THE HISTORY OF MIDWIFERY EDUCATION IN THE MALTESE ISLANDS
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Preface

The Faculty of Medicine & Surgery of the University of Malta Medical School is currently undertaking the exercise of updating its curriculum structure with the aim of streamlining the teaching programme and ensuring that undergraduate medical education is as comprehensive as possible. This exercise has obviously required the contribution of the Department of Obstetrics & Gynaecology which has striven to build on the experiences of the past to re-structure its curriculum and integrate this whenever possible with other specialities.

The new curriculum sets out to provide the student with a solid foundation of knowledge and skills to address these women-specific health care needs, with an emphasis on reproductive lifecycle needs. The principles of reproductive health care learned in the Study Units should be integral in whatever area of medicine the individual will ultimately practice. The reproductive medicine study units should ensure that the students attain a number of essential core learning objectives and core clinical skills and competences.

The desiderata in required learning objectives and competences have obviously changed throughout the decades with the changing patterns of health care being offered in modern society. The development of specialist care has ensured that areas considered core topics in previous decades have become the domain of specialist care, thus reducing the demands on undergraduate training of both medical physicians and midwives.
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From S.W. Fores, Man-Midwifery Dissected, London, 1793.

A Man - Mid - Wife

From S.W. Fores, Man-Midwifery Dissected, London, 1793.
Introduction

When addressing the Royal College of Physicians in London in 1944, Sir Winston Churchill remarked that “the longer you look back, the further you can look forward”. No branch in medicine can claim a longer history than the art of midwifery. The majority of deliveries in the 16th century, in conformity with the times, must have been conducted in the home under the supervision of a traditional health attendant, possibly the mother of the mother-to-be, or a midwife. The first midwife in Malta known by name is the *mammane* Czairi Coruel who was responsible for the care of the foundlings at Santo Spirito in 1554. Another named 16th century midwife was Bernarda Micallef, who in 1598 is reported as having had to deal unsuccessfully with a case of foot presentation.1

The sixteenth century saw the advent of a new era in midwifery practice in Europe. Midwifery, including very often its operative branch, generally lay entirely in the hands of female midwives who often discouraged the calling-in of physicians even in difficult cases. Physician-surgeons were therefore called only, if at all, in the worst of cases and their practical expertise was greatly limited. Midwives of that day generally entered their office without any knowledge other than that which they had acquired from the mistresses to whom they had been apprenticed. Their academic education was completely ignored, an omission which severely

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restricted their advancement in the speciality. The midwifery practice of the physician-surgeon received a major impetus with the revival by Ambroise Paré in 1549 of podalic version, whereby the infant was turned around and delivered feet first – a procedure that enabled successful delivery in difficult cases. Paré’s advocacy of podalic version was an enormous step forward and the greatest advancement in operative midwifery until the invention of the forceps. These advancements in operative midwifery practice were however intended for the physician-surgeon and could not be availed off by the female midwife who often had no recourse to academic instruction.  

The advancement in the midwifery practice of the physician-surgeon initiated in the 16th century continued in the subsequent one. Midwifery in the seventeenth century experienced advancement similar to but more considerable than that of Surgery. The increasing involvement of the academically-trained physician-surgeon – now often referred to on the Continent as the male-midwife – contributed significantly to this advancement. In its scientific aspect it was promoted by the acquisitions of anatomy and physiology. The 17th century must also be designated the century of version since this procedure slowly became generally accepted by the medical community. The invention of the obstetric forceps and vectis by the Chamberlain family was at first of little benefit to practical midwifery since it was kept secret. The French remained especially prominent as the promoters of midwifery with society permitting men to act as obstetricians in ordinary cases and not as heretofore simply in particularly bad cases requiring operative interference. The male-midwife, as these practitioners came to be called, remained the chief practitioner of operative midwifery in difficult cases. 

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The academic advancement in the midwifery practice of the physician-surgeon had however little practical effect of the overall practice of the speciality. Many of the physician-surgeons had little practical instruction in midwifery since throughout the seventeenth century this instruction was not generally imparted to men. At most medical practitioners merely studied the theoretical aspect of the art, though in spite of this many surgeons became by their own training distinguished accoucheurs displaying scientific ability. On the other hand, no formal instruction was given to female midwives and the old method of guild instruction still prevailed for the most part, i.e. old midwives apprenticing prospective students. The sole public institution where practical instruction in midwifery was imparted was the obstetric section of the Hotel Dieu established in the sixteenth century. Here superior midwives, who not infrequently were authoresses in their field, imparted formal practical instruction for midwives. The hospital maternity wards were firmly closed to men. This century also saw in many European countries the introduction of formal control of midwifery practice by female midwives thus emulating the control of physicians, surgeons and apothecaries initiated in earlier centuries, and initiating formal recognition of these as professional paramedical practitioners. In many countries/cities, the female midwives were compelled to pass an examination set by the city physician and only then sworn into practice. The earliest evidence of the state control of midwifery in Malta goes back to the 17th century regulations published by the Protomedicus on the 2nd August 1624.

The eighteenth century in Europe saw a number of major advances in midwifery. As the 17th century was termed the century of version, the eighteenth century can be labelled as the century of the forceps. From the numerous and careful observations of the normal process of labour and the study of the contracted pelvis made by men with a scientific education, it became possible to understand the process of labour and identify the indications for instrumental or manual deliveries. Once these

4 J.H. Basc, 1889: op.cit., vol.II p.560-561
The history of midwifery education in the Maltese Islands was established. Physician-surgeons were then able to invent or improve suitable mechanical aids in accordance with a preconceived plan. The forceps were re-discovered and modified in the early part of this century, while midwifery hooks and embryotomy instruments were improved. Version and the forceps proved unsatisfactory when serious contraction of the pelvis was encountered. Because of the widespread desire to avoid the frequent operation of craniotomy in these cases, attempts were made to discover alternative modes of management aiming at delivering a smaller infant by restricting the mother’s diet or the induction of premature labour. Operations to widen the mother’s birth canal in the form of symphysiotomy were introduced, while delivery by Caesarean section remained controversial because of the associated high maternal mortality rate. This century also saw the introduction of formal teaching of obstetrics both to female midwives and male practitioners. The first Chairs in Midwifery and lying-in institutions were established in many European cities during the early part of the century. On the whole, however, with the exception of a few university towns and larger cities and their vicinity, the practice of midwifery still occupied an almost medieval position. The first recorded case of embryotomy in Malta was performed in the 18th century; while the whole range of fetal destructive and non-destructive methods of delivery were being described and presumably practiced by Dr. F. Buttigieg in 1804. The first recorded Caesarean section in Malta was performed on a recently deceased woman by Dr. F. Zammit in 1780; while the first section on a live woman was performed by Prof. G.B. Schembri in 1891.

The nineteenth century saw the development of revolutionary concepts in obstetric practice. In Great Britain, James Blundell, whose lectures were published in the *Lancet*, proposed Caesarean hysterectomy in an attempt to decrease the maternal operative mortality, and also considered

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the possibilities of blood transfusion. His ideas were however not very enthusiastically received. Ergot of rye was introduced into midwifery by John Stearns in 1807 and popularised in 1822. The invention of the stethoscope and the identification of the fetal heart sounds by Jean Alexandre Lejumeau enabled the diagnosis of fetal well-being and the identification of fetal position. The first forty years of this century saw also a better understanding of the mechanism of labour, both normal and abnormal. The fourth decade of the nineteenth century was probably the most momentous and the most controversial in the history of midwifery. The infective aetiology of puerperal fever was identified, while Ignac Semmelweis demonstrated that careful attention to aseptic measures by the medical staff could reduce the maternal mortality significantly. The second momentous advance was the introduction of anaesthesia in surgery and later in midwifery by James Young Simpson (1811-1870). These advances, coupled with advances in surgical techniques, enabled practitioners to undertake more freely Caesarean operation. Eduardo Porro of Pavia, Italy reported the first planned Caesarean hysterectomy on 21 May 1876 where both mother and child survived. The Porro operation became outmoded, but not obsolete, when Max Sanger in 1882 popularised suturing of the uterus at Caesarean section. These advances continued well into the twentieth century. Caesarean section became gradually more and more freely undertaken for a variety of maternal and fetal indications. Furthermore pharmacological advances in the twentieth century enabled a better control of the antenatal and intrapartum period, while the advent of antimicrobials in 1935 enabled the introduction of effective treatment of puerperal sepsis and a marked reduction in maternal mortality. The twentieth century also saw a development of the concept of antenatal care and an increased attention to the developing fetus, with the development of investigative measures to assess fetal well being. This brought a marked reduction in the perinatal mortality rate and the development of the speciality of fetal medicine in recent years.  

7 W. Radcliffe, 1967. op. cit., p.69-85
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Diploma in Midwifery issued to Giuseppina Sghendo
dated 16 February 1920
Midwifery teaching

Introduction

Until the middle of the twentieth century, the majority of deliveries on the Maltese Island were conducted at home under the supervision of a traditional birth attendant - usually the mother of the mother-to-be, or under the supervision of a midwife. Medical assistance during pregnancy or labour was only asked for in cases of abnormality. Since the larger majority of deliveries were under the direct supervision of the midwife, the standards of midwifery are closely related on the standards of the education and training the prospective midwives obtained before being licensed to practice in the community.

Licensing of midwives was first introduced in Malta by the Ecclesiastical authorities. As early as 1575, the Apostolic Visitor to Malta Mgr Pietro Duzina enjoined parish priests to teach midwives the proper administration of the Sacrament of Baptism in casu necessitates considered so necessary for the salvation of souls. These admonitions were repeated by the Maltese Synod of 1625 convoked by Bishop Mgr. Balthassar Cagliares and by 1703 Bishop Mgr. David Cocco Palmieri.

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laid down that midwives were to be examined by the parish priests at least twice a year, on the Octave of Pentecost and Christmas. Ecclesiastical control of midwives was further enforced by the Episcopal Court and the Inquisition Tribunal, and a number of cases dealing with abortion, and burial in unconsecrated ground are recorded. A licence from the Episcopal Curia remained a requirement to practice midwifery until 1906.

The state also enforced its own licensing practice. The earliest evidence of the control of midwifery in Malta goes back to the regulations published by the Protonotaries in degrees of the 24th August 1624, 19th June 1662 and 24th September 1722. These enactments were later incorporated in the legal codes of Grandmaster Fra Antoine Manoel de Vilhena [1724] and of Grandmaster Fra Emmanuel de Rohan-Polduc [1784]. Accordingly no woman was allowed to practice midwifery unless examined and approved by the Protonotaries – the head of the medical services. An official register was kept by the Castellano at the Court of Law. A state registration requirement for midwives remains in force today and is maintained by the Council for Nurses and Midwives. State registration of medical practitioner obstetric specialists is a more recent introduction, established in 2003, and is maintained by the Medical Specialist Accreditation Council.

School of Midwifery

Prior to the nineteenth century there apparently was no formal teaching of midwifery in the Maltese Islands, and midwifery training must have
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been based on the guild method of apprenticeship. This method of instruction resulted in a variable range of practising midwives, some well versed in their art while some possibly were dangerous and incompetent. Some midwives were appointed by the lay and ecclesiastical authorities to act as court witnesses. Thus in 1764 the midwife Teresa Muscat was asked to examine a 17-year old woman who alleged that she had been violated. In her report the midwife described herself as "...mammana, ben prattica in tal mestiere".14

On the other hand Dr. Giuseppe Antonio Creni in his request to initiate for the first time in Malta the formal teaching of the theory and practice of midwifery in 1772 commented that, because of the unskillfulness of the practising midwives, many mothers and infants frequently suffered injury and/or death. Dr. Creni suggested a course of lectures delivered monthly or more frequently if necessary to prospective and practising midwives, besides practical demonstrations on an anatomical model which he had brought from Bologna where he had undergone his medical training. The request was submitted to Grandmaster Fra Don Emmanuel Pinto de Fonseca and passed on for consideration to the Senior Physician of the Infirmary Dr. Giorgio Imbert. The suggestion was turned down on the grounds that since the midwives did not possess any knowledge of Italian, or any fundamental concepts of human anatomy, they were unlikely to profit from any formal instruction while the lectures could only be 'scandalous and full of inconveniences'.15

The first official initiative to introduce the formal teaching of midwives seems to date to the early nineteenth century. In March 1802 Dr.

