



## AFTER OFFICE HOURS

### Obstetrics, Cinderella of Medicine

THE EMERGENCE of obstetrics from a lowly state is almost entirely a phenomenon of the second quarter of the twentieth century. We are very close to the transformation. To appraise it properly we need a yardstick and elbowroom. For perspective, a peep through the keyhole of history is essential. The comparative status of medicine and surgery provides a satisfactory frame of reference.

Long ago, before medicine and surgery splintered into a score of specialties, before surgery left the barber shop and set up its own establishment, and while the medicine man still dealt in witchcraft and incantations, there was the midwife. Even in the Stone Age this progenitor of the obstetrician must have squatted in her patient's cave, tended her fire, and waited for her to give birth.

The witch doctor and the wound healer held this oldest of specialists in contempt. They were better favored than the ancient crone. Their social position and emoluments were superior, for they trafficked in mystery, with the sinister and malign powers of disease, whereas the midwife's services were in connection with a natural phenomenon, commonplace long before the sons of Noah knew their wives and begot.

This disparity continued throughout the ages. When the witch doctor doffed his fearsome mask and donned the chaster vestments of the priest-physician, the sick and the troubled came reverently to his gold and marble temples, bringing rich votive and thank offerings. The surgeon's place, lacking the powerful aids of demonology and therapy, was less exalted. His prestige had to be won on the battlefields. From the Peloponnesian to the Franco-Prussian Wars, his fortunes vacillated, but were never so low as those of the midwife. She still toiled, actually among the cinders, watching pots of boiling water, snatching her food and rest when she could, waiting for women to have their babies.

After the Franco-Prussian War, during which Lister's principles were first tested on a considerable scale and emerged triumphant, surgery, for the first time in history, overtook and surpassed medicine in popular and professional esteem. But it was not until the first quarter of the present century that it took a commanding lead. The rapid growth in membership in and influence of surgical organizations, such as the American College of Surgeons, is an instance of this world-wide trend.

Meanwhile, what of obstetrics, with its equal interest in anesthesia and a prior concern with asepsis—the twin discoveries which had made surgery great? Remarking on conditions prevailing at the turn of the century, the White House Conference on Child Health and Protection (1932) reported, "Obstetrics, then commonly termed mid-

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wifery, was not attractive. The tedious hours of attendance on confinement, with small fees, did not invite men whose prestige commanded large fees. The general surgeon or the gynecologist did the few cesarean sections which were done. During these years, the obstetrician occupied a menial place, entirely unenviable, in the medical school and hospital, and received scant respect from the public at large."

During the first quarter of this century these conditions had not improved commensurately with progress in surgery or in clinical or preventive medicine. Midwives and "others," with no training at all, still attended about one-fifth of all births in the United States. In most European countries, the proportion was reversed—midwives attended over 80 per cent of all births. Yet childbed death rates in the United States exceeded those of every European country. To make matters worse, competent authorities estimated that at least two-thirds of such deaths were preventable.

Statistics compiled by Louis I. Dublin show that even as late as 1930, maternal deaths in this country stood at 6.7 per 1000 live births, "only slightly less than the maximum of earlier years." But "after that year mortality from puerperal causes had declined, at first slowly and later more rapidly and without interruption." Remarking on this survey, in 1939, De Lee declared, "It appears . . . that the movement for maternal welfare has finally come into its own."

Cinderella had emerged from the kitchen.

The fairy godmother was not plasma or blood transfusion, nor was it the sulfa drugs or antibiotics. These are in the wand which the fairy wielded. They were instrumental, as were advances in obstetric technic. The fairy godmother role was played by the dedicated men, Joseph B. De Lee, Fred L. Adair, and Joseph L. Baer in Chicago, John O. Polak in Brooklyn, Jennings C. Litzenberg in Minnesota, J. Whitridge Williams in Baltimore, Reuben Peterson in Ann Arbor, Walter T.

Dannreuther and George W. Kosmak in New York, Edward Schumann in Philadelphia, to name but a few. These men were more than teachers of obstetrics. They were imbued with an evangelic fervor. They were crusaders.

Chiefly through their efforts, the American Board of Obstetrics and Gynecology was organized. Its purpose was "to elevate the standards and advance the cause of obstetrics and gynecology," to encourage and induce potential specialists to prepare themselves thoroughly, to obtain adequate undergraduate facilities for clinical instruction in obstetrics in medical schools, and to persuade both medical schools and hospitals to extend and improve their facilities for graduate training in obstetrics.

So Cinderella got rid of her grime and donned a new dress. But someone must still get her to the ball. For this purpose local arrangements had to be made in each state and/or in each community. In New Jersey, for example, these began with a one-man campaign by Arthur W. Bingham. His efforts resulted in The New Jersey Maternal Welfare Committee. Fortunately, this was placed in the Bureau of Maternal and Child Health, then headed by Julius Levy, which offered sympathetic guidance with no bureaucratic interference. The Committee published minimal standards of obstetric procedure, prescribed consultations in difficult and prolonged labors, and undertook the systematic investigation of maternal deaths by its field physicians. Many of the original appointees are still serving in this capacity, and with exemplary devotion.

Nor was this all. Day and night, in all weathers, Dr. Bingham traveled up and down the State to address hospital and County Society meetings. Whenever the occasion for a sermon on "lessons from a death certificate" presented itself, this apostle of better obstetrics arose to preach, to accuse if necessary, and to point the way.

Similar movements had their champions in

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nearly every city and in most of the states. American obstetrics had been called "a national disgrace," and all over this country doctors, young and middle-aged, responded to the summons to erase this stigma. The inertia of centuries and millenniums yielded at last to the persistence of these champions of a cause.

Public health nursing organizations wrote a brilliant chapter in this story. It should also be recorded that the movement for better obstetrics gained momentum from informative articles which appeared in such national publications as *The Ladies' Home Journal*, *Good Housekeeping*, *Woman's Home Companion*, and *The Reader's Digest*.

Symptomatic of the change, as well as contributing to it, is the present emphasis on obstetric teaching in medical schools, the increased number of obstetric specialists and

general practitioners especially interested in obstetrics, the improved position of obstetricians on hospital staffs, and the increased proportion of obstetric patients in total hospital admissions. Speaking of this trend, a surgeon in a general hospital said recently, "We are fast becoming a maternity hospital, with the other departments as adjuncts."

Best of all, the maternal death rate in the United States has plummeted to 0.72 per thousand live births for 1950, about one-tenth of the 1925 figure! And it is still decreasing.

But there is a danger implicit in the Cinderella story. If the magic is not sustained, the splendor must fade. The price of good obstetrics, like the price of liberty, is everlasting vigilance.

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