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**ORIGINAL COMMUNICATIONS.**

**THE BEST METHOD OF TEACHING GYNECOLOGY.\***

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WHEN our forefathers braved the terrors of the Atlantic Ocean in their frail crafts and the dangers of a vast wilderness with their crude arms to escape to that wilderness to freedom from religious persecution and the tyrannies of monarchies, and when they found finally that even the broad expanse of the ocean and the depths of the wilderness could be no bar to them, they rebelled and founded and established this government, whose chief principle should be the preservation of the largest amount of liberty to each individual, consistent with the general good.

With this fundamental principle, each State had its own government, its own law-making powers; each State was divided into counties and precincts, with their smaller governments, and to each individual was preserved the greatest amount of liberty possible, consistent with the welfare of the community. And all solidified into one body, held together and controlled by a body of laws called the Constitution. In such a system it was inevitable that long time and experience should be required to define that variable quantity, "the greatest amount of liberty consistent with

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the welfare of the community," and it is this lack of definite bounds which is resulting in certain glaring defects in our system, which are thrusting themselves more prominently forward as our population and our power increase.

Our President is now making a strong effort to deal with some of these evils; for instance, those defects relating to commercial traffic. Another most serious evil which is a menace to society is caused by the laws concerning marriage and divorce. Each State, with its large liberty, legislates upon marriage and divorce, and thus we have our polyglot laws relating to the most fundamental bulwark of society.

Again, in regard to the practice of medicine, the laws regarding the qualifications vary with the States. There is no uniformity, some communities allowing any individual who desires to do so to practice the healing art, thus preserving to the individual the right to enter into this calling without regard to qualification. Is this "consistent with the public welfare?" It is the attempt to define this relation of practice of medicine to the general welfare which concerns us most intimately, and it is a problem with which we are struggling, and one in which we are gaining point by point, and which is still far from a satisfactory solution.

One of the most serious defects in medical education under our system is that the candidate for a degree does not have to serve a hospital internship before obtaining it. The result of the internship being optional with the man after obtaining his degree is that only the more ambitious, conscientious, or energetic men have such service, but a large proportion having neither opportunity nor inclination are turned loose half-baked, wanting in the most important detail of their medical education, with the privilege of practicing medicine. It is thus that the post-graduate schools are compelled to devote a considerable part of their energies to instruction which should already have been obtained by the matriculate while an undergraduate.

It seems to me that our medical education should be reorganized under a different system which would involve the union of medical colleges into a medical university under the control of the State. The State might then assign to public hospitals according to the number of their beds a certain proportion of medical students in their fifth year, and by placing certain skilled work now done by nurses in the hands of the medical students in their last year, such as taking pulses and temperatures, massage, hydro-

therapy, electrotherapeutics, etc., the hospitals might diminish the number of nurses, greatly increase the number of internes, and carry out useful forms of treatment which under our present system are almost neglected.

We should strive to remove medical education as far as possible from the miserable condition of dependence on private charities, and place it under State control and support. There can surely be no more important subject to a State than its public health and hygiene. The State already controls the hospitals for the insane and many public charities. It enters into the control of hospitals and clinics, in that it demands their incorporation, and it should by all means go a few steps further and take control of medical education.

Our forefathers, who were most enthusiastic in their advocacy of individual liberty, never secured to a man the right to kill his fellow man except in self defence, but those who advocate on the ground of personal liberty the right of the unqualified to practice medicine are certainly permitting certain persons to slaughter innocent inhabitants of those communities.

Under our present system the need and usefulness of post-graduate schools is enormous. In a community where the medical education is of the best, the function of the post-graduate school is simplified and its usefulness broad. It consists in bringing before graduates the latest procedures and refreshing their minds on the most improved methods of diagnosis and treatment, and of giving men who desire to become specialists that opportunity. It is of this proper sphere of post-graduate instruction that I shall speak.

I trust that I may be pardoned if I say that at the Post-Graduate Medical School of New York we have followed out what we consider to be the ideal conception of post-graduate instruction in gynecology. Hence to describe what we do in gynecology is to describe my idea of how gynecology should be taught to the graduate. I shall take the liberty of outlining the gynecological work in that institution. This consists in five divisions, four of which belong in the department of gynecology, and one in that of work upon the cadaver. Beginning with the last mentioned, it is divided into two departments, one a school of anatomy, and the other operative gynecology on the cadaver. In the first the student may make dissections of the parts relating to this specialty. In the second he has quite a complete course of operations upon the cadaver.

The second great division of the work comprises that upon the living subject. This, for convenience of description and according to the work, is divided into four subjects.

*First.*—Classes in gynecological diagnosis. Class A, a class for male matriculates; Class B, a class for female matriculates. In these classes not more than four students are permitted to work with the chiefs of the clinics, where they are in turn allowed to examine, and are carefully instructed in methods of examination of the patients. The class for male matriculates is presided over by a man, and that for females by a woman instructor.

*Second.*—Minor gynecological surgery on the living subject. The scope of this branch is self-explanatory. The general plan of teaching is as follows: The class consists of three matriculates and a course constitutes nine lessons. Each matriculate performs three operations and each assists in six. An assistant aids the instructor in watching the details. The students have the fact borne in upon them that in this work the first demand is the cure of the patient. The most careful attention to the minute details of asepsis is observed. If at any stage of the operation the interests of the patient appear in any way to be jeopardized, the student yields place to the instructor, but continues the work by being first assistant. The students pass the instruments and sponge. Each operation is preceded by a brief succinct lecture on the case in hand, dwelling especially on minute details of work. If a student shows lack of skill in handling instruments or tying ligatures or suturing, he is told how to practice this on inanimate objects in order to cultivate his manual dexterity. Only patients who present themselves at the clinics are operated on in these classes, but the results are not inferior to my own best results, because the work is practically that of the instructor. In teaching I am exceedingly careful not to confuse the mind of the student by presenting a multitude of operations to him, but select what I deem to be the best procedure in each case, and confine the instructions to this.

*Third.*—Major operative gynecology. This class is open to two matriculates only, who are subject to the selection of their instructor and are chosen only from among those who have already had one of the classes in minor operative surgery, or gynecology on the living subject.

*Fourth.*—The general lecture. Such a lecture as I shall describe occurs every week day lasting from 9 to 11 A.M. My own lec-

ture is on Thursday morning. It is open to any matriculate who has a general ticket, or who is taking this subject alone. The material is assembled from four clinics, each of which meets twice a week, and each of which is conducted by an instructor and a clinical assistant. All new cases which belong to this department are requested to present themselves on this morning, when all are examined by me. Those which would best serve for instruction are brought before the class and used as subjects for the lecture, and are examined by a small section of the matriculates under the supervision of an instructor. On this morning cases are selected for operation, and all the instructors are advised what treatment should be followed. Occasionally, of course, patients are ordered to report again for observation. I usually begin my lecture by an operation which will not consume too much time and will be most useful. In each lecture I try to focus upon some one or more points which will be of especial value to the students and place the lesson in such a light that it cannot be forgotten. Finally, students are given the privilege of seeing the patients in the ward. The above is a general outline of the method which I pursue at the Post-Graduate Medical School, and is the one which I consider to be the best for teaching gynecology to the graduate. I have dealt with this subject briefly, since the time allotted to me is short. I would fail entirely of my purpose in reading this paper, however, if I did not include in it a plea to every member of this influential body of men to work for the advancement of medical education. Let the undergraduate schools work for that completeness which they should attain and let them leave to the Post-Graduate Schools their legitimate field of work, and let each and everyone of us cooperate with the other for the good of mankind.

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