

# Obstetric Teaching and Practice, Past, Present, and the Future

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**T**he term "obstetrics" means to stand before; and, when it was adopted by our forefathers, this was as strong a term as they could rightfully employ, because all they pretended to do was to stand before the mother, with or without the perineum exposed, and wait for nature to do all but to tie and to sever the cord. Fortunately for the patients of those days, more was rarely required.

To us of the twentieth century, the term "obstetrics" should and does mean infinitely more. It means that we, as obstetricians, should be familiar with normal and all abnormal conditions of mother and child alike; that we should be acquainted with the exact physical and social condition of each mother during her entire pregnancy; that we should make observations as to position and presentation at stated intervals from the fifth month until term and frequently during abnormal or protracted labors; that we should have knowledge of just what to do and when to do it in abnormal cases; and last, but not least, that we should know when not to interfere, and thereby insure against injuring the mother and perpetrating serious and irreparable damage upon the innocent and defenseless offspring...

...All of the tragedies of pregnancy and labor, however, may not be charged to sentiment. Many of them are due to ignorance, lack of judgment and selfishness on the part of those to whom the expectant mothers have for the time being intrusted [sic] their care, welfare, and even life itself...The ignorance and lack of judgment are the result of improper, incomplete and generally inefficient instruction and clinical training...

...Inefficient training dates back to the first obstetric course offered in this country. The inadequate teaching of obstetrics was and still is part of America's poor medical educational system. The only difference between the obstetric courses and other courses is that the obstetric teaching has been and still is less efficiently done due to the following causes: incomplete preliminary and professional education on the part of the teachers, lack of laboratory and clinical facilities, failure of scientific and research men to become interested in this branch with consequent scarcity of ideal instructors to properly impress students, practitioners and the professors of the future...

...The general practitioner will undoubtedly continue to manage the greater number of labors presided over by physicians, at least until the present generation shall have retired...The least that those who intend to continue accepting the responsibilities of this work should do is to avail themselves of the advanced instruction afforded in these larger lying-in hospitals. This instruction will imbue them with the fact that obstetric practice is surgical practice, and that the more difficult obstetric operations belong to major surgery. They will also become imbued with the tact that all cases require surgical technique, skill and experience; that some cases require, in addition, muscular power; that the

management of the latter should not be attempted by the enfeebled or superannuated; that the direction of the hygiene of pregnancy and the prenatal care of the fetus are important branches of obstetric work; and that the present unnecessary sacrifice of the infants' eyes and lives is criminal.

Medical faculties must be made to realize that obstetrics is one of the most important subjects in the curriculum, that better facilities should be furnished, and that more abundant clinical material must be provided. The faculties must also be made to realize that the ideal obstetrician is necessarily a profound student of medicine and surgery, more profound than the ideal gynecologist, and a man no longer to be looked upon condescendingly by any confrere but rather a man to be looked up to as an advanced physician whose counsel should and will be sought. When colleges bring about the necessary re-adjustment, not only in the obstetric department but in all departments, the study and practice of medicine will become elevated to the plane upon which they justly belong; and their graduates will be men of only the highest ideals, who will be able to appreciate that the practice of medicine is not and should not be considered a commercial pursuit, that it is one of the three great professions whose privilege and duty it is to serve humanity, and that the only remuneration worthwhile comes from an honest effort to conscientiously perform in the best manner the tasks encountered.

The obstetrical work in all schools and hospitals should be intimately associated with and should cooperate with the work of the gynecological department. The practice of combining the chairs as followed in Europe should be universally adopted in the country under the caption of obstetrics and gynecology. A man becomes a good gynecologic surgeon but he cannot be a competent obstetrician without at the same time being a competent gynecologist...

...Future progress can be made to approach perfection by raising the scholastic qualification and the general standard of those entering upon the study of medicine, by improving didactic and clinical teaching facilities, by awarding professorships to only those who have properly qualified to become ideal instructors, by extending the lying-in hospitals so as to afford accommodations for all who can be induced to enter them, by maintaining outpatient services extensive enough to have all prospective mothers under the care of the competent obstetricians as soon as they become aware of an existing pregnancy, by teaching the laity that most of the ills of women, except those due to tumors and specific infections, are the result of poor obstetric management and that the way to prevent them is to avail themselves of the services of only those who can qualify under the standard here outlined.

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