

REPORT OF COMMITTEE ON OBSTETRICS,

BY

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The remark has frequently been made, that the printed transactions of the Ohio State Medical Society, are meager and barren of interest, and I really fear this remark has sometimes been made by those, who themselves ought to bear no inconsiderable share of the blame for said meagerness. It is only by members feeling an interest, and *proving* their interest by actions instead of words, that the object of our association can be attained, and if individual members, I care not with what excuse, except it be mental or bodily inability, stand aloof, instead of putting their shoulders to the wheel, it is no wonder the car of science should progress but slowly—it is only to be wondered at, that we have any reports at all. These remarks are not thrown out ill-naturedly or at random, but are the result of experience, for Committee after Committee have complained of the same want of co-operation. We have sent out over 100 written and printed circulars, besides calling upon the profession through the medium of the Medical Journals, and the responses have been so few, that the subsequent report cannot, at all, be considered as a fair expose of Obstetric science and art in Ohio, as exemplified by the practice of its medical men, but simply as a collection of facts and opinions, improvements, etc., which in the opinion of your committee were worth preserving. Publishers of obstetrical works have evinced the same chary disposition; not a single new work on obstetrics, or new edition of an old one, has been forwarded to your committee, (upon their request,) for criticism and review. If, therefore, our report be meager, we must at least, claim as faithful servants, to have made the best use we could of the one talent entrusted to us.

Few, however, as the contributions by the profession are in number, your committee feels constrained to bear testimony to the great excellency of some, with which they have been favored, and would beg

leave particularly to refer to the lengthy, labored and able essay of Dr. McMeens of Sandusky, in *itself* a report, and the statistical *tables* of our young friend, Dr. Culbertson, of Zanesville, whose business like accuracy in observing and recording facts, might shame many of us seniors.

In addition to the circulars, written letters were addressed to some of the seniors of the profession, seeking information in regard to the history of Obstetrics in our state, but no responses obtained.*

The following is the circular as far as it relates to the subject of this report:

CIRCULAR.

Dear Sir: Will you be pleased at your earliest convenience to answer the following questions, or any of them, *at length* if your time permit, due credit will be given in the report, to any gentleman who may communicate valuable facts.

Q. 1st. Are you engaged in the practice of obstetrics and how long have you been?

Q. 2d. Have you kept a registry of births, or can you, to some extent, from memory, state the number of preternatural presentations that occurred in your practice? Their proportion to natural ones? The mode of treatment? Success as regards mother and child?

Q. 3d. Have you employed cephalic version? How often and with what success?

Q. 4th. Have you employed Ergot in difficult labor? With what result to mother and child? Is there in your opinion, a greater number of still-born children where it is employed?

Q. 5th. Have you seen cases of Puerperal fevers, Puerperal convulsions, Puerperal mania, Phlegmatia dolens, Trismus nascentium? What were their causes, prodromes, symptoms, and results?

Q. 6th. How many regular, irregular, and how many female practitioners are there in your district, and how is the practice distributed among them?

Q. 7th. Are you cognizant of any gross malpractice in cases involving Medicolegal investigations on midwifery?

Q. 8th. Remarkable cases involving peculiar modes of treatment.

Q. 9th. What are the fees in obstetric cases?

Q. 10th. Have you observed any marked results of the mental operations of the mother, on the physical organization of the child.

*Since writing the above, the committee have the pleasure of acknowledging two very valuable reports from Georgia, and the same number from Pennsylvania. Truly no political lines divide our noble profession. "No pent up Utica contains our powers, the whole unbounded continent is ours."

It was of course not expected to furnish a treatise on midwifery, but merely to ascertain the present state of the art and science. Your committee have therefore confined themselves mainly to those points involving matters of practice, not yet sufficiently agreed upon, and opinions more or less assented to by the profession. We shall commence with a brief survey of the history of midwifery in Ohio, up to the present state of the practice. Then, discuss some matters both of theory and practice, and lastly, say something about the literature of obstetrics, and medical education in reference to this branch—thus dividing the whole matter into three chapters.

CHAPTER I.—HISTORY OF MIDWIFERY.

The practice of midwifery among the aborigines of our country, was exercised by some antiquated squaws, whose services, however, were but seldom required. The Indian female, generally retiring to the privacy of a bush. After parturition, washing herself and child in the nearest brook, and resuming her march with the encampment, carrying upon her back the papoos, in addition to the already too heavy burthen imposed by her lazy lord and husband. In difficult labors, the midwife, however, came armed with various incantations and charms, which, of course, nugatory in themselves, had the power of sustaining the courage of the sufferer, and thus enabled her to triumph over difficulties, under which, otherwise, she must have succumbed. Even in civilized society, the accoucher finds the stimulus of hope and confidence in his skill, two most powerful therapeutic agents in the lying-in-room. In addition, the Indian midwife resorted to vapour-baths, to relax the external parts, and endeavored also, by external manipulations, hippocrates like, to aid in the expulsion of the fœtus; applying the hand over the mouth, till incipient suffocation took place, was a favorite mode of treatment. Add to this the decoction of some stimulating herb, such as pennyroyal, made in a calabash, heated by throwing red hot pebbles into the water, and you have the whole stock in trade of the Indian midwife. These were generally successful, because deformed pelvis of the mother, and malposition of the fœtus, are apparently of much rarer occurrence among the Red, than among the Caucasian race. Under such unfortunate circumstances, the most brutal violence was, however, resorted to by the midwife and the husband, and their savage attempts to drag the fœtus from the uterus by main force, were generally followed, if not preceded by the death of the miserable sufferer.

The first white inhabitants of Ohio, in their habits and manners,

assimilated much to the aborigines. They were a hardy race. The pioneer mothers of Ohio, many of them bred in the luxury and refinement of comparatively wealthy eastern and southern homes, soon accommodated themselves to this radical change of life, and in their hardiness, fairly outvied their red sisters. Blessed, however, as they were in the possession of husbands, whose sympathies were strongly enlisted in the sufferings of her, not his *slave*, but his equal companion, the joy of his heart, the very life and light of the lonely cabin in the wilderness, she enjoyed comforts vastly superior, and even unattainable by the squaw. For weeks and even months, preparation began to be made for the auspicious event. As the backwoodsman with pride, looked upon his teeming bride, his exertions were redoubled, to procure for her those things, which, at other times, stranger luxuries to his humble mansion, at the lying-in, were considered indispensable necessities. Coffee, tea, wheat-flour, sugar, some store-bought cottons and flannels, were procured at, to us, fabulous prices. Black Betty was replenished with the choicest old rye, and last, though not least, a sufficient supply of tobacco was also procured. The nearest settlers, to the number, perhaps, of a dozen, were made fellow-keepers of the family secret, and their wives slept with one eye open, and their shoes (if they had any,) under the bed, so as to be ready at the first summons, to haste to the assistance of their suffering sister.

At last the long expected moment arrived. The alarm was sounded on the long tin horn or the conch shell, and a well mounted messenger or messengers dispatched for the more distant neighbors, who soon commenced to arrive,—men, women and children—some on foot, some on horseback, but all hastening to the *frolic*, as these sacrifices to Lucina were improperly called. It must not be supposed, from this description, that there was any sacrifice of modesty in this rude, good natured kind of fellowship,—the men seldom coming nearer than in sight of the chamber of mystery, lest they should catch sound or sight improper for the uninitiated. Children of both sexes, however, formed no small part of the assembly, and by their restlessness and squalling contributed much to the enlivening of the scene and the variety of the entertainment. A portion of the forces were appointed to the cooking department, and retired to the other room, if the cabin were a double one, or out of doors, where a temporary shed served as kitchen for the occasion; while another and the larger portion devoted themselves to the express services of the parturient lady. The exclusion of males, however, was not rigorous. Father,

father-in-law, brothers, and some old gray-beards, occupied the second room, or lingered around the cooking shed, to be on hand for an emergency. The presence of the husband was also frequently insisted on, especially in times of difficulty, as a peculiar virtue was supposed to be attached to the placing of the parturient upon his knees, in preference to those of any other person.

During the earliest period of the white settlements in Ohio, midwives *by profession* were unknown among the whites; and from prejudice, fear and hatred of race, the Indian midwife was undoubtedly seldom or never called; but every mother of three or four children was supposed to possess a valuable stock of experience, and there were in every settlement several knowing old ladies, who in some former period of their lives had picked up some crumbs of obstetric lore, by hearing a doctor say, or seeing a midwife do, or, last though not least, reading Aristotle, the only work on midwifery supposed to exist, and by the fortunate possessor kept securely under lock and key from the prying eyes of rude masculines and curious youngsters, and bequeathed as an invaluable heir-loom to a favorite daughter or female neighbor—the midwife of the succeeding generation.

The assistance rendered the parturient may be classed under the heads of preparing the room, personal support to the sufferer, and after attention. The room was prepared by carefully closing windows and doors, and building a huge log fire, as fresh air and cold water were considered poisons of terrible potency to the parturient. The woman herself remained dressed in her ordinary garments, as a great part of the process was to be conducted out of bed and on foot.

The personal attentions to herself, during the early part of the labor, consisted in encouraging her to walk about as much as possible, supporting her back when labor pain commanded a halt, lighting the pipe, and urging her to draughts of hot tea, and may be a little whiskey. After locomotion became impossible, and she resorted to her couch, or more frequently some person's knee, half a dozen busy friends surround her at once, some supporting her back, others her knees, and others her hands, while all vociferated, "Now, hold your breath! bear down as much as you can! Now hush, or the men will hear you!" etc., etc., till the lusty cry of the newly arrived stranger directed their attention into another channel. Some one of the knowing ones, or perhaps two or three by turns, had been watching the course of events, and now superintended the separation of the cord, and the removal of the infant, which was done with no little ceremony, and was supposed to evince a very considerable degree of skill.

The oldest of the ladies present now put on her spectacles, and proceeded to the task of washing and dressing the infant, while another good friend, with more haste than judgment, tied a handkerchief, rolled up into a cord, tightly about the middle of the abdomen, to prevent the rising of the mother—concerning which mother many fearful misgivings haunted their minds. The happy mother had some old garment tucked into her, and this was the only attempt at cleanliness till the third day, which, as well as three times three, viz. nine days, were considered as critical days. The whole matter wound up with a bountiful feast, at which all were welcome, and at which Black Betty played a conspicuous part. Till the ninth day, the woman was allowed no cold drink, or to put her hands into cold water, but was vigorously plied with whiskey stews, etc., to keep her from being cold. Strange as it may seem, under this irrational treatment, death or imperfect recoveries were almost unknown, during this first or primary period in the history of midwifery in Ohio—which, however, as settlements rapidly increased by imperceptible degrees, slid into the second period, or the reign of Grannydom.

It could not be otherwise but that some one of those knowing ladies mentioned above, a senior in years above her compeers, surpassing them also in zeal, intellect and acquired knowledge, or *merely* in recklessness and decision of character, would take the lead—acquire a wide-spread fame, as being *good at such times*, and therefore be sought after, and long beforehand engaged by those of her fair neighbors who expected to need her services.

The midwife—for she really now became entitled to the distinction—would soon find those calls a heavy tax upon her time and strength, and would therefore first receive as a present, and afterwards claim, a stated salary for her services,—and thus was the profession initiated.

Midwives also came among the newly arrived emigrants, some claiming to be educated ones from England, Ireland, Scotland and Germany, and possessing the potent charm of a license in those countries—a document considered no way inferior to the diploma of an M. D. The knowing women were rapidly thrown into the shade, and the whole management of a case of labor devolved upon the granny, who as commander in chief would issue her orders to the various departments, while busily engaged herself in—as they styled it—*helping the woman*.

The compensation of the midwife was small, as we value money; at first, amounting only to one dollar, and I believe never, even in our cities, exceeding three dollars; and for this small modicum the gran-

ny often, at least in the country, performed in addition the part of nurse during the first week or till the ninth day. And yet, such was the value of cash, in the earlier stages of Ohio's history, that many families in the country can trace their affluent circumstances to the cash earnings of their mother or granny.

We fancy some of our junior colleagues are, on the tablet of their minds, drawing a picture of that extinct genus, now only found fossil, "the genuine Ohio Granny," and unconsciously reverting to some Miss Nancy Emilia Strongmind, or Lucretia Ann Tightbreeches, in Bloomer, hat and cravat, au fait, who can boast of the caudal appendage of M. D. stuck to her name, by colleges holding charters for the manufacture of feminine doctors, granted by sap-headed legislators, and who can talk fluently about walking the wards of the Paris materniti, or the Dublin lying in hospital, etc., and if necessary give a lecture to a promiscuous audience of men, women and children, on Love, Courtship, Matrimony and the Theory of Conception, without a blush on her pretty face. If these be your cogitations, my young friend, you are much mistaken. The Ohio granny was as much as possible the reverse of all this. She *despised book larnin'*, and had a holy horror of that most respectable class of the community to which you yourselves belong. "The young doctors—pshaw! what can such (snout nosed) boys know?" It is true, sometimes our granny would get into a tight pinch, and some of those despised know-nothing boys would, to the great relief of the good old lady's own conscience, step in at the eleventh hour, and rescue a victim from the grave to which her want of skill would inevitably have consigned her; and our granny, though ignorant and often ill-bred, was too honest not to rejoice at his success. *That* young doctor thenceforth was an exception to the general rule, when she had occasion to speak of the class; and if he bore his plumes with becoming modesty, was sure to be taken under granny's protecting wing, and get many a fat case through her recommendation, though not ordinary cases of midwifery if *she* could help it.

Our granny, too, though lacking refinement, generally possessed a good degree of genuine modesty and true feminine delicacy. She might open the deep store-cellar of her mysterious lore to a little bevy of admiring females, but in low breath, for fear the men folks should hear, who have no business to know anything about such matters. *Procul, procul profani* was her motto, though not her words.

Our Ohio Granny was something of a doctor, too, as well as Miss Nancy; but then, she never had her brains addled with Homœopathy

and Hydropathy, and the other pathies and isms that find so much favor among her modern sisters. Her medication was principally restricted to babies and young girls, that had taken cold,—these were liberally dosed with “yarb teas,” that, in her expressive phrase, could do no harm, if they did no good. As, however, the notions extensively prevailed, that medicine is dirt, and that everything dirty has medicinal virtues, our granny, for external application, made use of the ordure of cows and hogs, or even human excrement, by the euphous name of Underfoot salve. Sheep saffron, as sheep manure was called, and that perhaps some of us recollect with horror, was used in the form of hot infusion, as a sovereign remedy for making the measles come out. One old lady of your committee’s acquaintance, long since gone to the spirit land, used to prepare a tincture of human placenta,* and administer it to chlorotic girls and those laboring under catamenial suppressions—as she said—with wonderful success. It done a power of good.

During the latter portion of her existence, the granny had learned to employ salts and castor oil, which she religiously believed the doctors made out of dead people’s fat, as they made the calomel out of their bones,—which latter powerful medicament, together with laudanum and paregorio, were also sometimes found in the practice of the granny, even after glory had departed, and she was becoming seriously tainted with Thompsonianism.

The personal appearance of our Ohio granny differed *toto celo* from Miss Nancy. A matron of ripe years, the mother of a large family of her own, she was commonly one of the stoutest and roughest women in the neighborhood, and presented two radically different types—the fat granny and the lean granny,—the first usually of German, the latter of Irish lineage. The present writer now has one of each life in his mind’s eye. The fat granny (the one that made the placenta tincture,) a lady upwards of two hundred pounds weight, would, nevertheless, mount her charger (when in great haste she rode astride) with all the activity of a girl of sixteen, and during the whole time of her presence with the sick woman, tongue and hands were kept going. We have often wondered how she was able to make a

* Strange as those vagaries of the human mind in our ignorant midwives seem, their filthy prescriptions are surpassed by the abominations of modern homoeopathy, viz: Lachesis, Crotalin, Hydrophobin, Variolin, Laucorabin, Gonorrhoein, Cholerin, Dacrosyringen, etc. The venom of adders, rattlesnakes and mad dogs; the virus of small pox and gonorrhoea; the discharge of Leucorrhoea, Fistula lachramalis and Cholera stools, reduced to infinitesimals, and given in sugar pills.

vaginal examination in a primipara of small size, as her index finger was certainly half as thick as the writer's wrist. But be it as it may, she was eminently successful; and having ushered nine hundred children into the world without (it is said) losing a single mother, and requiring the assistance of the doctor but once or twice, she died in peace, full of years and honors, lamented by her family, and regretted by a large circle of her former patients.

The second, of the lean, or Scottish or Irish type, raw-boned to a fault, with a hungry look, active in body and mind, but totally illiterate, commonly pursued her avocation on foot, unless a horse were brought for her accommodation. The wife of a wealthy farmer, but avaricious to a fault, she would rather save his horses than her legs. She kept the notch-stick for half the community around her, and if she was not called to every case, it certainly was not owing to want of exertion on her part. One of your committee, being in attendance on a lady with her first child, whose pains and outcries were vehement, stepped out of the room for a short season; as the water not having broken, his presence was not yet needed. What was his astonishment, on his return to the apartment, to see the lady seated on the edge of the bed, her feet supported on two chairs, and the granny seated on a stool betwixt her legs, working away with both hands, like a dog digging for a ground hog, while ever and anon, as pain came on, "There's a dear! Bear down with all your might—the next pain will bring it! We will have all over before the doctor comes," etc. So eager was she that the doctor's presence was not perceived till he tapped her on the shoulder and ordered her to withdraw, which she did with a rueful countenance, telling the patient "you will be sorry for that,"—directing, however, as she left, some of the women to give her a little flour and water, to settle the mother. The patient was safely delivered the next day. This one was not as popular as the first mentioned; but, singular as it may seem, she never, to the committee's knowledge, killed a woman entrusted to her skeleton hands.

