

LETTERS TO A YOUNG PHYSICIAN.

NO I.

DEAR DOCTOR:—You are now through with your college course, and have wisely selected the town of——as your home and place of business; and your request that I should write you a series of letters on the subjects of obstetrics and gynecology is not an unreasonable one; and, moreover, for I may possibly fall short of meeting your expectations in the matter, I take no little pleasure in gathering up my fragmentary material, the result of experience and observation from a somewhat active general practice, covering a period of a score of years, preparatory to a compliance with your request. But it has occurred to me that other young men as well as yourself might profit in some measure by the failures and successes of a busy life in the general practice of medicine. The most you have read on these subjects in the text books and heard from teachers in medical colleges was from men who make the practice of these branches of the medical science somewhat of a specialty, and write and speak from their experience gathered from institutions established especially for the treatment of women, and where large numbers are treated under systematized circumstances.

This is well—well for the unfortunates—well for the surgeons, whom fortune has placed in such institutions, and no doubt will form the store of information which you and every young physician should carry away from the halls of learning into the more uncertain fields of general practice.

With all due reverence for the memory of my dear old teachers on these subjects, I must say frankly that I have not, in all these years, found it practicable or expedient to practice anything like all that I was taught in the way it was taught me; and if in these letters contradictions

should occur to many of the established modes of practice which you have gathered and brought home with you, before branding such contradictions as heterodoxy await their verification, which the experience of time will give you.

Now, my dear young friend, you have launched your boat into unknown, uncertain and strange waters. Hitherto you have sailed under the guidance of a master ship, but now you are an independant craft in a sea of unknown depth and undetermined currents. You are now master of your own oars; and the success of your voyage will depend almost solely upon the dexterity with which you handle the implements now in your hands, and which study from books and your own experience and observation will give you. You have announced to the world that you are proficient in all that pertains to obstetricy and gynecology, and the immediate neighborhood in which you have located is liable to take you at your word; you hope for it, and so do I. I know that you manifest a high degree of intelligence upon the anatomy and physiology involved in the practice of this branch of your profession before you ever saw the inside of a medical college; and now I trust that you know all that science can teach on the subject.

You have made, I hope, the language of the skilled and scientific men under whose teachings you have been, your own. You have, under the supervision of the professors, conducted cases of ordinary labor, and now feel yourself quite competent for any emergency;—I hope you are. But do not be surprised or dismayed if—when you arrive at the bedside of the first patient to whom you are summoned—you find your refined and scientific language of no avail, and the patient and her attendants speaking in an unknown tongue. Your dignity is set at nought; your refinement, too, is defied. To your chaste and scientific inquiries the patient and her friends reply with a blank and vacant stare. They look at each other, perhaps in utter amazement. You are addressing them in an unknown tongue; you are not understood, and will not be understood until you speak in a language suitable to their comprehension. You must adapt yourself to the circumstances in which you are placed. You must accept the situation with becoming dignity; and if you are told that in the case in question something must be wrong, as such “drawings” as she has, had never been seen before by the oldest inhabitant present, you are not to stare around upon the walls of the apartment to get a look at the “drawings;” you will find them elsewhere. If you are told that the patient has been “spending” freely for the last hour, do not turn away in disgust; but you are to know that liquid is escaping from the person of your patient, and this fact may require prompt and skillful manipulation on your part. You may or may not have placenta previa on your hands. If you are told that the patient has passed water very freely, you are not to take for granted that this means that she has evacuated the bladder; it

may mean that the liquor ammii has been escaping freely; and you may have a ruptured bladder, as the result of your misunderstanding. If you should be informed, in reply to your inquiries, that the bowels had been most thoroughly "moved," do not take this as absolutely true, until you have satisfied yourself, which you can easily do at the first digital examination per vaginum. Incorrectness of information on this point may lead to very undignified and unpleasant occurrences before the third stage of labor is reached. You have been taught, no doubt, to never lay a hand upon the person of a woman for the purpose of a physical examination until you shall have gained her consent to such approach. Now, I must confess that I cannot conceive of any thing more embarrassing to the accoucheur than to sit down at the bedside and ask for permission to examine his patient with his hand; and the average woman, in any grade of society, and especially in the rural districts, with which you will have much to do, will look at you in blank astonishment, as a reply to such request. This, in all grades and shades of society in which your practice will likely call you, is like some parts of speech in Pinneo's old English grammar:—it is "understood;" and you will save yourself and your patient much embarrassment and mortification by quietly and gently taking your place at her bedside. After the preliminaries have been disposed of, the water, and towel, and soap, and oil or lard, etc., etc., kindly ordered, without any thing further, but with all gentleness and delicacy, proceed to make your necessary examination. Remember, that here "business is business" as well as elsewhere. Make the best of circumstances. Proceed promptly in all that pertains to your duty as an accoucheur. Give your orders to attendants in detail in kindly words and tones. Speak gently but confidentially to your suffering patient, and in language which she can fully comprehend, and make absolutely sure that she gives you correct answers to all your inquiries. Make your inquiries full, without seeming to be imperious. Give your instructions and make your demands without seeming to be despotic. Have all your senses and sensibilities keenly alive to the situation. Be social, kind, gentle, but dignified, and withal, firm as the rock of ages.

Yours truly,

S. K. C.

Monmouth, Illinois, July 10th, 1879.

LETTERS TO A YOUNG PHYSICIAN.

No. II.

