THE NEED OF INDIVIDUALIZATION IN OBSTETRICS.*

By FRANKLIN S. NEWELL, M.D.,

BOSTON, MASS.

ONE of the grave reproaches under which the medical profession rests to-day is that, although marked progress is being made in most branches of medicine and surgery, little or no advance is being made in the art of obstetrics, except by a small group of men. 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, since nature can be trusted to safeguard the parturient woman, except in the event of rare and unpreventable complications. It is not at all uncommon to hear a man, well equipped in some other branch of medicine, scoff at the idea that any special preparation is necessary for the proper practice of obstetrics, and yet we not uncommonly hear soon afterwards that this same practitioner has had hard luck in one or more obstetric cases, and has lost either mother or baby or both. This so-called hard luck is definite evidence that his knowledge and skill were inadequate to the demands made on them in the particular instance, and in the majority of such cases a more thorough knowledge of the obstetric art, combined with a more careful study of the needs of his patient would have led to a favorable outcome. This indifference to the needs of the patient is undoubtedly due to the fact that childbearing is a natural physiological function in normal women, and the infallibility of nature's method has been so deeply impressed on the minds of the majority of the profession that

* Read at the annual meeting of the Medical Society of the State of New York, at Rochester, April 30, 1913.

Digitized by Google

history-of-obgyn.com

they cannot see the possibility of any advantage accruing to the patient from any departure of nature's method. Furthermore, they do not realize that a considerable proportion of the women in every civilized community have ceased to be normal, and that the bad results are due to a lack of appreciation of the conditions present and are not unavoidable accidents.

We must admit, however, that certain bad results are unavoidable. Pulmonary embolus may occur in spite of all that we can do to prevent it. Antepartum death of the child may occur from intrauterine pressure on the cord or from premature separation of the placenta, complications which cannot be foreseen, but that is no reason for not trying to foresee and prevent every possible complication, and thus giving our patients the benefit of every means at our command to insure a good result.

A great improvement in obstetrics would be made if the profession as a whole could be made to realize that every parturient woman should be considered as a doubtful risk, in whom any complication may arise, and studied as such, instead of being considered as a normal patient in whom no abnormalities need be looked for. No two cases are exactly alike, and, therefore, the care which a patient receives should be adapted to her needs and not to those of some other patient or group of patients, if the best results are to be obtained. The needs of the individual patient can only be ascertained by a careful study of her physical and nervous condition, and the environment in which she has been brought up and in which her future life must be passed, and on the results of such a study must the care given each patient be based, and nothing can be less intelligent or more likely to favor bad results than the adoption of a routine in the caring for obstetric cases.

In hospital practice where a large number of patients are cared for it is almost inevitable that the individual should receive comparatively little attention and that patients should be treated in groups, but that is one of the misfortunes of hospital work. In private practice, however, there is no excuse for not carefully studying each individual patient and selecting the treatment best suited to her needs. This, however, requires that the obstetrician take his work seriously, and shall have fitted himself to give his patient the care which she demands. The majority of the men who are doing obstetrics at the present time are not really interested in the work, and trust to luck that no complication will arise in a given case, rather than try to foresee and prevent such complications. No conscientious surgeon would consider himself qualified to perform a complicated operation without an adequate preliminary training, but the average medical practitioner feels himself qualified to take obstetric responsibilities which involve the life and health of two patients, and is willing to attempt serious operations which are far more difficult and require greater technical knowledge and skill than the average surgical operation without any attempt to fit himself for the problems he must meet. The reason for this indifference to the well-being of the patient is undoubtedly the recognized fact that the great majority of women will come through labor alive and with a living child, if left to the unaided efforts of nature, and, therefore, the average practitioner does not feel it necessary to fit himself to meet the occasional emergency which involves the life of either patient, and he almost never considers his responsibility in the future health of his patient, provided only she and her child come through labor alive. Faulty teaching in our medical schools is largely responsible for this attitude, because the students are instructed that such an overwhelming majority of patients will come through alive if left to the unaided efforts of nature that it seems a waste of time for the man who does not mean to be a specialist to fit himself to deal with the occasional complicated problem, since he can usually get some one else to assume the burden for him when he finds that he is unable to cope with it, although by the time he has reached this conclusion irreparable damage may have been done. Another fault in our teaching, it seems to me, lies in the fact that most of our teaching is based on hospital patients, who are largely of the peasant class and more or less uncivilized, so that the average physician enters practice largely ignorant of the fact that the civilized woman, who is often nervously overdeveloped, may require entirely different treatment in the presence of the same physical conditions as her less civilized sister, unless she is to show serious effects from the strain she must undergo.

