

THE SPECIALTY OF OBSTETRICS. PRESENT STATUS,
POSSIBILITIES AND IMPORTANCE.*

BY

HENRY P. NEWMAN, A. M., M. D., F. A. C. S.,

San Diego, Cal.

WHAT I have in mind to say, in response to an invitation to appear upon this program, is the outgrowth of a discussion which took place at a joint meeting of this Section and the Section on Nervous and Mental Diseases in New York at the June meeting, 1917.

At that meeting a paper entitled "The Influence of Labor on the Brain Development of the Child" called attention to the very great responsibility resting upon practitioners of obstetrics for the prevalence of serious brain lesions due to faulty delivery, to prolonged labor, to the use and non-use of forceps with compression of the child's head, contusions and other grave injuries.

It charged the obstetricians with negligence in the use of forceps and with lack of proper appreciation of the seriousness of the situation both as regards the individual and the State.

In the discussion which followed there was quite general agreement as to the authors' premises, which, as a matter of fact, had many times previously been put forward by men in the same field. It has long been a recognized fact that many women are sacrificed every year to the incoming generation and that many babes are lost

*Read at a meeting of the American Medical Association, Section on Obstetrics, Gynecology and Abdominal Surgery, June, 1919.

or maimed in body or mind, so that apprehension of the event and the future is a common attitude among parents.

Long ago I pointed out how large a percentage of life was sacrificed in labor; 7 per cent. mortality for infants it was then, and over 60 per cent. morbidity for mothers. Though there has been some progress in the interest of the child with a reduction in birth mortality to about 4 per cent., there seems to be still an untouched area of danger for the mother which it is the privilege, as it should be the responsibility, of the science and art of obstetrics to clear away.

At the meeting to which I allude, speaker after speaker corroborated the statements of the essayist as to the injuries inflicted upon the race by the neglect of scientific handling of this momentous period of woman's physiologic life, but I was impressed by the fact that few seemed to appreciate the injustice of making this unfortunate situation an arraignment of practitioners of obstetrics, and it is in defense of that small but worthy group that I am moved to offer these remarks, as well as to point out the way to a remedy well within our reach.

I say the group of men at whose door the faults of obstetrics are thus unwarrantably laid is small, and I am myself astonished at the figures which show comparison between those who have undertaken the practice of this branch with sufficient exclusiveness to class themselves as obstetricians solely, and practitioners of all other branches.

I have only approximate data to give you, as taken from the rostra of various special societies, though I do not know where one could look for better data. The proportion reads something like this (taking four representative cities of the East, namely, New York, Philadelphia, Boston and Chicago): In one society which registers 356 specialists in surgery, there are twelve who call themselves obstetricians exclusively, and in the same cities the American Medical Association, with 516 registered as surgeons, has twenty-four obstetricians.

When we compare this percentage with the entire membership of the A.M.A., the figures become nothing short of appalling, and the twenty-four obstetricians practically disappear from the reckoning when any attempt is made to fix responsibility for the faulty obstetrics of the day. Obviously it is not they who are doing the work for our suffering communities, and I appeal again as on other occasions for a reconsideration of this whole subject, placing of the blame where it belongs and where the remedy should be applied.

Why then this neglect of a specialty, manifestly one of the most useful, broad and inclusive of the greater branches of medicine, as it is by all odds one of the most attractive and satisfying in its rewards? To answer this question we must look at the status of the art in public appreciation; for, after all, it is the attitude of the laity that determines largely the bent of the practitioner.

We shall insist, however, that the profession is not without influence in the matter of this public attitude, but, accepting the facts as they are, admit that there is no specialty about which there is so widespread a misconception as this.

Everybody is doing, has always done, obstetrics, and this continuity of common participation is one of the hardest things to break. In a short lifetime, with other, better defined, more recently organized specialties opening before him, the doctor hesitates to stake his future on a career in which associations are so indiscriminate and about which clings so much old custom and superstition of ignorance. One dislikes to be disputing the ground with midwives or poaching upon the broad preserves of the general practitioner.

The situation is rather different with the other specialities. Most of them may be said to have grown out of the advancement of the science of medicine, as research and study brought knowledge of disease manifestations; as new names for old lesions seemed to give distinction to the branches making the discoveries; to make them in a way creators of new science. But with obstetrics one is not concerned with finding a new disease.

It is not the elimination of a pathologic process which should be the preoccupation of a practitioner of this speciality, but the safeguarding and superintending of what should be the most normal of all life functions. Yet around this function gathers the history of all the worst forms of accumulated ignorance and malpractice, and still vitally connected with its practice is a discouraging mass of all the errors and misconceptions still extant.

The general public has its inherited ideas of childbirth, and while pursuing an existence inimical to the normal fulfilment of the function, goes on stubbornly ignoring the mischief that has been wrought and neglecting the care and preparation which widespread pathology demands.

If the profession does not take the lead in changing the situation, the day is coming when this will be recognized by all constituted commissions of public health and by all authorities occupied with the socialization of reforms, as the most pressing concern of the people

which wishes to save itself from extinction. But it has not been left to government authorities to suggest the great health movements which have brought us through former perils to where we are; it is the medical profession which has originated all such suggestions and the reward is with us in the acknowledgments of communities and states.

This is the time and opportunity for the inauguration of a new movement for better obstetrics. Not only must we insist upon it that general practitioners be better equipped for the numerous emergencies which are met, too often without being recognized, but we must launch a campaign for such an understanding and appreciation of the importance of obstetrics as a specialty *per se*, as shall make it not equal in attraction to any other, but to all the others together, since the scope of its application is universal.

