THE EQUIPMENT, THE ORGANIZATION AND THE SCOPE OF TEACHING IN THE OBSTETRICAL DEPARTMENT OF A MODERN MEDICAL SCHOOL

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(Read by Title)

It is a noteworthy fact that the revolutionary changes in the teaching and practice of obstetrics in the United States during the past twenty years has received little attention from this Society. In the forty-four volumes of its Transactions, among the many papers presented at the annual meetings I remember but one that dealt with the improved training of young physicians who will be our successors. Has not the Society thus lost an opportunity for leadership which would have added to its prestige and influence?

The trustees of medical schools, advisory committees, State legislatures and boards, naturally turning to the leading national society for advice and information, must have been astounded at its aridity in this field. The writer's endeavor in this communication is to make a tardy amend for the neglect of a question which, it would seem, might have excited interest and received careful consideration long ago.

There are medical schools still undergoing reorganization under private control. Legislatures must give this matter thought in organizing the increasing number of schools supported by the State, the expense of technical education often making private management impracticable. It is in the

hope of furnishing information for the governing bodies of such institutions, and to give aid and support to the teachers who are ambitious to have their departments as nearly as possible on an ideal basis, that the following propositions are advanced:

In a medical school designed for about 400 students in a four years' course the equipment of an obstetric department which entitles it to a respectable position must consist:

1. Of a hospital of at least 100 beds, with a clinical amphitheater; a separate operating room for septic cases and an isolated space for infected women. The apportionment of beds should exceed that for surgery or medicine, for the average instructive capacity of each case in obstetrics is limited in the majority of instances to one or two students.

2. An ambulatory dispensary for the preliminary study of patients and for the follow-up observation and treatment of all cases after discharge from the hospital. Such a dispensary accumulates in time a large service illustrating all the pathologic sequelæ of parturition, including practically all the diseases of women. It should be equipped with every appliance, including electric, for treating women, and should have a social service department attached to it.

3. An out-patient department, with the necessary personnel of nurses, physicians and social service workers. This department should have a separate ambulatory dispensary. On a basis of about 2000 women cared for in their homes annually an enormous dispensary attendance can be secured of women awaiting delivery, and, by a follow-up system, of women suffering from any of the complications or sequelæ of the process of generation at any stage. This service is a valuable feeder to the central hospital, to which all cases requiring operative or other hospital treatment are referred.

It is evident that such an organization gives the obstetric department an amount of clinical material in all the conditions peculiar to women that no other department can rival or even approach.

What is more important, every therapeutic measure required

by women can be shown to the student; the preventive treatment of gynecologic affections by the proper management of labor; the relationship of diseases of the pelvic organs to the reproductive function; the effect of operative measures on subsequent childbearing, and *vice versa*. In short, to any intelligent student the necessity is made obvious of a closely correlated study of all the pathologic and physiologic phenomena of the female generative organs; the effect of the former on fecundity and reproduction and the causative relationship of parturition to the vast majority of women's diseases.

Such is the broad view of modern education, contrasting strikingly with the provincial American practice of the past; an obstetric department concerned only with the delivery of women without regard to their future and a misnamed gynecologic department dealing only with a moiety of the subject; busily engaged for the most part in patching up the results of other physicians' bad obstetrics. Such an arrangement was evidently doomed to extinction by modern progress and could no more be revived than we could recall to life the elder Mr. Weller.

The medical pedagogues of America must agree with their confreres in the rest of the world that the scope of obstetric teaching embraces not only the physiology and pathology of reproduction but necessarily all the diseases of women. The chief of an obstetric department must be a thoroughly trained abdominal and pelvic surgeon, maintaining proficiency in his art by constant practice. Otherwise he is not fit for his position and would be incompetent to deal with the cases that may be admitted to his clinic at any moment; ruptured uterus with injury of intestines, requiring resection; diaphragmatic hernia in pregnancy; discovery of disease of the gall-bladder in the course of an abdominal operation, and so on through a long list.

In brief, he must be prepared to deal surgically or otherwise with all the ills of women whether complicating pregnancy, labor and the puerperium or often their direct consequence.

We have in the University of Pennsylvania a voluntary and a compulsory students' interneship in the maternity; the amount of material he sees, the notes he takes and his conduct on the service are collated to establish his rating in the final examination.

I find this record of a student's clinical opportunities during a voluntary interneship of two weeks:

Seven normal deliveries.
One extraperitoneal Cesarean section.
Transverse presentation with version.
Cesarean section for placenta previa.
Compound presentation with two feet, hand, occiput and prolapsed cord.
Cesarean section for a monster, dicephalus tetratrochius.
Ten plastic operations.
Two ovarian cysts.
One hydrosalpinx.
One salpingitis.
One exploratory laparotomy.
One supra-vaginal hysterectomy.
One large ovarian cyst.
One cancer of the sigmoid; resection.
Six D. and C.
Three appendectomies.
One gas anesthesia.
A radium application.
Two intravenous injections of salt solution.
One blood transfusion.
Two inevitable abortions.
One uterine irrigation.
One ruptured ectopic gestation.

This same individual had another compulsory week's interneship in the hospital; a two weeks' voluntary service in the out-patient department and another compulsory ten-day period; a year of theoretical lectures; another year of clinics, conferences, section work and ward classes in which he saw, heard described and personally assisted in the treatment of

a large additional number of cases such as have been just detailed.

The following question naturally suggests itself: If the chief of an obstetrical department must be an accomplished pelvic and abdominal surgeon; if his department properly organized and conducted controls an amount of clinical material that no other can rival; if he alone in the medical faculty can teach all the conditions which the physician must treat in women, is it pedagogically or economically justifiable to maintain in a medical school a so-called gynecologic department which can only duplicate the teaching of the surgical and obstetric departments and in a manner necessarily inferior to both?

This question has already been answered in the only way it could be answered, by the majority of our best medical schools; it is being similarly answered today as opportunity occurs by vacancies in existing chairs, and it will presently be answered conclusively and finally. As an interested observer, an occasional participant in the *Transactions* and an old member of this Society, it appears to me impolitic to allow a movement which vitally concerns us all to gain irresistible headway and to reach its ultimate goal, apparently ignored by the very organization that should have fostered and directed it.

The reason for our past attitude is obvious: Some of the members occupying positions which are now anomalous and anachronistic would perhaps feel hurt by this discussion. Others, disinterested, might, in the spirit of a *laudator temporis acti,* be honestly convinced that the old order should not be disturbed. But the issue is too important to be influenced by self-interest or unprogressive minds.

This is the only country in the world now rich enough adequately to equip its medical schools; consequently the hegemony of the medical education of the world lies within our grasp if, having the money, we have the wit to seize it.

Apparently the world's center of wealth, power and civilization, shifting with the ages from Mesopotamia, Egypt, Greece, Rome and Northern Europe, is moving to this continent. It

is an inspiring thought that each one of us puny mortals in his tiny sphere may play a part in such a stupendous cosmic drama. Let us teachers of one of the most important medical branches put our house in order that we may merit a place among those who assist and do not hinder the passage to America of the world's leadership in medical education.