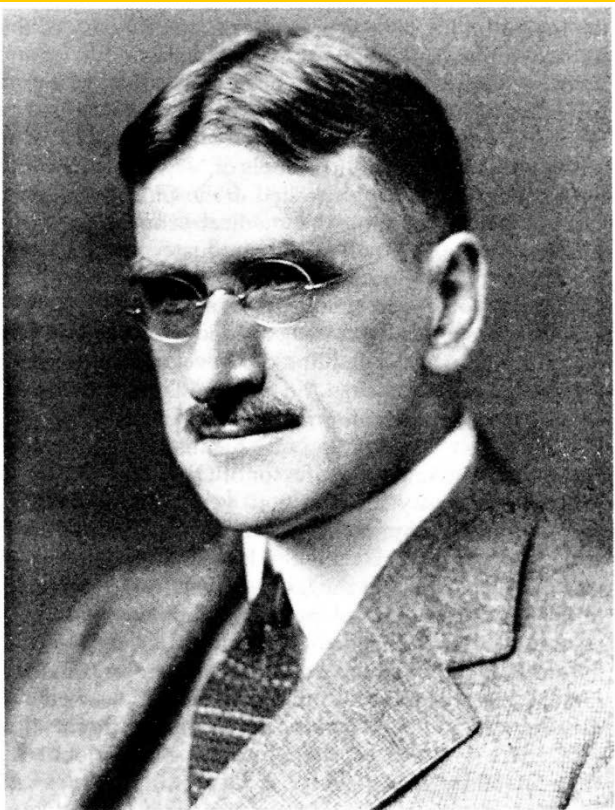


# Fads & Fancies

The Movement Toward “Scientific”  
Obstetrics in the U.S.A. 1910 - 1930

RONALD M. CYR M.D.

REV. DEC 2014



*Rudolph W. Holmes*

Rudolph Wieser Holmes (1870-1953)

# The Fads and Fancies of Obstetrics

*A comment on the  
pseudoscientific trend  
of modern obstetrics.*

Rudolph W. Holmes, M.D. Chicago  
*Trans. Am. Gyn. Soc. 1921*

**Fad:** *a peculiar notion as to the right way to do something*

**Fancy:** *a supposition resting on no solid ground; an arbitrary preference*

O.E.D.

*The basic error has crept into the obstetric field that pregnancy and labor are pathologic entities, that childbearing is a disease, a surgical malady which must be terminated by some spectacular procedure.*

Holmes 1921

*Meddlesome midwifery has taken a more serious turn until it comprises all the known methods of necessity, even major surgery, without the vital essence of a valid indication: the favorite role being those which will consummate delivery with the minimal expenditure of time...*

Holmes 1921

*Is it not a parody on modern scientific obstetrics that each advocate of his special form of interference will proclaim results not in consonance with the experience of experts, will declare the simplicity of the procedure is such that all may do it, no untoward effects need be expected, when in our hearts we know their allegations, probably based upon thoughtless enthusiasm, are most egregiously exaggerated?*

*The indiscriminate employment of operative intervention in obstetrics has accomplished little in the way of conservation of life of the mother and child.*

Holmes 1921

# Interventions

- ▶ “Twilight Sleep”
- ▶ Episiotomy
- ▶ “Prophylactic” Forceps
- ▶ Cesarean Section
- ▶ Elective Podalic Version



# State of U.S. Obstetrics in 1910

- ▶ Home Birth
- ▶ High maternal/fetal mortality
- ▶ Low status of Obstetrics
- ▶ Poor obstetric training

