Original Articles.

SAFEGUARDS IN PRIVATE OBSTETRICS.¹

BY J. P. REYNOLDS, M. D.

CHILDBIRTH, viewed in its relation to the whole community, necessarily involves a certain percentage of death and disaster. The causes of danger are always at hand: overwork, starvation, sorrow, desertion, and anæmia come before, and hæmorrhage, convulsions, and insanity follow after. Disease, deformity, disproportion, malposition, and malpresentation put the child in peril. Careless or criminal neglect in the period immediately following delivery adds another element of danger. And no ordinary attention can save from these risks the class of pregnant women who supply and always will supply the material for hospital and dispensary practice.

Fortunately, results very much happier may legitimately be claimed for the private exercise of obstetrics. In cases of the latter class the profession enjoins and the community, from year to year, increasingly exacts, watchful oversight. Illustrations of this fact meet us on all sides. The prophylactic management of women approaching confinement has several times, within two or three years past, been exhaustively treated by English-speaking accoucheurs. We are weighing together the pros and the cons of a proposal that Listerism, so-called, be applied even to cases of labor. That time-honored practitioner whose refinement of modesty forbids him to look at a bulging perinæum is fast disappearing from our ranks with his colleague, who in the practice of a lifetime never encountered anything wrong in obstetrics. The modern attendant is beginning to be held almost responsible for a lacerated cervix. He is expected to know, not to guess, the measure of the involution that takes place. He is held to blame if fetid lochia are not watched, or if creeping inflammation of the connective tissue escapes his notice.

Upon this subject, in its full extent, I do not propose to enter. I ask your attention to three unpretentious details in the duty of an accoucheur, upon which the safe conduct of his cases will, in my judgment, largely depend. These are, first, that he take an intelligent care of each patient during the six or eight weeks before delivery; that as a matter of obligation he make her during this period visits sufficiently frequent to render him familiar with the details of her bodily and mental condition. Next, that he *make sure, by extreme care and peremptory order* of being summoned to the patient when she has the first warning of approaching labor, go promptly to her, and from that moment take the full charge of her case. And lastly, when delivery is completed that he watch the management of the sick woman during two hours or an hour and a half, remaining in most instances at her side.

Not only are these points commonplace, they are even trivial. I am addressing honorable and upright professional men, who give every needed attention to obstetrics as to other parts of their work, who, if summoned to labor, avoid delay, and when the birth is completed do not leave their patients till they have all reasonable assurance that the time of danger has passed. And yet my effort is to emphasize more strongly these very habits, and to point out their extreme importance

and value in the care of women confined. For I suspect that medical men, in not a few instances, fail to recognize any duty to a case of obstetrics till notice of labor is given. To many practitioners the attendance upon births is an annoyance, a vexation, an interruption to their work, an interference with comfort, sleep, and eating, comparable to the worries of teething, vaccination, and nursery croup, except only that this is a trial immeasurably worse. The nurse "should know when not to send for them;" "ought to be capable of superintending the first stage of labor;" "must not summon the doctor till he can be of some use." The child born, the placenta delivered, no hæmorrhage showing itself, and the general condition of the patient being cheerful, the physician's duty to others presses upon him. The nurse is at hand to apply the bandage and to put the bed in order, as well as to wash the baby and dress it. He has endured most burdensome and fatiguing attendance, — he has a right to relief.

And yet, commonplace though these suggestions are, a conviction of their important bearing upon the safe conduct of obstetrics, which deepens with every year of my professional work, must be my excuse for bringing them very briefly before you to-night.

