OBSTETRICS AS A BRANCH OF EDUCATION:

*Being an Address introductory to the Course of Lectures in
Obstetric Medicine in the Queen's College, Galway,
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GENTLEMEN,—Before commencing this course of lectures, a little time will be well spent in considering, not only what it is we shall have to study during the ensuing term, but also the position our subject occupies in medical science, its history, and its importance. On its importance to your future patients should, on its importance to you as students now, as practitioners hereafter, will, in a great measure, depend the amount of study and attention you will bestow on it.

Our study is the generative system of the female; the changes produced therein by pregnancy and morbid processes; the phenomena of labour, both normal and abnormal; and the duties of the physician in connection therewith. Everything connected with pregnancy and labour comes under the domain of midwifery; with departure from the normal standard in the unimpregnated under that of diseases of women. The scientific synonyms are obstetrics and gynaecology.

To teach you their physiology and pathology, diagnosis and treatment, would require not one, but many courses of lectures. Unfortunately, it is too much the habit now, as it was altogether formerly, to consider these subjects as essentially specialties, as easy of acquirement, as needing a very superficial knowledge, as being unimportant to the general practitioner, and as forming a very insignificant portion of the education that a medical man should receive. And, although this view is rapidly passing away, and the fact is becoming more and more realised that obstetrics and gynaecology are portions of medical science requiring the highest faculties of the mind to comprehend, containing problems the most intricate to solve, operations calling forth the most finished surgical skill, and affording a key to the study of general disease found in no other branch; and although their daily importance in practice is being acknowledged; yet colleges and schools do not yet afford the facilities for their study which their merits and importance demand.

To understand why this is so, it is necessary that we should glance at its history; and, although the study of obstetrics from ancient times to the present, its rise and fall, and the causes which have brought about the rapid progress it has made in later years, would be most interesting and instructive to you, the proper time for that will be when you have adopted the *toga virilis* which the doctor's gown represents.

I intend now merely to give you a very slight sketch indeed of its progress, in order to show why it is even yet considered of only secondary importance in an educational point of view; and I shall then endeavour to prove that it ought to receive from you as earnest attention and as hard work as any other portion of your medical studies.

As parturition dates from the time when human beings first inhabited this world of ours, and as we have reason to believe that primeval man was for some time free from disease, in antiquity obstetrics ranks before the other branches of our science. Disease being absent, it was at first a purely physiological act, and it is to be presumed that the human female brought forth her young as easily and with as little assistance as the lower animals. But this happy state of things did not long continue, and those disturbing influences which affect the normal economy, and which we call disease, having crept in, this physiological act suffered in common with the rest of the system, and complications and difficulties occurred which demanded assistance. Whether it was that these accidents were gradually developed, or that from the free healthy life led, they were unfrequent, and did not at first call for much skill, or that, combined with these causes, it was thought that women ought to be attended by women, we find that the first obstetricians were midwives.

After a time, affections of the genital organs, independent of pregnancy and labour, possibly causing sterility and the loss of foetal life during parturition, together with the value placed on offspring, demanded a higher degree of skill and a more extended knowledge of medicine than the female midwife possessed; and hence we find that medical practitioners directed their attention to the subject. Thus Galen, Hippocrates, Avicenna, and others, treat of female diseases, and describe instruments for uterine therapeutics and for facilitating delivery. But the business, as it was looked on, of a midwife was considered beneath the dignity of a physician; and, in the East, owing to the

peculiar sexual condition and views of the people, it could only be practised by women; and so through the Middle Ages it languished until the time of Ambroise Paré and his pupil Guillemeau.

To the intellect of John Hunter is to be attributed a great advance in the art of obstetrics, and his book on the gravid uterus is recognised to the present day as a worthy testimony of his genius; and the discovery of the Chamberlens proved that more could be done to save life and lessen suffering by surgical skill and mechanical inventions than had hitherto been thought possible. In our own day, such vast strides have been made by this branch of our profession, that it now occupies a position second to neither surgery nor medicine.

I have told you that the practice of midwifery was looked down upon, and was considered unfit to be practised by the high class physician or surgeon, and only suitable to women or barber-surgeons. Now, this feeling did not arise from the idea that there was anything degrading in saving the mother or child, or in relieving the sufferings of a woman afflicted with uterine disease, but from sheer ignorance.

It was thought that there was nothing in obstetrics; that the duties of midwives were of the very simplest kind; that diseases of women were few and easily treated; in fact, it was regarded not so much as a science or an art, but more as a business unworthy of the attention of a cultivated mind or powerful intellect. Thus we find Sir Anthony Carlisle recommending the practice of midwifery being left to the wives of the general practitioners; the College of Physicians in Ireland refusing to grant its licence or allow its licentiates to become practitioners of midwifery; and the College of Surgeons of England entirely ignoring obstetrics in its examinations. Although this is now changed; although obstetric practitioners are not only granted the licence of the College of Physicians, but have filled its Presidential Chair; although the universities have made some knowledge of obstetrics a *sine quâ non* for their medical degrees; and, although other medical licensing bodies have so far recognised the position which obstetric science has attained, that they have made it a portion of their curriculum and established special examinations and diplomas for it: yet such is the effect of prejudice, so difficult is it to overcome opinions which are supported by the weight of antiquity, that sufficient time is not devoted for the teaching of this the most important branch of your profession, and a six months' course of lectures, with a certificate of attendance at a few cases of labour, is thought sufficient to justify a man in undertaking duties which will tax to the uttermost his skill and knowledge.