Though both classes were equally ignorant, the lean granny was the most meddlesome and mischievous; and if the mother escaped, thanks to the vigor of her constitution. The infant often succumbed to her want of skill and ferocious exercise of brute strength. We have reason to suppose, and the supposition is confirmed by our venerable senior, Dr. Allen, that our midwives had a knowledge of the ecbotic powers of Ergot, and employed that powerful drug to increase the pains and speed the delivery, always without reference to any just therapeutic ground for its administration. Let an example suffice.

The writer was called to a lady in labor, where a granny of the bony kind had been in attendance all night. He found the patient on a feather bed, on the floor, near a huge log fire, her abdomen and thighs bare, and the granny kneeling betwixt them. (By the bye, this seems to have been a favorite position with many.) A stream of blood extended from the bed across the floor of the apartment, that was filled with sobbing and sighing men and women. On the arrival of the physician, the granny arose, and having somewhat more decently covered her unfortunate patient, stated that the labor had progressed well till the water broke; that then the feet had come down, and the fœtus had advanced as far as the shoulders, when she had pulled down the arms, but could not get the head, although she pulled at it till her strength had given out; which was her reason of sending for the doctor, who she supposed was younger and stronger than she. Another thing that had troubled her much, was, that a large loop of the navel-string had followed the arms, and "Oh doctor, how it did wriggle and thump, like a snake! I tried my best to hold it still, but could not, for a good while! But finally it quit, and I tell you, doctor, I was mighty glad of it." Having quietly informed her that by her brutal ignorance she had murdered the child, the writer proceeded to deliver the fœtus. The cord prolapsed and the chin was hitched over the pelvis. Shoving the head to one side, it immediately passed out of the vulva. The vertebrae of the neck were dislocated at least an inch asunder, and had not the granny's strength failed, she would have pulled the body away, leaving the head behind.

Here we will mention a gross case of malpractice of a so-called *Dutch doctor*, of a similar character. The writer was consulted by a German woman aged thirty, and seven months pregnant of her second child, concerning the propriety of premature delivery, as she had been assured that she could never bear a living child, on account of deformed pelvis, which was alleged as the cause of her first child's death. Upon examination a medium or rather small pelvis was found, but no deformity. She was accordingly advised not to have any interference till the full term; and, upon enquiry, was told that the charge would be ten dollars, as they lived in the country. A few days afterwards she was seen by the Dutch doctor, who told her he could do it as well as anybody, and would only charge five dollars. He was accordingly employed. The case proved a breech presentation. The doctor, being drunk, endeavored to drag away the child by main force, and, failing, called on the husband and two other men for assistance, whose united strength, aided by King Alcohol, succeed-

ed in dragging away the body, leaving the head. The doctor then left. Hearing, next day, of the wretched case, and that the woman was still alive and strong, the writer, contrary to his usual practice, from sheer pity, sent word that the woman might perhaps be still delivered and saved; but, in his indignation, dropped the incautious remark, that it was a pity, but it would cost the penurious husband one hundred dollars,—which remark being also duly reported, the husband quietly observed, “By sure, I can’t afford to pay one hundred dollars for my wife!” She lingered some thirty hours longer, and died undelivered. The doctor fled, and the husband, in a few months, married a partner sufficiently broad across the hips.

It was the misfortune of our grannies, that they did not improve—the longer any one practised, the worse she became. This was natural, for, having no scientific basis to cast their experience upon, they ascribed the success *due to the powers of nature*, to their own skill, and the virtue of the various charm-like remedies, descended to them by ancient tradition, and placing this improper estimate upon their own efficiency, some of the older midwives, strenuously opposed the sending for a physician, till, as in the case related above, they were fairly worn out by physical exertion; having become so perfectly complacent in their own merits, as never to dream of any possible superiority over themselves, except in physical strength. All our midwives, notwithstanding their rugged appearance, and frequent exhibition of power, were to use their own phrase, *powerfully weak*.

It might be supposed that the midwives of foreign growth, *graced* too, with a *license*, would form honorable exceptions, having, as was *supposed*, received a thorough education in the old country, at least, as far as midwifery is concerned.

In our larger cities, some of this class are yet to be found, and those members of society, whose lot it is to come in their way, will bear the committee out in saying, that they are even worse. That from the very *commencement* of their career, they are characterized by all that presumption and reckless daring, which some—not even the majority of the entirely uneducated midwives, acquired in the hardening of a quarter of a century.

In England, the midwife is licensed by the Bishop, to whom she is recommended as a fit person. He examines her chiefly on the creed, the articles of the church, and the catechism; also whether she would be able to administer the baptism of necessity to a new-born infant in immediate danger of death. And having thus satisfied himself of her theological soundness, he administers an oath to do her duty to

her patient, and remain in the true faith, and thus she receives a license to practice in the diocese, and becomes a licensed midwife, who by law, enjoys some privileges over the unlicensed one.

In Germany there are schools for the education of midwives. The candidates, generally young widows without means, are admitted to these schools upon the recommendation of the community, setting forth that she is a person of good moral character, apt to learn, of agreeable disposition, and without blemish in her reputation, also that an additional midwife is *needed*. (The number of midwives, as well as physicians, in most of the German States, is limited by law.) She now enters the school, where during the space of three to five months, she receives instruction in the Diagnosis and treatment of *natural* labor. She is then examined, sworn to do her duty, and to call a physician in all cases of difficulty and danger. She now receives a license, and is sent back to her own village, as a licensed midwife, and as such, announced from the pulpit of the parish church.*

This system is still worse than that of England, on account of its improper connection with physicians. The midwife, though illiterate, and professing no other education than that afforded by her village school, profits in reality, but little by the instruction of the learned professors, and, though she may know the catechism of midwifery by heart, does not understand how to practice its precepts. Besides she is to judge of difficult preternatural cases, when she has not received instruction in those matters; while at the same time, having been "cheek by jowl" with world-renowned professors and other men of science, she looks upon herself as but one step lower in scientific dignity. On account of the comparative cheapness of the services, and their *supposed* capacity, they engross in Germany the bulk of midwifery practice. The great majority of them, never read any more after leaving the midwifery school, and never make the slightest advancement and improvement. Their extensive practice, however, prevents the *fully* educated medical man, from acquiring that *manual* dexterity, which *only* practice can give, so that, when the licensed midwife finally, at the eleventh, or half-past eleventh hour, declares the case dangerous, or preternatural, the *learned* but totally *inexperienced* physician is but ill qualified to administer relief, depending as much on his hands as his brains. This is *one* of the causes of the many terrible cases of malpractice occurring in our own country, among the class of medical men, called Dutch Doctors.

*Within the last year, a midwife, newly arrived, caused herself to be thus announced from several pulpits in the city of Zanesville.

We must, however, for the honor of the profession, here observe, that it is *but* one cause.

In Germany, no one is authorized to practice medicine, without a Diploma from the University, and in addition to that, the undergoing of a vigorous state examination. But beside physicians, the village pastor, the lady of the nobleman (as lady bountiful,) the midwife, the blacksmith, the hangman, and more particularly the barber, with the same prestige as the former barber—chirurgeon of England—all practice *without* leave, or license, and are except in some enormous malfassance winked at. All those persons in *our country* assume the name Doctor, and as titles can be bought in many places, they find no difficulty in showing the parchment. Some years ago Professor Nagelli sent a warning letter, which was published in some of our journals, cautioning against those false diplomas.

Having given a personal history of the various species comprising the genus granny, a few words will suffice in regard to their practice. Our midwives used no instruments. With hardly an exception, they never turned, or attempted in any way, to change the position of the foetus, and excepting the three great divisions of head, branch, or limb presentations, were unable to tell its position. They supposed that the bones of the pelvis, had to open to let the child pass, and that the greatest difficulty consisted in the slowness of the bones to open, and the rigidity of the vulva. The *help* she gave the woman, therefore, in accordance with this theory, consisted in softening the parts by the application of a vapour-bath, and thus to subject, as well the Os as the Vulva, to the most violent and continuous stretching, for which purpose, the hand was often introduced into the Vagina.—As soon as any part, be it head or tail, could be seized, it was dragged forth with the tender delicacy of a dray horse. Hot teas and whiskey were liberally given, the woman was, from the *beginning* encouraged to bear down, she was kept in the erect or semi-erect position, standing, sitting on the edge of a bed, or on the knees of an assistant. The Irish sometimes on their own knees, the Germans on a chair. All possible means were employed to increase the strength of the labor, and, only when the patient became *thoroughly* exhausted, was she allowed to recline on a bed, often placed on the floor, near the fire. The sick woman's hands were held, and her back supported by some of her neighbors.

The child being born, a twisted handkerchief *secundum morem majorum*, was at once over all the dirty clothes, tied around the abdomen to prevent the rising of the mother, that otherwise might get

into the woman's throat and choke her, and the midwife applied herself to the separation of the child. The cord was tied with two ligaments. The placental end tied fast to the woman's thigh, for fear of being drawn up into the womb, and lost. The puerpera was now encouraged to blow into her hands, to slap them violently together, and perform various other gymnastics, that had the effect of starting a pain, and expelling the placenta, leaving the midwife at liberty to dress the new cosmopolitan in becoming habiliments for respectable society. Having been washed and dried, granny took a bumping mouthful of whiskey, and spurted it over the babies head, to keep it from taking cold in the head, for which reason, the cap was also immediately applied, often thickly quilted and wadded—the fruitful source of sore eyes and ears, affections that are now, since the cap is dispensed with, much rarer than formerly. The dressing completed, the baby got some salt and water, to cut the phlegm, and a bowl of panadatic whiskey, water, sugar, bread and butter were prepared for the puerpera, to keep her from catching cold. Till the third day none of her garments were allowed to be changed, and until the ninth, she was strictly enjoined against drinking cold water, or placing her hand in that refreshing fluid. The babe was seldom applied to the breast, till they contained a large secretion of milk, and, till then, was nourished on catnip tea, with sugar and some bread crumbs, or, may-be, boiled milk thickened with flour. The result was, baby got colic and screamed in discordant notes. Poor thing, (said granny) how hungry it is—baby *shall* have some more dinner—and the already overloaded stomach was forced to have another meal too large by itself, crowded into its little cavity, till baby went off into semi-apoplectic sleep, from which, to awaken with renewed screams. Epilepsy, infantile convulsions, icterus and many of the other ills that baby humanity is liable too, might be traced to this fruitful source, and have diminished in the exact ratio as more rational treatment of infants began to prevail.

But, *sic transit gloria mundi*, and the glory of grannydom] was passed more than twenty years ago. A quarter of a century ago, Thompsonianism in its most rampant vigor, occupied the position now held by Homœopathy, and which, 20 years hence will be occupied by some other pathy or ism. Our granny alas! lost her character as an independent individuality, and thenceforth became linked to quackery in medicine. The Thompsonians, like many other irregular practitioners since; found that the regular profession, on account of their skill and knowledge, possessed the intuitive con-

fidence of the parturient female, in cases where the midwife failed for very obvious reasons. How could she trust herself to the man whom, three or four short months ago, she had known as a blacksmith a tailor, or a coal-digger, when her old experienced midwife, who attended her mother when she was born, and hundreds since, and herself two or three times before, and always had good luck formerly—was now completely at fault. No, her mind reverted to the grey headed Doctor, who had helped many a woman in similar distress, or if he had departed to that bourne whence no traveler returns, she trusted that like Elijah's, *his mantle*, had descended on the young Doctor, his son, or that young man, that for years had been so diligently reading in the old Doctor's office, made up all his medicines and towards the last, seen all his cases, and had been away to the East among the Head-Doctors &c., &c. And thus the quack-doctor would be foiled in his attempts to get a hold upon the community, for in all times and places, the female has exercised the right of selecting the family physician. A ruse had to be employed. Even at that early day, pseudo-reformers began to cry out about men attending sick, or parturient women, and insisted on the necessity of female physicians. Our midwives were not slow in listening to the voice of the tempter, seeing that the male Doctors could be manufactured right off-hand, without college learning, or knowing anything about "Natomies, or digging up dead people, and cutting them up, they very naturally concluded, that, they being as those very doctors said, intended by nature to attend on the infirm of their own sex, half the time would suffice for them, and behold thenceforth grannydom and medical quackery, were in close alliance as they are to this day. The quacks gained their ends, for having the suspicions of their modesty aroused, but little more was required with many weak sisters, to throw them into the open arms of quackery—for surely, if she must employ one of those dreadful men, it would surely be better to have one that was so very modest and had so high an opinion of the capacities of her sex—a man, in fact, almost half an old woman himself.

"It is a long lane, however, that has no turning," and as good old Bunyan has it, "Here the devil overshot his mark." The horrible blunders of the half granny doctors, (for be it known that even that great Lucifer of quackery, Thompson, got his obstetric lore, from a skillful woman,) had gradually the effect, after a short triumph, of driving those medical Centaurs and Tapiths* off the stage of my ac-

* As ancient fable represented those natures physically half horse, half man; so morally the hybrids here mentioned, were half donkey, half devil, half knave, and half fool.

tion, and usher in the fourth stage of our history. That of almost

exclusively male midwifery, of which the regular profession always have held, and now hold the larger share. The attempt lately made of *again* introducing a set of female doctors, must, from the very constitution of the sexes, just as signally fail. For, while man is man, and woman is woman, woman's affections will repose confidence in man's intellect, and her weakness, confidentially rest on his strength, and whatever theoretical notions she may embrace, in her heyday of strength and prosperity, her day of affliction and adversity calls up the instincts of her nature.

Every one that professes to practice medicine in Ohio, also professes to practice obstetrics. Although I do not believe our homœopaths stick to *similia similibus curantur*, nor do the cancer doctors apply their burning plaster to remove the unsightly abdominal tumor. The only kind of quack-doctors, that, even in Obstetrical practice are perfectly consistent, are that almost extinct race. The Thompsonian's proceed with No. 1, 2, 3, 4, 5, 6, steam, and begin again just as they would in any other case. The writer himself, some years ago, heard of a poor woman, under the emetic action of Lobelia, say to her Dr: Oh Dr. I *can't puke it up no how!* The statute lately passed, requiring a registration with brief remarks of all cases of midwifery treated, it is confidently believed, *will*, by exhibiting in contrast the results of scientific and empiric practice in this branch, do away with much of the quackery now existing, and your committee, therefore, urgently advise a compliance with the requirements of the law, which, however, to judge the profession by our correspondence, has, hitherto, to a great extent, remained a dead letter: The fees for obstetrical services, on an average, seem to be five dollars for ordinary cases. In our larger cities the charges are sometimes higher, in the country often less.

CHAPTER II.—THEORY AND PRACTICE.

§1. *Frequency of midwifery and natural labor.*

In treating on these subjects, the committee shall confine itself chiefly to those matters, indicated in the circular, and first consider the subject of maternal *mental* influence during pregnancy, upon the fetus in utero. Our correspondence is peculiarly meager on this subject. Indeed so difficult is it to distinguish the *propter hoc* and *post*

Acc in those cases, as to cast a doubt over the whole affair. Sometimes mothers imagine that by some violent emotion of their mind, they have impressed a mark upon their unborn offspring. After suffering the most dreadful suspense for months, the expected stranger arrives, and to the anxious enquiry of the troubled mother, is reported "All right." At other times, unexpectedly some dreadful deformity or disfigurement presents itself, for which, the mother either cannot account at all, or does so, only after severely taxing her recollection in regard to all the little incidents occurring during her pregnancy. Hence it is, that many physicians deny this kind of influence in toto. On the other hand, we believe all women are fully persuaded of its truth, and many are the various marks supposed to represent fruits, fire, &c., as well as some cases of deficient organization, in which the mothers most emphatically declare them to have been the results of marking during pregnancy, and that they were conscious of it at the time. Two examples, but very striking ones, may suffice. A child, five or six years old, was brought to the writer by its father, to be operated for club-foot, existing in one extremity. The father, who resided at the distance of some twenty miles, had carried his child behind him, on horseback, and thus returned the day after the section of the tendons had been made. Half way on his route to the physicians, he had stopped at a tavern for dinner, where the kind hearted landlady (two or three months pregnant,) took great interest in the child, and exacted a promise from the father, to stop on his return. He *did* stop, but having met on the way, with his enemy, king Alcohol, who *stunned* him, he entered the village, whooping and yelling, and having called the landlady to the door, flung the child to her in the most rude and barbarous manner possible. By energetic exertion, she saved it from being injured by the fall, but observing some blood upon the bandage, felt an instant pain in the abdomen, and *as instantaneously* concluded that she had marked her child. She was delivered at the full period, of a babe with *double-club-foot*, which the writer also operated on some twelve months after.

