ART. VI.—"*Meddlesome Midwifery is bad*" (Blundell).—A dissertation read before the New London County Medical Society in 1854. By ISAAC G. PORTER, M. D., of New London, Connecticut.

THERE are few medical maxims more truthful and salutary than that inculcated by the immortal Baglivi: "Scire multa, agere pauca," which may be freely translated, thus: "Let your knowledge, on all subjects, and especially of disease and its remedies, be thorough and complete; yet, beware of frequent and unnecessary interference with the recuperative efforts of nature." Call to mind any serious case of disease, and over what a multitude of particulars must the mind glance, before we can prescribe with safety or advantage. Hereditary and constitutional peculiarities must be regarded. Anatomy, physiology, pathology, diagnosis, and treatment, all must contribute their aid, not forgetting whether the disease is self-limited, or of indefinite duration, and in what form it is likely to terminate, that we may "obviate the tendency to death."

But the knowledge, referred to by Baglivi, is doubtless not simply professional. No species, if rightly used, is without value. Who has not been struck with this truth, in our courts of law, when he has witnessed the decided advantage which an advocate of general information possessed over his more ignorant opponent? Let the case have relation to some real or alleged instance of malpractice, as a "broken-bone case," and let a shrewd lawyer, who is a good anatomist (made so perhaps by a few hours' study on the point in question), be employed, and woe to the reputation and influence of the medical witness, with the jury, if he cannot tell the name of every little process, on a corresponding bone, presented to him, or the origin and insertion of every muscle implicated. It is *undue* advantage, I grant, which is gained, but it shows that "knowledge is power." And while it is affirmed that the same power makes itself equally felt in medicine, it must be conceded that, on scientific subjects generally, the various branches of natural history and the arts, our profession

is decidedly in advance of the others. There is something too in the nature of our pursuits, which, beyond any other, tends to produce sound, practical, common sense. A late President of the American Medical Association, in his annual address, says: "It has been my fortune to know many of my professional brethren, practising in obscure country situations, whose talent, sagacity, and practical information would, under more auspicious circumstances, shed lustre on their names and calling." But the amount of what we can *usefully do*, for our patients, when contrasted with this aggregate of knowledge, shrinks into comparative insignificance.

But it is our design to apply this doctrine particularly to midwifery, and to show, by practical and individual references, that the more we *know*, the less, generally, we shall *do*. In the sententious expression of Blundell, selected for our caption—"Meddlesome midwifery is bad."

First, in the order of nature, comes—

Abortion.—It is our purpose to speak merely of the use of the tampon. Without stopping to decide the mooted question, whether the hemorrhage proceeds from the placental superficies of the womb, and always implies a greater or less detachment of the placenta, or whether it is the result of "decidual hypersemia, an exudation from the distended and overloaded bloodvessels of the decidua, without rupture;" in either case, the premature use of the tampon is alike injurious; in the former, by causing a remora, or accumulation of blood, within the uterus, and under the edge of the placenta, which it separates more and more; and in the latter, by preventing a salutary disgorgement from the overloaded vessels of the decidua, which condition, previous to the eruption, had shown itself by a sense of fulness and weight, which passed off with the flow. Safety, therefore, requires, where abortion is not certain, that we defer the use in question, as long as prudence will justify.

II. *Bleeding in Pregnancy.*—Plethora, doubtless, sometimes exists requiring the lancet. But there are symptoms, such as headache, flushings of the face, and full, frequent pulse, which are common to plethora, and to anæmia. In the latter case, the blood being impoverished, as it often is in pregnancy, does not afford the usual healthy stimulus to the nervous organs; hence the necessity of more *frequent* pulsation of the heart, to supply in quantity what is wanting in quality. The *fulness* of the pulse is owing to polyæmia, the vessels carrying only serous, watery fluids. The *headache* may result from congestion, and will be relieved by a stream of cold water to the head, mustard pediluvise, purgatives, &c. These affections are all referable to a depraved condition of the blood, and the noxious influence it exerts on the nervous centres. So strong is the prejudice of common people in favour of bleeding in pregnancy, that, if in doubt as to its propriety, it is well to err on the safe side. Still, with nice discrimination, there need be no error. Confidence in one's self, decided opinions, and sound judgment, are safer counsellors than the fear or favour of popular prejudice.

