

RATIONAL MIDWIFERY.

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OBSTETRICS, or midwifery,—I use the terms synonymously,—is usually defined as the science and art of delivering woman in child-birth—a definition misleading because it is too narrow in its scope. The science of obstetrics embraces all the knowledge we possess relative to the reproduction of our species, especially so far as the part therein played by the female is concerned. The art of obstetrics is the application of this knowledge in practice.

Instead of being a mere mechanic who delivers a woman at term, the rational obstetrician cares for her from the moment of conception until involution is complete. He must not alone be acquainted with the anatomical structure of the mother and the mechanism of labor, but as well with all of the physiological changes which take place during and immediately subsequent to pregnancy. He must be familiar with and ready to detect every pathological condition which may arise during the same period, know their clinical history and sequelæ, have at his command the medicinal or mechanical measures for combatting them.

We see, therefore, that a rational—in other words, a wise, judicious—midwifery presents for our study a vast, interesting, instructive, and complicated field, and in practice calls for erudition, a sound and comprehensive judgment, patience, tact, and skill. It is one of the principal factors comprising the great field of medicine, and cannot be studied or practised successfully independent of any or all the other branches. Indeed, the rational obstetrician must of necessity be a physician in the broadest sense of the term. His capabilities must be beyond and above that of diagnosing pregnancy and the delivery of the woman. He must be familiar with and

equal to the task of meeting all of the varying conditions which may take place prior to, during, and after delivery.

In view of these facts, I do not hesitate to say that rational midwifery deprecates the special education of professional midwives.

In speaking thus I do not wish to be understood as speaking disparagingly of specialists in obstetrics or any of the other special branches of medical practice. I glory in our specialists, and in the grand and noble work they are doing for humanity in the elevation and advancement of medicine. No man or woman, however brilliant in mind or transcendent in genius, should be permitted to go forth from the college halls to immediately enter upon the special practice of obstetrics or any other specialty. To become a successful specialist, the polishing, rounding off, the stability and judgment acquired by several years of training in the severe school of general practice is essential. No reputable medical school would think of granting a special diploma of competency in ophthalmology, gynecology, pediatrics, or any other special branch of practice, without the applicant would first exhibit at least a working knowledge of general medicine and surgery.

Nevertheless, we are brought face to face with the fact that special diplomas in obstetrics are recognized by our laws. Their possessors are sent forth upon a confiding public with this certificate of proficiency to certify that they are competent to meet the exigencies of every case which may come under their care. In the name of humanity, I ask, Is this rational? Is it just?

If rational midwifery condemns this class, what is to be said of the tens of thousands of self-constituted midwives without even the rudiments of an education who are, throughout the length and breadth of this fair land, daily blindly taking upon themselves the sacred and grave responsibilities connected with the practice of obstetrics? Are the lives of our mothers and of their unborn babes of so little moment that they are thus to be trusted in the hands of ignorance and superstition? Is such a condition of affairs not a stain upon our benevolence and a disgrace to the intelligence of our age?

Is it not our duty as professional men to speak out against this evil in tones which can be heard and in language which cannot be misunderstood?

Let the cry of envy, of jealousy, go up. Heed it not. It is the duty of every medical man to make his influence felt in crying

down this imposition. Yes, may I say it? No member of our profession, no philanthropist, should rest easy until the red-handed empiricism and quackery which in every branch of medical practice stalks through our land, ravishing homes, destroying life, and impoverishing the needy suffering, is trampled under foot and consigned to the shades of ignominy.

I do not wish to occupy the time of this Association by discussing this topic at length. I do think, however, that the profession should endeavor to educate the people to a higher appreciation of the knowledge and skill requisite to make a *rational*, and thereby a *safe*, obstetrician.

I have said that rational midwifery cares for the woman prior to, during, and after her confinement. Now, in a great many districts the people do not think of, and the physicians do not urge, the necessity of calling the attendant prior to labor setting in. The rational obstetrician should insist upon this, and the public should understand that in every instance a careful, competent, and discerning physician should make one or more examinations of every pregnant woman before the time for her lying-in. I admit, no particular benefit may be derived from it in the majority of cases, except that in every instance directions may be given with reference to preparation of the room, clothing, and person, so as to give the most comfort and best sanitary conditions.

If these calls be neglected because they are not necessary in every case, who knows but the very case which is not seen may be a subject of albuminuria, have an oblique presentation which is remediable, a deformed pelvis which might demand premature delivery, or have some one of the many conditions which, if not properly managed, might interfere with safe delivery and subsequent recovery?

One would think that with the experience of ages and the teachings and writings of the brightest minds in the profession to enlighten us, there could be no difference among the profession regarding what constitutes "rational midwifery." There is, however, a difference of opinion.

