

## WHAT IS A UNIVERSITY WOMAN'S CLINIC? \*

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Until recently, we had been very backward in this country in providing facilities for the care of women in labor and for practical obstetric training of students, as will be apparent when I tell you that when I graduated forty odd years ago I had seen only two deliveries, and one of them was in the patient's alley home; and yet I graduated first in my class and received the obstetric prize. Indeed, I think it safe to say that prior to the opening in 1888 of the Sloane Maternity in connection with the College of Physicians and Surgeons of New York there was not a single institution in the entire country especially erected and equipped for that purpose. The result was that while we had numerous gifted and sometimes eloquent teachers, there were no facilities for teaching practical obstetrics—much less for its scientific study, so that young men who wished to perfect themselves in that branch of medicine were compelled to go to Europe, and especially to Germany. Doubtless, at that time numerous small maternities were scattered through the country, which had been founded for purely philanthropic purposes and were usually limited to the care of respectable married women only, but were not utilized for the instruction of students. Early in the nineties, the New York Lying-In Hospital was opened, and for many years it and the Sloane Maternity were the only institutions in the country which approached in any way the continental ideals. Since then, conditions have slowly improved and particularly since the World War a number of institutions of varying degrees of excellence have been opened.

The first mention of an obstetric institution in Europe occurs in connection with the Hotel Dieu in Paris, where in the thirteenth century, during the reign of Saint Louis, a single ward for twenty-four patients was opened. This was quaintly described as being "in a retired and close place, for it stands to reason and is quite proper that women in child-birth should be in a retired and secret place and should not be visible like other sick persons." This "service des accouchiez" remained practically unchanged until the time of Francis the first, when it was enlarged, but even then we read that it was a cellar-like structure, "which was so low down that at high water the level of the Seine was one foot below the windows and two feet above the beds—from which came and any day might come serious inconvenience." It might be added that the patients slept four in a bed, and that no distinction was made as to whether they were sick or well. Indeed, the only great improvement effected prior to the French Revolution was to limit the number of patients to two in each bed, and to attempt to separate them by means of a plank down its center.

During the Revolution, the Maternité, as it was called, was removed to the Abbey Port Royal, where it still remains, and was made famous by the work of Madame La Chapelle and Baudelocque, and later by Tarnier. During that time, however, it was conducted as a school for midwives and was strictly closed to medical students and even to medical men unless they served as consultants. Indeed, it was not until 1745 that a chair of theoretical obstetrics for medical students was instituted at the University of Paris, and it was not until a hundred years later that clinical instruction for them became available.

In Great Britain, conditions were essentially the same, and it is interesting to recall that the inspiring courses of William Hunter and of Smellie were not given in the hospitals or medical schools of London but were private enterprises conducted without supervision on their own premises. Indeed, until comparatively recently there was no great development

of obstetric clinics, with the single exception of the Rotunda Hospital in Dublin, which was founded by Dr. Bartholomew W. Mosse in 1745, which still remains as the largest obstetric hospital in the British Isles.

In Germany, on the other hand, things took a different course, and in 1730, when Johann Jacob Fried was appointed head of the Maternity of Strasbourg, he was able to persuade those in authority to permit its utilization for the training of medical students as well as of midwives. Furthermore, he so stimulated those working with him to extend the bounds of obstetric knowledge that he may be regarded as having organized the first woman's clinic in the world. He directed its activities for thirty-nine years, and built on such firm foundations that years later Osiander described it as "the mother school of all institutes of the kind in Germany."

In 1757, Fried's pupil Roederer organized the clinic at Göttingen and rendered it so famous that it became the model for all clinics founded in Germany up to the present time. Following Roederer, professorships of obstetrics and later clinics were organized in every German and Austrian university, so that from the middle of the last century each German university had its own woman's clinic, in which obstetrics and gynecology were taught and practiced by a single chief. Such clinics, in addition to facilities for the care of patients and the teaching of students, were provided with adequate laboratories for the study of scientific problems, with the result that a large part of our recent knowledge has been derived from that country. In addition, it should be noted that in Germany the choice of the professor has depended quite as much on his strictly scientific contributions as on his clinical capacity, with the result that younger men desiring academic preferment were forced to interest themselves in the study of scientific problems, which is in marked contrast to conditions obtaining in most other countries, where advancement depends on political activity or even on mere seniority of service.

With the present century, and especially following the World War, conditions have improved in this country and, in addition to the Sloane Hospital for Women, large clinics have developed in Montreal, Boston, Baltimore, Cleveland, Iowa City and possibly in San Francisco—and now this great institution is being opened, to be followed next year by the largest clinic of all in connection with the new medical center of Cornell University. All of these clinics are connected with strong universities, and some are at present, while others will probably become, real university woman's clinics. On the other hand, most of the medical schools of the country must still depend on small services in general hospitals for the obstetric training of their students, while a small number do not even have such affiliations.