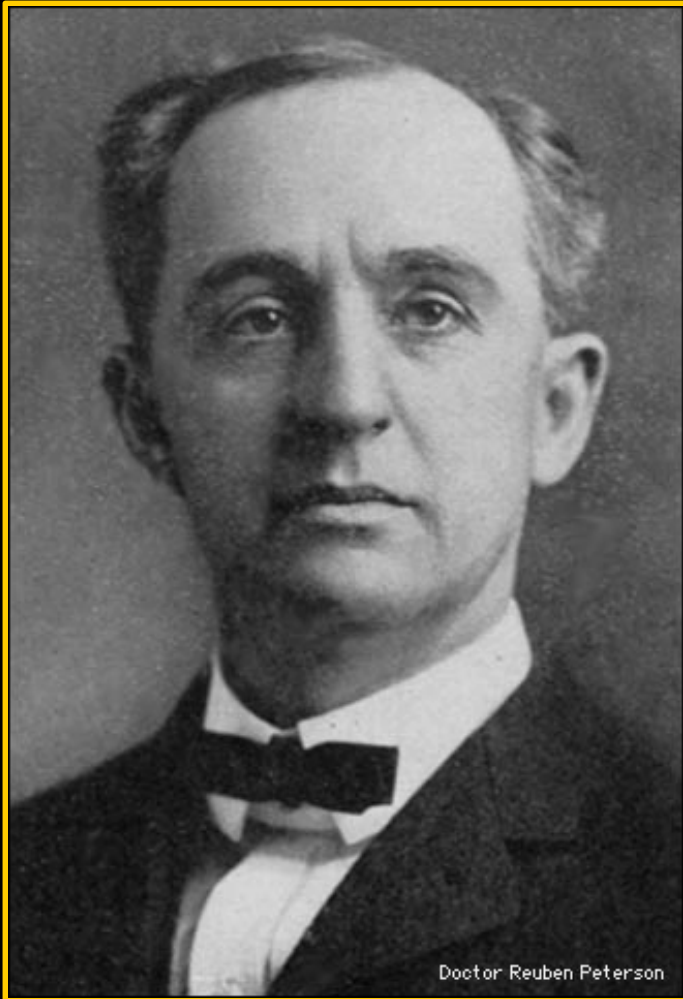
# Maternal Mortality in 1910

- ▶ 410 - 1010 maternal deaths per 100,000 live births. [current USA 7 - 14]
- ▶ Childbirth killed more women aged 15-44 than any condition except tuberculosis.
- ▶ Life expectancy at birth: age 47

# Fetal Mortality in 1910

- 10% within 30 days of birth
- 6-7% during labor
- current USA 0.16%

# Low Status of Obstetrics -1

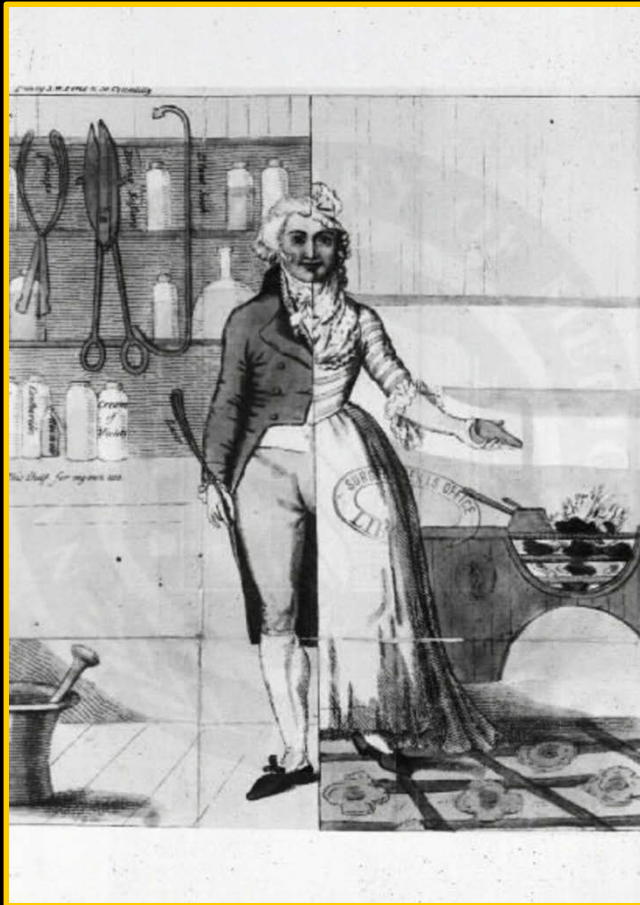


*During the decade from 1890 to 1900, the energy of those interested in the generative tract of women was devoted to the treatment of the diseases of women by surgery.*

