

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

ADDRESS ON INAUGURATION OF S.A. REGIONAL COUNCIL*

C. D. READ, F.R.C.S., F.R.A.C.P. & S., P.R.C.O.G.

President

It is my very great privilege as President of the Royal College of Obstetricians and Gynaecologists to inaugurate the new South African Regional Council of the College. By this South Africa takes its place with Canada, Australia and New Zealand in its relation with the parent body, and I can assure all present that the mother will be proud of its newborn child, and hopes that the child will always be affectionately disposed towards its mother.

It would be remiss of me if I did not express thanks to those of you who, for years, have acted on the South African Reference Committee, and so paved the way to the formation of this first Regional Council, freely elected from among your Fellows and Members. To those ladies and gentlemen in Cape Town, Durban, Johannesburg and Pretoria we extend our most sincere thanks for the work they have done, for the time they have so unselfishly given without thought of personal gain, but with the one object in view—that of improving the services of obstetrics and gynaecology in your country, and indeed in the world generally. It would be almost invidious to mention names, but I cannot refrain from acknowledging the thanks of us all to Professor Crichton, Professor Gordon Grant, Colonel Impey, Professor Black and Dr. Standing in the early formative days of the Reference Committee, and latterly the influence of Professor James Louw, Professor Heyns and Professor te Groen in addition. To these, and to all the others, we owe a very great debt of gratitude, and on behalf of my Council I extend to them our thanks.

When we speak of a College, the word generally conjures up in our minds a picture of some building. Usually we think of bricks and mortar, or of some of the lovely colleges of Oxford and Cambridge, or even of some more modern but none the less beautiful buildings which adorn some of our cities. These of course constitute only the home of the College, for the College itself is not materialistic, but spiritual, and consists of a number of individuals banded together for a common purpose.

Broadly speaking, our common purpose is the advancement of obstetrics and gynaecology, and I should like you all to realize that this is a living College, striving all the time to attain this end. Naturally the effort of the College as a whole is dependent entirely on the individual efforts and accomplishments of its Fellows and Members, and its influence for good is dependent on these. We are

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a completely non-political body, and will always remain so. We elect our Executive Council by free vote of the Fellows and Members, regionally represented, just as in your Regional Council you elect yours. I want you always to remember that your interests are our interests, that your aims are our aims, and that the fuller you flourish the better pleased we shall be. We realize your difficulties in that you are relatively sparsely populated and have long distances separating you. We appreciate these difficulties and your overcoming them makes us admire you all the more. I think I can say that the helping hand will be available at all times, but I would point out to you that in large measure you are the arbiter of your own affairs. Matters of policy, of course, such as adequacy of training facilities, suitability of training posts etc. must be centrally directed, but we regard you as our advisers even in these matters, and in large measure the influence of the College for good will, in South Africa, be dependent on you.

It is a particular pleasure for me to be with you all today—especially so as I feel I am one of you. Having graduated in New Zealand I am a Dominion man, and the ties between the country of my birth and South Africa are very strong, having been cemented by two world wars. While I am the first Dominion man to have had the honour of election as President of the Royal College of Obstetricians and Gynaecologists I feel sure I shall not be the last—such is the democratic nature of our Constitution. I feel that others from the Commonwealth in the future will follow me—why not a South African?

THE AIMS OF THE COLLEGE

When the College was founded its aims and objects were recorded in the memorandum to its articles of association. The important one, the one which crystallizes the main reasons for its foundation reads:

'To encourage the study and improve the practice of obstetrics and gynaecology, subjects which should be inseparably interwoven'.

For long our branch of medicine has been one leg of the tripod of medicine. It was laid down in the second Medical Act that every candidate for admission to the Medical Register shall be instructed and examined in Medicine, Surgery and Midwifery.

Moreover these are the three clinical subjects to which chairs

were allotted in our universities. In spite of this, all was not well. To lay down this equality in an Act of Parliament is one thing, to implement it is another. On the General Medical Council and on the various teaching bodies it was only natural that the great corporations had a preponderance of representation, and it was difficult for the obstetrician and gynaecologist to obtain what he considered to be his fair share of the student's time, and facilities for teaching and examining.

It was only when the teachers of obstetrics and gynaecology combined in the Royal College of Obstetricians and Gynaecologists that they were able to make a united effort and to obtain reasonable teaching, training and examination facilities. It was the poor teaching in the past, the emphasis laid upon the moment of birth to the exclusion of all the important parts of obstetric training, which made the full scope of our subject incomprehensible to those who were deprived of further postgraduate study. It is our duty to see that the rising generation is not brought up in such a state of misunderstanding.

BASIC TRAINING

To encourage the study and improve the practice of obstetrics and gynaecology necessitates sound basic training of the student, which, in most centres, is now given. It means also sound postgraduate training for those who intend to devote their professional life to obstetrics and gynaecology. From the first, the College has emphasized training rather than mere examination, and no candidate is allowed to sit for the examination who has not held resident appointments for minimum periods in medicine, surgery, obstetrics and gynaecology, in hospitals recognized by the College as capable of training consultants. More than this, however, is necessary. If our branch is healthy it must grow and develop, and this depends to a large extent upon the type we admit to our Membership.

