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A Program of Research in Obstetrics and Gynecology in a Private Hospital

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Webster defines research as "a diligent inquiry or examination in seeking facts or principles, the laborious search after truth." In recent years and under the aegis of government grants, the word has assumed an aura of the nebulous. To many practicing doctors, the field seems untouchable, or at least approached with trepidation. It is interesting to examine the facts as they apply to medicine.

In general it must be granted that medicine is, at best, a pseudo-science in which the *art* of practice is still essential. Three brief examples may be cited to illustrate this truth:

1. T.L.C., tender loving care, unscientific as it may be, is still a basic ingredient in treating the sick.

2. We often treat pain, man's commonest symptom, with a general analgesic such as aspirin even before a diagnosis is attempted. Only when pain persists are laboratory aids sought and they often are not specific but rather suggestive.

3. In obstetrics, we are called upon to estimate fetal size. This may be the important consideration in de-

livery decisions, yet any honest obstetrician readily admits he can be quite wrong in his guess.

Research activities in medicine have two distinct and generally separate backbones.

A. *Scientific.* The laboratory is the place in which the immuno-and biochemist, the biologist, the physicist keep opening new doors. Patient contact is occasional, and they speak a language difficult for the clinician to understand. When presented from a lecture platform, their discussions of pyrine rings with carbon substitutions or of the enzymatic importance in biliverdin metabolism are potent sporifics for the practicing physician. His closed eyes and his nodding head must not be misconstrued as lack of appreciation.

B. *Clinical.* The patient is the foundation for this search after truth. Reactions and responses to drug administration are not mathematical, and uncertainties are corrected only by numbers. Rarely is the clinician a first rate scientist, or the scientist a first rate clinician. In this category of research, attempts to be exact may be as frustrating as impressions gleaned from clinical experience. Truths become partially evident only because the patients who react well far out number those in whom the drug fails.

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In general, research activities in a private hospital must lean heavily on the clinical, although the cooperation and assistance of the scientific is in constant demand. However, this clinical aspect of research is just as fundamental as the scientific, and it must *never* be sold short.

What are the qualifications of a first rate clinical investigator:

1. Imagination and curiosity. It is difficult to digest the fact that two and two may not always equal four, and yet the physician who asks why has passed the first plateau. If he has the aggressiveness to try to find out why, he is well on his way.

2. Basic truthfulness. There are very few planes in life where it is easier to distort the facts than in medicine. Indications for surgery, responsibility and quality of drug responses — there are many examples of the facility with which incorrect conclusions may be reached. How *many* drugs have been advocated, only to find later that the results were in error.

3. Ability to observe and interpret. A patient's response to a new technic cannot be generalized and advocated as widely applicable. The treatment of toxemia of pregnancy is a good example of such confusion in patient response evaluation. Therapeutic regimens have changed abruptly through the years. Hydration and dehydration, colonics and rectal neglect, heavy sedation and very little sedation; all of these diametrically opposite routines have

been proposed and discarded on clinical grounds.

4. Ability to express his thoughts. It is far more meritorious to be able to sell a good idea than to have it and store it away in a forgotten corner. To write clearly and concisely is a tremendous help appreciated by the clinician who is currently overwhelmed by the vast quantity of medical writings.

At St. Paul Hospital we have instituted a rule on our service in obstetrics and gynecology. Our residents must be involved in at least one research activity before they complete their training. The purposes of this concept are:

1. To encourage and develop the doctor's observation of patient's responses — to new drugs, to technics, to nursing care.

2. To learn how data is accumulated, and how easily clinical impressions and false conclusions are reached.

3. To learn the means of searching the literature.

4. To read published reports critically, sometimes even with tongue in cheek.

5. To learn the rudiments of writing in order to communicate, and to be understood.

In the past five years, our residents have participated in the following briefly listed research projects:

1. The effect on bilirubin metabolism in the newborn when Gant-

risin is administered to the mother. This was a study to show that sulfonamides do cross the placental barrier, they do reach the fetus, they can alter bilirubin metabolism. It included Gantrisin excretion studies in the newborn, and was coordinated with our Department of Pathology.

2. The jaundice story in newborn infants. This was an exhibit at the clinical meeting of the A.M.A. It illustrated the mechanisms of jaundice development in the baby.

3. Cervical cytology in pregnancy. A study was made which demonstrated that cytology smears in pregnancy are accurate and helpful.

4. Problems in delivery of the second twin. The factors which may cause these problems were analyzed and compared. The length of time, and the prematurity of the infant were the keys to successful treatment.

5. A new formulation with dual purpose: to inhibit lactation or to permit nursing. The physiology of milk secretion was reviewed, and a new drug was studied for its effect on maternal lactation.

6. A comparative study of measured blood loss from episiotomy. Bleeding from the different types of episiotomy wounds was accurately collected and recorded.

7. A correlated study of carcinoma in situ. Patients with suspicious or positive cytology were carefully observed throughout the conization and eventual treatment phases. Some patients who were treated conservatively without hysterectomy were followed with repeated PAP smears.

8. The need for shaving the perineal areas as a part of the pre-delivery routine preparation. It was demonstrated by special culture technics that shaving does *not* improve the ability to sterilize the perineal area.

9. An evaluation of a new analgesic drug for the postpartum patient. The drug responses were measured by an improvised clinical scale for the quality and quantity of pain relief.

Almost all of these investigations were presented by our residents at various medical meetings, and have been published. A number of additional studies are now in progress, and we continue our constant program of clinical research.

A salutary plus value to this research program was achieved through a "Dedication Series" of lectures organized by the Women's Auxiliary of St. Paul to honor this first year in our new hospital. Prominent clinicians have been invited to participate in hospital and city medical activities. Our residents have gained much from their contact with these leaders in medicine.

In summary, a program of research in a private hospital can be effective and stimulating. Extensive laboratory facilities are not essential, and with proper guidance, fine clinical contributions may be anticipated. When this is made a facet of the resident's training, his healthy yet critical appreciation of the medical literature is rewarding.