EDUCATION IN OBSTETRICS AND GYNAECOLOGY

SYSTEM OF TEACHING IN THE ROYAL FREE HOSPITAL UNIT

BY

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Much discussion is taking place as to the possibilities of carrying out the system of teaching which has been recommended by the Government Departmental Committee on Maternal Mortality. The chief difficulties encountered by those who are anxious to improve the training of medical students in obstetrics are the provision of maternity beds and accommodation for resident students. A system of training which has been in practice for a number of years in the Royal Free Hospital may show other schools that there is a possibility of carrying out the recommendations of the committee to some extent.

The Unit was established in February, 1921. It is affiliated to the University of London, and receives an annual grant from the Treasury through the University Grants Committee. The director's salary is paid by this grant, and also subsidiary salaries and expenses. It was the first university obstetrical unit to be established, and it is staffed by women with women students in attendance. Men may attend the post-graduate classes held by the director twice a year.

The hospital provides the Unit with 68 beds. The obstetrical beds number 45—31 for puerperal and ante-natal patients, 6 for V.D. maternity patients, 4 for isolated suspect and septic cases, and 4 for patients during labour. There are 23 gynaecological beds, which are accommodated in the main surgical block. Plans have been completed for the erection of a new building for the Unit, as the present accommodation is inadequate and out of date, but funds are required for its erection. The work of the district in the neighbourhood of the hospital was found to be somewhat restricted, owing to other maternity institutions. In 1926 a maternity clinic was established in Islington to provide attendance on patients in their own homes. The work of this clinic has steadily increased, and has proved itself of great value for teaching purposes. The expenses of the clinic are defrayed by the Scottish Women's Hospitals Memorial Committee of the Royal Free Hospital, which also supplies a motor car for the use of the resident obstetric officer. The rent of the clinic is defrayed by Lord Riddell, the president of the hospital. Grants from the Ministry of Health (now L.C.C. administration) also enable the clinic to be run without any financial aid from the hospital.

STAFF OF THE UNIT

The staff consists of a whole-time director, a senior part-time assistant, a whole-time second assistant, and a whole-time resident third assistant, who acts as tutor and is responsible for the students in residence. A part-time registrar is provided, and there are two house-surgeons. A senior obstetric officer is in residence at the clinic; Dr. Olive Rendel conducts the ante-natal cardiac clinic. A part-time anaesthetist undertakes the work in connexion with the gynaecological operations. Recently a resident anaesthetist has been provided for the maternity patients. There is a registrar's clerk for the keeping of case sheets and records, and a typist, who also acts as messenger. The director has a private secretary, who keeps the records of class attendances, prepares the material for lectures and demonstrations, and manipulates the lantern. The pathological and biochemical work of the Unit is carried out in the pathological department under the supervision of Professor Hadfield.

TRAINING OF STUDENTS

Each student has six months' training in gynaecology and obstetrics. Diseases of children are not included, but are taken as an entirely separate course.

Gynaecological Clerks

The students (four to five) spend three months as gynaecological clerks and are not in residence. This training is not confined to the Unit, but may be taken in the gynaecological department of the hospital or in the Elizabeth Garrett Anderson Hospital. The clerkships are whole-time, with the exception of attendance at the V.D. out-patient department.

The teaching consists of a weekly morning round with the director and senior assistants respectively. Each round is followed by a differential diagnosis demonstration in an examination room off the ward. The patients are examined one by one, and the condition is discussed and treatment indicated. This class is held the day before operations, so that the students may be able to verify the diagnosis and follow up the treatment. Patients are not examined, as a rule, in the ward. Each assistant has a certain number of beds allotted to her by the director. The students act as instrument and dressing clerks at the operations. They are responsible for the notes under the supervision of the registrar, and they label and convey the specimens to the pathological department. A special demonstration on gynaecological pathology is given once a week by the director. This is illustrated with specimens and lantern and microscopical slides. The students attend the out-patient clinic one morning and one afternoon under the direction of the director and senior assistants. Two students are in attendance on each examination couch. The students are responsible for the preparation of the notes of the new patients before the teaching begins.

Obstetrical Clerks

All students must take their obstetrical training in the Unit. Twelve students are in residence for three months. A preliminary course of six demonstrations in midwifery is given by the third assistant before the students take up residence.