The object of the obstetrician who assumes the responsibility for any case must be three-fold.

The preservation of the maternal life is, of course, the first object to be considered in the care of a case, and there can be no doubt that the loss of a patient during parturition usually means that the needs of the individual patient were not appreciated, and that the complication which caused her death was not recognized at a sufficiently early date for her to receive the care she needed. Pulmonary embolism, of course, may occur at any time following labor, and unless it is secondary to a septic phlebitis is an unpreventable accident. It is unpreventable, indeed, if it follows a septic process, but the sepsis is almost always due to some fault in technique on the part of the attendant, which should have been avoided. The other obstetrical complications which commonly lead to maternal death, such as hemorrhage before or after delivery, toxemia, and infection can usually be avoided or at least treated successfully, if the patient is under sufficiently close observation and the attendant is competent. Danger to the patient arising from cardiac complications or other chronic diseases

Digitized by Google
history-of-obgyn.com

should be recognized early in pregnancy, and in serious cases the ending of the pregnancy may be necessary to save the patient's life, but it is never safe to assume that, because another patient with apparently a similar organic lesion has come through her pregnancy successfully, the given patient will do equally well, until every possible means at our command has been exhausted in the attempt to palliate the condition. Of course supervening acute diseases will cause a certain mortality both of mothers and children, and this will prove unpreventable in the majority of instances, but the regulation of the patient's life may render her less susceptible to infection and less likely to expose herself to it, and thus be of considerable value.

The second object of the obstetrician is to insure the birth of a living, uninjured child. This is a most important aim, but none the less it must be considered as distinctly secondary to the preservation of the maternal life. It will happen in rare cases that the interests of the child must be sacrificed for those of the mother, and the obstetrician will be perfectly satisfied if the maternal life is preserved, no matter what the outcome for the child, but such a result must mean that the conduct of the case has not been entirely successful, although the attendant conditions may have been such as to make even this partial failure a satisfactory result. In our ignorance of the etiology of certain obstetric complications we are not able to apply adequate preventive measures in all cases, and the sacrifice of the baby may be necessary to save the mother, but such a result means that owing to our ignorance on certain points we are forced to be content with a partial failure, and obstetrics will never be entirely successful until these partial failures can be eliminated or at least much reduced in number.

The third object of the obstetrician is to bring the mother through her pregnancy and labor in such a manner that when her convalescence is completed she is ready to take her place in the grade of society to which she belongs in as good a condition to sustain the burdens of her ordinary life as before pregnancy began. We are all of us familiar with the fact that nature unaided is very often inadequate to meet this indication, and our aim must be to have such knowledge of the needs of each individual patient as will enable us to supplement nature when necessary. There is nothing in medicine which requires a more perfect judgment, and the most successful obstetrician will be the man whose judgment as to the needs of the individual and the methods which will best meet those needs is least often faulty.

In following obstetric literature I have gained the impression that the preservation of the maternal and fetal life receives the entire attention of the average practitioner, and that the future welfare of the mother is so overshadowed by the other indications as to receive comparatively little attention. From the standpoint of the patient, however, her health may be nearly as important as her life, and a condition of chronic invalidism, due to a lack of proper care during pregnancy and labor, is just as clear a confession of failure on the part of the obstetrician to appreciate the conditions present in the individual patient as is the loss of either mother or child.

