The Evolution of a Social Obstetric Conscience

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The story of great achievement in any community is, in general, the story of those men and women, who, by patient industry and prodigious labours, have in their day and generation made notable contributions to its life and work.

Therefore, in this inaugural address—subsequent to the honour I have received in being called to the Chair of Midwifery and Gynæcology in this University—I take the earliest opportunity of paying my sincere and humble tribute to those of outstanding character and ability, who, in the years that have gone, laid here the foundations and built up a great teaching school in this particular branch of our medical profession. Well may it be said of them that they builded better than they knew, and, in recalling their work, I am not unmindful of Bacon's advice to "use the memory of thy predecessors fairly and tenderly; for if thou dost not it is a debt will sure be paid when thou are gone."

The Queen's University of Ireland, with its three constituent colleges in Belfast, Cork, and Galway, was founded, as recent events here have reminded us, in the year 1849. Between that year and 1945 there were four Professors of Midwifery and one Professor of Gynæcology in the College and University. Thus, despite the arduous nature of the work, the average term of office for the Professors of Midwifery has been twenty-four years.

In the foundation year, 1849, William Burden was appointed to the Chair of Midwifery. He retired in 1867.

Burden was a remarkable man, endowed with those qualities of enthusiasm and tenacity of purpose which are so essential to the first occupant of a chair. He strove vigorously and persistently in the interests of patients, medical students, nurses, and of the maternity hospital, and he carried out reforms in the face of narrow-minded opposition.

To attempt to recount in detail the story of William Burden's career would be, in the time at my disposal, an impossible task; the period, however, in which he exercised authority in this School is most interesting and amusing.

Much was accomplished during the eighteen years of his professoriate. He secured the admission of medical students and nurses to the maternity hospital of that time; he arranged and supervised their training and instituted a visiting medical staff. One suspects, however, that he must have made a number of enemies in spite of, or perhaps, indeed, because of, his great achievements, for he was permitted to retire from the maternity hospital without a single expression of regret from any quarter; even the President of the Queen's College in that year's report omitted any reference to Burden's retirement.

But I suppose we should remember that "Ingratitude towards their great men," says Plutarch, "is the mark of strong peoples."

The portrait of William Burden now occupies a place in one of our inconspicuous retiring rooms in this University. Although of no great artistic merit, one feels, nevertheless, that as a token of our appreciation of his great work as first Professor of Midwifery, his portrait should adorn the walls of the Great Hall.

Professor Burden's distinguished successors, Dill and Byers, worked during a most difficult period in this School.

Although Robert Foster Dill commenced his career as a member of the Maternity Hospital staff, yet during his whole time as Professor of Midwifery he had no connection with that institution, and therefore had the utmost difficulty in training his students, being obliged, indeed, to return to the methods practised by William Smellie about 1739.

John William Byers, who was in later years to be honoured by his sovereign with a knighthood, had been Professor of Midwifery for nine years before he was appointed to the staff of the Maternity Hospital, and even then his appointment was only at a junior level. This somewhat peculiar arrangement added considerably to his difficulties as a teacher. Thus, for about thirty-four years the Chair of Midwifery and the only available teaching hospital were divorced—a position which we to-day would regard as inconceivable—and one which lowered the prestige of the School of Obstetrics in the eyes of our own students and many outside the School. It is regrettable to think that this unhappy division was the result of professional jealousy on the part of the colleagues of these two professors.

On the death of Sir John Byers in 1920 the Chair of Midwifery and Gynæcology was divided. Charles Gibson Lowry was appointed to the Chair of Midwifery, and Robert James Johnstone to the Chair of Gynæcology.

The separation of these two subjects has never found favour in British medicine, but on this occasion the division led to the most happy results. Loyal friends and colleagues of different temperaments and diverse interests, these two professors united in their efforts to improve the teaching and practice of midwifery and gynæcology. This effective union lasted until 1937, when Sir Robert Johnstone retired, for he too had received the honour of knighthood, whereupon the two chairs were re-united under the control of Professor C. G. Lowry.

Sir Robert Johnstone, affectionately known to all as "R. J.," was one of the giants of his time, and there were giants in those days. I was fortunate to have the privilege of being his assistant in the Department of Gynæcology, and for many personal reasons am deeply in his debt. With an acute intellect and remarkable skill, he could have been, had he so wished, the Moynihan of Gynæcology.

He had many interests outside his speciality, interests which he used to advance those of the Medical School and the University. As a member of the Senate and as Parliamentary representative of the University, he rendered outstanding service.

While still full of mental vigour and with the prospect of useful and important

work before him, his untimely death in 1938 was a great loss to the University and to the community in general.

