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THE LYING-IN CHAMBER.*

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I hope that what I shall say will be understood to be said not in the spirit of biased criticism or any unfairness. There are many new factors in the practice of medicine which he who

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would benefit his fellow man must take into account, and one of these is woman as a trained physician. I believe she has demonstrated her fitness and capacity for good work in our profession. Something has produced a curious state of affairs in obstetrical practice. Medical men are talking here and there of having trained midwives to attend normal lying-in cases among the poor. Who is to determine whether the case is normal or abnormal until after long hours of suffering on the part of the prospective mother? Why should the office of midwife be recognized in this country now more than formerly? Would it not be infinitely better to attempt to educate the public mind first; to send all lying-in women to properly conducted hospitals devoted exclusively to their care, such institutions being endowed to meet the financial condition of all classes; secondly, regularly employed physicians to attend to those of the poor who cannot leave the home on account of small children, because the mother in the home is a great factor of control, even though she be laid by temporarily; and thirdly, heeding the preferences of a large percentage of women who prefer their own sex, even to the extent of employing an untrained midwife, rather than be attended by one of the opposite sex, and recognize the woman physician in fact as has been done in name? Our profession is too noble a one to even suggest one code for the rich and another for the poor, and obviously no man would compromise on an ignorant, meagerly trained midwife, except one who expected to be called in at the eleventh hour for a surgical delivery. The advantage to the surgeon is more in anticipation than reality, however, because a compensatory fee is rarely forthcoming, and it resolves itself into a case for "sweet charity's sake." There is always a way to be found to cover all cases, and absolutely there should never be any compromise with ignorance or expediency in obstetrical practice. The ignorant poor woman needs much more from her attendant in this critical time than her rich sister, who is favored with a skilled nurse and is protected by all the safeguards of clean, wholesome surroundings.

Not only shall we not tolerate midwives, but in our days of specialists we have come to formulate the belief that no medical man or woman in general practice should attend to the lying-in woman, except in emergency cases. I know there are instances when one is obliged to officiate at these times or forever lose a good family, but this will not justify him in the eyes of his brother physicians in doing so when he is not fully prepared. The public needs educating in this matter as well as in that of fees. In our large centers of population it is easy enough to

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say that only the obstetrician and gynecological surgeon shall attend to women during their confinement, but in country practice and small towns it is usually impossible to thus limit medical men. Thus are we ever driven to depart from our ideals and made to realize that there is still some field in medicine for the general practitioner. Undoubtedly very much of the unsatisfactory work done by some general practitioner is due to the timidity which exists on the part of the physician and that of his patient. Respect for her feelings often makes a man yield in things which to him are minor, but which are major to the specialist. For those who wilfully depend upon a solution of bichloride for their hands and instruments, instead of soap and water primarily, I have nothing to say. The preparation of the patient, which can always be trusted to the trained nurse, must in her absence be done by the medical attendant; and just here I would ask, is there any substitute for a thorough scrubbing of the external genitals? Is it enough to prepare a 1:2000 bichloride solution and direct either the patient or the untrained nurse to give a vaginal douche? Is it not positively harmful except in the rare cases of specific disease of the parturient canal?

I think one of the things I have learned, at the greatest cost to my peace of mind—for although I have been fortunate enough not to have lost by death a parturient woman, I have lost much good sleep for fear I would—is not to allow any hands but my own, except trained hands, to either prepare or care for my patient. The trained woman physician has a very distinct advantage over the man here. The embarrassments frequently caused by the presence of the medical man do not exist, and this is particularly so during the time following labor. The abrasions and stitches when present can be daily inspected, the lochia watched, the uterus and vagina carefully examined at the end of ten days or two weeks, without more ado than taking the temperature. I have confined many multiparæ who had been previously delivered by medical men, and they tell me that they were never examined after labor, never prepared during labor—and this not decades ago, but now. This not alone in country districts, where there would be some excuse for it, but in Denver. The death-rate among lying-in women has been reduced to less than one per cent in hospitals devoted to their care, but not so in private practice, where the mortality reports remain almost where they were twenty years ago. I have no means of knowing except to a limited extent how vital statistics as between the medical man and woman stand in this respect. My personal observa-

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tion is that for the reasons stated the record is to the credit of the woman.

