

THE SOCIOLOGICAL RESPONSIBILITY OF OBSTETRICS AND GYNECOLOGY*

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SOCIAL science deals with no more humane or altruistic subject than preventive medicine. This is the link uniting the physician to the sociologist. The conservation of the essential function of woman in its relation to the individual, the home, and the nation, is particularly our obligation. Our intimate knowledge and wide experience with the functions and abnormalities of the generative tract of woman should eminently fit us to propose and evaluate all welfare movements having to do with child bearing.

Have we not here a sociological responsibility to the State and to ourselves which we are neglecting?

The people who heretofore have wished and trusted us to do their scientific thinking for them, are now attempting to do it for themselves. The sociologist is attempting to deal with our problems without our counsel. As an outcome of this, good and bad statutes conceived by sociological welfare workers rather than practical medical men are being written into the laws. This has resulted in political control, under wrong auspices, of medical problems, the laws governing which should have been instituted by the doctors themselves and the problems kept under purely medical control.

If medicine is to be practiced in the future under statutory laws, and if we may judge from the experience of all business this seems probable, it behooves the medical profession to get into closer touch with the law makers and to give more thought in the scientific bodies to constructive legislation.

The general practitioner is awake to his interests in this matter; but the majority of specialists discuss the subject very little in their scientific meetings. We are so interested in the solution of the problem of the individual patient that we lose the vision of our medical problems in the body politic.

A helpful remedy for this situation lies, in my opinion, in two things.

First.—The free discussion before our special societies, of welfare problems in which special interest, knowledge and sound judgment will there find the wisest solution. The placing on record of our policy toward such problems.

May I cite an incident exemplifying the need of this suggestion.

The chairman of the legislative committee of the New York State

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Medical Society told me that in the instance of four bills relating to obstetrics which came up during the last year, it was impossible for him to get an expression of opinion from the leading obstetrical societies of the State on any of them before the bills had to be acted upon.

My second suggestion for a remedy is personal.

Our leaders in the special branches should be more willing to become delegates to the legislative bodies of medicine, after having formulated definite policies in their scientific meetings toward particular medical problems which experience and judgment make them specially fitted to wisely devise.

In the County, State and National organizations they much prefer the pleasant atmosphere of the scientific session to the tense political environment of the House of Delegates. However here is where constructive plans must come into actual touch with the law making bodies of government.

One cannot leave this phase of the subject without a word of tribute to the men of our profession who are wrestling with our problems. Particularly would I mention the Council of the American Medical Association of the vast amount of whose effort few of us are aware of.

Three national welfare movements at the present time are demanding our judgment and appraisal.

1. The propaganda for birth control.
2. The national movement for prenatal care.
3. Midwives in America.

BIRTH CONTROL PROPAGANDA

Theodore Roosevelt once said: "The greatest of all curses is the curse of sterility, and the severest of all condemnations should be that visited upon wilful sterility. The first essential in any civilization is that the man and the woman shall be the father and the mother of healthy children, so that the race shall increase and not decrease."

Now come the Neomalthusians claiming that "if only the devastating torrent of children could be arrested for a few years it would bring untold relief." Overpopulation they say is the source of all social evil. Sutherland, an English physician, has well pointed out that their scheme is utterly unsafe, "since they argue from false premises to false deductions." "The overpopulation scare is a myth. Indeed the end of the world a philosophic and scientific certitude, is more imminent than its overpopulation." A living and a useful activity can be found for all the healthy sons and daughters that can be born.

Another group has the vision of a superrace of men developed by arbitrary control of the sexual relations of human beings, on the

scientific basis of a stock breeder's knowledge of the effects of sexual excess, heredity, polygamy, and polyandry. This argument is too materialistic for any one to accept, who has any faith in the spiritual side of human life, with its social stigmata, its religious beliefs, and its natural laws.

However the birth rate is falling in this country among the native population at least, and this is doubtless due in part to birth control, under the motive of economy. There has developed a high standard of comfort, an intensely individualistic outlook on life among men, and an emancipation and intellectual development among the women, with a refusal to accept motherhood, to the extent that in the New England States and New York, at least, the native population is not reproducing itself. The native rural population in New York is just about breaking even between births and deaths, while the foreign population is practically everywhere showing a higher degree of fecundity. Are these facts a menace to our civilization? I think not. The "melting pot" is evolving a new type of American under natural laws which will continue functioning long after birth control propaganda is forgotten.

