

TEACHING OBSTETRICS.*

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EDUCATION counts for something, even as does the air we breathe. It so counts for a great deal. Of itself it can of course originate or create nothing; cannot make, in the words of Chicago, "a ten thous-

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and dollar of a ten dollar boy." But it can make the most even of the ten dollar boy, make him honest coin, small change for any sixpence.

Considered in a broad biological sense education is of two kinds, the one consciously acquired, the other unconsciously. The unconscious education is by all odds, and for better or worse, the more essential, the truer education. The conscious education, on the other hand, the deliberate, so-many-hours per week pedagogy, teaching in its scholastic sense, is comparatively less important, and of much more flimsy stuff.

Nevertheless, far be it from me to decry teaching even in its narrowest application. It has its place, and a large preparatory place it is, in our modern life. And it is with this professional teaching that we who teach have chiefly to deal.

The chief concern of the teacher is, no matter what the subject, that his teaching be natural, productive, and scientific. Accordingly, he should be the living embodiment of the subject which he teaches, even if this subject be a dead language; for so, not only does he know his subject, but he thoroughly assimilates it, makes it part and parcel of himself. In this way his whole personality becomes, as it were, articulate. Of necessity he must be a clear thinker, a strong handler of detail so that the greater, the essential things, stand in his mind always high and clear, distinct from, the less. There is accordingly a right proportion, and a sense of humor. And now, if he teaches well, he must have a certain power of expression, a dramatic spirit to inspire his message; and with this, the selective insight to adapt his teaching to the separate individual—to the genius and to the dunce. And still as a teacher he will only half succeed unless in memory he can live again through the questionings and difficulties of his own adolescence. To teach the young (it is impossible to teach the old) he goes back and lives and thinks with the young, becomes one of them in their own special dwelling-place, their own immaturity of consciousness. For so only can close and productive communion between teacher and taught be secured; or, to use Samuel Butler's phrase, so only is the cross between them rendered fertile.

From all this it follows that the good teacher is born, that he cannot be made, and that he is not nearly so numerous as he professes to be. In reality he is the imposing negative of Bernard Shaw's invective that is so generally true: "Those who can, do; those who can't, teach." In any community he is, perhaps, the most useful citizen. While he may not create—creators are a small and select

body, and stand of course apart—still he may almost recreate the younger generation. He is the university's or the school's greatest asset for he is the very school itself. He is the chiefest part of any necessary equipment.

One example—the opening lecture at the University of Edinburgh. One sees the amphitheatre with the young, crowded, careless faces, and hears again the clamor of it all. Then quietly the great teacher is ushered in, and steadily waits behind the little desk for the last shuffle of the settling feet, and the final flutter of the opening note-books. He is tall, and the eyes behind the big bowed glasses travel deliberately up and down the rows of faces, demanding silence. And they get it. "Gentlemen," and up comes the long index finger, "we begin to-day the study of Obstetrics. Parturition, the bearing of young, is a natural physiological process—identical in the countess and in the cow. You, gentlemen of the back bench, remember this "the countess and the cow." And they do remember it—you may be sure of that.

Now, whom shall our teacher teach? And how shall these, his pupils, be chosen? Heretofore, so far as I know, the choice of a profession, of the life's work, is largely a haphazard business. The boy falls more or less as dice are thrown from a box, into the church, the law, medicine, or the market-place. How trivial, inconsequent, and sporadic are the efforts made, for the most part, to help the boy in this, his great choice; how little is he studied, and the promise of his latent talents adjudged! Usually, I think, the momentous decision is left almost entirely to himself. And he, poor beggar, chooses the best he can among the shadowy mysteries which confront him. In all ignorance he stands before Pandora's box. Or, worse still, an arbitrary parent or impatient guardian impels him from behind with promise of gain or threat of disinheritance, unmindful so often that a wrong choice here is the veritable "tragedy of education." It seems to me they did not so much worse in the so-called dark ages where, as you remember, the boy inherited his trade or profession, followed without question in his father's footsteps.