DEAR DOCTOR:—You have no doubt heard much and read much on the subject of “Meddlesome Midwifery.” You have been duly and thoroughly cautioned as to the impropriety and execrableness of great officiousness in the management of ordinary cases of natural labor. You have been taught by text books written by some of the ablest writers and best teachers of our country in years ago, that many chapters of books mentioned had been written while the authors were awaiting, in adjoining chambers, the progress of labor in their respective cases. You have, no doubt, I say, heard much on this and kindred topics. An accoucheur *can* make himself so officious and obtrusive in the lying-in room as to give offense and make himself an object of disgust to patient and attendants. No one doubts that; nor does any one for a moment doubt that the accoucheur in attendance *may* manifest such a degree of solicitude and seeming anxiety concerning his patient as to give rise to distrust and detract from the confidence imposed in him; but I cannot understand how an accoucheur *can* find leisure for book or letter-writing while in attendance upon a case of progressing labor. I cannot in any measure comprehend how it is that an accoucheur *can* sit idly by and allow a suffering woman to undergo a painful and protracted labor without the aid and comfort which he is supposed to be able to give. Now, my young friend, I am not going to make any effort to instruct you in detail upon all your duties as an accoucheur in the lying-in chamber; this would be presumption in me. I simply wish to point out *some* of the mistakes which have gone abroad concerning “Meddlesome Midwifery.”

I will suppose now that you have been called to attend a case of obstetrics, and, having satisfied yourself properly “that all is right,” that

there is no funis, or other unnatural presentation, no placenta previa, and, in short, nothing unnatural that requires your interference in any way, and for the purpose of getting more directly at what I most desire to say to you on this subject, we will suppose that the os uteri is found to be dilated to the size of a silver half dollar, and that the contractions of the organ are regular and the pains sufficiently frequent; all other circumstances connected with the patient in hand we presuppose to be a favorable condition. Now, you are not to return to another room except when delicacy toward your patient requires it. Her feelings are to be always respected; and where there is any desire to use the vessel you are to retire without any seeming hesitation, and as soon as the latch of the door indicates that the patient is ready to see you again, you are to quietly take your place at her bed-side.

I hope you are ambidextrous, for, to be so, is not only a great convenience to you, but to your lying-in patients a great relief from trouble. If you are not already, you had better at once set about making yourself as such, and in this and all succeeding letters I will address you as such. You had better have your patient lie with her back toward the edge of the bed where you are seated; have her draw her knees well up toward her chin; this brings the os uteri much better within the possibility of your touch than if your patient were lying on her back with her hips more or less sunken within the bed beneath them. Make yourself at the earliest possible moment familiar with the character and frequency of the pains; and at each and every return of the uterine effort, with your smooth, well-oiled and short-nailed index finger, direct the organ so that its axis is on a line with the superior straight of the pelvis; or, that the dilated os is as nearly as may be in the center of the upper pelvic cavity. With your finger hooked on the uterine lips you can by gentle but persistent pressure at various points of its circumference hasten dilatation—overcome resistance and establish expulsive pains from one-third to one-half sooner than nature would do it herself. You do this by three several ways:—first, you assist greatly in overcoming the resistance of the orbicular muscular fibres by your effort which would otherwise have to be accomplished by pressure from above; second, by anticipating the natural recurrence of the uterine contraction, you increase its frequency and afford less time for the expanding muscle to recover its lost power of resistance; and, third, you, by your gentle traction downward, at once establish, on the part of your patient, all efforts to assist by the use of all her muscles involved in the act of forcing the abdominal viscera down upon the pelvic viscera so as to force them into the space below. The action of these muscles, which need not be enumerated, are at once brought into full play, and the result will invariably be just what would be most naturally anticipated—a much more rapid progress. You will observe in many cases a disposition on the part of the uterus to rebound, or

recoil, if you please, and recede into the abdominal cavity after each effort; and by gently transfixing the os with your finger, you encourage the head to become engaged in the pelvic canal much earlier than it would otherwise do. The advantage of this in the management of your case is quite apparent, and admits of no discussion.

Now, we will suppose that you have succeeded in establishing regular expulsive pains, with the head of the child well engaged in the pelvic canal, the os uteri dilated and ready to slip back the head when opportunity offers. You have now another resistance to overcome: the perineum is, perhaps, thick and unyielding, resembling to some extent a piece of thick soft rubber; and when the expulsive pain sends the head down against it, it gives way somewhat, only to return the head to its former position immediately on the subsidence of the uterine contraction. There is no doubt about what your duty, as an accoucheur, is in this matter. With your finger, or fingers, press this rigid unyielding perineum down out of the way of the approaching head; anticipate the expulsive effort and you will thereby hasten it. Keep up a firm pressure downward and slightly forward, and you will relieve the uterine muscles of an immense amount of work by thinning the perineum, counteracting its resistance to a large extent and hasten the completion of the second stage of labor.

You are to remember, now, that when the head presents at the external opening—and the very forcible expulsive pains make it appear as if all would be driven through the bulging tissue of the floor of the vagina—then you are to give support, and by gentle pressure upward and backward you support the parts and assist in thinning them and in sliding them back over the contiguous portion of the passing head. This supporting process, if commenced at the commencement of the second stage of labor, is to a great extent worse than useless. The accoucheur, who is afraid to meddle, and has the ringing phrase of “Meddlesome Midwifery” in his ears, and sits with cloth in hand awaiting the tedious course of nature, lest injury may be done by interference, is not doing his duty, and in many cases will have a good time in waiting for the time to apply the needed support; and I have no doubt whatever, but that many a child has died with its head impacted in its mother’s pelvis, and the wise physician sitting listlessly and dreamingly at the bed-side waiting for the time to arrive for action. These are the men who talk in society meetings at times upon the subject on hand, and speak derisively of the “par-boiled” finger, and thus, and so; but if you will only take the pains to make quiet inquiry of these men at other times when they are not under pressure of excitement as to the average duration of labor and the percentage of still-born children in their practice, you will not likely become a convert to the *vis medicatrix nature* idea in the conduct of labor. Don’t be afraid to assist your patient in the way indicated, and you will seldom have

