

REUBEN PETERSON SOCIETY BULLETIN

THE STUDY OF HISTORY

The study of history is important, not least of all because it reminds us that human nature has not evolved as rapidly as his technology. Every generation believes it can improve upon the previous: new theories, techniques or treatments are championed; a few survive the heel of authority; heresy becomes orthodoxy; the cycle of knowledge repeats itself.

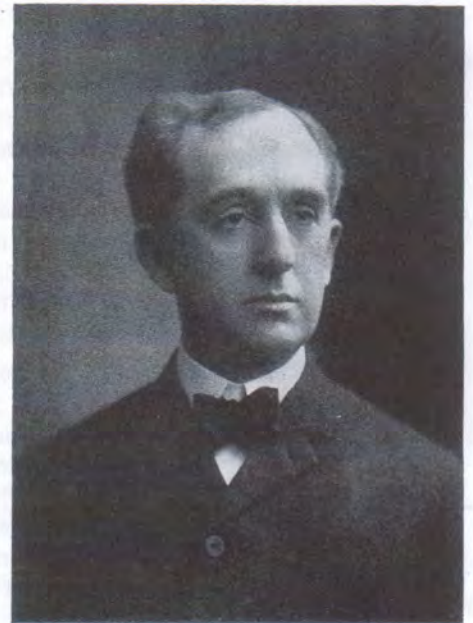
The acceptance of new ideas is intimately linked to the social and cultural context in which they arise. Nor can doctrines be divorced from the personalities of those who either promulgate or oppose them. Discovery of the etiology and prophylaxis of puerperal fever stands as a classic case-in-point.

Alexander Gordon was the first writer to show clearly the infective nature of puerperal fever in his 1795 "**Treatise on the Epidemic Puerperal Fever of Aberdeen**". He wrote: "... *this disease seized such women only as were visited, or delivered, by a practitioner or taken care of by a nurse who had previously attended patients affected with the disease*". Since he made no practical suggestions, and was not known outside Scotland, his views were largely ignored.

Gordon's work finally achieved recognition in Oliver Wendell Holmes' 1843 essay, "**The Contagiousness of Puerperal Fever**". Then a young professor of anatomy and physiology, Holmes concluded his review of the literature with a number of specific recommendations. Following exposure to a case of puerperal fever, he advised "*thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending any case of midwifery.*" He stated that "*The occurrence of three or more closely connected cases, in the practice of one individual...is prima facie evidence that he is the vehicle of contagion.*" More importantly, he raised the issue of personal responsibility: "*the time has come when the existence of a private pestilence in the sphere of a single physician should be looked upon not as a misfortune but a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession should give way to his paramount obligations to society.*"

Holmes' essay contained few original ideas, was published in an short-lived journal, and might have remained obscure had it not attracted the scorn and ridicule of Charles D. Meigs and Hugh Lenox Hodge of Philadelphia, the leading figures in American obstetrics.

(cont. page 2, STUDY)



Reuben Peterson

Reuben Peterson 1862 - 1942

The Reuben Peterson Society was created to provide a forum for individuals interested in the history of Obstetrics and Gynecology. It honors the memory of Reuben Peterson, Chief of Ob/Gyn at the University of Michigan from 1901-1931. Although not as well-known today as Kelly, Williams or DeLee, he was one of the most productive and influential American Obstetrician-Gynecologists of his time. Unlike his more famous peers, he was 100% "home-grown": he never studied in Europe, and his formal Ob/Gyn training consisted of 4-months as an Intern at the Boston Lying-In hospital.



Oliver Wendell Holmes



Ignaz Philipp Semmelweis

STUDY...
(from page 1)

Meigs wrote: "...seeing that I could never convict myself of being the means of spreading the contagion, I remain incredulous as to the contagiousness of the malady."

In response to his critics, Holmes in 1855 republished his essay under the title "**Puerperal fever as a Private Pestilence**" and concluded his prefatory remarks with a plea: "...if I am right, let doctrines which lead to professional homicide be no longer taught from the chairs of those two great Institutions" By then, he was aware of the work of Semmelweiss in Vienna and Pest.