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Francesco Buttigieg was appointed Teacher of Obstetrics at the Woman’s Hospital in Valletta. Besides imparting the obstetric art to medical students, he “deve instruire alla voce le levatrici separatamente, e farla la spiega bisognando, alla lingua nazionale del meglio che potrà”.16 The manuscript lecture notes delivered to medical students by Dr. Buttigieg during the period 18th October 1804 to 11th June 1806 outline the midwifery practice of the late eighteenth and early nineteenth century.17 The turn-of-the-century School of Midwifery functioned very erratically though a Teacher of Midwifery was appointed regularly throughout the early decades of the 19th century. Dr. Buttigieg’s successor in 1824 was Dr. Michele Borg who held the post to at least 1828, possibly longer. The school was abolished in later years with a consequent deterioration in the practice of midwifery.

In the 1842 population census, 49 women registered midwifery as their profession for a population delivering 4383 births that year.18 In March 1841 the newspaper Il Globo commented that midwives were causing maternal and perinatal deaths as a result of their ignorance. It urged government to provide a course of theoretical and practical instruction for midwives who were able to read and write under the direction of the recently appointed Professor of Midwifery [The University had created a Chair in Midwifery for medical practitioner training in 1833].19 Similar recommendations were made by Dr. Thomaso Chetcuti and Dr. Nicola Zammit in their...
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report on the proposed University reforms in 1842.20 No action appears to have been taken, and on the 4th August 1853 the Commissioners of Charity deplored the fact that “competent midwives were rapidly diminishing and that ignorant women were assuming their duties to the serious detriment of the poor population”, ascribing this state of affairs to the abolition of the School of Midwifery and recommended the re-establishment of the school and the enactment of legal measures to allow only qualified and certified midwives to practice. It was suggested that the pupils should pay five shillings monthly and perform servant duties while residing in the hospital during their period of instruction.21 These sentiments were echoed by members of the public and the newspaper The Malta Mail and U.S. Journal.

The School of Midwifery was eventually re-opened in 1854 with Dr. Giuseppe Clinquant being appointed to teach the art of midwifery to a number of women. The post was restricted in communicating the practical part of midwifery to the pupils. It was felt that this restriction would limit the success of the venture since it failed to address the practical utility of that speciality.22 Clinical material for teaching purposes was scarce. New efforts were undertaken to reorganise the School of Midwifery, but it was realised that the practical instruction must face obstacles arising from prejudices and scruples, and the teacher was warned by the Inspector of Charitable Institutions to be careful so as “not to arouse feelings of opposition and prejudices unless absolutely necessary”. These difficulties persisted and were augmented by the absence of any anatomical models.23

20 T. Chetcuti, N. Zammit: Rapporto ragionato della commissione incaricata dalla società Medica D’Incoraggiamento di esaminare il progetto di studi relativamente alla medicina. F. Cumbo, Malta, 1842, p.34
21 M&H.Arch: Commissioners of Charity Letter Book, 15 May 1851 to 4 November 1857, fol.39,103,137: as reported in P. Cassar, 1964: op. cit., p.413
22 The Malta Mail & U.S. Journal, 10th October 1854, p.3
23 M&H.Arch: Commissioners of Charity Inspectors Letter Book, 6 May 1851 to 3 October 1855, fol.29: as reported in P. Cassar, 1964: op. cit., p.413
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The School of Midwifery failed to provide a sufficient number of trained midwives in the community, and in 1868 midwives were described as being “mere attendants capable only of uttering ejaculations and prayers, quite of their own making, while stretching forth their arms to receive a foetus naturally expelled from the womb, an assistance which any individual knows how to afford”.24

Fresh efforts were made to organise a School of Practical Midwifery in 1868. It was contemplated that a more respectable type of student will be selected, that there will be the teaching of both the theory and practice of midwifery following which the candidates were to sit for a qualifying examination set by a properly constituted authority and the taking of an oath before being allowed to enter the profession. In order to give the scheme the widest publicity, the Comptroller of Charitable Institutions availed himself of the assistance of the parish priests and the police to inform the public of the prospective course. The course started on 24th November 1869. The lectures, given twice weekly in English and Italian, were delivered by Prof. Salvatore Luigi Pisani - Senior Surgeon and Accoucher at the Central Hospital who in 1870 was further formally appointed as Lecturer of Midwifery – in October 1869 Prof. Pisani had relinquished his University post of Professor of Midwifery to be appointed Professor of Surgery; the new Professor of Midwifery in the university was Prof. Antonio Mifsud. The lectures covered the principles of midwifery, the nursing and treatment of puerperal disease, and the care of the infant. The students had many opportunities to assist at normal deliveries but they were unable to attend any pathological labours for lack of cases. The course lasted sixteen months but it was proposed to extend it to two years and to commence a course every second October. A large number of women presented themselves for admission, but many were rejected because of “their utter deficiency in the accomplishments indispensably required to comprehend the lectures”. Eight students, including three Englishwomen married to army sergeants, joined the

24 M&H.Arch: Letters to Government, 3 May 1867 to March 1869, fol.560: as reported in P. Cassar, 1964. op. cit., p.413
course but two women were later persuaded to abandon the course because of their low educational standards. The results of this experiment were considered by the hospital authorities as satisfactory and beyond expectations.25

The second course was announced on 21st July 1871, but the illiteracy of the applicants remained a serious stumbling block. The pupils came from the lowest strata of the population and lacked the most elementary of schooling. The teacher had to limit himself to a few short talks in Maltese, and after assisting passively at a few deliveries, the pupils underwent an oral examination. No practical tests were given. The low educational and social status of the applicants remained a problem.26

However the profession did not apparently attract women from a better class. Prof. Pisani on 18th February 1897 wrote “I have tried on one occasion to produce midwives of a better class - I did not succeed - only one had the courage to become a midwife but after a while she gave it up and did not continue to practice. I remember having engaged her to attend on an Austrian lady, the wife of an officer in the Black Watch. At the last moment, when her services were required, she deserted me and instead of herself she had the impudence to send me an ordinary nurse”.27

The medical journal Il Barth in 1871 condemned this state of affairs and suggested that midwifery pupils should possess a primary education and have a working knowledge of Italian to enable them to read and follow an obstetric manual, and that suitable candidates aged 18-20 years should be sought from among orphanages inmates and girls attending elementary schools. The journal further accused midwives of being grossly incompetent, unable to recognise the foetal presenting part, and who either failed to call the medical practitioner in time or attempted to hasten delivery causing extensive perineal lacerations. Others even dared

25 M&H.Arch: Letters to Government, 3 May 1867 to 5 March 1869, fols.253,495,557,558; Letters to Government, 5 March 1869 to 14 January 1872, fols.339,445; as reported in P. Cassar, 1964: op. cit., p.413-414
27 P. Cassar, 1973: op. cit.
to pose as doctors prescribing medicine for dysmenorrhoea and other complaints, besides pretending to correct uterine malpositions.28

The subsequent course was advertised on the 12th April 1873. The lectures were given in the Maltese language. The course was gratuitous and six of the students, in rotation, were to be lodged and fed at public expense.29

The midwifery course of 1876 was suspended because of lack of accommodation for the student midwives in the Central Hospital, since their previous accommodation was given over to the clinical medical students.30 The course was resumed the following year, ending in October 1878 when eight students underwent their final examinations. Subsequent courses were extended to two-year periods.31

In October 1873 Prof. Pisani requested the government to publish his lecture notes for distribution to midwifery students at the end of their studies, these being published in 1883.32 The book is divided into sixteen chapters and deals with anatomy and conception, changes that occur in pregnancy, antenatal care and advice, labour and its malpresentations and malpositions, postpartum care, twin births, miscarriages and molar pregnancies, and Caesarean section.33 In 1885 an artificial body was purchased by the government at the cost of £10 to ensure adequate facilities for practical training.34 Prof. Pisani retained his post of Lecturer in Midwifery until 1885, having been appointed Chief Government

29 Government Notice. Malta Government Gazette, 12th April 1873, 2552:p.73
30 M&H.Arch: Letters to Government, 31 January 1872 to 11 June 1878, fols.587: as reported in P. Cassar, 1964: op. cit., p.415
31 M&H.Arch: Letters to Government, 1 July 1878 to 22 March 1883, fols.31,283: as reported in P. Cassar, 1964: op. cit., p.415
32 M&H.Arch: Letters to Government, 31 January 1872 to 11 June 1878, fols.249: as reported in P. Cassar, 1964: op. cit., p.415
34 First supplementary Estimates of the Expenditure……for the year 1885. Malta Government Gazette, 10th June 1885, 3083:p.224
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Medical Officer. The post of Lecturer in Midwifery was awarded to Prof. Giuseppe Batta Schembri in 1885 setting up a pattern of combining the post of Lecturer of Midwifery within the hospital environment to that of Professor of Midwifery at the University, setting the scene for the Diploma of Midwifery to be eventually managed by the University.

The call for applications for the 1886 course stipulated that only women aged 20-30 years would be accepted as students. The applicants had to be able to read fluently the Maltese language since lectures were to be given in this language. In 1895 students were also required to be able to write and know basic arithmetic. Prof. Guiseppe Batta Schembri, following the endeavours of Lady Sym Fremantle, in 1896 initiated the Military Midwives Class held for English speaking women to provide English-speaking midwives for the women of the military personnel stationed in Malta. Prof. Schembri also published his lectures in English and Maltese in 1886-87 for use by his pupils. The book is divided into seven sections which deal with human anatomy and physiology, conception and fetal anatomy, pregnancy changes and abnormalities of early pregnancy, labour and its problems, and the management of the puerperium. In spite of these efforts in teaching midwives, the medical journal La Salute Publica in 1898 still considered midwives a menace to public health.

In the beginning of the twentieth century Prof. Salvatore Grech pressed for reforms in the School of Midwifery, but his efforts were in vain since the Comptroller of Charitable Institutions saw no need for changing

35 Government Notice No. 154. Malta Government Gazette, 10th December 1885, 310/c.414; M&H.Arch: Letters to Government, 23 March 1883 to 20 April 1888, fol.400
36 M&H.Arch: Letters to Government, 10 April 1895 to 31 March 1903, fol.54: as reported in P. Cassar, 1964: op. cit., p.416
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Title-pages of published lecture notes for Maltese and English midwife students prepared by Profs. S.L. Pisani [1883] and G.B. Schembri [1896-97]
the applicants’ requirements which included the ability to read and write Maltese, a fair knowledge of basic arithmetic and a good moral character. In 1907 it was made obligatory for the students to attend the course for Hospital Attendants at the Central Hospital and to pass the prescribed examinations in general nursing before they were able to sit for the theoretical examination in midwifery.

The school was finally placed on a sound footing in 1915 when the course of midwifery was instituted under the auspices of the University leading to a Diploma of Midwife. The Professor of Midwifery was in charge of the studies that lasted two years, and after 1922 increased to three years. Candidates were admitted to the course after attending a preliminary period of training in anatomy, physiology and theoretical nursing at the Central Hospital. The course was sanctioned by the Special Council of the Faculty of Medicine and the annual examinations were conducted by an Examination Board composed of the Professor of Midwifery and two other medical men.

Because no Gozitan candidate attended the Courses of Midwifery held in Malta and because Maltese midwives did not find it worthwhile to go to Gozo, the number of midwives on that island had dwindled down to almost vanishing point to the extent that the Department of Health found it difficult to obtain the services of a midwife at Victoria Hospital. This was only made possible by offering a special allowance above the established salary given to a midwife from Malta. To increase the number of Gozitan midwives a course for midwives was started in October 1937.