any use for ergot, and *never* before the third stage of labor. Don't get into the way of using chloroform in your obstetrical practice; the influence in a community is bad, and the practice is pernicious. Use your soft and educated hands dexterously and you will seldom have any use for forceps; but when, in your judgment, they are in demand, do not hesitate to use them. Do not permit the head of a child to lie for hours impacted in the pelvic cavity with the parts becoming tumefied and the temperature elevated. Prompt action under all ordinary circumstances will save both mother and child; and if you have any art about you, apply it at once without any hesitation. Don't rely too much upon council under such circumstances; do not hesitate to send for it; but in the mean time do not sit idly by and waste the precious moments;—they may not be many in number; do not waste them, but do all you can at the risk of being called meddling. If your council reside any distance from your case, in most instances if you employ your wits and hands actively, he will have little to do other than heartily endorse your practice upon his arrival at the bedside of your patient. These are days when the subject of laceration of the os uteri is taking a wide range, and upon which I, here and now, promise to write you a letter at some future time, and now refer to it merely because its occurrence has been charged in many supposed cases to "Meddlesome Midwifery;" but please do not let fears of such an accident deter you from doing your whole duty in every case of labor with which you, as an accoucheur, have anything to do. Now a word of recapitulation, and I have done for the present. 1. Seldom leave your lying-in patient after labor has actually commenced, and then only under pressure of necessity; and do not go far away, as you *may* return to find your patient in convulsions—one of the most fearful things you need ever expect to witness. 2. Assist the dilatation of the os uteri by gentle and persistent pressure properly directed. 3. Assist in like manner the passage of the child's head throughout the pelvic canal by overcoming the resistance of the perineum. 4. Apply the proper support at the proper time to the perineum. 5. In a word, do not sit idly by and permit any lying-in woman under your care to suffer one pain or moment that you can avoid, and do not permit yourself, even in the lying chamber, to become oblivious to your surroundings; never let *anything* occur to your patient that you do not see or take cognizance of. Don't let the side pockets of your coat fill with blood from your patient before you are aware she has a dangerous hemorrhage. Have your wits about you; your eyes and ears open under all circumstances.

Yours truly,

S. K. C.

Monmouth, Ill., Sept. 18th, 1879.

LETTERS TO A YOUNG PHYSICIAN.

No. III.

DEAR DOCTOR:—There are, as I have often observed during our associations in the past, many pleasantries connected with and accompanying the study and practice of obstetrics.

In the study of the theory of generation and the philosophy and physiology of impregnation and conception, he, whom nature has endowed liberally with keen sensibilities and the finer perceptions of refined and cultured manhood, cannot but be delighted, as well as instructed, with the whole subject of the repetition of one kind.

No grander thought can ever flit across the field of your intellect—or the field of any man's intellect—than that of the simple contact of two microscopic bodies—elemental, or simple cells, mere shut sacs of simple organic membrane—they touch, they bleed, and thence a man, the highest type of organic life, with an immortal soul that never dies. And so it is, that simple contact, under favorable and prescribed circumstances, and this diminutive body becomes the organism of a man. The fructifying element, not unlike masculinity generally, searches for its companion, and, having found her, “they twain become one,” and at once commence the journey of life. This is **IMPREGNATION**. This body, now of “one flesh,” finds nature lavish in her preparations for it; and by one of the most sublime laws found in nature's wise economy, it becomes attached to the internal surface of the hollow organ, so wisely provided for its temporary abode. This is **CONCEPTION**. Organic attachment is at once established, and the blood of the mother becomes the blood of a new body, whose life-course has first began. You know the subsequent history; you know the physiological story of the growth of the placenta, the formation of new blood vessels, and the whole history of foetal life, until at last you are called to play no inconsiderable part in the drama of these lives, when, at the end of a nature-limited time, a separation must occur. My purpose does not admit of entering upon the philosophy of labor, nor of entering upon its details in any degree. The case seems simple enough; nature seems herself quite equal to the occasion. The child is born, and, having separated the cord which still binds the two

together, the child is passed into the hands of the nurse. At this stage of proceedings you will generally feel happy and jubilant; but stop, my good friend, I would have you to know, and ever bear in mind, that subsequent to the expulsion of the child, the most serious and most dangerous of the several steps in the whole process of parturition occurs. You will never fail to remember, I trust, that the separation of the placenta from the internal surface of the uterus is a physiological act, but involving inestimable and inevitable danger—that it may, in the twinkling of an eye, bring the life of your patient into extreme jeopardy. As you read these words stop, and give yourself up for a moment to serious reflexion upon the analysis of the act of separation of the placenta, and let your reflections dwell somewhat upon the means which nature depends upon for the closure of the large gaping mouths of the ruptured blood-vessels; stop and consider for a moment the momentousness of severing a number of arteries and veins, from the size of a crow-quill and upward, over a surface twenty to twenty-four inches in diameter, and let your attention dwell for a time upon the gravity of the case, when these ruptured vessels are *not* closed.

POST-PARTUM HEMORRHAGE is one of the most fearful and rapidly fatal accidents that *can* befall your parturient patient, and I would have it impressed upon your mind that there is nothing else in the whole range of your professional duties calculated to strike terror into your heart, and for the time paralyze your best energies more thoroughly than a case of flooding after the birth of the child. When confronted with a case of *post-partum hemorrhage*, to hesitate, to falter, or to allow yourself to become in any way smitten with the wild confusion in which nurses and household will at once be thrown, will be to deprive your patient of her last possible chance, and sacrifice her last earthly hope. On your science, on your skill, on your coolness and intrepidity, depends the life of this wife and mother, whose life has so plainly been intrusted to your care. *There is no time to even think of consultation*, but on your own resources rests the responsibility of your case, and in another *minute* your best efforts may be too late;—the life of your patient may go out like the blazing faggot plunged into the billowy wave.

There is no need, in a letter like this, of entering upon any discussion as to the *source* of flooding, and I will briefly call your attention to

1st, the SYMPTOMS OF POST-PARTUM HEMORRHAGE which are manifested through (a) the general system and (b) the uterus itself.

You will recall the symptoms of profuse hemorrhages from whatever source or cause, and you will remember that thirst is one of the earliest symptoms; and so it is with your parturient patient, whenever you hear her calling for water. After the expulsion of the child, *be on your guard*, and at her bed-side instantly, for in nine cases out of ten this symptom indicates the greater or less loss of blood.

