

THE CANADA LANCET.

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RABIES GYNECOLOGICA.

The St. Louis *Medical and Surgical Journal* for August contains a paper read before the Medical Society of that city, on 5th July, by Thomas Kennard, M.D., entitled "The use and abuse of the Obstetrical Forceps," under the admonitory motto, "*In medio tutissimus ibis.*" Dr. K. appears to have designed this paper as a counterblast, or remonstrance, against the new-fangled doctrine of certain forcipologists, who advocate the early and frequent employment of the forceps, with the double view of economising their own time and that of their parturient patients. A member of the society, in a paper previously read, had stated that he used the forceps, on an average, once in every three cases of labor. Another member, less adventurous, said he used the forceps only once in seven cases. Our space does not permit the full reproduction of Dr. K.'s argument, which is both full and forcible. We offer the following short passage as a mere specimen:—

"Dr. Maughs says that the forceps can be applied and take up absolutely no space. Every instrument or solid body must necessarily occupy space. Then how can such an assertion be sustained? He means, perhaps, that it compresses the foetal head to make room; but the foetal head cannot be compressed much without injury. It may be changed slightly in shape by the forceps. Every person acknowledges that the forceps in unskilled hands is a dangerous instrument. All obstetricians admit that contusions, lacerations, inflammations, sloughing, and death to both the mother and the child, may follow its injudicious or unskilful use. The difficulty is to know who are skilled

and who are not, or who can judge whether instrumental aid is demanded. The forceps is not so harmless as enthusiasts would have us believe."

Dr. K. then proceeds to quote in support of his position, from several eminent obstetric writers. He, however, in our opinion, falls into a serious inadvertence, when he appeals to obstetric statistics; for whether in this department of medicine, or any other, what theory or practice so ever, has not found support in this *refugium periclitantium*? How often have common sense and rational judgment been driven from the field by the figure columns of medical statisticians! We shall never forget one illustrious instance of this form of argument, when an official noodle proved to his own satisfaction, that a certain large public institution enjoyed better health, and had a lower mortality, when it was densely crowded, than when the inmates had more liberal cubic space. Even supposing that this pedantic figure-head had collated his figures correctly and honestly, and that they appeared to sustain his position, could any man of sound mind assent to his doctrine?

Dr. Kennard, in his repugnance to the abuse of instrumental interference, has, we apprehend, overlooked one very important fact, from which, we are convinced, the advocates of frequent recourse to the forceps adventitiously derive their main support. It is simply this, that the forceps does least harm when least needed; and as in the very large majority of cases of all labors, the powers of nature are quite adequate to the safe, and generally facile, expulsion of the child, it is quite evident that as neither defective pelvic capacity, nor abnormal rigidity of the soft parts, retards the labor, the introduction of the forceps and the subsequent manipulation, must be much easier, and attended with less risk to both mother and child, than when the conditions are the opposite of these. We can then well understand that a practitioner who employs the forceps in every third, or every seventh case, will be able to show a far more dazzling *proportion* of successful issues, than one who has recourse to instrumental aid only when he finds it indispensable. But is this an adequate justification of the practice? If so the surgeon who amputates a limb, which by patience and skill he could have saved, is not guilty of malpractice; though it is not to be denied that he may, by his sawbones im-

petuosity, have saved his patient from much longer suffering, and a tedious recovery. As to the midwife who rushes to the forceps, simply to economise his own time, (and we fear all are not exempt from this financial frailty,) we would gently whisper to him, that if his practice is so large as to forbid waiting, he would best meet his requirements by curtailing it, or by taking in an intelligent partner.

Dr. Kennard closes his paper with a rather humorous divergence to an affiliated subject, and as in these dull times, when the collection of medical accounts has become an obstetric impossibility, a little laughter may prove favorable to the digestion of coarse diet, we present the following antidyspeptic *morceau* :—

“ We have waves in medicine and surgery that sweep everything before them, and wash every enthusiastic seeker for glory into the grand maelstrom that engulphs them all. Twenty years ago every woman imagined that she had ulceration of the womb, and of course every medical aspirant for fame insisted upon a peep at that organ through the speculum. I well remember my first personal experience in that direction at a clinic of one of New York’s most distinguished obstetricians, where some twenty of us in Indian file awaited our turn to take a peep at the women, many of whom had nothing whatever the matter with them, except a morbid desire to be handled by one of the opposite sex.

Five years later they imagined that their wombs did not hang right, and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman’s vagina, so that it became very questionable whether even refined and virtuous women had private parts any longer, for they certainly became very willing to make them public. Unfortunately a great many females manifested a morbid desire to be examined, and they encouraged the deep investigators in their dark researches. A few well meaning men still imagine that it is incumbent upon them to prop up every womb, but fortunately their enthusiasm expends itself on their ingenuity in devising *new vaginal toys*, which not many women are now inclined to play with. The pessary wave has subsided, never again to return except in spirits and splashes. Women have concluded that although their outside stays sometimes

create a necessity for inside props, they still must entertain a decent respect for their private parts, the *sanctum sanctorum* of their physical organization. Our instrument stores are full of pessaries, and it is very entertaining to see the ingenuity displayed by some of our brethren of a mechanical turn of mind, in varying their size and shape. We might well suppose that no two vaginas were constructed upon the same plan, if we did not know to the contrary. About the year 1867 the cliterodectomy wave threatened to sweep away the clitoris of every nervous woman who applied to the hospital of Mr. J. Baker Brown, who enjoyed the favour and patronage of royal folks, and had an idea, (not a very incorrect one), that all cases of hysteria resulted from venereal erethism. “ His chuckle-headed assistant, Mr. Harper, diagnosed a case of clitoris irritation in a buxom, healthy, well-developed young woman, who had come to be cured of fissure of the anus, as follows :—He said there was *too much hair around the vulva, that the vaginal odor was fetid, and that the neck of the womb was conical*. He cut the entire clitoris away by three broad incisions. The labia majora were removed and the sphincter ani was divided on both sides by slashes extending down to the tuberosities of the ischia.” He operated on other women in the same manner, and the reporter, an eye witness, says of the first two, that they were as fine specimens of their sex as he had ever seen ; both were wives of honest men, had never committed masturbation, and had been deluded into taking chloroform under the belief that some simple operation was to be performed.” The reporter says : “ We have seen clitorides lying about on the saw dust, like bits of meat at a butcher’s shamble.” This man belonged to the London Obstetrical Society, but his enthusiasm washed him out, and he ought to have been *castrated*, (an infallible cure, we verily believe, for nine-tenths of the pretended *diagnoses* of uterine complaints.) “ Neck-splitomy was the next wave, but it soon subsided, and then impregnating by the syringe was tried, but it did not compete with the old plan, and no one but J. Marion Sims ever advocated it. The forceps wave returns periodically, and we must beat it back whenever it rolls too boisterously. Hence the few hurried words of caution I have read to you. Recently some surgeons have advocated and practised complete removal of the uterus and ovaries, and have

taken only about seven lines to describe the method of this horrible operation in their fatal cases, on patients that would have lived for years if they had not butchered them. More recently they have taken to spaying women, as farmers do sow pigs, but as women were not intended for food except in dire emergencies, the great Creator did'nt see the sense of such mutilations, and hence the majority die from the operation. God protect the poor women from the enthusiastic gynecologists and the extremists of every kind." So says Dr. Kennard, and we cry *Ame*", with all our heart and soul ; but Great is Diana of the Ephesians, and there is a mint of money in the humbug.