The question of greatest interest to us in this connection is whether the results will be an amalgamation or an explosion. I will not be influenced by the present fear and pessimism.

I have the faith of Raymond Pearl: "that the kind of people who will survive and run the affairs of this country, say a couple of centuries hence, when the population pressure will be intense, will not be Englishmen, or Slavs or Jews, or Italians, but Americans, of that type which has shown the greatest adaptability to the problems which life in this part of North America has presented."

So much for the philosophical side of the question.

What can be said of the practical medical aspect of contraception? It is true that no statistical study has been made of this subject but numbers are not necessary to prove some things, and no subject lends itself less to statistical accuracy.

Every day experience of each of us will bear witness to the following facts.

1. Under legal right we now teach contraception in the presence of conditions which demand its use to conserve life,—we need no further legal liberty in this matter.

2. We are amazed at the widespread knowledge by the women of contraceptive methods. The poorest and most ignorant women have a working knowledge of contraception just as good as the most intelligent.

3. We know the fallibility of all known methods of contraceptive

effort and the very real danger to health, happiness, and even life itself that can arise from many of the procedures employed.

4. We know that permanent sterility many times follows the infection caused by the use of many of the contraceptive contrivances.

5. I believe that the known failure, at times, of all contraceptive means leads to increase of criminal abortion. Contraceptives are not a panacea for criminal abortion.

6. I believe that the source of contraceptive information should be the physicians only, the most of whom fully realize the moral and social responsibilities which they have.

7. I believe that a propaganda for birth control as at present proposed will not survive, and am unalterably opposed to it as a physician.

Statistical study of the use and utility of contraceptives may wisely be taken up in connection with my next topic.

THE NATIONAL MOVEMENT FOR PRENATAL CARE

Any movement, under whatever auspices, which has for its purpose the elevation of obstetric practice should have our endorsement.

Instead of protesting that we think the movement started under wrong auspices, based on broad generalizations and applications without due thought to its limitations; it is our privilege and duty to try to have these public moneys spent in the way our knowledge and experience points out as the most useful.

The low standard of obstetric practice in this country will surely be helped by this movement.

American midwifery has improved, under the influence of the study of mortality statistics, arousing the efforts of all obstetric practitioners and teachers to better work. This awakening of the public to the knowledge of what should be received as proper maternal care will create a demand for better obstetrics which we must meet with a more comprehensive plan for dealing with what is unquestionably a difficult problem.

Maternity centers have accomplished four things any one of which justifies their existence and assures their future.

1. An educational effort of great force awakening the people to a knowledge of what should be received as proper prenatal and confinement care.

This effort should be spread to every stratum of society.

2. The earlier discovery of some obstetric abnormalities in prospective mothers and leading them into competent care for their deliveries.

3. The earlier detection of some of the toxemias of pregnancy and the instigation of proper treatment. The available statistics on the diminished incidence of convulsions among these patients is striking.

4. The training of nurses in the technic of this special kind of work so that the effort may be extended. The demand for these nurses far exceeds the supply, showing the force there is behind the movement.

The chief difficulty with the movement lies in the inability to follow the work through delivery and postpartum period to judge its result.

Competent accouchement care must be correlated to the prenatal effort.

This demand of the public for proper care at confinement will be a great force, in compelling physicians and midwives to respect the three essentials of obstetric practice,—asepsis, abstinence from vaginal examinations, and assistance before unwise interference leads to tragedy. Few physicians and midwives fail to realize these days that they are well rid of the complicated or prolonged confinement, financially and otherwise. Many of them have learned that the hospital is their relief from a bad predicament; that the consultant comes to assist not to criticize their efforts. Even in the remote rural districts the automobile renders this aid possible save in the deepest snow of winter.

The lack of hospital beds available for the care of abnormal obstetric cases is the crying need of our scheme. General hospitals are realizing more and more this necessity and are increasing accessible facilities; but the lack is woeful yet. In New York City, in the Borough of Brooklyn, a community of over two million people, there are at present only about two hundred free beds for obstetric cases, and many of these are used for normal multiparae and not as they should be, kept only for primiparae and abnormal cases.

Here again is another sociological responsibility of ours. To in some way standardize obstetric efforts in general hospitals; and to survey and classify these beds in an effort similar to the hospital standardization study of the American College of Surgeons; and the study of the maternity problem in England under the Carnegie United Kingdom Trust. Maternity centers will only reach their full efficiency, as hospital beds are made available for the care of abnormal obstetric cases.

