

VAN DIE REDAKSIE : EDITORIAL

SUID-AFRIKAANSE TYDSKRIF VIR OBSTETRIE EN GINEKOLOGIE

Met die publikasie van die *Suid-Afrikaanse Tydskrif vir Obstetrie en Ginekologie* as byvoegsel tot hierdie uitgawe van die *Suid-Afrikaanse Tydskrif vir Geneeskunde*, betree ons 'n belangrike nuwe veld op die gebied van die mediese joernalistiek in ons land. Die agtergrond van hierdie ontwikkeling is kortliks soos volg:

Alhoewel daar algemene ooreenstemming is oor die feit dat die algemene praktisyn, om baie redes waarmee almal bekend is, nog 'n onbepaalde tyd lank die basis van ons mediese praktyk sal en moet bly, ontwikkel die medisyne al meer in die rigting van gespesialiseerde groepsbelange. Dit is 'n noodwendige ontwikkeling in die tyd waarin ons leef.

Die vraag het dus ontstaan of dit moontlik en/of verstandig sal wees om gespesialiseerde tydskrifte in Suid-Afrika te publiseer. Omdat die meeste spesialiste in elk geval op hul eie gespesialiseerde oorsese vakblaaie inteken, en omdat die aantal lede hier te lande in elke groep so (relatief) klein is, lyk dit onverstandig om vir elke groep 'n aparte gespesialiseerde blad te publiseer.

'n Moontlike oplossing van hierdie probleem het nou gekom as gevolg van 'n aanbeveling van die Radiologiese Vereniging van Suid-Afrika om die weeklikse *Tydskrif* (wat onder alle lede van die Mediese Vereniging sirkuleer), as basis te gebruik vir die publikasie van gespesialiseerde byvoegsels. In hierdie geval sal daar begin word met twee

of drie uitgawes per jaar van die *Suid-Afrikaanse Tydskrif vir Radiologie* as 'n byvoegsel tot die *Suid-Afrikaanse Tydskrif vir Geneeskunde*.

'n Soortgelyke versoek het ook van die Suid-Afrikaanse Vereniging van Verloskundiges en Ginekoloë gekom — behalwe dat die versoek in hierdie geval is om vier sulke spesiale uitgawes per jaar te publiseer.

Op hierdie manier sal dit dus wel vir ons moontlik word om in Suid-Afrika gespesialiseerde tydskrifte te publiseer. Lede van die Vereniging sal hierdeur die voordeel hê dat hulle, net deur die Vereniging en sy *Tydskrif* te ondersteun, spesiale uitgawes in hul eie vakgebiede kan kry, en ook dat spesiale uitgawes op ander vakgebiede vir almal beskikbaar gestel word. Sodoende kan ons dan 'n bydrae maak tot die doelstelling om eenheid binne verskeidenheid in die mediese wetenskappe te probeer bewerkstellig.

Ons hoop om vanjaar vier uitgawes van die *Suid-Afrikaanse Tydskrif vir Obstetrie en Ginekologie* (waarvan hierdie die eerste is) en drie uitgawes van die *Suid-Afrikaanse Tydskrif vir Radiologie* (waarvan die eerste uitgawe in die begin van April sal verskyn) te publiseer — albei as byvoegsels tot die *Suid-Afrikaanse Tydskrif vir Geneeskunde*. Die samewerking en ondersteuning van alle lede van die Vereniging, om van hierdie ondernemings 'n sukses te maak, sal ten seerste waardeer word.

SOUTH AFRICAN JOURNAL OF OBSTETRICS AND GYNAECOLOGY

With the publication of the *South African Journal of Obstetrics and Gynaecology* as a supplement to the *South African Medical Journal* we are entering an important new field in medical journalism in this country. The history of this development is briefly as follows:

In recent years there has been a growing tendency for medicine to develop along the lines of specialist group interests in spite of the fact that it is still generally agreed that general practice, as we have known it in the past, will, for many years to come, remain the basis of medical practice in our country.

The question has therefore arisen whether it will be possible and/or wise to publish specialist journals in South Africa. In view of the fact that most specialists subscribe to their own overseas specialist journals in any case, and since the number of specialists in each specialty is so (relatively) small, it would appear unwise to publish a separate journal for each group.

A possible solution to this problem has however been found as a result of a suggestion of the Radiological Society of South Africa to use the weekly *Journal* (which is being circulated among all members of the Medical Association) as the basis for the publication of specialist

supplements. We therefore intend publishing two or three issues of the *South African Radiological Journal* as a supplement to the *South African Medical Journal* during the course of this year.

A similar request was received from the South African Society of Obstetricians and Gynaecologists; they have requested the publication of four such special issues a year.