At first glance the list of clinics just mentioned appears imposing; but when it is recalled that they represent only a small fraction of the medical schools of the country, it is apparent that we are woefully lacking in that respect, and I am fond of saying that we are probably not as well off today as was Germany shortly after the end of the Franco-Prussian War, and that we shall not be justified in claiming material equality with her until every university medical school has a real woman's clinic connected with it, which will be a tedious and expensive process. It is partly to this disparity that I am inclined to attribute a considerable part of the excessive maternal mortality which distinguishes this country, and it appears to me that insistence on this point should serve to stimulate women to realize what a part they can play in improving the situation, as insistence by them that they are entitled to as efficient medical service as in other countries should materially hasten the time when money will become available for building and endowing woman's clinics in connection with every good medical school.

\* Read at the Dedication of the Chicago Lying-In Hospital, April 29, 1931.



What is a university woman's clinic? I would reply, an institution for the treatment of a large number of female patients suffering from the ills peculiar to their sex, both obstetric and gynecologic, and so equipped as to permit their greatest utilization for the teaching of students, and provided with a medical staff which is prepared to devote a considerable proportion of its time to the advancement of knowledge and to the discovery of new facts which will eventually be of value in the care of the sick.

In other words, a university woman's clinic has three main functions—the best possible care of patients, the training of students, and the prosecution of research—and it does not fulfil its full function if it fails in any one of these respects.

#### THE FUNCTION OF TEACHING

In the early years of my medical life it was necessary to expend much energy in persuading those responsible for the conduct of hospitals that the admission of students to their wards conduced to more effective treatment of the patients. At that time it was felt that the presence of students interfered with the best treatment and encroached on the privacy of the patients. Fortunately, that time has long since passed, and it is now universally recognized that the presence of students serves as the greatest possible stimulus to the members of the medical staff, as the constant presence of numbers of keen young men and women makes it impossible for those in charge to become lax or slipshod in the care of those entrusted to them. This being the case, the question arises as to how students shall be taught, and this brings us to differentiate types of teaching. Generally speaking, we distinguish between undergraduate and graduate teaching, the former being the instruction of medical students before graduation, and the latter after they have become doctors of medicine. Undergraduate teaching is relatively simple, as the course of instruction is compulsory and consists of required exercises in the classrooms, laboratories and dispensaries, together with a moderate amount of carefully supervised work in the wards and operating rooms. It should be understood that in no branch of medicine does such teaching train the student to be a capable practitioner but simply gives him the basis on which he may later perfect himself, if he so desires.

Graduate teaching, on the other hand, is much more complicated and is intended to serve two main purposes—first to train the newly graduated doctor to become a first rate practitioner, and second to encourage a relatively small number of men, who have already attained considerable technical efficiency, to advance the bounds of our knowledge and thus raise the general level of medicine.

With a great maternity hospital there should be no difficulty in training the first type of graduate; this is done principally by permitting a certain number to live in the hospital as interns, assistant residents and residents, where they serve as apprentices, and gradually assume increased responsibility as they go on. In my experience it requires four or more years of hospital residence to make a thoroughly competent practical obstetrician. As a result, only about one out of every four or five graduates who enter as interns can be expected to become a competent specialist, while those who serve for shorter terms go into general practice or complete their practical training elsewhere. In other words, an institution should be satisfied if it turns out a single competent specialist each year. It is important for the public to realize that such men are only at the beginning of their career and that many years of additional training and certain peculiar traits of mind and character are required before they become real scientists, and that such a status is rarely obtained before the age of 40, if ever.

Important as the training of competent specialists may be, to my mind the most important function of a university clinic is to train a small number of scientific obstetricians. Candi-

dates for that type of instruction will be recruited from a fraction of those who have served a long residency, as well as from a small number of well trained men who are not satisfied with the intellectual returns from a life spent in practice. These are serious minded men and women who are anxious for a broader training to fit them to become teachers and eventual heads of institutions such as this. This means that they are prepared to spend an additional four to eight years in so perfecting themselves in the art and science of obstetrics and gynecology as to have fair prospect of becoming masters in the subject, and for that purpose the apprentice system just outlined does not suffice. Such men need not only additional clinical training but also an opportunity to immerse themselves in one of the various sciences which underlie the various branches of clinical medicine and surgery. Such graduate students should be members of the hospital and university staff, and hold such positions as associates, assistant professors and associate professors, and must be paid salaries proportionate to their abilities, and it is from the best of them that we expect the important research work which comes from the department.

#### THE MEANING OF RESEARCH

Generally speaking, research implies the attempt to find out something that is as yet unknown, and in the present state of medical knowledge effective results can be accomplished only by applying to practical medicine the technic involved in the so-called basic sciences—chemistry, physics, biology, physiology, pathology, embryology or bacteriology—and this implies that the research scholar must possess a fair mastery of one or the other of these sciences in addition to being a competent obstetrician or gynecologist. It furthermore implies that the institution must possess laboratories adequately equipped for the pursuance of such investigations and be prepared to spend whatever money is necessary for technical assistance and supplies.

It goes without saying that such men must be well prepared and reasonably gifted and must have made up their minds to forego any great financial reward. Consequently, salaries must be provided on which they can exist and which will eventually be increased sufficiently to permit marriage.