Your patient yawns, and if you would take time by the forelock, wait no farther threatenings, for you may be sure that there is mischief going on. She throws her arms carelessly about her, and complains of dimness of vision, and then the danger is imminent. The patient is then ashy pale, and death seems written on her countenance.

The symptoms manifested by the uterus itself are the absence of that density peculiar to a well contracted organ, as felt through the walls of the abdomen, and the gushing and plashing of the warm torrents of blood escaping through the vaginal cavity. I trust that you will bear these symptoms in mind. The depression made in the mattress by the weight of your patient, in most cases, is sufficient to hold the last drop of blood your patient contains, and nothing should attract your attention away from your patient long enough to admit of bleeding to the amount sufficient to run upon the floor of the room, ere you detect the threatened danger. Hemorrhage *may* occur either from or subsequent to the expulsion of the placenta, and your first intimation may be a torrent of blood as it strikes your hand at the close of the expulsive act. And there is but one other circumstance that this can be mistaken from, and to which I would call your attention. When the head of the child engages thoroughly into the pelvic canal, it sometimes happens that but a small quantity of the liquor amnii is below the head, and the size and shape of that body are such that but a little of the liquor *can* escape, until the expulsion of the child shall have been completed, when it comes with a gush and gives the sudden impression of copious hemorrhage; and, to avoid any mistake in this matter, at such a time, quick as thought examine your hand, and the color of the liquid will be at once characteristic to your eye.

The TREATMENT of POST-PARTUM HEMORRHAGE may be divided into curative and preventive. The curative treatment consists in arresting the hemorrhage and restoring the loss that has already been sustained. In considering the means to be employed for the prompt and effectual arrest of post-partum hemorrhage it is well to recall the several powers to which we can appeal in this great and pressing emergency. There is *one* direct *cause* of the hemorrhage, and hence there is *one grand end* to be attained in its arrest. The organ is more or less dilated, else there *could be no hemorrhage*, and hence the grand object to be borne in mind is: to *secure firm and continued contraction*. You have at your call: 1. Mechanical power. 2. The power of reflexion. 3. The power of spinal excitation. 4. The peristaltic action of the uterus itself depending upon the excitability of muscular fibre. It is singularly noticeable how all these powers conspire against the enemy when called into action and maneuvered properly by the accoucheur who stands at the helm. Your first move in such an emergency is to place one hand on the abdomen, and with energy and firmness grasp the dilated uterus, bringing to bear mechanical power

and the peristaltic movement by keeping a tight grasp upon the organ and manipulating downward and backward, and at the same time the other hand should be introduced into the vagina, and any clots found removed at once; and if the secundines still remain, they are also to be removed without further delay. But do not understand that the removal of the secundines in any degree arrests the hemorrhage, for such does not seem the fact. It clears the way for prompt and efficient work within the cavity of the uterus, which you will proceed with at once, unless the organ shall have contracted, and the flow of blood shall have been arrested during the removal of clots and secundines from the vagina. Lay away any timidity you may have felt on this subject. The passing of the hand into the cavity of the uterus, at this time, I conceive to be fraught with no danger whatever, and productive of the best results. Press the knuckles of your closed hand against the bleeding surface firmly, and in most cases you will be rewarded with the happy result of a prompt contraction of the organ; expelling your hand together with any other foreign body, and the other hand the while keeping up the firm and energetic pressure above indicated, will be able to follow the organ down to its proper dimensions, density and locality. In the mean time you will have had the head of your patient lowered and ordered a basin of the coldest water procurable on the spot, and at the same time to be placed at your side, where the hand which you are using on the abdomen can have easy and ready access to it; and frequently dipping your hand in the water to cool it, you apply cold at the same time—you bring into action mechanical power and muscular excitability. You may train a husband or an attendant in a few second to efficiently supply a hand in the absence of yours while in the basin of water. You will in the mean time have instructed a nurse to find your bottle of fluid ext. ergot from your vest pocket, where no other preparation of medicine should ever be carried, and to administer a teaspoonful to your patient, to be repeated in from five to ten minutes, and as often as your judgment and the urgency and circumstances of the case would suggest. And thus you are able to call into account mechanical power by both your hands, while at the same time they excite muscular contraction by manipulation, and by their temperature you call into play reflex action, and by your ergot you act directly upon the spinal cord; and so it is that you may play upon all these powers at the same moment and by the joint use of the same means.

Usually the course above indicated will have the effect of promptly arresting and subduing the troublesome and dangerous hemorrhage. Do not relax your energies, however, until you are absolutely certain that the danger is past. If there is ice within reach, order it; and if the hand must be introduced the second time into the cavity of the uterus, carry in it, or with it, a smooth lump of ice, to be lodged in the cavity of the organ; and in the absence of ice make the hand as cold as possible with

the coldest water at your command before introducing into the uterus. If the danger persist use the cold water douche; and while you persistently stand at your post and hold the unwilling and paralyzed organ to its work, remember that a galvanic battery has usually a most decided and gratifying influence on any temporarily paralyzed tissue; and in continued inertia of the uterus it has been used with the happiest results. You will also call to mind that cold is a powerful styptic, and a stream of ice cold water thrown into the cavity of the uterus has been the means of saving women where all else had previously failed. I have never had any occasion for resorting to either ice or cold water within the uterus, nor have I ever called into play a battery in such a case; but if need be would resort to any thing that would accomplish the desired end. My rule has been to be constantly on the alert from such accident and to promptly throttle the miscreant organ at the first indication of trouble. Don't let time go to waste in such cases, and the means which you employ will, in the majority of cases, be prompt in arresting the hemorrhage. *Stop the open mouths of the bleeding vessels at once*, and you will have now a great victory; stop them by any means at your command. Mechanical power will hold it at bay while other means will come to the rescue. Never fail to apply a bandage tightly down with a thick compress over and above the uterus as a continuous mechanical stimulus. Apply restoratives at once, and repair the loss sustained. Diffusible stimulants with beef tea and other concentrated nutritious food, should be ordered in abundance. A good opiate with from four to six grains of the sulphate of quinia should be given, and everything tending to quiet should be enjoined. Let me enjoin upon you to have an eye in every case of obstetrics to which you are called to post-partum hemorrhage. Make yourself familiar with the history of previous confinements if any, and note any condition about your patient that would in any way conspire against the firm and continued contraction of the uterus after the expulsion of the child. If there is one time above all others when ergot is most called for it is during the last pains of labor, when the contractions have been somewhat feeble and inefficient, and especially where there have been hemorrhages in previous labors. Insist upon the horizontal position, and at once upon the expulsion of the child place the hand over the abdomen and keep it there until the contraction of the uterus is insured. In this case you may trust the separation of the cord to the nurse, and superintend the same with eyes and tongue, while with hands you guard against accident to the mother. Another precaution I would have you remember:—you have observed that your patients all have a tendency to chilliness immediately upon the expulsion of the child, and unless this tendency is counteracted and the patient at once made warm, hemorrhage may follow. And for the same reason and others, in cold weather you should never neglect to have the fire replenished with fuel