I need hardly justify my first recommendation by any elaborate arguments. It has been lately said with great force that the preparation of woman for labor exacts the use of very much the same methods which a man adopts in training for a foot race or a rowing match. Her strength is to be gotten up in every way for the great trial, and towards this end the positive efforts of her adviser may greatly help. He is not to judge his principal duty performed because he has searched the urine for albumen and casts; pallor, exhaustion, depression, mental worry, above all sleeplessness, ought to arouse his interest and command his most earnest and watchful care. In obstetrical communications the risk which attaches itself in labor to the woman seduced and abandoned has become classical, but such a statement still leaves unnoticed other cases of precisely similar import. The clergyman's wife who, in the eighth and ninth months, must sit up till the small hours to hear the reading of his sermons, the woman whose husband has been for weeks sleepless with the agony of impending bankruptcy, she whose daily life is made wretched with that thorn in the side, a merciless mother-in-law, or that other whose wrongs have robbed her home of all peace, these are equally the cases that invite puerperal insanity, eclampsia, and fatal hæmorrhage. By watchful, persistent tact to gain the clue to the unrest which his eye detects, to force home upon the mind and heart of thoughtless bystanders the knowledge that the woman who is on the eve of labor is doing a great work, that all those about her are in duty held to bow down to her, help her, and comfort her, that she is by the mere fact of her pregnancy made unfit either to edit an encyclopædia or to keep a hotel, becomes then a physician's obligation. Sleep must be made possible, and, in case of need, must be secured, week after week, by the steady, unremitting employment of suitable drugs. Let me say, in passing, that in many cases marked by persistent wakefulness, the good effects of a judicious use of chloral and the bromides are not limited to the production of sleep at night, but are felt throughout the nervous system and in the mental condition.

Nor is this all. To many a mother of troops of children, from whom the details of housekeeping, dress,

¹ Read before the Boston Obstetrical Society.

meals, discipline, steal all repose, the service of a physician who patiently, perseveringly, remorselessly, by daily visits, it may be, gets her under his thumb, and by degrees gains for her two weeks of bed and feeding before her confinement, is worth more for the avoidance of accidents in labor and for the prevention of puerperal disease than cart-loads of tonics and oceans of antiseptic injections. I do not forget that there exists, on the other hand, a class of self-indulgent, indolent women who need, even up to the moment of labor, to be roused to moderate though continued exercise and occupation, but these form among us an inconsiderable minority.

Of food during these weeks not much need in most instances be said. Excessive appetite sometimes needs restraint. Articles of diet outrageously difficult of digestion are never to be allowed just before the onset of labor. In cases in which there is good ground to expect eclampsia an exclusive milk diet not only affords a great guarantee of safety, but frequently extorts from the patient the warmest acknowledgment of comfort and relief.

Care of the rectum and bladder, truisms in all obstetrics, must never be forgotten. And I pay willing tribute to direct tonics, and especially to iron. The number of pregnant women who find help in it is very large.

My second point is that the patient, the husband, the nurse should be alike instructed that it is of the first importance for the best conduct of labor that the attendant be notified at the very earliest moment, so soon as the recurrence of two or three pains make the mother convinced that her labor is beginning. Promises to this end are readily given. It is no easy task to have them faithfully kept. Not only does the nurse ordinarily consult the doctor's ease, or the husband hope that the accoucheur is not required till daylight, but the very woman herself shrinks from admitting that the hour has come. And yet the physician's selfish interests, as well as his real comfort in his work, demand this quite as truly as does the welfare of the patient. If promptly called, after being made sure that everything that he may need is already in the room, and having convinced himself by a reasonable delay that there is no probable urgency, he may with the greatest peace of mind again and again absent himself for periods which he fixes definitely in advance during which all other important obligations are cleared away, his own personal preparations are made, and everything is arranged for the entire appropriation of his time to the new duty. Nowhere in life is it so true as in this work that the early bird gathers the grain. The breaking of a dam may sweep away every house in the valley, and sacrifice hundreds of lives, but there is always a moment when the whole risk lies in a trickle that a boy might check. Run through the whole gamut of obstetric emergencies, from a swollen anterior lip to a cranium hopelessly wedged in the bones of the pelvis, where can we find one that will not be found easy or difficult, just in proportion as the physician undertakes it in season or comes too late?

