MANAGEMENT OF LABOR*.

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What I have to offer you to-day is *not* in the slightest sense to be termed an essay, but it is just what I would like to get out of you and each of you—what you have learned by experience, however short, what you have tried and found true and expedient. It is not what you have read that *I want*. It is your own individual personality, if I can get it. This is what I offer you.

It would be impossible, in the short time which I ought to occupy in this meeting to more than just touch upon some of the most salient points of importance covered by the term Labor.

Labor is a natural process set up in the uterus to cast off the ripe ovum at the proper time.

This is, approximately, 280 days after the fecundation of the ovule. Exactly when this took place, it is always impossible to determine, so we should be very careful how we interfere with nature either to hasten or retard labor, when the gestation is far advanced. Let me say in the beginning just as emphatically as I can, that meddlesome midwifery is always to be condemned in the strongest terms. I believe it is unnecessary to explain what is meant by the term meddlesome midwifery.

It is not to be understood that this pernicious work is done only by midwives. Many a poor young woman has been made a cripple for life by forcing the early stages of labor by one in whose hands she has placed herself in this most trying of ordeals, her first maternity.

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When labor has actually set in, the pains are rhythmical and in most cases positive in their nature, and are seldom mistaken, though we are often called to find spurious pains, simulating the natural positive labor pains so closely that it requires an examination of the cervix to enable us to distinguish them from the real thing.

Until the real labor pains have actually set in the patient should be encouraged to patiently wait.

If the pains are weak and ineffectual after the labor has begun, a few one or two grain doses of quinine administered hourly or half hourly I have found to be not only harmless but very helpful in promoting efficient uterine contractions, and at the same time acting as a general tonic. Further than this I never go either medicinally or mechanically, unless certain that the forces of nature are crippled or some grave complication is threatened.

PREPARATION OF THE PATIENT.

If there is time she should have a good general bath. The hair about the external genital organs should be clipped with scissors down to a quarter of an inch in length, and the parts given a good scrubbing with warm sterile water and green soap. If the lower bowel is loaded, a soap and warm water enema should be given and repeated if required to secure a complete evacuation. The bladder should also be emptied, the night dress turned up under the shoulders, and a folded sheet pinned about the waist like a shirt, *and this is all.*

It is or ought to be a perfectly physiological process that is about to take place, and great care should be taken to prevent all grave apprehension on the part of the patient. She should be assured that what she is about to do is a very common affair, and her attention called to the fact that a great many people have been born into the world and that this is only one more. The shaving of the vulva is to be condemned. It is unnecessary, uncalled for, and pernicious in that it creates the impression on a timid patient that she is about to undergo a severe operation. Simple cleanliness is ample, and is a natural process. If it is desirable to go further than this, the first and by far the most important and only effectual thing to do is to sterilize the copulating organ every time before its introduction into these sacred precincts.

The *Bed* should be made up with clean sheets in the ordinary way, except that a few layers of paper, say eight or ten sheets of common newspaper should be laid under the lower sheet and next to the mattress. Over this sheet lay another pad of newspapers which

have been basted together, and upon this lay a folded sheet or cotton blanket.

All this can be done within ten or fifteen minutes, and without in the least exciting the patient's apprehensions.

All voluntary efforts at expulsion must be discouraged until the mouth of the uterus has become completely dilated, when, if the membranes remain intact, they may be ruptured and the patient encouraged to make voluntary effort at expulsion.

When rupturing the membranes, a common wash basin or small pan may be held in front of the exit; this will many times prevent a very wet bed.

After the expulsive pains have been in progress for some time, if the baby's head does not seem inclined to enter the strait, I request the patient to turn over on her side and "curl up like a caterpillar".

This change of position promotes rotation more than any manipulation can and the labor is frequently terminated quickly.

One assistant at the bedside is enough. More than this are in the way and tend to vitiate and make the air stuffy. The husband's place is sitting sideways on the bed with feet on the floor. The patient on her back with her knees drawn up. Then the assistant, sitting close to the feet of the patient, turns a quarter way around when a pain comes on, leans forward, facing the patient, a shoulder braced against each knee and hands clasping those of the patient.

In this way she feels that she is supported on all sides, and the inclination to toss about on the bed is reduced to the minimum.

Between the pains the hands are unclasped and the assistant sits upright or leans back against the foot board.