during the pains of labor. The excitements incident to the occasion usually cause this matter to be entirely overlooked, but for the promptings of a thoughtful accoucheur. While perfect rest is to be insisted upon, sleep should be guarded against for obvious reasons.

And now, my young friend, I must close this letter, which has already grown too long. You may not have had any serious reflections on this subject; and let me say to you frankly that unless you feel yourself fully competent to successfully treat the accident under discussion, the lying-in chamber is no place for you; unless you feel yourself fully adequate to successfully meet such impending danger, the threshold of the lying-in chamber is too sacred for you to cross; but if you *are* fully competent, as I sincerely trust and believe you are, if you possess the science and skill necessary to the faithful and prompt discharge of all your duties as an accoucheur, and if in the exercise of your knowledge and skill you should rescue a patient from her impending danger, if by your science, your skill, your coolness and intrepidity, where the flood-gates of life shall have been opened, as in the case under consideration, where death seems certain of his victim, you snatch her from the fearful chasm and restore her to her husband and little ones, you will have accomplished one of the grandest and most glorious feats of human triumph.

Yours, truly,

Monmouth, Ill., Dec. 1st, 1879.

S. K. C.

LETTERS TO A YOUNG PHYSICIAN.

No. IV.

DEAR DOCTOR:—To-day I propose writing you on the subject of “puerperal convulsions.” There are few diseases incident to the child-bearing woman with which the obstetrician will have to contend more terrible in their external manifestations and phenomena than *eclampsia gravidarum parturientium et puerperarum*. This is an acute affection of the motor function of the nervous system characterized by tonic and clonic spasms, and may occur at any period of gestation, parturition or the puerperal state.

The causes of eclampsia are by no means limited to a few, although Braun, and many other very able and patient investigators, contend that uremic intoxication is almost the sole cause of this most fearful and dangerous disease. But the experiences and observations of the best thinkers and closest observers of the age has established a confirmed opinion in the minds of the majority of the profession. I believe that the disease arises from many causes; that a combination of causes exists in most individual cases, and that the cases are exceedingly rare in which close investigation traces the accident to any one isolated circumstance.*

The exalted sensibilities of the entire nervous system of the female during pregnancy, parturition and the puerperal period, which always exists in a greater or less degree, but in some to such a degree that it is a seemingly easy matter for any accidental circumstance, however trivial it may seem, to produce convulsions, makes a pretty uniform predisposition in that direction. The mere presence in the uterus of the embryo in some cases is quite sufficient to superinduce the disease. Defective drainage from the general system through the various emunctories tends to render the blood impure, and especially irritating to the nervous centres. This fact borne in mind, and that other fact duly taken into account, that in pregnancy an extra amount of effete matter must be eliminated by the maternal organs, will, I trust, impress upon you the importance of enjoining upon every pregnant female, who shall in future be under your direction and advice, the positive necessity of keeping all the depuratory functions in active operation and thus avoid a very fruitful source of danger. Any considerable emotional disturbance supervening upon a condition of the nervous system that strongly predisposes to the convulsive act, will superinduce eclampsia, and hence your warning advice should always be, that a careful and prudent circumspection shall be exercised in this regard during the pregnant, parturient and puerperal patient; and especially is this a necessary warning during and immediately following parturition, when any violent mental disturbance, whether of joy or sorrow, may in the twinkling of an eye hurl your patient into a convulsion, from which she may not recover. It has been observed by accoucheurs, far back in the past, that unfortunate single women whose minds have been, during the entire period of pregnancy, depressed by a sense of the keenest shame, were peculiarly liable to eclampsia at or near the time of parturition.

A sudden blast of cold air will sometimes cause convulsions by reflex action. Many years ago a patient of mine, a very estimable lady, had been delivered of a very fine healthy male child, and about three hours after the termination of labor when all the circumstances of her condi-

*There is one circumstance which I have no where seen mentioned, and which, on three different occasions, has made a strong impression upon my mind. I refer to epidemic influences; and, as stated, on three several occasions in my experience have cases of eclampsia occurred in rapid succession, and then followed by a number of years, during which time scarcely a case would appear, either in my own or the practice of my professional friends. If a coincident, it is certainly a strange one.

tion seemed most favorable, while in the act of changing some of the patient's covering which had become soiled, the nurse slipped into an adjoining room, and, in her momentary absence, two opposite doors of the lying-in chamber were suddenly thrown open by some accident. A cold current of air struck the patient, and in less than one minute she was in a most violent convulsion.