In the twenty-five years from 1920-1945 Professors Lowry and Johnstone, and in later years Professor Lowry alone, worked with an enthusiasm undamped and undiminished by an opposition which recalls the era of Burden. This audience will appreciate my difficulty in paying a tribute to a man who is, I am proud to say, not only very much alive, but also a very great friend. My indebtedness to him as a teacher, guide, philosopher, and friend is so personal that I naturally find difficulty in referring to him and his work. Nevertheless, the debt which this Medical School owes to him is almost impossible adequately to assess. The Royal Maternity Hospital is one visible memorial to the work he accomplished during his occupancy of the Chair.

His services to midwifery and gynæcology have been recognised by his colleagues in London and in Edinburgh, where he has received Honorary Fellowships. His own University in this present year has recognised the value and importance of his work by conferring on him the Doctorate of Science Honoris Causa.

The improvements in obstetric and gynæcological teaching and practice in this School, and the recognition of these advances by other schools in the British Isles and in America, is primarily due to the twenty-five years effort of C. G. Lowry.

The title of my lecture may sound peculiar, but as my story unfolds I trust that the need and importance of public interest in obstetric practice will become apparent.

The art of obstetrics is age old, and the risks to mother and child as old as recorded history, but the science of obstetrics and the appreciation of the necessity for active measures to reduce the risks are of relatively recent origin.

Many factors contributed to this lack of social conscience, factors which may seem strange to a public accustomed to see all the details of a confinement portrayed in the cinema.

Secrecy, false modesty, and the exclusion of men from the practice of midwifery take pride of place in preventing progress.

The antipathy to male practitioners may have been due to the fact that childbirth was looked upon as a normal physiological function—a function at which only women should be in attendance.

It is known that Soranus in the second century taught and practised the care and assistance of women in labour, but this custom disappeared two centuries later, and for over twelve hundred years the practice of midwifery was not only ignored by the physician, but his participation in it was actually prevented by law.

This exclusion of men from the study of childbirth had risen to such fanatical heights that a Dr. Wertt of Hamburg, in 1552, put on the dress of a woman to attend and study a case of labour. On being detected he was burnt to death.

The first obstetrical clinic for teaching purposes was founded by Gregoire the Elder in 1720 at the Hotel Dieu in Paris. Men had been permitted to practise midwifery in France prior to this date, probably as the result of the example of Louis XIV, who had entrusted Jules Clement with the care of one of his mistresses

in 1662. It is from this period until the middle of the eighteenth century that the attitude towards the participation of men in midwifery gradually altered.

To assess the achievements associated with any particular period of history, one must take account of the surrounding circumstances.

In the first decades of the eighteenth century the death rate had risen sharply and had surpassed the birth rate. At one period the burials in the London area had been twice as many as the baptisms, but this dangerous trend was reversed between 1730 and 1760, and after 1780 the death rate fell rapidly. Both the rise of the death rate and its subsequent fall have been attributed in part to the growth and decline of the habit of drinking cheap gin instead of beer, but other causes contributed to this remarkable decrease in the death rate.

In the latter part of the seventeenth and early part of the eighteenth century public and personal hygiene were on a low level; smallpox was rife and an appalling infant mortality prevented any increase in the population. Doctors were few and their practice dominated by superstition and folklore. Midwifery was still regarded as an inferior branch of medical practice beneath the notice of physicians, or even surgeons. It was still regarded as the exclusive right of midwives, who, in the presence of difficulty, were so ignorant that they were of little use, and the physicians called to give assistance were little better, as they had not the necessary preliminary training and experience of normal cases.

The midwives were licensed by the bishops, and a godly, righteous, and sober life was of greater importance than a knowledge of the art of obstetrics.