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39 M&H.Arch: Letters to Government, 1 April 1903 to 10 April 1909, fol.213: as reported in P. Cassar, 1964: op. cit., p.416
41 The first female Maltese graduate from the University of Malta was Ms. Lucia Levanzin Inglott who gained a Diploma in Midwifery in 1918.
42 Malta Government Gazette suppl., 20th June 1915, p.54
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at Victoria Hospital in Gozo with the final examination being held in July 1940.43

The School of Midwifery reverted to the Medical and Health Department in 1946, the first group under this scheme qualifying in 1949. The midwives had a better comprehension of the part they played in giving advice to pregnant women, and were more capable of spotting the initial signs of cardiovascular, renal and infectious disease.44 By 1958 midwives were fully qualified to render the best service. Midwifery students were accepted after a minimum of three years of secondary education having reached a minimum age of 21 years. No preliminary training in nursing was officially stipulated although some previous practical experience was usually encouraged. The students received a training allowance throughout their three years of training in the hospital and the community. For qualification, the students underwent written, oral and practical examinations. The number of applicants remained limited and only five applicants turned up for the course starting in 1958 with only one finishing successfully in 1961. This resulted in a decline in facilities for midwifery training locally and registered nurses wishing to pursue midwifery had to do so in the United Kingdom.45

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The School was re-opened at the Nursing School in the grounds of St. Luke’s Hospital on 31st October 1970 under the direction of an English Midwifery Tutor – Ms. Elizabeth Thomson, appointed through the Overseas Development Administration, with lectures given by Maltese senior medical staff. The Tutor was eventually replaced by a Maltese midwife (Ms. Mary Vella-Bondin) who qualified in midwifery training in the United Kingdom. The course, aimed at State Registered Nurses, lasted one year with the students obtaining theoretical and practical training. The theoretical teaching was carried out by the midwifery tutor supplemented by a specialist obstetrician.46

These courses were held on a regular basis helping to increase the number of midwives on the Islands, so that by 1980 the number of registered midwives had increased from the 134 figure of 1970 to 191 a decade later. In spite of the increase in the number of midwives, personnel problems continued to be felt in the state hospitals, so that in 1980 only 17 midwives were employed in the Government Hospitals. By 1990, the number of registered midwives rose to 251 with 41 being employed in state hospitals.47

Nursing studies, including midwifery were in 1987 taken under the management of the University of Malta by the establishment at the Institute of Health Care which was initially housed in the Pharmacy Building at the University, but subsequently returned to the Nursing School in 1992. The main aim of the Institute is to develop and regulate Health Care Sciences courses (such as Nursing, Medical Technology, Speech Therapy) leading to a certificate, diploma or degree. The first health care course conducted under the auspices of the Institute was the BSc Nursing Studies with the first group completing their studies in

47 Parliamentary Question 15213-15215: Ministry of Social Policy, Malta, 17th January 1994
June 1992. This degree course was later followed by courses leading to a Diploma in General Nursing, a Diploma in Midwifery, a Certificate in Nursing, and a Diploma in Psychiatric Nursing. In 1991 the BSc Communication Therapy Course was introduced. The first course leading to the Diploma of Midwifery under the auspices of the Institute of Health Care commenced in October 1990. Applications were open to well educated women aged 17 to 45 years with no nursing background, and with a knowledge of English, Mathematics and a Science subject. The course lasted three and a half years in all. The first eighteen months Foundation Course was shared with the nursing students, while midwifery training was imparted in the final two years. The Course was managed by the Co-ordinator for Nursing Studies – Prof. K.M.H. Morle.

The first group of midwives under this scheme qualified in 1994. In the last decades, the midwives themselves felt the need to improve their standards and continue their medical education in line with United Kingdom regulations, where “All midwives are required to attend refresher courses at regular intervals, as long as they continue in practice”. Until 1966, no refresher courses for midwives were available and there was no postgraduate training for administration, teaching, or supervisory posts. In 1974 the Midwives Association of Malta, affiliated to the International Confederation of Midwives, was founded by Ms Mary Vella-Bondo, with the official opening being held on the 13th September 1975. The primary aim of the Association was “to promote and advance the art and science of Midwifery, to raise the efficiency of midwives, and to improve their status”. The Association, together with the Midwifery School, set out to accomplish these aims through the organisation of postgraduate lectures and demonstrations in the form of Refresher Courses, Study Days, Seminars, Meetings, Discussions, and Specialised Courses. The Association further promoted continuing education for midwives and midwifery assistants.
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medical education through the publication of regular information items in the Association’s Newsletters, first appearing in the Newsletter No.2 circulated in 1974. These Newsletters took a more formal format after 1988, while in 1993 the Midwives Journal was published [3 issues: 1993-1994].

Faculty of Medicine & Surgery

The situation with regards to the training of medical students in obstetrics was not very much better than that for midwifery training. The first steps to establish a chair for the study of anatomy and surgery were taken in 1676 by Grandmaster Fra Nicolas Cotoner. Prospective physicians had to pursue their studies privately with a senior physician at the Sacra Infermeria in Valletta for two years and then join a medical school or university in Italy or France. A formal University with a Collegio Medico was only established by Grandmaster Fra Manuel Pinto de Fonseca in 1771. The course of studies in the Collegio Medico lasted five years. The subjects studied included botany, chemistry, anatomy,
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Presumably, the surgical element of obstetrics was imparted by the professors of surgery. The first holder of the Chair of Anatomy and Surgery in the Collegio Medico was Michelangelo Grima [1771-1797], followed after his retirement by Aurelio Badat [1797-1813]. These apparently were assisted by other individuals.

In 1778, Dr. Saverio Micallef was sent to Paris for three and a half years to study surgery including midwifery. On his return to Malta in 1782, he was appointed Professore delle operazioni chirurgiche e dell’arte ostetricia. This appointment confirms that surgical midwifery was at this time at least being taught to Maltese medical students. Dr. Micallef in 1786 is known to have taught obstetrics on a model similar to that of the School of Cosmos in Paris. Dr. Saverio Micallef in 1780 was listed as “chirurgo”; while during 1786 to 1798 was employed as “primo pratico” or “chirurgo principale” in the Sacra Infermeria and “chirurgo ordinario” in the Casette delle Donne.

In addition, a number of 18th century practitioners in Malta are known to have followed a course of studies in midwifery practice. A Maltese doctor Giuseppe DeMarco proceeded to Montpelier in 1742 to finish his medical studies and is known to have assisted at a demonstration of the use of the forceps given by André Levret to the Paris Academy. At the same period Dr. Giuseppe Antonio Creni, a surgeon in the service of the Order who proposed the institution of the formal teaching of obstetrics to midwives, is known to have studied the art in Bologna.

53 P. Cassar, 1964: op. cit., p.412
The University was abolished by Napoleon Bonaparte by the decree of 18th June 1798, but the medical studies were retained in the form of a course of anatomy, medicine and midwifery at the newly instituted Hôpital Civil at Valletta to be taught by the medical officers working in the hospital. The chief surgeons employed in the Hôpital Civil were Drs. Saverio Micallef and Angelo Ventura. These plans never fully materialized because of the civil strife that resulted from the uprising of the Maltese against their new masters.54

Sir Alexander Ball re-instituted the University on the 6th November 1800 setting the stage for the re-establishment of the Collegium Medicum. Appointees were made to the Chairs of Medicine, Physiology and Pathology [Dr. Ludovico Abela: 1800-1815] and of Anatomy and Surgery [Dr. Aurelio Badat: 1800-1813]. Dr. Francesco Buttigieg was appointed in the Civil Hospital as Maestro d’Ostetricia in March 1802 to deliver lectures to medical students and midwives.55 The manuscript notes of Dr. Buttigieg lectures have survived. The manuscript volume contains a series of lectures delivered in Italian.56

The course of lectures was spread over a period of almost twenty months commencing on the 18th October 1804 and ending 11th June 1806. The manuscript comprises sixty-five chapters totalling 250 pages. The subject matter deals with the anatomy of the pelvis and pelvic organs, the anatomy of the gravid uterus, the clinical signs of pregnancy, abortion, normal and abnormal labour, management of the puerperium, twins and superfetation, manual correction of the various malpositions, the use of instruments and Caesarean section, and the care of the new-born. These notes suggest that Dr. Buttigieg was familiar with the midwifery practices current on the continent in the eighteenth century referring to eight

55 Piano per il regolament,... , 1802; op. cit., p.14.
56 S. Bardon: op. cit.
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authorities of the 17th century and twelve authorities of the 18th century. He also refers to authorities from previous centuries, quoting four from classical Greek medicine, two from the early Middle Ages and a further two from the 16th century. He quotes authors from France, England, and Austria. His practice as described in the lecture notes was inevitably those of the eighteenth century.

Medical studies underwent a tremulous course in the first three decades of the nineteenth century. Formal tuition had apparently deteriorated by the second decade of the century partly as a result of the ill-health and old age of its tutors. William Domeire writing in 1810 reported that the teaching staff of the Medical faculty consisted of only one lecturer Dr. Ludovico Abela, Professor of Medicine [1800-1815] who taught all subjects for two hours a day.57 Dr. F. Buttigieg was however still listed in the Establishment List as Lecturer in Midwifery until 1823. However, he does not feature in the University Staff List.58 In 1814, medical students were still availing themselves of the lecture notes dictated by Dr. Francesco Buttigieg during 1804-1806.59 Subsequent to Dr. Buttigieg’s retirement in 1823, the next appointee to the post of Lecturer in Midwifery was Dr. Michele Borg, who also held the post of assistant surgeon at the Male Civil Hospital, but no formal appointment with the University.60

59 Dr. Salvatore Bardon who transcribed Dr. Butigieoc’s lecture notes qualified in 1818 and presumably joined the course four years earlier in 1814. Acta Academiae Melitensis Registers 1800-1945. Archives Department, University of Malta Library, Digitized facsimile, 2005, entry dated 27 Jan 1818.
Title-page and first Contents-page of manuscript for medical students by F. Butigieec dated 1804 transcribed by Salvatore Bardon [qualified 1818]
The Chair of Midwifery in the University of Malta was formally instituted in 1833, the first occupant being Dr. Agostino Bonnici (1833-34). At this time the teaching of obstetrics appears to have been purely theoretical. The subsequent incumbent to the post attempted to remedy the deficiency and introduce the clinical aspect of teaching obstetrics to medical students.

Prof. Saverio Arpa (1835-58) in 1839 requested the establishment of a midwifery ward for the purpose of imparting practical instruction to medical students. This request was turned down on the grounds that no accommodation was available in the hospital and that because of 'the repugnance of women to be assisted by men in their delivery is so strong and general amongst all classes that we (the Committee of Charitable Institutions) firmly believe not one of the women who are admitted in hospital for this purpose would however submit to be placed in the Clinical Ward.' The Committee further considered that there was little to learn from normal deliveries and that the presence of the students 'about the patient’s bed could consequently be both useless and indecorous'. Prof. Arpa was however given the opportunity to conduct practical demonstrations to his students in cases of difficult delivery. Prof. Arpa was also instrumental in initiating the study of puerperal disease and disease of children at the university. He wrote a textbook on obstetrics which remained unpublished. This textbook was most likely the text of his lectures to medical students. The University in 1838 detailed the rules as to the way Professors were to deliver their lectures. For the text of his lectures every Professor had to make use 'of a work of his own in a state ready for the press' after its approval by the Special Council. Prof. Arpa also described a case of extra-uterine pregnancy.
Practical instruction in midwifery remained limited to attendance only to cases of abnormal labour, though the Department of Anatomy in 1860 acquired papier-mâché models of different stages of the development of the human ovum, of the generative organs and of the abnormal forms of pelvis. Most of these models perished with the destruction of the Anatomical Theatre in 1942, though some are still extant in the Anatomy Museum at the University of Malta.66

Prof. Arpa was subsequently succeeded in 1858 by Prof. Salvatore Luigi Pisani (1858–1869). Pisani concentrated his efforts towards the improvement in the instruction given to midwives with the publication of a book on midwifery in 1883 and another on the disease of childhood in 1885.67 During his tenure, in 1868 the medical students petitioned the Comptroller of Charitable Institutions to allow them to assist or at least be present during normal deliveries during their nine-month clinical attachment. The Comptroller acceded to this request but cautioned that since many of the women were unmarried the presence of a sage-femme was essential. In 1876 the medical students were given accommodation in the Central Hospital, this accommodation having been previously been used by midwifery students. This move resulted in the suspension of the course of studies for midwives.68 Prof. Pisani relinquished the post in 1869 to be appointed Professor of Surgery. In 1883, he was instrumental in ensuring the legislation against the use of the birth-chair. He was appointed Chief Government Medical Officer in 1885.69

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68 M&H.Arch: Register of References to Comptroller of Charitable Institutions, 5:fol.74: as reported in P. Cassar, 1964: op. cit., p.415,457
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The post of Professor of Obstetrics was filled subsequently filled by Prof. Antonio Mifsud (1869-1880) and followed by Prof. Giuseppe Batta Schembri (1880-1904). Prof. Schembri similarly contributed towards the advancement in the training of midwives, with the publication in 1896-97 of two midwifery texts, in English and in Maltese. He was also instrumental in the formulation of the Regulations pertaining to Midwives legislated by Government Notice in 1899. He was also the first surgeon to perform a laparotomy and a Caesarean section on a live woman in 1890-91.70