Any accumulation of undigested and indigestible matter in the stomach and intestines, and especially in the lower bowel, will, when the conditions are favorable for it, suffice to cause an attack of convulsions. Some years since I was engaged to attend a lady in confinement with her second child. She was, as far as could be learned from inquiry through her husband, in good health, with all the excretory organs in good working condition with no unfavorable symptoms existing. She was expecting her confinement to take place in about a fortnight from the time the husband called to see me. She was not taken in labor, however, for a week later than she expected, and when the messenger came for me, I was absent attending on another case of labor, and, of course, another physician had to be called. On my return, a few hours later, I found a message had been left for me to call immediately at my friend's house, and on my arrival found the patient in articulo-mortis with the history that she had been enjoying good health up until the time of the commencement of her labor, and that but a few hours previous to the first symptoms of her labor, she had eaten a raw turnip, of which she was very fond, and that the labor had been of very short duration, and that in about twenty minutes after the completion of her labor, she was suddenly seized with eclampsia, with no premonitory symptoms that had or probably could have been detected, and that not the slightest manifestation of consciousness had been observed from the first seizure, and although all had been done that the combined ingenuity of three or four of the best of physicians could suggest, the disease went on without abatement, and from the time the writer saw her first, in twenty minutes, she was a corpse. There can be but little difference of opinion as to the direct or exciting cause of this sad termination of this case. Of course, it must be borne in mind that there must be strong predisposing conditions existing that the circumstances here related could be followed by such fearful results. Many writers testify to the seemingly trivial circumstances that in their experience have been the immediate causes of attacks of eclampsia. The general causes of this disease might be divided into immediate and remote—exciting and predisposing—direct and indirect; but such a division could only be arbitrary, and as one circumstance in one case might be taken as a remote cause, and in another an immediate one, and so on *ad infinitum*, such a division can only result in confusion.

The treatment of this accident to the child-bearing woman, as might be predicted, is not by any means a settled matter. In the treatment of

any disease, which occasionally defies the very best efforts of science and the most approved means afforded by our art, there is not likely soon to be any absolute uniformity of opinion, and so it is in puerperal eclampsia. Most of the observations that have been published to the world in regard to the causes, pathology and treatment of eclampsia, as well as in most other diseases, indeed, have been made in large hospitals and dispensaries, where, in the majority of cases, the patients were ill fed, poorly clad and generally depressed women; and, indeed, among the women in higher ranks of a metropolitan society, there are many influences tending to debilitate and depress, and, therefore, predispose to eclampsia, and which influences very materially modify the treatment which, as a rule, will most successfully combat the disease; and hence a general rule of practice, founded on observations made in London, Paris, Vienna, New York and Philadelphia, will not apply well to patients as we find them in the rural districts of the western country, and on these broad and fertile prairies of the Upper Mississippi Valley. I write you, therefore, my dear young friend, from my experience among the people as we find them among the corn-fields of western Illinois. In this, as in the study of other kindred subjects it is well for us always to take into careful account that our population in general differs in a marked degree from that of the eastern states in many regards, and all the differences that have been observed leave a distinct margin in favor of our western population, making manifest a much greater physical robustness than obtains in the older and more densely populated states. 1. Cousins rarely marry and go west to settle, but usually have an eye for settlement upon some fragment of some of the old family estates, before settling the matrimonial question, and hence we have but comparatively few of the results of such unions as an element in our western states. 2. It is, as a general rule, the healthiest and most energetic and enterprising young men and women, who are willing to brave the hardships and supposed privations of a life on the western plains, and hence we have this kind of people and the offspring of a similar class, who emigrated here years ago, as the preponderating element of our western society, and or they live a much more active and driving life here in the west than is lived by our cousins in the eastern states. These, together with many other causes, give us as obstetricians here in the west a very different class of patients with which to deal from those encountered in the cities, and even in the rural districts of the eastern states, by our brethren who write and teach from experience there. Our treatment, therefore, of eclampsia as it occurs amongst the class of women just described, would, as a matter, of course, be more uniformly depletory in its nature than could be safely practiced among more feeble and enervated women, as found in other grades and conditions of society.

And now, dear doctor, one word of earnest warning before we enter

upon the few closing remarks we have to offer as to the treatment of eclampsia. You will want council in these cases, and it is quite proper that you should secure it at the earliest possible moment; but let me insist upon it that you never procrastinate your prompt measures in anticipation of the arrival of council, nor be guilty of the murderous dishonesty of using a *placebo* to satisfy the pleadings of anxious and distracted friends, while you await the arrival of council. I was once called eight miles into the country to meet in consultation with a physician of some years experience in a case of eclampsia. On my arrival I found her comatose, and had had twenty-one convulsions in six hours, and the physician had heroically applied an extemporized mixture of sulphur and lard, along the course of the femoral artery and vein, as he said, to satisfy the importunities of friends until my arrival. Irreparable injury had already been done to the nerve centres, and nothing that could then be done had any effect whatever in restoring consciousness and controlling the rapidly recurring convulsions, and the patient died in about two hours after my arrival. The golden moments and opportunities had gone by unimproved, and a young, healthy, and robust wife had fallen a victim to ignorance and timidity, together with a bit of unmitigated rascality; hence, I entreat you, never to wait, but take hold of your case at once like a man, and in a very large majority of your cases, victory will reward your well-timed efforts. The general course of treatment of eclampsia may be summoned up in a few sentences, not that much might not be said as to the various remedies that have been suggested from time to time as specifics in this disease, but a few sentences will suffice for all that is proper to say in a letter like this, which in direct opposition to my best efforts, seems determined to grow too long.

Chloroform by inhalation to complete anæsthesia has uniformly in my hands been quite sufficient to control convulsions, when applied as it always should be at once after the first seizure. Complete anæsthesia, however, should be kept up only for a short time, and then the drug should be withheld until the effects are partially passed away, and then she should be kept slightly under its influence until the general restiveness and throwing about of the extremities warn you of the approach of another convulsion, when complete anæsthesia should again be produced. In the mean time, venesection should be employed to the extent of perceptibly softening the pulse, and repeated if in a comparatively short time this effect should disappear. This, you must remember, is always to be employed with a degree of caution, but I think that in forty-nine cases in fifty as you find them occurring in our western society, the "lost art" of the venerable Gross will be in order, and let me urge you not to neglect or postpone it until injury shall have been done the great nerve centre. With your own, or the hands of your professional assistant must your chloroform be given, unless it be simply while you are opening the

vein before assistance shall have arrived you may in the emergency trust its administration to another, but to be kept strictly under your closest observance. I do not consider chloroform, when properly and judiciously administered, to be to any considerable extent dangerous in its effects, but I am very sure that under all circumstances, when recklessly and indiscreetly employed, it becomes a very dangerous agency, and I can very readily understand that if blood-letting should be prosecuted to the extent of syncope and chloroform should be administered to full anæsthesia, sudden death may end the scene.