To one who studies his patients carefully and notes the individual differences between them, it must be clear that uniformly good results can only be obtained by the careful, intelligent study of each patient. Errors of judgment will be made by the most careful observer, but these errors will be reduced to a minimum if each patient is treated by herself and not as a member of a class to which certain general principles are applicable. In order to give his patients proper care the obstetrician must be familiar not only with the physical and nervous peculiarities of his patients and the way in which they have reacted to such strains, both nervous and physical, as they have been subjected to in the past, but he must be familiar with their mode of life and the conditions under which their future lives must be passed before he can give them adequate care. He may find it possible by proper advice to so regulate a patient's life as to materially alter an improper method of living, but generally speaking the most he will be able to do will be to adapt his methods to the patient rather than to change her attitude toward life.

The careful oversight of pregnancy is one of the most important items in the care of an obstetric case and is probably neglected more than any other portion of the parturient state. It is not at all uncommon to hear that a physician has not seen his patient for five or six weeks or even longer, and that although he asked her to send a specimen of urine for examination and to report at his office from time to time she has not done so, and when he finally sees her he is not infrequently confronted with a serious complication, which might have been entirely avoided or successfully treated if his patient had been under proper supervision. This is of course the fault of the patient if she has not consulted any physician until late in her pregnancy, but if she has once placed her case in a physician's hands he must share the blame with her if he allows her to neglect his advice.

The average pregnant woman seems to feel that supervision of the pregnancy is unnecessary, as she usually is entirely ignorant of the possibilities of mishap. It is, therefore, part of the duty of the attending physician, for the patient's good and almost equally for his own, to insist that his patient report to him at regular intervals so that he can study the progress of the pregnancy, and note any departure from the normal in its early stages, and thus be in a position to determine what care the patient needs during the pregnancy, and to estimate her needs at the time of labor. Few patients will be found who will disregard the injunctions of their physician

Digitized by Google
history-of-obgyn.com

if the reasons for the advice are carefully explained to them, but most women are extremely ignorant about the hygiene of pregnancy, and what often seems to be disregard of the simple laws of health is due to ignorance, and unless the physician is in a position to appreciate this fact and to correct it as far as possible he may be seriously disappointed by the ultimate results in a given case. When a patient has been properly watched during pregnancy the attendant is in a strong position. He is able to say definitely whether his patient is or is not physically normal. The effect of the pregnancy on her physical and on her nervous condition is known and he can seldom be surprised by being suddenly called and finding his patient in a serious condition, since his constant observation of her will have shown him any abnormality in its early stages. By his preliminary examination in the latter weeks of pregnancy he knows, or should know before labor begins, whether any disproportion exists between the size of the child and the maternal pelvis, and from his previous observations he is able to estimate more or less correctly what the character of the labor will be, and what the effect of labor will be on her nervous and physical condition. With this thorough knowledge of his patient he is in a position to give her the care at the time of labor which she needs, and will never be placed in the unfortunate position of assuming a grave responsibility for a patient about whom he knows little or nothing. If she is of a nervous, high strung temperament, reacting in an exaggerated manner to minor impulses, she must be treated in an entirely different manner from the patient who is phlegmatic and who has never shown any marked reaction to the strains which have been laid upon her. To the patient whose nervous equilibrium is unstable the pain of even a normal labor may prove an excessive burden, and it may be necessary to shorten labor by operative means or even to do away with it altogether and to resort to a surgical delivery in order to save her from the nervous exhaustion which may result from a labor of even moderate severity, even though no physical abnormality is present. If she has reacted seriously to such strains as have fallen to her lot in the past, and particularly, if her powers of recuperation are poor, she must be recognized as being unfit to be subjected to any avoidable strain and be handled accordingly, whereas the woman who has always recuperated fully and rapidly or who has never shown any sign of failure under strain can be considered as a good risk, and allowed to undergo even a severe labor without fear. If the ordinary conditions of the patient's life are such as to tax her powers of resistance to the utmost, both her life during pregnancy and the conduct of labor must be so regulated as to do away with all possible strains, since many of these patients who are living under constant high tension have little or no reserve power, and if their slight powers of resistance are once broken down it may take months or years for them to recuperate, if indeed they ever recover entirely.