Prof. Schembri was succeeded by Prof. Salvatore Grech (1904-1909). The call for applications for the appointment of Professor of Midwifery in the University in 1904 defined the duties attached to the post. The Professor was to lecture on Midwifery and Gynaecology at the University during the third and fourth years of the Academic course, and on Clinical Midwifery and Gynaecology at the Central Hospital during the fourth year. The post was a joint one with the post of Accoucher and Teacher of Practical Midwifery at the Central Hospital. The overall remuneration amounted to £160 per annum.71 The joint post of University Professor with the Clinical Appointment at the Central Hospital was initially proposed in 1830, but was not apparently taken up until after 1869.72

In 1838, at the end of each year of training the medical student underwent an oral and a written examination by thesis. This arrangement continued at least until 1881. In 1882 the system of examinations was changed. Each of the examiners prepared six questions that were placed in an urn from which six questions were drawn, two by each examiner. The selected questions were then dictated to the students who had to answer four within two hours in the presence of one of the examiners and of the Principal and Secretary of the University.73

70 G.B. Schembri, 1896: op. cit.; G.B. Schembri, 1897: op. cit.
72 P. Cassar, 1964: op. cit., p.457
73 J.L. Pace: The history of the School of Anatomy in Malta. University Press, Malta, 1974, p.17
Prof. Grech was succeeded by Prof. George Debono in 1909 and followed by Prof. Guze Ellul in 1930 (1930-51, acting 1952-54). Prof. Ellul’s term of office as Professor of Midwifery and Gynaecology was marked by the hostilities of the Second World War which required a major re-organization of the health and midwifery services of the Islands. He was succeeded by Prof. Victor Stilon De Piro (1951-52) whose untimely death a year later left a void in the midwifery service. This void was filled provisionally by Prof. Ellul until the formal appointment of Prof. Oscar Zammit to the post of Professor of Midwifery and Gynaecology was made in January 1954. The death of Prof. Zammit in 1963 allowed the appointment of the Junior Accoucher at St. Luke’s Hospital - Dr. Joseph R. Borg (1963-1964) to be appointed acting head in January 1964. On his retirement Dr. Borg was replaced by Prof. Arthur P Camilleri in 1965. Prof. Camilleri set out to leave his personal mark on obstetric teaching and up to his dismissal from the post in 1977 ensured that the majority of lectures in the specialty were delivered by him. Soon after his appointment, he made arrangements with Lt.Col. B.A. Gavourin, Consultant Obstetrician-Gynaecologist in Charge of the Maternity Unit at the David Bruce Military Hospital at Mtarfa, Malta, for medical students to visit the unit. There cases were demonstrated to the students by the resident staff and points of obstetric interest discussed.74

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Prof. Camilleri subsequently left his joint hospital and university posts in Malta after the trade-unionist conflict between the doctors and the government in 1977. His post was subsequently filled by Prof. Edwin S Grech who during his tenure (1978-1987) reorganized the department on a scientific and modern basis. Other subsequent occupants to the headship of the Department of Obstetrics and Gynaecology in the Faculty include: Dr. Eddie A Agius (acting head 1987-1991); Prof. Mark P Brincat (1991-2008) and Prof. Charles Savona-Ventura (2008 et sec).

Teaching medical postgraduates

The concept of postgraduate training of doctors in the operative skills of midwifery appears to date to at least the late 18th century. The sponsorship of Dr. Saverio Micallef in 1778 by the Order of St. John to study surgery including midwifery in Paris for three and a half years has already been alluded to. The aim of his sponsorship was apparently to enable better education in the subject midwifery to medical students since on his return to Malta in 1782 he was appointed *Professore delle operazioni chirurgiche e dell’arte ostetricia.* In addition, other 18th century practitioners in Malta are known to have followed a course of studies in midwifery practice. A Maltese doctor Giuseppe DeMarco proceeded to Montpelier in 1742 to finish his medical studies and is known to have assisted at a demonstration of the use of the forceps given by Andre Levret to the Paris Academy. Similarly Giuseppe Antonio Creni is known to have furthered his training in midwifery in Bologna.
The practice of individual doctors furthering their specialised training overseas persisted throughout the 19th century. Salvatore Luigi Pisani is also known to have, after his primary doctorate qualification in 1850 from the University of Malta, visited several medical centres in London, Paris, Berlin, Vienna, Italy, and Edinburgh. He obtained a second Doctor of Medicine qualification from the University of Edinburgh in 1853. He subsequently was appointed to the Chair of Midwifery & Gynaecology in 1858.78

Another physician known to have furthered his postgraduate training in obstetrics was Alphonse Portelli Carbone qualified MD from the University of Malta in 1883. He subsequently followed postgraduate studies in midwifery in the Rotunda Hospital of Dublin, Ireland and was successful in qualifying as a Licentiate in Midwifery from the University of Dublin in 1893. Similarly Giorgio [sic Giuseppe] Debono who qualified in 1892 furthered his postgraduate experience in Paris, Vienna, and London before being appointed Professor of Midwifery and Gynaecology in 1909.79

The specialty status of Obstetrics and Gynaecology in Malta during the twentieth century followed the same trends as that in the United Kingdom. The Royal College of Obstetricians and Gynaecologists was set up in 1929. The Senior Specialist in Malta at the time (Prof. J. Ellul) was awarded an honorary Fellowship of the Royal College for the first time in 1934. Joseph Ellul qualified from the University of Malta in 1913 and subsequently furthered his training in London, France, Germany and Italy.80

Joseph R. Borg was the first specialist to become a Member of the Royal College by examination in 1937. Dr. Borg had qualified a medical doctor

78 C. Savona-Ventura, 1997: op. cit., p.455
from the University of Malta in 1931. He subsequently proceeded to further his training in obstetrics at the Rotunda Hospital in Dublin obtaining a licentiate and a diploma in obstetrics and gynaecology from the university there. He was eventually appointed to the post of Consultant Accoucher in St. Luke’s Hospital in 1963.81

After the Government-Medical Association trade-unionist strife of 1977 and the associated suspension of MD recognition by the General Medical Council (UK), contacts were made with the Belgian authorities to enable post-graduate training in University Hospitals in Belgium. Two medical doctors - Charles Savona-Ventura and Raymond Galea - participated in this scheme under the tutelage of Prof. André Van Assche, the first completing his training at the Catholic University of Leuven (Belgium) in 1985.

During the same period, the incumbent professor of obstetrics and gynaecology – Prof. Edwin Saviour Grech – after having reorganizing the academic and training standards of the department formally applied to the Royal College of Obstetricians and Gynaecologists in the United Kingdom requesting recognition of the local department as suitable for postgraduate training. The Department was visited and assessed by Prof. John Lawson who decided favorably. The College thus decided to recognize the standards of the local department as being of sufficient standard to enable Maltese postgraduate trainees to sit for the second clinical part of the Membership examination. This recognition was availed of first by Prof. Charles Savona-Ventura who was successful in obtaining membership to the Royal College of Obstetricians and Gynaecologists in 1986. He was subsequently also successful in obtaining a Doctorate in Medical Sciences from the Research Institute for Mother and Child in Warsaw, Poland and a Membership from the Royal College of Physicians of Ireland.

MIDWIFERY TEACHING

There has since been a gradual increase in Maltese Member and Fellows of the Royal College of Obstetricians and Gynaecologists (R.C.O.G.). The Malta Representative Committee of the R.C.O.G was formed in 1993. After the Second World War and the setting up of the R.C.O.G. in the United Kingdom, membership to the Royal College became the commonest post-graduate specialist diploma in obstetrics and gynaecology on the Islands. In 1994 there were nine registered Fellows and 14 registered Members of the R.C.O.G. working in the Maltese Islands.

The current list of registered specialists on the Malta Medical Council Register includes the names of 38 individuals including a number who are currently retired or practicing overseas. The large majority of these specialists have an R.C.O.G. qualification. These are represented by the local Representative Committee of the R.C.O.G. This representative committee was set up in 1993, the first appointed Chairman being Mr. A.N. Montanaro Gauci (1993-2000).

In Malta, the specialist obstetricians-gynaecologists attempted to unite together to enable the organization of academic activities. The first society of specialists was the Malta Obstetrical and Gynaecological Society whose main aim was to promote and maintain high standards of obstetrics and gynaecology on the Islands. This became defunct as a result of the 1977 industrial strife. Continuing Medical Education was thus taken up by the Department of Obstetrics and Gynaecology of the University of Malta, generally through the organization of scientific meetings held in conjunction with foreign associations or universities. These included the Ulster Obstetrical and Gynaecological Society (1979), the World Health Organization (1981), the Diabetes in Pregnancy Study Group (1985), the Free University of Brussels (1985), and the European Study Group on Social Aspects of Human Reproduction (1987). A new association

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- Malta College of Obstetricians and Gynaecologists - was founded in 1991. The primary objective of the M.C.O.G. is to encourage, foster and maintain the highest standards in the practice of the specialty. It has to date published two documents which deal with ethical issues of the specialty, and organized scientific meetings. The MCOG was by legislation in 2003 given the onus of managing the postgraduate training programme for Maltese trainees in conjunction with the Specialist Accreditation Committee, though this training was financially and administratively supported by the Department of Health through the 2007 MAM-Government agreement. This allowed for the remuneration of specialists in government employ to cover for postgraduate teaching and also allowed for the appointment of a postgraduate coordinator to supervise the training program in each specialty. The first postgraduate obstetrics-gynaecology coordinator appointed to the post in 2008 was Dr. Raymond Galea.


Personalities

Introduction

Prior to the formal establishment of a Chair in Obstetrics and Gynaecology in 1833, a number of individuals have been identified as having been appointed to teach the main specialties at the School of Anatomy and Surgery and later in the Collegio Medico. Presumably the surgical portion of obstetrics was imparted to medical trainees by the teacher appointed to lecture in Anatomy and Surgery either in the School of Anatomy and Surgery in the Sacra Infermeria [1676-1771], in the Collegio Medico [1771-1798], and later in the Collegium Medicum [1800-1833]. The appointees to the Chair of Anatomy and Surgery were sometimes assisted by specifically appointed lecturers in the art of obstetrics. Three have been specifically mention in this regard, including Dr. Saverio Micallef [appointed Professore delle operazioni chirurgiche e dell’arte ostetricia 1782-1798]; Dr. Francesco Buttigieg [appointed Maestro d’Ostetricia 1802-1823]; and Dr. Michele Borg [appointed Lecturer in Midwifery 1824 – at least until 1828, possibly until 1832].

Michel’ Angelo Grima is known to have been familiar in the practice of obstetrics. An inventory of his belongings at the time of his death included a pair of Levret’s obstetric forceps, while his library included the gynaecology anatomy work by the Dutch anatomist Regnieir de Graaf entitled De Mulierum Organis Generationi Inservientibus [Leyden, Hackiana, 1672] describing the follicles in the human
ovary. This volume also contains a full and remarkable accurate account of the female reproductive organs, including certain gynaecological disorders. In it, in addition to the ovaries and their function, he described the pelvic blood supply, the lymphatic system of the uterus, and the crura of the clitoris. He also reports on prolapse, myoma and fallopian tube blockage.

The reforms carried out by the University authorities to ensure the maintenance of standards following the political representation made by members of the Comitato Generale Maltese in 1832 required the creation of a number of University chairs and lectureship posts, including

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<th>School of Anatomy &amp; Surgery</th>
<th>Collegio Medico</th>
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<tr>
<td>[Lettore in Anatomy &amp; Surgery]</td>
<td>[Professore di Anatomia e di Medicina Chirurgica]</td>
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<tr>
<td>1676-1694 Giuseppe Zammit</td>
<td>1771-1797 Michelangelo Grima</td>
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<td>1695-1723 Giuseppe Farrugia</td>
<td>1797-1798 Aurelio Badat</td>
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<tr>
<td>1723-1753 Gabriele Henin</td>
<td>Collegium Medicum [Professore di Anatomia et Chirurgia]</td>
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<td>1754-1763 Enrico Magri</td>
<td>1800-1813 Aurelio Badat</td>
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<tr>
<td>1763-1771 Michelangelo Grima</td>
<td>1824-1838 Gavino P. Portelli</td>
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Professors in Anatomy & Surgery, 1676-1838

Aurelio Badat became incapable of carrying out his teaching duties owing to old age. In 1810, Prof. Ludovico Abela – appointed Professor of Medicine 1800-1815 – was reported to be the only lecturer in the Collegium Medicum. See W. Domeire: Observations on the Climate, Manners and Amusements of Malta. J. Callow, London, 1810, p. 109. There was however an appointee to the post of Lecturer in Midwifery – Dr. F. Buttigieg - in the Female Civil Hospital whose post was not considered part of the University staff complement.

