entire? Thickness; Point of rupture; Umbilical vesicle.

PLACENTA: Weight; Size; Shape; Thickness; Calcifications; Apoplexies; Cysts; Fibrous knots.

PUERPERIUM.

Day. Temperature. Pulse. Condition. Treatment.

INFANT.

Name. Sex. Development. Daily changes in weight. Alimentation. Icterus: Day of appearance and degree. Conjunctivitis: Day of appearance; Simple or specific. Condition of cord: Day of shedding. Condition of umbilical stump.

Day. Temperature. Respiration. Pulse. Excretions and General Condition. Treatment.

When the patient is discharged from the hospital the record of her case is filed away, and at the end of the college year is considered part of the student's final examination.

A few cases thus attended, with the careful and minute observation demanded, are far more instructive than a much larger number seen alone without instruction or supervision. This plan, although it entails extra work, has been thoroughly appreciated by the students, who realize more keenly than one might expect that success in general practice depends upon a practical knowledge of obstetrics at least as much as upon skill in medicine, and much more than upon a knowledge of surgery. There is no doubt that in the future opportunities of this sort will be demanded by the intelligent man selecting the place for his medical education, and that medical schools desirous of the better class of patronage will be compelled to afford a chance for practical work in obstetrics at least equal to that offered in medicine and surgery.

DISCUSSION.

DR. J. PRICE :

This subject is of such great importance that I hope that the Society will discuss it freely. We are indebted to Dr. Hirst for bringing the matter before the Society. Most young men begin the practice of medicine by attending a confinement or treating a case of gonorrhœa. In short, all of us paid our expenses during the first year in attending confinements and treating cases of gonorrhœa, and this is still the experience of men beginning practice. There is nothing so lamentable. It is disastrous to the young man and thrice as disastrous to the young woman, who may remain a cripple through life as a result of the stupidity and lack of practical training on the part of the young practitioner. Probably no one has had a larger experience than I have had with young men in a practical way. It is not a pleasant one. In short, they are the most obstinate and trying class of men to deal with. They go at it from a pleasure point of view. They look at it as fun. I find few who are really honest in the work. They shirk the after treatment. In spite of carefully worded rules, revised and re-revised, they persist in applying forceps without the presence of a chief. For thirteen years I have tried to distribute annually from 300 to 500 confinements among the third-year students. At first, I had objections from the board of directors and other philanthropists, but they were readily convinced of the necessity for these young men having a practical ex-

perience in obstetrics. Now there is no opposition of this character whatever. There is now probably not an institution in this town the board of directors of which would offer any opposition to a wise distribution of charity material or paupers for educational purposes.

The institution in Baltimore referred to by Dr. Hirst is probably one of the best. They have had from 50 to 100 cases of confinement which have been used in the most thorough manner both in the interests of the patient and of the student, without any evil results whatever, from the free examinations and demonstrations. I think that they have not had a fever or a death which could be attributed to these examinations, notwithstanding that some of the men were dissecting and doing microscopical work. I have myself made post-mortems, and I remember dissecting for two winters in a dissecting room above my brother's stable and attending from one to five confinement cases a day without any mischief occurring. Again, I have attended a number of erysipelatous cases without any mischief whatever occurring in my puerperal patients. At present, dabbling in pus almost daily, I have no trouble whatever. So, if a man uses soap, water and brush freely, and takes his hands out of mourning, no harm will be done, notwithstanding the objection that these men are students and attending their anatomical studies. Lugubrious finger nails are the commonest cause of death. A gospel of surgical cleanliness in maternity and surgical work is all that is desirable.

DR. WILLIAM GOODELL :

Looking cursorily at the rules presented by Dr. Hirst, two strike me as particularly good. One with reference to the cleaning of nails with the knife, which is to be done before the hands are washed. I have seen men after washing their hands, use the knife which loosens the dirt without removing all of it. My own rule is to clean the nails with the knife before washing the hands and using the nail brush. Another rule that I would heartily commend is the instillation into the child's eyes of a 2 per cent. solution of nitrate of silver. In my early experience at the Preston Retreat, I had many cases of ophthalmia neonatorum, and in at least two cases I had the misfortune to see the children go blind. In

these two instances the affection was traced to gonorrhœa. In spite of every care, I continued to have a number of cases of ophthalmia every year until I adopted the practice of using the 2 per cent. solution of nitrate of silver, which I think originated with Cr  d  . After that there was no trouble; only cases of slight inflammation, in which I used a saturated solution of alum. I am glad also that Dr. Hirst clings to the bichloride of mercury. Any other obstetric antiseptic is a delusion, particularly the much vaunted carbolic acid. I have tried this acid most faithfully, and with very little success. Indeed, I had with it from two to three deaths a year. But, after resorting to mercuric douches, I did not have a single fatal result. The attempt to teach this branch practically in our medical schools is one of the most valuable innovations, and I have watched with great interest the progress of the hospital which Dr. Hirst has in charge.

DR. M. O'HARA :

I am glad that Dr. Hirst has started an obstetrical subject since, although an obstetrical society, gyn  cological matters principally engage the attention here. My son, in going through the University, had opportunities which were denied me. I really think that the lectures I heard retarded me as an obstetrician until I came to practice. The old Dr. Hodge, then the most eminent in the world, always taught the young men of my time, at the last hour of the day when they were worn out, in such a speech and gesture, and so depicting the scenes that a kind of terror of the business was engendered. But there was no practical teaching such as we have now. The University has done itself infinite credit in making not only theoretical doctors, but also grounding them in practice before they graduate. The method by which a man is tested and graded for practical work, and is not dependent alone on didactic teaching, is a great improvement. In olden times, and in some places at the present time, there were students like apprentices to a teacher, but now many do not have preceptors nor are they able to follow the teaching practically. It is a great thing for Philadelphia that this has been started in this city, and it will redound to the credit of the colleges, and attract those who wish to become completely rounded out

doctors before they are turned adrift upon the world.

THE PRESIDENT :

I would remind the Society that the Women's Medical College of Pennsylvania has been teaching obstetrics practically for a number of years, and furnishing the graduating class facilities that were not furnished until quite recently by other medical colleges of Philadelphia.

DR. HIRST :

I wish simply in closing the discussion to call attention to the use of soft soap in cleaning the hands. It is a sticky stuff which requires a long time to get off. It makes the student wash his hands two or three minutes to thoroughly remove it.