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An Address

(In Abstract)

ON

THE FUNCTIONS OF A WOMAN'S CLINIC

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DR. WILLIAMS, in opening his address congratulated the university professor and his associates on the fulfilment of their dreams for ideal surroundings, and McGill University and the Royal Victoria Hospital on the imposing building so admirably devised for carrying on the purposes of its foundation. Before attempting, however, any discussion of the subject which had been assigned to him, the lecturer stated that he desired to emphasize the importance in his opinion of the connection of a clinic such as this with a university, for therein lies an important factor in its usefulness.

A university woman's clinic is to be defined as an adequately equipped hospital, limited to the care of suffering women, and staffed by highly trained physicians with university ideals; a clinic also where medical students are trained in the normal and abnormal functions of the female reproductive system.

The care of women during childbirth was first attempted in Paris during the reign of St. Louis in the XIII century. During the reign of Francis I, at the Hotel Dieu the *salle des accouchées* was a cellar-like structure, where the patients slept four in a bed. Under such circumstances puerperal infection was a constant scourge, and the only improvement effected before the time of the revolution was to limit the number of patients to two in each bed, and to attempt to separate them by a plank down its centre. During the revolution the *Maternité* was moved to the Abbe Port Royal where it still remains. This maternity was rendered famous by Madame Lachapelle, by Jean Louis Baudelocque, and particularly by the work of Tarnier, who eventually demonstrated that patients could be as safely delivered there as in their own homes. During these years, although the maternity was served

in an advisory capacity by many eminent men, it was directed as a school only for midwives by a succession of *Maitresses sage-femmes*; to medical students it was rigorously closed. Not till 1745 was any instruction in obstetrics available for male students. At that date, the University of Paris authorized a theoretical course, but not till a hundred years later was any practical instruction given.

A similar condition of things existed in London, and the instructive lectures of William Hunter, and of Smellie were not delivered in the hospitals or medical schools of London, but were private enterprises conducted without supervision in their own premises. Johann Jacob Fried, who had been appointed head of the Maternity of Strasbourg was the first teacher in Europe to persuade those in authority to permit its utilization for the training of medical students, and under his supervision the men working with him were stimulated to extend the bounds of obstetrical knowledge; so it may be truthfully said that it was he who about 1730 organized the first woman's clinic in the world. His school was afterwards described as the mother school of all institutes of the kind in Germany. In 1751 one of Fried's most promising pupils, J. G. Roederer, organized the clinic of Göttingen, and during his short life made important contributions to the subject of obstetrics and thus rendered his school famous. Following the establishment of this clinic, professorships, and at a later date clinics were gradually organized in all the German and Austrian universities, although many of them did not attain prominence until after the Franco-Prussian war. From that date onward every German university had its *Frauenklinik* in which obstetrics and gynaecology were taught and practised by a single chief. Most of them were equipped with adequate laboratories for scientific work, and with a few notable exceptions

* Delivered at the opening of the New Building of the Montreal Maternity.

the chiefs were chosen, not merely because they were good clinicians and teachers, but because they had made more or less important scientific contributions to their branch of medicine. Thus at the close of the last century the idea of a university women's clinic had not only originated in Germany but at that date had its highest development in that country.

In France, unfortunately, obstetrics and gynaecology became separated, and while excellent obstetrical hospitals developed in the larger cities, they were poorly equipped from a scientific point of view. They trained many excellent clinicians, but failed to add materially to our stock of knowledge. Gynaecology became connected with surgery with the result that its scientific aspects were neglected. Gynaecologists suffered from their lack of knowledge of obstetrics, and obstetricians from their lack of sound surgical training.

At the end of last century, Great Britain did not possess a single institution which could compare favourably with the best German Frauenkliniken before the war. For that reason high praise is due to our colleagues in Edinburgh, who in spite of the lack of adequate clinical facilities and material resources, succeeded in maintaining their tradition for good productive work.

For similar reasons, the lecturer made no allusion to conditions in the United States, and it must suffice to state that it is only within the past few years that adequate university women's clinics have been established. At present, we are not as well off as was Germany fifty years ago. There can be little wonder, therefore, that our students are poorly trained, and that in the richest country in the world the puerperal death rate is higher than in any civilized country except in Mexico and in some South American States.

What are the functions of a University Woman's Clinic? All will agree that it is threefold; namely, the best possible care of patients, the adequate training of students, and the fostering of research.

No argument is needed to impress the fact that the first function of a woman's clinic is the best possible care of the patients entrusted to it. An enlightened treatment of the sick is rightly regarded as a fundamental obligation to the community, and in an institution such as this, to the donors also who have so generously made possible its erection. Moreover, the tradition long since established at the Royal Victoria Hospital makes any other course unthinkable.

Again, in such a university clinic as this it depends to some extent upon one's point of view, whether the teaching of students or the fostering of research is to be regarded as the more important function. The former, he thought, if properly carried out is a potent stimulus to the latter. In this institution conditions are ideal for good teaching, for the relationship between the hospital and university is such as to ensure that the headship of the clinic will always be in competent hands. The professor of obstetrics and gynaecology in the Medical College of McGill University will always *ipso facto* be the chief of clinics in this maternity building.