With what ease in the majority of cases will palpation at the beginning of labor detect the head in a pelvic presentation or in a transverse. With what comfort, at that moment, can even external version be accomplished, providing the presenting part be still high in the pelvis and the membranes unbroken. In the simple

matter of diagnosis of position by vaginal examination contrast the confident assurance of the man who has steadily watched from the beginning the progress of the mechanism with the worry and uncertainty of him who finds under his hand a tumid and swollen scalp, and bones distorted and overriding. None of us receive without anxiety the summons to a woman in paroxysms of eclampsia, but were the habit which I am urging established in the profession, how much oftener would timely warnings come from localized headaches during labor, from unusual restlessness and agitation, from pains aimless and ineffective, putting an observant physician on the alert long before the lightest choreic twitching of an eyelid proclaims that danger is at hand. The same necessity, that the case be watched from its very outset, applies with the greatest significance to the timely use of forceps, of which so much has lately been said, and said, too, with such wonderful force. It is largely to delayed attendance that the worst dangers are due. With many a funis long prolapsed, an arm or foot precipitous by the side of the head, a breach hopelessly wedged, early watching would have substituted for all the difficulty and peril the chance of easy relief. And without such neglect who would know the fearful picture of a uterus, after redoubled hopeless, overpowering efforts, helplessly bound down in tetanic rigidity over some impossible presentation.

Lastly, there are few occasions in which the personal presence and control of a physician are of greater value than in the lying-in room during the period following delivery. Women are in some occasional instances apparently confined with little or no nervous shock. Parturition deserves with these patients little more serious regard than defecation. They approach it with something of the unconcern with which the commercial traveler enters upon his fifty-second Atlantic passage. But these are rare exceptions. Under all the cheerfulness and even gayety of the newly-delivered mother, amidst the hurry and bustle of the surroundings, how many times has one occasion to hear at last the sigh of relief and watch the comfortable settling down to rest, when noise and light have gone, when the nurse and the baby have been dismissed, and the physician, his hand watching patiently the uterine contraction, mounts guard till the hour of imminent risks has gone by. The shock of labor, the exhaustion of nervous power which that process brings, is only too familiar to us in severe cases. But the fact that similar symptoms, less only in degree, accompany nearly every labor, is not always recognized. And yet, attentively watched, there are few patients who do not betray it. The real restorative for this effect of labor is rest, and, if possible, sleep. In extreme cases we acknowledge this in our resort to opium, used not infrequently as the best of stimulants, but ordinarily bringing with that first effect the readiness to sleep. Even in ordinary childbirth every one of nature's processes is helped by sleep. It is surprising to observe how little many advisers appreciate this. I have known a primipara, exhausted by hard confinement, to be conscientiously roused by her nurse during every time that she dropped asleep during twenty-four hours because "sleep after confinement is so dangerous," severe puerperal insanity supervening three weeks later; and Cazeaux, though hesitatingly authorizing a nap after delivery, is careful to add that it is nevertheless of the utmost moment that throughout all this sleep the condition of the uterus should be constantly watched by an experienced attendant. The

repose enjoined should be absolute. Nothing so favors the safe contraction of a well-emptied uterus as deep and tranquil sleep. In not a few instances, when the uterus has remained for some considerable time of small size and well contracted during the period of enforced quiet, the preparation of the bed, the application of a bandage, some change of position, however carefully conducted, will cause it suddenly to double its size and to attain a marked elevation and prominence. So that in cases of hæmorrhage I have heartily approved that advice, which has neglected for hours every one of these important attentions, lest the mere fact of disturbing the patient should involve the loss of all that has thus far been gained.

Obviously what has been said is open to the criticism that life is short, and that care that is not ordinarily essential should not be required. Shall a man always stay at home because in any walk out a coping stone may fall on his head and kill him? No, indeed! and yet in the matter under consideration this argument may be pressed too far. The few additional hours which careful preliminary watching, acceptance of responsibility and attendance from the first warning of labor, waiting a somewhat longer period after the birth, take from the time of the general practitioner are few in number with most of us, and ought to be little weighed, in view of the great additional safety of the patient. However we may dream of overwhelming obstetric engagements the physicians are surprisingly few in any country who attend two hundred labors a year. Few men in middle life count as a rule thirty cases in a twelvemonth. No words of mine are needed to portray the stake which families under our care have in the prevention of danger in childbed. To see taken away from hearth and home the one being in whose safety more than in that of any other the happiness of all rests, to be responsible in any degree for a breach that is never filled, is bitter work. Gladly should we bend all our energies, spare no time, count trouble light to prevent that.

