AN ADDRESS

ON

OBSTETRIC MEDICINE AND ITS POSITION
IN MEDICAL EDUCATION.*Delivered at the Annual Meeting of the Metropolitan Counties Branch,
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THE honourable office to which your kindness has called me involves a duty which, I fear, I shall very inadequately discharge. It is no light task worthily to address so distinguished a body as the Metropolitan Counties Branch of the British Medical Association. It is not, indeed, difficult to find a theme deserving your attention; for that is dictated by the fact of your having chosen me as your President. I understand that your choice has fallen upon me, because you wished to recognise the claim that Obstetric Medicine has to a share in the representation and in the work of our great Association. I am grateful for that recognition. It is an omen, I trust, of fuller and more equal participation in the honours and in the government of our profession.

The actual position of obstetrics in relation to medicine and surgery is a scandal to the profession, and a grievous injury to the public. I offer no apology for asking, In what respect is obstetric medicine intrinsically less worthy than so-called pure medicine and pure surgery? Is not its object at least as important to mankind? Does its exercise demand less scientific knowledge, less trained skill, less devotion to duty? Are those who teach and who practise it inferior in education, in attainments, and in capacity to those who teach and practise medicine and surgery? Flattery was never my forte or weakness; and I should be guilty of flattery most gross, were I to affirm that all the physicians and surgeons of our hospitals were men superior in merit or in usefulness to the teachers and practitioners of obstetrics. Many, I presume, would not themselves lay that flattering unction to their souls. In the name of justice, then, how can they reconcile it to their conscience to usurp almost exclusive possession of the clinical opportunities, honours, and emoluments of the hospitals, and to the government, honours, and other benefices of the colleges? In the name of common sense and in the public interest, why is it that obstetric medicine is all but absolutely unrepresented in the General Medical Council, in the Senate of the University of London, in the College of Surgeons?

Is the answer to be, that medicine and surgery confer upon their votaries the miraculous gift of capacity to legislate for that department of our profession of which they are practically, if not also theoretically, ignorant? It can hardly be contended that medicine and surgery, in the special sense in which they are cultivated by our hospital physicians and surgeons, include a knowledge of obstetrics and gynaecology sufficient for the purposes of government. If there be one department of the healing art which can show a better founded pretension to universality than another, it is surely obstetrics, to understand and to practise which we must combine a liberal knowledge of medicine and surgery.

The best argument in favour of the actual state of things that occurs to me, is the great advance that obstetric medicine has made in spite of every discouragement and the studied indignity to which it has been subjected. But success so achieved is not evidence of the wisdom of those who inflict that discouragement and indignity. It is evidence of the inherent scientific and practical importance of the subject that can enlist able men in its service, and find fitting material for the exercise of their faculties.

It is worth while to take a rapid survey of the actual position occupied by obstetrics and gynaecology in relation to medicine and surgery in our London hospitals, schools, and governing bodies. At this moment the eleven hospitals to which schools are attached have each one obstetric physician, and not all have an assistant obstetric physician. One of the largest has but just been roused to a perception of the fact that a second officer was wanted. Now, in all these hospitals, I need not say, there is a large staff of physicians and surgeons and assistants in training and in full occupation; for not only is there an enormous preponderance of medical and surgical *personnel*, but the distribution of material is so arranged that each physician and each surgeon has a very much larger share than has the solitary obstetric officer. A few beds at most are allotted to him. In all the eleven hospitals there are

4,118 beds. Of these, 141 only are devoted to gynaecology. Does this beggarly proportion fairly represent the relative importance of the three departments? Does it adequately meet the public need? Does it supply sufficient opportunity for clinical instruction? I will not venture to assert that no one will be found bold enough to answer these three questions in the affirmative; but I may confidently assert that no one will be able to make good the affirmative in a single point. Any one who may make the attempt will have to answer a few more questions. Is disease in women a rare thing? Are the sexual organs and functions in women in themselves unimportant? Is their influence upon the economy and upon other organs insignificant? Is it possible to understand aright disease in women, without taking into account its interaction with the physiology and pathology of the generative system?

I will not now attempt to pursue these questions throughout all their bearings. It is enough to point out how painfully inadequate is the provision in our hospitals and schools for the investigation and teaching of subjects so extensive in themselves, and capable of throwing so much light upon many problems regarded as simply medical or surgical. It is inconceivable that the provision for this purpose could be so unworthy, so niggardly, were it not dictated by sheer ignorance; for I will not suppose that it is the result of culpable indifference. This scanty provision, then, must be taken as the measure of the estimation in which the pathology of women is held by those who govern our hospitals, who frame our educational curricula and examinations for diplomas, and who generally legislate for the profession.