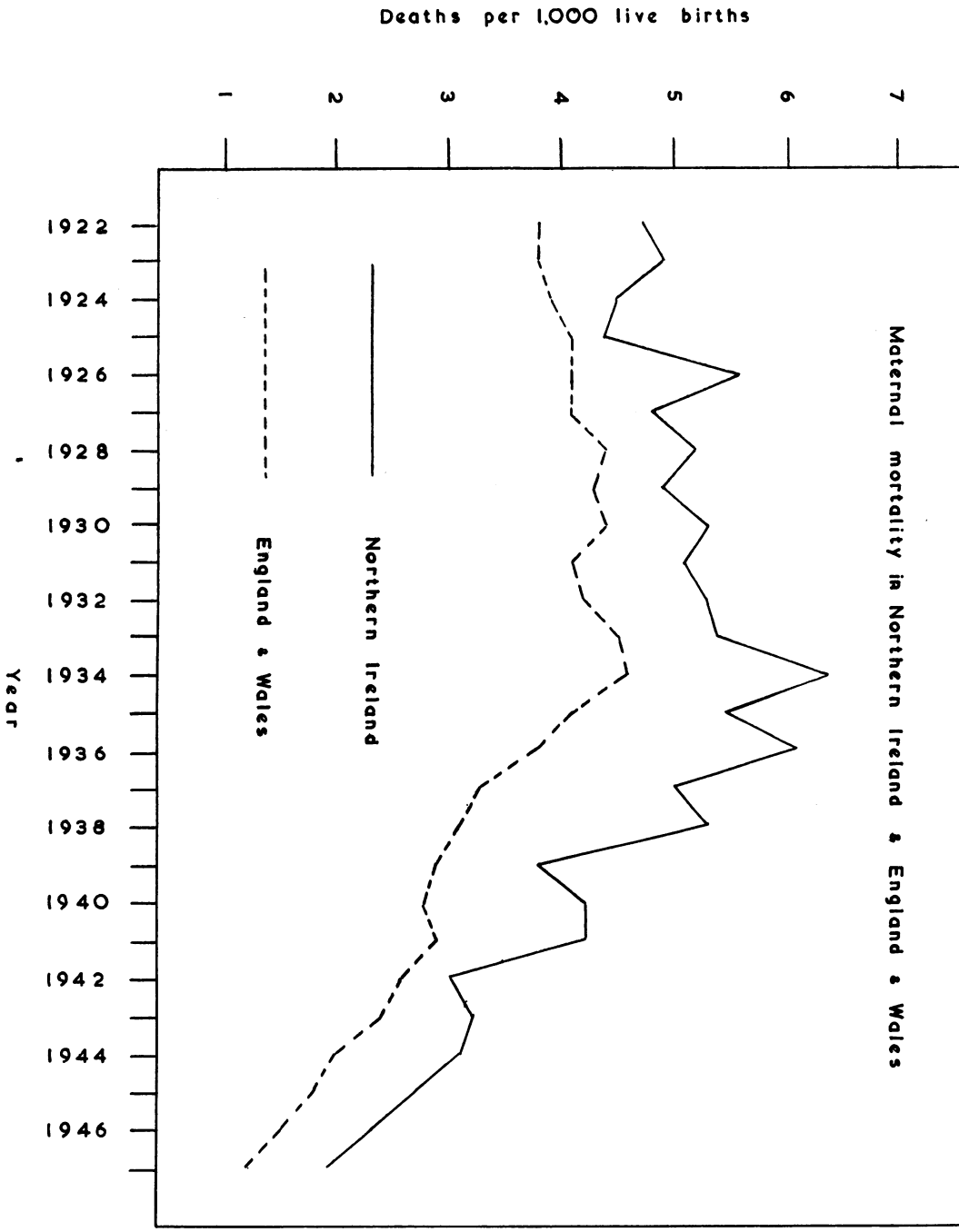
As early as 1616 Peter Chamberlin had petitioned James I : "That some order may be settled by the State for the instruction and civil government of midwives." It was not, however, until 1866, actually two hundred and fifty years later, that an attempt was made to control the untrained midwife, whose prototype was Charles Dickens' immortal Sairey Gamp.

When we consider the position of the doctor during the early eighteenth century in association with midwifery, we must remember that nearly two hundred years had still to pass before training in obstetrics was recognised as part of the medical curriculum. Any experience obtained was mainly involuntarily when summoned to assist a midwife in a complicated case.

Harvey's discovery of the circulation of the blood, and his writings on obstetrics in the middle of the seventeenth century, mark the beginning of the renaissance whereby the medical profession moved out of the dark ages of superstition into the light of science.

The forty years between 1740-1780 were years of relative peace between the religious fanaticisms of the past and the fanaticisms of class and race of the time to come. It was a period during which humanitarian and philanthropic feeling developed undisturbed by the anxieties of an era inaugurated by the Industrial and French Revolutions.

The appearance of William Smellie in London in 1739 revolutionised the practice of midwifery. Smellie, born in Lanark, 1697, was a Scotsman who believed that


Deaths per 1,000 live births
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2
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6
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1932
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1936
1938
1940
1942
1944
1946
Year
England & Wales
Northern Ireland
Maternal mortality in Northern Ireland & England & Wales

"the noblest prospect which a Scotsman ever sees is the high road that leads him to England," settled in London after a visit to Gregoire's clinic in Paris. He became a leading obstetrician and teacher. During his twenty years in London 900 students attended his lectures and together with these students he attended 1,150 cases of labour.