The second is still more singular. A young married lady two or three months pregnant with her first child, then residing in a considerable village in eastern Ohio, had her attention directed by a female friend to the singular deformity of the hand of a certain medical man, then in company, resembling from the coalescence of the fingers, a foot more than a hand. She was alarmed at the time, and feared she had marked her child.

At the full period, she was by that doctor, delivered of her first child, whose right hand presented the exact counterpart of his own.—The writer, lately performed a successful plastic operation in the case, knows the lady from a child, and is satisfied that she is entirely above suspicion.

We conclude, upon the whole, that although no nervous connection has as yet been traced between mother and child, we have evidence of *nervous influence* being transmitted to the child in utero, so as to produce violent motions of its tiny limbs, that influence, too, being often entirely of a mental character; and that, therefore, the possibility of marking exists, but the laws thereof are as yet unknown, and the phenomenon itself is much rarer than is supposed.

The management of *natural* labor,—and under this head we comprise all cases that do not require any other special designation than *just* cases of labor,—is, with the educated Ohio practitioner, almost exclusively trusted to nature; no interference, except an occasional examination, to note progress and assure the female that she is not neglected, is permitted till toward the last, when the attendant supports the perineum and prepares to receive the young cosmopolite.

The practitioner would not consider his patient safe till after the delivery of the placenta, and if not spontaneously expelled within a reasonable period, resorts to well-known simple means for removing it. The medical man's task, strictly speaking, is now done; but, from the importance attached in the female mind to the bandaging of the woman's abdomen, and dressing the umbilicus of the infant, he is expected to give some attention to those two items. Formerly, many practitioners were in the habit of themselves applying the bandage, and that over all the clothes the patient might happen to have on, and which, more particularly in the country, was often her entire usual wearing apparel, including quilted petticoats, etc., so that the bandage, far from being of any service, would only have served more closely to confine wet and filthy garments to her person, had not the very act defeated itself, for bandage and clothes slipped up together, and the woman virtually had no bandage at all.

Women, however, have now acquired the habit, and physicians when called in time enforce it, to dress themselves especially for the object in view; dismissing their usual garb, a night-gown and chemise constitute their clothing, the latter being rolled up so as to be out of harm's way, and her person protected by an old petticoat or a folded sheet, which, being removed after the conclusion of the labor, leaves her comparatively clean, and makes it possible to apply the

bandage as it should be,—its lower edge coinciding with the pubis, the upper with the sternum, *so firmly and no more* as to give a pleasant support, and that upon the bare skin, thus preventing its slipping up and becoming useless or worse,—from motives of delicacy, the medical attendant merely directing, not performing, the operation.

We cannot here too strongly insist upon the most scrupulous cleanliness. Every soiled or wetted garment or bedding should be removed; even her person should be as much as possible cleansed, and the puerpera, being thus redressed for the occasion, should exhibit no more evidence of her state than a cleanly lady would during menstruation. We believe that this scrupulous cleanliness is a most powerful safeguard against puerperal fever, and many other diseases of the puerperal state. We would not, however, go with those who, in foolish—shall we say quackish?—aping of hydropathy, have immediately after confinement ordered cold hip baths, (called Sitz-baths in a barbarous, semi-German, fashionable phrase) for their patients. True, many survive, as they will almost any kind of treatment; but even female instinct shrinks with horror from it, and we suppose we have seen some ill consequences, even death, traceable to its employment.

Neither would we insist upon this immediate and thorough cleansing in cases of great exhaustion, but would content ourselves to make the woman dry and comfortable, by placing dry, warm clothes next her person; but we would, in *all cases*, have all impurities removed before decomposition makes their presence evident to the nostrils.

In regard to the after treatment, there seems to be too much of a disposition to treat the puerpera as a sick or diseased person, and prescribe more or less rigorous dieting as well as some medicine. Now, to us the simple truth appears to be:—it is just as natural and healthy a process for women to bear children, as to eat and drink and digest food, and they are equally well adapted for it, so that the parturient woman, having accomplished a natural labor, is not to be considered sick or diseased, nor even as a person convalescent from disease, as Moreau has it, but simply as a person having undergone an extraordinary amount of labor of body and mind, perfectly conformable, however, to vigorous health. Rest, quiet, abstinence from stimulants, and moderate nutrition, then, is all that is required. As she takes but little active exercise, her food should be somewhat reduced in quantity, and selected from the more readily digestible kinds, without, however, making any violent inroads on her accustomed diet, or the times of taking it. Nature's own beverage, water, is of course allowed. Neither do we hold to any rule, merely deduced from the

number of days after confinement, as to the sitting up of the patient; we are in the habit of directing her to regulate that matter by her feelings, without regard to days, cautioning them, however, not to go ahead of their feelings, but keep their bed while they are most comfortable there. By this simple rule we have often succeeded in having ladies cheer their household with the light of their countenances, in kitchen or drawing room, at so early a period as to raise the good monthly nurse's hair erect on her pate, with holy horror at such imprudence,—nor can we point to a single disastrous result. What is true of the mother is still more emphatically true of the babe. The colestrum in the mother's breast is just as sufficient to clear out the meconium of the young Lord of Creation as that of his most humble subjects. With these few remarks we dismiss pregnancy and natural labor, and proceed to the consideration of

§2. *Tedious and Difficult Labors, more particularly in reference to Ergot as a Remedial Agent.*

Ergot has by various writers been as extravagantly lauded as condemned by others, and even yet the profession is very far from being unanimous in regard to it. It has been employed in lingering labor, from atony of the uterus, to excite pain; in cases of *slight* disproportion between the parts of the mother and fetus, as a driving power; as an abortive and as a hemostatic in uterine hemorrhage; besides, it has, upon analogies more or less remote, been employed in various diseases as a remedial agent, with which here, however, we have nothing to do. The forms in which it is employed are, in substance, as a powder in watery infusion of the bruised grain, in tincture, vinous ethereal or spirituous, in fluid extract, in oil of Ergot, and Ergotine. The same power is claimed for each of those forms, viz: the capability of exciting the uterine fibre to contract. We do not hazard anything in saying that the mass of the profession *admit* that power, while a respectable minority *in toto* deny it. This discrepancy of opinion, however, in itself, is a sufficient proof that the drug is by no means certain or uniform in its action, for nobody doubts the soporific effect of opium, the anti-periodic one of quinia, or the laxative quality of castor-oil. The virtues of the drug seem to be possessed only by the fully matured article, and are rapidly lost by keeping; so that last year's Ergot may next harvest be considered inert. It is just so with all the preparations made from it; for, though containing the *Ergotine and oil* upon which its action is supposed to depend, the power is wanting. The tinctures, wines and

fluid extracts, however, preserve their virtues to an indefinite length of time. Of those, the fluid extract—Tilden's is particularized—is by far the best form:—it is highly concentrated, pleasant to the taste, and will keep in an active state for years, if well preserved from the air. While the mass of the profession admit its power of producing contractions of the uterine fibres *after* labor has begun, it is held by but few that it is capable of originating them. Females who seek to procure abortion very generally resort to Ergot, but without success, though sometimes they pay dear for the attempt, by the supervention of Ergotism, as the peculiar state of poisoning produced by Ergot is called, of which an example may be found in Appendix N, where also the most favorable reports of its employment may be found.

All who admit its powers consider it perfectly safe to the mother, in cases properly chosen. Not so, however, to the offspring—the majority believing that its employment increases the number of still-born infants by a fearful rate—from fifty to one hundred per cent, even—which is by no means to be wondered at, as the contractions produced by the drug are of a continuous character, never for a moment allowing the foetal head to recover from that compression which it must necessarily suffer in passing through the maternal pelvis. We cannot better close this paragraph than by some extracts from reports of Dr. Gaston, of Morristown, whom thirty-one years of practice—*he never lost a mother*—renders somewhat of authority on that subject. He says: I have frequently employed Ergot in difficult labors, and I am not aware that I have seen any deleterious effects to the mother from its use; but it is far otherwise in regard to the child. Whether Ergot kills the child or not, I do not know; but I *do* know that in the majority of cases in which I have used it, or seen it used by others, the child was still-born. So fully has my experience with it convinced me of its deleterious effects on the child, that nothing but stern necessity can induce me to use it. The experience of Dr. Schertzer, of Massilon, deduces similar results from a practice of thirty-one years. O. D. Palmer, M. D., of Zelianopol, Penn., says: Ergot has produced a powerful effect in every case in which I have given it, except one, that was supposed to be rupture of the uterus. It has been perfectly successful in every case of placenta previa where it was administered, causing one continued, persistent contraction of the uterus, thereby preventing flooding till all was delivered. In every case where I gave it a half hour *only* before delivery, the children were dead, and in *every other* case asphyxiated. In one case, where there was obstruction of the pelvis, the patient was

so convulsed with excessive efforts that I perforated the cranium to effect delivery safely to the mother. I only use it now, and have for several years, in flooding following delivery, where I have *always* found it successful. When this flooding is apprehended from habit, I give the Ergot in decoction, just before the child is delivered.

§3. *Statistics of Natural and Preternatural Labor, including also some other matters.*

It is to be regretted that the hurry of business, and other causes, prevent the medical profession from acquiring those regular habits of record keeping which would make their experience tell, not only upon themselves as individual practitioners, but extend its benefits far and wide, in regard to both space and time. As it is, we give such as we have received, comprising in some instances only a portion of the practice of the reporter, but *consecutively*, and therefore available.

We should have preferred a tabular form for the statistics, as then the field would have been much more easily surveyed; but from the expense and difficulty of getting such printed, we have to proceed seriatim.

C. Jones, M. D., Massilon, Stark County, Ohio:

Total number of cases registered,	-	-	-	-	-	-	422
Shoulder or hand,	-	-	-	-	-	4, one in	105.50
Breech,	-	-	-	-	-	3, "	140.67
Face,	-	-	-	-	-	3, "	140.67
Cord alone, or with other parts,	-	-	-	-	-	3, "	140.67
Cord with hand, foot and head,	-	-	-	-	-	1, "	422.00
Preternatural presentation,	-	-	-	-	-	-	14
Natural presentation,	-	-	-	-	-	-	408
Proportion between the two, one in	-	-	-	-	-	-	30.14.

E. Gaston, M. D., Morristown, Ohio:

Total number of cases,	-	-	-	-	-	-	1240
Arm presentations,	-	-	-	-	-	3, one in	413
Placenta previa,	-	-	-	-	-	4, "	310
Preternatural presentation,	-	-	-	-	-	-	7
Natural presentation,	-	-	-	-	-	-	1233
Being in proportion of one to	-	-	-	-	-	-	161.86 cases.

Th. W. Gordon gives from memory, which however we know to be a tenacious one, the number of preternatural presentations occurring

in eleven years practice, but not the number of natural ones. Supplying this defect by the average number for Ohio practitioners, fifty per annum, we have

Total number of cases,	- - - - -	550
Hands and shoulder,	- - - - -	1
Nates,	- - - - -	1
Feet,	- - - - -	2
Hands and shoulders, arms extending 4 or 5 inches from vulve,	- - - - -	1
Preternatural presentation,	- - - - -	5
Natural presentation,	- - - - -	545
Or one in 109 cases.		

We prefer giving this number to the report—one in *about* 95; as we know the amount of his practice is fully up to, or more than the average.

R. R. McMeens, M. D., Sandusky:

We give here the statistics as we find them, but abstracting afterwards what is not wanted for this part of the report. The whole paper, however, of Dr. McMeens is so highly interesting, and the result of so much labor, that we have appended it as Appendix No. 1.

Natural labor,	- - - - -	190
Difficult—Lingering,	- - - - -	20
“ —Instrumental,	- - - - -	15
Preternatural,	- - - - -	19
Complex,	- - - - -	15
Total of cases,	- - - - -	259
Preternatural presentations,	- - - - -	19
Being in proportion of one to 13.62.		

Howard Culbertson, M. D., City of Zanesville:

His is decidedly the most accurate and laborious report we have received, being in the form of regular tables, where *every case* is set down in its appropriate column, with such remarks as its nature may seem to demand. Regretting that the expense of printing such tables makes it impossible to give the whole as an appendix, we give the summing up of the columns, but recommend the placing of the tables in the archives of the Society.

Total number of cases,	- - - - -	126
First child,	- - - - -	19
Subsequent birth,	- - - - -	109
Mother under twenty,	- - - - -	12

Mother over twenty, - - - - -	114
Full term, - - - - -	114
Short of term, - - - - -	12
Number of normal pelves, - - - - -	122
Number of abnormal pelves, - - - - -	4
Number of normal children, - - - - -	123
Number of abnormal children, - - - - -	3
Mother died, - - - - -	2
Children died, - - - - -	15
Children died from breech presentation, - - - - -	2
Number of cases of peritonitis, - - - - -	5
Number of cases of other inflammations, - - - - -	4
Phlegmasia dolens, - - - - -	1
Ergot used, - - - - -	2
Face presentations, - - - - -	2
Breech presentations, - - - - -	4
Natural presentations, - - - - -	120
Total, - - - - -	126

Preternatural in proportion of one to 21.

E. W. Howard, M. D., Akron:

Natural presentations, about - - - - -	1500
Arm, in which spontaneous evolution and delivery took place, - - - - -	1
Placenta previa, - - - - -	2
Face, - - - - -	5
Preternatural presentations, - - - - -	8

In proportion of one to 188.

Fred. T. Hurxthal, M. D., Massillon:

Total number reported, - - - - -	125
Breech presentations, - - - - -	8
Natural presentations, - - - - -	117

In proportion of one to 15.62.

Total number of cases reported, - - - - -	3963
Natural presentations, - - - - -	3815
Preternatural presentations, - - - - -	48

Proportion of one to 82.64.

We have received reports from Pennsylvania and Georgia, but deem them not proper for this place, and refer to them in Appendixes 2 and 3.

On comparing these different lists, one is struck with the singular discrepancy in the proportion of natural to preternatural presentations, in the practice of different gentlemen.

The occurrence of particular cases, at certain times and places, has almost the appearance of an epidemic or endemic, and is no doubt subject to some law, as yet unknown. The chairman of this committee, in twenty-five years' practice, never had a case of presentation of the cord till last year, and then three cases in immediate succession—two in neighboring houses in the same street. He never had any preternatural presentation in his own direct practice, except those of lower extremities, that offered no difficulty; had never in his *own* practice to turn—craniotomy once, forceps five or six times—though the number of cases attended cannot well have been under fifteen hundred. Were, however, consultation cases added to the above, there might be over forty preternatural cases mentioned; and it is probable that in some of the reports cases of consultation are thus included.

It is also observed that face and breech presentations are counted among the preternatural ones. We have strong doubt of the propriety of this arrangement, for ordinarily they do as well as vertex presentations, at least for the mother, though certainly they are somewhat more dangerous for the foetus, but requiring, in ordinary circumstances, no artificial interference on the part of the accoucher.

It is far otherwise with presentation of the trunk and upper extremities,—artificial interference then becomes the rule, and relief by the unassisted powers of nature, by spontaneous evolution, as in the case of Dr. Howard, of Akron, and two cases reported at length in Appendix No. 2, the very rare exception.

We do not propose to canvass this entire field, but only refer to shoulder presentations and their proper treatment.

It is agreed that the position of the foetus must be changed, and the question is, shall we endeavor to bring down the head or the inferior extremity. The head would naturally suggest itself, and cephalic version was therefore more in vogue among the ancients than podalic version. Hippocrates gives directions for effecting this change, by *external* manipulations—which he probably never tried himself, else their notorious inefficiency would have prevented any notice of the process in his writings. Subsequent writers more rationally directed *internal* manipulations, and the directions for the process found on page 503 of Van Swieten's commentary on Boerhaave, where it is quoted from Deventes Navum lumen artes obstetricis caput XI pag.

177, in the following words, which, on account of their brevity and clearness, we here transcribe: "Si invenerit, uterum recti positum humores in longitudinum expansos esse, si modo manum, modo pedem, aut etiam caput, aliquatenus tangere potuerit, tunc opportunem tempus non negligat, judicans, satis protuberare aquas et tactu caput aliquatenus sentiens, acqus membranam unguibus conpingat et protinus digitus caput in ostium dirigat, obstaculis quibus cunque manus scilicet, pedis, funiculi umbilicatis remotis, quod tum facile fieri potest, quia satis spatii suppetit. Capite hoc pacto in ostium inducto, non est, quod obstetrix metuat, idem inde recessurum esse; humoris enim effluxis, infanti in utero recto, spatium non est, sese huc illuc vertendi; quia uterus statim contractus infantem undique comprimit."