MIDWIVES IN AMERICA

No comprehensive study of maternity in this country can disregard the midwife.

An honorable profession in Europe is a disgrace to our specialty in this country because of the low grade of midwives who have come to our shores unrestricted. Ignorance of the immigrant masses of the need for proper confinement care, and sentimental adherence to former racial habits of life, make the midwife our problem. Regulation and education is the answer.

Considerable results have followed efforts to regulate midwives particularly in your State of Pennsylvania and in New York, but no nation-wide study of the problem has been undertaken by obstetri-

Scheme for National Organization of Effort for Improvement of American Maternal Care.

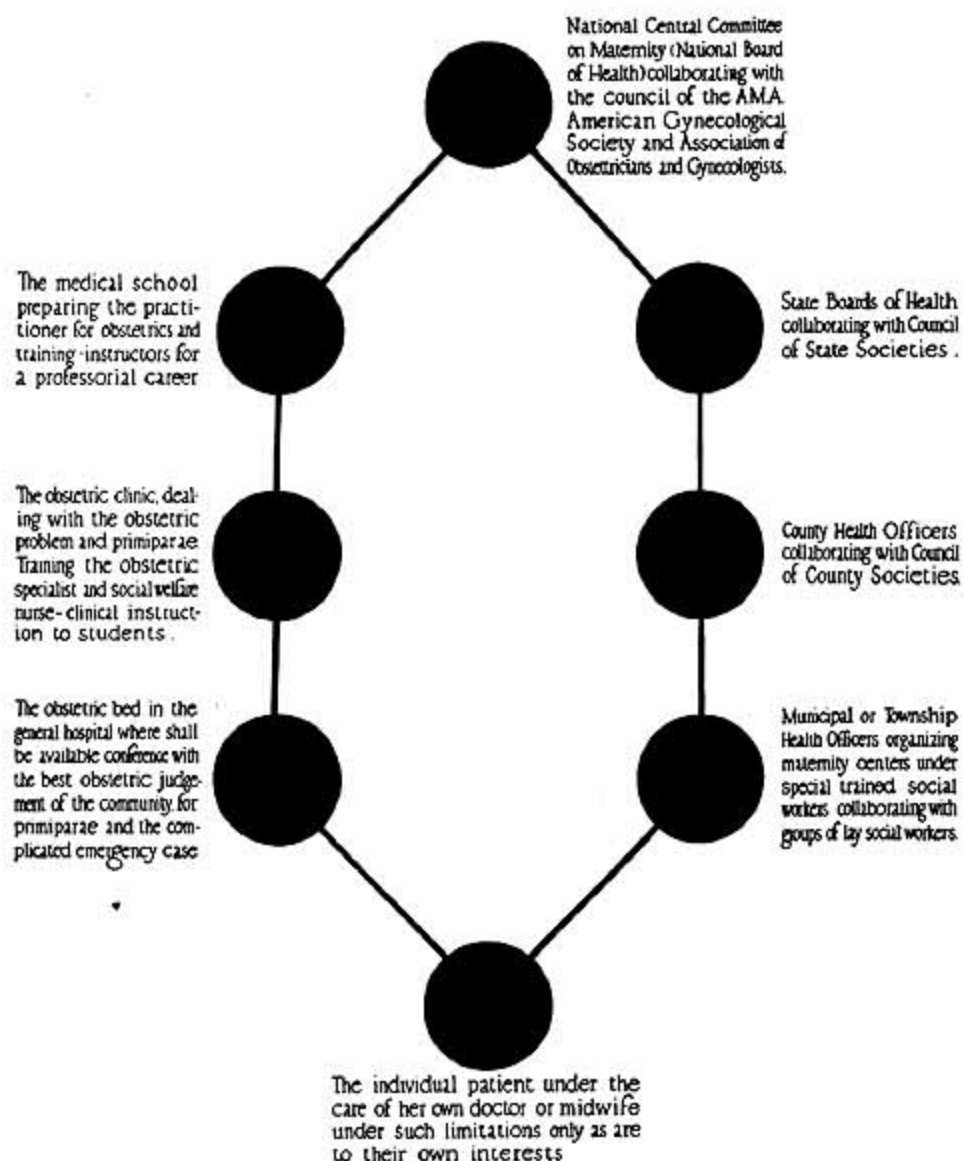


Fig. 1.

cians. Unless we suggest and press uniform regulations, social workers are going to offer a constructive plan of procedure. Efforts in this line are now being made. America is far behind England in this matter.

