

*The University Medical and Surgical Journal of Philadelphia, July, 1864.*

We have received the first number of the above Journal edited, by Drs. Longshore, Lukens, and Murphy. It seems to stand a good deal upon its professions of independence, and advocates the admission of females as medical practitioners; this number containing an article on "a case of lingering labor by Sarah Caldwell, M.D.," which case gives the strongest possible evidence against their being so employed. The female whose case is related was seized with labor pains (*primipara*) at 5 o'clock in the evening of Monday; her regular attendant being called in on Tuesday morning. The pains at first appear to have been slight, and 24 hours from the commencement of labor she had made little progress. She was then informed that instruments would have to be employed, but the time for using them had not arrived. He then left, leaving instructions to send for him should the pains increase in severity. Annoyed at being thus left, her medical attendant was dismissed, and early in the morning of Wednesday this female physician was called in. According to her statement the pains were very strong and regular, and on examining "she found the head engaging the superior strait." She appears however to have allowed this unfortunate female to continue in this condition, doing nothing for her relief till Thursday morning, when "the pains *still continuing strong and regular, and the head not advancing,*" she sent for a physician. By his directions, belladonna was smeared over the os, which was found in a rigid and unyielding condition, and it very soon completely dilated, but owing to the woman's exhaustion, the pains died away. Ergot was given, with some slight evidence of increase of power, and "the inner side of the os uteri," was titillated, and about five o'clock the child was born, without the aid of instruments. The child was apparently lifeless, but constant efforts at resuscitation being continued, they proved successful. The duration of labor was seventy-two hours. We never read a case more illustrative of the utter impossibility of females becoming thorough physicians and accoucheurs. Had the woman's original medical attendant been left in charge of the

case, labor would doubtless have been brought safely through in thirty-six or forty-eight hours at farthest; but to allow a female in labor, who after being a day and a half in that condition with a rigid os uteri, and strong pains, to remain for twenty-eight hours more without employing any means to attempt relief, is, to say the least, saying little for the professional forethought of Sarah Caldwell, M.D. What did she do to relieve this rigid os uteri? Absolutely nothing. Where was her tartar emetic or her lancet? Did it never strike her it was her duty to employ either of the above, in the attempt to relieve the obstacle to delivery? We are loathe to criticise so severely a case published in a new journal, but the question of female physicians is one of such great importance that such treatment by a female M.D. is, we think, deserving of severe condemnation. Woman appears to advantage in the sick room as the nurse and counsellor, but she is not fitted by nature to combat with the innumerable difficulties which constantly crowd before the medical man in his practice either as a physician, surgeon, or accoucheur. As a rule she can never command the self-possession which of right belongs to the sterner sex, and where, would we ask, is self-possession more often demanded, than in conducting the accouchments of *primipara*? We hope our new contemporary will be pecuniarily successful, but we cannot wish it success in its attempt to advocate the cause of female physicians, a movement which we think is founded in error, and which experience is daily proving the sex are incapable of honorably filling.