Cephalic version seems, however, to have fallen into disuse, for more than half a century, till its claims again were strongly urged by Prof. Wright, of Cincinnati, who, in a prize essay read before this Society, gave luminous instructions for its performance, and illustrated the practice by the report of several successful cases of his own. It is strongly suspected, however, by your committee, that Dr. Wright's success and favorable impressions, concerning the process, is more owing to his personal skill and great manual dexterity than to its absolute merits; otherwise it would not have been so almost exclusively abandoned by the profession. Among our reports there is but a single one of an *attempt* at cephalic version, unsuccessful on account of the very accident the above quoted extract deems impossible, viz. the head being prevented from returning to its old position by the contractions of the uterus,—for so it happens, the uterus does not always contract when the accoucher thinks it ought to. Undoubtedly, cases may occur where the pelvis is capacious, the os fully dilated, the membranes unbroken or just broken, and the head *not far* from the brim of the pelvis, in which cephalic version might be properly performed; but in those very cases the podalic version is also so easily and safely performed as scarce to give the other a preference, (Prof. Jas. Hamilton, of Edinburg, even claims that it can be done without introducing the hand,) while the foot or leg certainly affords us a much securer control over the fetus than the rounded head, that cannot be embraced with the fingers. Both manipulations must be performed *within* the uterus, and it is submitted that the less *bulk* the hand presents the less violence will this organ suffer. We do not expect the practice extensively to prevail. In this assertion we only echo Prof. James Hamilton, of Edinburg, in his practical observations on midwifery, published in Philadelphia in 1838:

"Within these few years attempts have been made by Mons. Flammant, of Strasbourg, and other practitioners, to restore the old practice (of bringing down the head instead of the feet), which they dignify with the title of the Hippocratic method. That it *may* be useful and proper in such cases to make the head the presenting part, the author admits; but these are exceptions to the general rule, which rarely occur. Thus, in a few cases to which he has been called, on its being discovered *immediately* after the rupture of the membranes that the shoulder was the presenting part, he has succeeded in reducing the shoulder and assisting forward the head. In those cases the patient had had a family, and the uterine contractions were remarkably vigorous."

For remarkable cases of midwifery and their modes of treatment, as well as some lamentable instances of quackery, we refer to the four appendixes, where a large number will be found.

Diseases of Puerperal Women.

Puerperal fever, puerperal peritonitis, child-bed fever, &c., justly regarded with horror by the obstetrician. Though cholera and other pestilences sweep away their thousands, and depopulate cities and counties, they, like tornadoes and earthquakes, affect the mass of society, so that the individual woe is lost in the great deluge of affliction. Quite the reverse, puerperal fever invades the family circle, singles out the teeming mother, perhaps the bride of less than a year's matrimonial experience, just having given to the world her first born. Or the honored matron, the loving and faithful companion and friend of a quarter of a century; concentrating in herself, all the dear relations of daughter, sister, wife, mother, and grandmother, but in *either* case, the very Cynosure, the life and light of her household.—Behold her smitten, quailing beneath the pang of the dread destroyer, that countenance, so lately radiant with joy—now of a deadly pallor, those beaming eyes shrunken and corpse-like, her lovely features distorted, cold perspiration covering her body, and the very atmosphere around her filled with deadly miasm. Who can witness such a scene and not be wrung to his very heart's core with the strongest emotions of pity. But the physician must not idly pity, he must act and save, and, unpromising as those cases are, yet when they do not occur epidemically, when but part and parcel of some sweeping pestilence, our efforts are often crowned with success. It is the voice of the profession, as far as we can judge by report, that the disease in its sporadic form, is of a strictly inflammatory character, involving

however, a variety of tissues (not necessarily the same in all cases,) modified also, by age, constitution, and former health, so that it must in each individual case—be treated *pro re nata*, according to that individuality. The four great anti-phlogistics, bleeding and opium, for opium in large doses is truly such, play as might be expected, the chief role, aided however, by every other variety of appliances that the nature of the case may demand. The first decided symptom of an attack of puerperal fever is generally a fixed, constant, agonizing pain in some part of the abdomen, mostly in the region of the uterus, or one of the ovaries, which, by degrees spreads, involving, finally the entire abdomen. As long as this pain is thus localized bleeding and bleeding *ad hoc*, till this symptom is removed, or the patient faints, and again as she recovers from the syncope, fearlessly, decidedly, till that nucleus of disease is overcome, will seldom fail. But unfortunately that pain is at first by the patient and her friends, mistaken for after pain, colic, &c., and neglected till her haggard countenance and dying eye strikes them with terror. It is now too late for the lancet, but our second great remedy, still gives a hope, and will at least smooth the passage to the grave. In appendix —, a number of very interesting, skillfully treated, and well reported cases may be found, to which we refer. But we must again insist that that scrupulous cleanliness of person and bed, that coolness and quiet of the chamber, which we so strongly advocated in a former paragraph, will do more to prevent, than all our remedial resources will do toward curing sporadic puerperal fever. We must here make a passing remark of the treatment of Dr. Terbrache of Claysville of this state. He commences the treatment by an active emetic, followed by carb. of ammonia and quinia in large doses, and claims great success. As, however, his practice is in a malarious district of country, that fact may account for the favorable results of the quinine treatment, which as a general thing, seems to us, ill adapted to cope with the disease. Terrible as puerperal fever is in its sporadic form, it is horrible beyond description, when it assumes that of an epidemic. In some of these epidemics, every puerpera was smitten, and the smitten one died. In others, though not exclusively fatal, yet was the mortality excessively great. Many of us, remember the prevalence of the black tongue fever, or malignant erysipelas that desolated this state some seventeen or eighteen years ago—many, many were the victims puerperal fever then claimed as its own. In some districts, scarcely a child-bearing woman escaped. All treatment proved of but little avail in those terrible cases. But have physicians a responsibility in

this matter? We fear an awful one. Some of those epidemics have been almost confined to the practice of a single physician. The chairman of your committee was cognizant of a case of this same kind, years ago, in a city of Central Ohio; a physician in high standing in the community, was said to have lost some 20 patients in a few months, while no unusual mortality existed in the practice of his colleagues. A polite note was addressed to him on this subject, but received no attention. In appendix No. three, will, however, be found a warning letter from Dr. Palmer of Zelianopol, Butler county.—Pre-supported by detailed cases, which render it probable, that not only may a physician propagate puerperal fever from one patient to another, but, while attending on scarlatina, measles, small pox, &c., he may carry to the lying-in chamber, a morbid poison, acting as a ferment to the blood, and developing not *that* specific disease, but fatal child-bed fevers. However, happily, the disease is quite rare in Ohio.

Puerperal convulsions, perhaps claim our next attention. When occurring during labor, delivery is considered a *sine qua non*, at least was, till quite recently the introduction of chloroform has given us a *new* agent of the greatest power in this terrible affection—if not a specific, at least *more certain* than any previous mode of treatment; in appendix No. — is a case of that kind.

The treatment of Phlegmasia dolens, offers nothing new. Gentle antiphlogistic treatment with a mild alterative course of Hydrargyrus or ——— together with small blisters to different parts of the limb, constitute that treatment, slow but sure.

We find no cases of puerperal mania in our correspondence, but from the reports of the Lunatic Asylums it seems that some cases find their way to them. None of our correspondents say any thing in regard to diseases of the newly born. *Trismus nascentium* seems in Ohio, unknown.

With those few remarks we close this part of our report, and proceed to our third chapter.

CHAPTER III.—OBSTETRICAL LITERATURE AND EDUCATION.

Although possessed of the most ample talent, and offering a wide and fruitful field for investigation—we believe Ohio, cannot as yet, boast of an author in obstetrical science, and, even taking the whole United States as a theme for our remarks, we must complain of excessive meagerness of literary productions in this most important and

interesting branch of medical science. While the European and particularly the continental press, are teeming with new works on obstetric science and art; we, who in the youthful vigor of our strength should lead, have not even been able to *keep up* with those great leaders. Nothing but new editions of old works, and *they* perhaps chiefly rendered necessary by the smallness of former editions, have fallen from the press within the last year. We hope this reproach will be wiped off ere long. While in the republic of science, we recognize neither East or West, North or South, while, neither the broad Atlantic or the swelling surge of the Pacific can offer a barrier to the communion of mind with mind, yet your committee must and do insist on the propriety of home productions for home consumption, in the realm of science, as well as that of the arts.

We consider our American medical association as more particularly charged with the task of maturing a proper and as near as possible perfect system of medical education; but as many littles make a mickle, it is deemed the duty of this society to contribute its share. It might perhaps be cogently enquired, if the existence of five medical colleges within our State, and three of them in the single city of Cincinnati, were really necessary, or the *best means* of educating our students, and whether something would not be gained by concentrating forces, and thereby, on the one hand, offer a stronger front against the assaults of quackery, and on the other, offer to our rising generation of medical men so much better opportunities, as to induce them to stay at home, instead of seeking for instruction and item a *sheep-skin* in some eastern institution. But so much has lately been said about colleges, that we do not feel like adding more, and *after all* a genuine reform must begin in the office of the private preceptor. How many of us are prepared to give a good account of ourselves. Students are admitted without proper preliminary education. Now we do not mean that the medical student should understand Latin, Hebrew, Greek, German and French, the Differential and Integral Calculus, and all that, though it certainly were desirable, if he were able to read that much coveted parchment, "The Diploma," which, as it is to identify him as one of the learned, is couched in the language of the learned—the world over—namely, the Latin. It is, however, certainly indispensably necessary that he should *at least* possess a good English education, be able to read well, and digest what he reads, order his thoughts and commit them to paper, in a readable manner, possess the manners and address of a gentlemen, and be not addicted to vicious habits. It is feared that some Ohio practitioners

take medical students not for the sake of instructing them, nor even for the sake of a fee, but simply to have a servant at all work, to keep the office in order, care for the horses, etc., etc., and provided *these things* be attended to, the subject of instruction is of secondary importance. Students are taken in this manner who are known not to possess the means of qualifying themselves, by attending lectures, hospitals and dissections, and are allowed and *encouraged* to go into practice upon the simple certificate of their preceptor. This is all very wrong, and *must* be amended. *Again*, in few of the medical offices of Ohio does the student find any facility for pursuing this so important branch of his future profession. Beyond the few wood-cuts in his text book he has no material of instruction, no large plates, no manikin, not even a female pelvis and foetal head, though the latter can be had for \$10.

Preceptors take but little pains to give clinical instructions to their pupils. All of us, and more particularly those who reside in the city, have always on hand a number of cases, who, unproductive to us in a pecuniary point of view, are not very particular as to who attends them, and have but few of those refined about them, that would render the introduction of the student into the lying-in-chamber improper. Let the student be thoroughly indoctrinated, trained on the manikin, or pelvis and head, then take him with us, and let him, under our eye, acquire the first lessons of experience, and soon he may be trusted with cases of his own, as he always will have his preceptor to fall back upon, should something beyond his ken occur. Above every other branch, midwifery cannot be successfully taught by oral instruction or reading, it is the actual experience at the bedside *alone* that can give that tact and cool self-possession that are so necessary in the hour of danger.

We close our report by referring to our appendixes for interesting cases illustrating correct as well as malpractice.

APPENDIX NO 1.

REPORT FROM R. R. M'MEENS, M. D.

Jno. G. F. HOLSTON, M. D.—*Dear Sir:* I take pleasure in complying with the favor solicited in your circular, and will endeavor to reply to as many of the interrogatories as practical experience will furnish an answer.

I have included obstetrics in the general practice of the profession

for the past sixteen years, and continue to be so employed at the present time.

I have kept a registry of births, with a record of interesting cases, in which I have been individually engaged, or called in consultation, with the exception of two years, for the whole of that time. And in answer to the various inquiries comprised under that head in your circular, I shall adopt a synoptical arrangement of cases, under the comprehensive classification of Ramsbotham. Whole number of cases registered, is 259; and, classified as recorded and remembered, will stand as follows:

1st—Natural Labors,		190
Lingering,	}	20
2d—Difficult.		
Instrumental,		15
3d—Preternatural,		19
4th—Complex,		15

Of the lingering cases, a large proportion were dependent upon rigidity of the os uteri, resistance of the perineum, firm structure of soft parts, premature rupture of membranes, advanced age in first labors, or all combined; others to constitutional debility or delicacy, and others to the undue development of the foetal head.

The remedial measures usually resorted to for the above conditions, consisted in venesection, opium, antimony, and anodyne injections *per anum*, with warm fomentations to external parts, according to circumstances and indications.

Of the instrumental cases, nine were such as required the application of the forceps, to effect delivery. In all of these, the head had engaged in the lower strait, and the pains quite or nearly subsided, from uterine inertia or physical exhaustion. Six of the children survived the operation, without any injury. Three were dead, or presumed to be, before their application. In four of these cases, I was only called, when the use of the instruments was urgently demanded, and two were the wives of empirics themselves.

The remaining six were cases requiring the operation of Craniotomy, from the head becoming immovably impacted in the pelvis, with encroaching exhaustion, from contraction of that cavity, and in one case from congenital hydrocephalus.

PRETERNATURAL LABORS.—The cases enumerated under this head are nineteen in all, subdivided as follows:

Breech presentations,		11
Shoulder presentations,		5

Foot presentations, ...	2
Abdominal presentation, ...	1

The breech presentations were unattended with any difficulty. In the shoulder presentations, podalic version was resorted to in every case, seven of which resulted favorably to mother and child. In two, the fœtus had been dead for some time; and the remaining two presented obstacles of so peculiar and embarrassing a nature as to require some notice.

Case 112, March, 1845.—Was sent for by Dr. A. Hepburn, with directions to bring a full supply of obstetrical instruments, to see Mrs. S—, six miles from Tiffin. The Dr. had found the patient in a state of extreme exhaustion, under the following circumstances:—“Had been in labor for thirty-six hours, under the care of a German midwife, who had brought down the arm, and attempted to force delivery by violent traction, which had dislocated the arm from the shoulder, and drawn it some four inches from its articulation, by stretching the integuments; had then endeavored to twist it off; failing in this, she abandoned the case.”

Upon examination, we found the thorax of the child wedged in the cavity of the pelvis, the fractured extremities of the ribs projecting into the vagina. We first separated the arm from the body, by dividing the twisted integument; then forced the thorax out of the pelvis, reached the feet, turned and brought the hips to the world, where the further delivery was arrested, by the entanglement of the broken ribs upon the walls of the pelvis. These I endeavored to manage with my hand, to prevent laceration of the parts; but finding it impossible to do so, I passed a tape, by means of a double cannula, around the chest, and compressed the ribs upon the body of the child, and, with the assistance of my hand, succeeded in effecting delivery. The patient eventually recovered, but suffered for a long time from a partial paralysis of the lower extremities, and offensive discharges from the vagina.

Case 155, March, 1851.—Was requested by Dr. Tilden to assist him in the delivery of a stout German woman in Sandusky, who had been in labor for twenty-four hours, and in which he had made several unavailable efforts to find the feet, with the view of effecting podalic version—the presentation being transverse, and all the circumstances apparently favorable for such an operation. Upon examination, I readily detected the abdomen as the presenting part; but in passing my hand upward, in the ordinary direction for finding the feet, was also unable to reach them. I then introduced my left hand over the

side of the body, and found the feet directly upon the loins of the child, and, by a gentle degree of traction, rotated the body, and delivered—the abdomen passing under the arch of the pubis, and the vertex sweeping the concavity of the sacrum. The foetus was dead, and presented the anomaly of a congenital curvature of spine, posteriorly, establishing a complete and permanent opisthotonism.

COMPLEX LABORS.—Under this class, I include all those cases attended or immediately followed by conditions or complications of especial difficulty and danger, indirectly induced by, or super-added to, those already considered, which I shall arrange and notice in the following order:

Cases of Placenta Previa, ...	4
“ “ Puerperal Convulsions, ...	3
“ “ Adherent Placenta, ...	4
“ “ Concealed Hemorrhage, ...	2
“ “ Unconscious Delivery, ...	1
“ “ Puerperal Mania, ...	1

CASES OF PLACENTA PREVIA.—*Case No. 16, 1844.*—Mrs. E. H—, thirty-five years of age, one mile from Tiffin, near full term of gestation, was suddenly seized with a sharp pain, immediately followed by profuse hemorrhage, while engaged over the wash-tub, syncope soon succeeding. She was put in bed, and messenger despatched for aid. Saw her in one hour after the accident; found her pallid and pulseless, bathed in cold perspiration; clothing saturated with blood, which was dribbling through the bed, and running over the floor. On examination, discovered the body of the placenta protruding through the os uteri, which was largely dilated, the blood still streaming from numerous vessels. Forced my finger through its substance, and ruptured the membranes; but on removing my hand, found the patient had already expired. The prodromes of this case were—that she had passed through a most perilous course of puerperal fever, about a year previous, which was ultimately cured by the inunction of the abdomen with strong mercurial ointment.

