Historical note:

The History of the Ulster Obstetrical and Gynaecological Society

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"To all who have known doubt, perplexity and fear as I have known them, To all who have made mistakes as I have, To all whose humility increases with their knowledge of this fascinating subject. This lecture is dedicated". Ian Donald 1955

The need for this society, and its development over the past 40 years, must be considered in the context of the expansion of Health Service facilities, the discovery of new medical techniques and the changes in the community in general. There had been little change in the provision of services for midwifery patients after 1920 until the building of the Royal Maternity Hospital (1934) and Jubilee Maternity Hospital (1935), which replaced the Belfast Maternity Hospital in Townsend Street and the maternity unit (Ivy Cottage) at the then Union Infirmary on the Lisburn Road.

In 1936, Sir Dawson Bates, Northern Ireland Minister of Home Affairs ordered an Inquiry into Maternal Deaths in Northern Ireland. The Committee sat from 1936 until 1942 and published its report in 1943. This should be compulsory reading for all concerned with the provision of health care to pregnant women. During 1943-1944, the Nuffield Provinical Hospital Trust sent three surveyors to Northern Ireland – Dr Stanley Burns, Sir William P MacArthur and Dr Duncan Leys – who inspected all hospital services and made recommendations on the development of health services in the province. In reply to these proposals, the Northern Ireland Regional Hospitals Council published its recommendations in the famous ‘red book’ in 1946. The Council suggested that 70% of confinements should take place in hospital and that all patients should remain there for ten days after delivery – this would require the provision of 1,500 maternity beds. When the Northern Ireland Hospitals Authority was established on 5 July 1948, there were only 658 beds available for the care of maternity patients. Of these, 200 were in the two Belfast specialist units and the remainder were under the care of family doctors. On the appointed day there were only 11 specialists in

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obstetrics and gynaecology in the province. Six were attached to Royal Maternity Hospital, two to the Mater Infirmary, two to the Samaritan and Jubilee Hospitals, and one was in Londonderry.

The majority of women were delivered at home and were looked after by district midwives. Many midwives were employed by the Boards of Guardians to look after the poor in their own homes. Others were in private practice and were paid by their patients. A third group of midwives were employed to look after women who did not fit into the other categories, and they were paid by voluntary charities – each large town having a Nursing Association to raise funds to pay the salaries of the nurse/midwives. Dispensary doctors were available if called upon by the district midwife. Family doctors were booked by patients to attend them at home with a midwife. Many of these doctors or midwives opened small private nursing homes for their patients.

In 1944, many houses in Northern Ireland were in poor condition. A contemporary report showed that 15% were completely unfit for human habitation, 30% unfit and could only be repaired at vast expense, and 15% were unfit but could be repaired at moderate expense. Women were being delivered in many of these houses. Hospital confinements varied throughout the province. In 1948, in County Tyrone only 13% were delivered in hospital, women often having to travel outside the county for this; the highest number delivered in hospital was 46% in the County Borough of Londonderry. Patients delivered at home in the County Borough of Belfast had a ‘back-up’ facility available in the form of the consultant-led obstetric ‘flying squad’ based in the Royal Maternity and Jubilee Maternity Hospitals. Fees for this service, when used, were paid to the hospitals by the Belfast Corporation.

After the cessation of World War II many young doctors returned home to train as specialists in anticipation of the beginning of the National Health Service. In 1947, both the Royal Maternity and the Jubilee Maternity Hospitals were recognised by the Royal College of Obstetricians and Gynaecologists for training in the specialty. The first new specialist obstetricians were appointed in Newtownards and Omagh in 1949, and during 1951 another seven in Newry, Ballymena, Ballymoney, Magherafelt, Lurgan, Lisburn and Londonderry (replacement). These young men, after war service and a short period of training, suddenly found themselves in charge of beds but with no facilities. In many hospitals there was only one house officer shared by a general surgeon, a physician and an obstetrician. Anaesthetists, often graded as senior hospital medical officers, were not appointed until some years later, and all anaesthetics were administered by a house officer or nurse. There were no laboratory facilities. Off duty was not officially recognised.