I am in the habit of keeping the patient slightly under the influence of chloroform, so long as there is any disposition to a return of the convulsion, and whenever the indications warn me of such tendency, I increase to a sufficient amount to insure its disappearance. But do not understand that other measures are to be forgotten or neglected. Your best efforts are to be employed in determining the exciting as well as the predisposing cause or causes, and they are to be removed by any means at your command. My practice has been, as before stated, to employ blood-letting and chloroform; the latter to be kept up until the convulsive tendency shall have pretty completely passed away, and my habit has been to follow this with a tolerably full dose of chloral with some preparation of opium; and the preparation which I prefer above all others in these cases is McMunns Elixir. I repeat that the causes if possible must be removed, and if this be done your science and skill in the great majority of cases will be triumphant, and you and your patient will be ready to "thank God and take courage."

Yours truly,

Monmouth, Ills., Feb. 5th, 1880.

S. K. C.

LETTERS TO A YOUNG PHYSICIAN.

No. V.

DEAR DOCTOR:—It is, indeed, a fortunate circumstance that the disease which I propose making the theme for the present letter is a rare one among the women of our western prairies. In a somewhat extended experience as a western practitioner of medicine I have never yet seen puerperal fever occur as an epidemic, and in the last decade I have met it but once or twice as a sporadic affection. Not that *fever* of various types may not and do not occur during the puerperal state, for you are to know that the puerperal woman is by no means exempt from malarial and other fevers during this critical period. In the malarial districts of the western states and in seasons when the malarial diseases are particularly common such as a very hot and dry season following a wet one, when the little ponds and lakelets as well as the smaller streams and sloughs are all dried up and the rank vegetation and myriads of *anamalculæ* which accumulate in such localities are all undergoing decomposition, it is a very common thing for the puerperal woman to suffer from more or less of febrile action of a periodical type, and the cases are few at these times which entirely escape such symptoms. In like manner I have observed that women who are confined in homes and localities where they have been previously exposed to the poison of typhoid fever, always

recover more slowly and manifest symptoms of a marked typhoid tendency. And I have further observed that most diseases having an animal poison for their origin leave a more or less marked impress upon the puerperal woman. And, hence, you are to bear in mind that all febrile phenomena in a puerperal woman are not to be considered and treated as puerperal fever. I have sometimes thought that puerperal fever was an unfortunate name for the disease under contemplation; but it is not our purpose, in a letter like this, to attempt a change of the nomenclature of our fathers. Puerperal fever proper is a disease whose origin is an animal poison introduced into the blood either through the uterus or the lungs. It is, in fact as well as in form, a putrid fever, and might very properly be called septæmia or septicæmia. The materies morbi may originate within or without the body. Any matter left in the cavity of the uterus after the expulsion of the child may, in undergoing the decomposition, which is sure to follow, produce the matter which, being observed either through uterine sinuses on the denuded surface of a possibly lacerated cervix, infest the circulation and terminate in sad calamity to the patient. It may be introduced on the finger of the attending accoucheur or carried on his clothing; on his beard, or possibly on a diseased mucous membrane of the nasal passages, or in various other ways. It may be carried into the lying-in chamber by an attendant that may be present or by a calling friend. It may be introduced from the atmosphere entirely independent of all other sources. The blood of a healthy person may contain sufficient of the morbid element to infect a puerperal woman through the function of respiration with no inconvenience to himself. The period of incubation is from three to five days, and its advent is usually sudden. The patient generally complains of uterine pain, which may be mistaken for after pains, particularly when intermission or remission of the pain occurs, as is sometimes the case; but in other cases there is no pain and nothing akin to it, save an undescrivable feeling of anxiety. Closely following this is the well nigh constant and characteristic rigor, to be soon followed by a rapid pulse of from 120 to 140 beats per minute, and a temperature of from 102° to 105° . The skin is sometimes dry and crisp, with a dusky palid hue about it, and well-marked dark circles about the eyes. At other times the whole surface of the body will be bathed in a copious, clammy perspiration, having a sweetish, pus-like odor. This perspiration has sometimes become so copious and profuse that in times past Blundell and others have taken it for a distinct disease or form of puerperal fever, and called it hydrosis. Even the profuse perspiration here referred to does not usually diminish to any extent the secretions of the urine. There is almost uniformly a considerable degree of tympanitis, and this sometimes becomes so great as to interfere in a marked degree with the action of the diaphragm. There is marked meteorism, and large quantities of gas fre-

quently escape with but little seeming reduction of size or relief in any way whatever.

Copious and distressing emesis sometimes occurs when the matter dejected resembles the stereotyped coffee grounds of tradition. The intellect is usually clear and unaffected, but in occasional cases delirium is an early symptom in the disease.

Copious diarrhœa is not an unfrequent occurrence in the disease, but is not critical in its nature giving no relief to the patient. The secretion of milk is generally entirely suspended, but in exceptional cases of the severest type this secretion is but little affected. The countenance has usually the appearance of intense anxiety and has a peculiarly pinched appearance. The course of the disease is rapid, the patient in rare cases succumbing to the disease and dying in a state of collapse within a few hours after the first seizure. There is never in the worst cases any indication of reaction, the disease going on unabated until death closes the scene. Happily this very fatal and greatly to be dreaded disease is fast disappearing from civilized countries, and I have no hesitation in predicting that within less than half the next century to come preventive medicine will have nearly if not quite stamped from the face of the earth this enemy of the child-bearing woman. I do not, dear doctor, indict this letter to you in anticipation of your having, so long as you remain in your present location, any considerable practical experience in the treatment of this disease, but more especially to call your attention in as specific a manner as possible to your obligations as an accoucheur to the world in stamping out this fearful malady and protecting the mothers of future generations from the dire consequences of so fatal an accident to the lying-in state. The treatment of the disease can be best considered as *preventive and curative*. And bear in mind that a grain of prevention in this is worth mountains of cure. As an accoucheur always keep yourself clean and free from filth of all kinds. *Never under any circumstances* fail or neglect to wash your hands immediately preceding your examination per vaginam of your lying-in patient, and when you shall have been in attendance on any case where there can be any suspicion that zymotic influences of any kind may exist, leave nothing undone that can contribute to destroy the contagion, and positively refuse to approach the bed-side of a lying-in woman when you have any doubt on the subject. Better turn your case over to a professional friend than subject a woman to such impending danger. It is a fearful thing for any man to have to confess to himself that he has in any way been the means of introducing a deadly poison into the system of a puerperal woman.