Case No. 97, 1847.—Mrs. H. F., of St. Clair, Michigan, a small delicate woman of strumous habit, presumed to be seven months advanced, was seized with irregular pains and frequent floodings, but small in quantity, after riding a distance in a lumber wagon. Examination revealed the os uteri dilated to the size of a shilling, with shreds of coagulated blood hanging from the orifice. A silk handkerchief wrung out of cold water was introduced as a tampon, cold cloths over the abdomen, and lead and opium given internally, which

arrested the flow for the time being, but which returned upon every removal of the tampon, and continued so to do for the space of a week. In the meantime alum water, tannin and ergot were added to the other medicines. The hemorrhage still increasing with every removal of the tampon, and more intractable in character; and the patient becoming exsanguinous in appearance, with sudden fits of headache, noise in the head, occasional and severe cramps in the limbs and abdomen, manifested clearly the necessity of more active measures. An examination was again instituted. Os uteri found considerably dilated, and easily dilatable; the fibrous body of the placenta surrounded the whole orifice. I made an effort to discover the extent of its attachment, by detaching it from the uterine walls as I proceeded. Blood flowed freely, the border of the placenta was fortunately found, the membranes ruptured, and a degree of contraction secured. The ergot was then freely given to excite expulsive action, and tampon occasionally used to restrain hemorrhage. For three successive days no progress was made; the patient constantly harassed with cramps, nausea, syncope, and cerebral sufferings. The discharges becoming offensive, and symptoms of exhaustion prominent, I resorted to forcible delivery, by bringing down the feet. This was accomplished with less difficulty than was apprehended by contraction excited by compression and friction over the body of the uterus. A quantity of blood was again lost, upon separating the placental attachment, and the patient so much exhausted that little hopes were entertained of her recovery. She slowly recruited, but became generally anasarcaous, bloodless and bloated in countenance. All the restorative measures my ingenuity could devise failed to establish her health, and she ultimately passed into the hands of empyrics, but still remained, as long as I could learn, extremely debilitated and Dropsical.

Case No. 118, 1848.—Mrs. R., of Newport, Michigan. Called in consultation a distance of eight miles. Her medical attendant had been endeavoring to control the excessive hemorrhage for twelve hours, without success. I found her exceedingly low and faint from loss of blood, os uteri largely dilated and placenta presenting. On consultation, concluded to force delivery by podalic version, as the only resource left for the safety of the mother; but before this could be done, she sunk into a syncope from which she never recovered.

Case No. 159, 1851.—Mrs. G., of Sandusky. Was called by Dr. Lane. The patient had been seized with one or two severe pains, followed by the discharge of a large quantity of blood, after which all pain subsided, a degree of hemorrhage continuing. On examination,

found the head and a portion of the placenta low down in the vagina. Podalic version was immediately resorted to, and accomplished without difficulty or injury to the child.

PURPERAL CONVULSIONS.—Of the three most violent cases of this kind, in one the first evidence of labor was ushered in during a series of most frightful convulsions, and to hasten delivery the membranes were ruptured, and the process soon terminated. The convulsions were combated by early and free venesection, active catharsis, elevation of the head, with application to the same of cold water by affusion and douche. In another instance convulsion occurred at the same period in two different confinements of the same person, and appeared to be excited and suddenly developed by the painful distension of the perineum while the head was forcibly passing that outlet, and disappeared immediately upon the expulsion of the fetus, without any recurrence, while the patient would gradually recover, without the least recollection of the circumstance. In the third case they were induced evidently by concealed hemorrhage. I was sent for in haste in consequence of syncope, and found the uterus enormously distended, introduced my hand to remove the clots of blood, compressing the body of the organ at the same time with the other, and after the escape of an immense quantity of coagulated blood, she was seized with convulsions. These were met by the administration of tinct. opii, camphor and ether sulphuricus; considering them to be sympathetically excited from the powerful oppression during the distension, and the shocks of sudden reaction occasioned by its rapid removal.

ADHERENT PLACENTA.—Of all the difficulties I have as yet encountered in obstetrical practice, none have embarrassed and tried me so sorely as cases of the above character. The first case was that of a young and robust countrywoman in her first labor. The delivery was rapid and easy. After waiting a proper time, and no after pains occurring, I made a slight traction upon the funis, which immediately came away, with a small portion of spongy and morbidly pulsatious placenta, followed by some considerable hemorrhage. I introduced my hand to grasp the whole mass if possible, and bring it away, but found it still attached in its whole circumference, and in attempting to separate it, small portions would be detached readily, and fall in many fragments, while other parts could not be separated without great force, and then be followed by much hemorrhage and severe pain. After many and long continued efforts I had to desist, from the loss of blood sustained, from an hour-glass contraction supervening, and from excessive irritability of the external parts, and to trust to time and chance

for its ultimate expulsion; relieving pain by free doses of opium, encouraging contraction and controlling hemorrhage by ergot, and assisting the discharge, and correcting their foetor, by vaginal injections of chloride of soda and infusion of anthemis; febrile excitement and nervous distress allayed by nitre hyosciamus and ipecac in combination, and the system supported by chicken broth, wine whey, &c. After six weeks of constant attention and ceaseless care, she eventually recovered, and bore a number of children without any return of the like condition. So offensive and profuse were the discharges at one time, as to impregnate the whole house with the odor, rendering it untenable for the family.

The next case of most importance occurred in Sandusky. The patient had been delivered by Drs. Austin and Tilden, who had attempted to remove the placenta, but was unable to do so, from the force required to separate its attachments, with the excessive hemorrhage that followed every effort made, with the untoward symptoms of physical prostration. At this stage of the case I was called to assist them, and after great labor and careful management, succeeded in securing its complete detachment.

About fifteen months subsequently, I was called to attend this woman in a second labor. Apprehensive of a like condition, I desired counsel before proceeding to take charge of the case. To this she objected, as she had suffered so much from our alternate manipulations before. The pains rapidly increasing, parturition was soon perfected without any difficulty. After a proper time, I proceeded with precaution to an examination of the placenta. I found it firmly adherent, unnaturally fibrous and rough to the touch. I thereupon attempted its detachment, by forcing the palmar surface of my fingers along the walls of the uterus, peeling it off only with great labor, discovering it to be of a calcareous character, giving a sensation of sandy grittiness, and to satisfy myself of this fact, pinched off a portion for ocular inspection. It proved to be filled with small calcareous particles of a white and earthy character. Before completing the detachment she expired from loss of blood. The remaining two cases were morbid adhesions of the ordinary kind, and after prompt and careful management terminated favorably.

CONCEALED HEMORRHAGE.—I was called to see a woman reported to have been delivered of twins by a midwife, who asserted there was yet another foetus, which she was unable to secure. Before arriving at the place the patient had expired, and upon investigation, discovered the case to have been one of the above character. The midwife pre-

suming the protuberance of the abdomen, and distension of the uterus, to depend upon the existence of another child. But by making compression over that organ, a large quantity of clots of blood escaped, and the prominence at once disappeared. The only fatal case of the kind I have ever met with, and the result undoubtedly of gross mismanagement. The other was a case that nearly proved fatal from the same want of attention.

UNCONSCIOUS DELIVERY.—During the prevalence of cholera in this city, in 1852, a healthy English woman was attacked with the disease, when about in the eighth month of her pregnancy. The onset was violent, and she rapidly passed into the stage of collapse. This was not extreme; though powerfully prostrated, she was perfectly conscious and able to converse, pulse perceptible at the wrist, and reaction obviously ensuing. She was allowed to partake of chicken broth, which was relished. She fell into a quiet slumber for some hours, from which she did not awake until my arrival. She expressed herself as feeling improved and refreshed by her sleep. Accidentally placing my hand upon the abdomen, found it had entirely subsided, and to her astonishment the fetus, enclosed in its membranes, was found in the bed. She could scarcely be convinced of the fact, and protested her entire unconsciousness of any pain or disturbance whatever. The fetus was large and fully developed, no hemorrhage whatever occurred, and she had a rapid recovery.

PUERPERAL MANIA.—I have met with but one case of this character, in its complete development. The lady was under the care of Dr. Tilden, and was recovering as rapidly as usual after a rather severe labor, for the first week of her confinement, when she began to exhibit the peculiar derangement and incoherency of puerperal mania. She manifested great repugnance for her child, and dislike toward her husband, became distrustful of her physician and nurse, imagined herself possessed of immense property, was garrulous, and frequently obscene in her language, sleepless for several days and nights. The Doctor had procured sufficient catharsis, and administered anodynes and placibos without any amelioration. There being a decided febrile exacerbation every evening, we concluded to place her upon the continued use of full doses of Dover powder, alternated with a combination of camphor and hyosciamus, and she slowly improved under their influence, and afterwards sank into a long and quiet slumber, from which she awoke entirely relieved.

EMPLOYMENT OF ERGOT.—I resort but rarely of late years to the use of this article during the process of parturition, as I believe the

special indications demanding its aid, are seldom sufficiently conjoined with all other circumstances to render it entirely unobjectionable. Lingerings labors, from uterine inertia alone, are comparatively rare, and when the result of rigidity of fibre, structural resistance or mechanical obstruction, it can only serve to aggravate or embarrass delivery in a large proportion of cases. Such has been my experience. And again, I have been disappointed in procuring a prompt display of its powers when most urgent, and subsequently experienced an explosive exhibition, where no necessity for its action existed. I generally confine its administration to those cases where hemorrhage precedes, attends, or supervenes subsequent to labor. Of its possessing any peculiarly pernicious influence or effects upon mother or child, I have witnessed no unequivocal manifestations of such nature, beyond the induction of a severe hystericalgia, when it had been improperly taken to procure abortion.

MALPRACTICE.—I have not been personally cognizant of cases of malpractice, but, from reliable authority, know of a number of such instances occurring in our city—principally in the practice of one irregular practitioner. These have been confined exclusively to the most ignorant portion of our population. The nature of such cases has been that of performing the Cæsarean section, by opening the abdomen transversely, at one sweep of the knife; the crushing of a child's head, in using the forceps, and extensive lacerations in performing craniotomy. No cases of medico-legal investigation have occurred to my knowledge.

FEES.—The fee for an obstetrical engagement, among the regular and legitimate fraternity, is invariably five dollars. Any subsequent attention is charged, as in ordinary practice.

NUMBER OF PRACTITIONERS.—There are eight members of our County Medical Society in this city, seven of whom are actively engaged in practice. There are two American, four German, and one Irish physician, who profess to practice regular medicine. There are two American homœopathists; one itinerating promulgator and practitioner of *Inhalation*; one "Cancer Doctor," who professes an intimate acquaintance with the mysterious medicines and pow-wows of the aborigines of the country. The larger portion of practice is done by the legitimate profession, and are almost invariably employed in critical cases, evincing clearly that the greatest amount of confidence is reposed in the regular profession. The homœopathists are next most frequently employed, who carry cases of pleasant pellets, but not unfrequently stoop to dreadful doses of castor oil, quinine and

calomel, but only where their cases will *chew tobacco*, or sink into a critical condition. I am sorry to say, there are none of the *Female Faculty* here, or I should certainly seek them out, as I am fond of that kind of *Society*.

MINERAL SPRINGS.—There are several springs strongly impregnated with sulphur in this vicinity. No analysis has been made of them to my knowledge. They are occasionally sought after by persons afflicted with cutaneous disorders and hepatic derangements, but I believe with no extraordinary success.

Finally, I have endeavored to answer all the interrogatories upon which I have had any experience or knowledge,—the balance I leave to better hands. What I have written has been done hastily and extempore, from records and from memory. If all or any portion of the matter will be of use to you, you can adopt or select at your pleasure. I am always anxious to assist our *working men* in the profession, to the best of my abilities, for the elevation and progress of the profession. I shall be most happy to meet and greet you in our place at the next convention.

Respectfully,

R. R. McMEENS.

APPENDIX NO. 2.

REPORT OF FRED. T. HURXTHAL, M. D.

J. G. F. HOLSTON, Chairman Com. on Obst., O. S. M. Society—
Dear Sir: In compliance with your circular note, containing interrogatories in Obstetrics, I have to report:

Question 1.—I am and have been engaged in the general practice of medicine, including obstetrics.

Question 2.—I have kept a detailed registry of 127 cases, (a few of these occurred in the practice of others, and from whom I obtained all the material facts.) The number of deviations from vertex presentations is nine, including one of Dr. Reed's. Breech, eight. Face, (Dr. Reed,) one. Of the eight breech presentations, two were associated with puerperal convulsions, at about the sixth month of gestation—both cases occurring in the same lady, at an interval of sixteen months. Ratio of 8 to 125, 15 1-2 and a fraction. Five of the children at term lived; one still-born at term; two at six months born alive, but soon died. All the mothers did well. Prodromes—the

only one we noticed was severe cephalalgia of ten hours duration, before convulsions. Treatment—no special mechanical means used in the first six cases,—the last two delivered by the forceps. It is perhaps proper to remark here, that chloroform was freely used as the only means to control the convulsions, during the first abortion, which was terminated eighteen hours after labor commenced—the convulsions continuing during the whole period, unless controlled by chloroform, and ceased upon delivery by the forceps. In the second attack we were not so successful in arresting the convulsions on delivery. The labor was terminated by forceps in eight hours—after which the convulsions increased in frequency and severity. Perfect anaesthesia was induced and maintained for five and a half hours, when the patient awoke—not to consciousness, but freed from convulsions.

At the first attack, speech returned on the third day; memory, so as to know her husband, on the tenth day. At the second attack, speech returned in a few hours; memory returned in two days.

Case of face presentation, (Dr. R.)—the attendant attempted “pedal version,” after the head had engaged the superior strait, resulting in the death of the foetus and mother.

Question 3.—Have not had any case requiring it.

Question 4.—Have employed Ergot in twelve cases of “Difficult Labor.” In ten cases mother and child did well. In two cases of six months, children died, and mother recovered. Of the ten cases, three were of three days duration, three were of forty hours duration, two were of forty-eight hours duration, and one of twenty-eight hours duration. I have not seen a case wherein I thought Ergot at full time acted perniciously on mother or child.

One case of Ergotism in an unmarried woman, who endeavored to produce abortion by free use of Ergot. In this case, the convulsions were the direct effect of Vin Tinet Ergot.

Question 5.—Two cases of puerperal fever,—one dependent upon adhesion of placenta; one Traumatic, lady receiving a severe blow over the uterine region, ten days before labor, from which the child died ten days after birth, having received a very severe injury of the scalp, at the superior margin of the right parietal, communicating with the longitudinal sinus. First case proceeded to a fatal termination, remedies having no perceptible effect. Second case, bleeding considered not admissible; relied mostly on opiates. From peculiar idiosyncrasies, I told her antimony could not be used. Prodromes, those usually described as attendant upon this disease. Phlegmasia

dolens, none. Puerperal mania, none. Trismus nascentium, none.

Question 6.—Seven regular, four irregular, and two female.

Question 7.—The only marked case of malpractice, within my knowledge, is that of face presentation, with all the material facts of which I am possessed, having become involved in the case, and which I append in detail.

No medico-legal investigations have been had here in obstetrics.

Question 8.—No case has occurred to me, requiring a departure from general practice.

Question 9.—Three to five dollars.

Question 10.—I have not in any case.

From my friend Dr. Schertzer, (who unfortunately has mislaid his register,) I have obtained the following:

After thirty-seven years' experience, he is perfectly convinced that Ergot is deleterious in difficult labor. Still-born children were of frequent occurrence when he was in the habit of using it; now they very seldom occur. He cites two cases of irregular practitioners slitting open the entire perineum, to facilitate the birth. One secured the parts in apposition by sutures; the other did nothing. In this case the woman remained through life a great sufferer. The first did well.

MULTIPAROUS.—Mrs. S., in her third and fourth labors, was safely delivered of three children each time. In the third labor, children all died within the month. The fourth labor occurred within eleven months of the third; children are all now living, and are over three years old.

ARREST OF DEVELOPMENT.—I examined a boy of twelve years old, every way well developed excepting the inferior extremities. In the right side there appeared to be a femur of about two and a half or three inches long, extending almost horizontally to the plain of the body; on the left no discoverable femur. Tibia and fibulae appeared normal, and of about the length of a boy of his age. As he walked, his hands came within two inches of the ground.

RUPTURE OF THE UTERO-VAGINAL CUL DE SAC, BY THE ACCOUCHER. Mrs. H., aged 27, of delicate constitution, small physical development, enjoying good health, was taken in labor with her second child, about 6 A. M., Feb. 23d, 1851. After four or five hours of active labor, the os uteri was found fully dilated, membranes ruptured, and a face presentation detected. The accoucher directed his efforts to sustaining the chin, during each contraction, hoping thereby of converting the case into one of natural or vertex presentation. Whilst

endeavoring to support the chin, or reduce it so as to bring down the vertex, the pain inflicted became insupportable. He was compelled to withdraw his support, at the earnest solicitations of the sufferer, although much against his judgment. Two vigorous contractions succeeded each other rapidly, after which he found the face driven down into the superior strait, with the os frontis resting upon the sacrum, and the chin empinged upon the os pubis. Without a moment's delay, he determined to subject his patient to turning. Complete anesthesia induced by chloroform; pedal version accomplished, and a male child delivered still-born. Expulsive throes continued, and the "Naegeburt" (afterbirth) expelled. Flooding, to a considerable extent, continued for six hours yet not sufficient to make much impression upon the pulse. During this time, the lady complained much of severe, deep-seated pain in the pelvic region; upon examination, her abdomen was found rapidly distending with flatus, and respiration becoming embarrassed. Ten hours after completion of labor, the patient was found sinking rapidly; pulse extinct in left radial artery, and scarcely to be felt in the right; extremities cold, and bathed in clammy sweat. Dr. Wm. B. was now called in consultation; concurred with the attendant, that the prostration was attributable to the administration of chloroform. Stimulants were at once freely given, with external warmth, and irritants to the extremities. About one o'clock A. M. slight reaction came on, and gradually increased till morning, when the pulse was found to be 140, very small and wiry. Stomach irritable, rejecting everything administered; abdomen distended to the utmost, tender to the touch; pelvic pain continued; respiration labored; lochia normal. Treat opii.

