

Historical Stages of Development in Obstetrics and Gynecology and the Influence of Bioethics on Their Evolution

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Abstract: This work outlines the historical development stages of obstetrics and gynecology and the influence of bioethical principles on their formation. The study analyzes the progression from ancient medical traditions through the Middle Ages, the modern era, and contemporary medicine. Additionally, it demonstrates the introduction of bioethical norms such as human dignity, safety, consent, privacy, and moral responsibility in medical practices related to reproductive health, and their practical implications. The research substantiates the crucial importance of bioethical approaches in obstetrics and gynecology for medical decision-making, protecting women's health, and utilizing medical technologies. This work aims to highlight the role and significance of ethical principles in shaping the modern landscape of this medical field.

Keywords: Obstetrics and gynecology, bioethics.

Obstetrics is a branch of gynecology. It is a science that deals with theoretical and practical issues of pregnancy, childbirth, and maternity care. Previously, this field also included the care of newborns, but now neonatology handles this.

According to D. Wales, the history of obstetrics is closely connected with the history of medicine. However, until the 18th century, obstetrics did not hold a worthy place among other branches of medicine. At the same time, it should be noted that in the sacred books of the Indians, Egyptians, and Jews, midwives were mentioned as a separate class, and among the ancient Greeks and Romans, many goddesses were revered as patrons of women in childbirth. In the middle of the 4th century BC, Greek women began to seek the help of male doctors for the first time. The famous Hippocrates wrote many works about childbirth and obstetrics. It is generally accepted that the foundation of obstetrics was laid by his works. In addition, the works of Celsus, Galen, Moschion, Aetius of Amida (6th century) and Paul of Aegina (7th century) should be mentioned.

In the Middle Ages in Western Europe, obstetrics was mainly practiced by monks and midwives. Therefore, this period was characterized by high mortality rates among women in labor and newborns. Only in the 16th century did obstetrics once again attract the attention of scientists and doctors. Thus, in 1513, the first manual on obstetrics by Eucharius Rösslin appeared - "The Garden of Pregnant Women and Midwives" (with illustrations). It was followed by the works of Jakob Ruf (Zurich, 1553) and Walter Reiff (Strasbourg, 1561).

It should be noted that Vesalius and Fallopius gave obstetrics the character of a true art, developing the practice of this field in medicine (which was considered a type of surgical intervention at that time). However, in those distant periods, male doctors were involved in childbirth only in severe cases.

At the same time, with the development of surgery, obstetrics made significant progress, especially in France (in this regard, it is necessary to mention the names of A. Paré and N. Guillemeau). Louis XIV himself began to favor the famous surgeon Julien Clément, who from a certain point was appointed the first obstetrician of the royal court. The most famous of his followers and students was Nicolas Puzos (1683-1753). The fate of this famous French doctor is unique. At the age of 16, at his father's insistence, he was sent to the active army of Louis XIV to study the art of military field surgery. Having gained extensive surgical experience on the battlefields, his father sent him to his friend J. Clément, and Nicolas essentially became his right-hand man. Many of the writings of this unique scientist and practitioner were published in 1759, after his death. N. Puzos became especially famous for his operations, which can be considered the precursor to cesarean section. The Puzos method is now known to every obstetrician-gynecologist.

The first complex of maternity hospitals with schools for students and midwives, founded in Strasbourg in 1728, maternity hospitals opened in Berlin in 1751 (their founder was Frederick the Great himself) and in Göttingen, as well as the English maternity hospital, which began its activities in 1765, made a significant contribution to the development of obstetrics. Later, two famous schools of obstetrics were established in Germany. One of them made a significant contribution to operative obstetrics, and the other to natural childbirth. Their rivalry gave a powerful impetus to the development of obstetrics and enriched the history of medicine.

In Russia, obstetrics began to develop much later than in other European countries. The first obstetrician mentioned in chronicles was the Englishman Jacob (during the reign of Ivan the Terrible), who was known for his "very skillful ability to treat women's diseases."