These men needed support, guidance and companionship – even to discuss simple problems. Several informal meetings were held and it was decided to establish a society for obstetricians and gynaecologists. The idea of such a society was the brainchild of Mr Bill Laird of the Waveney Hospital, Ballymena, and he and his colleagues were guided in their deliberations by Mr H I McClure who was attached to both the Royal Maternity and Jubilee Maternity Hospitals. He advised that the society remain a learned one, have a social content and try to be linked with the Ulster Medical Society, which was an important source of postgraduate education in Northern Ireland at that time.
The inaugural meeting was held in the premises of the Ulster Medical Society, College Square East, on 5 May 1952. There were 24 founder members: G Boyd, W S Campbell, A J Dempsey, H L Hardy Greer, H C Lowry, R A E Magee, H I McClure, Professor C H G Macafee, J A Price and W R Sloan (all in Belfast); Emeritus Professor J English (Newtownards), C G Irwin (Ballymoney), W H Laird (Ballymena), S W Liggett (Londonderry), M R Neely (Newry), J H Patterson (Omagh) and J Watson (Magherafelt). The principal and senior registrars were G B Gibson, F Grant, H Kirk, A J Majury, C J H M Pinkerton, J C Purdon and M Roulston (all based in Belfast). Membership of the Society was open to all consultants and registrars and to others who held the Membership of the Royal College of Obstetricians and Gynaecologists but who had not yet become registrars.

A constitution was adopted at that first meeting. It was proposed to have four meetings per year, two in Belfast, one in a country hospital and one outside the province, and a distinguished guest speaker should be invited to one of the meetings. This format is still adhered to 40 years later. It was also agreed by the senior obstetricians in Belfast that they would not seek office as it was to be a young man’s society. However, in view of his worldwide reputation, the members unanimously invited Professor Macafee to be their first president. Following this the presidency rotated between Belfast and country consultants until eventually there were more country than city members. The presidency is now offered on a seniority basis.

The first clinical meeting was held on 11 October 1952, in the Royal Maternity Hospital. The presidential address was entitled “The Doctors’ Child” and Professor Macafee reviewed his management of the pregnancies of doctors’ wives and female doctors. This was followed by a series of case reports and a clinico-pathological meeting with Professor J H Biggart and his staff in the Institute of Pathology.

Soon the meetings took on a set format, always starting with an operating session. This was often the highlight of the meeting as country consultants had no means of seeing colleagues operate. The obstetrical statistics of the particular hospital where the meeting was held were presented. There were case reports and short talks, which were often the first occasion the registrars presented a paper and they were encouraged to play a full part in the society. Most meetings were held on Saturdays to allow as many as possible to attend, but the winter meeting was held on a Thursday to allow a joint meeting the same evening with the Ulster Medical Society at which the guest speaker was invited to give his lecture. This guaranteed a large audience! Eventually, all meetings of the society were held on a Thursday. The ‘away’ meeting was held in the hospital in which the guest speaker worked. The
first was held in Liverpool where the members were the guests of Professor T N A Jeffcoate and his colleagues. The last operating session to be held for members of the society was in the Ulster Hospital in 1971 when M R Neely demonstrated the use of a new instrument – the laparoscope. This had only recently been introduced into clinical practice in England by the late P C Steptoe who became better known for his subsequent work on in vitro fertilization. When the society was formed these operating sessions were invaluable, but with increasing membership only a few could watch in the operating theatres, and their benefit was lost.

In 1955, Professor Macafee presented a presidential medallion depicting the Madonna of the Street and her child. The inauguration of each president was followed by an address to the society. These have covered a wide range of topics and I divide them into several broad categories. Clinical subjects were: ‘The Doctor’s Child’ by Professor Macafee, W S Liggett described his experience of abdominal hysterectomy in Londonderry, and W H Laird spoke on ‘Vaginal repair in the management of prolapse’. Historical subjects were popular: Gavin Boyd spoke on ‘William Smellie, Father of British Obstetrics’ and many old books written by Smellie were on display. George Gibson chose ‘Caesarean birth’, M R Neely spoke on ‘Hospital planning through the centuries’, and Professor G Harley on ‘The history of obstetrics in Belfast’. W S Campbell entitled his address ‘The Samaritan Hospital Part I’, and years later, M J Armstrong completed this story in ‘The Samaritan Hospital Part II’. J K Houston spoke on ‘The history of midwifery in the Belfast City Hospital’.

Some presidents chose educational topics: John Watson spoke on ‘Medico-legal problems’, R S Casement chose a difficult topic, ‘Contraception and the Catholic patient’ – just two years before the Papal encyclical ‘Humanae Vitae’ – and Professor J H M Pinkerton spoke on ‘The evolution of the human pelvis’. Others preferred a recreational lecture: J H Ferris discussed his hobby of sailing and described a yachting holiday to Spain. W S Adams gave a talk on visiting war cemeteries, and described his visit to war graves of the Ulstermen killed in France during the First World War. W S Sproule chose ‘A Greek tragedy’ which was concerned with the origins of marathon running and concluded with his own experiences in the Belfast marathon.