First Month.—Four students are in attendance in the wards. The third assistant demonstrates the first three labour cases or "show cases." The subsequent cases are taken by the students in rotation. No vaginal examinations are made and no delivery of a patient takes place unless a member of the staff is in the labour ward. The students are provided with sterile gowns and masks, the student who is delivering the patient being also provided with sterile gloves. The sisters of the wards do not undertake the teaching of the students. They are responsible for the cases of the pupil midwife, who receives her training as a scholarship from the hospital board. Only one is trained at a time. No case is credited to the student unless she delivers the patient herself. Operations, such as forceps or Caesarean section, are not counted as students' cases. Only one student counts the case, although others are acting as assistants at the delivery.

Second Month.—At the end of the first month the students take up residence in the Islington Clinic and attend district patients under the supervision of the obstetric officer, who must visit the patient at least once during the confinement or puerperium. Strict rules are enforced as to sending for assistance when any abnormal condition is diagnosed.

Third Month.—The senior students return to hospital and take up the work of the district, and also the delivery of the patients in the V.D. maternity department. This department is under the supervision of the second senior assistant and the district obstetric officer. The director of the V.D. department pays a weekly visit to superintend the carrying out of treatment. All students attend, when possible, the morning teaching rounds. These are held once a week by the director and two senior assistants respectively. Weekly demonstrations are given by the director and senior staff. These consist of questions and answers on clinical obstetrics. The third assistant also has small demonstrations. The junior and senior students attend the three weekly ante-natal clinics and one post-natal clinic at the hospital. The students at the Islington clinic attend weekly ante-natal and one post-natal clinic for the district patients. The septic and suspect ward is

entirely separate from the general maternity wards, and is looked after by the senior staff and gynaecological house-surgeon. The gynaecological students, and not the obstetrical, are in attendance.

Final-year students preparing for examinations are given demonstrations on obstetrics and gynaecology by the director and senior assistants weekly. They also attend the ante-natal clinics. The director gives a lecture demonstration once a week to senior students. Systematic lectures are omitted. Instruction takes the form of demonstrations either in the labour wards or by lantern and phantom. The development of teaching by means of the cinema is being carried out by the director at present.

The chief aim of the teaching in the Unit is the study of normal conditions and the prevention and diagnosis of complications. The adaptation of institutional to domestic conditions is of the utmost importance to students in teaching them self-reliance. Successful midwifery means the expenditure of time and infinite patience, with accuracy of diagnosis. It is the teacher of the undergraduate who is responsible for the future success of a national maternity service.

THE CAMPAIGN AGAINST LEPROSY

INTERNATIONAL CONFERENCE IN MANILA

Under the auspices of the Leonard Wood Memorial for the Eradication of Leprosy, an international conference was held at Manila, in the Philippine Islands, from January 9th to 23rd. To this conference twenty-five members were invited, of whom twenty-three were able to attend. The following is a list of those present at the conference:

Dr. Et. Burnet, secretary, Leprosy Commission, League of Nations; Dr. Robert G. Cochrane, secretary, British Empire Leprosy Relief Association; Mr. H. I. Cole, Ph.D., chief chemist, Culion Leper Colony; Dr. J. Fajardo, Director of Health, Philippine Health Service; Major-General J. D. Graham, Public Health Commissioner, Government of India; Dr. G. Gushue-Taylor, superintendent, Mackay Memorial Hospital, Taihoku, Formosa; Dr. V. G. Heiser, Director for the Far East, Rockefeller Foundation; Dr. Lee S. Huizenga, superintendent, Mission Hospital, Jukao, Ku., China; Dr. A. N. Kingsbury, director, Research Institute, Kuala Lumpur, F.M.S.; Dr. P. H. J. Lampe, Director of Health, Surinam, South America; Dr. C. B. Lara, chief physician, Culion Leper Colony; Dr. J. Lowe, medical superintendent, Dichpalli Leprosy Hospital, India; Dr. James L. Maxwell, Lester Institute of Medical Research, Shanghai; Dr. E. Muir, leprosy research worker, Calcutta School of Tropical Medicine; Dr. A. E. Neff, superintendent, Makogai Central Leper Hospital, Fiji; Professor Nocht, president, Leprosy Commission, League of Nations; Dr. M. Ohta, Tohoku Imperial University, Japan; Dr. J. N. Rodriguez, supervisor of treatment stations, Philippine Health Service; Dr. J. C. Tull, Government pathologist, Singapore, Straits Settlements; Dr. H. W. Wade, chief pathologist, Philippine Health Service, and medical director, Leonard Wood Memorial; Dr. N. E. Wayson, Leprosy Investigation Station, Honolulu; Drs. LeRoy Desbarres and H. Joyeux of French Indo-China.