III. *We next speak of converting one Presentation of the Head into another.*—These are the occipito-posterior or "forehead front" into an "occiput front," or a face presentation into a vertex, by replacing the head of the child on its breast. These changes were strongly advocated by Dewees, and he held any man incompetent to practise midwifery who was unable to detect and rectify them in time. It would require boldness to affirm that, in his hands it may not often have been done, and with advantage to the patient. Indeed, in early practice, the writer thinks he used to accomplish it, though the impression now is, that, though labour may have been shortened, yet that the amount of suffering was but little, if any, diminished. It is now settled by later and equally trustworthy authorities, such as Rigby, Mad. La Chapelle, Collins, and others, that the change is not advisable or necessary, that more evil than good results in ordinary cases, and that nature is competent, though with some delay and difficulty, to complete the delivery. In face presentations, Dewees maintains that forceps are generally required, while others claim that, in an ordinarily good pelvis, nature alone is perfectly competent. Boer, of Vienna, is very decided in his language: "Face presentations, being merely a rare form of natural labour, should be left to be completed by the natural efforts, since neither the mother nor her child is exposed to any more danger in this form of labour than in the most usual of all." In attempting to convert a "forehead front" into an "occiput front," we are often unsuccessful, and, if successful, only anticipate what nature often does of herself. The general rule (to which, however, there are a few exceptions) was quaintly expressed to me by an old practitioner of large experience, when speaking on this subject: "If," said he, "I find the head coming, I say to myself, *let it come.*"

IV. *Rupturing the Membranes to expedite Labour.*—Few operations require more judgment. Sustained by the opinion of Dewees, of its efficacy, in certain cases and conditions, and having long waited, in vain, in a case of tedious labour, the temptation to interfere, even where the os uteri is but partially dilated, and more or less rigid, is very strong. But, if performed prematurely, and when the delay is to be ascribed to other causes than an unbroken membrane, we may see cause deeply to regret our error. In place of finding the head advancing at the succeeding pain, we often have the mortification of meeting a strong, spasmodic contraction of the os uteri, as if it resented the ruder contact of the presenting part.

The question may be interesting, why more injury results from voluntarily *rupturing* the membranes, than follows a spontaneous rupture, at the outset of labour. In both cases, impeded action of the uterus results, owing to the fact that the head of the child presses unequally on the os uteri, in some portions more, and in others less; and hence the tumidity and puffiness which ensue. When the rupture happens before the neck is at all expanded, the uterine circulation better accommodates itself to the circumstances, than when the accident occurs later in the progress of labour.

It is only the *abuse* of this procedure which needs condemnation, for where there is great uterine inertia, or an inordinate quantity of liquor amnii, or the membranes protrude into the vagina, and are very *tough;* the os uteri meanwhile dilated, or very dilatable, the operation is safe and eminently successful. So, in cases of alarming prostration, with obstinate vomiting (labour meanwhile suspended), rupturing the membranes and irritating the os, has, in the writer's practice, resulted in the happiest change.

V. *Nates Presentations.*—In no other presentation is there the same demand for a "masterly inactivity." The welfare of both mother and child, especially the latter, is at stake, for if the soft parts of the mother are not well dilated by a gradual passage of the breech, before the head of the child enters, it is nearly always lost. Hunter used to advise pulling down the feet, and delivering by force, but in the latter part of his life, he ceased giving that direction, owing to the evils which resulted. As all know, there are two positions of this presentation: 1st. With the back of the child forwards, which is the most common; and 2d, with the abdomen of the child forwards. Now, it is very desirable, in order that there may be no delay in extracting the child's head, that the *back* of its head should come under the pubes. Strange as the fact is, whatever may be the presentation at the beginning of labour, the child (according to Nægele's law) will always, if not interfered with, be found with its anterior surface turned towards one or the other sacro-iliac synchrondosis, when the shoulders are beginning to pass through the outlet of the pelvis. The child makes a *complete turn*, in order to present its occiput under the pubis of the mother. But not so, if *dragged* down in the false position, in which it may first have presented itself.