In a patient of this class it must be particularly remembered that she will probably return to the life which she has temporarily abandoned at the earliest possible moment, and that no amount of advice is going to materially alter that life, until either a nervous or physical breakdown renders a change imperative. It is particularly important, therefore, in patients of this class to so regulate the pregnancy and labor that all possible strain shall be removed, since if her equilibrium is seriously disturbed it may become necessary to remove her entirely from the burdens of her ordinary life until her balance is restored, which may take weeks or months even, if it is ever entirely successful.

The obstetrician who treats all patients of a certain physical equipment in the same way will be much disappointed at the results which he will obtain in certain cases, but if he devotes any thought to his work he must realize that many unsatisfactory results might have been avoided if he had studied his patient more carefully and suited his methods to her requirements.

There is no doubt in my mind but that many cases exist in every civilized community who are relatively or absolutely unfit for childbearing on account of either nervous or physical abnormalities, and in these cases the methods employed in conducting the pregnancy and labor are of the greatest importance. The common saying that 95 out of every 100 cases will go through labor without trouble, even though they receive little or no care, has been responsible for a great deal of harm. It is undoubtedly true that the lives of both mother and child will be preserved in the great majority of cases in the absence of physical complications, even though the patient has received no care, but if we are to do our full duty by our patients and get the best results possible, we must go further and consider how to prevent childbearing from having serious after effects on the lives of our patients, particularly those who belong to the class of the unfit in whom comparatively minor lesions may be expected to produce exaggerated reactions.

It is a matter of common knowledge that improper care or better, perhaps, a lack of proper care at the time of labor furnishes the gynecologist with most of his operative material, and the neurologist also benefits largely from the blind acceptance of the dogma that childbearing is a normal physiological function, and that no special training is necessary to fit a practitioner to oversee it properly. Every gynecologist is familiar with the fact that many patients come to him who show marked lesions as the result of childbearing with comparatively slight symptoms, and he also sees other patients in whom exaggerated symptoms result from minor lesions. This difference among patients points definitely to the fact that obstetric patients must be treated

Digitized by Google

history-of-obgyn.com

as individuals and not as members of a class, to be judged merely by the question of whether any disproportion exists between the size of the child and the maternal pelvis, and that to obtain good results the needs of the individual must be ascertained and the care which she receives regulated in accordance with her needs. If obstetrics is to be done intelligently we must not wait for the patient's powers to fail before giving relief. In the patient who is comparatively normal no harm will result from allowing her to go through labor trusting to her own powers, simply terminating labor by an easy low forceps operation or allowing her to terminate labor naturally as may be deemed wise. In a patient of equally good physical equipment the nervous equilibrium may be so unstable that interference may be necessary comparatively early in labor to avoid unpleasant consequences, and in the exaggerated cases it may be unwise to allow a patient to go into labor at all on account of the marked reaction which the patient has shown in the past to such strains as she may have been subjected to.

It may seem radical, perhaps, to advocate Cesarean section when no physical indications for the operation are present, but the fact has been repeatedly demonstrated that certain patients will undergo and recuperate rapidly from a surgical delivery who have been more or less seriously invalided by the strain of a prolonged labor in the past, and Cesarean section, furthermore, has the advantage of avoiding lacerations with their attendant symptoms and the possible necessity of a secondary operation to make good the obstetric damage. The prejudice which exists among certain members of the profession against Cesarean section on the ground that it is an unnatural method of delivery, and, therefore, never to be employed except for physical necessity seems to me beside the point. In our modern civilization we are not dealing with normal, natural women, and the abnormal patient must be cared for in an abnormal way, if good results are to be obtained. 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, and since the object which the obstetrician has in view is the best good of his patient, it seems time to depart from the traditions of obstetrics and give our patients the care best suited to their needs.

The practitioner who follows blindly the teaching of the past will undoubtedly prefer to deliver every patient through the natural passages, if possible, although this may involve such a difficult operation as to place the mother's life in jeopardy and possibly lose or injure the child, and will pride himself on each case in which he succeeds in extracting a living baby by a difficult pelvic operation, entirely ignoring the fact that to accomplish his object he had subjected both mother and child to a serious risk of loss of health, if not loss of life, and will quote the result as a triumph of conservatism.

