

[I.]

REPORT ON OBSTETRICS.

TO THE STATE MEDICAL SOCIETY:

GENTLEMEN—Your Committee on Obstetrics respectfully report:

In contemplating the progress and improvements in this department of Surgical literature, your committee almost involuntarily found their minds turned in the retrospect to the origin of the art.

The science of Obstetrics must have had an existence commensurate with the first family; and at this day, it is one of the most important branches in medicine, comprehending all that is known, and all that concerns the reproduction of our species.

In the first history of the healing art, as far as we have been able to discover in ancient medical literature, females were intrusted with the care and management of women in their accouchements.

After men began to study anatomy, and became a little acquainted with the anatomical peculiarities and structure of the female pelvis, the necessary and proper evolutions of the fetus, in order to a safe delivery, they often gave directions and sometimes assisted, in cases of difficult labor; but the "wise women" or "sage femmes," as the midwives were designated in those days, were the common attendants on lying-in women.

Rachel, the wife of Jacob, one of the ancient patriarchs, who died in childbed, was attended by one of these "sages;" and Tamor, with her twins, was waited on by one of the same class.

St. Jerome says, "that the *holy virgin* had no sage femme to assist her in her labor; we have no intelligence aside from that authentic account, which is found in the sacred volume, of the transaction of this interesting and very important advent; which says, "that she brought forth her first-born son, and wrapped him in swaddling clothes, and laid him in a manger."

In the time of the Hebrew bondage in Egypt, in the reign of

Pharoah, some 1,600 years before the Christian era, we are informed that this prince issued an edict to the midwives to "destroy all the male children of the Hebrews;" and some authors suppose that he caused directions to be given them as to the manner of dividing the cord, to effect this object; but the prominent command of the King was "to cast them into the river."

Hippocrates, who lived about 400 years before the Christian era, speaks of the *sages femmes* of his day.

Diogenes mentions that the mother of Socrates was a noted *sage femme*.

Aristotle, the younger Pliny, and some other ancient writers on *tokology*, express a wish "that the *sages femmes* might be particularly careful and skillful in the manner of dividing the cord."

If antiquity presents us no renowned *accoucheurs*, it does not prove that the physicians were ignorant of the obstetrical art; for we discover that Hippocrates himself was fully aware of many of the difficulties sometimes to be encountered in delivery. He was aware "that the child could only present itself in the straits by the head, the pelvis, the lower extremities, or the trunk," and "that it was necessary, when the child presented transversely, to turn and get the head; aware of the danger of delivery by the feet, he preferred to bring down the head rather than subject the fetus to a probability of strangulation by pressure on the cord." He also mentions "the arm presentation, of replacing it back into the womb, or amputating it." He also mentions the operation of *embryotomy*; of delivering the placenta, and bandaging the abdomen, etc.

These ideas and suggestions (though some of them imperfect) made in that day, showed clearly that the physicians were not ignorant of the obstetrical art.

It may appear somewhat strange to us, in this day of progress and scientific improvement, to find that the obstetrical art should have remained for so long a period without any noted improvement. It remained nearly as Hippocrates left it, for the space of 2,000 years, though he was followed by a Galen, a Celsus, and many other men of strong minds, learning and medical abilities; yet it remained in this condition until about the middle of the sixteenth century; though many authors had written upon the subject in Egypt, in Arabia, in Germany, and also in Italy, without adding but very few ideas thereto in the way of improvements.

About this time, lying-in wards were opened in the Hotel-Dieu, in the city of Paris, where opportunities were afforded of witnessing all the phenomena of natural and difficult labors, and the diseases of puerperal women; and here, as in the first history of the practice of midwifery, we find the "*sages femmes*" in attendance on lying-in women.

About this epoch in our history, a valuable improvement was made in the science of obstetrics, promulgated by the discoverer, Ambrose Pare, that of *turning* and *delivering* by the feet.