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that of obstetrics. The first incumbent to the chair of obstetrics appointed in 1833 was Prof. Agostino Bonnici.

With the augmentation in student numbers, a need was found to increase the number of tutors in obstetrics and gynaecology. This was met with the appointment of a number of demonstrators, clinical tutors, and lecturers. The first Assistant to the Professor of Midwifery was Edgar H. Ferro MD; appointed on the 15th May 1905, he occupied the post until 1911 when he was replaced by Charles A. Zanghi.96 In 1911, the concept of appointing Assistant to Professors in the Faculty of Medicine extant in previous years was discussed and approved by the University Council. These posts could originally be held by the same person for one to three years, extended to a maximum of six years. When more than one applicant presented himself for the post, selection was by examination.97

The appointees to this post included a number of promising graduates who were eventually to occupy significant academic posts in the University. These included: Edgar H. Ferro who eventually was to be appointed to the Chair of Medicine for the period 1925-1938; and Joseph Ellul who was appointed to the Chair of Obstetrics and Gynaecology for the period 1930-1951.98 The number of vacancies for academic assistants to the Professor increased following the organization of the University after 1966 with three appointees being appointed to the post: A.P. Camilleri [Professor & Head], E.A. Agius, T. Busuttil, and B. Benster.99 In 1986 – when the formally appointed lecturing staff included E.S. Grech [Professor & Head], T. Busuttil, F. Bonello, L.J.P. Silva, and

C. Savona-Ventura – two specialist clinical tutors were further appointed: L. Micalef Hawkes and G.G. Buttigieg.93

The Trade Unionist action undertaken by the medical profession in 1977 and the countermeasures taken by the administration led to the disruption of medical teaching and the dismissal of many of the Faculty departmental heads. In the initial years, until 1979, the clinical course was managed by Prof. G.P. Xuereb who acted as Co-ordinator of Clinical Studies and acting head of all the clinical departments. After 1979, new departmental heads were appointed, sometimes in a temporary acting position. The resolution of the unionist conflict after 1987 led to a new upheaval with the termination of contract of all university appointees followed by the re-appointment of some past and new appointees. The tenure to headship posts was changed to an elected temporary appointment by the Education Act XXIV of June 1988 and was no longer linked to a professorial appointment. The law also allowed for the appointment of more than one professor in a specific department. The first Associate Professor appointed under this provision was Prof. C. Savona-Ventura appointed in 2004, supplementing Prof. M.P. Brincat appointed in 1990.

The Obstetrics & Gynaecology Council-appointed lecturing staff in the Faculty of Medicine and Surgery appointed since 1988 include:

- Edwin S. Grech, Eddie A. Agius, Mark P. Brincat, Charles Savona-Ventura, Tancred Busuttil, Adrian Neville Montanaro Gauci, Francis Bonello, Alfred Gatt, Donald Felice, George G. Buttigieg, Raymond Galea, and Mark Formosa.

Biographies

Agius, Edgar A.


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93 Guidebook for Medical Students. University of Malta, Malta, 1986, p.49-61
PERSONALITIES

Obstetrics and Gynaecology at St. Luke’s Hospital and the University of Malta in 1964. He subsequently left his posts in Malta after the trade-unionist conflict between the doctors and the government in 1977. Returned to the previously held posts in Malta in 1887 and served as acting Clinical Director of the Department and Representative Head on the Faculty Board [1987-1991].

Arpa, Saverio

Born: 1803; died: 20/11/1858. Qualified MD [Napoli, 1828], subsequently trained in La Clinica Ostetrica of Prof La Cattolica. Career: appointed Professor of Midwifery (1835-58) – Arpa attempted to introduce practical instruction of normal midwifery to medical students but was turned down by the hospital authorities, though he was allowed to demonstrate cases of difficult delivery; was also instrumental in initiating the study of puerperal disease and disease of children at the university. Wrote a textbook on obstetrics which remained unpublished; published a case report of an extra-uterine pregnancy entitled Di un caso particolare di gravidanza extra-uterina [G. Camilleri & Co.: Malta, 1843, +41p.]; delivered the university graduation orations in 1843 and 1850 [lecture titles not known]. His contemporary G. Gulia wrote that “Egione qui dire che egli mai non operasse a caso, ma dopo maturo esame; spinto della necessità… L’aspettazione prudente; questa virtù così necessaria all’ ostetrico…”.

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Badat, Aurelio

Born c.1740; died c.1813. Education: probably received his training as barber-surgeon at the Sacra Infermeria; in 1760 [aged 20 years] sent to Paris at the Order’s expense “to gain experience and expertise” and to “become competent and skilful in the profession of surgery” for a period of ten years. While gaining proficiency as a surgeon, he never qualified as a physician; was awarded the title of Doctor of Medicine on the 2nd April 1797 by decree from the Grandmaster to enable him to be appointed to the Chair of Anatomy and Surgery. Career: 1757 joined the Naval Service of the Order as barber-surgeon; 1788 appointed Principal Surgeon to the Naval Service of the Order; 1797 appointed Teacher in Anatomy and Surgery instead of Michelangelo Grima, appointment terminated in 1798; 1798-1800 served on the Jury de Santé, re-appointed Reader and Demonstrator in Anatomy and Surgery on the 28th November 1800; probably occupied the post until 1813 when he became incapable of carrying out his teaching duties owing to old age; during his tenure served as President of the Academia Medica until its meetings were disrupted by the 1813 plague epidemic.96

Benster, Barry

Qualified MB ChB [Manc, 1960]; MRCOG [UK, 1966]; FRCOG [UK, 1979]; Career: joined Medical & Health services in the mid-1960s, eventually preceded to the U.K. to take post of Consultant Obstetrician and Gynaecologist at the Huddersfield Group of Hospitals in West Yorkshire.97

96 NML: AOM 653, fol.43; NML: AOM 1198, fol.77; NML: AOM 1195, fols. 136-138
97 RCOG, 1991: op. cit., p.27
PERSONALITIES

Bonello, Francis

Bonnici, Agostino
Died: 1834 [?]. Qualified MD [Malta, 1829]. Career: first employed as Fifth Assistant (1824-25), Fourth Assistant (1826-27), Third Assistant (1828-33?) and Second Assistant Surgeon in the Male Civil Hospital (1833-34), Appointed Professor of Midwifery (1833-34).98

Borg, Joseph Rosario

98 Acta Academiae Melitensis Registers 1800-1945. Archives Department, University of Malta Library, Digitized facsimile, 2005, entry dated 21 Nov 1829; Malta Blue Book. Government Printing Office, Malta [1821-1841 available from http://www.nso.gov.mt], 1824:p.162-153; 1828:p.124-125; 1834:p.108-109. Dr. Agostino Bonnici is reported as being employed as 3rd Assistant Surgeon in the Male Hospital earning £37.1s annually. The Malta Blue Books dated 1829-36 do not list the medical staff employed in the Civil Hospitals. In 1834, he is listed as being employed as Professor in Midwifery and 2nd Assistant Surgeon in the Civil Hospital earning a total of £15 and £41.3s annually. He is not listed in the pension list after 1834.
THE HISTORY OF MIDWIFERY EDUCATION IN THE MALTESE ISLANDS

**Borg, Michele**

* Died: 1841[?]. Qualified MD [Malta, 1824]. Career: first employed as Third Assistant Surgeon in the Male Civil Hospital (1801-26), Second Assistant (1826-30), and First Assistant at the Valletta Hospitals (1830-37); in retirement (1838-40). He was also appointed to the post of Lecturer in Midwifery at the Civil Hospital for Women at Valletta (1824-32?).

**Brincat, Mark P.**


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100 Acta Academiae Melitensis Registers 1800-1945. Archives Department, University of Malta Library, Digitized facsimile, 2005, entry dated 27 March 1824, Malta Blue Book. Government Printing Office, Malta [1821-1841 available from http://www.mao.gov.mt], 1824:p.162-153; 1828:p.124-125; 1837:p.122-123. Dr. Michele Borg is last reported as occupying this post of Lecturer in Midwifery in 1828 earning him £51.9s annually. The Malta Blue Books dated 1829-36 do not list the medical staff employed in the Civil Hospitals. In 1837, Dr. Michele Borg was listed as employed in the post of First Assistant in the Valletta Hospitals being paid £51.15s annually. No mention was made about his duties as Lecturer in Midwifery at this time. In 1838-40, Dr. Borg was receiving a pension of £50.
PERSONALITIES

University [1996-2003]. Published a significant number of scientific papers with special emphasis on menopausal studies and gynaecological endocrinology, and is a member of a number of international associations particularly those relating to the study of the menopause. 101

Busuttil, Tancred


Buttigieg, Francesco

Died: 1828[?]. Career: Appointed Maestro d’Ostetricia for medical students and prospective midwives (1802-23); the manuscript lecture notes delivered to medical students by Dr. Buttigieg during the period 18th October 1804 to 11th June 1806 outline the midwifery practice of the late eighteenth and early nineteenth century. Dr. Buttigieg was the brother-in-law to Chief Surgeon Michel’ Angelo Grima. During his retirement (1824-28), he received a pension for his past services as Retired Professor of Midwifery. 102

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Buttigieg, George G.


Camilleri, Arthur P.

Born: Sliema, 27/06/1927; died: Southampton, U.K., 1994. Qualified MD [Malta, 1949]; MMSA [London, 1954]; DCH [London, 1954]; DOBstRCOG [U.K., 1954]; MRCOG [U.K., 1961]; FRCOG [U.K., 1969]. Career: appointed Professor of Midwifery and Gynaecology (1965-1977) – joined the Government Health Service as Senior Consultant and Professor of Obstetrics and Gynaecology at St. Luke’s Hospital and the University of Malta in 1965. He also served as Dean to the Faculty of Medicine and Surgery of the University. He subsequently left his posts in Malta after the trade-unionist conflict between the doctors and the government in 1977. Published a number of scientific papers in the speciality and was a member of a number of international associations. 104

Clinquant, Giuseppe

Born: 1812; died: 1868. Qualified MD. Career: 14/3/1837 joined the government service staff as Fourth Assistant Surgeon in the Central Hospital being promoted to Second Assistant Surgeon on 1/8/1837; 1854 appointed Lecturer in Practical Midwifery being described as “one so

103 C. Savona-Ventura: Buttigieg, George. In. M.J. Schiavone, J.L. Scerri (eds), 1997, op. cit., p.113

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well qualified for the office by his talents, education and services"; 1/2/1857 appointed visiting physician and surgeon of the Hospital of Santo Spirito, Rabat. Dr. Clinquant designed and exhibited at the Central Hospital an obstetric bed that could be converted into a birthing chair.105

Creni, Giuseppe Antonio

Education: Reported in June 1770 to have completed two years of surgical training at the Sacra Infermeria followed by five years surgical training with Dr. Michelangelo Nannoni at the Hospital of Santa Maria La Nova in Florence, Italy; in 1772 reported to have previously undergone surgical and midwifery training at Bologna, Italy. Career: 1770 applied for the post of first surgeon of the Order’s galleys; 1772 petitioned the Grandmaster to set up a school of midwifery, but proposal refused. Dr Creni wrote Breve trattato dell’Anatomia scondo le piu estate osservazioni de Moderni [manuscript in the holdings of Dr. G. Bonello].106

Debono, Giorgio

Born: Gozo, 1869; died: 17/06/1931. Qualified MD [Malta, 1892]. Career: appointed Professor of Midwifery (1909-30) – Debono joined the Government Health Service as Resident Medical Officer in 1893 eventually being appointed Visiting Accoucher in 1909; served on Council. Delivered the Graduation oration address entitled L-educazione

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*in famiglia per lo sviluppo del carattere* in 1909 [Nazionale tip.: Malta, 1909, +15p.].

Demarco, Josephus

*Born*: Cospicua (Malta) 02/01/1718; *died*: Valletta (Malta) 13/08/1793; *Education*: Anatomical & Surgical School at Sacra Infermeria, Valletta (Malta), 1742 proceeded to Montpellier (France) to continue his medical studies. Laureated in 1743. *Career*: 1743 practised as a general practitioner in Senglea; in 1788 Grandmaster de Rohan-Polduc sent him to Tripoli to treat the Pasha. Published a number of treatises and prepared a significant number of other treatises dealing with a wide range of topics and disease conditions that are available in manuscript form. He was invited by the Academy of Montpellier to apply for the Chair of Medicine.