Reuben Peterson 1925

Chair ObGyn, U Michigan 1901-1931

# Low Status of Obstetrics -2



*Ambitious men...scorned obstetrics...left these chairs to be filled by the surgically timid...a man midwife ... who waits for the birth of the child because he distrusts his own surgical skill.*

Peterson 1925

*In 1912 only 8 of 42 academic Chairs were combined Ob and Gyn.*

# Low Status of Obstetrics -3

*The great majority of the medical profession seem to believe that since childbearing is a natural function a physician needs no special training to fit him to practice obstetrics.*

Franklin S. Newell, Boston 1914



# Low Status of Obstetrics - 4

*My successor in the Chair of obstetrics will not be obliged to argue with one high in university authority, as I did, over the statement that all expense for clinical obstetrics was foolishness and that one woman delivered before the class was enough to demonstrate the way a baby is born.*

Peterson 1925

# Poor Obstetric Training - 1

- ▶ At NWU~1891, students witnessed a delivery only if they could bribe a woman to deliver her baby in the school's amphitheater.
- ▶ DeLee, a NWU graduate, later recalled that he had been fortunate to have watched two such deliveries during his student years.



# Poor Obstetric Training - 2

*After eighteen years' experience in teaching what is probably the best body of medical students ever collected in this country, I could unhesitatingly state that my own students are unfit on graduation to practice obstetrics in its broad sense, and are scarcely prepared to handle normal cases.*

J. Whitridge Williams, 1912

# Poor Obstetric Training - 3

- ▶ *In 1901 at Michigan there was no clinical obstetric teaching.*
- ▶ *Six or seven women were delivered yearly, before sections of the class by the demonstrator of obstetrics, but as far as I could learn no student had an opportunity to examine the pregnant woman, much less deliver her.*

Peterson, 1925

# Impetus for Change

- Organized medicine
- Philanthropy
- Rise of the Institutional Specialist
- Government Involvement
- Consumer demand

# Organized Medicine - 1

## The “Midwife Problem”

- In 1900 > 50% births by midwives
- From late 1800s, systematic attack on midwives by A.M.A. and State Medical Societies
- Midwives portrayed as *uneducated and as a rule superstitious and dirty persons* – Reineking 1899
- Poor results blamed on Midwives
- Legislative efforts to control/eliminate the midwife

# Organized Medicine - 2

- Midwives were regulated or banned in most States; by 1930, <15% births by midwives, mostly in the rural south.
- By sensitizing legislators and the public to the importance of “scientific” care, the profession unwittingly set the stage for government involvement in health care.

# Organized Medicine - 3

Astute observers noted that replacing midwives with poorly-trained doctors was no improvement:

*The essential difference between a midwife and a physician is that the latter are free to hasten delivery by means of forceps, version, etc. This, in my experience, results in more serious consequences than the shortcomings of midwives.*

Van Peyma, 1915

# Philanthropy

Wealthy benefactors financed medical schools and maternity hospitals:

- Johns Hopkins
- New-York Lying-In (J.P. Morgan)
- Sloane Hospital, N.Y. (Vanderbilts)

Carnegie Foundation: Flexner Report on the state of medical training in America: 1910

*The very worst showing is made  
in the matter of Obstetrics.*

# Institutional Specialists - 1

- In early 1900s most Obstetrics in the home by GPs & Midwives
- Maternity hospitals affiliated with medical schools = internships/residencies.
- Full-time academic specialists published articles and wrote textbooks.
- During 1910s, institutional specialists laid claim to the mantle of “professionalism”.

