The accessory buildings include a church, nurses' home, staff quarters, administrative block, and concert and entertainment hall.

### An Excellent System

A few words must be added, in conclusion, about the system of dealing with accidents which obtains throughout the province of Styria, in which Tobelbad is situated. At the capital, Graz, a splendid modern hospital has been erected by the same United Accident Insurance Corporation, and at this hospital expert teams of surgeons, nurses, and radiologists are on duty day and night. With the co-operation of the police, the local authorities, and the Red Cross, a network of telephone call-stations has been established throughout the province, usually at the houses of Red Cross members, which are continuously manned on a rota system. At the same time a limited number of ambulance stations have also been established, prepared for emergency calls. Wherever an accident occurs in the province, no matter at how remote a spot, the local policeman is summoned and immediately rings up the nearest telephone call-station on duty for that particular day, from which messages are at once sent to the nearest ambulance station and to the Graz Accident Hospital. As a result cases are received at the hospital, on an average, in not more than two hours from the time of the incident. Expert services are there provided, including anti-shock measures, radiology, operative and post-operative treatment, and appropriate methods of medical rehabilitation. As soon as the acute stage has passed and further surgical treatment is no longer required the patient is sent on to Tobelbad to complete his course of rehabilitation away from a hospital atmosphere.

The latest news from the centre is that the accommodation is nearly all taken up; that a special department for cases of traumatic spinal paraplegia has been established on Stoke Mandeville lines; and that, in addition to cases of actual trauma, some cases of poliomyelitis and other crippling disorders are being received for rehabilitation.

## MEDICAL WOMEN'S FEDERATION CONGRESS

[BY A SPECIAL CORRESPONDENT]

The Medical Women's Federation of Great Britain and Northern Ireland held its thirty-fifth Anniversary Congress on October 31 and November 1 and 2, under the chairmanship of the president, Dr. Doris M. Odlum.

The Congress began with a cocktail party on the evening of October 31 at the Royal Free Hospital School of Medicine, at which some 250 people were present. Scientific sessions were held in the morning and afternoon of Saturday, November 1, in the Great Hall of B.M.A. House.

### Domiciliary Midwifery

The session was opened by the Duchess of Northumberland, who gave a short address. Then followed the Christine Murrell Memorial Lecture by Dame Hilda Lloyd. In a brilliant and provocative address the lecturer covered many aspects of her subject—"Domiciliary Midwifery." She believed that in 10 years' time there would be far less domiciliary midwifery than now, at least in the urban areas. Already a great many women preferred to have their confinements in hospitals, and she thought that this tendency was likely to increase. She discussed the advantages and disadvantages to the expectant mother and to the family group of a confinement at home or in hospital. She envisaged special hospital units which would be staffed by midwives working in conjunction with general practitioners, with specialists available in case of need. She thought that those doctors who undertook obstetric work should have some extra training and experience if they were to give their patients the best possible service.

After the lecture Dame Hilda Lloyd kindly consented to answer questions, which she did for over an hour, as her audience showed a most lively interest in her proposals. A vote of thanks, proposed from the chair, was carried by acclamation.

### Child Care in the N.H.S.

At the afternoon session the care of the child in the National Health Service was discussed from various viewpoints. The opening speaker was Dr. Ursula Shelley, physician, Children's Department, Royal Free Hospital, followed by Dr. Charlotte Naish, general practitioner, York; Dr. Elspeth Warwick, senior assistant medical officer for maternity and child welfare, City of Nottingham; Dr. Sylvia K. Guthrie, consultant paediatrician, Duchess of York Hospital for Babies, Manchester; Dr. Margaret Reed, general practitioner, Cambridge; Dr. Catherine Crane, medical officer of health, City of York; and Dr. Margaret Methven, psychiatrist, Royal Edinburgh Hospital for Sick Children. Dr. Georgie Brodie (until recently deputy senior medical officer, Maternity and Child Welfare, Ministry of Health) summed up the opening papers, and the meeting was then thrown open to public discussion.

The general conclusions reached were:

(1) There was a great need for the integration of many aspects of medicine and smooth collaboration of individuals and institutions in order to provide a comprehensive health service for the child. The National Health Service Act had provided an increased opportunity for improvement and co-ordination.

(2) The improvement in the medical care of the child in Britain in the last fifty years was undoubtedly a great achievement. This country was second to none in this respect, but we should not be satisfied to rest on our laurels, as much still remained to be done.