By approaching the problem along these lines it will be possible to publish specialist journals in South Africa. Moreover, by merely supporting the Medical Association and its *Journal*, every member will have access to other South African specialist journals. In this way we hope to make a positive contribution towards the ideal of attaining unity within diversity.

We hope to publish four issues of the *South African Journal of Obstetrics and Gynaecology* (of which this is the first), and two or more issues of the *South African Journal of Radiology* (of which the first will be published at the beginning of April) during the course of this year — both as supplements to the *South African Medical Journal*. The wholehearted cooperation and support of every member of the Association in this undertaking will be greatly appreciated.

THE OBSTETRICAL FORCEPS

The history of the invention of the obstetrical forceps and its introduction into the practice of medicine is most interesting. Whoever invented the obstetrical forceps was a man of constructive skill, because even in its original form the blades were fenestrated and had a cephalic curve, and a lock and a handle. Although the idea would appear to have been entirely new, it must be remembered that a somewhat similar procedure was used to remove stones from the urinary bladder in the operation called 'cutting for the stone'. The original inventor must also have had great courage in testing the value of the instrument, and one presumes he would have carried out his first experimental trials on simple cases to test the method of application. It is not necessary to emphasize the great value of the forceps and what its use in the relief of anxiety during childbirth has meant to countless mothers for two centuries or more. Few methods of treatment in the practice of medicine have given more satisfaction to the conscientious doctor than the relief brought to the woman in childbirth with the aid of obstetrical forceps.

This 'secret instrument' was used (possibly invented) by the Chamberlen family. The Chamberlens, descendants of a Huguenot doctor who fled to England in 1569, practised as man-midwives to the Court and nobility of England from the time of James I to that of Queen Anne; and they used to deliver children with a special instrument which they kept a family secret for about 200 years.

Almost to the end of the 17th century midwifery was practised almost exclusively by midwives, mostly ignorant women utilizing crude methods and superstitious notions. Doctors knew even less about midwifery than these women, yet much was written by them on this subject, although they were lacking in practical knowledge. The few doctors who practised the art of midwifery were not popular until an instrument became available which enabled them to deliver a live child with safety to the mother in a large proportion of difficult labours.

As the result of war between the Catholics and the Huguenots in France, Dr. William Chamberlen fled to England with his family, to practise there. After his death two of his sons practised medicine, but before long they were in trouble with the Barber-Surgeons Company and the Royal College of Physicians; with the former for not attending obligatory lectures, and with the latter because of certain restrictions on their activities as doctors. The

younger of these two brothers (both named Peter) had a son, also named Peter (1601-1683) who studied at Cambridge, Heidelberg, and Padua, and then obtained his doctorate at both Oxford and Cambridge before his twentieth birthday—a very creditable achievement even in those days when degrees were obtainable at a much earlier age than is the case today. This young man took over his uncle Peter's appointment to the court of the Queen. It is probably he who was present at the birth of Charles II in 1630. The Royal College of Physicians frowned on him, as a physician, practising midwifery 'being more properly the work of a surgeon', and stated that in doing so he used instruments of iron.

This statement in 1634 is the first that is recorded that the Chamberlen family were using special appliances, although it was much later that it became known that these were the midwifery forceps. Dr. Peter Chamberlen was finally dismissed from the Fellowship of the College, and it is believed he continued to practise midwifery. In 1673 he was able to get his son, Hugh, appointed as physician to the royal family. This particular son played the greater part in the practice of midwifery although at least two other brothers (Paul and John) had also been entrusted with the family secret of the midwifery instruments. There has been a story that when Hugh Chamberlen settled in Amsterdam for a period he sold the secret to the Dutch, but a study of all the conflicting literature on the subject indicates that it was not in Holland after all, but from a rural part of Essex that the Chamberlen secret reached the world.

In the year 1813 a Mrs. Kemball was rummaging about in an upper room at Woodham Mortimer Hall, near Maldon in Essex, when she noticed an arrangement of screws and wooden plugs that suggested something of interest might be concealed beneath the boards at that site. When the boards were taken up a box was found with an assortment of oddments, including some curious instruments about a foot long, the purpose of which was recognized by Mr. Henry Cawardine, a retired surgeon who was engaged in writing a book on the history of surgery. Inquiry soon settled the fact that these were the midwifery instruments that must have belonged to Dr. Peter Chamberlen, who had occupied the Hall in the reign of Charles II, and whose widow had hidden all the articles beneath the floor.

44th SOUTH AFRICAN MEDICAL CONGRESS, JOHANNESBURG 21—27 JULY 1963

As already advised to those who have submitted titles of papers they wish presented at Congress, the latest date for the receipt of synopses is 31 March next. The full papers must reach the Congress Office not later than 30 April 1963.

These dates are very important.