The same spirit that is seen in this scanty allotment of beds is manifest in the relative position awarded to the teachers. I believe it is still true that in most of our London hospitals the obstetric physicians hold the position of supernumeraries rather than of recognised members of the staff. They are not in all cases elected in the same manner as the ordinary physicians and surgeons; and these last are especially careful not to admit their obstetric colleagues to share in the fees.

It is not wise for any community to brand a section of its members with the stamp of inferiority, or to inflict upon them the injury of representative and administrative disability. But this we might bear with more or less patient acquiescence, if it could be shown that the actual system worked well for the public interest. *A priori*, it might be safely inferred that injustice cannot work well for the public interest; but it is a matter of easy demonstration that the actual system does not work well. I may appeal to every young man leaving our schools, armed with a diploma, therefore conventionally and legally qualified to practise, for testimony in support of my argument. He must needs admit that he enters upon practice very imperfectly prepared to encounter the difficulties and responsibilities of obstetric work. Those who out of their own mere motion and imperfect knowledge rule these matters, have declared that to have attended twenty cases of labour is clinical experience enough wherewith to enter upon obstetric practice; whilst as for gynaecology, the clinical instruction he has had is not less absurdly insufficient. I know that many of the best and ablest of our young men keenly feel their deficiency in this respect. They find that they must by slow and painful steps, under innumerable difficulties, pick up the knowledge which they ought to have acquired during their career as students. Nor are they to blame for this. Students notoriously concentrate their attention upon that which "pays" at the examination-tables. And there, excepting for the license of the Royal College of Physicians and the degrees of the University, obstetrics and gynaecology are of no use; indeed, even certificates of practical study, that dangerous substitute for the examination-test, are hardly required. If proof of practical study and a sufficient examination-test were instituted, then it would follow as a logical consequence that the opportunities for clinical study would be extended, and that students would "get up" this subject.

It is a painful fact, that the greater number of charges of malapraxis brought against medical men relate to obstetric practice. In many cases it could be shown that the fault imputed was the result of ignorance—that is, of imperfect teaching and experience. Unhappily, the law is too apt to declare that ignorance is criminal; and thus an honest man is sent to gaol as a felon for not possessing that knowledge and skill which our governing bodies have denied him the opportunity of acquiring.

It may be said that the great scheme for a joint examination-board will remedy some of the evils to which I have referred. I hope it may be so; but I have little faith in protracted gestation. There is generally something doubtful in the legitimacy of the conception; and the progeny seldom comes to good. It is true that after many false throes, such as climacteric women big with wind are apt to feel, actual parturition seems near at hand. The University, the Apothecaries' So-

ciety, and the College of Surgeons, having called in the aid of Parliament, some of the causes obstructing labour have been removed; but still the progress is slow. I am afraid anaesthesia is carried a little too far, and that further operative measures may still be necessary. And when the long-promised birth is accomplished, shall we be happy? Will our expectations be realised? This is a question which, of course, time and experience only can answer. It is at any rate premature, if not fatuous, to dote upon that which at best has only a potential existence.

Amongst the burning questions of the day is the propriety or the right of admitting women into the professions. I say the right or the propriety, because even if the right were made good, the propriety would not follow. Why it is that the women have selected medicine as the especial point of attack, is not quite clear. They are far better fitted by organisation, by natural aptitude, to shine in the pulpit and at the bar. And in the career of arms, if we may trust legendary or mythic history, they have earned no mean distinction. But medicine, whilst demanding physical power not less than the other professions, is essentially based upon science.

Now, the women who have been distinguished for scientific power might be counted on the fingers of one hand. There seems to be a natural incompatibility between science and the female brain. There is, indeed, no such inherent incompatibility between science and religion or law. Theology and law that are not in harmony with true science must rest upon a very insecure foundation. But the clergy of all denominations, and lawyers as a rule, assume a direct antagonism to science. They set themselves above it; they would trample it down as something in chronic rebellion against their authority. In this antagonism they resemble the women; in these they find their most useful allies. The church and the law, then, are the professions most congenial to the somewhat arbitrary character of the female intellect. Now this question a committee of the Medical Council have handled in its broad aspect in a recent report submitted to the Council, with a view to transmission to the Privy Council, in a masculine and sensible manner.* But there is a subordinate question, which, from an organic defect in their constitution, they are not likely to handle satisfactorily—I mean the education, qualification, and registration of midwives.