Ellul, Joseph

*Born*: Cospicua, 30/03/1888; *died*: 06/06/1958. *Qualified* BSc [Malta, 1910]; MD [Malta, 1913]; FRCOG [U.K., 1934]. *Career*: appointed Professor of Midwifery and Gynaecology (1930-51) – Ellul joined the Government Health Service as assistant medical officer at Civil Hospital in 1914; during World War I served as surgeon at Fort Delimara; appointed clinical assistant in gynaecology in 1917; Junior Accoucher and Gynaecologist in 1923 and Senior Accoucher and Gynaecologist in

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PERSONALITIES

1930; retired in 1951 but was asked to resume post after untimely death of his successor; retained post for the period 1952-55; appointed Professor Emeritus in 1955. First Maltese to be elected Fellow to Royal College of Obstetricians and Gynaecologist [UK, 1934]; Member of the Royal Obstetrical Society of Italy; helped organize and manage the maternity services during World War II; served as delegate to the British Medical Association [Malta Branch] in 1933; awarded an O.B.E. in 1949; played an active part in Maltese politics becoming member of the National Executive of the Labour Party in 1944 serving as President of the Executive Committee; successfully contested the elections for Legislative Assembly in 1947 and represented the party in the General Assembly. Published and presented a number of clinical papers in the speciality including: *Gravidanza ectopica bilaterale* [La Rivista Medica, 1(4):84-87, 1924 – read also before the Camera Medica, 1923]; *Three cases of intractable postpartum haemorrhage treated after the Henkel method* [St. Joseph Inst. Press, Malta, 1928, +16p.]; *Il Forcipe Kjelland* [read before the Camera Medica, 1929]; *Un caso di Craniorachischisis – Pathogenesis* [read before the Camera Medica, 1930]; *Note Clinice* [read before the Camera Medica, post-1930]; *Lesione uterina ed ostruzione intestinale* [Naples, 1938, +6p.]; *Clinical Report of the Maternity & Gynaecological subdivisions of the Central Hospital, Malta for 1937* (co-authored with V. Stillon, S. Mattei, and C. Zammit. Lux Press: Malta, 1938, +48p. – report also included in: Annual Report on the Health Conditions of the Maltese Islands and on the Work of the Medical and Health Department for the year 1937. Government Printing Office: Malta, 1939, App. MA, p.104-127). 109

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Felice, Donald
Born 15/7/1949; Qualified MD [Malta, 1973]; MRCOG [UK, 1979]; FRCOG [UK, 1994]; Career: joined Medical & Health Services in 1992 as Consultant and Lecturer, eventually Senior Lecturer, in the Government Health Services and University respectively.

Formosa, Mark
Born 27/2/1960; Qualified MD [Malta, 1984]; MRCOG [UK, 1990]; FRCOG [UK, 2003]; M.Phil [Malta, 2005]; Career: joined Medical & Health services in 1984, subsequently appointed Consultant and Lecturer in the Government Health Services and University respectively.

Galea, Raymond

Gatt, Alfred

Gavourin, Brian Alan
Qualified MB BS, FRCS, MRCOG [UK, 1955], FRCOG [UK, 1969]. Career: Stationed in Malta as Gynaecologist in the Mtarfa Royal Naval Hospital (Col. RAMC) during 1964-1966; member of the OSJ.100

**PERSONALITIES**

**Grech, Edwin S**

Born: 27/09/1928. Qualified B Pharm [Malta]; MD [Malta, 1955]; MRCOG [U.K., 1963]; FRCOG [U.K., 1971]; ChM [Makerere, 1973]. Career: appointed Professor of Midwifery and Gynaecology (1979-1987); had previously held the post of Professor of Midwifery and Gynaecology at the University of Zambia [1973-1977] – joined the Government Health Service as Senior Consultant and Professor of Obstetrics and Gynaecology at St. Luke’s Hospital and the University of Malta in 1977. He also served as Dean to the Faculty of Medicine and Surgery of the University [1979-1986]. Published over 70 scientific papers in the speciality and was a member of a number of international associations. Served also as consultant and advisor in maternal and child health for the WHO and as director for the WHO Collaborative Centre for Clinical research in Human Reproduction. He was the recipient of a number of academic awards including the Medal of Honour [1986] from the University of Kosice, former Czechoslovakia; and a Resolution of Tribute [1988] from the senate of the State of Michigan, U.S.A. Also made Professor Emeritus of the University of Malta [2008]. Has been active also in the political sphere being elected to parliament in 1992 and 1996 representing the Malta Labour Party; served as Minister for Social Welfare [1996-1997].

**Grech, Salvatore**

Born: Cospicua, 1859; died: 11/01/1909. Qualified MD [Malta, 1880]; Fellow of the Obstetrical Society of London [1903]. Career: appointed Professor of Midwifery (1904-09); Teacher in Practical Midwifery (1904-09) – 9/1/1900 joined Government Colonial Service as Junior Visiting Surgeon at the Central Hospital; 1/3/1904 appointed Accoucher and...

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\textbf{Grima, Michel'Angiolo}

\textit{Born} Valletta (Malta) 15/09/1729 \textit{died} Valletta (Malta) 25/08/1798; \textit{Education:} possibly attended \textit{Collegio Melitensis} and c.1741/43-1750 the \textit{Sacra Infermeria} School of Anatomy in Valletta (Malta) being taught by Gabriele Henin and J.B. Lhoste; 10/05/1750 proceeded abroad at the expense of the Order to Santa Maria Nuova in Florence (Italy) to obtain his doctorate in medicine and philosophy from the University of Pisa (1754), and approved as surgeon (1758). 22/06/1758 the Order’s Council granted him permission to spend 3 years in Paris [AOM 652, f.250v]. \textit{Career:} 1754 served as Dissector at the Hospital of Santa Maria Nuova (Florence); 1760-1762 served as Surgeon to the French Army at Cassal during the Seven Years War; 26/09/1763 appointed Chief Surgeon at the \textit{Sacra Infermeria}; 27/11/1763 appointed Lecturer in Anatomy and Surgery in the School of Anatomy and Surgery at the \textit{Sacra Infermeria}; 20/05/1771 nominated Lecturer in Anatomy and Surgery at the \textit{Collegio Medico} and \textit{Principe dell’Accademia dei Medici}; continued his duties until his retirement in 02/04/1797. Michel’Angiolo Grima was to re-establish the \textit{Sacra Infermeria} School of Anatomy and Surgery after its period of decline. He also practised surgery at the \textit{Sacra Infermeria} being a very adept surgeon, particularly in the field of traumatic surgery. He published extensively before and after his return to Malta.\footnote{Savona-Ventura C, Buttigieg G.G.
\textit{Michel'Angiolo Grima. The man and his times [1729-1798].} Association of Surgeons of Malta, 2008, +8p.}
PERSONALITIES

Lawson, John Bateman
Qualified MA, MB, BChir, FRCS (Glas), MRCOG [UK, 1952], FRCOG [UK, 1960]. Career: Consultant at Newcastle General and Princess Mary Maternity Hospital at Newcastle upon Tyne. Active in the administrative committees of the Royal College of Obstetricians and Gynaecologists serving on several committees. Served as Vice-President to the RCOG 1987-1989.114

Micallef, Saverio (Xavier)
Trained in surgery and midwifery in Paris (1778-82). Career: appointed Professore delle operazioni chirurgiche e dell’arte ostetrica (1782-98); in 1780 listed as “chirurgo”; employed as “primo pratico” or “chirurgo principale” in the Sacra Infermeria and “chirurgo ordinario” in the Casette delle Donne (1786-98); known to have taught obstetrics on a model similar to that of the School of Cosmos in Paris; on 7/2/1799 appointed member of the Council of Health.115

Micallef Hawkes, Lucia

Montanaro Gauci, Adrian Neville

114 RCOG, 1991: op. cit., p.64
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Pisani, Salvatore Luigi

Born: Vittoriosa, 27/05/1828; died: Zejtun, 27/10/1908. Qualified MD [Malta, 1850]; MD awarded Gold Medal [Edinburgh, 1853]; LRCP [UK, 1853]; DMid [Edinburgh, 1853]. Career: appointed Professor of Midwifery (1858-69); Lecturer in Midwifery (1870-1885) – Pisani had a very distinguished career. In 1854 volunteered to serve as surgeon with British Army during Crimean War and worked with Florence Nightingale; returned to Malta 1855 and continued to serve as medical officer in British Army until 1856; 9/3/1858 joined the Government Colonial Service; 1/5/1867 appointed Senior Surgeon and Accoucher at the Central Hospital; 1/12/1870 appointed Lecturer in Midwifery; 17/9/1885 appointed to the post of Chief Government Medical Officer, retired 30/10/1901; academically he served as Professor of Anatomy and Histology (1859-76), Professor of Midwifery (1859-69), Lecturer in Midwifery (1870-1885) and Professor of Surgery (1869-85). Published a number of treatises including Ktieb il qabla [P. Debono: Malta, 1883, +105p.]; Twissijiet fuq il mard tal-kollra [Malta, 1885]; Fuq il mard tat-tfal u kif nilghulu [Malta, 1885]; Report on the Cholera Epidemic in the year 1887 [Malta, 1888]; also initiated the series of annual public health reports in 1896; delivered the university graduation orations in 1863 and 1876 [lecture titles not known]. Pisani was also a renowned numismatic and art collector publishing Medagliere di Malta e Gozo dall’epoca Fenicia all’attuale Regnante S.M. La Regina Vittoria [Malta, 1896] and bequeathed his coin and medal collection to the National Museum in 1899. Appointed Companion of the Most Distinguished Order of St. Michael and St. George [CMG] by Queen Victoria [1895]. Sir James Young Simpson, who lectured Pisani in Edinburgh, wrote that Pisani “was an honour to his country and that Malta might well be proud of being the birthplace of Salvatore Luigi Pisani.”

**PERSONALITIES**

**Portelli Carbono, Alphonse**

*Born:* 1863; *died:* 10/08/1932. *Qualified:* MD [Malta, 1883], LM [Dublin, 1893]. *Education:* University of Malta followed by postgraduate studies in midwifery at the Rotunda Hospital of Dublin, Ireland. *Career:* 2/8/1884 joined the Colonial Government Services as District Medical Officer for Valletta, 1/4/1903 appointed Junior non-resident Physician at the Central Hospital; subsequently appointed visiting physician at the Central Civil Hospital and the Infectious Disease Hospital; acting accoucher and gynaecologist at the Central Civil Hospital; Member of the Lunatic Asylum Board and the Prison Visitor’s Board; district medical and sanitary officer. *Achievements:* published *Acute Yellow Atrophy of the Liver in pregnancy* [Dublin, 1893]; was the first to use rock-oil treatment and to introduce diphtheria anti-toxin treatment in Malta [1895]; referred children bitten by rabid dogs for treatment by Louis Pasteur in Paris; during World War I appointed physician to the French Navy and awarded Légion d’Honneur.117

**Savona-Ventura, Charles**


appointed Senior Registrar in 1985 and Consultant in 1998; joined University of Malta being appointed assistant lecturer in obstetrics & gynaecology in the Faculty of Medicine and Surgery in 1981 and lecturer in midwifery in the Institute of Health Care in 1997, subsequently appointed senior lecturer in 1999 and associate professor in 2004; appointed Head of the Department of Obstetrics and Gynaecology in the Faculty of Medicine and Surgery in 2008. Published a significant number of scientific papers with special emphasis on socio-reproductive epidemiology and gestational diabetes, and is a member of a number of international associations; has also written extensively on medical history and natural sciences. 118

Schembri, Giuseppe Batta

Died: 02/01/1904. Qualified MD [Malta, 1862]; appointed Professor of Midwifery (1880-1904); Teacher in Midwifery (1885-1904) – Career: 1/10/1864 joined the Government Colonial Service as Medical Officer and Assistant Superintendent at the Malta Ospizio serving also as the Hospital’s Clerk; 1/10/1880 appointed Professor of Midwifery; 17/9/1885 appointed Accoucher and Teacher of Midwifery at the Central Hospital; served as Member of the Professional Board of the Lunatic Asylum and Member of the Medical Board. Published a number of treatises including Prima Operazione Cesarea Madre e Bambino Vivi [Rivista di Ostetricia e Ginecologia, Torino, 1891] and the first laparotomy for ovarian cyst – Due Casi di Sezione addominale seguiti da guarigione [Rivista di Ostetricia e Ginecologia, Torino, 1891], another abdominal operation was performed in November 1902; published midwifery lectures notes in English and Maltese for use by midwives – The Midwife’s Guide Book [Government Printing Office: Malta, 1896, +111p.]; Taghlim ghal l-Istudenti ta’ l-Iscola tal-

PERSONALITIES

Kwiebel ta’ l-Ispatar Centrali [Government Printing Office: Malta, 1897, +114p.]; was responsible for the Regulations pertaining to midwifery practice published in 1899; delivered the university graduation oration in 1883 [lecture title not known]. In 1881 commissioned a set of eight paintings showing oriental costumes from Giuseppe Calì.119

Silva, Liyanne J.P.

