

Obstetrics and the general practitioner: the historical connection

SOON it may be forgotten that until about the middle of this century, obstetrics in Britain 'belonged to' general practice more than to any other branch of the profession. The historical reasons for the connection are revealing, and disputes and attitudes to obstetrics in the eighteenth and early nineteenth centuries are the key.

In the first third of the eighteenth century, few medical practitioners were involved in midwifery except to deal occasionally with the late effects of a complicated labour; they did so crudely, with no training in the modern sense and usually with little experience. Midwifery was almost wholly in the hands of the midwives. Even in the 1760s, Queen Charlotte, wife of George III, chose to be delivered by the midwife Mrs Draper while William Hunter, the most famous obstetrician of his day, waited outside the door.¹ Incidentally, the stereotype of Sarah Gamp, so often applied to midwives of the past, is almost certainly unfair: many of the midwives in the eighteenth century were educated and literate women.^{1,2}

By the end of the eighteenth century there had been a total transformation, with obstetrics becoming an accepted part of the practice of a wide variety of medical men. Forceps were first introduced in England *circa* 1733, and the first of a whole series of eighteenth century lying-in institutions was established in London in 1739. The famous Smellie and William Hunter were the best known of a number of remarkable men who laid the foundation of obstetric practice.

Historians have rightly queried whether the 'advances' attributed to men-midwives (or 'accoucheurs'), with their interfering forceps and lying-in institutions, were really advances for the parturient woman. Certainly the midwives of the eighteenth century were sceptical, but they had an axe to grind. Seeing their territory eroded, they waged war on the man-midwife, who responded in kind.³ Medical men accused midwives of inflicting gross injuries like cutting off prolapsed arms with scissors, tearing out the uterus in mistake for the placenta and causing puerperal sepsis by general mismanagement. Midwives, supported by a small, eccentric but powerful group of medical men who loathed the practice of obstetrics, responded by accusing medical men of creating the very complications they claimed to cure. They swore that you could see the

baby in the midst of labour retreat in terror back into the womb if a medical man entered the lying-in room. Leave it to nature and the care of women, they said, and all would always be well.⁴⁻⁶

Nevertheless, by the beginning of the nineteenth century, medical practitioners had established themselves as the proper attendants at most normal labours and at all complicated ones. Training in obstetrics, often of a high standard, was available and popular with medical students. To read, for example, texts from the 1790s on forceps delivery, or even more to read the beautifully clear account by Denman on how to conduct a gentle normal delivery,⁷ is to be amazed at how wise and modern they seem and how distant from the crude accounts of the early part of the century. With only minor alterations, Denman's account could stand as a text for today.

Yet, in spite of this change and the acknowledged respectability of many accoucheurs, obstetrics had no home within the medical establishment. The Royal College of Physicians would have none of it. Care of a sick woman in the antenatal and postnatal period fell within the legitimate province of the physician, but intrapartum care did not. The immodesty and essential messiness of such a manual activity made it 'unsuitable for a gentleman with a university background', and I quote here the President of the College.⁸

The Royal College of Surgeons, established in 1800, was a new institution intent on creating a small tight élite of London hospital surgeons. They held midwifery in such contempt that to practise it was to be excluded from position or office within the College.

As for the Society of Apothecaries, a City company concerned with the wholesale supply of drugs, most of its senior members had little or no clinical experience and could hardly have distinguished a breech from a vertex even at delivery.

When, therefore, the general practitioners came into existence in the second decade of the nineteenth century, they adopted this orphan, obstetrics, as their very own; they were general practitioners in physic, pharmacy, surgery *and* midwifery. It rapidly became accepted wisdom that midwifery was the key to successful family practice.⁹

If the Royal Colleges had adopted obstetrics instead

of rejecting it, it might have become centred on hospitals over 100 years ago. Instead it retained its central position in general practice until the Second World War, while maternity departments in voluntary and local authority hospitals fulfilled the roles of teaching and research but delivered only a minority of obstetric cases.

General practitioners acquired obstetrics originally because it was shunned by physicians and surgeons. Having acquired it, it seemed to many to be the natural, right and proper place for it to remain until modern developments in blood transfusion, anaesthetics and obstetric technology led to an inexorable move towards delivery for all.

IRVINE LOUDON
Wellcome Research Fellow,
Wellcome Unit for the History of Medicine
University of Oxford

References

1. Spencer HR. *The history of British midwifery from 1650 to 1800*. The FitzPatrick lectures for 1927 delivered before the Royal College of Physicians of London. London: John Bale, 1927.
2. Harley DN. Ignorant midwives—a persistent stereotype. *Bull Soc Soc Hist Med* 1981; 28: 6-9.
3. Donnison J. *Midwives and medical men*. London: Heinemann, 1977.
4. Blunt J. *Man-midwifery dissected*. London: S.W. Fores, 1793.
5. Adams N. *Man-midwifery exposed*. London: S.W. Fores, 1830.
6. Stevens J. *Man-midwifery exposed*. London, 1849. ('The child recedes like a sensitive plant in the presence of a man.')
7. Denman T. *An introduction to the practice of midwifery*. 5th edn (1st edn 1794-95). London: J. Johnson, 1805. *An essay on natural labours*. London: J. Johnson, 1786.
8. *Report of the Select Committee on Medical Education*. Evidence of Sir Henry Halford PRCP. Pp 1834 XIII Part 1, para 223-233. 1834.
9. Loudon ISL. The concept of the family doctor. *Bull Hist Med* 1984; in press. (The central position of midwifery in the evolution of the family doctor is explored in this article).

EDITORIAL NOTICE

Instructions to authors

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 2,000 words, arranged in the usual order of summary, introduction, method, results, discussion, references, and acknowledgements. Short reports of up to 600 words are acceptable. Letters to the Editor should be brief—400 words maximum.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork—rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, those over 10 typed as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Two copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

All articles and letters are subject to editing. The copyright of published material is vested in the *Journal*.

Papers are refereed before acceptance.

Advertising enquiries

Display advertising enquiries should be addressed to: Mr Brian Palphramand, Marketing Director, Findlay Publications Ltd., Franks Hall, Horton Kirby, Kent DA4 9LL. (Tel. 0322 77755).

Classified advertising enquiries should be addressed to: Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. (Tel. 031-225 7629).

Circulation

The Journal of the Royal College of General Practitioners is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. The annual subscription is £55 post free (£60 sterling or \$100 overseas), and includes the *Reports from General Practice* and *Journal Supplements* when published.

Subscription enquiries

Subscription enquiries should be made to The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Correspondence and enquiries to the Editor

All correspondence to the Editor should be addressed to: The Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Telephone: 031-225 7629.