

## Obstetricians promoting the "New Obstetrics" 1910 to 1923

~ "Only the properly trained physician who has acquired surgical technique with specialty training in obstetric physiology and pathology is competent to circumvent the many ills of childbirth." [Dr. Holms, 1920]

~ "If the profession would realize that parturition, viewed with modern eyes, is no longer a normal function, but that it has imposing pathologic dignity, the midwife would be impossible of mention." [1915-C; DeLee, MD p.117]

~ "**If obstetrics is ever to attain the dignity of surgery**, -- and it should, -- if the parturient woman is ever to enjoy the same benefits as the surgical patient, -- and she deserves them.... the make-shift policies of obstetric practice must be abolished. DeLee's 1924 obstetrical textbook, [p. 290]

~ "For the sake of the lay members who may not be familiar with modern obstetric procedures, it may be informing to say that **care furnished during childbirth is now considered, in intelligent communities, a surgical procedure.**" [Dr. J. Whitridge Williams 1911-D, p. 214]

~ "If argument were needed **to prove obstetrics a branch of surgery** the statistics of the NY Lying-In Hospital for 1909-1910 might be used. Dr. McPherson reports 5,073 patients cared for, of whom 1,037 are classified as "operative", that is more than 20 % or one in every 5." [1911-D, p 214]

~ "But all these **arguments are unnecessary and insult one's intelligence.** I have visited many European clinics and I am convinced that the reason they are so far behind ours in their obstetric technique is because of the presence of the midwife and the low ideals she establishes" [1915-C; DeLee, MD]

~ "In Johns Hopkins Hospital," said Dr Williams, "**no patient is conscious when she is delivered of a child. She is oblivious, under the influence of chloroform or ether.**" [p.67 -- *Twilight Sleep - A Simple Account of New Discoveries in Painless Childbirth*"; Henry Smith Williams, B. Sc, MD, LLD ~ 1914]

Dr DeLee's 1924 obstetrical textbook -- "The Principles and Practice of Obstetrics", in which he describes the 'new obstetrics' and redefines normal birth and expands role of the obstetrician:

~ "Let us pause here to take a glance back at the treatment of labor as a whole. It should be regarded as surgical operation: it really is such, and the obstetrician is really a surgeon."

The conduct of labor is *not* a simple matter, safely in trusted to everyone. Let the people know that having a child is an important affair, deserving of the deepest solicitation on the part of the friends, needing the watchful attention of a qualified practitioner and that the care of **even a normal confinement is worthy the dignity of the greatest surgeon.**" [p. 341, emphasis added]

Dr J. Whitridge Williams (original author of "*Williams Obstetrics*"), as quoted in "*Twilight Sleep - A Simple Account of New Discoveries in Painless Childbirth*"; Henry Smith Williams, B. Sc, MD, LLD ~ 1914

“The **laity should also be taught** that a well-conducted **hospital is the ideal place for delivery**, especially in the case of those with limited incomes.

“Moreover, they should learn that the **average compensation for obstetric cases is usually quite inadequate**; and should realize, ... that doctors who are obliged to live on what they earn from their practice cannot reasonably be expected to give much better service than they are paid for.

“I think I may safely state that **obstetric fees are generally much too low**, as those for many gynecologic and surgical operations are absurdly high. I am loath to mention so sordid a matter and I do so at the risk of being misunderstood, but I know ... that many well-to-do patients object to paying as much for the conduct of a complicated labor case as for the simplest operation which involves no responsibility.” p. 89 ~ emphasis added

~ “The doctor must be enabled to get his money from small fees received from a much larger number of patients cared for under time-saving and strength-conserving conditions; he must do his work at the minimum expense to himself, and he must not be asked to do any work for which he is not paid the stipulated fee. This means ... the doctors must be relieved of all work that can be done by others ---... nurses, social workers, and midwives.

~ “The nurses should be trained to do all the antepartum and postpartum work, from both the doctors’ and nurses’ standpoint, with the doctors always available as consultants when things go wrong; and the midwives should be trained to do the work of the so called "practical nurses," acting as assistants to the regular nurses and under their immediate direction and supervision, and to act as assistant-attendants upon women in labor---*conducting the labor during the waiting period* or *until the doctor arrives*, and assisting *him* during the delivery. [note: the labor defined as the ‘waiting period’ before the doctor arrives and that it is the doctor, rather than the mother, who gets assisted by the demoted midwife.]

~ “In this plan **the work of the doctors would be limited to the delivery of patients** [i.e., birth as a surgical procedure performed by the physician], to consultants with the nurses, and to the making of complete physical and obstetrical examinations ... Under this arrangements the doctors would have to work together in a cooperative association with an equitable distribution of the work and earnings.” (emphasis added) Dr. Ziegler, MD,1922-A; pages 412-413:

~ “What we must first do is arouse public sentiment and first of all we must have the enthusiastic support and united action of the medical fraternity.... We feel that the **most important change** should be in the laws governing the registration of births. **The word "midwife" as it occurs, should be at once erased from the statute books. ...**

We believe it to be the duty and privilege of the medical profession of American to safeguard the health of the people; we believe it to be the duty and privilege of the obstetricians of our country to safeguard the mother and child in the dangers of childbirth. **The obstetricians are the final authority to set the standard and lead the way to safety. They alone can properly educate the medical profession, the legislators and the public.**” [Boston Medical and Surgical Journal, Feb. 23, 1911, page 261]