

The Left Atrium

hospital at Ste-Anne-de-Bellevue. After interviewing me, the director general of treatment services told the chief of the medical service that he could hire me if he wanted to, but any young doctor who would take this job must be sadly lacking in ambition.

We were able to develop an active rehabilitation and treatment program, including training of residents and some research. I thought it could be

used for teaching medical students and spoke to the dean of medicine at McGill. He replied, "Listen, Bayne, if we *ever* wanted to teach geriatrics, we would admit a patient to our teaching hospital beds and teach it there."

Thus I found myself back at the beginning.

Since then, of course, every medical school has developed a program in geriatrics, and geriatric medicine is a recog-

nized medical specialty. Elderly people receive excellent medical and surgical treatment and rehabilitation. But still, we hear grumblings about them blocking beds, using too many drugs and costing the system too much. But who could wish back the efficiencies of the past, at the price of moral bankruptcy?

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Past progressive

The Soranus score

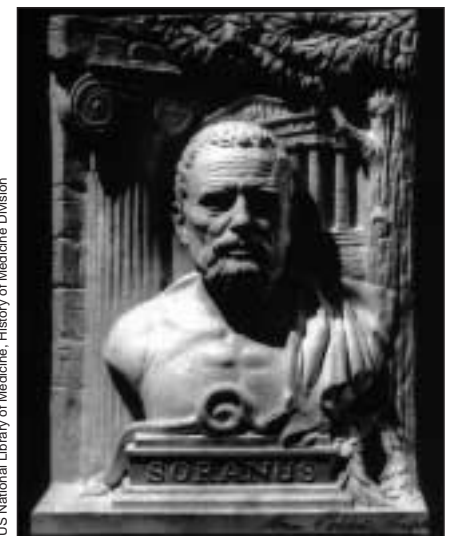
In the second century AD, Soranus of Ephesus described a method of assessing the health status of newborns that very much resembles today's Apgar score. Soranus studied in Alexandria and eventually moved to Rome, where he practised medicine. He authored close to 20 works on topics ranging from internal medicine and surgery to the nature of the soul.

In his influential treatise on gynecology,¹ part of which has survived in the original Greek, Soranus devoted an entire section to the care of newborns. He begins with instructions on "How to recognize the newborn that is worth rearing." He suggests to midwives that the following characteristics are indicative of a worthy infant: "its mother has

spent the period of pregnancy in good health ... it has been born at the due time, best at the end of nine months ... when put on the earth it immediately cries with proper vigor ... it is perfect in all its parts, members and senses ... its ducts, namely of the ears, nose, pharynx, urethra, anus are free from obstruction ... [and] the natural functions of every member are neither sluggish nor weak." Finally, Soranus pointed out that the joints should bend and stretch, and that the newborn should be of "due size and shape" and "properly sensitive in every respect" (which could be tested by pricking or squeezing).

Both Soranus' assessment and the Apgar score recommend the evaluation of muscle tone, reflex or irritability and respiratory effort.

Soranus, however, does not specifically mention heart rate or colour of the newborn as prognostic factors. Of greater importance, though, is the fact that these evaluations had different objectives. The Apgar score is used as a reflection of the condition of the neonate. Soranus' assessment was used to determine whether the



Soranus of Ephesus (died *circa* AD 129)

newborn should be accepted or rejected. Acceptance was symbolized by the paterfamilias picking up the newborn from the earth where the midwife had placed it. Rejection meant that the family would not raise the child and could legally dispose of the baby in a number of ways.

References

1. Owsei T. *Soranus' gynecology*. Baltimore: Johns Hopkins University Press; 1956.
2. Apgar V. A proposal for a new method of evaluation of the newborn infant. *Curr Res Anesth Analg* 1953;32:260-7.

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Virginia Apgar (1909-1974)