It is not for want of information, or advice entitled to respect, that the Medical Council and the governing bodies have so long maintained this deplorable state of things. In July 1868, a Committee of the General Medical Council, of which the late Mr. Syme was chairman, addressed inquiries to the teachers in the various schools, asking for their opinions on the following points: 1. The topics which might most advantageously be included under the subject they taught; 2. The period in a four years' course, when that subject could be most profitably studied, and the length of time which should be devoted to it; and 3. The manner in which it could best be taught—that is, by lectures, practical instruction, or otherwise. Upon this invitation all the obstetric teachers in London met in deliberation, and agreed to the following proposition. "The lecturers, considering the great extension which has been made in recent years in the knowledge of obstetrics and the diseases of women and children, the deep interest of the public in possessing practitioners duly skilled in this department, and that it is of paramount importance to the comfort and success of the young practitioner to possess sound theoretical and clinical training in it, are unanimously of opinion that the actual means of study, and the share devoted to it in the present curriculum, are insufficient." Mr. Syme's Committee frankly acknowledged the necessity of extending the instruction in midwifery. "We are decidedly of opinion", they say, "that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short, and that it should, as was formerly the case, extend over one winter session, and that instruction in practical midwifery should also be extended." But nothing has come of this "decided opinion". A body of men, each of whom is a representative of the governing bodies which have affirmed that attendance on twenty cases of midwifery is basis enough to qualify for obstetric practice, can hardly possess the requisite knowledge to legislate upon this question.

* I am sorry to be obliged to qualify this statement. I had not taken into account the probability that the Council would stultify its Committee. The Committee reported as follows: "After due deliberation, the Medical Council have to express their opinion that the study and practice of medicine and surgery, instead of offering a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be safely ignored, and some of which cannot be obviated. Instead of medicine offering more facilities and less difficulties for women than other professions, the Medical Council believe that, as the whole question is looked into, there will be found peculiar hindrances, moral and physical, to the successful pursuit of medicine by women. Moreover, they desire to add, that if it be admitted that women should enter the medical profession, the existence of an equal fitness for other professions must be assumed." This report, after long discussion by the Council, was effectually emasculated.

The practical question, of course, surges up: But how will you find more time for the study of obstetrics? The answer is not difficult. Time may be gained by the simple and common-sense process of striking out of the curriculum teaching that oppresses and bewilders the student, that distracts his attention from the real object of his study, that loads his memory without training his intellect. Without hesitation or misgiving, I would abolish the lectures on Forensic Medicine. This course seems to have been designed chiefly in order to train the lecturer in the great art of teaching what he does not know, without exposing his ignorance. I speak from experience, having gone through the ordeal as a very young man. I am afraid I did not succeed in concealing my ignorance from my class. And just when, by dint of teaching, I had begun to learn a little of the subject, I turned it over to a junior to go through the same experience. I could not help thinking how, when *delirant magistri, plectuntur alumni*. I hope the alumni have forgiven me, reflecting that I, not less themselves, was the victim of an absurd and arbitrary regulation.

The course is usually committed to the youngest lecturer in the school. His "prentice hand" is exercised in teaching the last and most difficult applications of medical knowledge. To do this effectually demands the most matured experience that long practice in medicine, surgery, and obstetrics can supply. No young man can possibly teach efficiently any one of these subjects. It is beyond the power of mortal man efficiently to teach all three. And, practically, this is acted upon by the public. In any case coming before the law-courts, in which a question of medicine, surgery, or obstetrics is involved, do we ever see a simple lecturer on forensic medicine summoned? Is it not the invariable practice to summon those who have had special experience in the subject? So again, where a chemical question is involved, is not the professional chemist appealed to? Society has no longer faith in medical admirable Crichtons: your only admirable Crichton now-a-days is the lawyer. He, indeed, is privileged to decide in the last appeal upon every question of medicine, surgery, obstetrics, chemistry, and every other science; and the less he happens to know of the science, the more ready is he to cut the knot with the sword of blind justice. The public naturally invoke the aid of those who have had the largest special experience bearing upon the question in dispute. It seems a logical necessity, then, that the physician, the surgeon, the obstetrician, the chemist proper, should each work out his teaching to its applications to the law—that is, to the limited extent which it is possible to attain in a course of lectures.