As it was the first that was ever made to the profession, his delineations and directions are so appropriate, that we have taken the liberty of copying a short paragraph from his works, bearing date 1665.—“It is supposed to be a natural and easy birth, when the infant comes forth with his head forward, presently following the flush of waters; and it is more difficult when the infant comes forth with its feet forward; all the other waies are most difficult. Therefore midwives are to be admonished, that as often as they perceive the child to be coming forth none of these waies, but either with its belly, his back forward as it were doubled; or else with its hands stretched out, *that they should turn it and draw it out by the feet*; for the doing thereof if they be not sufficient, let them crave the assistance and advice of some expert Chirurgian.”

Having thus slightly alluded to some of the incidents and early history of the science of obstetrics, permit us, before we proceed to notice any recent improvements, to say one word by way of comparison to the other departments of the profession.

It is a source of great satisfaction to the obstetrician, that in the art of *delivery*, to witness himself in advance of the other accomplishments in the profession of medicine; for in all, and every possible presentation that the fetus may assume in a common ordinary healthy mother, sufficient to mature and develop her child, no one acquainted with the science of obstetrics, as at this day taught and practiced, would say, that such a one could not be delivered.

The scientific knowledge, and dexterous manipulations now in the possession of the art, inspires a confidence that renders defeat herein impossible.

The child may be still, or the mother may die from the effects of the Cæsarian operation, or puerperal fever, yet such after casualties do not in the least deteriorate from the near perfection of the art. The last, and one of the crowning accomplishments in the science, was to find an agent, the soothing power of which would, without injury to the mother, enable her to bring forth her child without perceiving those spasmodic and painful contractions of the abdominal muscles, and uterine apparatus, so essential in the expulsion of the fetus.

This anaesthetic agent has been most happily presented to the profession in the “*etherialized chloroform*,” now universally known, and as extensively used, with an abiding confidence in its perfect utility as well as its safety.

The many thousand experiments, both on the surgical table and lying-in department, go to confirm the above declaration, coupled as they have been by many valuable dissertations, before various medical institutions and particularly before the “*American Medical Association*.”

Dr. Carmichael tells us “that of 80,000 surgical cases and achievements, upon whom it had been used in the city of Edinburgh,

in Scotland, since its discovery, no fatal case had occurred from its use."

Thus qualified in mind, and equipped with matter the accoucheur, in taking his seat by the bedside of his patient, now in the first stage of labor at full term, feels an abiding confidence in the accomplishment of his duty, in the safe delivery of his patient. He contemplates, with anxious solicitude, what *he may have* to encounter; he may have a natural presentation and a quick, hurried delivery, followed by all the favorable symptoms and incidents he might desire; or he may have some of those preternatural presentations, requiring turning as recommended by Pare, and a fooling delivery; or, he may have an extra uterine fetation, with all the unfavorable prognostics connected therewith; or he may have a mal-formed, disproportioned pelvis, through which he has to operate; or a monstrous fetus to take from its mother; or he may find it necessary to use his forceps, his perforator and crotchet in facilitating delivery; or he may have placenta previa and the critical hemorrhage incident thereto; and after delivery he may have hour-glass contraction of the uterus and adhered and retained placenta; yet, under any of those critical conditions, his confidence remains steadfast and unshaken.

How different are our feelings when obliged to encounter the malignant forms of scarlatina; the collapsed stage of cholera; the hectic flush attendant on ulcerated tuberculated lungs; the infantile hydrocephalus, &c., &c.; yet, even in those, it is very gratifying to observe that the profession is making sensible improvements.

Within the last year, a Doctor George Pollock, lecturer on anatomy in the St. George's Hospital, London, delivered a report before the Royal Medical and Chirurgical Society of that city, an abstract of 583 post mortem examinations of the *uterine organs*, made at said hospital from 1841 up to 1850.