Smellie's methods and teaching pervaded not only the British Isles, but also extended to middle Europe.

Coincident with these events, the increasing benevolence of the age found scope for its generosity in combating the appalling infant mortality among the poor, and, in particular, amongst deserted illegitimate children.

It is from 1739 onwards that one is conscious of a change which, commencing with the teachers, involved the charitable public, still later the public health authorities, and, in recent years, the general public.

Smellie's example in teaching the art of obstetrics was followed by other teachers in great centres throughout the British Isles, and, resulting from his work, the necessity for the provision of accommodation for the parturient mother was recognised. As Trevelyan expresses it: "The great improvement in professional skill was supported by the foundation of hospitals, in which the age of Philanthropy gave sober expression to its feelings, just as the age of Faith had sung its soul in the stones of cloisters and cathedral aisles."

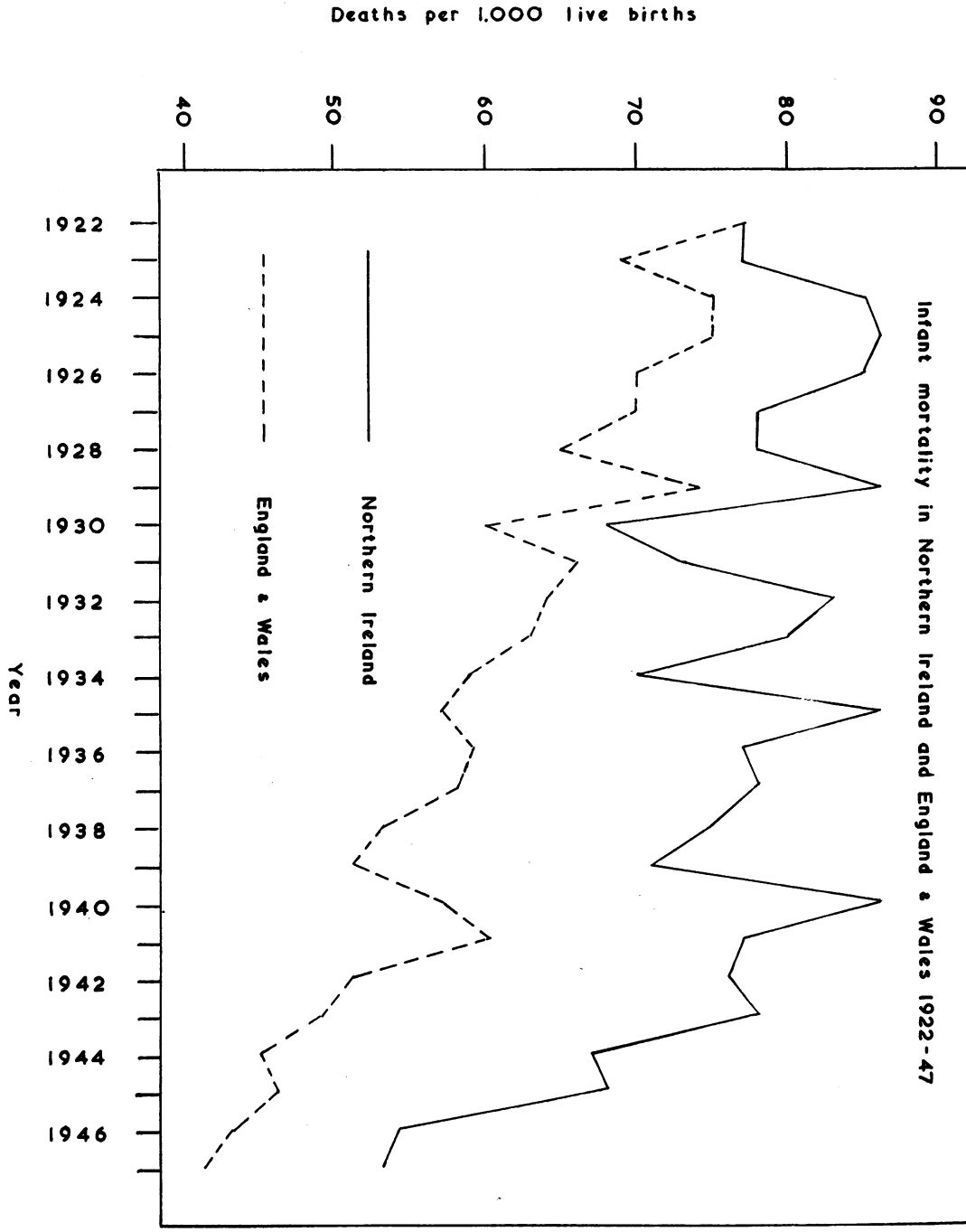
From the middle of the eighteenth century onwards we observe the gradual development of the maternity hospital, to the stage where it is presently an essential part of any maternity service.