In 1840, the Vienna Lying-In hospital was divided into two obstetric wards: the first was used for teaching medical students, the second for training midwives. In the period from 1841 to 1846, mortality from puerperal fever was 9.9% in the first Clinic, and only 3.9% in the Midwife Clinic. Following his appointment as Assistant of the first clinic in 1846, Ignaz Philipp Semmelweiss sought to explain this difference.

Most Continental obstetricians believed that puerperal fever was due to a *genius epidemicus*, which was vaguely defined as a miasma or an "atmospheric cosmic telluric influence". Semmelweiss doubted that cosmic effect could be four times as strong in one clinic as in the one next door. He systematically ruled-out one explanation after another: overcrowding, lack of ventilation, marital status, diet,... but for a long time had no theory of his own.

As always, the breakthrough came unexpectedly: Kolletschka, a friend and colleague, nicked himself with a scalpel during an autopsy and died of sepsis a few days later. Having worked for two years in Rokitansky's pathology laboratory, Semmelweiss immediately recognized the similarity of the necropsy findings to those seen in women who had died from puerperal fever.

Years before the germ theory was accepted, he concluded that whatever caused puerperal sepsis could be transmitted from cadavers. Medical students and doctors dissected cadavers, midwives did not. Noting that soap and water alone did not remove the cadaveric odor on his hands, he empirically used a chloride of lime solution. In May 1847, he ordered all his students to wash their hands before at-

tending patients in labor. The death rate fell from 11.4% in 1846, to 3.8% by the end of 1847, and in 1848 it was only 1.3%.

Semmelweiss hated writing and did not publish his "doctrine" until 1861. As a result, incomplete accounts of his views circulated and were ridiculed by many prominent Obstetricians, including his own chief, Johann Klein, as well as such luminaries as Rudolph Virchow and Wilhelm Scanzoni. He attacked his detractors with messianic zeal. To Scanzoni, he addressed this open letter: "Your teaching is based on the dead bodies of lying-in women slaughtered through ignorance...I denounce you before God and the world as a murderer, and the History of Puerperal Fever will not do you an injustice when, for the service of having been the first to oppose my life-saving *Lehre* it perpetuates your name as a *medical Nero*." He became increasingly depressed and irrational; at the age of 47, in 1865, he was admitted to a psychiatric facility where he died a month later. In his own lifetime Semmelweiss received little encouragement and less recognition.

The "dustbins of history" are replete with discoveries that were either ignored or discredited in their time; such *ephemera* may well have deserved their fate, but this value-judgment needs periodic re-assessment.

Reading antiquarian books and journals inspires respect for the intellect of our professional ancestors; it often reveals their very human failings; and it can be very humbling for anyone claiming originality.

Ronald M. Cyr M.D.

Original minds are distinguished not by being the first to see a new thing, but by seeing the old, well-known thing, which is seen and overlooked by everyone, as something new.

The first discoverer is usually that quite ordinary and unintellectual visionary: chance.

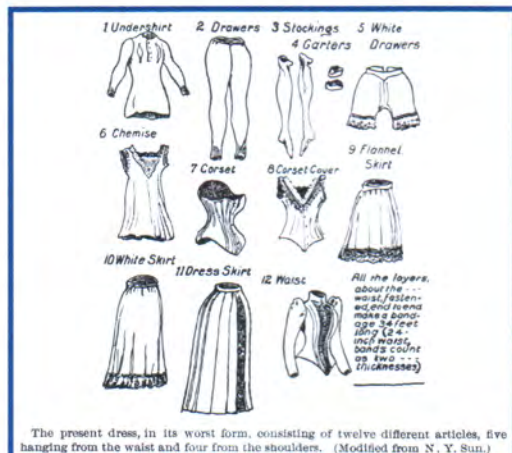
F. Nietzsche

Chance favors a prepared mind.