Throughout the early years of the Society there were numerous complaints of inability to obtain locums to allow members to attend meetings – especially for the ‘away’ visits. Each member had to pay his own expenses and share in any further expense incurred in entertaining our hosts at the ‘away’ meeting. A formula was used for the latter where consultants paid two shares and registrars one share. Eventually, it was agreed that the funds of the Society should be used to host the guests. Later, the Hospitals Authority agreed to pay expenses and granted study leave to members to attend a maximum of three visits to any centre in the United Kingdom per annum. In the earlier years of the society, since many of the members had played representative rugby, efforts were made to make the ‘away’ meeting coincide with an Irish rugby match. This ceased in 1968 when members were unable to obtain tickets for a match at Twickenham because of an outbreak of foot and mouth disease in England, and in addition many of the new members were not rugby fans.

In 1977, the four Area Health Boards which had replaced the Northern Ireland Hospitals Authority decided to pay expenses for one visit outside the United
Kingdom each year. The first official visit outside Great Britain was to Malta during the presidency of the late Joe Verzin who was a native of that island. Since that visit there have been seven other visits to centres outside the British Isles, including Canada, Amsterdam, Leuven, Budapest and Paris.

Consultants working in isolation in the country appreciated the efforts of the society in helping them to improve their knowledge and skills. The ‘away’ meetings were invaluable. In Liverpool, in 1953, they attended five operating sessions. One session was devoted to the performance of a Manchester repair operation on a patient who had already had a subtotal hysterectomy for menorrhagia, by the then President of the Royal College of Obstetricians and Gynaecologists. Subtotal hysterectomy is rarely performed nowadays but 40 years ago it was the standard procedure, and considered best if a repair became necessary in later life because of the vaginal prolapse associated with the high birth rate at that time. The following year, during a visit to Aberdeen, the members saw a young registrar, A C Turnbull, later Nuffield Professor in Oxford, insert radium into a patient’s uterus to suppress menses. In that hospital, hysterectomy, total or subtotal, was performed only in the presence of cancer or fibroids. Later Dr Turnbull read a paper on the use of radium in dysfunctional uterine bleeding in a series of 2,500 patients. At that time, vaginal hysterectomy was never performed in that hospital. In 1956, in Birmingham, Dr Burnett demonstrated his technique of burying both ovaries behind the peritoneum as a form of sterilisation acceptable to Catholic patients. This type of operation was performed at that time in many centres as it was suggested that it was temporary and could readily be reversed. In Manchester, in 1960, members saw Mr K V Bailey perform his operation of bisection of the ovaries and evert the raw surfaces in the management of infertile patients with what is now known as the polycystic ovarian syndrome.

Obstetrics was not neglected but for obvious reasons took the form of papers and case presentations. In Manchester, in 1959, the technique of x-ray pelvimetry was demonstrated: for many years, every primigravid patient booked in the Royal Maternity Hospital had x-ray pelvimetry performed to exclude cephalopelvic disproportion, but time has shown that this procedure, once hailed as a great advance, was of little value and it was abandoned in the early 1960’s. Also during this visit to Manchester, Dr H C Walker demonstrated the procedure of amniocentesis and discussed his original liquor amnii studies in the management of Rhesus disease. Four years later at Liverpool in 1964, Professor C A Clarke described his original work on the discovery and use of anti D prophylaxis in the prevention of Rhesus disease. This work had developed from his hobby of breeding butterflies. Members were also told about the first clinical trials of the use of Syntometrine in the management of the third stage of labour. In Birmingham in 1973 we saw the first apparatus used in fetal monitoring with the patient mobile. In Glasgow in 1966 we had been honoured to see Ian Donald’s prototype ‘scanner’ and to see him use it. It must never be forgotten that this man introduced ultrasound into medicine. On his retirement he was succeeded by a member of our society, Professor C R Whitfield who built on and expanded the work of his illustrious predecessor. Not all ‘away’ meetings were so interesting. In 1977 the Royal College of Obstetricians and Gynaecologists decided to hold ‘study days’ outside London – akin to the society’s ‘away’ meetings. It was agreed that our society should join in such
meetings and the first was held that year in Newcastle upon Tyne. It was most uninteresting, being a series of lectures mainly on research subjects presented by young research fellows. Members were disappointed. It had not matched up to a visit to that town in 1955 when the society was the guest of the university department. Other ‘away’ meetings were held in conjunction with obstetrical and gynaecological societies in England, Wales and Scotland, and we joined obstetricians in Wales for the inaugural meeting of the Welsh Society.