The first maternity hospital was founded in a small house in Jermyn Street, London, in 1739, and was the forerunner of Queen Charlotte's Hospital. The Rotunda Hospital, Dublin, founded in 1745, was the second maternity hospital to be established. This hospital at the head of O'Connell Street immortalizes the name of Bartholomew Mosse, who was its first master. Mosse's work in Ireland was as important as that of Smellie in England, but he went a stage further when he founded the Rotunda Hospital. Like Smellie, he too was subjected to severe and almost libellous criticism. The physical and mental strain associated with this project brought about his death at the early age of 47 years. Although he had been such a benefactor to the hospital and city, the minutes of the Board of Governors contain no reference to his great work, or even a resolution of condolence with his widow.

The establishment of maternity hospitals stimulated interest in and research into the care of the parturient woman, and drew attention to the necessity for improvement in the practice of midwifery.

Teachers of obstetrics for the last two hundred years have realized the great deficiencies in obstetric practice and have achieved the present position in the face of bitter opposition from many sources, including, in fact, the medical profession itself.

The first stage in progress would have appeared to be to teach medical students


Deaths per 1,000 live births
40
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1922
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Year
England & Wales
Northern Ireland
Infant mortality in Northern Ireland and England & Wales 1922-47

and in this way gradually improve the practice of doctors. Smellie, in spite of opposition, had done this in the homes of the patients. With the development of the maternity hospital, this seemed to be the obvious centre in which supervised instruction should be carried out, but such a suggestion raised bitter opposition from the general public. When the admission of medical students to the Rotunda was suggested, a pamphlet opposing the suggestion was published and circulated to the well-to-do women of Dublin. In this pamphlet it was said, "That the patients in the hospital were to be subjected to all sorts of indignities in order to afford instruction to a parcel of brats of boys, the apprentices of surgeons and apothecaries."

Similar opposition was experienced in our own city up to 1855. For example, when medical students were admitted to the Maternity Hospital in Clifton Street the Charitable Society, the ground landlords of the Hospital, demanded a rent from the Committee of Management on the grounds that, having converted the Hospital into a training school for students, they were using the Hospital for a purpose for which it was not intended.

At the same time, Bishop Knox, the then Lord Bishop of Down, along with many others, discontinued his annual subscription to the Hospital. The Committee of Management retaliated by charging Professor Burden, the other members of the medical staff, and medical students a fee for the privilege of attending the Hospital, stating that, as the Hospital had been founded for the relief of poor women, "it cannot be considered as a proper disposal of the funds to expend them for the accommodation of medical students who cannot in any way be regarded as objects of charity."

With the passing of time, the training of the medical student has become a recognized feature of the work of the maternity hospital and has been amply justified. It is the only possible way in which the future doctor can be trained, and as Osler has said, no hospital could fulfil its mission that was not a centre for the instruction of students or doctors.

The admission of medical students to maternity hospitals was undoubtedly a long overdue reform, but many of the advantages of this departure were nullified by reason of the fact that midwifery was not a compulsory subject for the qualifying examination. This was not peculiar to the British Isles, but was a world-wide feature of medical curricula, and thus the difficult position of obstetric teachers persisted.

In 1855 Semnelweiss was waging war against puerperal sepsis in Vienna, but his valiant efforts were opposed by his colleagues and almost brought to nought because students were not obliged to pay any attention to midwifery to qualify as doctors.

At the same time in America Oliver Wendell Holmes, who, unknown to Semnelweiss, had advanced the same theories, was endeavouring to overcome the resistance and enlighten the minds of his contemporaries.

In the British Isles conditions were somewhat better, but in Ireland alone do we find evidence of any real advance.

In 1833 attendance at clinical lectures was made compulsory in Trinity College, Dublin, but it was not until 1867, eighty-two years ago, that a certificate of practical midwifery and attendance on six cases was demanded.

The establishment of the Queen's University of Ireland in 1849, with its three constituent colleges, marks the first attempt at obtaining a uniform standard of teaching with central authority to enforce it, and in 1852 an ordinance of the University laid down a standard of training which is higher than that demanded by the General Medical Council to-day.

The establishment of the General Medical Council in 1858 marks the beginning of a new era in medical education, but unfortunately the Council did not appear to be interested in the teaching of obstetrics.