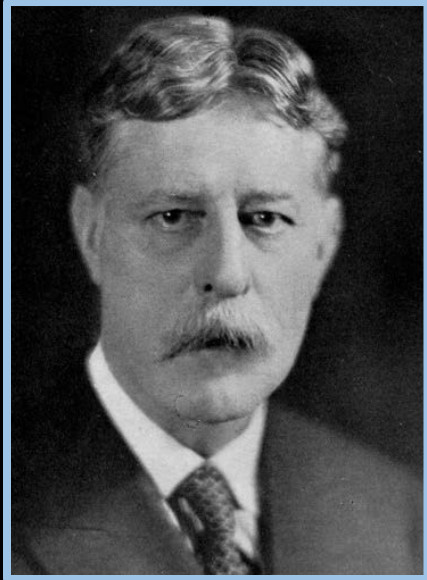


# Institutional Specialists - 2

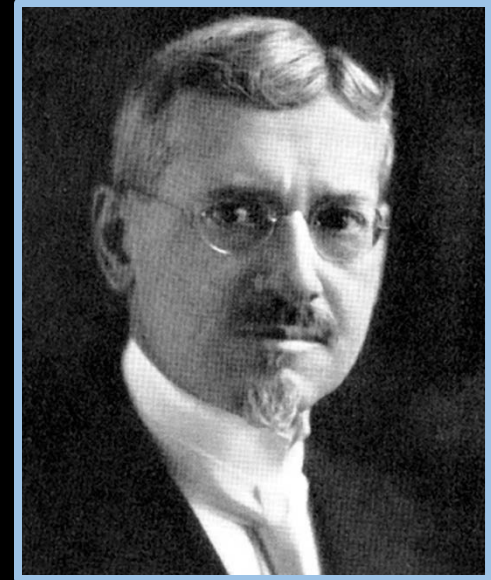
*...their elite social status helped them gain access and assume power in the hospitals and medical schools that came to dominate 20<sup>th</sup>-century ideals of “scientific” medical practice.*

Wertz, 1977

# Institutional Specialists - 3



J. Whitridge Williams  
1866 - 1932



Joseph B. DeLee  
1869 - 1942

- Williams and DeLee were the most influential US obstetricians of the 20<sup>th</sup> century.
- They disagreed publicly on almost everything. Williams was the more “conservative”.

# J. Whitridge Williams - 1

- Johns Hopkins from 1893. Chair OB 1899-1931
- Dean, Johns Hopkins, 1911-1923.
- Eponymous textbook 1903.
- Advocated unified Ob/Gyn and full-time system.
- “Old money”, cultured, creature of habit, gentleman, well-loved

# OBSTETRICS

*A TEXT-BOOK FOR THE USE OF STUDENTS  
AND PRACTITIONERS*

BY

J. WHITRIDGE WILLIAMS

PROFESSOR OF OBSTETRICS, JOHNS HOPKINS UNIVERSITY; OBSTETRICIAN-IN-CHIEF  
TO THE JOHNS HOPKINS HOSPITAL; GYNÆCOLOGIST TO THE UNION  
PROTESTANT INFIRMARY, BALTIMORE, MD.

WITH EIGHT COLOURED PLATES AND  
SIX HUNDRED AND THIRTY ILLUSTRATIONS IN THE TEXT

NEW YORK AND LONDON  
D. APPLETON AND COMPANY

1903

# J. Whitridge Williams -2

*Recognition by medical faculties and hospitals that obstetrics is one of the fundamental branches of medicine, and that the obstetrician should not be merely a man-midwife, but a scientifically trained man with a broad grasp of the subject.*

1912

# J. Whitridge Williams - 3

*Insistence in university medical schools that the head of the department be a real professor, whose prime object is the care of hospital patients, the proper training of assistants and students, and the advancement of knowledge, rather than to be a prosperous practitioner.*

1912

# J. Whitridge Williams - 4

*Education of the general practitioner to realize that he is competent only to conduct normal cases of labor, and that major obstetrics is major surgery, and should be undertaken only by specially trained men in control of abundant hospital facilities.*

1912

# J. Whitridge Williams - 5

*I hope I may live to see the day when the term obstetrician will have disappeared and when all teachers, at least, will unite in fostering a broader gynecology, instead of being divided as at present into knife-loving gynecologists and equally narrow-minded obstetricians, who are frequently little more than trained man-midwives.*

Am Gyn Soc, Presidential address, 1914



# Joseph B. DeLee -1

- Founder Chicago Lying-In Hospital
- Editor of Yearbook for 39 years
- Textbook 1913
- "Prophylactic" Forceps 1920
- *Humanitarian, perfectionist, idealist, scientist, skilled technician, teacher, humble*

J.P. Greenhill

*THE*  
PRINCIPLES AND PRACTICE  
*OF*  
OBSTETRICS

*BY*  
JOSEPH B. DE LEE, A.M., M.D.