Tuesday morning, appeared better; had some sleep; pulse 130, very weak; skin dry and warm; vomiting continues; abdomen same; constant pelvic pain. Lochia.

Wednesday morning—patient passed a good night; debility increases; pulse 120, small and feeble; irritability of stomach abating; abdomen rather untense. Lochia natural.

Thursday morning, 29th—Very restless night; pulse 120, less volume than yesterday; abdomen less distended; stomach more tranquil; appears somewhat cheerful; lochia sufficient in quantity, and healthy in character. Attendant reports her nearly or quite out of danger.

Thursday, 4 P. M.—Patient rapidly sinking; pulse more frequent and more feeble. Death closed the scene at 6 P. M.

Friday morning—Met the consulting physician, who gave me the

above detailed history, and solicited an opinion of the pathology of the case,—stating, at the same time, that Dr. R. viewed it as puerperal peritonitis, whilst he thought it metritis. Not being able to concur with either, as to the character of the disease, as it did not appear to me that the history would warrant either conclusion, I endeavored to convince him that there must have been a laceration of some of the parts involved in the labor, by the undue amount of force used by Dr. R., when he attempted to support the chin, or introduce his hand between the child's head and the os uteri, and that death was to be charged upon internal hemorrhage, from the parts suffering rupture. Failing to convince Dr. B., I desired my opinion to be communicated to Dr. R., and to urge upon him the necessity of a post mortem examination.

Twenty-two hours after death, Dr. S. W. S. and myself were invited to be present at an examination of the body. Before the dissection was commenced, by request Dr. H. gave the details of the case, which were substantially as related above. Dr. W. being the junior member, proceeded to lay open the abdominal cavity. As soon as the cavity was punctured, fluid blood escaped; the incision being enlarged, two quarts of fluid blood and serum were removed by the sponge. Some slight traces of inflammation was found upon the peritoneal envelope of the pelvic viscera. Bowels fully distended by flatus, but of healthy color. To the left, and posterior to uterus, was found a large quantity of coagula; passing my hand along the posterior wall of the uterus, I soon discovered that I had arrived in the vagina, and by flexing the under finger the point entered readily into the os. By request, Dr. W. then introduced the right hand through the abdominal opening and posterior to the uterus, while the left hand was passed per vaginam, and announced that they met freely. Dr. R. then explored the parts, and admitted the laceration, which was found to be from four to five inches, the whole hand passing readily through the opening into the abdominal cavity, and occupied the part known as the posterior cul de sac, extending a little more to the left than the right side. The uterus was healthy in appearance and firmly contracted.

We should have been content with this simple report of facts, were it not that the attendant affirms the practice here pursued to be not only correct, and sustained by the books, but that the "sad occurrence might have occurred in the practice of the most intelligent obstetrician. We claim not for ourself half the years of experience that he has, nor covet in the least his professional acumen, but justice

to the medical corps, requires at my hand a full and unequivocal denial of the imputation, that a like "sad occurrence" would, by any possibility, have occurred to the least of these entitled to M. D.

We desire to notice a few of the most objectionable points pursued in this case, believing them unwarrantable, and condemned by all modern authority. We will not array our opinion antagonistically to his, but give the authority as we proceed.

1st. In face presentations (as in this) nature usually accomplishes the delivery, with safety to mother and child. The labor may be, and often is, somewhat protracted, but so long as the physical powers of the woman do not flag, and the uterus contracts with energy, manual interference is uncalled for and unjustifiable.

Denman states, "in face presentations the child will generally be expelled by the natural efforts, and the child is generally born without injury."

F. Ramsbottom says, "if the pelvis be good, and the pains strong, as a general principle face presentations need little or no assistance;" both of these conditions were present in this case, the capacity of the pelvis having been declared in her former confinement.

Churchill sums up the results of 344 cases of face presentations, 248 delivered naturally, 77 requiring (perhaps receiving) artificial aid. In this statement 80 cases of Dr. Boer, of Vienna, are included, only one of which received aid, and in that instance the forceps were used; mothers all recovered, and but three or four of the children lost.

ARNETH.—In the July No. of the American Journal of Medical Sciences, is an extract of the report of Dr. A., made before the Edinburgh Obstetrical Society, says of the Vienna Lying-in-Hospital, "that in 40 cases of face presentations, 35 children were born without injury to mother or child, no instrumental interference resorted to, and such had been the practice for 50 years.

C. D. Meigs, of our own land, and justly may we feel proud in the claim, talks this wise: "Face cases may be included among the natural labors, unless the powers of the woman fail," etc. And again he says: "Yet when we come to reflect that the female can expel the child (in face presentations) with but little more difficulty in this case than in vertex, it appears altogether proper to regard them as natural labors."

Chandler R. Gillman, whose valuable and deeply interesting lectures it was our privilege to attend, holds the following language: "In the progress of the case (face presentations) the chin is usually expelled first under the arch of the pubis, and nature accomplishes the

business unassisted. *It is neither necessary nor warrantable to attempt any alteration of the child's position in a face case.*

Do you, reader, believe in the practice of this venerated tutor of mine, that such results would have been obtained had the case been in his hands.

2d. When the head of the foetus is firmly pressed into the superior strait, and the parturient pains are vigorous and frequent, are conditions that preclude us from attempting to turn in any case. We are not justified to compromise the well-being of the mother in the vain hope of saving the life of the child, by subjecting her, under these great disadvantages, to the risk of version, but to summon our own patience, and trust to the powers of nature, until unmistakable evidence of inability and exhaustion present themselves, when we should call to our aid the forceps, craniotomy, scissors, etc., and the delivery speedily effected. In support of these views we find Denman says:

"It will be proper to establish, as a general rule, *never to attempt the operation of turning the child while the patient has very strong pains.*"

CHURCHILL.—"It is conceded by all authors, I believe, that the operation *must be postponed* (when the contractions are vigorous and the uterus closely contracted around the child) for a time, and means tried to soften the uterus and suspend its contractions."

GILLMAN.—"In certain unfortunate instances we cannot by our treatment stop the labor, when the foetus has been impacted into the pelvis. Either of these conditions may prevent us from attempting to turn."

3d. We could not concur in their opinion, that the prostration coming on eight or ten hours after the anæsthetic influence had passed off, and the patient appearing as well as could be expected after such a labor, was dependent upon the inhalation of chloroform. Had death ensued, it would have been charged to this "last best boon of God to suffering parturient woman," and the true cause been hid in the silent grave. But it was otherwise ordered, and we feel, at least in this instance, we have been instrumental in effectually proving the innoxiousness of chloroform. Unfavorable symptoms, so far as my experience goes, concur with the published observations of Prof. Simpson, of Edinburgh, and Drs. Channing and Warren, of Boston. "When they do arise, must follow immediately the induction of anæsthesia, they may be fatal, or the bad symptoms prolonged for hours and days, but in no case can its effects remain latent in the body for eight or ten hours and then produce prostration.

FRED'K S. HURXTHAL

MASSELOW, Dec. 26, 1856.

APPENDIX NO. 2.

REPORT OF O. D. PALMER, M. D.

ZELIANOPLE, Butler county, Pa., March 21, 1857.

Dr. JOHN G. F. HOLSTON, Chairman of Com. on Obs.—*Dear Sir:*
 In order to be able to respond to your "Circular to physicians," which I observe in the "Peninsular Journal of Medicine," published at Detroit, Michican, I have been to some little trouble to collect from my ledgers an abstract of my obstetrical practice. I have never kept a regular registry of cases, but in entering charges in my day-book, I have been in the constant habit of appending such notes as I judged might be useful for future reference, and as these notes were transferred to to the ledgers in posting, I have been enabled to extract a pretty correct synopsis, from this source, of my cases, which I willingly place at your service.

In submitting this *expose*, it would seem to me a suitable occasion to direct your attention to certain subjects connected with the practice of midwifery, which impress me as deserving from the profession more consideration than I have ever seen attached to them, especially as far as the life of the parturient female is concerned. I do not now allude to that deplorable sacrifice of life, resulting from the ignorance and recklessness of pretenders to medical knowledge, as well male as female,, who impose on the confidence of the unsuspecting, or are employed through the criminal economy of friends; and this sacrifice is far greater than I could ever have supposed, without the means of conviction afforded me by many years of observation. But I wish to invite your investigation specially to the fatal effects to the confiding parturient, caused much more frequently I fear than is generally conceived by the conscientious and skilful physician, *in transmitting disease from his patients at large*, and giving *infection* where he only wishes to give aid. Nothing, I am certain, could be more repulsive to the feelings of an honorable and humane accoucher, yet such I know has sometimes happened. If the attention of the profession generally was directed to the investigation of this subject, it is my sincere opinion, nay, my full conviction, that many of our *fatal epidemical child-fevers* would be found to have their origin in pre-existent or contemporaneous *epidemics* of erysipelas, scarlatina, cynanche maligna, or any disease dependent on erysipelatous inflammation, for its characteristic puerperal fever, or peritonitis, has prevailed twice, within my practice,

in twenty-five years, (and for many years I have seen sporadic cases of it,) but always simultaneously with some other epidemics, once with scarlatina, and once during an epidemic erysipelas, and nearly the only cases that escaped were those who had been attended by female midwives. The virus of an *epidemic erysipelas* is very infectious, and could hardly escape being carried by a medical attendant to the parturient woman.

I have been consulted in two cases very lately of peritonitis that proved fatal, where the inflammation was evidently erysipelatous; one the wife of a physician who had been attending cases of putrid sore throat, and the attendant of the other came directly from swabbing the throat of a child of the same disease. Two cases that appear evident to me I will relate, as illustrating the subject, and I will be done. They both were under my own cognizance.

Rev. S. Morton, a friend of mine, residing in Darlington, Pa., had his wife confined with her first child, about seven years ago, and in one week after her confinement an eruption broke forth, which was recognized as variola; she died of the small pox. She had not been from home for months previously. Her physician was attending the only case of small pox in the country, some ten miles distant, when his services were rendered to the woman.

I attended the family of Rev. L. Leake, in conjunction with Dr. Lusk, in scarlatina, some years since. They both contended that the scarlet fever was not contagious, and the Doctor cited as proof of his position, the case of a woman attacked with that disease in child-bed, though there was no case of scarlatina within many miles. The case proved fatal, and the Doctor acknowledged that he had went to attend her directly after lancing an abscess, and swabbing the throat, of scarlet fever patients. It was too evident for his incredulity. I must close. Excuse my hurried remarks, which I have not time to copy before the mail goes.

Yours, fraternally,

O. D. PALMER, M. D.

To Dr. Jno. F. G. HOLSTON, Chairman of Com. on Obs.—*Dear Sir*: I am a native of Albany county New York, and received my medical education, in part under the instruction of the late Prof. T. Romeyn Beck, and at the "College of Physicians and Surgeons of the Western District," located at Fairfield, and have been engaged in the practice of medicine twenty-five years, in the place from whence I date, actively the first twenty years, up to 1851, when at that time

having had the misfortune to receive a compound fracture of the leg by my horse becoming unmanageable, and throwing me from a carriage while returning from a visit to a patient, I became a patient myself for several months, and have practiced less actively since.

Zelianople, and Harmony, but one mile distant, each containing about 400 inhabitants, since I have resided here have never had less than three nor more than seven (the present number) male practitioners in midwifery, and two female ones, whilst nearly every neighborhood has its *sage femme*, through the country. The principal practice, however, has usually been divided between myself and some one American physician, the others generally being German doctors, who have never gained the confidence of the women, not even of their own country, and have made many bad cases, such as leaving the placenta for several days. etc. The inhabitants of this country are mostly German and Scotch Irish, and their descendants, and twenty years ago seldom employed a physician in Obstetrics, unless given over by a midwife. At present physicians are generally employed when they can be gotten or afforded, especially by the American population. I have seen many cases of mal-practice, but there have been no prosecutions. What I mean by mal-practice is, such cases as applying the forceps and perforating the head before the os uteri was dilated, in an ordinary case, involving the death of child and mother, giving wine to support the strength in hemorrhage, without removing the cause, drawing away the umbilicus, leaving the placenta remaining for days, etc.

In looking through my ledgers, I find of such cases as I have added notes to, and can rely on as correct, 947.

About as many more obstetrical visits ante parture and post parture, without notes.

Of 947 cases, there were 479 boys and 468 girls.

The presentations were as follows, namely:

Of the shoulder, and one or the other arm, in cases,	-	-	7
Where the umbilicus with the head presentation,	-	-	3
Where the placenta was attached over the os uteri,	-	-	3
Where the breech presented naturally,	-	-	31
Where the knees or feet came first,	-	-	1
Where the face presented, all living,	-	-	7
Where the occiput was turned to the sacrum,	-	-	10
Where there were twins,	-	-	11

Cases where the placenta was attached and retained by an hour-glass contraction so as to incarcerate it, and where I removed

it by introduction of the hand, - - - - -	22
Cases in which I have given ergot with effect, -	16
Cases in which I perforated the cranium of the child, once for convulsions, once from ruptured uteri. - - - . .	2

Many of the above cases I saw secondarily, and should not have seen had they been natural. Of the two shoulder presentations that I saw primarily, the first made a spontaneous evolution, the head coming down with the arm while I returned to my office for opium, and the child was living. The second, very lately, and since I saw your circular, I effected *cephalic version*, and delivered with the occiput to the sacrum. The other five cases I saw from six to twenty-four hours after the liquor amni had been evacuated, and turned with great difficulty; in two of them during a hemorrhage that had caused syncope; the mothers all lived, the children all died.

Ergot has produced a powerful effect in every case in which I have given it but one, supposed to be rupture. It has been perfectly successful in every case of *placenta previa* where it was administered, causing one continued, persistent contraction of the uterus, thereby preventing flooding till all was delivered. In every case where I gave it a half hour only before delivery the children were dead, and in every case asphyxia; and in one case where there was obstruction in the pelvis, the patient was so convulsed with excessive efforts that I perforated the cranium to effect delivery, and safely to the mother. I only use it now, and for several years, in flooding following delivery, where I have always found it successful. When this flooding is apprehended from habit, I give it in decoction just before the child is delivered. I have only applied forceps where there was alarming hemorrhage, or great atony, or rheumatism of the uterus, and so far safely to both. I followed Denman, my text book, perhaps too faithfully for my patients' ease. I have attended one woman with breech presentations in three successive labors, though she had had ten children before; in all three labor ceased, after all was born but the head, for more than thirty minutes, and then required many pains to effect delivery; the last of them only was saved, and that by introducing and retaining my finger in the mouth during the intermission of the pain, allowing respiration *in utero*.

Might I not account for these three successive abnormal presentations, by an unusual development and weight of the inferior part of the body while the fetus was yet suspended by the umbilicus?

The only patient I have ever had to die undelivered, or on my hands, was one that I had attended several times previously—a woman ex-

cessively corpulent. When called the last time, she had been three hours in labor, and had a severe pain just before I arrived. When I examined the os uteri was two parts dilated, and she complained of much soreness on being moved; the pains ceased so long, and vomiting commenced, I gave ergot; no effect, vomiting and sinking continued though I gave stimulants. After waiting four hours, and no pains, and constant vomiting and sinking of the pulse, the head so high I could not apply forceps, I perforated and fixed the blunt hook, but could not succeed, while the patient expired. No post mortem examination; it is hardly ever allowed, and was not here in this case. Though the child did not escape, could it have been rupture? It was so supposed.

In the cases of adhering and incarcerated placenta, which, though they have never proved fatal with me, are at least very embarrassing, have generally occurred after the womb had been suddenly emptied, and left uncontracted. I generally endeavor to retard the expulsive efforts for a while after the head is delivered as a preventive.

If I can suggest any thing further, command me. I look to the American Medical Association with increasing interest as a friend to medical reform, and hope it may succeed in placing the profession on a basis so elevated that we need not blush to belong to it.

Yours, respectfully,

O. D. P.

ZELLENOPLE, Butler Co., Pa., March 26, 1857.

DR. J. G. F. HOLSTON—*Dear Sir*: A few days since, I forwarded to you, as Chairman of a Committee on Obstetrics, a hasty abstract of my practice, during some twenty years, in that department. On further reflection, it has occurred to me that I might advance the objects of your "circular," by intimating some of the commonest cases of bad or mal-praxis that have come under my observation. I may state, in this connection, that I am a friend to medical reform, and have uniformly refused to admit into my office, as pupils, all who were not liberally educated. Without having any connection with it, I have looked to the "American Medical Association," from its initial movement to the present time, with constantly increasing hopes of its ultimate success, in placing our humane profession on a more elevated basis, from whence its members may look upon themselves as dedicated to the relief of suffering humanity, and not, as some of the "pathies" seem to do, view the "ills that flesh is heir to" as a means

for their own relief solely, in repairing dilapidated fortunes. If a higher standard of education were made a pre-requisite to a studentship, in the future, those of the junior members of the profession who have commenced with fewer educational advantages, might be gratified to know, from the experience of others, that their determined efforts, though unassisted by teachers, might enable them to rank with the first, without prejudice to their enjoyments or business, and assist them to systematize their time. I could quote an instance, if permitted, in an acquaintance, who commenced his professional career with but a common English education, and who has become, by his own indefatigable and unassisted studies, whilst others were sleeping, intimately acquainted and conversant with the Latin, German and French languages, and the literature and best medical authors of each, whilst attending faithfully to an extensive practice at the same time. This would of course cause some intrenchment on the usual hours of sleep, which, however, most persons could habituate themselves to, without injury to either health or enjoyment, and with much advantage to their minds, and often preventing worse customs.