Each one of us in this place, men and women alike, has endured, has passed through such an ordeal of indecision. In looking backward how the time of choice comes back to us! We remember the first vague unrest, the questionings of choice here and there, the faint voice of inclination, and the various influences round about, the sharp stroke of chance or change that thwarted our schemes, or finally decided us. I know a foot-ball scrimmage in November slush and a pleurisy therefrom that robbed our profession of a promising disciple

in obstetrics, and made him instead, and quite rightly, a teacher of eugenics. So for the most part our great decision—the choice of a life-work—was made in this myopic, helpless, haphazard way.

It always seems to me that the wise teacher, especially in the preparatory schools, could be of no great service here. He could watch the boy and discover the promise of his gift; he might learn his inclinations and proclivities; study his adaptation to this thing or to that; teach the boy in this true way to know something of himself. In this missionary service he might even impound the help of the oftentimes too-busy father or the too-social mother. And so, in this natural way, the young candidate might be led to make, naturally and wisely, his life choice. What we can do well we always like, and the converse holds to the measure of our gift, that what we like we do well. And to most of us there is need of such slow, empirical decision. To very few is vouchsafed a clear, imperative, clarion-call to certain work. In this material sense upon the young forehead the fate is seldom clearly written.

As many of you know a step in this direction has already been taken by several of our leading medical schools. Following your example, at McGill it is arranged that students of the first year in medicine work are under the eye of a small committee. This personal committee, as it is called, is chosen from their teachers, men of sympathy, insight, and tact. Its chief concern is the weak student or the "waster"; to encourage and advise him, to get to know him on his human side. At the end of the year if the man shows little interest in, or no aptitude whatever, for the study of medicine he and his parents are advised to reconsider his choice of a profession. And already results have shown that this step is in the right direction. True it is that this advice is given a little late, only after the career has been chosen and begun. In consequence it may not be the best of economics, still it is better late than never, and it permits to the boy the test of actual experience in the work, and may save him from the hideous blunder of a mistaken choice.

So it is that such a method demands from each student a certain measure of adaptation to the chosen work. To this extent it rids our medical schools of the "chronic," the unfit, and it so ensures to the teacher, our chosen teacher, a student-material in some degree worthy of his gift. Thus, in some small way, it provides the second requisite in our necessary equipment for the teaching of obstetrics, namely, the good, adaptive student.

So much, then, for the good teacher and the good student whom he teaches. It takes two to make even a bad bargain.

Among those of us who know it is universally admitted that medicine is the most exacting of all professions. From its disciples it demands so much both of theory and practice, and the one is so useless without the other. It is the whole transaction with life itself, and with death itself, and there is so much to know, and then there is so much to do. In the greatest degree it is both a science and an art.

To qualify in any worthy sense for such a profession is indeed an onerous business; and especially in the clinical or final subjects, where the actual study of medicine begins, the task is heavy both for the teacher and the student. For the latter there is now the first encounter with the great acquaintance of his working life, the patient; the man, and very specially the woman and the child. And it is, you may believe, a most fateful encounter, fraught with so many possibilities. Two has so long been the company of the teacher and the student that this great third person—the patient—makes it at first no company at all.

Good teaching is essential here; for in my opinion this is the most crucial time in the whole undergraduate life. Men oftenest go wrong, in a professional sense, just where they begin this, their craftsmanship. The work is no longer on the bench but at the bedside. These first days of clinical instruction are truly all-important days; for it is in reality a first entrance into a new world, a world of observation, a universe of actual things. Here the man must learn to specially apply his senses, his sight, his hearing, and his touch, for here begins the craft of his profession, the recognition of disease. And these novitiate days are always dark and disappointing, with the new stethoscope in the ears, and the sausage-like plessor finger that elicits only a sausage note. The palpation hand is dumb, elephantine, paralytic. Now, if in this time of sorrow, the student should possess a great, or even a good teacher, he should give daily thanks to his Maker. For such a teacher will wisely direct him in that strait and only way which leads upward to complete mastery of the craft. He will not only tell him what to see and hear, but how to see and hear, and, what is more important still, will make very sure that he actually has seen and heard. A mistaken perception is so infinitely worse than no perception at all. Only in this way can a good and honest method of observation be acquired, the method which, like the fear of the Lord, is the beginning of clinical wisdom.