PROFESSOR OF OBSTETRICS AT THE NORTHWESTERN UNIVERSITY MEDICAL SCHOOL; OBSTETRICIAN TO THE CHICAGO LYING-IN HOSPITAL AND DISPENSARY, AND TO WESLEY AND MERCY HOSPITALS; CONSULTING OBSTETRICIAN TO COOK COUNTY AND PROVIDENT HOSPITALS, ETC.

*WITH 913 ILLUSTRATIONS*  
*150 OF THEM IN COLORS*

PHILADELPHIA AND LONDON  
W. B. SAUNDERS COMPANY

1913

# Joseph B. DeLee - 2

- ▶ *It is generally conceded that the practice of obstetrics is on a low plane.*
- ▶ *Many reasons have been advanced to account for it, but in my opinion the basic cause is the prevalence of the notion that childbirth is a normal function.*

DeLee, Preface 1913

# Joseph B. DeLee - 3

*Can a function so perilous, that in spite of the best care, it kills thousands of women every year, that leaves at least a quarter of the women more or less invalided, and a majority with permanent anatomic changes of structure, that is always attended by severe pain and tearing of tissues, and that kills 3 to 5 % of children —CAN SUCH A FUNCTION BE CALLED NORMAL?*

DeLee, Preface, 1913

# Joseph B. DeLee - 4

*We must not bring the ideals of obstetrics down to the level of the general, the occasional practitioner -we must bring the general practice of obstetrics up to the level of that of the specialist.*

DeLee, 1920

*Non vi sed arte*

*Primum non nocere*

# Consumer Demand - 1

*The public is demanding, with a voice that becomes louder and more insistent each year, relief from the dangers of child-birth for the child-bearing woman. As regards the pain, the rapid spread of the twilight sleep craze will show the demand.*

DeLee, 1920

## *American Women Demand Twilight Sleep*

In the last six months, however, Americans in all parts of the country have been doing this. The pressure came from the women themselves. The wide popular exploitation had precisely the effect which the medical profession had so greatly feared: it prompted women to demand the treatment. Considerably against their will, therefore, medical societies began to debate the new procedure.

McClure's Magazine

April 1915

# Consumer Demand - 2

- *The women are beginning to realize that they need not suffer the damage of labor; the permanent invalidism and death that their mothers suffered.*
- *They have learned to seek expert skill and they are willing to pay for it. Further, they are not willing to suffer the pain of labor, and demand its relief.*

DeLee, 1920

# Consumer Demand - 3

*I hold that a patient should be treated as judgment dictates; that we should act as practitioners of medicine instead of those who cater to the wishes of our patients.*

J. Lesley Bovee, 1921



# "Twilight Sleep" - 1

- *No medical subject in recent years has created such widespread discussion among the public.*
- *The press recounted miraculous reports daily of women who had gone through childbirth painlessly.*

Rongy, 1915

# Mc CLURE'S MAGAZINE

VOLUME XLIII No. 2

JUNE, 1914

## PAINLESS CHILDBIRTH

By

MARGUERITE TRACY AND CONSTANCE LEUPP

A NEW AND PAINLESS method of childbirth has been developed in the medical clinic of the University of Baden, at Freiburg, by two men famous throughout the medical profession of the world. This method has now been used in five thousand cases with practically unvarying success. Not a single fatality to the mother can be charged to it; and under it the rate of infant mortality has decreased. A complete account of this method, containing the reports of the hospital authorities and the first-hand evidence of mothers who have undergone the treatment, has been prepared at Freiburg by representatives of McCLURE'S MAGAZINE, and is presented here for the first time.



## MORE ABOUT PAINLESS CHILDBIRTH

By

MARY BOYD AND MARGUERITE TRACY

NO ARTICLE EVER PUBLISHED IN McCLURE'S ATTRACTED MORE ATTENTION THAN "PAINLESS CHILDBIRTH" IN THE JUNE ISSUE. IMMEDIATELY THERE CAME FROM ALL PARTS OF THE COUNTRY A DEMAND NOT ONLY FOR THE INTRODUCTION OF THE FREIBURG METHOD IN AMERICA, BUT FOR MORE INFORMATION ABOUT THE SUBJECT. ACCORDINGLY, WE ARE PRESENTING HEREWITH FURTHER NEW FACTS REGARDING TWILIGHT SLEEP. PLANS ARE UNDER WAY IN MANY CITIES TO EQUIP DOCTORS AND HOSPITALS TO GIVE THE NEW TREATMENT PROPERLY; AND, DIFFICULT AS