The conference was unique in that no formal papers were presented. This meant that the whole time was devoted to discussions. Because of the controversial nature of many topics, it was decided that it would be better not to admit the press, lest lay reporters should mistake enthusiasm in debate for violent disagreement. The subjects for discussion were allocated to subcommittees, of which there were eleven. These subcommittees prepared memoranda, which were then discussed by the whole session, and finally incorporated into the findings of the conference. It was no mean achievement for twenty-three men, all with different experiences and with varying points of view, to issue a unanimous report on every subject which was discussed.

SCOPE OF THE CONFERENCE

The comprehensive nature of the findings will be appreciated by a glance at the following headings:

I. International Viewpoint.

Study tours; transfer of workers; leprosy digest or annuaire.

II. Uniformity of Methods and Terms.

1. Designation of cases of leprosy.
2. Designation of lesions. Definition of macular; acroteric; skin changes; leprotic, leproma, ulcers, infiltration, nodule, papule, macule.
3. The micro-organism. Nomenclature; toxins.
4. Clinical classification of cases. Primary classification; proposed classification of types of leprosy; main types, subtypes.
5. Administrative classification of cases.
6. Lepra reaction.
7. Early diagnosis of leprosy.
8. Methods of examination. Clinical, bacteriological.
9. Treatment of leprosy.
10. Evaluation of progress. Definitions of active cases, quiescent cases, arrested cases, cure, relative cure (negative, interrupted, and relapsed).
11. Follow-up of patients.
12. Study of contacts.
13. Standardization of records.

III. Prophylaxis.

IV. Research.

Appendices.—(1) Details of examination. (2) Method of treatment by intradermal injection. (3) Treatment of lepra reaction. (4) Manufacture of mixed ethyl esters of hydno-carpus group oils. (5) Epidemiological surveys.

SUMMARY OF FINDINGS

The first point which is dealt with in the report of the conference is the importance of an international understanding among leprosy workers. It is pointed out that until recently insufficient appreciation of the fundamental differences in conditions and practices existing in different regions has given rise to a great deal of confusion.

Leprosy has a wide range of manifestations, and local conditions differ to so great an extent that they must determine, in a large measure, the nature of antileprosy activities. Apparent results of treatment are influenced by such features as the type of case, the degree of advancement, and the conditions under which patients come under observation. Because of these varying conditions it is not only highly desirable that leprosy workers should be afforded an opportunity for making study tours, but it would greatly assist progress if some kind of system were organized whereby workers could be transferred from one region to another, so that they might have a better understanding of the conditions prevailing in other countries. The report suggests that the desirability of such a transfer of workers should be brought to the notice of institutions and organizations concerned with the study of leprosy.

Under the heading "Uniformity of Methods and Terms" it will be seen that a large field is considered. It is of the utmost practical importance that terms should be defined, and certain definitions which tend to cause confusion should be omitted. Such indefinite terms as clinical, incipient, infectious, burned-out, should, whenever possible, be replaced by more specific terms. "Burned-out" is more descriptive than accurate, and "arrested with deformity" is substituted.

Under "Designation of Lesions" the various neural and cutaneous lesions are described. This is one of the most important parts of the report, for the terms in common use need international definitions so that they will be understood by all workers. One of the most important definitions is that of "leprotic," which is defined as follows:

"The term 'leprotic' should be applied to those changes which present clinical or microscopic evidence of inflammatory processes, typically of granulomatous nature, which are apparently caused by the *Mycobacterium leprae* in them. In such lesions the organism can usually be demonstrated by the ordinary methods of examination."

In this a sharp distinction is made between true leprotic lesions and those of trophic or traumatic nature, which are the usual accompaniment of the majority of cases of leprosy. The section of the report on skin lesions and their description should be of great assistance to clinicians generally.

The micro-organism is next dealt with; it is recommended that the name *M. leprae* be adopted, and that *B. leprae* be discontinued. After a short dissertation on the question of the existence of toxins of the disease, the important