(3) It was essential that the four services dealing with the child should act as a team, with their functions clearly defined. These were the general practitioner, the local health authority, including the school medical service, the hospital and specialist service, and the Ministries concerned.

(4) The general practitioner, who should, in fact, be the family doctor, was the backbone of the service. He could best know the environment of the child and follow its development. He would also know the family relationships and their effect on the child, and be able to assess the interplay of psychological and organic factors in illness. General practitioners needed much better training, both pre-graduate and postgraduate, in the preventive as well as the curative aspects of medicine. General practitioners were at present handicapped by lack of facilities for diagnosis such as health centres could provide with their *x*-ray, pathological, and other departments.

(5) The local health authority services had done good work in the preventive field. A valuable educational system for the mothers had been built up, and also of supervision of the young child.

(6) Health visitors could be called upon much more than they are by the general practitioner. They could give much valuable help to the family doctor, and act as a liaison with local authority clinics and the hospital.

(7) Interchange of information should be much increased by means of duplicate letters to the practitioner from the medical officers of child welfare and school clinics and by using health visitors.

(8) Most valuable pioneer work had been done in some areas by women general practitioners, who had started infant welfare clinics as part of their general practices, notably by Dr. Naish in York, Dr. Reed in Cambridge, and Dr. Hellier in Paddington (London).

(9) If the general practitioner had better opportunities for investigating the child, only cases that really needed to be seen by a consultant would be referred to hospital, whose true functions were to diagnose, to advise treatment, to promote research, and to give specialized training to paediatricians. Interchange of information was vital in this field.

(10) The Ministries played a valuable part in initiating services on a national scale, and in assuming public responsibility for them. They were essential as a co-ordinating body, but there was a tendency to over-centralization.

(11) The chief value of the National Health Service was that it had provided the child with four important facilities—the free services of a family doctor and of a consultant paediatrician in the home, free ambulance, and free hospital treatment in addition to those services previously available. There were still gaps, such as insufficient long-stay accommodation and convalescent homes. The worst fault was the inadequate co-ordination between the different services, inadequate record-keeping, insufficient exchange

of information, and the lack of facilities for investigation available to the general practitioner.

(12) It was felt that a senior woman administrative medical officer should be appointed by each large local health authority whose function it should be to co-ordinate all the paediatric services and to ensure the maintenance of a close relation between mother and child.

(13) Education of the mothers themselves was vital if they were to play their part fully in the scheme for the child's welfare and protection, and make full use of the services at their disposal.

Between three and four hundred people attended the scientific sessions, including medical guests of both sexes. In the evening the Congress dinner was held at Grosvenor House, at which nearly 500 people were present. A report of this has already appeared in the *Journal* (November 8, p. 1054). On the last day of the Congress members attended clinical demonstrations which had kindly been arranged at the Colindale Public Health Laboratory, the Elizabeth Garrett Anderson Hospital, King's College Hospital, the Marie Curie Hospital, the Middlesex Hospital, the South London Hospital, University College Hospital Obstetric Unit, and the West London Hospital.

# Nova et Vetera

## FATHER OF BRITISH OBSTETRICS

*William Smellie: The Master of British Midwifery.* By R. W. Johnstone, C.B.E., M.A., M.D., Hon.LL.D. (Pp. 139. 20s.) Edinburgh and London: E. and S. Livingstone. 1952.

Recently an eminent surgeon expressed the view that, until the later nineteenth century, the effectiveness of medical treatment had not greatly improved since Hippocrates. He would change his opinion if he would read this account of the modest, kindly, thoughtful, sensible practitioner William Smellie (1697–1763). His name is not among the great figures of medicine and he is hardly mentioned in the shorter histories. Nevertheless, by example, precept, careful observation, and sheer good sense he saved thousands of lives and rescued innumerable women from incalculable misery. Childbirth had been studied by scientific men since Aristotle, but Smellie—himself childless—was the first to apply to it the rules of ordinary measurement and calculation. He worked out beautifully and expounded lucidly the simple mechanism of childbirth. The modern practice of midwifery dates from him, and was hardly improved for a century after him. In ancient Rome women on recovery from the puerperium gave thanks to the goddess Lucina; in modern times they might do worse than offer a prayer for the soul of William Smellie.