# Mc CLURE'S MAGAZINE

VOLUME XLIV No. 6

APRIL, 1915

## TWILIGHT SLEEP IN AMERICA

By

CONSTANCE LEUPP AND BURTON J. HENDRICK

TEN months ago McCLURE'S MAGAZINE published the first account in this country of the Freiburg method of painless childbirth. The article met with an overwhelming response from every part of the United States. Hundreds of letters poured in from the women of the country, asking for further information regarding the method. At the same time, the article was vigorously attacked by medical journals and physicians, some of them of high standing, chiefly on the ground that the method had been tried in this country, had been found dangerous, and had been discarded.

Since last June, however, owing largely to the pressure of demand from the women themselves, numbers of American physicians have visited Freiburg, have studied the method at first hand, and have introduced it experimentally in hospitals in nearly all our large cities. The results are of extraordinary interest. The following article describes what American physicians have accomplished with Twilight Sleep, and what conclusions they have drawn regarding it.

# “Twilight Sleep” - 2

- Scopolamine-Morphine
- 1<sup>st</sup> reported in 1902 (Steinbuchel, Gratz)
- Perfected by Krönig and Gauss, Freiburg
- 1<sup>st</sup> use in USA after *McClure's Magazine* article in June 1914

# “Twilight Sleep” - 3

- Women with feminist and suffragist sympathies spearheaded drive.
- Twilight Sleep Association formed in N.Y. *to promote all safe and efficacious means of securing painless childbirth.*



**TWILIGHT SLEEP  
MATERNITY HOSPITAL**  
197 BAY STATE ROAD, BOSTON.

*A Thoroughly-equipped Modern Maternity House. The Commotion, Noise, Hustle and Responsibility of one's Home or the General Hospital are all obviated. All the Modern Methods of Obstetric Anesthesia administered. Physicians may attend their Own Cases. Graduate Obstetric Nurses only in attendance.*

*Rates — \$20.00 per week up.*

ELIZA TAYLOR RANSOM, M. D.  
SUPERINTENDENT.

DETAILED INFORMATION  
TEL. 1716 BACK BAY

# Eliza Ransom Maternity Hospital

## 1914

# Why women should have painless births

- *...today, particularly in this country, ..we are inclined to think of our bodies, not as instruments of cosmic forces, but as ...tools of our own desires.*
- *We take care of our bodies,...and then demand that they serve us absolutely...to inflict upon the modern woman many burdens and sufferings which a cruder type of woman took as a matter of course is unnatural.*

# “Twilight Sleep” - 4

*It is certainly most unfortunate that the first comprehensive description in this country of this form of treatment appeared in the lay publications, for this created a strong prejudice against it within the medical profession...*

Rongy, 1915

# THE PROPHYLACTIC FORCEPS OPERATION

BY JOS. B. DELEE, M.D., CHICAGO, ILL.

1920

**T**HE time is not yet ripe for a general recommendation of the procedure to be described in this paper. As obstetric specialists, we must lead the way in improvements of our art, for this is still capable of improvement. The public is demanding with a voice that becomes louder and more insistent each year, relief from the dangers of childbirth for the childbearing woman. As regards the pain, the rapid spread of the twilight sleep craze will show that the demand for "tokophobia" is spreading among women.

The "prophylactic forceps operation" is the routine delivery of the child in head presentation when the head has come to rest on the pelvic floor, and the early removal of the placenta.