It appears from the context that Dr. Pollock or his assistants were in the habit of examining, for nine years, the organs of generation of every woman that died in the hospital, in order to ascertain if there was *any* disease, or morbid development existing at the time of death in any of those generative functions; and, if so, to note it. Of the 583 post mortems, made during the nine years previous to the report, the Doctor says he found 265 in which some *one* or more of the generative organs were morbidly implicated, in some form of diseased action; among those 265 cases where disease was found to exist, there were 39 fibrous tumors in the cavity of the uterus; 26 cases in which cancer existed either in the uterus or its appendages; 29 wherein the form, the size, and position of the uterus was altered. In one case there was an imperforate vagina, which had been operated upon, and death had followed the operation; also one extra uterine fetation, followed by a rupture of the fallopian tube, in which the fetus and placenta had been contained, hemorrhage and death followed; also in one case there was a fistula

between the vagina and rectum. The Doctor found 117 cases among these 265, wherein the *ovaries* were implicated with disease, viz., 51 cystic; 18 cancers; 17 in a morbid congestion; 13 agglutinated to surrounding tissues; and 10 in a state of atrophy.

It does not appear that many of the deaths were occasioned by the diseases found in the uterine appendages.

We highly approve of post mortem examinations, in order to a correct diagnosis of diseased action upon the human system as developed during life; and also admire, as well as approve, of Dr. Pollock's industry and careful labor which he has manifested in his examinations and publications; but, in order to make such developments useful to the profession, we conceive it to be necessary, in all cases, that the train of symptoms, step by step, should be given; and given in connection with a correct history of the case. We conceive that post mortem *appearances only*, without any reference to age, constitution and the *train* of symptoms which point to those appearances during life, are deprived of a great portion of their usefulness.

In the American Journal of Medical Sciences, for April, 1852, we have recorded two or three interesting cases of uterine hemorrhage during pregnancy, by Dr. Young, of Chester, Pa. The first case the Doctor recites, was a lady near her full time, with her sixth child. The hemorrhage at times was copious, and at considerable intervals, which prostrated her strength, and enfeebled her locomotion. On examination (*per vaginam*) the placenta was found directly over the os uteri; and during all this time the lady had been entirely free from uterine pain. In consultation it was concluded to give her the ergot of rye; but no uterine *pains* were brought on by its use, but it had this effect upon the muscular fibres of the uterus—of contracting upon the mouths of the bleeding vessels, and thereby arresting the hemorrhage. After waiting and watching the greatly debilitated lady, for three or four days, uterine pains came on, and she was delivered of a *still* child, and five hours after died herself.

The second case, the Doctor was called in consultation to a lady in her eighth month of uterine gestation; excessive hemorrhage existed, which was found to proceed from a detached placenta from the fundus of the uterus; by the aid of ergot, brandy and the forceps, they were enabled to deliver the woman, who recovered.

Dr. Young also records a case, where a long funis had three times surrounded the neck of the child in utero; and, on that account, the Doctor says there was not sufficient length left in the cord to permit the escape of the fetus until he had *exposed* the woman, ligated and divided it. We hope Dr. Young will excuse us for saying, that we very much doubt the propriety of exposing *any lady* for such a purpose.

In the same Journal we find three cases of hemorrhage from the umbilicus in new-born infants, by W. C. Bailey, M. D., of Spencertown, New Jersey. The hemorrhage made its appearance soon

after the remnant of the cord came off; there appeared a strong tendency to a hemorrhagic diathesis, actively existing with an effort pointing to this recent wound for an outlet. In the first two cases the Doctor applied compresses, bandages, stiptics, etc., with such careful constitutional remedies as the state of the system appeared to require; but they both died, one on the 12th, and the other on the 13th day of its age.

In the *third* child, the Doctor concluded, in addition to his other remedies, to try the effect of a ligature, by passing two needles at right angles under the bleeding vessels, under which, with a suitable ligature he ligated the bleeding vessels; this judicious practice arrested the hemorrhage, but in six days after, purple spots came out over the body and limbs of the child, as also on the mucous lining within the mouth, and on the 13th day of its age this child died also.