Suppose, again, the back of the child comes down next the maternal abdomen (as is most favourable), strong traction, immediately after the exit of the nates, will cause the head of the child to engage with its longest diameter between the sacrum and pubis of the mother, and thus, by being locked, produce difficulty and delay.[1]

Again: "If the child is rapidly expelled, after the escape of the hips, being *assisted*, as it is called, the fundus of the womb ceases to press upon the head, the chin quits the breast, a space is thus left, and the arms, which are usually folded on the breast, slip into it, and finally turn upwards, so that not only the head enters the pelvis, in an unfortunate position, but it has also an arm

[1] A case of this description, in the hands of an ignorant midwife, furnished my introduction to this branch of practice. After the delivery of the nates, there was something to *pull at*, and, Amazon as she was, she had diligently, but ineffectually, applied her strength for the space of three hours. Having just completed my pupilage, under Dr. Dewees, I fortunately recollected his direction, in such cases, to make traction by raising the body of the child nearly perpendicularly, while pressure was made with the other hand on its occiput, and succeeded at the first effort. She had the cunning to intimate that my superior success was owing to greater strength in my arms.

on each side of it. Thus, not only the child is lost, through over-anxious interference, but it is extremely difficult to extract a head thus wedged into the pelvis with one or more arms."[1] Truly, there is wisdom in the Fabian policy—"*cunctando* restituere rem"—and in a parallel passage in Scripture, where it is said of some, "Their strength is to sit still."

VI. *Mechanical Irritation of the Os Uteri as a Means of expediting Labor.*—We now enter on the discussion of a disputed, but important point in obstetrics. Some years since, it was claimed by Professor Hamilton, of Scotland, a man of most extensive experience (and in his views he was supported, in the latter part of his life, by the prudent and judicious Burns), that the os uteri should always be dilated within twelve or fourteen hours from the *real* commencement of labor, which is betokened by regularly recurring pains, and a tightening of the edges of the os uteri. Spurious pains are not counted; and if there are intervals of repose, caused by agitation or mismanagement of any kind, there being, meanwhile, no injurious pressure, this interval is not included; but the limited time, specified above, dates from the recurrence of the pains. The same views are advocated by Prof. Miller, of Kentucky, author of a recent work on midwifery. These gentlemen also claim that, where *a shortening* process is not resorted to, women of feeble constitution are sometimes destroyed by a prolonged first stage (or opening of the os uteri), the uterus becoming exhausted, hemorrhage ensuing, &c.; and as an instance, adduce the case of the celebrated Princess Charlotte, of England. Her labour commenced at 7 P. M., and was not completed until 3 P. M. of the following day, a period of twenty hours. They also claim that in a prolonged first stage, the child usually perishes, as happened in this case, from pressure on the cord.

Having stated the claims of these gentlemen, we proceed to speak of the means by which they would expedite labour. As preparatory, they place great reliance on bleeding, when indicated by a full pulse, and especially in rigidity of the os, from premature rupture of the membranes, on cathartics and enemas: all of which, if indicated, should first be tried. But, if the pains still remain infrequent and of little power, the os uteri being thin and lax, we are instructed to introduce a finger to the os, during a pain, or, if necessary, when there is none, and by gentle semi-circular motions, first in one direction and then in the opposite, for about a minute, to *excite* uterine action. The finger is to remain, between the pains, and the excitation to be renewed, for several successive pains, more or less, according to the effect. This is claimed to be a vital, not a mechanical principle; and it is denied that the os is dilated at all mechanically, if the operation is rightly performed.

On the other hand, Denman, Ramsbotham, Collins, and other English authors, prefer and recommend *patience* in protracted labours, believing that nature is almost always competent to effect delivery, and with less risk, on the whole, than where interference of the kind indicated is attempted.

[1] Rigby.

As a further offset to this principle of Hamilton and others, that the os uteri must be dilated within the time specified, we have the opinion of Churchill, in these words: "Delay, in the first stage, involves very little, if any danger, however tedious it may be, for the stress or strain comes on parts where it can safely be borne; but delay in the second stage is very different. The nervous shock is never in proportion to the first stage, but to the second; and the greater the nervous shock, the more unfavourable the convalescence."

Without attempting, for the present, to decide which party is in the right, it cannot be denied that in excitation of the vagina and os uteri, we have a powerful agency for good or for evil. Through the excito-motary system of nerves, irritation of any set of nerves, transmitted to the spinal marrow, is reflected in divers manners, and upon different organs. Thus, as crude articles in the primæ viæ of children often result in abnormal muscular contractions, called convulsions, so irritation of the os tincæ and vagina, both before, and in labour, is generally followed by uterine action, or labour-pains. We often hear the expression—"stomach cough," or "worm cough." What is this but irritation of other organs, *reflected* on the lungs in the form of cough? So, under the operation of the same law, reversing the organs, we have vomiting in phthisis, and vomiting from irritation of the fauces with a feather.