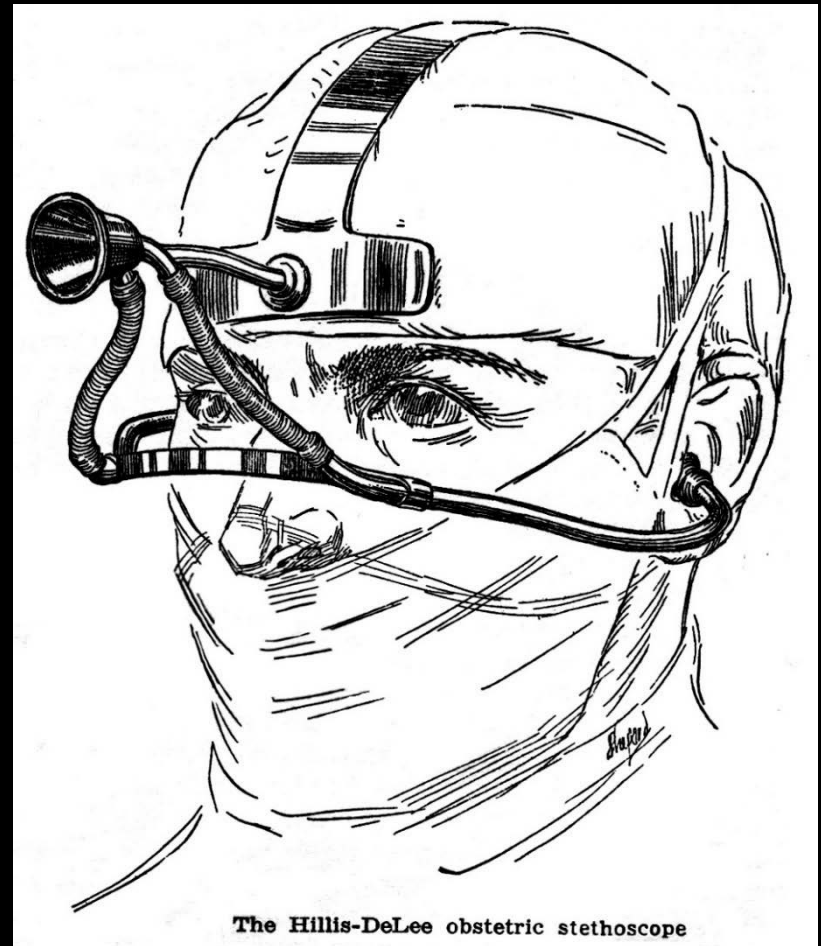


# Objects of the method

- ▶ *To save the pelvic floor and fascia from destruction. (Medio-lateral episiotomy)*
- ▶ *To save the woman from exhaustion and hemorrhage, even moderate bleeding.*
- ▶ *To save the child from injurious pressure or death.*

# "Prophylactic" Forceps

- ▶ Arbitrary 2<sup>nd</sup> Stage.
- ▶ FHR Monitoring during 2<sup>nd</sup> Stage.
- ▶ Medio-lateral episiotomy
- ▶ Early removal of placenta



Now the writer freely admits that this method of treating labor is a revolutionary departure from time-honored custom and must have really sound scientific basis for recommendation. This it has.

It is not a complete reversal of the watchful expectancy that is universally taught, but I cannot deny that it interferes much with Nature's process. Were not the results I have achieved so gratifying, I myself would call it meddling midwifery. For unskilled hands it is unjustifiable.

DR. J. WHITRIDGE WILLIAMS, BALTIMORE.—I am sorry to say that there are only two things in Dr. DeLee's paper with which I entirely agree. The first is to allow the cervix to undergo spontaneous dilatation, and the second is the correctness of the general anatomical considerations which he has adduced. With the rest of it I do not agree. Doubtless Dr. DeLee, or the majority of those present can deliver women in the manner he has described and leave them in better condition than had they been delivered in the usual way by the average practitioner. On the other hand, I believe that if his practice were to become general and widely adopted, women would be worse off eventually than had their labors been conducted by midwives.

*His students ... see the operation, and it is all very well to tell them not to do it, but they will do it because they have seen it done, and the results will be very different from what they are in his hospital.*

Watts Eden, 1920

# Cesarean Section - 1

Reynolds (Boston) created a stir in 1906 by advocating elective cesarean *in an exceedingly small class of overcivilized women in whom the natural powers of withstanding pain and muscular fatigue are abnormally deficient.*

# Cesarean Section - 2

*There is no question to my mind but that the results of Cesarean section in competent hands are better for both mother and child than the results of difficult forceps operations or versions.*

Newell, 1913

# Cesarean Section - 3

- ▶ *Many women are ready to undergo the slightly increased risk of cesarean section in order to avoid the perils and pain of even ordinary labor.*
- ▶ *I am confident that if the women were given only a little encouragement in this direction, the demand for cesarean section would be overwhelming.*