In the London Lancet, for May, 1852, there is an interesting case of a large sub-cutaneous nævus, given by J. Woolcott, Esq., Surgeon to the Kent Ophthalmic Hospital, situated on an infant nine weeks old. The Doctor says the tumor, which was of a blue livid color, occupied the whole of the upper eyelid, with a small portion of the root of the nose on the right side, and extended upwards upon the brow and forehead as high as the upper border of the orbicularis muscle, outwards and downwards, it reached nearly the tragus of the right ear; and then extended upwards and inwards among the lower margin of the zygomatic process of the temporal bone to the external angle of the orbit, where it joined the morbid product of the upper eyelid. There was no pulsation in the tumor; it was soft and compressible, and increased greatly when the child cried, and then assumed a dark purple color. He was debarred the use of the ligature, on account of the great deformity which it would occasion from cicatrization causing ectropium; he punctured it freely with a fine cataract needle, and applied the diluted tincture of iodine over the punctures. This treatment was continued for one month without any advantage; the Doctor now introduced the vaccine-lymph around the circumference of the tumor, with short intervals between each pit; the most of them took and produced considerable irritation, swollen face, head and neck, attended with fever and much constitutional disturbance, which continued nearly a fortnight; after which the child recovered, the tumor entirely disappeared, leaving no traces of any kind of deformity, except a few small scars where the vaccine-lymph was introduced.

In the same number of the Lancet, Dr. Harper relates a case in which he found a sack about the size of an egg, in the body of the placenta, and on opening it, he found it to contain earthy matter, in appearance of dry mortar, which would readily crumble between the thumb and finger; the lady did well, and had a healthy restoration.

Puerperal fever sometimes follows accouchements, and at some.

seasons this disease is greatly influenced by some epidemical diathesis in the atmosphere, or contagious propagation malignantly influencing the type and character thereof. In whatever way this disease may have had its origin, accoucheurs are generally of one mind as to its incipient *inflammatory* character; I say generally, because there are some objections to this opinion.

Professor Meigs, who is good authority in this department of obstetrical science, (and upon whose labor we have drawn freely in some parts of this paper,) has exercised a faithful and commendable research in the characteristics of childbed fever, and has but one opinion to give, and that in favor of its inflammatory origin; and it would be derogatory to the opinion of your Committee, from a long series of pathological investigations and puerperal practice, to promulgate any other. Many of our American, as well as European writers speak of the *epidemic* character of puerperal fever; while some others on both continents, contend that this disease is actually contagious; assuming a specific erysipelatous character, imparting to others in the lying-in departments the same malignant taint and fatal tendency, as well as the *wounds* in the adjoining surgical wards.

Professor Meigs, (above quoted,) who does not believe in the contagion of puerperal fever, gives the name of a noted accoucheur, a particular friend of his, whose fame and skill had brought him an extensive business in this department, was so unfortunate one season as to have puerperal fever in almost all his lying in patients; which at length claimed such notoriety as to excite in the minds of the people that, in some way or other, something about him was imparted to his patients that gave rise to this fatal disease; notwithstanding the Doctor used every possible care and precaution on his part, to prevent anything being carried or propagated whatever; changing all his clothing of every description, using the warm bath, shaving off all his hair, putting on entire new clothing, new wig, &c.; yet the same fatality appeared to be visited upon his female patients as heretofore. And as a further evidence of some malignant influence operating among his patients, fifteen of the children born among the Doctor's lying-in patients *died* with erysipelas, commencing at the umbilicus, after thirteen of the mothers had succumbed to the malady.

One would be almost ready to conclude, from this kind of evidence, that there was something very much like contagion in the origin of this disease.

In a Report read before the Edinburgh Obstetrical Society, in April, 1851, by Dr. Arnith, an Assistant Accoucheur in the Lying-in Hospital at Vienna, he says, "that he had been three years connected with this institution, during which time 10,000 women had been confined there; that puerperal fever had prevailed in the lying-in wards in this institution to an alarming extent; that the Medical Council, in making their investigations into the cause of this fever, were struck with the fact, that the mortality was much greater

in the wards where the male medical students were taught, than those set apart for the education of midwives." In the progress of the investigation it was observed, "that the young men (medical students) were in the daily habit of assisting in and at the autopsies, in which eight or ten took place every day; the dissections were sometimes executed by the students; the subjects and morbid specimens and preparations were handled by them; the assistant was in the practise of lecturing to the class on obstetrical operations and manipulations, demonstrating on the dead subject, and this day after day; the young men handling, manipulating, &c., on the same subject, going directly from this into the lying-in ward, examining the pregnant and parturient women."