If you have under your care a case of erysipelas for the time, give your obstetrical engagements to another. If you have typhus or malignant typhoid fever in your practice, avoid the lying-in chamber if possible, but fumigate your clothes and apply to your own person the most effectual

disinfectants at your command, and I have no doubt that the day is not far distant when the internal use of carbolic acid and with some other quite as effective destroyers of animal poisons will be resorted to with entire success by accoucheurs when there is any possibility that their own blood may contain the poison which can so readily become the destroyer of their patients. If it be true, as we believe, that carbolic acid is so destructive to zymotic influences out of the body there is no good reason why it should not be quite as destructive to the same influences within the body. And not only in the case of the disease under consideration, but I have an abiding faith that ere long such procedure will be brought to bear upon all animal poisons or zymotic influences known to have been introduced within the animal economy. You will scrupulously avoid being yourself the means of infection, and you will, of course, see to it so far as lies in your power, that nurses, attendants and others do not infect your patients. When there is known to be any atmospheric and epidemic influence present, general disinfection about the lying-in chamber can be resorted to with profit; and if it should be my misfortune to again witness such an epidemic I will have recourse to this, with many other means, with a goodly degree of confidence. After having in every case of obstetrics to which you may ever be called taken every precaution that can be taken against external influences, you will not forget to be quite as solicitous concerning influences within the patient's own body. Fragments of the secundines and clots sometimes in undergoing decomposition within the uterus, become sources of great danger, and the indications are apparent.

In considering the curative treatment of this disease let me again call your attention to the fact, that the *puerperal woman* is affected more or less by the general morbid influences with which she may be surrounded. And that all fevers which attack the puerperal woman are by no means to be called puerperal fever. And hence a close discriminative diagnosis is most essential. I would like to impress *one idea* upon your mind, my dear young friend, concerning the treatment of this disease. Never rely on specifics, nor hang your faith on any one line of treatment. Depletion will benefit *one* and perhaps kill *another*. The New York treatment first brought into action by that old medical hero, Professor Alonzo Clark, consisting of the exhibition of opium or some of its salts to the extreme of narcotism may, as a single procedure, be beneficial in the largest number of cases, but I am satisfied beyond the limits of a doubt, that to cast one's anchor solely on this line of treatment in puerperal fever, is a mistake and will result in disappointment to the western accoucheur, and in fatality to many of his patients. So with the quinine treatment as suggested by some, and, indeed, I would warn you against panaceas generally. *Vera-trum viridi* has been greatly extolled, and by some eminent men substituted for the opium treatment, and in my practice has proved itself a very

effective agent, but I cannot rely on it alone any more than upon opium alone. To control the pain with opium and the heart's action with veratum and to eliminate as rapidly as possible the animal poison from the system, and in the mean time to sustain the patient's strength with the best of nutritious diet, the best results are uniformly obtained. Turpentine stupes and hot fomentations over the abdomen should never be neglected. The exhibition of bismuth and oxalate of cerium to allay the nausea and vomiting has in most cases been followed by very satisfactory results, and when these means have failed I have resorted to the use of champagne wine with uniformly good results. In the treatment of a disease so rapid in its progress and fatal in its results as the one under consideration, "where time is short and opportunities are fleeting," the exhibition of remedies by hypodermic injections is to be preferred so that their effects may be made more prompt and decisive. Wash the vagina and the cavity of the uterus out with water as warm as can be borne without pain, and thus remove all decaying and decomposing matter from those cavities.

And if the cavity of the uterus be the nidus for the rapid and almost unlimited reproduction of the parasite that we suppose and believe to be the cause of the disease, would it not be in perfect keeping with good common sense to follow the rinsing of those cavities by an injection of an antiseptic? The progress of surgery in the last decade has demonstrated beyond controversy the germ theory; and is there any reason why the good offices of antiseptics may not be available and effective in practice of obstetrics as well as in surgery? If the store-house of germs be broken up and the inexhaustible supply of morbid influence destroyed, he could much more reasonably hope to sustain the system and eliminate the poison from the circulation, and thus give nature an opportunity to rally them than if we permit the process of regeneration of germs to go unmolested.

If the antiseptic dressing of an external wound will, as we believe, destroy the germs that interfere with the reparative process of nature will it not be equally as efficient if applied to the internal surfaces of the uterus? To recapitulate, the first indication is to subdue the pain, the second to control the high degree of febrile action and rapid pulse, the third is to support your patient's strength by the best means at your command, the fourth is to eliminate the poison from the system in every possible way, the fifth is to destroy the supply of morbid matter by assailing it in its stronghold of regeneration, and sixth to treat the general symptoms and complications as you would treat the same conditions under other circumstances. The tympanitis and meteorism, the gastric irritability and other symptoms as they arise. You will for instance treat as you would the same complications in any other diseases. Do not forget in this disease as in all others that good ventilation is one of the essentials in good practice. You will bear in mind that however rare this disease

may be in your locality, and that however improbable an epidemic of it may be, you may have to contend with it at any time, and therefore you are always to hold yourself in readiness to give it battle.

Yours truly,

Monmouth, Ill., April 1, 1880.

S. K. C.