This leaves a place for the doctor at the side of the bed, where he may sit or kneel as he chooses. A small box about a foot or a foot and a half high gives him a very restful position, and he reaches the patient under her flexed knees. In this position the labor can be terminated with a minimum amount of ado and fatigue to all parties.

If the labor progresses till the head is resting against the perineum, and then all efforts seem fruitless, a good and safe rule is to apply the forceps at the end of a couple of hours and terminate the case.

This rule, of course, must be flexible. Forceps should be applied: if convulsions occur, if the patient shows unmistakable signs of exhaustion, if the child is in danger from any cause, if the contractions cease, or if the maternal parts become hot and dry. In short, the indications for the application of the obstetrical forceps are varied and numerous. They are indicated, when from any cause, in the judgment

of the physician in charge (and he alone is to be sole judge) the patient becomes unable to terminate the process with perfect safety to herself and child. They should never, however, be applied except in the most urgent cases until the uterus is fully dilated.

APPLICATION.

The patient is turned across the bed, on her back, with hips projected well over the side of the bed rail, each foot supported by a chair or an assistant sitting on the edge of the bed.

The blades as they are introduced should slide easily into place without the use of any force, and, when in place properly, they will *fall* into lock, and no force should be applied at traction unless they do so fall into lock, when no injury can possibly result to the mother or child.

After each effort at traction, the blades should be gently unlocked and readjusted, to be assured of their proper application to the head of the child.

The obstetric forceps is an instrument, the legitimate use of which is to assist nature in the accomplishment of a natural physiological process. It should be simple in construction, light, but very strong, so as to prevent springing. In fact it should be as nearly absolutely rigid as possible without encroaching too much upon the capacity of the pelvic canal.

The lumbering creations which have been invented and placed upon the market with high sounding "Axis Traction" names are suggestive of a traction engine hitched to a lawn mower in a cemetery. They are absolutely unnecessary and their use pernicious.

The very best possible aid to nature in extreme cases, is an educated hand. This is available always, and can be used effectually when all else fails. One pair of Professor De Laski Miller's jointed forceps in the hands of the author have fulfilled satisfactorily all indications for their use for the past thirty years. They can be introduced and properly applied to any case where forceps are indicated, and traction can be made in any and all definite accurate directions possible with any forceps now made, and with more positive results.

It is taught that chloroform is never harmful to a woman in labor. I have become satisfied that this teaching is wrong. I can but believe that when administered over a period at all extended prior to the completion of labor, the post-partum, tonic contractions of the uterus are weakened, and internal bleeding in greater or less degree is encouraged.

I am sure that I have observed this in later years, and I have come to use it now only during the last few moments of supreme suffering while the head is passing through the vulva, to enable the patient to refrain from forcing the delivery when these important parts are already under extreme tension and liable at any moment to suffer extensive laceration.

If a tear does occur, and it does not involve the muscular structures but only tears the skin, it should be let alone. On the other hand, if it does involve the muscular structures, it should be repaired at once, very carefully and thoroughly, by a sufficient number of deeply set sutures of pykotannin catgut or other antiseptic material which will be absorbed but slowly.

Discussion.

At the end of the paper Dr. Epley said:

As regards preparation of the nipples, I have resorted to a homely expedient which I have never heard suggested elsewhere. I was brought up on a farm and used to milk heifers and get kicked end over end. Why? Because their udders were tender and it hurt them to be milked, and the udders would become cracked; but I remembered that after the udders became toughened by manipulation, the heifers enjoyed being milked; and I thought I would try this plan on the next young mother whose case I had. I did so, and I was happily rewarded by seeing that young mother nurse her baby with perfect pleasure, and from that day to this, whenever I have been able to get the patient in time, and when she has followed my directions, viz, massage pure and simple but extreme and thorough, a cracked or sore nipple has never occurred.

DR. J. P. COX of Superior:—I have enjoyed the paper very much indeed. I think the old fellows who roam around in this neck of the woods, sometimes have experiences that the fellows who have access to the hospitals and to lots of counsel and proper nursing, are deprived of entirely.

As to the preparation of the patient, the doctor says nothing about the bedding. Now, I think that it is preeminently proper and also feasible, even in isolated country districts, for a man, if he cannot have the house aseptic, at least to have the bedding and the clothes properly boiled. I have been called into houses in this part of the country where they did not have a clean washdish or towel. In regard to aseptic bedding, I think the best way for the country practitioner to secure general asepsis, is always to carry with him an obstetrical cushion. In that way no matter how dirty the bedding may be, after thoroughly cleansing the body, if he has his Kelly pad with him it is generally possible to complete the accouchement without any soiling of the bedding.