A CASE OF PYLEPHLEBITIS.¹

BY J. L. HILDRETH, M. D.

Mrs. P., age forty-four, tall, large, and fleshy, was first seen by me January 26th, after having had a severe chill. Three days before she had been to Boston in a snow-storm, and got very tired and cold. For three weeks before she had not been well, having frequently, after taking food, nausea and sometimes vomiting; she also had spoken of chilly sensations and of some pain in the bowels; her friends had remarked that she did not look well; her sleep had been poor, and in the morning she was not rested; headache and loss of appetite she had complained of. The exposure in the snow-storm seemed to hasten the sickness that was coming upon her. At the time of my first visit I obtained the following history:—

She was born in Massachusetts, always had been strong and robust, and generally during the past three years had weighed about one hundred and ninety-five pounds. She was married at twenty, had borne two children, both boys, the youngest twenty-one. Since her last confinement had scarcely been sick. Among

her friends she had been a wonder, never complaining of aches or pains, and in every way had seemed so well and strong. When first seen the chill had passed off, and she was vomiting, having severe pain at the pit of the stomach, and loose discharges from the bowels, with intense headache; pulse 124, temperature 103.2° F. She was so fleshy that any critical examination of the abdomen was impossible; pressure over the epigastric region was painful, and over the whole bowels there was some tenderness. Morphia and mint-water was given, and hot fomentations applied over the stomach and bowels. In the evening pulse 136, temperature 104° F.; headache severe; vomiting only partly controlled; pain at pit of stomach had not been relieved; the general appearance was of a person suffering from some severe malady. The morphia was ordered to be increased, and twelve grains quinine to be given in divided doses as soon as the stomach would retain it.

January 27th, second day of her sickness, recovered from the first chill; passed a comfortable night by taking two grains morphia; quinine had been given and retained; slept four hours, and had only one loose discharge; headache better; pulse 126, temperature 104.4° F.; pain at pit of the stomach and in the head, the only pain or discomfort complained of. In the evening was more comfortable; less pain; had slept some, and there had been no vomiting or passages from the bowels; pulse 118, temperature 104.8° F.

January 28th, third day. About midnight had a chill, but not severe; slept but little; after the chill great thirst; some vomiting, and one large, loose discharge from the bowels; pulse 136, temperature 104.6° F.; still complains of the pain at the pit of the stomach, and says it has extended to either side. In the evening pulse 140, temperature 105° F.; very restless; great pain; some nausea; takes little but hot brandy and soda water, milk and lime-water, and pounded ice; quinine and morphia continued.

January 29th, fourth day. More comfortable in the morning; pulse 130, temperature 103.1° F.; slept about three hours; takes the milk and brandy freely; no vomiting or diarrhoea; no headache, but is conscious of a pain at the pit of the stomach, and flinches at slightest pressure over any part of abdomen; bowels considerably distended; skin and conjunctiva slightly tinged with yellow. In the evening less pain; pulse 116, temperature 102.2° F.; taken less morphia by one half.

January 30th, fifth day. Very comfortable in the morning; decidedly jaundiced; no nausea or vomiting, and is able to change her position considerable; pulse 108, temperature 101.4° F. In the evening pulse 102, temperature 101.2° F.

January 31st, sixth day. In the morning pulse 108, temperature 101.1° F.; slept poorly; great deal of headache and pain at pit of stomach; about eleven in forenoon had another severe chill, followed by profuse perspiration and weakness, so that brandy and soda water were given in large quantities. In the evening pulse 106, temperature 104.6° F.; intense thirst with considerable nausea and occasional vomiting.

During the three days following this third chill she remained about the same, pulse varying from 120 to 130, and temperature from 103° to 104.5° F.; there was but little nausea, and large quantities of milk and brandy and soda water were taken, with morphia enough to control the pain; quinine was given, about sixteen grains a day, in anticipation of another chill; jaundice nearly disappeared.

¹ Read before the Boston Society for Medical Observation, May 16, 1881.