So far for its history. We must now consider the practical question for you; that is, its importance. I take it that the value of a given subject to you does not depend merely on how "it pays" to take it up for your degree, but how it will tell on your after-career, and, higher still, how it will limit or extend your sphere of usefulness, your power of doing good in your day and generation.

From this point of view, there is no branch of your profession so important for you to know thoroughly as that relating to obstetrics and diseases of women; not merely from the fact that most of you will have women in their confinements, and treat their special disorders, but also from the bearing their phenomena have on other diseases, and from the clue they give to the causation, progress, and treatment of various affections of other organs, both in the female and, by analogy, in the male.

Do not suppose that, if you enter the Army or Naval Medical Service, you can safely ignore obstetrics. Each regiment, every station, will have attached to it women who, in the natural course of events, will become pregnant and require your care, whose labours you will be compelled to attend, and whose disorders you must treat. If you enter the Poor-law service, your most frequent calls will be, not to natural, but to abnormal labours; and in private practice, save the favoured few who, residing in large towns, can adopt a special line, all others must take midwifery practice.

Now, I shall show, in considering this question of its importance to you, that it is your interest to thoroughly master the subject:—First, from its inherent importance; *a.* With regard to the number of cases you will have to attend; that is, the proportion which midwifery and diseases of women will bear to your entire practice; *b.* With regard to the difficulties to be met with, the dangers to be overcome, and the operations to be undertaken. And, secondly, from its importance with regard to general practice; *a.* As regards differential diagnosis; *b.* As regards the insight it gives into the etiology and treatment of disease.

First, then, as to the number or proportion of cases; it has been calculated that, of general practice, three-fourths of the cases are obstetric, and it is hardly too much to say that one-half of the female patients will suffer from uterine disease. Can you spend too much time or devote too great attention to that branch of your profession which will supply you with so large a proportion of your practice? But it

derives no less importance from the difficulties and dangers which arise, from the skill necessary to carry its operations to a successful issue, and from the fact that, whereas in medical or surgical affections only one life depends on your knowledge, here two are to be saved.

In no other condition do we find transitions from apparent safety to the most imminent peril supervene with such startling rapidity. You may leave your patient at one moment progressing favourably, everything going on well; the next you are called back to find her life in the balance, and most frequently to which side the scale shall incline—to safety or death—will depend on you and on you alone. In the dead hours of the night, alone, unaided, with no one to help, to advise, to consult with, almost, if not altogether, without warning, you will stand face to face with death. How can you fight, how can you conquer, unless you have your arms at hand, unless you have tried them? You will require all your presence of mind; how can you have it unless you possess that consciousness of power, that calmness of thought, that promptitude of action, which alone accompany a thorough knowledge of your art? Without it you will be as helpless as a child, as incapable of action as the looker-on, who can only wail and moan.

Independently, however, of these sudden crises, abnormal varieties of labour call for diagnostic skill, operative dexterity, and the exercise of a variety of resource seldom, if ever, exceeded in the other branches. To decide in what cases both mother and child can be saved, in what one must perish, requires no little judgment, and entails an amount of responsibility truly appalling.

And the operations that may be needed to carry into effect what you judge to be right are by no means easy, and require great skill for their proper performance. Turning is frequently more difficult than reducing a dislocation; the high forceps operation, cephalotripsy, and embryotomy are more difficult than an amputation; and there is no operation in surgery which surpasses the Cæsarean section, whether we regard the great object in view, the saving of both mother and child, or the skill and tact essential to its proper execution.

It is necessary, too, for you to remember, when comparing obstetrics and general medicine, that in the latter, in the vast majority of acute and even in some chronic diseases, you have two powerful allies—nature and time; but, in the former, time is a deadly enemy, nature often a foe. The natural throes frequently injure your patient, and, as time passes and no relief is given, she becomes exhausted and dies. In most medical or surgical cases, you, if puzzled or undecided, have time for consideration, for consultation, for study; in obstetrics, you most frequently must act at once.