From 1859-1896 the teachers of obstetrics were unrelenting in their efforts to raise the standard of learning in this great subject, but their recommendations received scant support from the authorities. It was not until 1886, sixty-three years ago, that proficiency in midwifery was an essential requisite for qualification as a medical practitioner in these islands. In 1896 the Council made recommendations which were accepted by some licensing bodies, but the Irish Medical Schools expressed their regret that these were far below the standard demanded by the Irish colleges.

It was not until 1906, forty-three years ago, that the rules and regulations in force to-day were accepted by the General Medical Council. It is both painful and shameful to have to record that the main opposition to improvement in teaching came from the medical profession itself.

To the snobbery and prudery of the Victorian era, as exemplified in the attitude of some physicians and the lay Press of that period, we must attribute the delays and defeats in the struggle for improvement and advance in obstetric teaching.

When the English Obstetrical Society was formed in 1825 Sir Henry Halford, President of the Royal College of Physicians, wrote to Sir Robert Peel, saying that no man with an academic education ought to practise obstetrics. During the long struggle in the General Medical Council one eminent medical man decried the necessity for any improvement in the teaching of obstetrics on the grounds that already more time was devoted to the teaching of obstetrics than to that of ophthalmology, while he said all humanity have two eyes, whereas only half of it has one uterus. At the same time, a Press campaign was inaugurated, and one paper actually published an article "on the impropriety of man being employed in the business of midwifery." It spoke of the practice as "most odious, unnecessary, and cruel, and productive of infinite mischief; cruel to the modest wife and the sensitive husband."

While all this may seem unreasonable to-day, one must view the circumstances from another aspect.

From the beginning of time the greatest danger accompanying childbirth has been infection. Now the establishment of maternity hospitals resulted in many expectant women being brought together in one place. This resulted in increased

risk of infection and undoubtedly the death rate from puerperal fever, not only in hospitals, but also in domiciliary practice, was a public scandal, and, moreover, one must remember that it was not until 1875 that Pasteur demonstrated the cause of infection, and Lister adopted methods for its defeat.

In spite of this, in the fifty-seven years (1847-1903) for which statistics for England and Wales are available, there were registered no fewer than 93,243 mothers as having died from puerperal fever. This appalling death rate naturally caused public anxiety and possibly explains much of the opposition to which I have referred, because, as far as one could see, the participation of men in the practice of midwifery had not resulted in any appreciable improvement.

When it is realized that in the twenty-five years from 1911-1935 seventy-five thousand women died in England and Wales from causes associated with pregnancy and childbirth, and that approximately twenty-five thousand of these died from puerperal sepsis, it will be appreciated that there was cause for anxiety even as recently as fourteen years ago.

The obstetrician is concerned not only with the life and well-being of the mother, but also with that of the child. The death rate of newborn infants and those in the first year of life in 1899 was 163 per thousand. This was not only generally deplorable, but highly discreditable to the profession. Many conditions, however, apart from medical practice, must share in the blame for this state of affairs.

To-day, with the improvement in obstetric practice and the provision of skilled nursing and pædiatric care, the mortality among the newborn and infants in the first year of life is between forty to fifty per thousand live births, but much of this mortality is unavoidable.

It is difficult to assign a definite beginning to any movement for social improvement. In most instances a few individuals of exceptional public spirit are responsible for initiating reforms which later become generally applicable.

I have mentioned the efforts of individual teachers in obstetrics, but the credit for the development of the maternity and child welfare movement must be given to Dr. J. W. Ballantyne of Edinburgh. Up to the first decade of this century little or no attention had been paid to the expectant mother. She was rarely examined in the antenatal period, with the result that avoidable complications were unrecognized until a catastrophe occurred or the patient was seen during labour.

In 1901 Ballantyne published a plea for the "Pre-Maternity Hospital." This article impressed one reader to such a degree that he gave £1,000 to the Edinburgh Royal Infirmary to endow one bed for pre-maternity cases. For the next fourteen years Ballantyne worked to convince the authorities and the profession of the value of this type of work, and in 1915 an antenatal centre was established in Edinburgh. Ballantyne believed that a great deal could be done to safeguard the health of mother and child by the provision of pre-maternity hospitals and rest homes; by supervision exercised through clinics at which mothercraft could be taught, and by adequate provision for the treatment of syphilis and the protection of the premature infant. He opposed the notification of pregnancy, but he thought "that a

small sum of money might usefully be offered to women giving early notice of approaching confinement." This principal of bribery has been employed in a more subtle fashion in recent times. Ballantyne's principles and teaching have been accepted throughout the world, and as this work has developed we are beginning to reap the benefit of his foresight.

No survey of the evolution of obstetrics would be complete without referring to the position of the midwife. The midwife is to-day an essential part of the service, and the improvement of her status and training is one of the most important advances.