In the course of my experience as a medical practitioner, amidst all of the onerous and trying duties of a physician, in none other have I had either feelings or judgment so severely taxed; in none other does my responsibility weigh so heavily upon me, as in those situations where the life of an expectant mother—life most concentrated and interesting—is made to depend upon my knowledge, action, promptitude, skill and self-possession. During that period of maternal martyrdom, no attendant should be allowed to enter the apartment of the patient, whether in cabin or palace, that is not armed with sensibility and skill for every emergency. Yet how many, destitute of either quality, court such situations, from no other consideration than profit.

In the cases that follow, in all but one, I was called after the attendance of German practitioners, commonly called "Dutch Doctors," a *genus medicorum* that has lately been spread broad-cast over this region of country, more remarkable for their extravagant pretensions, cheap cures, and dislike of "thin potations," than for their propriety of conduct or skill, especially in surgery and obstetrics.

Case 1.—I was called to meet Dr. B., a German, who had been several hours in attendance upon a German woman in seventh labor. She had been delivered of one child two hours; when I saw her, she was speechless and insensible, with the shoulder of a second child pressed down into the pelvis, with the left arm protruding, and the

bed deluged in blood. The doctor informed me that he had been endeavoring, *for a whole hour, to stop the hemorrhage*, preparatory to delivering the woman, whilst he was sustaining her strength with *wine*, and *warm fomentations* to the abdomen. I succeeded, whilst he was relating the case, in arriving to the feet of the child *in utero*, and, grasping but one foot, had turned and delivered the woman before he had finished his explanation. The woman was two days unable to speak, but finally recovered.

Case 2.—I was called to a German woman, whose doctor was present. She had been delivered two hours, and was covered with a feather bed, and was fainted, and the placenta undelivered. On examination, I found *no cord*; I introduced my hand *in utero*, and succeeded in finding and detaching the adherent placenta, when the doctor remarked to the admiring female attendants, "*hab ich ehr es nicht gesagt, das der herr Dr. war starker wil mich—es brauchts nur starkheit:*" i. e. "Didn't I tell you that Mr. Doctor *was stronger than me?*—it only needed *strength*." The doctor had *broken the cord* by drawing, an hour or more before, and had been trying to stop the bleeding, so that he could leave her when she fainted, and alarmed her friends into sending for me. She recovered eventually.

Case 3.—I answered the hasty summons of a female *in partum*, who was under the care of a third German Doctor. The woman was delivered of a second child, and expired, as I entered the house. On inquiry of the doctor and friends, I learned that the woman had been delivered several hours before of a healthy infant, and that the doctor had taken away the placenta without suspecting another child. A severe hemorrhage had followed the removal of the after-birth, which he had been endeavoring to stop, by administering *wine* and *warm camomile tea*, till the second birth, in the moment of death, had revealed the secret.

Case 4.—I rode in the night about ten miles, to meet the same practitioner, in the case where he supposed the placenta adherent. I found the patient a large, healthy and strong female, in articulo mortis, with placenta lying in the vagina. On removing it, a large quantity of coagulated blood followed the immediate contraction of the uterus, and she was no more. I learned the attendant had been awaiting my coming without touching the patient, till the womb was distended with blood, and she moribund. I gave this practitioner a work on obstetrics, and begged of him to study it, but fear he never will.

Case 5.—I was sent for to attend a German woman who had

been delivered five days previously, and left by her doctor without removing the placenta. She lay in bed, accompanied by a most intolerable stench. There was no difficulty in removing this body, which the doctor had not attempted, though he had visited her daily. I informed another medicus, a countryman of the first, who said that was nothing—he himself had left it eight days, without harm.

Case 6.—Some years since, on my return after a few days' absence at court, as a medico-legal witness, I was summoned in haste to a woman whom I had attended two years previously, and who had several children. I found a Dr. L. in attendance, who had been present some thirty-six hours. He informed me he had found the case difficult, and had applied the forceps without being able to succeed; he had then perforated the head of the foetus, and lessened the cranium, and fixed the blunt hook, still unsuccessfully. Several hours had passed since this last, and the pains of the woman had mostly ceased. On examination, I was astonished to find the os uteri not more than two-thirds dilated. I called the doctor aside, and informed him of this state of the case. He said this could not be; but on further examination was convinced, but said it had been opened and had contracted again—he had read of such cases. I waited several hours, when, by encouraging the patient, who had lost confidence in her attendant, the pains returned; and, when the uterus was sufficiently opened, the head came down without difficulty, and the woman was delivered without any untoward symptoms. Some three weeks after, I was called to see this woman, who appeared to have a hectic fever, and who died two days after suddenly, getting out of bed. No post mortem examination was made, but I supposed an abscess had been formed and ruptured internally. The physician was an American, of some twenty years' practice; he had been out of practice some ten years, and was just returning to it. I make no comment.

Case 7, of possible effect of fright during pregnancy.—I attended a woman in her sixth labor, who was delivered without difficulty of a dead foetus, about two months previously to her calculations. The child was perfectly formed, in all respects but the head. The upper part of the cranium was absent, leaving the *dura mater* exposed,—the lower part of the head and face, as high as the eyes, well formed, but above the eyes, in a uniform circle, there was nothing but a membrane, enclosing the lower part of the cerebrum and the whole of the cerebellum. The woman was apprehensive that something was wrong before delivered; as, in the early part of her pregnancy, on returning from a neighbor's, she came suddenly upon her husband, who had

slaughtered a sheep, and had just removed the skin from the upper part of the sheep's head, giving it a very frightful appearance to her; she was so frightened that she screamed out at the time, and came near swooning. She was not disappointed in finding the child imperfect, which did not look unlike the *head of a sheep, in the state which alarmed her*. I have seen many alighter cases of markings ascribed by the women to frights, but this was the most extraordinary. Most women believe in the possibility of the effect of the imagination on the fetus, and their *instincts* may account for *something*, perhaps.

O. D. P.

POST SCRIPTUM.—I regret that time does not permit me to re-write and correct and condense the whole of this communication, but hope the errors and the careless style will be properly ascribed to haste in forming a mere draft. Any use that I can be to the committee, of which you are chairman, would be cheerfully rendered if known.

I am, with much respect, your obedient confrere,

O. D. PALMER.

APPENDIX NO. 4.

REPORT OF J. H. STRICKLAND.

GRANTVILLE, Georgia, Feb'y 27th, 1857.

Respected Sir:—Having received the February number of the *Pennsular Journal of Medicine*, my attention was early called to a circular to physicians. I propose to answer as many of the questions in said circular as time and limited knowledge will admit.

Q. 1. I am engaged in the practice of obstetrics, and have been for five years.

Q. 2. I find, by reference to my note book, that I have had eighty five cases, of which there were five preternatural. In my practice, I find the proportion has been less than I had expected.

(Case first will give an answer to your third query, which is the only one I ever had, complicated with contracted or distorted pelvis, Oct. 12, 1853.)

March 12, 1854.—Was called early in the morning to Mrs. W., aged 21. Her general health was tolerably good; pains were short, and at long intervals, and had been so ever since 9 P. M. She is of medium size, nervous, and sang. temperament. Some excitement; pulse 100, and quick. Soft parts hot, and a little dry; mouth of the

womb dilated to the size of a ten cent piece, rigid and a little thin; bowels loaded. Ordered Ep. Salts and magnesia, to be followed by an enema of warm water—acted well. She complained very much of the pains. Two o'clock P. M., soft parts moist; membranes presented in the form of the finger of a glove, and one foot. She complained of thirst; I ordered effervescing draught, and an anodyne, to be repeated if she did not rest. It being near my office, I could call at any time. Six P. M., found her resting better; pains slow but regular. I now became regular in attendance. The membranes soon broke. The knee of the other leg presented. The pains became rapid and strong. Nine and a half P. M., she was delivered of a living child, with but little injury to herself or child, (a little bruised under one eye,) by applying two fingers of the right hand to the back of the head, and one finger under each eye; both did well. This was her first child; had miscarried twice at five and three months.

March 6, 1855.—Negro, aged 33. Was called at 10 A. M., in consultation with Dr. P. Pulse normal, os dilatable; the membranes were unbroken; the umbilical cord could be easily touched, and with some difficulty the umbilicus could be touched; the pains were short and ineffectual. Bled her and gave her a full dose of opii. Two P. M., quiet and sleeping well. Directed the opiate to be repeated, if necessary. Bladder was empty and bowels empty. Ten P. M., was summoned again to meet Dr. P. I had three and a half miles to ride,—when I arrived, the child had been born some time; it was dead; had died the day before; the skin would slip a little; it was born head foremost—why and how it happened I am not able to say, but one thing I well know, spontaneous evolution took place at some time within twenty-four hours.

Sept. 28th, 1855.—Age 35, seventh pregnancy; over medium size, and labored very hard, but lived well. This case was quite singular, and very perplexing to me. Early in the spring, March, I was summoned to see Mrs. B., late at night. She was and had been flooding for some time. She was quite feeble, at times fainting; had her placed upon a hard mattress, and to my astonishment the bed was perfectly saturated, and her husband, seeing that it had passed through the bed to the floor, had become alarmed. Directed perfect rest, cold, together with opii. and sac. sat. every three hours, elevated her hips, raised the foot of the bed, and had her feet and hands dipped in hot salt water occasionally. Next morning found the hemorrhage light, but considerable disturbance, bowels loaded, etc.; continued the hot application to feet and hands, and also directed a sed-

litz powder every three hours until her bowels moved (omitted opii and lead); she lived near my office, and I saw her as often as I chose. In a few days she recovered some strength, hemorrhage ceased, and she returned to her regular business. Three weeks afterwards I was called to see her in a similar attack. The above course succeeded in relieving her. Finding much general derangement, her bowels confined, deranged stomach, I used cream tartar and magnesia in small doses with marked benefit. Mrs. B.'s general health remained much impaired up to the time of her confinement, suffering for the last two months from diarrhœa, and a troublesome cough.

Sept. 29, 8 o'clock A. M.—Spent a bad night; suffered from grinding pains all night, together with severe pain in right side, which was very tender and unusually hard, pulse 125, tongue dry, considerable thirst and some headache, os dilatable, other parts dry and hot, but not tender, bladder and bowels empty. Directed an anodyne, morphia, and warm fomentations to left side, fluid camphor per se. 'Being very feeble, she took wine and water at any time; repeated anodyne; rested some; pains grew harder and more frequent.

Two o'clock, P. M.—Os dilated to the size of a dollar, membranes unbroken, some hemorrhage, but a good collection of water and pains tolerably good. The right hip, *trochanter major* could be easily touched with the index finger; I remained at my post and cheered Mrs. B. as much as possible. I knew the position must be changed; she being in a position for me to use my right hand, I proceeded to relieve or aid the unfortunate woman. I gently introduced my right hand, soon finding the thighs flexed upon the abdomen, insinuated my index finger between the left thigh and abdomen, using it as I would a blunt hook; but little effort was required to change it to a full breech. Mrs. B. complained of exhaustion, which I endeavored to cripple with wine and a hearty joke or two with the females present. Finding the pelvis spacious and the child small, I waited for nature to accomplish her part. At five o'clock P. M. she was delivered of a feeble female infant, (5 pounds) made more so by some pressure on the cord. I did as I always expect to do, applied two ligatures to the cord before dividing it. Soon learning there was another, and seeing the lady was almost exhausted, I continued the wine and directed a light anodyne, and at six o'clock P. M. left my patient doing tolerably well, with now and then a light pain.

Seven o'clock P. M.—Called again; (but before leaving the office I took the precaution to place a bottle of chloroform in the hands of my wife, with directions;) Mrs. B. was now desponding, but seemed

a little revived; found on examination a full collection of water, but could not learn what part presented. I could not expect everything to be abnormal, neither could I expect, under the circumstances, the membranes to assume the form of the finger of a glove if the hand or foot should happen to present, (I hoped for better times) nor could I think of letting my patient remain in her present condition long. The pains were slow, short, and of course inefficient. Were they throes from debility, or from the nature or position of the child in utero? As I stated above, the part presenting could not be touched, therefore I did not know what was the presentation or position; but one thing I well knew, and that was, my patient was very feeble and almost exhausted. Here I halted, and deliberately asked myself what my duty was, ever hoping by living faith, conscientious and cautious, so to live and act as not to bring disgrace upon the profession, and also be considered honorable among my brethren. It was too late to call a brother to assist, the life of my patient was in great danger from delay, and I felt it to be my imperative duty to hasten delivery. For the first time I gave my patient brandy and water tolerably freely, and during the next pain I cautiously ruptured the membranes; a large quantity of water escaped, to my astonishment; the right hand presented, and the pain forced the arm and shoulder low down in the pelvis. I lost no time in using a little oil on my hand and arm, and soon introduced my right hand. At the brim of the pelvis I found several folds of the cord, with which my hand became entangled.

The moment I learned what the presentation was, I sent a messenger after chloroform. The pains became much harder, and offered much more resistance than I had anticipated under the circumstances; Occasionally Mrs. B. had complained much of her left side, to which warm or hot cloths had been applied, and from which she seemed to have received some relief. About the time I introduced my hand she began to complain very heavily of her side, and had a slight spasm, probably from pain, probably from some other cause. The attendants became scared, one or two fainted, leaving no one to assist me except her husband. About the time the second spasm began I took my handkerchief from about my neck, folded it up, and directed her husband to unstop the bottle of chloroform, (at the same time I ordered the lady that handed me the bottle of chloroform, to drag the two that had fainted to the door, and throw some cold water in their faces, so as to keep them from fainting, thinking they might render me some service,) also directing him, after pouring a considerable quantity on the handkerchief to place it before her mouth. It required

considerable effort to keep her on the bed. By this time my hand was completely within the cavity of the womb, and very much cramped. She soon became quiet under the influence of the chloroform. I took hold of her hand, found her pulse quite feeble, but guided the administration of the anæsthesia by it, together with her breathing. As soon as I could I reached the fundus, where I found one of the feet, which proved to be the left. Suspended the administration of chloroform. The hand seemed to be a great stimulus to the organ, and the pains were tolerably hard; I made moderate traction with my right hand, because I was not able to do otherwise. The pain that turned the child delivered it all but the head; she was getting from under the influence of the chloroform, and I delivered the head with comparative ease, the placenta following, as the next pain came on, as I delivered the head. The child was dead, or still born; I did but little for it except to give directions. The hemorrhage was sudden and abundant; I counted it a let, and lost no time in introducing my hand again into the womb. Placing my left hand upon her abdomen, I began frictions externally, and filled the inside by opening and shutting my hand; after some length of time, the last spark seemed to kindle. She took some brandy and water; pains came up. I had her head pulled off the bed, and held in a very low position, some high blocks placed under the bed legs at the foot, while I continued friction externally and internally. Brandy and water was given freely, ammo, wine, &c.

The child was dead. I did not leave my patient until seven o'clock A. M. Keeping an eye to general principles I ordered brandy, wine and water as a common drink, hands and feet in hot salt and water every four hours, and also two grains of opii every four, five, or six hours, according to circumstances. I now knew from all appearances that Mrs. B. had child-bed fever. I spent the day with her, and part of the night, continuing the above course.

SEPTEMBER 30th, 8 o'clock A. M.—Pulse feeble, frequent and quick, tongue dry, abdomen swollen, severe pain on left side; she had dozed some; continue wine and water, also 2 gr. opii every five hours, linseed meal poultice wet with turpentine to the bowels, raised her head some, continued hot bath to hands and feet. She had passed some urine.

OCTOBER 1st, 9 1-2 o'clock A. M.—Pulse slower and fuller, rested better through the night; continue wine, poultice of meal and turpentine, opii and hot baths; also ordered some gruel to be given. The discharge is now very offensive.

OCTOBER 2d, 10 o'clock A. M.—Rested better through the night,

raised her head higher, had passed a full quantity of urine; found her bowels moving gently, without much pain and not so tender; she talked some, pulse one hundred and ten; continue wine, poultice, gruel, 1 1-2 gr. opii every six hours.

OCTOBER 3d, 8 o'clock A. M.—Rested well through the night, bowels soft, not swollen much, discharge purulent and offensive, passed water with but little pain; continue wine, poultice and opii; took out the blocks, ordered vaginous injections of milk, water and a little soda (tepid).

OCTOBER 4th, 8 o'clock A. M.—Rested tolerably well; pulse 110, bowels moved twice, passed water, and some little appetite; continue wine, poultice, opii, vaginous injections, and give a little chicken soup.

OCTOBER 5th, 8 o'clock A. M.—Did not rest well; some diarrhœa and considerable pain, pulse quick, pain in the head; I ordered a pill of bue mass, sac. sat. and morphine, together with oil cinnamon and paregoric every three hours; wine, gruel, poultice and vaginous injections continued.