Qualified MB BS; MRCOG [U.K., 1978]; FRCOG [UK, 1990]; D.Sc. Career: joined Medical & Health services in the 1980s, eventually proceeded overseas to take a consultant post in King Fahad Hospital, Saudi Arabia.120

Stilon De Piro, Vittore

Born: Valletta, 11/11/1898; died: 25/09/1952. Qualified MD [Malta, 1922]. Career: appointed Professor of Midwifery and Gynaecology [1951-52] - joined the Government Health Service in 1929 as assistant to Prof. G. Debono, then junior Accoucher and gynaecologist in 1930; and in 1951 was appointed Senior Consultant Accoucher and gynaecologist. During his postgraduate training in Rome, he took part in scientific researches on the “Premature detachment of placenta in the rabbit” in conjunction with Prof. Bompiani, the results of the work being presented in the XXVI congress of the Society of Obstetrics and Gynaecology held in Rome. Also co-authored Clinical
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Van Assche, Frans André
Qualified MD, PhD, FRCOG [UK, 1990]. Career: Professor and Chairman in Obstetrics and Gynaecology at the University Hospital Gasthuisberg, Leuven, Belgium. Also served as Secretary General of the European Board and College of Obstetrics and Gynaecology; awarded a Honorary Fellowship to the Malta College of Obstetricians and Gynaecologists in 2008.

Vella Bondin, Mary

Ventura, Angelo (Angiolo)
Died: after 1808. Education: probably received his training as barber surgeon at the Sacra Infermeria. Career: 1778 employed as a surgeon at

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122 RCOG, 1991: op. cit., p.19
the Sacra Infermeria and chief surgeon at the Casette delle Donne; 1797-1798 appointed chief surgeon at the Sacra Infermeria; 1.x.1798-1800 transferred as Senior Surgeon to the newly organized Hôpital Civil receiving an annual salary of 480 scudi and eventually 1800—[still practising in 1805] at the Man’s Civil Hospital at Valletta. In 1790 was sent to Licata to attend the daughter-in-law of Baron Frangipani Celestri; 1792 carried out post-mortem and embalming of the Venetian hero Angelo Emo; known to have cared for a number of sick knights and also attended Grandmaster de Rohan in 1794. 124

Xuereb, George P.  
Qualified PhC [Malta, 1942]; BSc [Malta, 1944]; MD [Malta, 1946]; BSc [Oxan, 1953]; DCP [U.K., 1949]; FCPath [U.K., 1963]; DLitt [Malta, 1992].  
Career: joined the Government Health Service as Senior Consultant and Professor of Pathology at St. Luke’s Hospital and the University of Malta in 1953. He also served as Dean to the Faculty of Medicine and Surgery


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of the University, and Co-ordinator of Clinical Studies for the period 1977-1979 – the actual obstetrics and gynaecology teaching was done by Prof. E.S. Grech. Appointed University Rector in 1982.125

**Zammit, Oscar**


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125 C. Savona-Ventura, C. Borg Galea, 2007: op. cit., p.46
The Faculty of Medicine and Surgery of the University of Malta has a number of historical items pertaining to the teaching or practice of obstetrics and gynaecology. These are held in the Faculty collections in the Anatomy Department at the University and the Medical School at Mater Dei University Hospital.

Teaching aids

The use of anatomical teaching aids in the Faculty of Medicine and Surgery in Malta dates to 1766 when a series of nineteen anatomical models were donated to the Faculty by Anthony Mayer. The subject matter of these models is not registered. A definite obstetric anatomical model was brought from Bologna to Malta by Dr. G.A. Creni who in 1772 proposed to initiate the formal teaching of the theory and practice of midwifery. The fate of this model is not known and has presumable suffered from the ravages of time.

The Anatomy Department currently holds a series of papier-mâché anatomical models to aid obstetric and gynaecological teaching. These

127 National Malta Library: Libro decreti delle Veneranda Camera del Tesoro. AOM 649, 1766-1769, fol.cclxxii
models were most likely produced by the Auzoux Establishment which was established in Paris by Dr. L.T.J. Auzoux [1797-1880] in 1825 and continues to this day. Further models included a wax dissection of the new-born child and a series of models depicting abnormal pelvises. 129 These latter items were produced by Maison Tramond – N. Rouppert which was established in the mid-19th century and continued production until its assimilation in 1926 with the Auzoux Establishment. These models were purchased by the University in 1857 and originally included “a series of models of the Development of the human ovum, in papier-mâché, magnified in size from the first day to the end of the first month, from which period to the end of gestation, the Fetus, the uterus, and their appendages are represented in their natural magnitude. There is likewise a collection of abnormal forms of the Basin”. 130 An artificial body for use by the female students of midwifery was purchased in 1885. 131 The fate of this model is not known.

Obstetric Instruments

The Faculty has a series of obstetric and gynaecological instruments donated by various individuals or institutions. The majority of these date to the twentieth century, though a series of nineteenth century instruments were donated by the Wellcome Medical History Museum of London in the 1970s 132; while other 20th century items were donated by other individuals. The various obstetric instruments in the collection may be broadly subdivided into: A. Investigative; and B. Interventionist.

129 Originally this group was composed of nine models. At present, the Anatomy Department museum still holds five examples (labelled nos. 6, 10, 13, 19, and 20) one of which (no.19) is marked as produced by Tramond – N. Rouppert of Paris.
131 First supplementary Estimates of the Expenditure…. for the year 1885. Malta Government Gazette, 10th June 1885, 3083:p.224
132 Prof. V.G. Griffiths in lit.
**Papier-mâché anatomical models**

- a. Non-pregnant uterus and ovaries
- b. Tubal ectopic pregnancy
- c. Ovarian ectopic pregnancy
- d. Early 2nd trimester intrauterine pregnancy
- e. Late 2nd trimester pregnancy
- f. 3rd trimester pregnancy
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Foetal skeleton
Wax anatomical model - Dissection of the newborn
Plaster model of pelvis
Investigative

The French obstetrician Marsac is credited with having used immediate auscultation of the fetal heart in the late 17th century, the method being rediscovered by the Swiss physician Francois Mayor in 1818 while attempting to hear fetal movements in utero. The use of the stethoscope to auscultate fetal heart sounds was described by René Laennec’s pupil Jacques Alexandre Le Jumeau in 1821 who believed that the moving fetus would make a splashing noise in utero. Applying the stethoscope to the abdomen allowed Le Jumeau to hear the rapid beat of the fetal heart referred to as “double pulsation”. Eventually fetal auscultation became established throughout Europe during the 1840s and 1850s. The bradycardia associated with fetal distress in labour was noted as early as 1833 by Evory Kennedy. In Malta, fetal auscultation appears to have been used to confirm an intra-abdominal pregnancy by Prof. S Arpa in 1843, though reference was also made to direct questioning of the mother for presence of fetal movements. By 1883, midwives were being instructed by Prof. S.L. Pisani in the use of the fetal stethoscope. The fetal stethoscopes held by the Medical School Museum include specimens originally designed by John Creery Ferguson and Adolphe Pinard. Phonocardiography was invented in the early 1880s; however electronic fetal monitoring during labour was initially introduced in the Maltese government maternity service in 1974; however it was only routinely accepted as a tool during labour in 1981 after a number of Corometrics Medical System Packard fetal monitors were purchased by the authorities for use at the new Karin Grech Hospital. Prior to that, only one monitor was available.

The passage of meconium and its relationship to fetal anoxia was noted as early as 1858 by Schwartz who considered that the presence of

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133 S. Arpa: Di un caso particolare di gravidanza extra-uterina [G. Camilleri & Co.: Malta, 1843, p.14
134 S.L. Pisani: Ktib il qabla. Debono, Malta, 1883, p.26-27
135 E.A. Agius: Prof. Arthur P. Camilleri MD DCH FRCOG. The Times (Malta), 15th February 1995, p.29
meconium in liquor was evidence of a reduction in placental activity and fetal distress or death. Fetal scalp blood sampling to determine the umbilical cord pH was introduced in the 1960s. In Malta, amnioscopy to determine the presence of meconium in liquor antenatally and fetal scalp sampling was introduced in 1974. Specimens of amnioscopes from the 1980s are available in the Medical History Museum. Clinical examination of the bony pelvis was being advocated in Malta by 1953 when it was suggested that “…preferably every married woman should have a thorough examination, including … the bony structure of the pelvis.” To assist this external pelvimetry, use was made of the Martin’s pelvimeter. Prof. O Zammit in 1953 advised against the use of external pelvimetry and advocated internal examination to assess the true pelvis.

Interventionist

The use of obstetric aids to achieve an obstructed delivery in the Maltese Islands dates to the 18th century. The early 19th century midwifery tutor Dr. Francesco Buttigieg mentions a number of interventionist instruments in his lecture notes dated 1804. The various instruments designed to aid delivery in the presence of an obstructed labour can be subdivided into: 1. Destructive; 2. Corrective; and 2: Traction. Some instruments may have multiple functions.

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136 E.A. Agius, 1995: op. cit, p.29
137 J. Galea: Report on the health condition of the Maltese Islands and on the work of the Medical and Health Department for the year 1953. Government printing office, Malta, 1954.
1: Destructive or Embryotomy instruments

There have been a long history with instruments being mentioned by the Classical authors. Destructive surgery on the fetus to facilitate delivery involved either craniotomy operations with perforation and extraction of the head of the fetus, or embryotomy operations involving the mutilation of the body of the fetus to reduce its size to permit delivery.140

Extraction of an impacted fetus from the uterus by division of the baby’s body was successfully attempted in the Casetta delle Donne in Valletta.141 Specific mention of the various forms of embryotomy instruments was made by Dr Buttigieg in 1804. He includes Levret hooks that could be sheathed, the tire-tete of Mauriceau for the extraction of the fetal head after craniotomy, the trocar to empty the cranium and the abdomen of the baby, the perforator, and the toothed forceps.142

Embryotomy procedures were apparently still performed towards the end of the nineteenth century. Dr GF Inglett in 1880 preferred Caesarean section which could result in happy outcome to both mother and child to methods such as craniotomy and embryotomy which invariably killed the child. He makes specific mention of the craniotome (perforator), cranioclast, and cephalotribe.143 Prof SL Pisani in reference to Caesarean section in the live woman in his lecture notes to midwives in 1883 also mentioned that the operation could be performed by the medical

140 Several specimens of 19th century cranial perforators [Rigby’s, Smellie’s, Oldham’s, Simpson’s, and Denman’s patterns] and craniotomy forceps [Braun’s, Hoknes’ Simpson’s, and Conquest’s patterns] are held by the Medical School Old Instruments Collection, these having been donated by Wellcome Medical History Museum of London. The 20th century Godson’s perforator came from the St. Luke’s Hospital old instrument collection.

141 National Malta Library [NML]: Ms.1146, vol 7, fol 236; as reported by P. Cassar, 1964: op. cit., p. 143

142 S. Bardon, 1804: op. cit.

143 G.F. Inglett: L’aborto ostetrico nel suoi rapporti colla medicina e colla morale catolica. A. Paglinsevich, Malta, 1880.
practitioner in cases of severe contraction of the pelvis ‘when delivery could not occur without cutting up the baby’. He also made reference to the possible need of embryotomy in cases of impacted breech deliveries. A case requiring embryotomy managed in 1891 was described by Dr. Giovanni Gulia. The case was one of prolonged labour and difficulty in delivering the child using forceps. The dystocia was caused by an enlarged fetal liver. Embryotomy was resorted to after the death of the child. The 38-year-old mother died subsequently from puerperal sepsis.