I could not cite higher authority in support of this view than that of Sir Thomas Watson. In his reply to the Committee he says: "I doubt whether forensic medicine should find a place in a course prescribed for all medical students in common. Its singular interest and its vast importance are unquestionable. But not one in a hundred of those engaged in the practice of medicine in this country can ever become safe guides, or capable of the more difficult and abstract experimental investigations which from time to time are required in judicial proceedings incidental to our social life. These inquiries should be committed to recognised professional experts, who ought not to be regarded as mere witnesses in any case, but as medical assessors to the appointed authorities."

As to the more strictly legal part of forensic medicine, that which teaches the forms and practice of the law-courts in dealing with ordinary and skilled evidence, the relations between true science and that which lawyers construct out of their inner consciousness, and what constitutes malapraxis and other offences in the eye of the law, all this can be better studied in books, and in the courts themselves. This part of forensic medicine should, in short, be studied as medicine proper is best studied—that is, where it can be seen in practice. It is an essential part of the education of every man to learn how the law is administered. In this country most of us may be called upon to take part in its administration. Observation in the law-courts is the best training for this duty. I have often doubted whether the exemption we enjoy from serving on juries is an unalloyed advantage to ourselves. I am sure it is a disadvantage to the public. The jealousy of the law will hardly bear the presence of scientific men as assessors to the court; but a skilled jurymen would virtually exercise a similar function: and thus the public would sometimes enjoy the benefit of law enlightened by science, which is now carefully excluded.

It is impossible to resist the opinion of Mr. Simon, "that a good deal of time is wasted in our medical schools, and also much confusion caused, by lecturers on surgery and lecturers on medicine both considering themselves required to teach such general parts of pathology and practice as are common to both branches". A good deal of needless overlapping also occurs between the courses of anatomy, physiology, and surgery; and almost all the most practised teachers concur in the opinion, that clinical instruction is so incomparably superior to formal

lectures in the class-room, that the systematic courses on medicine and surgery might be usefully curtailed.

Applying these principles to the teaching of obstetrics and gynaecology, I think I may say that we do not indulge in overlapping. Our time and opportunities are so restricted, and our subject so extensive, that we are often compelled to omit altogether special topics of urgent practical importance which rightly belong to us, and which no one else cares to touch. We can barely indicate the special relations of the anatomy and physiology of the female organs to pregnancy and labour. We must needs assume that the lecturers on medicine and surgery have, out of their greater store of time, instructed our class in the general doctrines of pathology. But still, doing the best we can in the three months' summer course of about forty lectures at our disposal, we find it simply impossible to trace satisfactorily the history of pregnancy, parturition, and childbed, including that of the embryo and the newborn child. It must be remembered that the lectures on obstetrics eminently admit of and require illustration by specimens, drawings, practical demonstration, and practice in operations. If the class be ever so small, this practice takes considerable time. And after all, the extensive and growing subject of the diseases of the non-pregnant woman is untouched. This is relegated to the winter, when it is taken up in the clinical lectures, which, again, are too few by far to treat it effectively. This would offer less reason for regret if we had adequate clinical material at our command; if we could supplement at the bedside the defects of our systematic lectures, as the teachers of medicine and surgery can and do. But we find ourselves hampered at every turn; told, like the Israelites of old, to make bricks without straw; the difference being that nobody cares whether the bricks be made or not.

ABSTRACT OF AN ADDRESS

ON

THE BRITISH MEDICAL ASSOCIATION AND ITS AIMS.

Delivered at the Combined Meeting of the Cambridge and Huntingdon, East Anglian, and South Midland Branches, July 2nd, 1875.

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PROFESSOR HUMPHRY, on taking the Chair, observed that it was usual for the person who occupied the honourable position in which he was then placed to say a few words in opening the meeting. The axiom "Let your words be few" could never be more applicable than in a meeting composed, as that was, of men respecting whom it might be said more truly, perhaps, than with regard to any other men, that the work was long and the time was short. The meeting in that ancient seat of learning was a reminder of the close bond which had at all times united medicine with the various branches of literature and science represented by the University. It might, perhaps, be said that the connection between literature and the medical profession was less close now, than it was in those times when the foremost men of letters were to be found in the medical profession, and when the classic languages were the media of communication of medical facts and medical thoughts throughout the various parts of Europe. Still, even at the present time, when it was so hard to excel in more than one subject, there were among them those who were no unworthy successors to Caius, to Sydenham, and to Sir Thomas Browne. With regard to science, there never was a time when it could be more truly said that every discovery and advance in science had a direct or an indirect bearing upon medicine; and there never was a time when the effort was more determinedly made to lay the foundations of medical study deep in the ground of general science. More especially was this the case with regard to that branch of medicine which had for its object the prevention of disease. He meant sanitary or preventive medicine. Of this, which was daily increasing in importance and public estimation, medical men had always been the most active promoters. It might be urged that, in so doing, they were cutting the very ground from under their feet; for, if disease were prevented, there would be no need of medicine or of medical men. It might be added that there was, perhaps, no other profession or calling the members of which were so actively and disinterestedly engaged in promoting the public welfare in that which would seem to involve the destruction of themselves. They, however, knew well that diseases were for the most part the pro-