OCTOBER 6th 11 o'clock A. M.—Rested well; bowels controlled, secretions much better, pulse ninety, bowels soft, some appetite, discharge less offensive, no secretion of milk; continue wine, vaginous injections, occasional poultices to bowels, alternating with lard and sweet oil; directed soup and an anodyne.

OCTOBER 7th, 10 o'clock, A. M.—Rested well; continued the above course for several days. She recovered, and is now doing well. I see the little girl nearly every day.

OCTOBER 12th, 1852.—Aged 28 years, third confinement (negro). Health tolerably good; suffered from chorea from time to time.

Nine o'clock P. M.—Pains were short and at long intervals, and had been so for the last 20 hours; os dilating, but did not think it her full time by two or three weeks. Had taken oil. Directed an enema, had her feet dipped in hot water, as they seemed too cold; bowels moved twice; directed an enema of laudanum and water, (100 drops to gill of water) pains began to cease, and she rested some in the latter part of the night. Os not dilating, and *high up*; found the pelvis contracted at the brim, membranes were unbroken, and some collection of water. As the pains came up after examination, I again ordered an enema as above.

OCTOBER 13th, 7 o'clock P. M.—Some pain all day; now becoming stronger and more frequent, found the os dilating a little, soft parts relaxed. There being more than ordinary nervous derangement and too much restlessness, I ordered a full dose S. Morphia. She be-

gan to dose, and I retired for the night; pains continued at intervals through the night.

OCTOBER 8th, 9 o'clock A. M.—Pains irregular but strong. Os dilated to the size of a dollar; good collection of water, bladder full. I could now with some difficulty touch the part presenting, which was the right ear. Ordered warm fomentations to the bowels, and directed the patient to evacuate the bladder if she could, which she did in a few minutes. Having given an enema of warm water to move the bowels, I took all things into consideration; having no forceps, crotchet, etc., I thought it best to change it to a foot presentation in due time. Finding the mouth still dilating, soft and thin, I introduced my right hand with comparative ease; the membranes were still unbroken, and found it an easy matter to move the child; the face turned a little more toward the sacrum, and in the absence of pain the head glided into the palm of my hand, and in withdrawing my hand a little I found the vertex could be made to present. During the next pain I withdrew my hand gradually, the membranes broke, and the head became partially engaged in the brim. The vertex now presented, and I felt much relieved; pains were strong, but the head did not advance. Finding the os uteri soft and perfectly dilatable, my patient seeming feeble, and the head appearing large compared with the pelvis, I determined to use an infusion of ergot, and in less than one hour she was delivered of a fine boy, weighing eight pounds, and both done well. Her other children were small. I learn she has since been delivered of another healthy child, ergot being used and both done well.

This is an answer to the third query. I will answer a few more as soon as time will permit. J. H. S.

GRANTVILLE, Georgia, March 20th, 1857.

Answer to 4th Question.—I have employed ergot but three times in difficult labors.

Case 1.—Slightly distorted pelvis, (brem.); child was not still-born; both mother and child did well.

Case 2.—W., aged 26; small; first child; health bad. A midwife had been with her a night and day; her officiousness caused the membranes to break. Two days after the midwife broke the membranes, I was called to see Mrs. L.; pains seldom and feeble; used ergot as a last resort, except mon.; child and placenta came together; it was still-born; both did well.

Case 3.—W., aged 42; child small, delicate; health good as could be expected. Had flooded very much with her last children. She had been in labor thirty hours; pains slow and short; considerable obliquity of the os uteri; used ergot, (inf.), child was not still-born; she did not flood much, and both did well.

My observation is quite limited on the subject. I am of the opinion that it increases the number of still-born children, diminishing the chance of recovery fifty per cent or more.

Fifth Question.—I have seen several cases of child-bed fever, and treated eleven during five years practice. The most of them occurred during 1855. I have seen and treated quite a number of cases of crural phlebitis, male and female. I have seen but few cases of puerperal convulsions.

Out of the eleven cases of child-bed fever, four died and seven recovered. Some of them received timely treatment, and some of them did not. Here let me state, that a country practitioner labors under many disadvantages that are unknown to many physicians in large villages and cities. The disease is obscure, rapid, and generally unknown to common people. The name is a terror to them, but the lion may be fed in the most of their houses without being seen. I cannot find time and space to give a full history of the several cases, but will give a history of as many as I can, together with my notions as to the general treatment.

Case 1.—Negro, aged seventeen years and six months; first child; was attended by a stromp of a midwife. Her labor was not long; the midwife said she was doing well. Six days after her confinement some small blood-vessel, vein or artery had been ruptured, during labor in the labia majora. This was the exciting cause of child-bed fever in this case. June 15th, 8 P. M.—Pulse 180, breathing 30; tongue dry; abdomen very much swollen and hard, complained some on pressure, per vag. ex.; discharge very offensive and thin; labia majora sloughing some; had passed but little urine that day, but bladder was empty. In short, I marked my patient among the dead; the time for bleeding had passed. She had had diar. for two days, which had relieved her some. Scarified the labia, but did but little good; also, scarified each iliac region; used tepid injections (vag.) of soda and gum acacia; ordered a large poultice of corn meal and turpentine to bowels, to be repeated at intervals of five or six hours; feet and hands to be dipped in hot salt and water occasionally, say once in four or five hours; also, ordered 20 gr. cal. and 10 gr. gamboge, divided into ten pills, two to be taken every two hours until

full purgation took place, or all given. Retired for the night; medicines acted well on the 16th, with some relief.

June 17th, 9 A. M.—Rested some, but little change. Continued poultice, hot foot bath, also soda wash and injection; ordered cal. 2 gr. op. 1-4, and ipe 1-2 gr. every two hours; also, mixt. tsa, Am. and wine whey.

June 18th, 10 A. M.—Found my patient dying.

Case 2.—Mrs. S., aged thirty-one years and six months, child quite large. Aug. 3d, 3 P. M.—She was large and of good constitution. The time had passed for bleeding when Dr. S. saw her, on the 1st; gave gam. and cal. as above, poultice, &c. She was now under the second course gam. and cal. and poultice, and continued.

Aug. 4th, 4 P. M.—Pulse 130, breathing 35; tongue red and dry; bowels moving too free; urine scant; eyes glassy; hearing difficult; yet her bowels were softer, more discharge. Ordered large doses of turpentine every three or four hours, and alternated with opii. cal. and ipecac, as in the case above; continued poultice, vag. injections, as above.

Aug. 6th, 8 A. M.—Patient much better than could be expected; pulse 110; skin acting well; rested much better than night before; took some gruel, soup, and wine and water; discharge abundant; hearing better; could rest on either side some, and talked rational. Continued the same course at longer intervals and smaller doses.

Aug. 8th, 9 A. M.—Patient still mending; secretions all on the increase,—milk, urine, &c. She convalesced under the use of turpentine, cal., opii., &c.

Case 3.—Aged 16 years and 10 months; Mrs. A. delicate and small, first child. Scarlet fever was raging at the time of her confinement. She had scarlet fever, or was taking it, at the time of her confinement.

Nov. 16th, 6 P. M.—Had suffered severe pain for two or three hours; bled until she fainted slightly. Ordered a full dose of cal. and opii. 10; C. 1 1-2 gr.; also, linseed and turpentine poultice. Watched her all night, rested but little; there were several sick in the family, of scarlet fever.

Nov. 17, 8 A. M.—Pulse 125, ab. tumid and very tender; tongue dry, thirsty; had two small moves on bowels; passed but little urine. I became nurse and physician both, and remained with my patient. Cal. 20 gr., gam. 8 gr., made into ten pills, two every two hours; six were taken, full catharsis come up; continued L. T. P. renewed at in. of four and five hours; used tepid milk and water vag. injections, to

be repeated at intervals of five and six hours. Thirst was great through the night; pain was not so great; patient slept some, drew off water once through the night.

Nov. 18th, 8 A. M.—Patient quite feeble, bowels moving too free; had given two full anodynes through the night; also, used the hot salt and water baths to feet and hands through the night.

Nov. 18th—Pulse feeble and frequent; tongue dry; ab. sec. very much. Ordered poultice F. M. T., vag. inj. tepid soda and gum water (five or six) both to feet and hands, and give three portions of morp. and cal. through the day; drew off urine, and also gave a little toast water and gruel through the day; repeated anodyne through the night; patient rested but little through the night.

Nov. 19th, 8 A. M.—pulse 125, breathing laborious; throat quite sore and sw. more restlessness, secretions all scarce, together with general aggravation of symptoms; drew off urine; continued L. M. T. bath, vag. inj. During the day there was nausea, vomiting, and a very severe diarrhoea; difficult hearing, dimness of sight. Blistered throat with Tissue; used wash to throat inside, diluted acetic acid, every five hours. Ordered 12 gr. B. M., 1 gr. morp. and 6 gr. sac. sat, made into ten pills, one to be taken every three or four hours, with a teaspoonful of paregoric and oil cinnamon. Six doses were given, at intervals of three hours; bowels controlled; rested some little towards morning, after taking some wine and water.

Nov. 20th, 8 A. M.—Pulse very feeble and frequent; tongue dry, thirst; secretions scarce, used catheter poul, F. M. T. bath; the soft parts began to slough; used tinct. myrrh and laudanum in the vag. injection. The capillary cir. being very feeble in the skin, I gave minute doses of opii and calomel; used wine and water more liberally than I had up to this time; also, continued diluted acid to throat, together with warm fomentations. Rested some through the night.

Nov. 21, 8 A. M.—Still very feeble, but disease seemed to be arrested to some extent. Secretions some better; used catheter, continued poultice baths, soda wash, vaginal injections of myrrh and laudanum, acid gargle, warm fomentations to throat, alterative doses cal. with minute doses opii. and ipec., wine and water, (port), chicken essence and milk and water (lime.) Urine become more abundant; used the catheter again at six this evening.

Nov. 22d, 8 o'clock.—Rested better through the night. There seemed to be great need of some calorificient and so. I commenced the use of Turp. Nix., comp. Gum Sago, Cor. Am. Lan. c. s. Turp. and Laud., small dose every four hours, intending to alternate with

minute doses of Cal. and D. Pwd. 1-3 gr. C. to 1 gr. D. P. Continued poultice at longer intervals, bath to feet and hands, soda water, and vaginal injections. Gave soup, and also wine and water; bowels moved twice, after third dose turp. mix. Skin acted mildly, and patient rested well, comparatively. Syrp. Turp. gave two doses camp. D. P., with a view to the anodyne effect. Spent a better night, and passed a full quantity of urine, with less pain than could have been expected.

Nov. 23d, 8 A. M.—Some little appetite; used poul., bath, wash, vag. inj., and occasionally using turp mix. camp. water, at intervals through the day, wine and water, soup, &c. This course was continued up to the 27th. The system was saturated with mercurial, and I waited.

November 27th, 8 o'clock, A. M.—By this time there had been considerable change in the strength of the patient, other things being equal; considerable hemorrhage came up; the uterus appeared too large; suspended the wine and water; ordered tincture of ergot (25 drops to gill of water) every four hours, alternating with alum water, ginger, tincture of cinnamon and laudanum, 3 g. tt, 6. I am indebted to the learned Prof. Meigs for the use of the above in the place of the ordinary sac. sett. and opii. The above had a happy effect; the uterus disengorged itself; used warm fomentations and camphor and water in the early part of the night to control to some extent the pain excited. Morning found my patient much better, and from that time my patient began to convalesce, which was very slow. I wound up by using iodide potass and sarsaparilla. This was my wife, and the minutes would make it very long—having nursed her. I could give the outline of each case, but time and space will not allow, I fear.

Case 4.—Mrs. B. aged 20 years, first child. A midwife was with her; she done well up to the seventh day; washed with cold water, and had a chill, which lasted some time. 24 hours afterwards I saw her; bloodletting was out of the question; left leg was very large, so was her abdomen. Salts had been given twice the night before and oil in the morning. This was 11 o'clock. Bowels were now moving very freely; ordered my hobby, poultice, soda wash, together with milk and water injections, all to be repeated every four or five hours; hot cloths out of vinegar and water to lay for half an hour, and the above poultice alternating with hot cloth and poultice at intervals of four and five hours; also, ordered six doses cal. and ipsec. (4 gr. cal. and 3 gr. ipsec. in each dose) to be repeated every two and a half or

three hours. Did not see her until late the next evening. She took the anodynes the night before, and rested some; her bowels had moved some, less pain, &c. Continued poultice to abdomen and leg, together with hot cloths, wash and injections; also cal. and ipecac in small doses, and two anodynes for the night. Found her salivated on the next day, and left her in the hands of a good nurse with some general directions. She had been badly salivated once before, which was of benefit to her in this case. The other cases were treated like the third, yet not at the same length, each complication, too, excepted. One I gave the treatment in my first communication; out of the 11 four died and seven recovered, and with the exception of the cases stated and the one I am yet to give, which will make six, the remaining five occurred in the same fall, one right after the other, seeming to be epidemic.

Case 5.—Negro, aged 26; had had two or three children and was then in the sixth month of gestation.

April 14, 1856, 9 o'clock P. M.—Had been struck in the morning with the handle of a well roller on the right side, while drawing up a bucket of water. Her mistress had given her a large quantity of laudanum through the day, with some relief; she was suffering great pain in the side that received the blow, pulse 130, breathing very frequent; bled her until she complained of faintness while on her back in bed; found bladder full; used cathartic, warm fomentations, hot foot and hand baths, and gave her two or three grains opii; applied mush and turpentine poultice, and directed another dose opii, two gr. every five hours; afterwards retired for the night, and to get a little sleep, as it was then nearly day; left patient resting soundly.

April 15th.—Ordered poultice continued, and two gr. opii every four or five hours through the day. Called at 7 P. M., and found patient complaining very much; opii had not been given as directed, her mistress thinking it would kill her. Bled again, used cathartics, and gave a large dose of opii; watched patient all night, and used the opii throughout the night. She had had no action on her bowels since the injury; continued poultice and bath. Finding my patient completely under the influence of opii, pulse 110, breathing 18, bowels very hard; left at 10 o'clock A. M.

April 16th.—Resting tolerably well; left full portions of morphia and Dover's powder, to be given at any time when she complained of pain; continued opii, bath, and also directed her bowels moved at 3 in the evening if she was free from pain, by using enema of tepid water; a large quantity to be used at a time, but about noon they began

to move, in fact she was then so much under the opii and morphia that the operations were almost involuntary. There was one thing I well knew when I left, and that was I had succeeded in relieving pain, one element of disease; saying to myself I had been and was an enemy to pain. I thought if my patient remained in the condition of a hog or lower animal there would be more chance.

April 17, 8 o'clock A. M.—Patient rested through the night, pulse 110, breathing yet affected by opii, bowels soft and moving some, and resting quite well; continued poultice; ordered gruel, neutral mixture, and small doses calomel and Dover's powder. In a few days my patient was up, and although the foetus was killed, she went on to full time before the foreign body came away. She is now hearty, and will be confined in a few months, say three, or less.

Case 1st was caused by the injury done to the soft parts, ruptured blood vessel in the labia, and injured perineum. The second case might have been caused by the shock or injury done to the whole system during a long and severe labor, together with the injury done to the soft parts, (the child weighed fifteen pounds after it was dressed,) combined with the chances common to all lying-in women. Case third, scarlet fever. Case fourth, by washing in cold water. Case fifth, by a blow from a well handle. Case sixth, which was the case of twins in my first. Case seventh, had measles and pneumonia combined, which I see by my note book. The fourth, instead of fifth, being in the same region, and caused by the same epidemic influence. Three I attended myself, and one was in the hands of a midwife. Here let me say that this monster among diseases is dreaded by me, and my fight is a feeble one; with this acknowledgment I hope you will excuse me for making a few simple remarks. All the old writers that refer to the disease, felt that it was a great terror to women, many seemed to bite at the root a little. Sydenham speaks of changes in the atmosphere, etc. Many others make similar references. Gordon is as bright a man to the junior practitioner as can be found in the healing art; Meigs, Hodge, Simpson, all stand high among the living. Blood letting is the *Pandora's box* out of which most, nearly all good may be expected in isolated cases, if practiced in time. But here we seldom see them in time to do any good, comparatively speaking. I know of but one out of the eleven in which I am certain blood letting done much good, and that is the windlass case. I am on the side of opii, if timely applied; I mean in the early stage, one or two hours. I am forced to think that opii is adapted to the epidemic cases; I think the physician is doing well to relieve pain, one

element of disease. The cases seem to be typhus or typhoid. In the isolated cases, such as we usually have, if a few hours have passed before bleeding is resorted to, 20 or 25 gr. cal. and 8 or 10 gr. gamboge, made into 8 or 10 pills, and two given every one and a half or two hours until full watery discharges come up, is the best mode to obtain relief and shorten the disease. Turpentine is a good preventive. I am vain enough to think that I can tell the fate of the unfortunate sufferer as soon as the medicine has had time to act, and I have seen many cases treated thus by Dr. S., who lives near me, of thirty-eight years experience. I mean shortened and recover, after the bleeding period had passed.

There are one regular and nine or ten irregular practitioners in this region, the most of them doing practice; one, a strump of a midwife, does a heavy practice. With this I remain,

Your obedient servant,

J. H. STRICKLAND.