In Great Britain there has developed a great enthusiasm for the whole-time professor, on the assumption that only a whole-time man has time to teach and to do research work. Whether this experiment will succeed or not, time alone will show. In the past British obstetrics and gynaecology developed its own school, advanced along its own lines, and increased our knowledge in the theoretical and scientific aspects as well as in the clinical.

From the time of Smellie to the present day, advances have been made, a little bit here, a little bit there. Someone makes a suggestion, others criticize and modify it, and finally another small step is made. Spectacular advances like those of Simpson in discovering the anaesthetic effect of chloroform, of Lister in discovering how to combat sepsis, or of Fleming in discovering penicillin, are rare. By far the greater part of our steady advance is made in small steps, by men whose names are not remembered except in the general way that in their time they were leaders in their own locality. Every teaching school worth its salt has many of these stored in local traditions.

These are the men who, bringing to bear their store of clinical experience, tempered and restrained by scientific knowledge, with which they have found time to keep abreast, have produced the steady advance in scientific knowledge and clinical treatment.

Note that of the three great discoveries I mentioned two, viz. anaesthesia and antiseptics, without which modern surgery could not have developed, were the gift of clinicians. Those engaged in clinical research will be the first to acknowledge the help and guidance they have received from the pure scientist, the anatomist, the physiologist, the pathologist, the bacteriologist. It is this combination of the clinician with the scientist which has given us our steady advances, and it remains to be seen whether the whole-time clinician, without the incentive of private practice, will do more than the busy clinician did, so stimulated and so interested in his patients, that he wanted still more to know 'how the wheels went round'.

THE HOSPITAL STAFF

Whether or not the whole-time professor produces much good work does not affect the duty and responsibility of the other members of the hospital staff. No man has a right to accept an appointment on the staff of a hospital unless he is prepared to devote time to the furtherance of knowledge, and no man on the staff of a hospital is doing his full duty as a teacher unless he develops his critical faculties, is dissatisfied with the present, and is constantly aiming at

something better. This means that in all directions he must be abreast of the times and, in some directions, ahead of his colleagues.

If his clinical experience or experiments give him some advance, however small, it is his duty to record it in print, to inform others interested in the subject, and to receive their corrective criticisms. Too often we have the spectacle of men immersed in clinical work, recognized locally as masters, but whose influence on the advancement of the profession they love is negligible outside their own narrow circle, because they will not be bothered to record their experience or stand the rough-and-tumble of public criticism and debate.

To encourage the study and improve the practice of obstetrics and gynaecology, this College does all in its power to stimulate the spirit of research in its Members. The Fellowship was initiated as an encouragement to research and, although in practice we more frequently raise to this degree those who have attained a certain position by their clinical or teaching ability, nevertheless a good piece of research work is always recognized by early elevation to this degree.

Each year we award Lectureships limited to Members or to Fellows of not more than two years' standing. The College inherits a considerable sum of money for the purpose of encouraging research work in obstetrics and gynaecology. The income from this will be awarded to men doing research work, and I hope that some of these research scholarships will be awarded to Dominion Members—all are eligible.

A young man elected to the staff of a hospital enters into a priceless heritage. Junior appointments are not usually overburdened with clinical work. There is considerable leisure, which he can devote to research, to following through the laboratory each specimen he removes, comparing it with others in the literature, discussing the subject with the pathologist, the physiologist or other scientist, endeavouring in some direction to advance a little further our knowledge of our subject. Or, on the other hand, he may endeavour to translate his good fortune into terms of cash by using his position merely as a means to acquire a lucrative practice. The former develops his critical faculties and, even if he makes no epoch-making discovery, lays a solid foundation of mental and clinical training upon which to build his future practice and reputation; while the latter becomes a mere vendor of goods, little removed mentally from the apple woman with her street barrow. Let us remember we have a duty to our profession, a duty to our College, a duty to humanity, to endeavour, each to the best of his ability, to leave our knowledge a little further advanced than we found it.

THE UNION OF OBSTETRICS AND GYNAECOLOGY

The statement of the main reason for the foundation of the College 'To encourage the study and improve the teaching of obstetrics and gynaecology' continues: 'Subjects which should be inseparably interwoven'. Those of us who have spent our lives in the practice and teaching of obstetrics and gynaecology know how impossible it is to separate the two. We know that the subject, to be understood by the student, must be taught as a whole—anatomy, physiology, abnormal physiology, pathology. Obstetrics comes chiefly in the section of physiology. A few, a very few, argue that they can be taught separately, but even these do not agree upon the line of cleavage. Forty years ago there was a movement in Great Britain to separate the two, and four Universities went so far as to appoint a Professor of Obstetrics and an independent Lecturer in Gynaecology; and this was one of the main reasons for the establishment of our College. What made the danger so acute was the fact that this separation was in reality part of a movement to make gynaecology, and what was called surgical obstetrics, a part of general surgery, and to divorce it completely from obstetrics. It was soon recognized in these schools that the division was an artificial one and led to confusion in the students' minds and, at the next election, in each instance, the subjects were reunited.