When we speak for an insistence upon better practice on the part of those now doing the work we are demanding what it will be difficult for men in the press of modern activities to render. The blame is not alone on the lack of training and comprehension of this great specialty, it is on the attitude of mind that permits one to grasp at the performance of grouped specialties, any of which is worthy one's entire time and attention.

When we consider the character of the pathology to which the pregnant and parturient women is subjected, it is evident that unless the practitioners of obstetrics gives himself up to it with enthusiasm he is but skirting the edge of its possibilities.

There is to-day scarcely a branch of medical science that does not have a bearing on parturition, and we are making more and more discoveries that compel us to abandon the old, easy methods of generalization and devote ourselves to the study, not of diseases in the mass but of individual cases, so large a part do the new, vague menaces of anaphylactic manifestations, metabolic variations and varied tolerances play in all therapeutics and in prophylaxis.

In handling our cases, we must remember that it is the losing or the saving of the individual that counts, and in this specialty two individuals are in danger. And our concern is not only with the present but the future, for with every measure taken to ensure safe and healthy delivery of the child we are steadying the heartbeat of the age that follows us.

Gentlemen, it is for us to do our part in that movement which we are fond of calling "making the world safe for democracy."

We have a vastly better opportunity than those who have the reforming of some broken product of faulty birth. It rests with us to

begin such a campaign of education as shall render the public afraid to undertake so serious a step as the bringing new life into the world without the advice and supervision, during the entire period of gestation, of the ablest obstetrician obtainable.

It is for obstetricians to remove from the way of the embryo those dangers which make its progress to birth the questionable thing statistics prove it to be. It is still more the duty and privilege of this specialty to oversee the condition of the mother from the first advent of maternal hopes until safe delivery of a healthy child, with satisfactory conclusion of the puerperium.

That this is not done by those at present intrusted with midwifery practice, the vast army of crippled, inefficient women, doomed to defeat in life's struggle is sufficient witness. It does not need the actual figures of gynecic disease incident to childbirth to point out the great need of reform, though the records of any gynecologist are a sufficient proof of the lack of obstetrical training.

These familiar after effects do not, however, represent the relation of faulty obstetrics to the general morbidity among women; they are for the most part local manifestations, and leave a wide margin of speculation as to the part placed in the etiology of many systemic diseases by pathology in childbirth.

This illuminating fact can only be established by a system of careful and organized keeping of comparative records. This brings us to a consideration of the main remedy for the evils we have only begun to estimate. First, of course, there must be insistence upon greater skill and judgment on the part of the accoucheur, who might, by the way, well drop this title in favor of one that shall express more truly the function of a practitioner who presides over the entire period of gestation and the puerperium as well as labor itself.

Such cognomens were invented when presiding at birth and the ten days following were the measure of obstetrical responsibility.

With this will come a propaganda for the education of a careless public in matters of such universal importance. There might well be a close coöperation between the work of obstetrical societies and that of the various organizations for child welfare and for public health. Statistics should be gathered from schools for backward and defective children, from asylums for the blind, from hospitals for the insane and the feeble-minded and the crippled.

But chiefly there should be kept at all hospitals complete records of all cases of childbirth, and obstetrical cases should no longer be permitted in any hospital not specially equipped with all that pertains to the most efficient practice of the obstetrical art. In this

direction the recent movement for hospital standardization is destined to play an active part.

When the records of all cases are not only kept on file in every institution receiving patients for treatment, but are accessible at all times to the public for study and comparison, the day for which medicine has waited so long will have come.

Then the public will not risk life and health in the hands of those whose claim to popularity rests on the power of personal advertising, but will meet the profession in demanding that advisors and custodians of the public health shall have authoritative, documentary evidence of their ability to assume the grave responsibilities which attend upon human pathology.

And this evidence shall be furnished by those standardized medical colleges which are following and leading, the movement for practical higher education; and by standardized hospitals whose case records are methodically and systematically kept to the last detail of therapeutic significance.

Hospital standardization will do more for obstetrics than any unorganized efforts could accomplish.

It will do away with false standards of merit; it will once for all clear the atmosphere of that lingering aroma of superstition which surrounds one who is supposed to be a "born doctor," and will establish the fact that it is trained skill which saves the patient. Hospital standardization will make it obligatory upon a staff and institution to show that they can and will furnish the highest degree of efficiency in caring for the pregnant and puerperal women and her offspring.

To recapitulate: The charge that poor obstetrics is to blame for a large per cent. of the evils and handicaps of childhood does not lie against the group of professed specialists in this science, but rather against the indiscriminate group of practitioners of all kinds, licensed and otherwise, who engage in the art as a side issue to other specialties. The uninformed public should be educated into a proper attitude toward this most important issue. All that the profession can do to raise the specialty in importance and estimation and to make it a factor in the betterment of the race and in the reduction of mother and child pathology should be done. Effective aids in this campaign are the movements in behalf of new methods in medical education and the standardization of hospitals; with particular emphasis upon the keeping of all records of obstetrical wards and hospitals and of private practice, to the end that by comparison and study and research into allied branches, much of the reproach may be lifted from a science which still acknowledges so high a mor-

tality in its proper field, and which has not yet taken any accurate method of estimating the vast morbidity among women and children directly traceable to error, mishandling and misconception of the natural function of childbirth.

1200 AMERICAN BUILDING.