

It is impossible to say at what period regular clinical instruction commenced in this country, though it is probable that few attempts were made for its establishment until within the last thirty or forty years of the past century, and then, and even down to a much later period, from the few facilities furnished by our hospitals for its prosecution, the best of the clinical courses of which our country could boast, were unsystematic and superficial. A new impulse, however, has of late years been given to bedside instruction, and we can now boast of increased facilities for its pursuit on the part of those who are engaged in conducting it, and of those, also, whose desire is to profit by it, that cannot fail speedily to approximate the clinical instruction of the United States, in character, to that of France itself. Here and everywhere bedside instruction has come to be recognized, as it should always be, an essential part of medical education: no medical school can at this time be considered qualified to teach which cannot afford ample opportunities for its prosecution.

We commend the address of Dr. Ludlow to the notice of our readers. It furnishes, it is true, but a meagre outline of the history of clinical medicine—one, nevertheless, which is neither devoid of interest nor instruction. The entire address is conceived in a proper spirit and couched in correct and vigorous language.

D. F. C.

ART. XXVIII.—*An Effort to shorten the Duration and diminish the Pain of the First Stage of Labour; with a Record of One Hundred and Forty-seven Cases.* By B. FORDYCE BARKER, M. D., Obstetric Physician to Bellevue Hospital. New York, 1861. 8vo. pp. 11.

*On the Use of Anæsthetics in Midwifery.* By B. FORDYCE BARKER, M. D., Professor of Midwifery and Diseases of Women in the Bellevue Hospital Medical College, etc. New York, 1861. 8vo. pp. 17.

THESE two essays claim especial attention from the interesting nature of the subjects discussed in them, and the character which is sustained by their author as an experienced, successful, and judicious practitioner and teacher of midwifery.

The object and scope of the first are very fully expressed in the title. The end to be attained by the effort indicated is certainly a most desirable one. The agent by which Dr. Barker proposes to attain that end is the extract of belladonna administered during the latter weeks of pregnancy. The efficacy of his proposed agent, the author informs us, he has been able to test in only a very limited number of the cases of labour which have fallen under his notice—inasmuch as in many of the cases attended by him the patient was not seen until parturition had already commenced; while in others the labour came on a very few days after the use of the belladonna had been entered upon.

His endeavour has always been to commence giving the article about two weeks, as near as may be, before the completion of gestation. As, however, the data for the formation of a correct estimate was, always, necessarily uncertain, the length of time the belladonna was taken varied considerably, in different cases, from the period indicated.

Dr. B. has found a very great difference in the susceptibility of patients to the influence of the belladonna, as well as in the strength and purity of the latter. In the use of the article he always commences with a dose of one-quarter of a grain thrice a day, and gradually increases the dose until it is doubled or tripled. In some cases much smaller doses are tolerated than in others. The test with him has been, the occurrence to a slight extent of the constitutional effects of the article—as dryness of throat, a feeling of uneasiness or giddiness of head, or dimness of vision. If any or all of these symptoms appear the belladonna was given twice instead of thrice a day. When the patient was plethoric or of a full habit, of rigid fibre and active circulation, Dr. B. has been in the habit of combining with it small doses of tartarized antimony.

The tabular record of one hundred and forty-seven cases in which a fair opportunity was afforded for testing the effects of belladonna upon the painfulness

and duration of labour, exhibits the number of the pregnancy, the duration respectively of the three stages in each case, the presentation and position of the child, with its size and weight.

So far as this table goes its results would seem, in some degree, to speak favourably of the influence of the belladonna on the duration of the first stage of labour, if it be silent in respect to any power it exercises in diminishing the attendant pain. But, as Dr. B. very correctly remarks, the test of a larger experience and of other careful observers is necessary, in order to determine satisfactorily the prophylactic value of the article.

The second essay—on the use of anæsthetics in midwifery—which was delivered originally before the New York Academy of Medicine, discusses a question to the settlement of which no amount or acuteness of *à priori* reasoning is adequate. The question is simply one of empiricism. If, by experience, it shall be shown that the induction of anæsthesia by any of the agents in use in no degree increases the danger of labour, as respects either mother or child, nor renders either the one or the other liable to any injurious consequences afterwards, we are perfectly warranted in resorting to it—nay, are perhaps required, by the duties we owe to our patients, to resort to it, in order to diminish the sufferings of parturition. The safety of anæsthesia in midwifery being established, we want nothing further save an acquaintance with the rules for its employment, and with the circumstances, if there be any, which should prohibit a resort to it. These are to be acquired, also, from results alone of experience.

The conclusions arrived at by Dr. Barker in respect to the use of anæsthetics in midwifery are given in six general propositions, as follows:—

“1st. Anæsthetic aid is of the greatest value in the obstetric art, and chloroform is generally the preferable agent for this purpose.

“2d. It exerts no injurious effect, when properly administered, upon the health of either mother or child.

“3d. It is perfectly justifiable to use chloroform in natural labour, solely for the purpose of relieving pain.

“4th. It is especially useful in calming the extreme agitation and mental excitement which labour often produces in very nervous women.

“5th. It should be administered in those cases of natural labour, where the progress is suspended or much retarded by the pain occasioned by previous diseases, or such as may supervene during labour, and in those cases where the irregular and partial contractions occasion intense and almost constant pain, but have no effect to advance the labour.

“6th. It is of great service in spasmodic contraction and rigidity of the cervix uteri, in tetanic rigidity of the perineum, in certain forms of puerperal convulsions, and in the various obstetrical operations.”

Dr. Barker prefers, in midwifery practice, chloroform to ether. While he considers the former equally safe, its odour to most persons is much more agreeable, whilst it is less persistent; it is less liable to produce the irritation of the bronchi with an annoying cough or choking so often consequent on the first administration of ether. Chloroform, when used for any length of time, does not fill the chamber with a disagreeable and, let it also be remembered, inflammable vapour. The effects of the chloroform are more prompt than those of ether; free, generally, from the preliminary stage of excitement, and allowing the use of the agent for each recurring pain, the patient in the interval being comparatively free from its influence. We can, also, regulate with more certainty the degree of anæsthesia with chloroform than with ether.

It is the duty of each obstetrician carefully to examine the evidence offered to prove the entire safety of anæsthetics during labour, and upon his own convictions and the validity and satisfactory character of that evidence must his conduct in respect to their use or disuse be directed. If he believes in the entire safety of their use both for mother and child, his duty will be, then, to resort to them in cases to which experience has taught us they are adapted. Relief from pain is an important desideratum to the parturient female, and it should be secured to them when it can with propriety be done; and by such agent as has been shown to be the safest, most agreeable, and most easily managed.

D. F. C.