Correspondence

The Management of Normal Labor

To the Editor:—In all the discussion regarding the deplorable status of obstetrics in this country only a few of the factors in the problem have been touched. Specialists, like Dr. Williams (*THE JOURNAL*, Jan. 6., 1912, p. 1), with hospital facilities, trained assistants, a laboratory and absolute control of patients may make invidious comparisons but that does nothing to elucidate the subject. Obviously only a small percentage of the parturient women of the country can or will avail themselves of the benefits of a hospital or trained accoucheur. The general practitioner has the knowledge his college was capable of imparting, plus what he has added in practice. To his credit be it said, he usually makes the most of it. His equipment is generally greater than his compensation warrants. Moreover, he has his living to make and cannot be too insistent with his patient over whom, usually, he has no control. His case may be miles in the country with bad roads or a blizzard prevailing and he may have no knowledge of the presumptive nature of the case until he sees it. How is he to know what meddling woman had made a prior digital examination or what dope had been given? Frequently the patient's bed is "made" with the soiled family laundry or the chronology of births in the family is written in the stains on the mattress. He is always called in a crisis and usually at the last moment.

Manifestly we cannot all have hospitals or if we had we could not induce our patients to enter them. And what are we to do with those who will not employ a doctor except in a critical case? Neither can we take to our cases an operating equipment and trained assistants.

Granting that we were all educated in obstetrics according to Dr. Williams' standard, pray, where is this education to end? A prior contributor to *THE JOURNAL* takes the profession to task for lack of expert knowledge on sanitation, and so we might have to go all down the line and get specialists' training to be competent country doctors.

J. H. MACKAY, Norfolk, Neb.

To the Editor:—I have been practicing in the country for seven years, and during this time have had enough obstetric experience to enable me to say that I have never found (and I may say that I do not believe there exist) any of the exigencies to which you refer (*THE JOURNAL*, February 10, p. 428) that cannot be met and handled just as capably by the country physician as by anyone else. Women have babies just the same way in and out of city practice, and apart from the fact that hospital facilities are not so easily had in the country, there is no reason why methods of management should not be quite the same in one locality as in another. It should be remembered, too, that the article in question dealt with normal labor; not with difficult cases. I am a member of the State Board of Medical Examiners for Louisiana, and we refuse to pass applicants in the midwifery examination who deliver the placenta by pulling on the cord.

ESPY M. WILLIAMS, Patterson, La.

To the Editor:—I will admit that some of us who practice in the country do lose ourselves to the outside world to a great extent in following those precepts laid down by the masters of twenty or more years ago, but I will not admit that this is the rule. I have seen more medical men vegetating right in the midst of medical activity, research and achievement, than in the country districts. It is my candid belief that there is a greater percentage of medical men in this part of the country who are capable of doing, and are doing, the most modern analytical work in urinary, blood, stomach and culture diagnoses than can usually be found in the cities, and the reason is exceedingly simple. They have no specialists to do this work for them and are thus pushed into reliance on their own efficiency in interpreting the best works obtainable on the work in hand, or allowing it to go by default, and this, the country physician is usually loth to do. It is my opinion that if that bolt of inefficiency was fired at

the country practitioner, it was not only an unjust shot, but a very bad one, for it went wide of the mark.

My own experience has extended over a period of nearly twenty-one years; I have never had septicemia result from my method of handling these cases in well over a thousand deliveries, and never more than a partial rupture of the perineum; I have never lost a parturient woman, and only two babies, both of which died from asphyxiation *in utero*, and I have yet to shave the pubes. Rubber gloves, a Kelly pad, surgical gowns and cap, antiseptics and good soap, are always to be found in my obstetric bag. I always give a hypodermatic of an ergot preparation following the birth, see that the babe is properly dressed, and then express the placenta if it has not already been delivered, order a 1-to-2,000 bichlorid douche to be used twice daily after the first day, for three days, and then, once a day for four or five days. I have never encountered a serious post-partum hemorrhage or even a flow approaching the dignity of a hemorrhage, following this practice, and I nearly always make slight traction on the cord.