And so under his teacher's care the young clinician goes forward, very slowly at first, training the casual eye and the clumsy hand;

and carefully storing away in his memory his prized perceptions till, in some degree at least, he has mastered the art of recognizing disease. This art, this physical diagnosis, is the staff and the scrip of his professional pilgrimage. Yes, there is need of good teaching here. And there is absolute need of clinical material, for not even the proverbial brick could be made without straw.

To the average practitioner of medicine, the "medical man in the street", the subject of obstetrics is the one, perhaps, of greatest importance. For, while parturition is rightly enough a physiological process, the morbid conditions of our modern life have conspired to make of it almost a pathological calamity. This unfortunately is so true that, provided the vermiform appendix has been removed, it is midwifery that furnishes the greatest number of serious emergencies in general practice. Rest in bed and a milk diet serve innocently well in housemaid's knee or typhoid fever; and hours may even pass without much damage to a broken leg. But assuredly none of these is a second stage floating head, a transverse presentation, a placenta previa, or a hemorrhage postpartum. How seldom in these cases is there time to read it up or call a consultant. No, the "obstetrical man in the street" can but invoke the teaching of his old school, and fight it out alone. And what a grim tragedy it sometimes is!

It goes, I think, without saying that the main aim of our medical schools is to provide the greatest good to the greatest number; and this is only another way of saying that their main object is to equip the man well trained for general practice. For certainly in this way they best serve our present day and generation.

I have never heard it denied that in this general equipment a large place ought in all conscience to be given to obstetrics. And yet, speaking generally of our American schools, this very training in obstetrics is the weakest page in the whole curriculum. As remarked by Whitridge Williams some three years ago only sixty of our 120 medical schools were in this respect pronounced "acceptable" by a tribunal composed of ourselves, whereas a mere six were admittedly possessed of adequate clinical training in this subject. Small wonder is it then if in Canada and the New England States some 500 women die each year in childbed; and some 5000 are therein more or less permanently disabled. And there may be something more than poetry in the boast of the general surgeon that in America it is safer to have one's abdomen opened for any chronic condition than it is to bear a child.

There is no doubt, I think, that obstetrics has not kept pace

with medicine and surgery—that in the great forward race it has run a poor third. And yet, if you remember, as between modern surgery and obstetrics, the race was started fair; for if John Hunter is called the “Founder of Scientific Surgery,” with equal truth can William be known as the “Father of Scientific Obstetrics;” and William was the elder brother. Surgery, it is true, fell heir to the larger kingdom, and for this very reason, perhaps, has made larger use of its hundred and fifty years. By the very brilliancy of its achievement, especially in our own country, it has rather blinded our vision, our academic vision, as to what is the greatest need in the general practice of our profession. The bold and ambitious scalpel has partially excised our very sense of proportion, till now it seems to me, it were almost better if so-called classic surgery were entirely banished from our undergraduate curriculum. If it is important to be in the world at all, the manner and matter of our entrance are surely the first consideration. And we know, only too well, that the price in motherhood and in infancy is still cruel high! The whole problem is, after all, one of fixing values, of securing just proportion.

Already there are signs of the remedy of this. During recent years, not only has there been a re-awakened interest in the science of obstetrics—in antenatal pathology for both mother and child a whole chapter has been written—but there has been a growing perception of the need of better teaching. The added knowledge of the far-reaching importance of the work itself, and its unborn possibilities, have served but to emphasize the imperfect training in many of our schools; the mortality returns in childbed pronounce a severe impeachment; and James P. White of Buffalo, who in America inaugurated clinical teaching of obstetrics, is no longer the voice of one crying in the wilderness as this Congress so abundantly testifies. The work of this Congress is a great missionary service, and you that work therein are in the highest sense missionaries. “Inasmuch as ye have done it to one of the least of these”—these children. All these things bespeak the coming Reformation.