I quote here from McCleary, who has stated that "midwifery was long the Cinderella of medicine. It is strange that this should have been so. The successful bringing into the world of a new human being, without danger or damage to mother and child, overcoming the manifold difficulties that may attend pregnancy, labour, and the puerperium might well have seemed a service calling for all the skill that medical science and art can command. Yet it is a service that for many centuries was left entirely in the hands of untrained ignorant women; and long after medical men had begun to attend women in childbirth it was regarded as an inferior kind of professional work."

In the early days of the participation of men in the practice of midwifery the midwives opposed the change bitterly, and one famous London midwife, Mrs. Nihell, in a pamphlet attacking William Smellie, to whose pioneer work I have already referred, described him as "a great horse godmother of a he-midwife."

Advances in obstetric practice meant that collaboration between the doctor and the midwife was essential.

The first advance which influenced this change was the invention and development of the obstetric forceps, which for many years was retained as a family secret by the Chamberlens.

In 1855 the discovery of the cause and the description of the ravages of puerperal sepsis by Semnelweiss in Vienna showed that the practice of midwifery was in unskilled hands.

The discovery and use of chloroform in midwifery by Sir James Y. Simpson in 1847 meant that the association of the doctor and midwife was absolutely necessary.

Like all great advances, these were opposed, and one theologian denounced chloroform as a "Decoy of Satan, apparently offering itself to bless women; but in the end it will harden society and rob God of the deep and earnest cries which arise in time of trouble for help." Simpson's reply to the theologians was to refer them to the account of the first surgical operation ever performed on man which is contained in Genesis 2: 21—"And the Lord God caused a deep sleep to fall upon Adam, and he slept: and He took one of his ribs, and closed up the flesh instead thereof."

In this city, about 1855, Professor Burden had evidently tried to train midwives in response to frequent appeals from the practitioners in the city. From a letter in existence he appears to have been unsuccessful. He was not prepared to accept

defeat, so he admitted a Mrs. Hamill for training with the status of a medical student, charging her a student's fee and giving her private tuition, as "she had to be instructed alone."

The Ladies Committee of the Maternity Hospital objected to this for two reasons. First, they stated that "it was with considerable reluctance that the ladies revived the old custom of admitting nurses into the Hospital, as it had generally been productive of great annoyance." Secondly, they regarded the charging of a student's fee as a imposition and the private tuition as unnecessary. "When they know it is impossible a woman could require or would be capable of receiving so much instruction."

A long struggle, reminiscent of that experienced by the teachers of midwifery, and one in which the General Medical Council was in the opposition, ensued from 1866 to 1900, and finally, in 1902, the first Midwives Act was passed, prohibiting the practice of midwifery by unregistered midwives, to be followed in 1918 by a further Act controlling the training and registration of midwives.

War is one of the greatest catastrophies which can befall the human race, but the First and more particularly the Second World War have had momentous results. The falling birth rate and terrible loss of life between 1914-1918 strengthened the determination that money and effort should not be lacking for the care of mothers and young children. The notification of Births (Extension) Act, 1915, marked a step forward because it conferred upon county councils the statutory powers to make arrangements for the care of expectant and nursing mothers.

From this time forward there is evidence of the demand from all sections of the general public for skilled medical and nursing attention at their confinement. It has also marked the gradual disappearance of a misconception prevalent among the lay public, and some members of the medical profession, that every qualified practitioner is sufficiently trained to carry out single-handed any obstetrical operation.

This change is shown in the marked increase in the number of confinements occurring in institutions. For example, in Belfast in 1912 eight per cent. of the births were in institutions. In 1947 the figure had risen to fifty-two per cent., and this increase is representative of what has happened all over the British Isles. It was difficult to meet this demand not only because of the restricted accommodation, but also because of the lack of trained personnel.

In 1929 an important event occurred. In this year the College of Obstetricians and Gynæcologists, now the Royal College, was founded. The foundation of this College was due to the united efforts of all the principal teachers of the subject and stimulated by the enthusiasm of the late Professor Blair Bell of Liverpool and Professor Sir William Fletcher Shaw of Manchester. My predecessor, Professor Lowry, was one of the original signatories of the Charter, a Vice-President of the College, and one of the members of the first Council.

This College has now establised itself in many spheres, but its most important action was to lay down rules for the training of obstetric specialists, and it has been

the first college to demand supervised practical clinical training for the intending specialist before sitting for the post-graduate qualification.

My story up to date has depicted a depressing scene, but it has been one of slow and steady progress in the face of strong opposition.