The obstetrical fee is another thing to be thought of. I am told that in small towns $10 is about the average. In Denver many practitioners make a charge of $15, the average being about $25. Even to keep in the good graces of the family and keep the family practice, it is not fair to do the most important work in medicine for such paltry fees. It means no care before confinement and none after. It means indifferent work during labor. It frequently means a bad, slow getting up and unhealed tears. It means too often work either for the undertaker or surgeon. Except for charity's sake the fee should not be less than $25, and those who habitually offer to work for less make themselves liable to be classed as cheap men. The low-fee men say they never make but one or two visits. Now, the time I think that a woman needs a physician after she is put to bed is from the third to the eighth day, when secretions are getting scant and blood-clots at the old placental site may be fermenting, or scraps of placental tissue may remain. It is not necessary to wait until one develops a chill and temperature of 104° to wash out the uterus; one degree of temperature means that nature is struggling with some foreign substance, and a timely intra-uterine douche will sometimes save much annoyance. If the accoucheur has done his work well and in a thoroughly aseptic manner, at the confinement he will not be afraid to investigate the pelvis for temperature instead of blaming the breasts and visitors and indigestion, and even the nurse. I have learned that it is unwise to say absolutely that there is nothing left in the uterus after delivery. If we always had normal uteri to deal with I presume the secundines would follow the child quickly and perfectly, but unfortunately such is not always the case. As a matter of fact, I have almost come to believe that the woman who has a curettement of the uterus and thorough irrigation some time during the first week of the lying-in gets up in better shape than she who worries along without it. During twelve years of its use I have blessed the man who invented the sharp curette. I used to be afraid of it, but it has never failed me where its use was indicated. Of course, great delicacy of handling is necessary. One hardly needs to be an athlete to wield the sharp curette successfully and safely.

I believe it is as unwise to discard the vaginal douche entirely as to use the intra-uterine douche without definite indication, but I positively object to the bichloride douche except in rare cases. Hot water, where the nurse can be trusted, or lysol solu-

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tion, is grateful to the patient, and where there are any abrasions aids in the healing process. Again, we are brought face to face with Dame Nature and should realize that uninfected excretions and secretions should not be interfered with.

Before closing these desultory remarks I wish to say a few words about the patient. There is a growing tendency of late years for women to read books treating of maternity, the diet during pregnancy, the clothing, the things to avoid, things to do. The absolute nonsense and twaddle which one finds bound up into books for the delectation of woman is appalling. Probably one called Tokology has done as much harm as any of them. Great stress should be laid here, to my mind, upon the duty of the physician to impress upon all pregnant women that although pregnancy and labor are strictly physiological incidents in the life of woman, her present mode of life is not always conducive to the normal functionating of all the organs of her body, and therefore as we are no longer living in a state of nature she should very early in pregnancy place herself in the hands of a specialist, where possible, either man or woman, and follow instructions. Those instructions should be, as we all know, a hygienic life, comfortable clothing, nourishing food, plenty of outdoor exercise, some definite occupation. Fears as to what to look at and what to avoid should be peremptorily allayed. It is too late after conception takes place to decide what the child is going to be. It will be the sum of the salient points, either good or bad, of many ancestors. The modification of these tendencies will come postnatally and not prenatally.

The tendency of the present day is very disturbing in the mental poise of the conscientious prospective mother. She is told she must do this and mustn't do that by supposedly well informed people, until her mind is actually distracted. Of all the emotions which rule human life, fear is the one which gives the physician the most trouble. So it should ever be our endeavor, as trained, well equipped physicians, to allay all fears by telling facts wherever possible. There are certain things necessary; for instance, the urine must be watched, the bowels kept free, pelvic measurements taken in primiparæ. For the rest, no moping or worrying, but cheerfulness and courage, should mark the mental attitude of the pregnant woman. I sometimes wonder if women bring all their fads and notions to men physicians as they do to women: the particular kind of grease, for instance, with which to rub the abdomen to make the labor easy, choice old goose grease being highly esteemed by many; shall they stop eating meat, etc. If women could be preg-

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nant and not know it for about seven months, it would be a good thing. I tell them to forget it and be natural. We must take something on faith in this day and age, and as the old dame has had a good many years' experience in developing fetuses, I believe she can be trusted, at least by the human incubator. The doctor is another proposition; so that he knows when to trust her, and when not, is all that is necessary.

As there is nothing in life which calls for so much of self-sacrifice and long enduring patience as motherhood, so also there is no branch of our profession which requires the skill, patience, sympathy, and endurance which maternity work entails upon the practitioner. Only thoroughly scientific work can be accepted, and were it not that sometimes "fools rush in where angels fear to tread," these remarks would have no *raison d'être.*

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