The urgent demand, rightly enough made loudest in the profession itself, is for more practical training, for greater clinical instruction. It is the answering refrain to the far cry of the coming mother and her child; for we who practice medicine “we have heard the children crying Oh, my brothers.” Something has already been done in this respect in our leading hospitals and schools, for at least the tradition of the mere man-midwife has, I think, been finally discarded. But there remains still much to do. The imperative and

absolute need is for a large and more adequate teaching service in our hospitals and dispensaries. I verily believe that each and every hospital is so much the better in its adequate care of the sick by very reason of its teaching; it is thereby saved from Chauvinism and decay. And, granted such clinical service be vouchsafed, I confidently stand sponsor for any worthy medical school that it is only too ready to employ it. And this provision of clinical service it is both the duty and the privilege of the laity to bestow. Each and every Lying-In Hospital should, if possible be affiliated with a teaching school, and on its corner-stone should be written: "For the Healing of the Sick, and the Proper Teaching of the Healers of the Sick."

This, then, is the third part of the necessary equipment of our teaching schools, namely, adequate clinical facilities.

The requisites of good teaching are accordingly three: the teacher, the student to teach, and the patient on whose immediate behalf he teaches.

Samuel Butler has written: "If I had one thing to say to students before I died (I mean if I had to die but might tell students one thing first) I should say: 'Don't learn to do, but learn in doing.'"

In this saying there is embodied the whole truth of the whole business. We really only learn in doing, and a student never really knows a thing till he has done it. This is a general principle from the nursery to the fourth dimension; it holds true with everything under the sun, for not of the brain only is true knowledge. Even right feeling for ourselves and for each other, the very virtues, is really only doing things with our feelings.

Of your own profession this is the very truth, and the hospital is, or should be, the student's workshop. Here the student really learns, for here he works. He begins at the beginning, doing things, and it is only in, and by, such service, that he gains in any sense professional wisdom. His teacher, the master-workman, directs alike the brain and hand, and bequeaths to both the priceless entail of his experience. Under such careful supervision the pupil applies his knowledge, and so wins skill and method, and a growing confidence in himself. Day is so added unto day of larger responsibilities. In a word, he serves a fair apprenticeship, for he learns his trade.

And for obstetrics all this means the Lying-In Hospital. How else can he be taught, and where else, in Heaven's name, can the young obstetrician learn his business? In no place else can he so righteously be trained, can he in fact be trained at all, and in

no other way can the interest of the patient be decently safeguarded. Tell it repeatedly in Gath that there is no power of magic in the medical degree; for if, as undergraduate he be ignorant and untrained, he will as graduate be only something worse. And the school that sends him forth, pronounces him fit to practise, is really the chief accomplice in the murder. There is no argument about it, for two and two make four. In teaching obstetrics an adequate hospital service is an absolute requirement; for, without it, both the teacher and the student are together a reproach.

To quote Butler once again, "Woe unto the specialist who is not a pretty fair generalist," and, of a truth, is it woe unto the obstetrician who has not had a good general training. Moreover, in my opinion a good obstetrician should have special training in pelvic surgery just as the gynecologist should possess practical knowledge of obstetrics. These two subjects are in great degree coordinate; and the one is more or less incomplete without the other.

In American obstetrics to-day this need of clinical facilities is the great deficient. Important as he is, I feel sure we have the teacher, and I know we have the student; but in many of our schools we have not the adequate hospital service. It is our bounden duty, layman and physician alike, to attend to this.

No longer must it be possible for any graduate to say that his practical training in obstetrics consisted merely in observing cases at a distance of so many feet; for, useful as such a man might be as an observer, he is not an obstetrician.

Modern life lays the load still heavier upon us, and, so far as we can see, the obstetrical road winds up-hill all the way. With wider vision, as Dr. Newell so forcibly reminds us, there are new problems at every turn. We serve, it is true, our own generation, but as teachers we do much more than that. It is for us to see to it that here we give faithful account of our stewardship.

A great profession, this our profession of Medicine, as great as humanity itself. We, its obstetrical disciples, stand always at life's threshold to welcome in the new-born; within our arms and looking to our strength mankind enters this world; ours is the care at the beginning. This, ladies and gentlemen, is our profession, and our destiny is to serve therein until for us the night cometh.