So far for obstetrics: let us see if diseases of women demand from you as great medical knowledge, as high surgical skill, as complete general education, as pure medicine or pure surgery. As the health of the uterine organs is, so will be the health of the woman. If they be diseased, functionally or organically, the general health will more or less fail; and to discover, as experience proves, what is wrong will often be no easy task. In most medical problems, in forming a diagnosis from objective signs, we bring into play our senses of hearing, seeing, feeling, and often smelling; here we very frequently are reduced to feeling alone. We can see only a part, and that a very small part, of the genital system; and some portions lie beyond even the reach of feeling. Hence we are reduced to induction, determining the disease from the evidence we can gather from perverted function, or the patient's story, or the effects of the abnormal condition on other points. Flexions, versions, defects of development, adhesions the result of morbid processes, require not only correct diagnosis, but no slight surgical and mechanical ability. Metritis, puerperal septicæmia, peritonitis, and thrombosis will tax the power and test the knowledge of the physician to the uttermost. What shall we say of ovariectomy, of excision of the uterus, of the operation for vesico-vaginal fistula? Eight-and-twenty years ago, Lawrence asked at the Medical and Chirurgical Society of London, "Can ovariectomy be encouraged and continued without danger to the character of the profession?" So difficult were the diagnosis and operation, so great were the dangers attending it, that the greatest surgeons of the day did not hesitate to condemn it as unjustifiable; and now we find the President of the same Society with truth declaring it to be one of the greatest achievements of surgery in the century; and Lord Selborne calculated that Mr. Spencer Wells alone had, by his first five hundred operations, added ten thousand years to the lives of European women.

One of the greatest evils compatible with life which a woman can suffer from is vesico-vaginal fistula. The urine, constantly dribbling away, irritates and excoriates the vagina and vulva, scalds the insides of her thigh, wets her clothes, and, decomposing, causes a horrible effluvia. The woman's life becomes one of such suffering that it is almost insupportable, whilst her presence becomes absolutely offensive to her friends and relatives. For centuries, surgeons attempted to

remedy this affection, and failed; but now, owing to the labours and writings of Baker Brown, Sims, Bozeman, Simon, and others, the difficulties in the operation have been overcome, the proper principles of treatment established, and this opprobrium of surgery vanquished; and not only by specialists is this operation successfully performed, but by those surgeons in general practice who have had the wisdom and foresight to study diseases of women.

The list does not end here; for, if time permitted, I could point out difficulties overcome and triumphs gained equal to any in surgery or medicine. But I have said enough to prove the truth of my proposition that the subject, from its own intrinsic merits, is as well worthy of your best efforts as the other branches of your profession.

[To be concluded.]

ON AN EXTENSION APPARATUS FOR THE TREATMENT OF CERTAIN INJURIES, DISEASES, AND DEFORMITIES OF THE LOWER EXTREMITIES.*

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IN the early part of last year, I brought under the notice of the Surgical Society of Ireland an extension apparatus similar in principle to the one I have the honour of bringing under your notice to-day. In some respects, however, this appliance differs from the one I originally exhibited, to which differences I shall presently more particularly allude. As a result of what has been written by some of the most eminent surgical authorities from even early periods of antiquity down to the present day on the subject of extension in the treatment, especially, of oblique fractures of the shaft of the femur, it must be acknowledged that the greatest diversity of opinion has existed, and still exists, as to what means should be adopted to prevent the deformity, which almost invariably results to a greater or less extent where these injuries occur. In the writings of Celsus, Avicenna, J. Bell, B. Bell, Pott, Dupuytren, Delpech, Syme, Malgaigne, Nélaton, Hamilton, Erichsen, and others, we find the most remarkable unanimity of opinion as regards the great difficulty—in truth, impossibility—of obtaining union without shortening in oblique fractures of the shaft of the femur. Mr. Pott was so firmly convinced of this that he advocated, as you all know, abandonment altogether of the application of any mechanical appliance, and introduced the so-called "Physiological Method", and had as converts to his views such eminent authorities as Dupuytren and Delpech. More recently, Mr. Syme advocated a treatment for these injuries, in which no effectual extension can be made, and which is in truth practically a repudiation of the extension principle; the main—and indeed only—object in the arrangement he advocated being to "insure perfect rest of the limb".

Notwithstanding, however, the teaching and practice of the surgeons I have just mentioned, the majority of surgical practitioners still tenaciously cling to the principle of extension, from a conviction, which I believe to be well founded, that by adopting it in some form or other the probabilities of obtaining a minimum amount of deformity are increased. In Liston's splint, and in the modifications and alleged improvements of it, there are undoubtedly grave defects, among which may be mentioned the large amount, and necessity for frequent application, of bandages, making extension from the foot and ankle, and also the oblique perineal bandage. As regards the application of bandages, every practical surgeon will, I think, endorse what Professor Syme has remarked in reference to their use. He observes: "Though they look very neat when first applied, they soon require reapplication. The state of the limb can never be ascertained without either raising the limb to take off the bandage, or cutting it up; and in the latter case, the thigh must be raised in order to reapply the bandage." What Malgaigne has remarked in reference to Dessault's splint bears, too, on this point. He says: "One needs only to apply Dessault's splint once to be convinced that that celebrated surgeon was completely deceived both as to the value of the apparatus and the reality of his cures. In less than twenty-four hours, all the bandages become relaxed; and if we tighten them up every day, we are making repeated and not permanent extension." The application of the extending force from the ankle has also appeared to me to be a disadvantage, for the nearer the force is applied to the situation of the lesion, as Sir A. Cooper has pointed out in speaking of the reduction of the luxations, the greater will be the power over it in reducing any displacement. Lastly, the

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