DeLee, 1921

# Cesarean Section - 4

*...throughout the community Cesarean sections are being done upon the flimsiest sort of indications, and in my own service, I have regarded the indications for it from an extremely conservative point of view.*

W. Williams, 1919



# Cesarean Section - 5

*Anybody, who can use his hands and has a few tools can do a Cesarean section, but to get a living baby through a moderately contracted birth canal without serious injury to the mother requires a great deal of thought and skill, so that I take much more pride in getting my borderline cases through spontaneously than I do in opening their abdomens.*

W.Williams, 1919

# Elective Internal Podalic Version



IRVING WHITE POTTER  
1868-1956

- ▶ Irving W. Potter was a Buffalo NY obstetrician who achieved fame and notoriety by practicing and advocating routine internal podalic version to shorten the 2nd stage of labor in otherwise normal vertex presentations.
- ▶ By 1942, he had delivered over 25,000 babies ---most of them by version and extraction.

# Internal Podalic Version

- ▶ Conversion of any presentation into a footling breech by intrauterine manipulation, and subsequent delivery by breech extraction.
- ▶ Until the widespread availability of forceps during 18th century, this was only method of delivering an intact child in cases of dystocia, malposition, and emergencies such as hemorrhage (flooding) and cord prolapse.

# THE PLACE OF VERSION IN OBSTETRICS

By

IRVING W. POTTER, M.D., F.A.C.S.,  
BUFFALO, NEW YORK,

OBSTETRICIAN-IN-CHIEF, DEACONESS HOSPITAL AND ST. MARY'S MATERNITY HOSPITAL;  
ATTENDING OBSTETRICIAN, CITY HOSPITAL; CONSULTING OBSTETRICIAN, COLUMBUS  
HOSPITAL, BUFFALO HOMEOPATHIC HOSPITAL, AND SALVATION ARMY HOME.

WITH 42 ILLUSTRATIONS

ST. LOUIS  
C. V. MOSBY COMPANY  
1922

THIS BOOK IS DEDICATED

TO THE

“WOMAN IN TRAVAIL”

IN THE REVERENT HOPE THAT HER “HOUR” MAY BE SHORTENED, HER  
“ANGUISH” LESSENERED, AND HER “JOY” MADE COMPLETE

*Any advance in the practice of  
Obstetrics, which will conserve  
the strength and well-being of  
the attendant ...provided that  
safety and efficiency are in no  
way lessened or sacrificed, is  
worthy of consideration, even  
upon this ground alone.*

# “Conservatism” v. “Radicalism”

*The conservative adheres blindly to the methods of the past and refuses to give his patients the benefits of modern progress...The so-called radical is trying to give his patients the benefits of modern progress.*

Newell, 1914

# “Conservatism” v. “Radicalism”

*A legitimate amount of conservatism is absolutely essential on the part of the medical profession, so that a proper equilibrium may be obtained, and the public be protected against the results of over-enthusiasm.*

Rongy, 1915

# “Conservatism” v. “Radicalism”

*It seems to me, the pendulum is swinging back to conservatism. It is necessary to go through this period of radical methods in order to swing back to sane methods, but surely that day is coming, and from now on we are going to give women in labor a chance, being ever ready to help them surgically, when necessary.*

Peterson, 1922

# “Conservatism” v. “Radicalism”

*...if the spread of radicalism continues, there will be no place for the physiology of labor and the future obstetrician will have no experience on which to base the indications for his operations.*

Heaney, 1922



# “Conservatism” v. “Radicalism”

*The caution, often added, that certain operative procedures are for the experienced operator only, does but little good, for there are not wanting in every community of any size, men who do not hesitate to attempt any operative maneuver, obstetric or otherwise, with a minimum of preparation or with none whatever.*

W.C. Danforth, 1922

# “Conservatism” v. “Radicalism”

- ▶ The safety of institutional methods... depends very largely upon the judgment and skill of those who determine them.
- ▶ We believe that a watchful conservatism, allowing the forces of Nature to accomplish delivery if possible, with careful operative interference at once upon proper indication, still remains the safest standard of obstetric practice.

• W.C. Danforth,  
1922