duce of civilisation, and that it behoved civilisation to employ the best weapons from its armoury to repress and destroy these its noxious children. It was no small satisfaction to be able to add that the most active promoters of sanitary medicine had been the members of the Association; and that the University of Cambridge had been foremost in England in lending a helping hand to it by instituting an examination, so that the public might be certified respecting those who possessed a competent knowledge of it. There could be no doubt that the importance of this subject increased every year, and that the town or district which neglected it would sooner or later pay the penalty in the shortened lives of its inhabitants.

The British Medical Association was an Association of medical men for the purpose of promoting their mutual welfare; the welfare, that is, of the whole body of the profession, not especially of the magnates, whom smiling fortune had enabled to take care of themselves, but rather of the general practitioners, of those who bore the burden and heat of the day, of those who did the hard work, and too commonly received only the hard wages. In some respects, the Association bore resemblance to the guilds of olden times. Those guilds were societies of men belonging to particular trades and avocations, formed for mutual advantage, as is the British Medical Association; but there were certain wide points of difference between them. The guilds for the most part had an eye to the material advantage of their own members, and the furtherance of their own trade, which was often attended with disadvantage to others. Not so the British Medical Association. It had an eye rather to the social and scientific than to the material improvement of each individual member; it had an eye less to the pocket and more to the head and heart. Moreover, those ancient guilds were accompanied with numerous restrictions to prevent persons from entering the trade which they represented, and their laws were enforced sometimes with serious and even savage penalties. He would give an illustration, happily a rare one, and the scene of which was laid in a distant land. There was in China an association of persons engaged in gold-work—a gold-workers' guild—one of the laws of which was, that no member should take more than one apprentice, whereby the number of those entering the trade was limited. One member of the guild, more liberal-minded than the rest, protested loudly against this restriction, and thereby excited the furious animosity of his fellow-craftsmen. Time wore on, and he thought the offence had been forgotten or condoned, when one day a banquet of the members was held. All passed well till, on retiring into an apartment after the banquet, the members suddenly fell upon the unfortunate offender, bound him hand and foot, and then proceeded to bite at him each in turn till they had killed him. The reason of their selecting this mode of inflicting summary punishment is, that the laws there are not against killing, but against particular modes of killing. There is law against shooting a man, or hanging, or drowning, or strangling; but none against biting him to death. He need not say in the British Medical Association there was nothing of this sort. There were no punishments, no limitations, no desire to narrow the area of the profession, or to bar the entrance against those who desire to be enrolled in it. There was, however, one other feature in common with the guilds; viz., that they had a dinner. He hoped all would come to it, and see that there was no biting but of good food, and none of that worst of all biting, viz., back-biting.

The British Medical Association aimed at improving its members scientifically and socially. He well remembered the energy with which the noble founder of the Association, Sir Charles Hastings, used to proclaim that science was graven on the banner of the Association. Well might it be so, for nothing tended more to promote continued happiness than the continued acquisition of well grounded scientific knowledge. Something of this kind was needed to compensate the medical man for his many anxieties and vexations and cares, to beguile and enlighten him in the often weary routine of daily life, and assist him in his many perplexities and difficulties; and certainly no scientific knowledge could do this more effectually than the knowledge connected with his own profession.

Nothing added so much to his happiness as a deeper, more earnest, more continued acquaintance with the science of his profession, which, after all, was a noble science—he said advisedly, the noblest and highest of all sciences. They had to deal with the noblest work of God: to deal with the most complicated machinery in the natural world; and not only had they to deal with it, but they had to deal with it in its aberrations, and to endeavour to prevent and correct those aberrations; and as an incentive to it was added the assurance that it was associated with the prolongation of human life and the diminution of human suffering.

To induce medical men to cull the vast amount of facts which fell under their observation, was one of the objects of the Association. There was one direction especially in which there was a vast, an incalculable