This doctrine has been fully developed and insisted on by Tyler Smith; and the connection claimed is also shown in the fact stated by Madame La Chapelle, that the pains in the last stage of labour are often greatly increased by introducing two or three fingers into the posterior part of the vulva, and making pressure on the anterior commissure of the perineum. We have all, doubtless, seen this, when we have made the pressure indicated, for the purpose of exciting the uterus to throw off a retained placenta. Supporting the perineum will, occasionally, seem to give greater intensity to the pains.

In the last stage of labour, the head having long remained nearly immovable at the external parts, merely through uterine inertia, we think we have often hastened the crisis, and avoided the use of ergot, by placing the patient in the sitting posture, over a vessel of warm water, on the bed. The vapor may have been measurably advantageous, but the downward pressure of the child on the labia and perineum more so: a few pains completing a labour which was beginning to cause apprehension. So necessary, to some women, is this "orificial irritation," that, without it, their labours are greatly and unnecessarily prolonged; and with it, in such cases, seldom do we see more rapid and marked results.[1]

[1] An intelligent lady, of this city, the mother of several children, removing to New York, employed a physician in her accouchement, who, for some reason, did not act on this principle. Knowing, from past experience that labour was rapidly impending, and that assistance had previously been requisite, to centralize her pains, she would not suffer him to leave her side; and in this way, a whole day of intense anxiety was spent. Although, at the time, without *obvious* labour-pains, she at length said to him: "Doctor, if you don't assist me, I shall send for another physi-

Having, as we trust, established the principle as a most important one, we come now to speak of its abuse. It were superfluous to repeat Denman's old caution against frequent touching, as removing viscous secretions, and by mechanical means, producing a subinflammation of the parts. The principle not being one of *mechanical* dilatation, the most that is allowable, in any case, is so to press the finger upon any lax portion of the os, as to equalize the stress of the pains, and secure its equable dilatation. Unfortunately, we are supposed to be able to do much more for our patients in natural labour than is at all consistent with their best good, especially if it be rapid or violent. In such cases, the less we do, the better, if so be we inform ourselves as to the progress of labour. If, on the contrary, our manipulations are frequent and violent, we risk such undue uterine action as may result in a premature rupture of the membranes. Tyler Smith says: "The practice of taking pains has caused nearly as many accidents as the ruder forms of malpractice. The uterus has been ruptured by the uterine action of taking a pain, and a fatal convulsion has been caused by even the cautious introduction of the hand into the uterus." Dr. Ramsbotham has detailed two most interesting cases, in which rupture of the uterus occurred while careful examinations were being made at the acme of the pains." These results are immediate; but who shall decide how many of the hypertrophies, the indurations, and the ulcerations of the os uteri, so common at the present day, may be traced to unnecessary manipulation in some previous labour?

Omitting, for want of time, the discussion of other topics, involving meddlesome interference in practice, such as the use of forceps, and of ergot, retained placenta, and placental presentations, we only add, in conclusion, that, in the foregoing remarks, we have advised the *cautious use* of the tampon in abortion, not, of course, its disuse; we have spoken of unnecessary venesection in pregnancy, not denying that it is often proper; we have dissuaded from unnecessarily converting one presentation into another, not affirming but that it may be imperiously demanded in some cases. The same is true in regard to rupturing the membranes, to the management of nates presentations, and to the excited dilatation of the os uteri. It is not the *use* of measures (often proper) that we have objected to, but the abuse. Knowledge alone can guide us when, and how to act. It is much with the body corporate, as with the body politic; in medicine, as in the management of the family, the school, the college, the state. We must be careful, and not govern *too much*. The ruler must not *see* every trifling offence; or, if he see it, he must act as if he saw it not. "The true art consists in governing *just enough;* not too much, not too little. This by no means implies that a government thus administered requires less mental labour, less constant vigilance, less application of wisely concerted measures. It requires incessant *supervision*, but not

cian." This aroused him to do the needful, and the child was born, with only two or three pains.

incessant *action*. It imitates the example of a distinguished member of our revolutionary congress, who was a silent observer, in his seat, as long as he saw that the proceedings were taking a right direction. His voice was heard only when he observed that something was going wrong."[1] Let us not, then, unnecessarily attempt to shake the fruit from the genealogical tree, which, of itself, must soon fall into our lap. Let us perform none of the operations referred to, simple as they may appear, until we have given the subject the rapid, it may be, but "sober second thought" of careful deliberation.