

D Obst RCOG 1959... and Community Obstetrics in Lancaster

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EARLY EXPERIENCE

In the 1950s the Diploma in Obstetrics of the Royal College of Obstetricians and Gynaecologists (D. Obst. RCOG.) was the 'must have' qualification for a budding General Practitioner. Accordingly, after my six months as House Surgeon (Obs & Gynae) at St James's Hospital, Leeds, I drove over to Manchester in my Morris 1000 to sit the D. Obst. written examination. I can recall that I had no difficulty in finding the Royal Infirmary and parking; I would not attempt that now! A few days later it was a train journey to St Thomas' Hospital in London for the oral part. I was observed examining a pregnant lady at 36 weeks and I can remember being asked about the local anaesthetic for a pudendal nerve block. End result: I passed and when I started my two years of National Service on the 27th April, 1959, I was classed as a 'General Duties Medical Officer' with 'experience in obstetrics'. I was posted to Salisbury Plain as a Garrison Medical Officer in charge of troops and my only need for obstetric knowledge during my army career, was when I stood in for my colleague who was responsible for families.

home deliveries and for my first decade we carried out up to three a week. The unwritten rule was that if it was a first pregnancy then the delivery was recommended to be in a hospital, but if an earlier delivery had been normal, then subsequent pregnancies up to the 5th could be managed as home deliveries. Besides the above policy there was a consultant check-up at 36 weeks and we GPs had immediate access to the 'flying squad'. An urgent call to the hospital meant a member of the obstetric team grabbed a carefully maintained emergency bag at the hospital front door and came quickly to one's aid. I needed the flying squad twice for ladies bleeding heavily due to incomplete abortion¹ and a partner also once needed help with a post-partum haemorrhage. My help came from the obstetric registrar on both occasions. My recollection is that mandatory hospital oversight and the 'flying squad' came as recommendations from the first Confidential Enquiry into Maternal Deaths (CEMD) of 1954. We had no maternal deaths in the decade of home obstetrics I describe. The only pregnant lady who died during my thirty years in practice died of influenzal pneumonia.



Dr. Chippendale's D. Obst. RCOG. Certificate.
Photo courtesy of Dr. Chippendale

GENERAL PRACTICE

Things became very different when I joined the Dalton Square Practice in Lancaster in 1962. We were much involved with

MIDWIVES

The district midwives were very much a part of the home delivery set up. There were three in Lancaster and one based in Caton. The Lancaster midwives saw the pregnant ladies at the Local Authority clinic at Ashton Road or at home. They were employed by the Local Authority, as were the district nurses. It was many years before we employed a practice nurse. Needless to say, a special bond developed between the district midwives and their pregnant ladies. The home had to be checked as OK for the delivery and the midwife was the first to be involved when labour was established. Often there were long vigils in the house for the midwife with the GP being sent for in the later stages. A GP duty was to give the mother an intramuscular injection of syntometrine as the baby's anterior shoulder presented. This was recommended at the time to aid uterine contraction and the expulsion of the placenta. The GP was then available for perineal stitching if required. I always carried Wrigley's forceps but never used them in a patient's home. Wrigley's are a light-weight forceps with a short stem which fits snugly in the palm. Compression force is at a minimum with Wrigley's.

I became curious about Wrigley's forceps, and from Wikipedia, the free encyclopedia,² found that they were designed by Arthur Wrigley (1902 to 1983) who was born in Clitheroe. He became a Consultant Obstetrician at St Thomas' Hospital in London. His forceps are an adaptation of a design produced by William Smellie (1697 to 1763), a famous Scottish obstetrician from the past. Wrigley might have examined me at St Thomas' in 1959! He worked on the Confidential Enquiries (CEMDs) mentioned above.

I carried the Wrigley's forceps and instruments for stitching in a metal autoclave drum. Because two of my partners were clinical assistants at the Garnett Clinic of the Moor Hospital, we had access to the autoclave there. After the drum had been opened, and monthly if it hadn't, we took



A pair of Wrigley's forceps. Photo courtesy of Miss Kath Granger

it to the autoclave. I remember that I came across the method of autoclaving the midwifery instruments in a medical journal.

I also carried a drip set and a bottle of saline solution. Another useful piece of equipment, when stitching was required, was a metal tray with detachable rods to take stirrups. This could be slid under a sagging mattress, and with the patient gently moved into position, one had 'hospital conditions' for the stitching. This tray was devised by Dr Alan Buckley who had been a co-assistant with me in Wakefield. Alan had worked with Mr Steptoe at Oldham and was very keen on things being done properly. When he switched to his first love, haematology, he gave me his 'Buckley' tray.

COMMUNITY OBSTETRICS

I mentioned earlier that home deliveries were part of my first decade, but of course my partners Drs Hood, Anderson and Howat, had already had more than a decade of this part of practice before I joined them. Drs Anderson and Howat wrote 'Changes in General Practice – Dalton Square 1948 -1987'¹³ and in their maternity section write of 150 confinements managed at home each year. They also write of confinements at a private nursing home and in the GP designated beds at Queen Victoria Hospital, Morecambe (QVH). I never had a patient in the Lancaster private maternity home which was in one of the large terrace houses on Laurel Bank off Westbourne Road, I think it had closed when I joined the practice in April 1962. I/we did have patients in the QVH beds and two anecdotes from there remain fresh in my mind after all these years.

At 2.00 am one morning I got a call from the duty midwife to come to the hospital; my patient was 'well on' in labour. On reaching the ward entrance a cry came from the midwife on duty: 'Dr Chippendale – take the lady in admission, I've got your lady, and Dr. (Morecambe GP) has his lady. All three are coming at once!' So it was and after a very rapid scrub up I did the necessary. I wonder if the lady remembers the drama. Afterwards I said hello to my own patient and greeted her baby, and as I left the Morecambe doctor and his patient were still waiting!