The ignorant midwife is here to stay until we develop a better class of women as trained obstetric attendants for normal cases, without the odium which the name midwife has in this country.

I believe such a result will gradually be accomplished, and become a very interesting social service career for women; and will help materially in the Maternity Centre problem, and the rural obstetric problem. Probably subsidizing from some source will be needed to make this successful.

In conclusion may I show graphically a scheme for organized correlation of effort for the improvement of American maternal care; a scheme which is not paternalistic or socialistic but simply in accord with American ideas of organization.

Beginning with a Central Committee extending its administrative effort through the proper channels down to the individual patient, who is to have the benefit of clinical cooperation assuring her the best of attention. (Fig. 1.)

327 WASHINGTON AVENUE.

(For discussion, see p. 238.)

DR. O. PAUL HUMPHSTONE then read his paper entitled **The Sociological Responsibility of Obstetrics and Gynecology.** (For original article see p. 149.)

DISCUSSION

DR. EDWARD P. DAVIS.—No more valuable and interesting paper has come to my knowledge for a long time than that of Dr. Humphstone's and the time is ripe for such studies and, I trust, for some action. The responsibility of our profession for public welfare should be acknowledged by us all and in considering ways in which the profession may exercise influence may I draw your attention to the fact that in foreign countries at times physicians have exercised by membership in legislative bodies very great influence. We have only to think of Porro and Mangiagalli as Senators of the Italian Kingdom to know that obstetricians and gynecologists have done what they could for their country. We have only to refer to the fact that a considerable number of medical men are in the English House of Commons to appreciate the superiority of England in dealing with the midwife and some other important problems. There is no reason why an obstetrician and gynecologist should not be in the legislative body of his State and New York has sent a Senator to the United States Government.

In the State of Pennsylvania we have at the present time an illustration of the danger of vicious legislation. The chiropractors are well organized in this State and the osteopaths have before the Legislature a bill which will give to them the complete practice of medicine, of surgery, of obstetrics, and of the administration of medicinal remedies in addition to their peculiar manipulations, and, unfortunately, this bill goes back by political intrigue to certain members of a high medical board. That is a danger which threatens us in our State and I imagine you in your State have your own troubles.

That the medical profession should be the authoritative body on birth control goes without saying, and it is a part of the mental upset and hysteria of the present that those persons who most agitate to bring themselves into notoriety are taking up the question oftentimes in a miserable and disgusting way. So far as birth control to prevent excessive population goes, we must remember in this country there are two factors preventing increase of population which have nothing to do with reproduction: one is the resistance of organized labor to immigration and the other is the desire of large corporations to import ignorant and foreign labor to support their purposes financially. This is a political condition which directly affects the size of the population of this country. We have long harked back to the phrase "melting pot," but you are aware that some of our most distinguished students deny the fact that human races ever melt. The negro is the same as he was in pre-Biblical and prehistoric days. It is considered a question whether any person not born and bred for a generation in this country will after a considerable lapse of time become racially a Caucasian. Undoubtedly we must consider that a question in the matter of population.

There is another factor of extreme importance, that is the factor of economic conditions. We all remember Continental Europe at the time of large standing armies, when European Governments very frankly encouraged promiscuous reproduction and to prevent criminal abortion cared for children so produced. We, I think, would not be willing to have develop in this country any condition which forbade marriage, because of lack of money, and which encouraged promiscuous reproduction, throwing the burden of the care of these children on the State. If we are to offset and guard against such a predicament we must make economic conditions such that the working man can obtain a living, comfortable wage and

marry early and live comfortably, and there can be no greater service rendered to the State than fostering such economic conditions. It is true that all the great corporations take seriously into consideration the health of their operatives, and that they encourage among the young and industrious men and women marriage and try to make such families comfortable afterwards.

The dangers and the risks of contraception have well been set forth. It is, however, the duty, I think, of our profession first to acquaint women with physiological conditions concerning conception, then to advise such means as may safely and simply be employed, with the distinct understanding that none of these means can be absolutely relied upon. To draw upon the credulity or upon the false sense of security of those who practice contraception is certainly unworthy of our profession.

The question of sterilization in a scientific manner is better possibly than the question of contraception and there is one class of patients who I find appeal strongly to us all, that is the hard working wife of the artisan, the woman who has already produced three or four children, she and her husband have reached the limit of earning capacity, the woman shows the result of repeated parturition and hard work and comes to us for advice and care, and there I believe we may properly terminate the possibility of conception by some proper surgical means, leaving ovarian tissue and conserving the general health of the individual. If that is done with the written consent of husband and wife we are rendering, I believe, a valuable service to humanity.