**Fig 2.** The members of the Society meeting in Glasgow 1978 (Professor C R Whitfield was President).

Back row: I Hunter (registrar), A I Traub (registrar), G Murnaghan (QUB), D Smith (Ayr), H Ferris (Ards), A Ritchie (QUB).

Middle row: G Bancroft-Livingston (Luton), H Lamki (QUB), W Thompson (QUB), D Martin (Londonderry), K Houston (Belfast), P Pedlow (Stevenage).

Front row: A Gordon (Hull), W Laird (Ballymena), C Whitfield (Glasgow), G Harley (Belfast), T Myles (Craigavon), J Verzin (Belfast).

[E Holland (Newry), T Mulholland (registrar) and K Greig (Glasgow) not in picture].

Irish Universities award the primary degree of Bachelor in the Art of Obstetrics – a degree which the General Medical Council does not register. For generations of doctors, obstetrics was surely an art tempered by experience. During the forty years of this society, science has made marked progress in the specialty. In 1958, when the members visited various hospitals in London, they saw the Hogben test for pregnancy diagnosis being performed repeatedly in the male toad. This was a major advance as the mice used in the previous Aschheim-Zondek test had to be killed to get a result. In the middle 1960’s, an
immunological test was introduced. Until that time, in everyday work, members had to send specimens of urine (with a fee of 10 shillings) to Edinburgh for a pregnancy diagnosis test. Now, the test is so simple and accurate that there is a 'do-it-yourself' kit for the patient which can be purchased from a pharmacy.

The Northern Ireland Blood Transfusion Service was established in 1946. Routine screening for blood grouping and the rhesus factor was rapidly introduced in the hospital service. When the society was founded there were laboratories only in the Royal Victoria, Belfast City and Mater Infirmorum Hospitals in Belfast and in the City and County Hospital in Londonderry. There were also several private laboratories in Belfast and one in Londonderry. Members of the society had in large part to depend on tests which they could perform in the clinical room, and at the majority of meetings there was an interesting clinico-pathological session. As hospital laboratories developed there were great expectations that biochemical tests would solve many problems, and numerous lectures were given on these tests, such as 24-hour urinary oestriol estimation, the oestriol/creatinine ratio, human placental lactogen and heat stable alkaline phosphatase. One member of the society was awarded the Blair Bell Gold Medal by the Royal College of Obstetricians and Gynaecologists for his work on the latter substance. In 1964, Erica Watchel spoke to the society on the new method of exfoliative cytology for the diagnosis of pre-malignant and malignant cells in the cervix. Members of the society were asked by the Department of Health to advise on the number of such tests that would be required per annum. After much deliberation, a figure of not more than one thousand per year was suggested. How wrong they were!

In 1966, several lectures were given on the place of electronic fetal monitoring during labour. This service eventually started in the Royal Maternity Hospital in 1969 and in the Jubilee Maternity Hospital in 1971. Although members had seen ultrasound scanning in Glasgow in 1966, it was not until 1971 that a commercial machine became available to the staff of the Royal Maternity Hospital. As the Health Service developed, more consultant-staffed units were opened, the last in 1962. Further expansion resulted in many of these becoming 'two-man' units over the next 10 years. In 1973 the Mater Infirmorum Hospital joined the National Health Service, although their obstetrical staff had always been members of the society. During the 1990's it is anticipated that the number of new consultants will increase with the reduction of junior doctors' hours, but this will only mean a slight increase in membership of the society as some junior posts will inevitably disappear.

Pain relief in labour has always exercised the minds of the obstetricians. Drugs used have varied from chloral hydrate through scopolamine to pethidine. Dr Muir of Glasgow spoke to the society in 1968 on the benefits of epidural analgesia in labour. This service is now widely used by members living in Belfast and Ballymena, but still depends on the availability of our anaesthetic colleagues. Care of the newborn was vastly improved by the development of the neonatal service in which paediatricians devote themselves entirely to the care of the newborn. As a mark of respect to our colleagues in the other specialties mentioned, the society has invited several pathologists, anaesthetists and neonatologists to become Honorary Members of the society. Other Honorary Members are the Professor of Endocrinology and the Professor of Genetics.
During the past 40 years, the standard of training for membership of the Royal College of Obstetricians and Gynaecologists has improved, the content of the examination has altered and the format of the examination has changed. The changes in the examination followed recommendations by one of our members, the late Professor C H G Macafee. Some of the improvement in midwifery has been related to the introduction of family planning. The first such clinic in Belfast was at The Mount but it closed after the last war. There was then a very limited service in the Royal Maternity Hospital. The Family Planning Association, working closely with our members, gradually introduced a service, and Dr Joyce Neill and Professor Pinkerton lectured to members of the society. The introduction of the oral contraceptive pill, and making family planning a fee-for-service part of the Health Service, changed the whole concept and members of the society played a prominent part in this development.