This difference of opinion, we are constrained to believe, is not harmless. When we consider the results of practice, of those practising different methods, we are forced either to the belief that some men are peculiarly unfortunate in the character of the cases they are called upon to treat, or others are dishonest in their re-

ports; or, on the other hand, that some are irrational in practice. To show this depravity we have the following statistics. For prudential reasons I do not mention names. One physician in a neighboring county reports having performed craniotomy 17 times in 850 deliveries, against 4 craniotomies in the practice of another in over 2200 deliveries. Thirty-three still-births at term in 600 deliveries is given by another against 15 in over 1100 deliveries by another. Forty-two deaths of the mother is the painful story told by one in 960 deliveries, against seven deaths by another in over 1800 deliveries. Eight adherent and twenty-two retained placentas in 94 cases is met with, one adherent and not more than ten retained in a practice of 2600 cases. Four per cent. of forceps deliveries is pitted against forty-eight per cent. in the practice of two young gentlemen of five years' experience each.

Certainly statistics, such as these, suggest a want of rational practice somewhere. I will admit they are extreme cases and do not reflect the general practice of the profession. Nevertheless they show us that a high standard of requirements for graduation should accompany a conscientious instruction in the subject before us.

While cases of midwifery are not a unit in their character and great latitude must necessarily be allowed the rational practitioner, there are certain general rules which should be observed by all. Rational midwifery approves the saying of the revered Meigs, "Study every case, of itself, for itself, and by itself," this does not militate against the principle that the practitioner must be regardless of his time, be patient, painstaking and sympathetic. He must never forget that his duty is to aid nature, not to force her. The general use of the forceps and the general administration of ergot to aid in delivery is reprehensible. Rational midwifery is not satisfied with the dictum that a diagnosis of position and presentation and the progress of labor be made alone by external manipulation, but hints to us that we will conduct the case with greater safety as well as more knowingly, if after using proper antiseptic precautions we examine the patient per vagina and ascertain the condition of the soft parts, the dimensions of the pelvis and the degree of dilatation. It calls upon us in the use of antiseptics to remember that the antiseptic without cleanliness in all its details being observed is void. He who eliminates antisepsis at this day is unworthy the name of obstetrician, but as Dr. Pancoast said yesterday in remarks at West Pennsylvania Hospital, antiseptic

sis is not all of surgery. I beg the young man to remember it is not all of midwifery. It tells us that in the use of anæsthetics we should distinguish between surgical and obstetrical anæsthesia, and that only in exceptional cases, such as in the treatment of a neglected shoulder presentation, should profound anæsthesia be resorted to. Anæsthetics during the third or placental stage of labor should not be used. The washing out of the uterus in every case of labor is superfluous, if not positively dangerous. Tamponing after the fifth month is dangerous. Applying the forceps in an occipito-posterior position while it is high up and before nature has shown herself unable positively to advance and rotate it to the front is irrational. Rotating the chin to the rear in a face presentation or to the front in a breech presentation is a violation of all obstetrical teaching. An attempt to deliver a dead child, face presentation, chin to the rear, when rotation to the front cannot be secured, without performing craniotomy, is absurd. These are a few points I believe rational obstetrics teaches us and I have mentioned them because I have known the very opposite practice in several instances to have been followed within the past year in Pennsylvania. I trust they will fulfil my purpose, namely, to show the necessity of a more rational midwifery and of eliciting discussion.

Rational midwifery tells us, paradoxical as it may seem, that the history of abortion is the history of civilization. "The more civilization progresses and the greater the abhorrence of the crime, the more numerous the laws enacted against it, the more frequent does the crime become. Nevertheless the blush of shame mantled her cheeks when a member of our profession a short time ago advocated the prostitution of the obstetrical art by engaging in the production of abortion scientifically. No sophistry should ever lead or ever will lead the rational obstetrician to blacken his soul, stain our professional escutcheon in innocent fear in countenancing, let alone in lending his skill and knowledge to this God-forsaken practice.

That the duration of pregnancy is not a fixed unit,—that it may be prolonged is now pretty well substantiated. And that puerperal fever, puerperal perimetritis, etc., are all puerperal septicæmia.

The old sayings with regard to meddling midwifery must be carefully considered, not to act and give nature the benefit of your knowledge and skill is just as reprehensible as to interfere unnecessarily.

It appears to me that upon certain practices of the past rational midwifery places the stamp of disfavor. If I interpret her teaching correctly, the operation of embryotomy, embracing craniotomy and cephalotripsy above the superior strait, especially in the case of a living child, is to be known only in history; and the more humane and scientific operation of laparotomy is to take its place. Here, again, I wish to emphasize the necessity of judgment, knowledge, and skill on the part of an accoucheur. If laparotomy under these circumstances is to become the legitimate operation, it can never succeed in the hands of bunglers. The woman must not be more dead than alive, her strength departed, her soft parts contused and torn in vain efforts to deliver with the forceps, before the operation is commenced. The rational obstetrician, with his clear knowledge of the anatomy of the parts, his keen perception and his appreciation of bulk, distance, compass, and space, will be able to anticipate the necessity of the operation, and not first subject his patient to tortures as well as to place the life of mother and child in unnecessary jeopardy. I speak with measured words upon this subject. I know I am liable to be charged with fanaticism, but I believe the dawn of this new era is upon us. Yea, even now

“With folded wings of dusky light,
Upon the purple hills she stands;
An angel between day and night
With tinted shadows in her hands.
Until erewhile transfigured there
With all her dazzling plumes unfurled,
She'll climb the crimson-colored air,
And fly in glory o'er the world.”