Every one who has been engaged in post mortem examinations, must be aware of the disagreeable exhalations, which it is impossible to rid one's self of by ever so careful ablution; this odor which remains about the hands, is more lasting the more such dissections are repeated; and it is an intuitive truth, that this offensive odor is dependent on some substance detained upon the epidermis, and is still sensible as long as the least atom remains; and we all know how active the process of absorption is carried on in pregnant women. After carefully investigating all the known causes tending to produce childbed fever, in the lying-in wards in the Vienna Hospital, the Council arrive at the following conclusion, viz:

"That any fluid matter in a state of putrefaction, communicated by the finger, by the linen, by a catheter, by a sponge, and even by the ambient atmosphere, impregnated with foul substances, may produce puerperal fever."

These conclusions lead to an inquiry for some disinfecting agent, by which the poisonous qualities that adhere with such tenacious obstinacy to the hands of the students, as well as every other substance with which it may come in contact, might be neutralized and destroyed: to answer this purpose the "Chloride of Lime" was found, on repeated experiments, to possess this quality. An order was made, and rigidly enforced, "that every student, before examining any woman in the clinic, should carefully cleanse himself with this solution."

The result of this salutary hygienic process was attended with the happiest results. "Of six hundred women that were confined the next months following, there were but six deaths from puerperal fever."

We think there can be no doubt as to the mode in which the matters of putrefaction act on the system; and whether taken from the dissecting table, from handling morbid specimens, from attending on malignant puerperal fever, then directly making obstetrical examinations—they all act upon the same general principle, as *punctures* inflicted in dissections, and *end*, unfortunately, too often in the same way; showing the necessity not only of strict cleanliness thereafter, but also the free use of the disinfecting agent.

Your Committee most cordially approve of the salutary sugges-

tions made by some of our American Obstetricians,* "that physicians make it an abiding practice on all occasions, of bathing their hands in warm water before making obstetrical examinations." It renders the touch more acute; it removes that harshness upon the surface that is very irritating to a tender excitable mucous membrane; and besides, it imparts not only to the lady herself, but to the inmates of the chamber, a propriety and confidence in the physician.

In conclusion, we wish to call the attention of the Society to an improvement in the mechanical machinery for ascertaining and understanding the language (so to speak) of some of the functions in the *thorax* and *abdomen* of the human body, and the morbid derangements which sometimes take place therein.

Your Committee has the pleasure to introduce to the notice of the Society, a new instrument invented by J. MARSH, M. D., of Cincinnati. This instrument as *per se* is made of Indian rubber material, calculated and arranged to collect the *sounds* by a fine elastic drum of the same material, and conveyed to *both* ears at the same moment. With a well experienced ear it is admirable, and with what exact certainty this information is made to tell the condition of those important functions in those cavities in the *living* subject.

Then, in addition to this instrument, the Doctor has a very fine elastic bulb of the same material, much allied to a soap-bubble in appearance, about one inch in diameter, neatly connected and adjusted to the end of a metallic tube, for the purpose of collecting information from the cavity of the uterus. By applying this bulb in close contact with the os-uteri, and connecting the conveying tube thereto, the information is brought to both ears at the same moment of the smallest sensible *tick*, that the fetal heart gives off. We believe the profession will realize much advantage from the use of this instrument; and we feel ourselves under obligations of gratitude to Dr. Marsh, for his ingenious construction of so useful and delicate an instrument.

WILLIAM JUDKINS,

Chairman of the Committee on Obstetrics.

CINCINNATI, Ohio, 5th mo., 1852.

*Dr. Meigs.