Later, schools "for medical and surgical practice" were opened by Peter I, but they operated only to provide for personnel of the Russian army and navy (which, naturally, did not imply the development of obstetrics in them). The results of historical research by Doctor of Historical Sciences V. Abashin on the first Russian obstetrician-scientists indicate that a significant contribution to Russian obstetrics was made by Pavel Zakharovich Kondoidi (real name - Panayotis), who was appointed President of the Medical Chancellery on March 8, 1754, during the reign of Elizabeth Petrovna (daughter of Peter the Great). On April 15 of the same year, at a meeting of the Government Senate, his "Proposal on the Orderly Organization of Midwifery for the Benefit of Society" was discussed. This document was a real program for training midwives, reflecting the procedure for certifying existing midwives, the required number of midwives in both capitals, their remuneration, the procedure for inheriting the profession, and more. On April 29, 1754, the Government Senate approved the presentation of the Medical Chancellery and issued a Decree "On the Orderly Organization of Midwifery for the Benefit of Society." Thus, the foundation was laid for the formation of local maternity services in the Russian Empire, which began to be implemented with serious financial difficulties. The first system for training personnel in this field of medical activity for the needs of Moscow and Russia as a whole was founded by Johann Friedrich Erasmus. The training he organized included both a theoretical course and practical exercises, the basis of which was the anatomical theater of the Moscow Military Hospital. For 20 years, midwives were trained at the Moscow Obstetric School under the leadership of Erasmus (who died in 1777). This physician authored the first work on obstetrics written in Russian - "Advice on How a Woman Should Conduct Herself During Pregnancy, Childbirth, and After Childbirth." However, this manual was based on Western manuscripts published at the end of the 17th century. Thus, at that time, Russian doctors studied obstetrics according to already outdated principles.

The European cultural and moral tradition, understanding the process of the emergence of life and the birth of a child, initially implied a special attitude towards the mother and her child. These actions also applied to doctors (the example of Louis XIV, who had a special affection for Clement, the first midwife of the royal court, can be considered the best confirmation of what has been said). In obstetrics and gynecology, juvenile bioethics encounters a number of other

features. Motherhood is commonplace for any woman. The birth of one or more children is a woman's duty to the family and society, as well as an important condition for maintaining her internal moral and psychological status. However, this natural aspiration sometimes encounters complex, and sometimes insurmountable obstacles, which often leads to the breakdown of the family and a prolonged depressive state in the woman. In this regard, additional moral responsibility arises in obstetrics and gynecology, which is not observed in other areas of medicine. It is this that will give impetus to the formation of new high technologies in obstetrics and gynecology.

In the work of the great Hippocrates "On the Nature of the Child," there is sufficiently complete information for that time about the laws of proper growth and development of children. Some medical works of the 15th-16th centuries analyze the high mortality rate among children, as well as the most common childhood diseases of that time. However, they did not have any practical recommendations for reducing mortality and morbidity among this most vulnerable category of the population.

At the same time, as early as the 17th century, the works of the English scientist Francis Glisson and some other authors on smallpox, measles, and rickets became world-famous and forced doctors to pay special attention to the problems of childhood diseases. In the 18th century, the first significant steps were taken in the formation of pediatrics in medicine, and the fight against child mortality began.

According to D. Wales, the first specialized institute of pediatric diseases in Europe was founded in Vienna by Max Kassowitz. The founder of the Russian school of pediatrics is considered to be the Russian physician N.F. Filatov (1847-1902). The first pediatric hospital in Russia is traditionally considered to be the Infectious Diseases Hospital No. 18, opened on December 31, 1834, in St. Petersburg by N. F. Filatov.

However, according to the historical research of V.Yu. Albitsky, in 1799, a district hospital for employees and domestic animals was established in one of the buildings of the Imperial Education House in Moscow. Thus, according to his calculations, the first pediatric inpatient facility in Russia was established 35 years earlier than commonly believed. The first lectures on pediatric diseases (including acute infections) and children's anatomical and physiological characteristics were delivered at the Medical-Surgical Academy by S.F. Khotovitsky (1835-1847). He opened children's wards in the obstetrics clinic, and in 1847 wrote the first Russian textbook on childhood diseases "Pediatrika," which outlined progressive recommendations for that time on the prevention and treatment of childhood diseases, causes of child mortality, and measures to combat them. It should be noted that the oldest state pediatric medical university is the St. Petersburg State Pediatric Academy. In the first half of the 19th century, the Free Economic Society (one of its famous participants was K. Grush) actively worked on children's health issues in Russia. It studied the causes of child morbidity and mortality, informing the public about methods of raising, educating, and maintaining children's health through independently published pamphlets.

In 1865, V.M. Florinsky (1834-1899) established the first department of pediatric diseases at the St. Petersburg Medical-Surgical Academy. The first Department of Pediatrics in Europe (Paris) was founded in 1879.