From the year 1936 the tempo increases. From that year, as the result of the work of Colebrook on puerperal sepsis, the advent of the sulphonamide drugs and penicillin, of new and efficient antiseptics, and the slow reward of years of training, the scene begins to change.

The Second World War found the authorities with a more realistic outlook regarding the needs and the importance of the expectant mother.

I mentioned earlier that Ballantyne had been opposed to the notification of pregnancy, and probably any Government bringing a Bill before Parliament to make the notification of pregnancy compulsory would have been defeated. Bribery in another form than that suggested by Ballantyne has secured what was apparently impossible. The lure of extra rations and the necessity for making arrangements for the confinement as early as possible has torn the veil of secrecy to ribbons. The expectant mother now does not hesitate to notify not only her doctor, but also her butcher, grocer, and her milkman. This has been of great benefit to all concerned, as the patient is seen from the earliest days of her pregnancy and can be guided, supervised, and helped throughout. It has also given the general public quite a different outlook on a subject which at one time was not considered even decent to discuss.

Of recent years the causes of maternal and infant death which were common even fifteen to twenty years ago are now diminishing in frequency. The patient who causes anxiety nowadays is the one where some medical complication is associated with her pregnancy.

The above graphs, for which I am indebted to Dr. Cheeseman, Department of Social and Preventive Medicine, show the rapid improvement in both maternal and infant mortality in the past thirteen years. Nevertheless, obstetricians are still dissatisfied, as there is evidence to show that many maternal deaths occurring to-day are avoidable. It is important to remember, as has been pointed out by Dr. Elder, that the maternal mortality rate of four to six per one thousand live births reflects the degree of safety of domiciliary practice. The marked improvement in the death rate coincides with improved institutional facilities, improved training, and more skilled personnel.

It is regrettable that recent legislation is tending to force the general practitioner to deal with his maternity patients in less desirable surroundings than were available before the passing of the Health Services Act. This set of circumstances is already interfering with the training of the future doctor and midwife, and lowering the standard of antenatal care.

The improvement which has been noted has been secured largely by voluntary effort with assistance from the State, but without State interference. We are now embarking on a great new experiment where the State has taken control, though it is questionable whether the State fully appreciated the monetary value of all the

voluntary work done in the past. This is an experiment which, if it is to be successful, will have to combine all that is good in the old system with the advantages and good points of the new. It is an experiment in which I personally believe the Cinderella of Medicine will become the most attractive branch of medicine.

One of the great dangers of State medicine is that it may become impersonal. There is, however, a bond between the doctor who practises midwifery and his patient which it will take many years of State medicine to sever. This bond is one which is evident in every social class, and the gratitude and loyalty of one's obstetric patients is something which makes well worth while the arduous and exacting character of the work.

Midwifery has another great advantage over the other branches of medicine, namely, that it is in the forefront of preventive medicine. The great majority of obstetric patients are normal healthy women, and, therefore, in attending them, one has a positive objective in view—to deliver a healthy baby and leave the patient as fit and well when the confinement is over as she was before.

Wilfred Trotter said that medicine was in the very small class of professions that can still be called jobs for men. By that he meant "professions in which it is possible for people—men or women—to pursue the dying ideal that an occupation for adults should allow for intellectual freedom, should give character as much chance as cleverness, and should be subject to the tonic of difficulty and the spice of danger." No one can deny that obstetrics is subject to the tonic of difficulty and the spice of danger.

Of recent years great political capital has been made of the improved maternal and infant mortality. If credit is to be given for this improvement which I have mentioned and illustrated it should be to those whose work brought about improved control of sepsis, to those who introduced the sulphonamide drugs and penicillin, and, in no lesser degree, to those innumerable midwives, medical practitioners, obstetric specialists, and teachers who, each in his sphere, has contributed to the welcome and steady improvement which has taken place over the last decade.

As St. John Irvine recently said: "A finer race will be raised by those who desire it, but it will not be created by those who have subjected themselves to slavers, whether the slavers be private persons or Government departments. The beginning of all improvement is made by individuals."

REVIEW

AIDS TO TRAY AND TROLLEY SETTING. By Marjorie Haughton, M.B.E., S.R.N., S.C.M., D.N. Pp. 20 f. 136 illustrations. Baillière, Tindall & Cox. 5s.

This useful text-book is now in its fourth edition and some minor alterations have been made to bring the text right up to date.

The photographic illustrations are excellent, and the simple, concise instructions facing the illustrations should enable the student to learn quickly the setting and procedure required in the various trays and trolleys. Ample space is left for the student to make any additional notes. The glossary of instruments at the end gives large-scale illustration of some of the instruments which may not be seen clearly enough in the photographs. There can be no doubt of the continued popularity of this book with the student nurse.