Such men should take part in the general teaching of the department and as they perfect themselves offer elective courses in the fields in which they are particularly interested. With clinical work, teaching and research, their entire time will be so occupied that they will be unable, even if they have the desire, to engage in outside private practice—in other words, they must inevitably be on the so-called full time or university basis. If they are of the proper type, they will regard such posts as great opportunities to prepare themselves to fill responsible posts elsewhere. On the other hand, not all good physicians are fitted for such posts, and if they do not possess the type of mind that will find happiness in devotion to work irrespective of financial reward they are bound to be unhappy and, consequently, relatively useless.

It is my conviction that it is from this type of graduate student that the leaders of the future will be recruited and it is imperative that those in charge treat them with fitting consideration.

I find that there is a tendency on the part of many practitioners to regard men who work in laboratories as mere technicians and to consider that it is their function to assist the practitioner in his work, as he holds that investigation in a laboratory unfits one for clinical activity. Doubtless this is sometimes the case, but if it is the rule we have been wasting our facilities. I know from my own experience that such is not the case, and that a combination of clinician and research worker produces the finest type of teacher and physician with which I am familiar. In this connection, it should always be borne in mind that the busy practitioner is usually a parasite on medical knowledge, and that many of the advances which



he so proudly claims as his own are really due to the type of man I have been describing. Furthermore, it should be realized that for practical purposes this type can be developed only within the walls of a real university, which does not consist merely of buildings but of a company of scholars, as President Gilman was so fond of saying, whose chief interest lies in the advancement of knowledge.

I have already indicated that in this country we are relatively poor in university woman's clinics, and now I do not hesitate to state that we are poorer still in men to head them, so that when a vacancy occurs in one of the existing clinics it is extraordinarily difficult to find an efficient chief. It is easy to find a competent practical obstetrician and gynecologist, much more difficult to find one who is in addition a competent teacher, but extraordinarily difficult to find one who combines these gifts with a love for research and the ability to imbue others with the same spirit. In other words, our country as yet has almost completely failed in developing the type of teacher who is able to develop a school of obstetrics and gynecology, such as happens relatively frequently in Germany.

This lack is not peculiar to obstetrics and gynecology but is perceptible in most other branches of medicine, as I know from experience in my own university that whenever the necessity arises for filling an important professorial post it is rare to find in the entire country more than one or two men who give promise of filling it in anything like an ideal manner. The result is that throughout the universities of the country many important posts have to be filled by men who we are sure are unlikely to rise above mediocrity. In my travels about the country during recent years, I have been impressed by the extraordinary development of beautiful and sumptuous buildings devoted to medical education, yet I am often depressed on learning the type of men who have been chosen to control their destinies. In other words, it appears to me that we are in danger of dissipating our energies in the construction of buildings and are failing to develop men, on whom success depends.

It is in part for this reason that I may have appeared to preach to you, for if this wonderful building fails to turn out a succession of the highest type of scientific obstetricians and gynecologists it will be a great disappointment to me and an evidence that it has failed to develop its highest potentialities. It is for this reason that I am so interested in its affiliation with the University of Chicago, as it is my experience that the highest type of medical man is rarely developed outside of a university atmosphere, and even there it is difficult enough.

Self-satisfaction and complacency appear to be a distinguishing earmark of American civilization, and we tend to delude ourselves into believing that our institutions are the best in the world, including universities and hospitals. One has, however, only to read Abraham Flexner's recent book to become convinced that our universities are full of sore spots, and I know that the same applies to most of our clinics. Many of them are beautiful architecturally, but few of them are justifying their existence by their intellectual output, and the reason is that we are not developing broadly trained men.

I have already stated that the maternal mortality is higher in this country than in most other highly civilized states, being twice as high as in Great Britain and three times as high as in Scandinavia. The exact reasons I cannot give you, but I believe that it is in part attributable to defective medical education. Do you realize that two thirds of all the women dying in childbirth succumb to one of two causes—puerperal infection and toxemia? We know the cause of the former and how to prevent it, but when it does occur we can treat it with little more success than did our grandfathers. We can prevent the occurrence of many cases of toxemia by efficient prenatal care, yet we are entirely ignorant of its cause and so are obliged to treat our serious cases entirely empirically, and doubtless often wrongfully.

You will note in the cloisters of this hospital that eight escutcheons have been provided, seven of which have been filled by Dr. DeLee with the heads of prominent obstetricians from all parts of the world who have accomplished great things, but the eighth one has been left vacant, to be eventually filled by the head of the man who shall discover the cause of eclampsia. May it not remain long vacant, and I am sure that Dr. DeLee will endorse my hope that the discoverer may have been trained in this institution.

It would lead too far afield, nor is this the place, to enumerate the many conditions in obstetrics which are awaiting discovery and elucidation. But if any one could discover the cause of eclampsia, and thus save the lives of the 20,000 women who perish from it annually, it would constitute a service to mankind incomparably greater than caring for three or four thousand patients a year as you are planning.

Likewise, think of the boon that will be conferred on woman-kind when laboratory research shall have discovered a means of abolishing the pains of labor by a method that will not only be harmless but also without effect on the efficiency of the process.