From the beginning a guest speaker had visited the province every year, with expenses at first paid by the Ulster Medical Society. Through the efforts of Professor Pinkerton and the generosity of the Ortho-Cilag Company, an annual lectureship was established, which rotated between a clinical and a scientific subject. The first lecture under these auspices was given by Professor N Morris in 1969. With sponsorship from the Syntex Pharmaceutical Company, I was able to establish an annual Registrar Prize to be awarded to a registrar in obstetrics, neonatology or anaesthesia for original work, which was first awarded in 1975. Since that date there was only one year in which the work submitted was considered not to be of a high enough standard for the prize. These grants from the pharmaceutical industry have been of great benefit to the society.

In reading the minutes of the society one is often struck by a sentence written by the recorder of a meeting. For example in 1955 it was recorded that Gavin Boyd used glass slides in a magic lantern to illustrate his talk – nowadays, no lecture is given without the aid of slides and maybe even a video record. At a meeting in 1959, John Watson described the use of symphysiotomy an operation no longer practised. In 1963, M R Neely spoke on induction of labour using a stomach tube in patients with an unfavourable cervix. In 1968, C R Whitfield described the use of the first 100 vials of anti D serum in the prevention of Rhesus disease. Our worst attended meeting was with the Ulster Medical Society and other societies who held a residential study group in the Slieve Donard Hotel, Newcastle, in 1981. Only 11 members of our society attended our own part of the meeting – it was held on a Friday!

What of the future? Obstetricians have always investigated and discussed maternal mortality, perinatal mortality: this form of medical audit has now become compulsory. The meetings were a place where one learned from ones' colleagues. There was no other source of learning about the specialty apart from the Royal Society of Medicine. The Royal College of Obstetricians and Gynaecologists remained chiefly an examining body for many years. It was only in 1961 that they introduced two study days per year and then in 1970 they introduced the consultant refresher courses which were held on alternate years. Soon, continuing medical education will be compulsory if a member wishes to be retained on the specialist register.

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The society has fulfilled the aims of its founders. It has remained a learned society, raised the standards of obstetrics and gynaecology in the province and has encouraged friendship among all its members. It has grown from the 24 foundation members to the present 110 members, active, retired and honorary. We have seen many changes. In 1952 when the society was formed there were 28,760 births, 31 maternal deaths and 11 deaths associated with pregnancy in Northern Ireland. Just over 25% of births took place in the care of members of the society. In 1992 there were 25,572 births, no maternal deaths and no associated maternal deaths. Ninety-five per cent of all births were now looked after by members of the Society. Stillbirths were not registered until 1961, so no figures are available for 1952 but in 1962 the stillbirth rate was 22.0 per 1,000 and the perinatal mortality rate 38.0 per 1,000. In 1992 the stillbirth rate had fallen to 4.7 per 1,000 and the perinatal mortality rate to 8.0 per 1,000. Members and honorary members are proud of this achievement.

Many of the changes presently taking place in the National Health Service are really based on a shortage of money. With the severe cuts in the amount of money allocated to travel by Trust Hospitals, the society study days will again be most important in postgraduate education and will contribute to the further improvement of the health of our patients. The President of our College always ends Council meetings by saying “May the College flourish”. May I end this talk by congratulating members for their work during the past 40 years and also say “May the Ulster Obstetrical and Gynaecological Society continue to flourish”.

I wish to thank Mr H Kirk, Mr W H Laird, Mr M R Neely and Mr J Watson, founder members of the society, for their help in preparing this talk. Mr W Sproule, President, kindly granted me access to the records of all the clinical and committee meetings of the Society. The photographs were kindly supplied by Mr P Pedlow. My thanks are also due to Miss May Weller who typed the script.

FURTHER READING

Donald I. Practical Obstetric Problems, 4th edition. London, Lloyd-Luke 1955.
Registrar General’s Reports for Northern Ireland, 1952, 1962 and 1992. Belfast, HMSO.

A Survey of the Hospital Service of Northern Ireland. The Nuffield Provincial Hospitals Trust, Belfast, 1944.

A Plan for the Hospital Service of Northern Ireland. N.I. Regional Hospital Council, Belfast, 1946.

Report of Maternity Services Committee on Maternal Mortality and Morbidity in Northern Ireland. Belfast, HMSO, 1943.

Annual Reports of the Northern Ireland Hospitals Authority 1948-1972.

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