From this time, the development of pediatrics in Russia began to progress rapidly, increasingly involving doctors in this new and important field. In 1885, N.I. Bystrov (1841-1906) founded the first Society of Pediatricians in Russia in St. Petersburg, whose members contributed to the increase in the number of new pediatric departments throughout the country and the achievement of positive scientific and practical results in local pediatrics. As an example, one can cite the activities of the major healthcare organizer and scientist K.A. Rauchfuss (1835-1915). According to his plans, two children's hospitals were built in Moscow and St. Petersburg (in St. Petersburg it is still named after the founder, while in Moscow it is the I.V. Rusakov Hospital). He also

founded the first children's sanatorium (a list of historical sanatoriums and resorts successfully used in local pediatrics in Russia is given in Appendix 1), and also studied a number of problems including purulent joint lesions and congenital heart defects in infants. K.A. Rauchfuss was the first to describe in detail the clinical symptom - the Rauchfuss triangle - in pleurisy and substantiated the necessity of a mandatory sanatorium stage in the treatment of children.

From 1861, N.A. Tolsky (1830-1891) began teaching the course on pediatric diseases at Moscow University. Five years later, he opened an outpatient children's clinic, and in 1873, a department of pediatric diseases.

It should be especially noted that the founder of local clinical pediatrics is N.F. Filatov (1847-1902). He was the first to provide information about "scarlatinous rubella" - a previously unknown acute infectious disease of children (idiopathic inflammation of the cervical lymph nodes, Filatov's glandular fever - infectious mononucleosis). He described the first signs of measles (scaly peeling of the epithelium on the mucous membranes of the lips and cheeks - Filatov's sign). The works of this pediatric clinician ("Semiotics and Diagnostics of Children's Diseases," "Lectures on Infectious Diseases of Childhood," "Clinical Lectures," "Brief Textbook of Children's Diseases," etc.) gave a great impetus to the development of pediatrics. His organizational work on creating a scientific circle of pediatricians in Moscow in 1887 (transformed into the Moscow Society of Pediatricians in 1892) made it possible to establish the Moscow School of Pediatricians, which is actively developing today (the N.F. Filatov Hospital with 1600 beds now has full equipment, reflecting the high level of high-tech pediatric medicine in our country).

It is known that from 1898 to 1908, N.P. Gundobin (1860-1908) headed the Department of Pediatrics at the Military Medical Academy. This scholar authored interesting and educational manuscripts on pediatrics, including: "General and Specific Therapy of Childhood Diseases," "Raising and Treating a Child Under 7 Years of Age," "Child Mortality in Russia and Measures to Combat It," and others.

Neonatology (Greek *neos* - new + Latin *natus* - birth) is a branch of medicine that studies newborns and infants, their growth and development, diseases, and pathological conditions. The terms "neonatology" and "neonatologist" were proposed by American pediatrician Alexander Schaffer in 1960 in the manual "Diseases of the Newborn." The main patients of neonatologists are newborns with respiratory distress syndrome (which require special medical care due to illness or prematurity) and those with low birth weight. These specialists are also interested in issues related to delayed fetal development, congenital malformations, sepsis, and congenital asphyxia.

Neonatology definitively emerged as a separate field in the late 19th and early 20th centuries. The first American textbook on the care of premature infants was published in 1922. In 1952, Dr. Virginia Apgar proposed the Apgar scale as a tool for assessing the condition of a newborn. This scale is actively used by obstetrician-gynecologists. However, neonatologists established a different scale - the Silverman scale - to assess the severity of respiratory distress syndrome and respiratory failure in newborns.

In the 1960s, with the advent of devices for artificial ventilation of newborns' lungs, neonatology began to rise rapidly. In Russia, the medical specialty "pediatrician-neonatologist" officially appeared in November 1987. In the 20th century, a new scientific direction - bioethics - also emerged. One of its important branches is juvenile bioethics. This made it possible to fight for the survival of extremely premature infants.

As an important example of juvenile bioethics, we briefly list the bioethical problems currently being addressed in the process of providing medical care to newborns in US children's hospitals. According to Professor B. Carter of the Vanderbilt Children's Center, their list is as follows.

Analyzing the above-mentioned issues in general, we emphasize that they mainly relate to the financial aspects of providing neonatal care and have little impact on spiritual and moral problems. It should be noted that in neonatology, juvenile bioethics should primarily focus on working with the parents of newborns and the ethical aspects of medical personnel's behavior in the context of providing intensive care to infants.

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