These things are entirely different, as I say, in the case of the country and of the city practitioner. If he has a Kelly pad, and has any kind of a proper nurse at all, he can look out for cleanliness to a great extent.

My friend, the doctor, lays great stress on having the husband of the patient at the bedside, so that he can pull on the hands and all of that.

Now, if there is anything I detest about the bed of the accouchement, it is the husband. I want him to keep out of the way entirely, with his soiled hands, the same as with the filthy nonaseptic nurse that we usually get. Whenever I can carry these measures out I do so. I put a brace on the head of the bed so that the patient can get as much pectoral extension as possible. It has a good moral effect in the first place; it has a very salutary effect on the heart, on the breathing, and all of that, but outside of that it keeps the meddlesome old lady out of the way entirely, and better than all, it keeps the husband away with his nonaseptic hands.

The doctor speaks about the traction forceps, and he does not like to use them very much. That has not been my experience at all. I like to use forceps in every case where they are indicated.

In regard to laceration, I think it is better, no matter if the tear is slight, to operate at once.

In regard to anesthetics, I had quite a serious experience lately with this preparation that they call hyoscin-morphin-cactus, and some other stuff of that kind. It is put up in the form of tablets. They told me I could give my patient a nice dose and she would go to sleep for two or three hours and wake up, and not know that anything ailed her. Well, I had a patient to whom I was called at 9 or 10 o'clock in the evening, whom I had attended ten or twelve times before; she was a very nervous woman. At 9 o'clock I gave her one of those tablets. At 10 there was no effect noticeable at all, and your beloved pastor was at a loss to know what to do. At 11 o'clock he gave another tablet, and at 12 the patient was in an absolutely cyanotic condition, and at 12:30 I made a high forceps delivery, and the child was in an absolutely cyanotic condition, requiring the most strenuous effort from that time till 5 o'clock the next morning to bring on proper circulation. The patient "came to" about 11 o'clock the next day; and I made up my mind that I would use no more of that cactus business at all, but depend upon the old time procedure of a large dose of morphine hypodermically given when the os is dilated to the size of about half a dollar, supplemented by the chloroform afterwards.

DR. HUGO PHILLER of Waukesha:—As our president has said, prevention is the best part of our whole profession, and in the lying-in room this precaution becomes of signal importance.

I was much pleased to listen to Dr. Epley's paper, because I consider him one of the old fellows. I consider myself an old fellow, and I think Dr. Epley gets pretty near to it also.

He does not advocate the use of chloroform; I would just as lief go to a lying-in room forgetting my Kelly's pad or my syringe and a great many other requisites, as to forget to put in my bag the Esmarch mask and the chloroform. I have found that the clear chloroform may be contra-indicated in some cases; but a mixture which is commonly called in my country the Vienna mixture, and which was used by Prof. Billroth in capital and minor operations, consisting of 11 parts of ether c.p., 12 parts alsohol c.p., and 77 parts of chloroform, Squibbs' preparation, by weight, and not by measure, I find very advantageous. It is a perfectly safe preparation. Very often, in the second stage, I give the mask into the hands of the lying-in woman herself, pour perhaps 10 or 15 drops of the solution on it, and tell her to inhale

it as much as she pleases. I thus get the effect of moral suasion and suggestion. It does not bring on surgical or any other kind of anesthesia, but it relieves the pain.

DR. JULIUS NOER of Stoughton:—I think, "There are more things in Heaven and earth, Horatio, than was ever dreamt of in our philosophy," and that is the trouble with this subject. It is too large, and involves too many things.

I might say a word upon two or three points. I think the management of labor depends first on a thorough knowledge of the anatomy of the female pelvis, and secondly, the physiology of normal labor, and the attention to the details of asepsis. 90 per cent of all labors will get along without any assistance whatsoever; but it is the abnormal labor that tests the knowledge and skill of the physician.

Now regarding books and the study of this thing beforehand: you cannot get along without books. A good book is a record of the scientific investigations and studies of those men that preceded us, and they are the ones we all have to study. Our own knowledge, observation and experience adds but a mite to the history of thousands of years' experience recorded in our scientific works.