This brings us naturally to one of the great questions in obstetrics at the present time. What is real conservatism? The so-called conservative claims that childbearing is a normal physiological function which every woman is fitted to fulfill as long as no actual disease or marked physical abnormality is present. Such an attitude of mind means to me that the so-called conservative has devoted little or no thought to the future well-being of his patient and simply considers that the outcome of her labor is successful as long as both mother and child are fortunate enough to be alive.

The obstetrician who advocates delivery by surgical means for a patient in whom no physical indication for operation can be demonstrated is classed as a radical, and the term is employed as one of reproach, implying a mental attitude which denies the sovereign power of nature and advocates the substitute of surgical methods of delivery for the natural processes.

It seems to me, however, that the above definition of conservatism is open to question, since the first object of every obstetrician in the care of a case should be the best good of his patient, and every patient whose health suffers from the effects of childbearing or whose baby is lost is an example of a lack of conservative care, since such a result shows that the needs of the individual patient have not been appreciated. Unfortunately we all see such cases in our practice.

The essential difference between the so-called conservative and the so-called radical is that the conservative adheres blindly to the methods of the past and refuses to give his patients the benefits of modern progress with the result that the gynecologist sees many patients who date their ill health from childbirth. Each patient who gives a history of this sort is an example of improper obstetric care, or at least of a lack of proper care.

The so-called radical is trying to give his patients the benefits of modern progress. He may go too far and perform some unnecessary operations in the fear that his patients cannot safely undergo the strain which a possibly difficult labor may entail, and he will undoubtedly treat many border-line cases according to surgical methods perhaps unnecessarily instead of running serious risks with them by following out traditional procedures.

It seems to me, however, that the essence of true conservatism lies in the careful study of the patient and the selection of the method of treatment which seems to offer the least risk of a bad result.

I do not claim that the majority of patients, or even any large minority, should be subjected to a surgical delivery, but I do believe that there

Digitized by Google
history-of-obgyn.com

exists in every civilized community a considerable number of women who should be spared all possible strain, and for whom the strain of labor may be a serious burden, and in whom the danger of lacerations, with their attendant symptoms, are to be avoided by every possible means. In other words, every patient should be studied as an individual, and the greatest care should be taken in adapting the methods employed in the conduct of her pregnancy and labor to her nervous and physical equipment, both from the standpoint of the immediate result and her future well-being.

Errors of judgment will undoubtedly be made by every obstetrician, but it is only by such a study that we can raise the standard of obstetrics. That the standards of obstetrics need to be raised seems to me an unanswerable proposition. When thoughtful physicians are willing to say publicly, that the training and licensing of midwives is an economic necessity, because the poor can receive better care and be placed in less danger, if cared for by midwives than by the members of the medical profession they are in a position to employ, there can be little doubt but that the standards of obstetrics need to be changed, and one of the important steps in making this change, is that our students should be taught to consider their patients as individuals, each of whom may require special treatment, instead of grouping them together and assuming that every patient can take care of herself if left to nature. In addition every student should be made to realize that if he means to handle obstetric cases he must fit himself to take proper care of them instead of trusting to luck or nature.

As long as obstetrics remains largely in the hands of men who have never qualified themselves to give their patients proper care and who are willing to attempt serious operations without adequate preliminary training, to say nothing of the fact that they do not realize the necessity of acquainting themselves with the needs of their patients as individuals, just so long will the profession rest under the stigma that little or no improvement has been brought about in obstetric results in the last twenty years. Intelligent obstetrics means careful study of every patient as an individual and the adoption of such methods at the time of labor as she is found to require, to insure not only her life and that of her baby, but her future health.

Although the greater part of this paper has been devoted to the needs of the patient during pregnancy and labor, it must not be forgotten that the after-care of the patient counts for a great deal in the ultimate outcome of the case. My time is too short to take this up in detail, but the careful supervision of the convalescence will count for much in the patient's future health, and should be thoroughly followed out.

history-of-obgyn.com

Franklin Spilman Newell (1871-1949)

-M.D. Harvard U 1896
-Boston Lying-In Hospital
-Boston City Hospital
-Introduced rubber gloves for deliveries in Boston
-Improved and widened indications for cesarean
-Early user of nitrous oxide/oxygen for labor analgesia

history-of-obgyn.com