My second QVH anecdote concerns the only time I used forceps when in general practice. I think I was bound by a protocol to ring the consultant, Mr Bill Grayburn, and he gave me the OK and the confidence to proceed. All went well. I've got a feeling, as a mere man, that mums remember if it was 'forceps' so I was pleased it did go well for her.

The remaining anecdotes are from other locations. The first one was from Caton where friendly sister/midwife Gardner was based. 'On your bike again Dr Chippendale' was her request on the phone one night. She was asking me to join her at an outlying farm where a farmer's wife was having another of several babies at home.... and it was snowing!

This one is from 'We'd better call the doctor', my Summer 2010 MBMJ article about home visiting.¹ It is about a patient having her third baby at home. The midwife was in attendance, and I was called when there was delay in the second stage of labour. The midwife and I conferred at the foot of the bed. We must have been considering the option of using the Wrigley's forceps I always carried with me. Then we heard a voice. 'Did you say forceps Doctor?' I had not had time to explain our thinking when our patient made a huge effort and the baby appeared. The baby was face to pubis which explained the delay. Obviously my patient did not fancy the idea of a forceps delivery.

I think this next anecdote comes from talking with a lady about her daughter's forthcoming confinement. 'I had her at home, Doctor, but she was forceps. Dr Howson did the forceps and Dr Anderson gave me the anaesthetic... and it was the night of the doctor's Book Club dinner and both doctors arrived in their dinner jackets!'

Thinking of dinner jackets brings to mind my experience as a medical student attached to a district midwife attending a confinement in Quarry Hill flats, now demolished, in Leeds. Again, I will quote directly from 'We'd better call the doctor'¹: Labour had started and the midwife alerted the GP who came and examined her and thought there were probably a few hours to go and then left. Labour progressed slowly but came to arrest in the second stage. The midwife was saying 'I need the doctor for a forceps delivery'. Alarm! Where is the doctor? Eventually he turned up in his evening suit, he had been to a gala performance at the theatre! He then proceeded to do the slickest of forceps deliveries.....

It was the opening day of the new St Martin's Teacher Training College in October 1964 and, as the newly appointed Medical Officer, I had called in on the ceremony on my rounds. After the formal event was over, I was with the staff in the Senior Common Room. Suddenly there was a commotion down the corridor with the Principal calling out for Dr Chippendale: 'Your surgery wants you, doctor, for an obstetric emergency'. I found out that the emergency was a lady beginning her labour with a foot presentation, confirmed when I whizzed down to the Marsh estate. I didn't attempt a breech delivery at home but arranged for her to go urgently to the maternity unit at Lancaster.

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One of the midwives was rather possessive and liked to do the deliveries on her own. She left calling the doctor rather late and all was 'done and dusted' when he arrived. However, on one occasion, by chance, my partner got there first and had all 'done and dusted' and a fine baby in his or her cot when the midwife appeared. Truce was called!

One time, I had a trainee (now Registrar) with me. The trainee was a fairly senior doctor switching to general practice from hospital medicine. In a street over in the Skerton area, my car was recognised and, as we came out of the house of our patient, an agitated lady ran up to us saying there was a birth imminent further down the street (not our patient). We three hurried back and as birth was indeed imminent and I knew I would need my drum for the cord I said to the trainee 'you stay here with the patient and I'll go to the car for the maternity drum'. 'No Dr Chippendale' he quickly replied 'you stay here and I'll get the drum!'

After a bit more than a decade working in community obstetrics a body of opinion had developed that felt that the risk of home confinements was too great. Delivering the baby in hospital and then discharged quickly home was promoted as the best way forward. A scheme called 'Domino' was started in Manchester. This gave the mother 48 hours in hospital before discharge home. Also, locally the GP unit at Morecambe closed and although the Royal Lancaster Infirmary Maternity Unit did have some GP beds, I think only one of my contemporary GPs began booking his patients into them. In our practice, a home confinement became a rarity and a cause of

'young GP anxiety'. The very same anxiety I had had during my decade of active obstetrics. No confinement is 'normal' until it is over and has produced a 'normal' outcome.

'D Obst RCOG 1959 ...' A less than snappy title, said our career midwife niece, when she heard that I proposed it to head up the article. Thinking of the hugely popular TV series 'Call the Midwife', I did toy with 'Midwife calls the Doctor' but I think my story unfolds better with my original thought.

REFERENCES

1. Chippendale JH. We'd better call the doctor. *MBMJ* 2010;6(2):45-9. Available from: <https://doi.org/10.48037/mbmj.v6i2.322>
2. Wikipedia. Arthur Joseph Wrigley, Obstetrician. Available from: https://en.wikipedia.org/wiki/Arthur_Joseph_Wrigley (accessed on 19 October 2022)
3. Anderson GH, Howat RJ. Changes in a General Practice, 1948 to 1987. Published privately

Editor's note: Dr Chippendale is pictured with Dr Elizabeth Nicholson's obstetric bag and forceps. These items were donated to the Lancaster Health and Medical Museum Collection by Dr. Hira Kapur. Dr. Nicholson was the Lancaster Medical Book Club President in 1963 and worked as a GP in Heysham. She was also Clinical Assistant in Obstetrics at Queen Victoria Hospital, Morecambe. The forceps shown here are Neville Barnes forceps and have an axis traction handle attachment. The bag features a hidden lower compartment containing a 'fish kettle' steriliser with methylated spirit heaters.



Dr. Chippendale with Dr. Nicholson's community obstetric bag in 2022. Photo courtesy of Bryan. Rhodes