The use of the forceps and the department of operative midwifery is an immensely large field by itself and cannot be intelligently discussed in an informal way.

A word about the anesthesia and I shall say no more. I shall later on refer to the subject of the proper management of labor perhaps, under another heading—a matter I spoke of and suggested last year when Dr. McCabe's paper was presented. I agree with the doctor that the use of chloroform is dangerous and should be attended to as carefully in labor as in any other place, and a little more so. It is perhaps not necessary in a great many cases. The patient should be carefully examined beforehand to ascertain if there are abnormalities in the kidneys, the heart should also be carefully examined and the metabolism of the patient looked after both before and after labor.

DR. A. D. GIBSON, Park Falls:—I come from a section of the State famous for John Dietz and noted for clover and babies. One day last June I had five cases of confinement. We have no nurses worthy of the name in our part of the state. We have well-meaning Marys and Marthas that come in and often interfere and do more harm than good. But in a good many cases the patient is left alone with her husband, and even he is often a minus quantity, and sometimes not a person in the room with us except the patient, who cannot get away from her dilemma.

I have usually prepared the bed a good deal as Dr. Epley has done; and I find that paper is a very good absorbent. I usually have rubber sheeting oilcloth or something under the sheet, and have the bed prepared the way I intend to leave it afterwards, and then on top of all that I use a folded blanket and sheet, and fill it in between with all the paper that I can use. That makes it very absorbent and as long as I must be my own nurse in the majority of cases, I can readily wash the patient and remove that pad, slip in a good pad, and the bed is prepared after labor has terminated.

In regard to the lacerations of the perineum, I also agree with the doctor. Minor lacerations involving only the skin and mucous membrane of the fourchette, I do not think should be repaired. If they involve the muscular tissue it is proper to repair them. Otherwise I think we get just as good results by not repairing them, and invariably if we do repair them we find that in the next pregnancy or next labor the parts are again torn and often torn worse than they were before, and I find that the parts are usually in better shape for a subsequent labor if skin lacerations are not repaired.

In regard to chloroform I use it in nearly all cases; very few women in my vicinity will allow me to attend a case without the use of chloroform. I use it very sparingly until the last few pains. During the last pain or so the patient is often completely anesthetized.

DR. EPLEY, (concluding discussion)—I thing there is very little to be said. The criticisms I accept as just and proper. I think though that in one or two instances, if I got the gist of the criticism, it is based on a misapprehension. Dr. Cox says I decry the use of forceps. I wish to disabuse his mind in that direction. I always like to use the forceps, when I can do so and have my conscience clear, to expedite the labor, but I do not use them for my own benefit, but always for the benefit of the patient.

In regard to the husband's hand, there is one thing that I always insist on when the husband is around, and that is that he keep his hands where they belong, and they do not belong under the bed clothes. I never could see how he could contaminate the patient after his hands were washed with soap and water, if he kept them above the bedclothes, and I am one of those who received their education from De Laski Miller, who always instructed us how to attend a woman in confinement without uncovering her. I am aware that the teaching is somewhat modified to-day, and probably many times, under the antiseptic and aseptic treatment methods that are used, it is necessary to uncover the patient; but I must confess that I am opposed to that procedure, because I know that timid women, refined women shrink from it—I know they do—I have seen them shudder. I have seen the clothes deliberately thrown back and everything exposed, in a house where there were only two rooms, and young people standing around. That was not in the city where we have things as we want them.

I don't know but what Dr. Noer thought that in my paper I said something against reading. I did not mean to say that. I meant to say that I did not like to come here to listen to what I can read in my office. I like to read in my office. I think we all like to read in our offices—and anything that I can read in my office I do not like to come clear across the state when I have not got the time to spare to hear it read here. That is the point I wish to make. I like to come here and get at your inner selves, just as I am willing to unfold to you my experience. I enjoy a love feast here with my conferes. All of us know if we will be honest with ourselves that it is not practicable to have love feasts at home, as we can have here, to get into one another's inner consciousness, thoughts and practices, with men whom we are in actual competition. But where we get the most for our journey here is when we get down and tell each other what we do and how we do it. Get up and criticize me if you want to; if you have a better way than I have I want to know it; do not hide your light under

a bushel. Just at the close of my paper, I spoke of the preparation of the nipple, I know that is good; I wrote a paper on that in Philadelphia and had numerous letters thanking me for that suggestion. It is a homely suggestion, but the young mothers appreciate it.