Today in Great Britain there is not a single school in which the teaching is divided and, I think I am correct in saying, in only two schools throughout the Empire. Even in these schools the division is only a question of degree, since those who desire separate teachers insist that the teacher of gynaecology must also be a trained obstetrician. But, although through the influence of the College in binding together all teachers of obstetrics and gynaecology this division has been practically eliminated from our teaching schools, it will soon again rear its head if we are not constantly vigilant, and it behoves you, the younger generation, to preserve your heritage.

This desire to separate them arises from ignorance of the true scope of obstetrics and gynaecology.

We cannot blame practitioners of the older generation for this ignorance, which is due to the way the subject was taught until comparatively recent times. The clinical training in obstetrics consisted originally in the collection of signatures to certify that we had been present when a certain number of babies entered the world. No antenatal training, no insistence upon attendance during the first stage; no emphasis upon the abnormal and the importance of its early recognition; nothing but a number of certificates collected with the mentality of a boy acquiring postage stamps. Clinical gynaecology consisted largely in watching the performance of a number of operations, with a few perfunctory demonstrations in methods of examination; but, as in those days our ability to perform a pelvic examination was not tested in the final examination, I fear little attention was given to it.

Can it be wondered at, that medical men, trained in that period and without subsequent clinical training in the subject, considered the obstetrician to be little more than a beneficent attendant at an act of nature which an all-seeing providence terminates in its own good time, provided that the attendant has the necessary patience to leave nature unassisted; while gynaecology consisted in the surgical removal of organs provided by providence for this purpose. No realization of the training and experience required in making a decision when to interfere, or of the skill necessary to make that interference successful. No realization of the number of patients with gynaecological ailments who are cured by other means than operation or, if an operation is required, that conservatism must be emphasized in all other than malignant conditions. This general ignorance of our work is due to the old methods of teaching.

Now, united, we have been able to obtain a reasonable amount of the students' time, with full facilities for teaching and for examination. Only the full realization, by the whole profession, of the extent and importance of our branch of medicine will extinguish these attempts to absorb us into other organizations. If the rising generation shows the same abysmal ignorance as mine, that is the fault of the teachers, and in the future that is your responsibility. Having obtained these facilities, it is your duty to see that full use is made of them and that they are not whittled away.

THE COLLEGE IN THE DOMINIONS

When the College was founded it was acclaimed not only throughout the British Isles but in all the Dominions. Its development was much quicker than its sponsors in their moments of wildest optimism had dared to hope, which is merely a proof of the great need of such a College to bind together the obstetricians and gynaecologists. One of the earlier of the Dominions to realize its import and send forth candidates in considerable numbers was

South Africa. Up to the present time Fellows and Members in a Dominion have the same privileges and responsibilities as the Fellows and Members in the UK, but being so far away from the centre, and themselves unable to serve on the Council, and to help to guide the destinies of the College, they cannot be expected to take the same personal interest in its development. Moreover, each Dominion has its own problems—problems which cannot be fully understood by the Central Council. We therefore decided upon this new venture.

In the British Isles and in each Dominion the number of men devoting their lives to the practice of obstetrics and gynaecology alone must always be fewer than those in general medicine or in general surgery. If we separate, Great Britain and each Dominion forming its own College, we have less likelihood of getting what we know to be necessary for teaching and practice. 'Unity is strength', and therefore we hope that all will adhere to the parent body. Realizing, however, that South Africa has its own problems and that something more is required to stimulate unity, this Royal College has established a South African Regional Council which will have autonomy in purely South African matters. This Council will consist of elected members, representing both Fellows and Members, and it is your duty to nominate and to vote for those who will best represent your views, and we hope that it will be the ambition of every Fellow and Member to serve on the Council. This Council must be a success, and it is entirely in your hands to make it such.

What we want to emphasize is this. This new Council is neither Cape Town, Pretoria, Johannesburg nor Durban. It belongs to East London, Port Elizabeth, Pietermaritzburg, Bloemfontein and any other centre where Fellows and Members reside, as much as to any of the other great centres, and I do ask you to keep its outlook a national one.

Now for one word of warning. You will realize that the South African Regional Council can be given authority only upon matters which relate to South Africa alone. Resolutions which affect our Fellows and Members elsewhere must be ratified by the Central Council. Any other method will lead to chaos. It means, however, that at times both sides must show patience and forbearance, and at times some delay may be inevitable. Differentiation between local and general matters will not always be easy, but an attempt to understand the other point of view will always clear away difficulties.

I conclude by reiterating that your destinies are largely in your own hands. We wish you luck, success and happiness. We have little doubt that you will attain all.

I have very much pleasure in proclaiming the new South African Regional Council duly inaugurated.

Super ardua consurgamus, floreat collegium