He was born in Lanark, had a very fair general education, and was apprenticed to a surgeon in Glasgow. He began practising as an apothecary in his native town in 1720. Though without qualification or licence, he gained rapid acceptance as a medical adviser, especially for midwifery. Not till 1733 did he become a member of the Faculty of Physicians and Surgeons of Glasgow. In 1739 he decided to go to London. The fortnightly stage-coach from Edinburgh performed "the whole journey in 13 days without any stoppage, if God permits." It is possible, Dr. Johnstone thinks, that he was accompanied by his friend the novelist Tobias Smollett, and that the latter's account of the journey in *Roderick Random* is a picture of their travel. In London he rapidly obtained a practice, but his success, in accord with the whole temperament and spirit of the man, was solid and satisfactory rather than brilliant or spectacular.

### Problems of Demonstrating Midwifery

Smellie was a good teacher, and his method of instruction is of interest. In the social conditions of his day, the system by which he gave professional care to poor women in their houses and supplemented it by monetary assistance in necessitous cases, in return for permission to bring pupils, was the only one possible. The problem of how to find enough suitable cases for demonstration occupied teachers of midwifery then as now. "There is," Dr. Johnstone truly says, "a sort of inverse ratio between the number of patients and the number of pupils. The greater the number of pupils the more the patients will complain and the fewer are they likely to become." Dr. Johnstone quotes the Latin poet Martial in lines which may be rendered, "I was out of sorts Dr. Symmachus and you rushed to my aid with your flock of students. I had no fever but they pawed me with their clammy hands and now I have one."

Smellie's models illustrating labour were most ingenious. The famous Dutch artist-anatomist, Pieter Camper, who attended his lectures, wrote:

> "He explains the osteology of the pelvis in both a healthy and a misshapen state. He demonstrates parturition in models of which a well-grown pelvis and spine are the starting-point. Both abdominal and extra-abdominal parts have been made with such skill that not only is the structure as natural as possible but the necessary functions of parturition are performed by working models." (Abbreviated.)

The very phrase "mechanism of parturition" is Smellie's own. It occurs in print for the first time as a heading in his great *Treatise on the Theory and Practice of Midwifery*, London, 1752. The completeness of Smellie's description of the mechanism of labour is remarkable. True, he does not speak of flexion or internal rotation or extension of the head as such, but the facts are there and are well set forth. His illustrations, prepared by that excellent engraver Rymdijk, are clear and precise. Smellie was himself no mean artist, and his judgment certainly guided the hand of the draughtsman. Among his contributions was the conception of hour-glass contraction of the uterus, and he was the first to use the term and to describe the condition adequately. Smellie lived long before the very conception of asepsis, and his use of the forceps would horrify a modern obstetrician. Nevertheless, he understood their application well, and the long, curved, metal pair which he ultimately used was a great improvement on the short, straight, wooden instrument with which he began.

### Smellie's Cases

The *Treatise* contains clinical records of over 500 cases, arranged in 49 "collections," each designed to illustrate a separate topic. They give a clear idea of his obstetrical methods, and he tells us that "between 1722 and 1739, while I practised in the country, I took notes of all the remarkable cases that occurred in midwifery; but in London, since the year 1740 to the present time (1754), I have been more careful and minute in forming a collection, with a view to make it public. From a great number of instances I have selected only the most material, and such as were best adapted to the nature of my plan."

In perusing these cases the reader will soon discover that they are very different from the scrupulous and impersonal records set out in modern textbooks, for they have one important point in common with a good novel. As the narrative presents one difficulty after another, strung like beads on a string, Smellie's personal character as a man emerges ever more clearly, while as a writer he is preoccupied in trying to show himself as a suitable example to his students, or occasionally as a warning. He was essentially a man of good will, kindly and tolerant towards all except those who were pretentious, insincere, or false.

We can illustrate the conditions with which he had to contend with a single example. Some of the scenes which he conjured up are worthy of Hogarth in their stark realism. Consider this:

> "In the beginning of my practice I was sent for in a cold frosty night to a poor woman at some distance in the country, who had been safely delivered. As she was excessively cold all the time of labour, from the badness of the house, the want of clothes and necessaries of life, I gave her husband money to go to an alehouse at a mile distance and bring something comfortable. I left directions with the midwife to get her warm as soon as possible. The fellow got drunk and did not return for several hours. I was told afterwards that the cold and shivering continued, and the poor creature died next morning. Indeed as there was little or no fuel for fire, both the midwife and I caught