Louis Pasteur

My own early warm friendship with William Osler began, I am sure, when he came up to Kensington among the mill population and saw my considerable library of medical classics.

Howard A. Kelly



THE CAUSE AND PREVENTION OF UTERINE CANCER

Embryological cellular degeneration has been accepted as a theory of the causation of cancer, but more recent researches point to a distinct cancer bacterium, though its exact nature has not been fully determined. But traumatism, as an established predisposing cause, at least, must be recognized. Cancer of the cervix is rare in women who have never borne children, nor have suffered lesions of the cervix from the use of instruments in the hands of gynecologists. The disease usually begins in the squamous epithelium but may begin in the cylindrical or epithelial cells of the cervix and invade the body of the uterus by direct extension. It usually occurs in the latter part of, or soon after the close of, the child-bearing period, and is more common in the well-to-do than in the hard-worked

classes...

Dührssen, when suspicious symptoms present, removes the entire uterine mucosa, as some pathologists believe that cancer can only develop in epithelial tissue; but vaginal hysterectomy is preferable, being safer and more certain in results. Others advise high amputation of the cervix in the beginning of disease. The present mortality in operations for cancer of the uterus is about 40%. But with earlier diagnosis and more prompt and more radical operative treatment this percentage should be greatly lowered.

W.W. Grant
Denver Medical Times,
August, 1899.

IS THE FREQUENT USE OF FORCEPS ABUSIVE?

I feel quite certain all present will agree that there is forceps abuse... To substitute traction for contraction, to introduce and use instruments in the genital tract; indeed, to substitute art for nature's peculiar and inimitable methods, is always dangerous.

Very few practitioners of medicine claim to be qualified for the practice of surgery, and delicate and dangerous operations are relegated to the specialists in this branch; but it is comparatively rare to find a physician who does not think himself competent to manage any forceps case which may present itself...

The province of obstetrics has been greatly improved by opening up the relatively new field of gynecology. The good is not only manifest in sewing up its unsightly rents, but it is doing something to be grateful for, as a warning to obstetric operators...If we could only persuade operators of making traction during the pains rhythmical, direct, slow; of supplementing, not superseding nature; of the prime necessity of utilizing all the *vis a tergo*, and only just enough of his own

power to bring the combined forces to the norm, and that all above that should be reckoned as abuse; if we could only get him to be careful, to halt, prospect, and protect the sphincters of the uterus and the vagina, and to beware of rapidly unloading the organ, we would have a reform which would be as life-saving stations all along the passageway...

To do in twenty or thirty minutes what Nature would ordinarily accomplish in from four to six hours, is not warranted by pain, emotionalism, or any other indication, unless it be a clear demand to act in view of the jeopardy of mother or child...

I believe, in the absence of reliable statistics, 1 in 15 to 1 in 20 labors is about as often as forceps need be used.

Thomas Opie M.D.
Trans. Am. Assoc. Obst. Gyn.
Vol. 1, 1888, p. 142-159

Just because everything is different doesn't mean anything has changed.

-Irene Peters

History is always written wrong, and so always needs to be rewritten.

-George Santayana

The causes of events are ever more interesting than the events themselves.

-Cicero

The Reuben Peterson Society will meet three times a year, on dates to be announced.

All members of the University of Michigan community are invited to attend. The format is still evolving, and suggestions for presentations are invited.

The first meeting was held on June 13, 2001. Dr. Ronald M. Cyr reviewed the "Life, Career and Times of Reuben Peterson".

This Bulletin will be published on a quarterly basis, and distributed to members of the Obstetrics and Gynecology Department, as well as to members of the Norman F. Miller Society and anyone else who asks.

All reader contributions, humorous or otherwise, and somehow germane to the history of Obstetrics and Gynecology, will be considered for publication at the Editor's discretion. To quote Alfred E. Newman, "all the news that fits, we print."

Please address all correspondence to the editor, publisher etc:

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