

## OBSTETRICAL NOTES FROM EUROPEAN CLINICS.

Graduate students here on the Continent fall readily into one of two classes:—First, those who are here for the purpose of obtaining clinical training which they should have had during their undergraduate years, and, second, those who have already had experience either in hospital or general practice and who have come to obtain greater proficiency in some particular branch of medical science. For all, the larger centres, such as Berlin and Vienna, have the great advantage of unlimited clinical material, and yet in both these cities there are corresponding disadvantages for the man who would specialize. The first of the above-mentioned classes, though numerically far the larger, is composed for the most part of men who speak no German, have no desire to learn the language, but who are willing to pay over-liberally for courses which, though often useless to the man of training, must be taken before he can get the more desirable advanced work, for which a knowledge of German is desirable, nay, indispensable. Thanks to that most fortunate feature of the German system, the *Geheimrath* of Berlin to-day, is he who yesterday was the master of his art in some smaller town, be it Bonn, Halle or Marburg, where he was much more approachable and much more flattered by the presence of foreigners in his clinic. Indeed, there are still those who prefer a small clinic with the privilege of working, to the Metropolitan clinic with increased income but more distraction, (Krehl and Mueller both refused to come to take Van Leyden's place).

The small town has a twofold advantage for the student: in it one comes nearer to the chief, and in it, one of necessity learns the German language and makes German friends, whom, the chances are should he return five years later, he will find in charge of one or other of the clinics in a larger centre.

During this and a previous trip it has been my good fortune to visit a number of the clinics for the diseases of women in Austria and Germany—Graz, Vienna (3), Prag, München (2), Tübingen, Würzburg, Leipzig, Dresden and Berlin (2). In all of these, save that of Wertheim in Vienna, which was entirely gynecological, the two divisions,

gynæcology and obstetrics, are under the one chief, and it was with the latter division, or rather the border-line between the two—the handling of infected cases and abortions—that I was particularly interested.

Concerning these clinics, with the exception of Tübingen, München and Berlin, much of my knowledge has been obtained from conversation with the assistants, but from what I have heard and seen, the clinical material here, though more extensive, is no better than either in Baltimore or Montreal. On the other hand, the student seems much more alive to the possibilities than do ours, and the teaching, which is almost entirely clinical, is not to be compared. To those familiar with Bumm's book, it will be no surprise to hear that in his clinics one not only sees the patient, but, thanks to his skill with chalk, is made practically to see whatever pathological condition may be present. Other teachers not equally gifted, obtain similar results by means of drawings and diagrams shown with the projection apparatus.

Of the clinics themselves, probably the most elaborate and best equipped is that of Leopold in Dresden, where too the training of nurses seems to be of an unusually high standard, and the technique particularly good. Prag, though one of the smaller clinics, was particularly interesting, perhaps because in many respects (having dual languages, the Czech and German) similar to that of Montreal, but undoubtedly, thanks to the courtesy of Professor Kleinhans and his assistants. The obstetrical clinic was so thoroughly clean and well-conducted, the patients looked so well cared for, and at the same time there were so many dirty cases being sent in from the city, that there was unbounded opportunity for interesting work. Many Canadians and Americans have worked in Prag with Chiari. There is still good work to be had in medicine (v. Jaksch), and in gynæcology and obstetrics.

It has not been possible to go to Freiburg, though all the younger gynæcologists are very enthusiastic over Krönig, who seems to be the coming man. Everyone is working—Krönig, Doederlein, Amann, Bumm, v. Rosthorn, v. Franque, and the younger men, Bürger, Baisch, Krömer, Liebmann—all working, and it is not a question of income, it is a question of getting to the top.

It is probable that the main topics for discussion in the field of Obstetrics are:—

- (1) Scopolamine—morphia anæsthesia.
- (2) Eclampsia.
- (3) Vaginal section: Colophysterotomy—anterior.
- (4) Pubiotomy—Hebosteotomy.

In dealing with these questions, offering so many different sides for observation, and over which, consequently, there has been much and useless discussion, two expressions of opinion come at once to mind:—

“There is a practice of obstetrics suited to clinics, and a practice suited to private houses. Operations must be chosen, not on account of their scientific value *per se*, but on account of the availability; and no one is justified, for the sake of the child, in subjecting a mother to an operation and its attendant risk, unless under the most favourable conditions, which, indeed, obtain only in special obstetrical clinics (Doederlein).”

“The difference of results from accouchements in special clinics and accouchements at home will undoubtedly result in bringing many women to the clinic who otherwise would not come—and the practice of so-called hospital obstetrics will unquestionably gain headway in the future” (Hegar—very free translation).

### *Scopolamine-morphia.*

From conversation with many of the assistants in the various clinics, one receives the impression that Gauss's extollation of Scopolamine-morphia has in general failed in confirmation.