A lack of beds for hospital maternity cases is a crying evil in this, as other states, and a good deal has been done here to improve maternity service in hospitals by a former member of the American Gynecological Society, Dr. Baldy, who during his active professional life raised the standards of our hospitals and refused to recommend a hospital for resident physicians unless that hospital provided adequate maternity training for the resident, and the result of that effort was a very decided improvement in the maternity service of this State. As you and we build better roads, as Uncle Henry lowers the price of the flivver and puts another spring in the back seat, it will be more and more possible to take complicated cases of confinement in our States and rush to hospital in time to avoid obstetric catastrophe. We have in this State at least fifty adequate hospitals, you probably have more, and the problem should be solved somewhat in that manner.

The essayist has very wisely drawn attention to the question of obstetric attendants and may I suggest to all of you who are interested in the problem of nurses that that today is the vital problem of nursing in this country. The trained nurse is expensive. There are various things drawing away from private practice the skillful nurse—public health work, school work, community work is rendering much less the number of nurses available for the individual patient in the private house, and it is the problem of the day to train, by suitable method and under local and State and municipal restriction, a certain number of persons of at least average intelligence who can carry out the essentials of medical and surgical care at a very moderate cost. Your obstetric attendants will come in line with that very much desired solution. We can only say that if this Republic is to continue in prosperity and to prosper that the question which is vital today is the care of its population. Not only the care, but the education of its population, and one may say that a successful education is that training which fits its possessor to follow, with keen and loyal interest, some honorable pursuit in which he can gain an honorable living, and shall in some way contribute to the welfare of mankind, and this specialty, honorable and ancient as it is, can do no better work than that so ably outlined by the essayist.

DR. BARTON COOKE HIRST.—I listened naturally with great interest to this paper, sir. We must all agree with the essayist as to the necessity of prenatal care. We have all seen the advantage of it. In this city one advantage is shown in the marked lowering of the incidence of eclampsia. My interne yesterday called my attention to the fact that we have had fewer cases in the University Hospital during the last winter than ever before in the history of the Institution. I am sure the preliminary care of pregnant women has been the reason.

As to birth control, I think the attitude of physicians should be not to encourage this movement nor to give any information about it except in a limited number of cases for medical reasons. My custom has been to point out the disadvantages of all the methods commonly employed, almost all detrimental to a woman's health, usually resulting, if continued long, in sterility in the woman and possibly impotency in the male. That threat has a potent influence on the man.

The underlying idea of the essayist, it appears, is how can obstetrics best contribute to the welfare and safety of our women? There is one thing we can do, with that end in mind, that has not been mentioned. In an analysis of my private case books, comprising some 15,000 names, or more, I found that over 50 per cent of women come to my office with injury of the birth canal and 10 per cent of them have retroversion of the uterus. These two conditions, constitute 60 per cent of all the diseases of women; no woman should have either of them, if her physician is competent.

If we do our work properly we can wipe out, by a proper education of medical students and the profession, the great majority of the diseases of women and that seems to me one of the most important functions of our branch of medicine at the present time. Another duty we owe to the public is to teach our students how to deal with the complications of labor, by ample clinical instruction. We all remember the recent address by Sir Arthur Newsholme in which he proved that the prenatal clinics of Great Britain did not diminish the mortality of the new born to as great an extent as the proper management of labor would have done. In other words the greatest loss of infantile life was due to mismanaged labor and its complications. If we concentrate our efforts on the better education of medical students and general physicians, we will lower the incidence of diseases of women until they almost disappear and will diminish the appalling wastage of human life before, during and shortly after birth.

In our special work as in the other branches of practice, preventive medicine is the field for future progress.

DR. EDWARD A. SCHUMANN.—As most of our guests are compelled to leave I must of necessity forego the opportunity of discussing Dr. Humpstone's delightfully scholarly and idealistic paper. I should like to debate the matter—birth control. This is a procedure which has existed in the country for many generations and is steadily increasing. We know that birth control is exercised not only by those we would advise for or against, but those of our inhabitants whose offspring are most necessary for the high type of citizen which he insists shall be the population of the future. I am not convinced that mere numbers of births predicate an advancement of the race, but feel rather that the earth's population is sufficiently numerous to permit of selective breeding.