These embryotomy procedures slowly fell into disuse so that in 1938 it was noted that the indications for destructive operations at the Central Hospital in Malta were rapidly disappearing, being performed only on a dead fetus. During that year there were out of 354 deliveries, six destructive procedures. Craniotomy was performed twice on obstructive brow presentation, once on hydrocephalus, and once on obstructed labour due to juxta-minor pelvis and tetanus uteri in a neglected case of shoulder presentation. Craniotomy with cleidectomy was performed twice on macrosomic foetuses. In 1951 craniotomy was performed once in the Central Hospital in Malta. In recent decades, cranial perforation was performed to drain the hydrocephalic head.

2: Corrective instruments

Various manoeuvres were attempted to assist the rotation of the fetal head within the maternal pelvic canal to attempt achieve delivery. The

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144 S.L. Pisani, 1883: op. cit., p.92,105
147 Report on the health conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1951. Government Printing office, Malta, 1953, p.92-93
**Traction-rotational instruments**

- a: Lownde’s vectis
- b: Lever’s vectis
- c: Whalebone fillet
- d: Malmstrom ventouse cup
- e: Naegel’s traction forceps
- f: Kiellands rotational forceps
- g: Neville Barnes Axis traction forceps
- h: Milne Murray traction forceps

**Investigative instruments**

- a: Amnioscopy set
- b: Martin’s Pelvimeter
- c: Lorand Tocometer
- d: Pinard’s fetal monaural stethoscope
- e: Ferguson’s monaural stethoscope
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Destructive instruments
a: Holmes’ craniotomy forceps
b: Braun’s craniotomy forceps
c: Murphy’s craniotomy forceps
d: Conquest’s craniotomy forceps
e: Denman’s perforator
f: Oldham’s perforator
g: Rigby’s perforator
h: Simpson’s perforator
i: Smellie’s perforator
j: Godson’s perforator

Midwifery hooks and crochets
a: Oldham’s Spine Hook
b: Midwifery Crotchet
c: Barnes’ Midwifery Hook
d: Blunt Hook & Crotchet [combined]
e: Hook & Crotchet [interchangeable handle]
commonest aid is obviously the operator’s fingers and hand. However a number of instruments were designed to assist rotation.

The Vectis, tractor or lever was a long narrow steel instrument with a handle at one end and a triangular shaped blade with a cephalic curve at the other. This single blade forceps was described in Holland in 1753 by Rogier van Roonhuyse. Dr Buttigieg in 1804 was full of praise for the instrument which he ascribed to Van Roonhuyse and describes its use. “The lever is made of box-wood and has a curved extremity...He then pulls out the lever secretly from his sleeve and introduces its curved extremity inside the vagina pushing it up between the pubic bones and occiput of the fetus. Then he lifts the other end of the instrument until it reaches the union of the pubic bones, moves it forward, backward and laterally to free the head and allow its descent naturally.” The lever was also recommended in the various forms of face presentations when manual correction proved ineffective. By the end of the 19th century, the vectis had fallen out of favour with most obstetricians.

Another popular rotational obstetric instrument was designed by Christian Kielland who first demonstrated his rotational forceps in Copenhagen in 1910 while a full description was published in 1916. In Malta, these forceps were introduced by Dr. (later Prof.) J Ellul in 1929 to the Camera Medica by a paper entitled “Il Forcipe Kjelland”.

Another obstetric tool that assists with the rotation and traction of fetal head is the vacuum extractor or ventouse. This instrument was first reported by J. Yonge in 1704, but it was only in 1953 when T Malmstrom presented the first version of his vacuum extractor that a functional

148 S. Bardon, 1804: op. cit.
149 Two specimens Lever’s pattern and Lounde’s pattern - are found in the Medical School Old Instruments Collection, these having been donated by the Wellcome Medical History Museum of London.
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instrument became available. This extractor was subsequently modified and improved by Malmstrom in 1957 and it was this form that became popular. A further modification to the instrument was introduced by Geoffrey Bird in 1969. The Malmstrom extractor was introduced in St. Luke’s Hospital, Malta in March 1966 and slowly gained in popularity so that by 1968, 74 infants were born by ventouse accounting for 54.8% of operative vaginal deliveries. The ventouse extractor became unavailable at St. Luke’s Hospital during late 1977 and 1978. In 1980 it accounted for 3.0% of all deliveries occurring in the hospital, while the forceps accounted for 1.9%. There has been a steady move towards resorting to the ventouse assisted delivery in preference to the use of the obstetric forceps. The national operative vaginal delivery rates in 1996-1998 amounted to 3.2% of all deliveries of which forceps deliveries accounted for 0.5% while ventouse deliveries accounted for 3.1%.

3: Traction

To achieve delivery in cases of obstructed labour, the obstetrician was occasionally required to exert traction. The simplest traction instrument was the fillet composed of a bandage that was cast around the limbs or the head of the child. It was made of a strong but very pliant material so as not to injure the infant’s skin. Muslin, linen or soft leather was often employed. Dr. Buttigieg in 1804 described the fillet or lack as a cord

151 Malta Hospital Archives [MHA]: Register of Deliveries in Labour Ward: St. Luke’s Hospital, Malta, Books encompassing period 10 March 1966 to 5 April 1968, 8vols. labelled No.36-43
154 A specimen of a Whalebone fillet is available in the Medical School Old Instruments Collection, this having been donated by the Wellcome Medical History Museum of London. Used for extracting the head, this fillet had fallen in disuse by 1888 though it was still being used in England especially by general practitioners.
or ribbon-like loop used for tying the baby’s feet in breech presentations to enable the application of traction.\(^\text{155}\) This application continued well into the twentieth century, when at St. Luke’s Hospital the application of a fillet to apply traction on the leg after internal version was reportedly used four times in 1951-52.\(^\text{156}\) The application of traction onto the fillet was sometimes applied for a prolonged period of time in cases of placenta praevia and other situations where labour required augmentation.\(^\text{157}\)

The blunt hook, like the fillet, was much employed in ancient times in conjunction with embryotomy instruments. Its use was however restricted in the 19th century to breech presentations. The fillet was often recommended as a substitute to the blunt hook, since it was considered less likely to cause injury to the groin.\(^\text{158}\) Dr. Buttigieg in 1804 apparently preferred the fillet in these circumstances since his list of instruments only included the sharp-edged hook of Levret used for embryotomy procedures.\(^\text{159}\) In 1938 at least one case of an impacted breech with extended legs was delivered by hook traction in the groin after failure of manual delivery. The hook was also at least in one case used to help delivery of the shoulders.\(^\text{160}\)

After the sixteenth century there was a gradual and progressive move towards the development of instruments designed to augment the forces of uterine action in the second stage using traction onto the presenting fetal parts with the aim of delivering a live child. The initial popularity

\(^\text{155}\) S. Bardon, 1804: op. cit.
\(^\text{158}\) Specimens of 19th century the hooks and crochets are available in the Medical School Old Instruments Collection, these having been donated by the Wellcome Medical History Museum of London. An early 20th century specimen in the same collection was used in St. Luke’s Hospital.
\(^\text{159}\) S. Bardon, 1804: op. cit.
\(^\text{160}\) J. Ellul, 1939: op. cit., p.119,122
of these instruments varied from obstetrician to another but by the nineteenth century they had become clearly established tools in the obstetrician’s armamentarium. The Maltese doctor Giuseppe DeMarco in about 1742 is known to have assisted at a demonstration of the use of the forceps given by André Levret to the Paris Academy. The Maltese surgeon Michelangelo Grima is known to have had a Levret forceps in his possession at the time of his death in 1798. By 1804, the surgeon Dr. F. Buttigieg, M.A. Grima’s brother-in-law, in his clinical teaching included the use of the forceps described by Levret and William Smellie of England (1697-1763), but apparently preferred the older vectis.

Juan Mamo in his publication of 1939 depicting old midwifery plates includes diagrams showing the application of forceps. By 1938, forceps applications were attempted in 34 deliveries at the Central Hospital in Malta with a high perinatal mortality rate (14 stillbirths). There were no maternal deaths, though six patients had puerperal sepsis. Forceps were applied for a variety of reasons which included prolonged labour or secondary inertia with fetal distress (7 cases), arrest of the head or face on the perineum (7 cases), persistent occipito-posterior position (7 cases), juxta-minor pelvis (5 cases), progressive maternal distress (3 cases), antepartum haemorrhage, pyelonephritis, eclampsia (6 cases), prolapse hand (1 case), and brow presentation (1 case). The majority of applications were low cavity forceps with only one case being high cavity and seven cases middle cavity. Forceps applications were

161 Several specimens of 20th century obstetric forceps, including the Kiellands forceps, the Neville-Barnes and the Milne-Murray Axis-traction forceps, are held by the Medical School Old Instruments Collection, these having been donated by various Maltese doctors.
163 Notarial Archives, Valletta: Testamento Ma/51/690; P. Cassar. The Surgeon Michel Angelo Grima. L-Ospedalier, 2000, p.43-46
164 S. Bardon, 1804: op. cit
apparently not limited to hospital deliveries but were also used for domiciliary confinements sometimes being responsible for uterine rupture. The majority of cases in which premature application of forceps at home failed were delivered spontaneously or by application of low forceps after a period of rest and sedation in the hospital. One was delivered after internal version. Six of these patients developed puerperal sepsis, while five of them had severe genital lacerations. There were three maternal deaths in the hospital following failed forceps at home.\textsuperscript{166} In 1951 there were 59 deliveries performed in the hospital using forceps.\textsuperscript{167} The use of the forceps to assist delivery has steadily decreased in the last decades. In 2007, in a total number of 3898 births, the forceps was used in only 15 cases [0.4\%] while the ventouse tractor was used in 136 deliveries [3.5\%].\textsuperscript{168}

\textsuperscript{166} J. Ellul, 1939: op. cit.
\textsuperscript{167} Report……1951: op. cit.
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THE FOURTEENTH CENTURY SURGEON GUY DE CHAULIAC IN HIS 1363 BOOK INVENTARIUM SIVE CHIRURGIA MAGNA ACKNOWLEDGED THE DEBT HE OWEV TO HIS PREDECESSORS SAYING THAT "WE ARE LIKE CHILDREN STANDING ON THE SHOULDERS OF A GIANT, FOR WE CAN SEE ALL THAT THE GIANT CAN SEE, AND A LITTLE MORE". NO BRANCH IN MEDICINE CAN CLAIM A LONGER HISTORY THAN THE ART OF MIDWIFERY. HOWEVER, TRUE ADVANCEMENT IN THIS SPECIALITY OCCURRED DURING THE EIGHTEENTH CENTURY WHICH SAW THE INTRODUCTION OF THE FORMAL TEACHING OF MIDWIFERY BOTH TO FEMALE MIDWIVES AND TO MALE PRACTITIONERS. THIS ALLOWED FOR A BETTER UNDERSTANDING OF THE MECHANICS INVOLVED WITH DELIVERY AND THE DEVELOPMENT OF SPECIALISED INSTRUMENTS TO FACILITATE DIFFICULT LABOURS. IT ALSO ALLOWED THE EVENTUAL DEVELOPMENT OF THE CONCEPT OF ANTENATAL CARE AND AN INCREASED ATTENTION TO THE DEVELOPING FOETOUS, WITH THE DEVELOPMENT OF INVESTIGATIVE MEASURES TO ASSESS FOETAL WELL-BEING. ON THE LOCAL SCENE, ONE MUST PAY TRIBUTE TO THE PIONEER EIGHTEENTH AND NINETEENTH CENTURY PHYSICIANS WHO STROVE TO UPGRADE THE EDUCATION OF MIDWIVES AND TRAINEE PHYSICIANS. THEIR EFFORTS HAVE ENSURED THE CONTINUING PROCESS OF REDUCING THE OBSTETRIC RISKS TO BOTH MOTHER AND CHILD. THIS WORK REVIEWS THE EDUCATIONAL PROCESS THAT HAS INFLUENCED THE DEVELOPMENT OF MIDWIFERY ON THE MALTESE ISLANDS. IT ACKNOWLEDGES THE CONTRIBUTIONS MADE BY CONCERNED LOCAL PROFESSIONALS TOWARDS CHANGING MIDWIFERY CARE FROM ITS TRADITIONAL BIRTH ATTENDANT STANCE TO A PROFESSIONAL LEVEL OF CARE.