In Munich, one-half of the patients only were given injections with a view of testing its value. It would be unwise to offer an opinion before the results of these researches are published, but from personal observation of a number of these cases, and after reading the report of the proceeding at the recent Gynæcological Congress in Dresden (Gyn. Rundschau, 1907, No. 20), one cannot but distrust the workings of the drug. In the first place, its effects are not uniform. For a satisfactory result, absolute quiet, something almost impossible to obtain in a large delivery room, is the first requisite; on the other hand, the preparations vary greatly in potency, and experience has shown that a fresh preparation is essential, which, of course, makes its use in private practice very difficult. Then, too, in private practice the inability of the physician to guarantee a satisfactory result from the exhibition of the drug, together with the possible coincident, if not consequent injury (deep asphyxia, etc.) to the child, would undoubtedly deter one from its use. Of the five assistants in the Munich clinic, four expressed the opinion that the drug was of no particular value; the fifth holds that it is a help to many patients, but “would not care to use it in private practice.” In but one clinic, that of Krönig in Freiburg, have the results of scopolamine-morphia been uniformly successful. Gauss is undoubtedly master of the technique of its admin-

istration. General opinion tends to the conclusion that it would be hard for anyone else to obtain similar proficiency.

### *Eclampsia.*

Everywhere the teaching is to deliver as rapidly as is compatible with the safety of the mother. Where labour has already begun, vaginal section seems to be the favourite method of operation, though in the Dresden clinic the Bossi dilator is still used.

Professor Doederlein recently gave the following instructions to his assistants:

"Cases coming to the clinic in my absence, if in labour are to be immediately delivered. In post-partum cases, and where labour has not yet begun, make a lumbar puncture and give an injection of stovaine—repeat, if necessary—morphia may be given, though it is rather dangerous in large doses. Avoid chloroform as far as possible—above all, keep the patient quiet. Complete delivery as soon as the cervix begins to dilate."

It was my good fortune to see one patient so treated:—Primipara, about twenty years of age, thirty-eight weeks pregnant, entered the clinic about 5 p.m., having had six convulsions since noon of the same day. After arrival in the clinic, she had a seventh very severe convulsion, and was given stovaine, 0.10 gm., by means of lumbar puncture, also a small dose of morphia. The urine at this time contained so much albumen that it solidified on boiling (9 gr. per liter), and the patient was very œdematous. As a result of the injections she slept quietly during the night and when awake was encouraged to take fluids. The following day she had another convulsion, but as there was no sign of the onset of labour, a second lumbar injection was given as before. Her condition remained much the same for four days, and the foetal heart was at all times distinctly audible. On the fifth day labour pains set in, and she was eventually easily delivered by low forceps. Recovery was uninterrupted and unusually rapid.

In this one case, the result undoubtedly justified the expectant policy. Incidentally, the reason for not delivering immediately was that the ill results from vaginal section have been almost invariably due to hæmorrhage, which is extremely difficult to control unless the uterus contracts properly. In absence of pains, hæmorrhage is a grave danger.

Though an advocate of the administration of large quantities of fluid by mouth and rectum, as well as by hypodermoclysis, Professor Doederlein is opposed to the use of sweat-baths, which he contends may result in concentration of the eclamptic toxine. (Experience in the

Montreal clinic does not support this view, as the results from sweat-baths in conjunction with the administration of large quantities of fluid have given uniformly favourable results.)

### *Vaginal Section.*

This is now uniformly recognized as a most valuable surgical means of emptying the uterus, though naturally available only within the walls of a hospital. So far, in the majority of the clinics its chief indication has been in the treatment of eclampsia. The uniform success in this field has justified a much wider application, and in the Munich clinic I was fortunate enough to see two such operations, where, with a transverse presentation, premature rupture of the membranes had been followed by prolapse of the umbilical cord. Delivery by version was accomplished in much less time than would be needed to describe the steps of the well-known operation. It would appear that in cases of pulmonary tuberculosis, where interruption of pregnancy is to be combined with sterilization of the patient, this will prove an operation of the greatest possible value.

### *Hebosteotomy.*

Opinion seems divided as to the scope of this operation. In Graz, where the clinic is about the same size as in Montreal, they had had no experience with it. In the Chrobak clinic, one of the assistants told me that in two years there had been positive indications for the operation in four of seven thousand cases. On the other hand, in the Schauta clinic, with similar material, they average one hebosteotomy in two weeks, and Dr. Burger, who was most cordial in showing the inner workings of his department, demonstrated to me a patient in apparently perfect condition two weeks after the operation.

As with all disputed operations, the results obtained seem to vary with the technique employed. Nearly all the ill results have been due to excessive lacerations of soft parts attributable to the application of forceps, or more particularly version. It is now agreed that the proper procedure is to divide the pubic bone and then allow the labour to proceed naturally. This labour differs in no way from ordinary labour where the pelvis is normal, and there is no increased pain from the osteotomy.

In the Prag clinic, Professor Kleinhans demonstrated to me a patient on whom the operation had been twice performed within a period of a little more than a year, in each instance with most satisfactory results. The Röntgen picture of the pelvis showed excellent bony union in each

of the pubic bones, and at the same time proved conclusively that one such operation does not permanently enlarge the pelvis.

The operation, as performed by Professor Doederlein, is no more subcutaneous than is that with which we are already familiar. There is a difference, however, in after treatment, in that the patient is allowed to lie in bed without special support to the pelvis, which, of course, allows the bones to separate and tends to permanent enlargement of the pelvis.

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