A competent professor will always be wise in the selection of his associates, and here we were fortunate in being able to teach obstetrics and gynaecology together, for in addition to uniting these two subjects into a comprehensive whole, it makes possible the elimination of much reduplication of effort, and enables the student to regard the various functions of the female generative tract in their proper perspective, and to realize that the more the function of child bearing is supervised, the less will the functions of other organs become deranged. Consequently, no matter whether the future practitioner limits his work to obstetrics, or gynaecology, or practises both branches, he will have a sounder foundation upon which to build than had he been taught each subject independently, no matter how brilliant his individual teachers may have been.

In passing to the consideration of who shall be taught in the clinic, the requirements of three types of students must be borne in mind; namely, the medical student on his way toward the degree of Doctor of Medicine; the graduate who after his interne service, desires to prepare for special practice or to fit himself for a career of teaching or research; and the practitioner who wishes to spend a few weeks in making good deficiencies in his original education.

In Professor Williams' opinion, it is the duty and privilege of the university clinic to foster the interest of the first two groups. Naturally, one sympathizes with the desire of the post-graduate practitioner for improvement, but it would seem inadvisable to allow the university staff to dissipate its energies in rudimentary instruction for those, who experience teaches will profit little from it. Such post-graduate students should be referred to specially devised schools which afford the type of instruction adapted to their needs.

On the other hand, the training of regular medical students must be regarded as one of the important functions of the university clinic, and it is in great part from such students that the successive house staffs must be recruited. For such students the numerous ward-beds will furnish adequate material for necessary clinical instruction, unless such classes are allowed to become too large and unwieldy. Furthermore, it is important for the educational usefulness of such a clinic that adequate opportunities be afforded to graduates who desire to spend several additional years in preparation for their life's work. A proportion of these can best be trained by appointment to a long term house service in which routine clinical duties will not occupy their entire time, but will permit several hours of each day to be available for such investigative work as they are able to undertake. Moreover, after the completion of the first year of service certain minor teaching duties may be assigned to them, which as their ability becomes demonstrated, should be increased in amount and in importance. Graduate students for whom posts such as the above can not be found constitute a more difficult problem. In general, they should not be admitted unless they give promise of doing creditable work, and never for a shorter period of study than one year. To such students as are able and willing definite problems should be assigned for the solution of which each individual or each group should be held responsible. Those who come with a problem to solve already in mind are doubly fortunate; but for those who have no problem at the outset, one must be selected, and for that purpose the suggestions of the younger members of the staff are frequently invaluable.

In passing, a few remarks may be made concerning the qualifications of teachers, as it was his conviction that universities frequently sin grievously in the constitution of their teaching staffs, especially of the clinical departments, by allowing them to become clogged with practitioners, who have outlived their university usefulness. For this reason, the appointments to all posts below that of the chief should be for a stated period, and only those who remain actively engaged in productive work should be eligible for re-appointment. Nothing so benumbs a clinical department as the prolonged presence upon its staff of men, who have become so engrossed in their outside obligations, that they are unable to find time for investigation of any sort. Such not only exert a pernicious influence upon others,

but check proper promotion by occupying posts which should be filled only by those anxious to advance the bounds of knowledge.

The fostering of research may in the present state of medical education on this continent be regarded as one of the most important university functions of a woman's clinic. It is not generally recognized that one can scarcely be an inspiring teacher, unless he is seriously interested in the fundamental bases of his specialty, and unless he is able to speak with that authority which comes only from first hand knowledge. Teachers of this type, however, are not common, and when found are difficult to satisfy, as they are rarely content with their allotted amount of clinical material and the few class rooms at their disposal. Such demand well equipped laboratories, scientific associates, trained technicians, and a reasonable budget.

The maintenance of the research end of an efficient clinic requires considerable endowment. Speaking generally, medical research has to be carried on along clinical or fundamental lines. In many instances the two are advantageously combined. By the former, are to be understood such advances as may result from the critical analysis of large series of accurate clinical observations, from the development of special skill in the study of certain phenomena of disease, or from the devising of new operative or technical procedures. Such contributions are highly important, and will doubtless continue to be made, but it is becoming increasingly difficult to make important discoveries by the unaided use of the five senses and the scalpel. The layman can scarcely appreciate the extent to which the fundamental sciences have become ancillary to medicine, so that within a short time after any new important discovery is made in pure science, it is promptly utilized in clinical investigation.

A relatively moderate scientific equipment for an ideal university woman's clinic should consist in small laboratories for biochemical, physiological, bacteriological and pathological research, and at the head of each a man who has spent years after completing his clinical education in perfecting himself in some science. In a woman's clinic it is essential that men responsible for such sub-divisions should be competent clinicians and surgeons, but their practical and investigative work is generally so engrossing that they are unable to engage in outside private practice. As a result they should be paid salaries sufficient to enable them to marry and perhaps support a

small family in moderate comfort. It was in his opinion undesirable to place too many of the clinical staff upon a full-time basis as there are many advantages which will always accrue to a clinic from its connection with a number of men who are engaged in private practice. What he desires, however, to emphasize is that work in fundamental investigation can only be expected from scientifically trained men, who are prepared to devote all their time to such work, and to make the heavy financial sacrifices incident to such a career.

We frequently hear it said by practical medical men that gynæcology is a dying specialty, and that obstetrics has been dead for years. Doubt-

less this is correct if one has only operative procedures in mind, but if we approach the question from a scientific point of view there is no field of medicine in which so many important truths await discovery.

The lecturer enumerated many problems which were in urgent need of solution, and closed his address by again stating that he regarded as one of the most important functions of any woman's clinic was the affording opportunities to scientifically trained men, who are anxious and willing to devote their days to the elucidation of problems connected with maternity and the health of women.