

Since the early 1900s, the new surgical specialty of obstetrics and gynecologists has enjoyed great professional status and public appreciation, as it right fully should. We are all profoundly grateful for the professional abilities that save lives and can dramatically reduce or eliminate suffering. But "man-midwifery", as physician birth attendants were called throughout out the 17th, 18th and 19th centuries, has always been the poor stepsister of medicine.

The medical profession saw attending women during normal birth as a low class form of "woman's work". Support for a normal biological process was not considered to be medical practice, nor was it worthy of the attention of formally educated "medical men". No one captures the 'respectability' dilemma of obstetrics better than Dr. J. Whitridge Williams himself, in his 1911 lament about the medical profession's view of obstetrics as:

*"...No longer would we hear physicians say that they cannot understand how an intelligent man can take up obstetrics, which [other doctors] regard about as *serious an occupation as a terrier dog sitting before a rat hole waiting for the rat to escape*"*

Obstetrical Lament #1: "We can't get no respect" ~
Opinions about obstetrics by the public and medical profession as told in their own words

In 1915, Dr. Moran wrote that:

~ "Obstetrics is the most arduous, least appreciated, least supported, and least compensated of all branches of medicine".

~ "Obstetrics is held in disdain by the profession and the public. The public reasons correctly. If an uneducated women of the lowest class may practice obstetrics, is instructed by doctors and licensed by the State, [*then attending childbirth*] certainly must require very little knowledge and skill -- surely it cannot belong the science and art of medicine."

~ "Obstetrics comes from the Latin word meaning "to stand before", or as a sneering colleague once said, "to stand around." From the days of ancient Egypt and Greece old women have been standing around at confinements; and now, much as then; and all that many doctors are able to do is to stand around; in fact, since anyone can stand around, anyone can do the job." [1922-A; Zeilger, MD, p. 409]

"... the ideal obstetrician is not a man-midwife, but a broad scientific man, with a surgical training, who is prepared to cope with most serious clinical responsibilities, and at the same time is interested in extending our field of knowledge. No longer would we hear physicians say that they cannot understand how an intelligent man can take up obstetrics, which they regard as about as serious an occupation as **a terrier dog sitting before a rat hole waiting for the rat to escape.**" 1911-B; J.W. Williams, MD

~ "Engelman says: 'The parturient suffers under the old prejudice that labor is a physiologic act,' and the profession entertains the same prejudice, while as a matter of fact, obstetrics has

great pathologic dignity ---it is a major science, of the same rank as surgery". [1915-C; DeLee, MD; p. 116 in TASSPIM]

Obstetrical Lament #2: An abysmal & inadequate system of obstetrical educational

~ "In 1850, Dr. James P. White, introduced into this country clinical methods of instruction in obstetrics. Yet, during the following 62 years ... our medical schools have *not succeeded in training their graduates to be safe practitioners of obstetrics*." 1911-B; Williams, MD

~ "It is generally recognized that obstetrical training in this country is woefully deficient. There has been a dearth of great obstetrical teachers with proper ideals and motives but the deficiency in obstetrical institutions and in obstetrical material [teaching cases] for teaching purposes has been even greater. It is today absolutely impossible to provide [clinical] material." [1912-B, p. 226]

~ "In general, ...the medical schools in this country and the facilities for teaching obstetrics are far less than those afforded in medicine and surgery; while the teachers as a rule are not comparable to those in the German Universities. ...yet young graduates who have seen only 5 or 6 normal deliveries, and often less, do not hesitate to practice obstetrics, and when the occasion arises to attempt the most serious operations." [1911-B; Williams, MD p. 178]

~ "So much is needed before we can hope to give to the students graduating from our medical schools adequate training in obstetrics and before we can hope to compete with the German medical schools." [1912-B, p.224]

~ "In 1911, the great American obstetrician, J. Whitridge Williams, completed a survey of obstetrical education in United States medical schools. Williams found that more than one-third of the professors of obstetrics were general practitioners. 'Several accepted the professorship merely because it was offered to them but had no special training or liking for it.' 13 had seen less than 500 cases of labor, 5 had seen less than 100 cases and one professor had never seen a woman deliver before assuming his professorship. Several professors of obstetrics were not able to perform a Cesarean section.
[Neal DeVitt, MD, 1975]

Before a (medical) student was licensed to practice, Dr. Williams reported that:

"... the actual figures show that in 25 schools, each student see 3 (deliveries) or less, in 9 schools, 4-5 cases and in 8 others, 5 or more cases, while in some of the smaller hospitals this is possible only by having 4-6 (medical students) examine the each patient..."

~ "After 18 years of experience in teaching what is probably the best body of medical students every collected in the country -- the student body at the Johns Hopkins Medical School for the years 1911-1912 -- I would unhesitatingly state that my own students are absolutely unfit upon gradation to practice obstetrics in its broad sense, and are *scarcely prepared to handle the ordinary cases*." [1911-B; Williams, MD p. 178]

History of Obstetrics, part one → for Christine Morton June 26, 2010
Compiled by Faith Gibson using material & references from Dr. Neal DeVitt's 1975 Thesis

~ “Any scheme for improvement in obstetric teaching and practice which does not contemplate the ultimate elimination of the midwife will not succeed. This is not alone because midwives can never be taught to practice obstetrics successfully, but most especially because of *the moral effect upon obstetric standards*.” [“The Teaching of Obstetrics”, American Association of Obstetrics and Gynecologists]

~ “More than 2,000,000 U. S. babies will be born to less than 2,000,000 U. S. women during 1936. The majority of births will occur in the mothers' own homes and in their own beds. Most of the confinements will be **attended by some 100,000 ‘family’ physicians, few of whom saw more than twelve deliveries while at medical school**. These all-round doctors learned practical obstetrics mostly by *watching Nature take its course* with pregnant women.” (1)

Ref: (1) Times Magazine, Monday, May 25, 1936 ~ a newspaper report on the annual AMA convention held that year in Kansas City, Mo, with a focus on OB anesthesia in normal childbirth and a film presentation by the famous Dr. Joseph De Lee, MD: