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by

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At the outset I must thank the members of the Obstetric and Gynaecological Societies of India for electing me to the exalted post of the President of the Federation of Obstetric and Gynaecological Societies of India for the year 1975-76. I deem it a great honour and privilege. At the same time I am conscious of the fact that my predecessors who have held this high office have been all men and women of great distinction and achievements. I make no such claims. However, I assure you that I will spare no pains to prove myself worthy of the trust you have placed in me.

It is in the fitness of things that in this Silver Jubilee year of our Federation we are meeting in Jamshedpur. Jamshedpur recalls to our minds the epic story of Jamshetjee N. Tata and of the beginning of industrialisation of India. It shows what can be achieved in the industrial field despite great odds when men of vision, determination and courage get together to serve a cause. Jamshedpur should inspire us to achieve in the medical field what Jamshetjee Tata and his

successors have achieved in the industrial field.

The Federation

The Federation of Obstetric and Gynaecological Societies was formed in Madras in 1950 when the Obstetric and Gynaecological Societies of Madras, Bombay, Calcutta, Ahmedabad and Punjab took the final decision to form the Federation of Obstetric and Gynaecological Societies of India. In 25 years the number of Obstetric and Gynaecological Societies affiliated to the Federation has increased to 41, and the number of Obstetricians and Gynaecologists in these Societies is 2,120. The Federation therefore does represent and speak for the practising Obstetricians and Gynaecologists of India. While this is a good development we must not be complacent. Our country is vast. We need many more Obstetric and Gynaecological Societies. Furthermore the Societies should not merely be on paper but should be active Societies doing some useful work every year. It may be a good idea if every Society sends a report to

the Federation of the work done during the year. The report of the activities of each member Society should be available through the Federation to all other Societies, and this would help the member-Societies to learn from one another, and at the same time engender a spirit of healthy competition which would help in establishing improved performance by member Societies. The reports should include, as far as possible, the work done for the betterment of the rural areas which is the crying need of the country today.

As the Federation enters its 26th year, and as the echoes of the Silver Jubilee Session fade, it might be profitable to imitate Janus and look backwards while preparing for the future. What is the state of medical education and relief in India after these 25 years? Is all well or do we need to think hard and reshape that which has gone away?

Medical Education

There is no denying the fact that there is a deterioration in the standard of medical education in many parts of our country. The number of medical colleges has increased from 18 or so to over 100 in the last twenty five years, and we produce about 8,000 doctors every year. Many are the reasons for the deteriorating standards. Many medical colleges are ill equipped. Library, Laboratory, Hospital and Hostel facilities are poor. The number of teachers is not adequate and there are even no teachers in some subjects. Replacement of English as the medium of instruction by regional languages in the schools is also to some extent responsible for the difficulties experienced by medical students in learning and in expressing themselves. Examinations have become today mostly a travesty of examinations,

where seriousness of purpose and honesty are lacking. In this connection I am reminded of the Prime Minister Smt. Indira Gandhi's speech at the Conference of College Principals on October 4, when she said:

"Politics does not mean that students should not learn, teachers should not teach, workers should not work and factories should not produce."

With the new sense of discipline and hard work instilled into the country, is it too much to hope that the standard of examinations will improve, and what is more important at the same time, students themselves will take their subjects far more seriously than they are doing at present, and qualify themselves for the noble profession of medicine in a determined and devoted manner.

The Government has now set up a National Board of Examinations which will award, degrees comparable to the FRCS and the MRCP granted in U.K. It is hoped that the degrees awarded in India will carry the same prestige, if not more, as the degrees obtained by Indian students in the U.K. which are in the process of being derecognised in India in due course. Any idea to upgrade the standard of medical education in India is welcome. The success of these degrees in attracting bright young Indian scholars will depend upon their standards and the manner in which they are accepted by the people of India who will be the ultimate judges. But I am of opinion that mere setting of examinations by the National Board is not sufficient. One does not become an expert or a specialist except by working in the practical field and thus acquiring knowledge, experience and practical abilities. A good programme of the training of the Residents in all specialities, with

some facilities for training in Laboratory and experimental animal work is far more important than the holding of the examinations or granting of degrees. The utility of examinations by themselves is strictly limited; unfortunately degrees are over-rated in our country. It is also an open question whether setting up of these All-India Degrees will automatically devalue the existing M.D. and M.S. Examinations in India.

The content and method of medical education imparted in our medical colleges still goes back to the colonial days. Re-orientation of medical education to suit the needs and conditions of our people is a must. As Dr. Ramlingswamy has stated recently, a "thorough shakeup" of the traditional concepts and courses is necessary. Utmost emphasis should be laid on preventive and social medicine and practical training should be given in family planning, domiciliary obstetrics, immunization, nutrition and treatment of common disease and emergencies.

Rural Medical Relief

Doctors trained in urban medical colleges and accustomed to laboratory, X-ray and hospital facilities are not likely to go to villages for practice. This is not only our experience but is also the experience of affluent countries. One solution at present can be the training of a cadre of health assistants or paramedical workers trained to do preventive work, immunization programmes and family planning. In a study of health the World Bank has also emphasised the need for the developing countries to raise a task force of community health workers, who live and function in their own communities. A three-year experiment involving primary school teachers in the delivery of health services to rural areas is being

launched by the Indian Council of Medical Research. There are over one million primary school teachers in our country, and if this experiment is successful, it can revolutionize the organisation of health services in the near future. They will help a great deal to fill in the gaps in the coverage of primary health centres and also function as liaison agents for the PHCs. It may also be considered whether it will be desirable to enlist the services of Village Level Workers, Secretaries of Co-operative Societies, Panchayats and others for this purpose, in the same manner. The Idea of setting up ancillary facilities for such training at the district hospitals as well as Public Health Centres may also be explored so as to have a compact and composite plan for providing rural health services. At present, the bulk of Obstetric work in the villages is done by the traditional "dais". I wonder how much suffering and how much of sepsis and tetanus we can prevent if we can just teach her to conduct deliveries in a hygienic manner. In this respect the training of auxiliary Nurse Midwives assumes a great importance. It is they who are in charge of Maternal and Child Health Services and Family Planning and Immunization Programmes. I feel our Federation should not only concentrate on advanced techniques and methodology but should also play its humble part in the evolution of medical services for the rural areas. Members of our Federation must interest themselves in and take some active steps to train the paramedical personnel so that better treatment is available in the villages.

Obstetric Practice

Millions of women in our country have no antenatal care and deliver without any medical supervision. Malnutrition, anaemia

mia, tuberculosis, haemorrhages, toxæmias and obstructed labour continue to take a heavy toll. Maternal mortality and morbidity continue to be high. But the practice of Obstetrics in our teaching hospitals and rich urban hospitals has changed considerably. It is said that with new methods of investigations the practice of Obstetrics is becoming a science and has ceased to be an art.

Amniocentesis and study of amniotic fluid for the diagnosis of maturity and wellbeing of foetus, and for the determination of sex and genetic abnormalities is being done. Continuous FHR monitoring and Oxytocin challenge test are done in high risk pregnancies. Urinary oestriol estimations are being increasingly resorted to in high risk pregnancies. All this is being done in the interest of the unborn child and to reduce the perinatal mortality. I wish to warn here that over-enthusiastic application of all that is new, may not be in the best interest of the patient. Though I am not decrying the value of true research, nor am I advocating an unawareness of latest advances I must make a strong plea for a proper approach and assessment towards these developments. There is an over emphasis on the so-called "modern trends", "recent advances" and "research". A proper clinical study and observation is relegated to a secondary position. I would like you to pause for a moment and think seriously about the pitfalls and fallacies of these investigations, of their mistakes and dangers, of the wide overlap of the normal and abnormal values, of the difficulties of the practical application of the procedures in our day to day work and of their cost-benefit ratio and of the risk benefit factors in all these procedures.

Caesarean Section is being increasingly resorted to in the sole interest of the foetus.

It is true that Caesarean Section is a safe operation today compared to the past. But we all know that conditions under which we practise are not always the best.

Blood may not be readily and freely available if required in an emergency, and the anaesthetist may not be a trained anaesthetist. The standard of asepsis in our obstetric hospitals is not so high. All this adds upto the risk of caesarean section. And what about the future risks to a woman with a previous caesarean section? Many of them end up in repeat sections, and all of them must deliver in well-equipped hospitals. The morbidity of Caesarean section is not low and few obstetricians really appreciate the great incidence of incisional hernia in these cases, requiring further operations. I am only making a plea that one must weigh all these possibilities before deciding to do a caesarean section solely in the interest of the foetus, when the signs or investigations pointing to danger to the foetus are really not so certain. Again it must be remembered that facilities for management of low birth weight babies are poor and infant mortality remains quite high in our country.

Gynaecology

Cytology has made it possible today to prevent the most dreaded disease of woman—invasive carcinoma of the cervix. But its regular use on a large scale in women of low socio-economic class who need it most will be very difficult to achieve in the near future. Hormonal assays have given us a better insight into the mechanisms of ovulation and menstrual disorders, and laparoscopy is a useful addition to gynaecological diagnostic methods. One unhealthy trend is the increasing resort to surgery in the

treatment of gynaecological disorders. For anatomically oriented gynaecologists Gynaecology has become synonymous with surgery. The slightest displacement or descent of the uterus is surgically corrected. The role of emotional and medical factors, and of social and psychological factors in the aetiology of gynaecological symptoms is overlooked and much harmful and unnecessary surgery is done. In my considered opinion hardly 15 to 20% of women seeking the help of a gynaecologist are really in need of an operation. Yet a large number of operations of dubious value are being done for the relief of infertility and for the relief of chronic pelvic pain and backache. It is up to us to check this unhealthy trend.

Family Planning

Speaking for the country as a whole, greater improvement in the health of the mother and child will take place if our socio-economic conditions improve, even if all the aforementioned sophisticated investigations and gadgetry are not available. Socio-economic conditions will improve with increasing output from our farms and factories if the population does not continue to increase at the present rate. As the Malthusian spectre looms larger, short comings in existing methods of birth control become evident. The loop and the pills, the tubectomy and the vasectomy have not made a sizeable dent in the population growth. There is no higher priority than the discovery of a practicable way of achieving fertility control. Work going on at present in our country and abroad on the development of new immunological methods is full of promise. This may result in the much desired breakthrough in our knowledge necessary to develop a vaccine to prevent pregnancy.

Mass inoculation with such a vaccine may be the solution to the challenging problem of controlling population.

Medical Termination of Pregnancy Act, 1971 came into force from April 1972. It is one of the most liberal statutes of its kind. Whether one calls it so or not, MTP has in reality become a part of Family Planning programme. To make full use of the benefits of the MTP Act, the rules and regulations for the recognition of hospitals and the doctors entitled to perform MTP and the Rules for filling up of many Forms should be relaxed. Though a large number of abortions are done in cities, the rural areas are not benefited. Since menstrual regulation and suction curettage of the uterus upto the 8th week of pregnancy have proved their safety, facilities for both should be made available at all primary Health Centres. Even the nurses should be trained for this work. Thus only can the benefits of MTP reach the villages.

Termination of pregnancy in the second trimester is, in my opinion, a dangerous procedure except in the hands of trained obstetricians working with proper facilities. It must be done only in good hospitals after due consideration of its need.

The responsibilities of the present generation of Obstetricians and Gynaecologists are awesome. We must succeed not only in controlling the population explosion, but also in bringing up a new generation healthy in mind and body. If we fail, the future of mankind is bleak. Let us try and rear a generation of young doctors, who will be well trained in the art and science of Obstetrics and Gynaecology, who will know not only the latest but also the fundamentals, who will not only read the literature but will also think for themselves, who will undertake original research on the problems facing our

country, and not only copy research of what is done abroad, who will always put the welfare of the patient above everything else, and who will thus bring credit to our profession graced by such giants as Shushruta and Semmelweis.

I have tried to tell you what I have been pondering of late and feel sincerely. Much has been achieved in the past 25

years but more remains to be done. I have outlined a few of our weaknesses and failings and suggested some lines of thought and action. If this occasions some effective moves towards betterment of Gynaecological and Obstetric services my efforts will have been worth while and your valuable time spent listening to me will not have been wasted.