The results enumerated above have been obtained among patients ranging from the high-class, really intelligent ranch-women, with every necessity at hand or means to obtain them, down to the squalid full-blooded Sioux who never have any of the necessities, but an overabundance of the undesirable. Sometimes, it has been a pleasure to attend such cases, but usually, the careful physician is obliged to stand guard over his patient with a club to prevent the interference of some old "Granny Quack" or "prairie midwife" ("trained nurse," she calls herself), who is usually so grossly ignorant that asepsis has no meaning for her and ordinary cleanliness is a waste of time—a neighborhood dopesther, whose clothing is so saturated with desiccated perspiration that the odor is positively sickening. She is a teratologist of no mean ability, and an impressionist, with an array of statistics at her tongue's end that would convince the most skeptical.

Is the country practitioner so far behind the times when he can successfully combat these obstacles? We admit that the world rarely hears of our victories, but the reason is obvious: we have no daily press to subsidize and could not ethically make use of it if we had; the blare of a trumpet would be answered by the howl of a coyote, and our bulletin boards would seldom be scanned by human eyes. As to the advice offered, we are very like the tenant whom the landlady pressed to eat some rhubarb tart. "Mony thanks, mem, but I dinna need it."

F. W. MACMANUS, M.D., Buford, N. D.

The Army Canteen

To the Editor:—The canteen seems to be a live topic. It is well that it should be, for the discipline of the army depends in time of peace on the post canteen and its accessories, and discipline in times of peace predetermines effectiveness in actual service, and these, in the last analysis, determine the weal or woe, the eventual perpetuity of the government.

Several times have I been tempted to join in the discussion but as often have deferred because public opinion, I believe, however created, has little influence with Congress in general legislation. The party or individuals with the "pull" in the congressman's district just prior to election determines the member's vote when safe in his seat; the same is true of the senator.

Actual experience gained by observation is far superior to the wisest theory. During the war with Spain and subsequently I was detailed at a Southern frontier post and during nearly two years had ample opportunity to witness operations of the army canteen. About midway of my service the canteen was abolished at my post as it was concurrently at all the others.

By the law that created it the surgeon of the post is manager of the canteen, with two other commissioned officers as an advisory board, and therefore my opportunity for observation was ample. During the first half of my service, when the canteen plan was in operation, I do not now remember that any soldier was ever committed to the guard house, nor do I remember seeing one intoxicated on the reservation

or elsewhere: The post at different times was occupied by both white and colored troops, for during two years, more or less, there was much movement of troops till matters settled down to a normal military condition. During the time the canteen was in order discipline was easily maintained and an earnest, contented military atmosphere pervaded the routine duties of the day. The tidy appearance of everything connected with the post, the neat and soldierly demeanor of the men would attract attention of all visitors. On pay-day the members of the hospital corps seldom drew 50 per cent. of what was due, the balance remaining in the hands of the pay master, to be refunded to the soldier when he should be discharged from the army. The amount retained was entered to the soldier's credit in a pass-book similar to the deposit book commonly used by banks over the country.

I believe that the government paid 4 per cent. on the soldier's deposit, which, on his final discharge, often amounted to a snug sum. I remember several who were able to buy one or more of the government's bonds that were offered at that time for the prosecution of the war. The profits derived from the canteen enabled the soldier in his barracks to live like a gentleman, for that was the purpose, and to maintain a library, gymnasium and billiard-room; in fact the canteen was the soldier's club where beer and light drinks were dispensed under the watchful care of a non-commissioned officer. The soldier was always respectful to his superior and on his good behavior, and seldom needed a reprimand. I always enjoyed a visit to the canteen to watch the boys quietly when they were engaged at cards, or playing billiards, or taking a turn at the gymnasium, writing home to wife, or mother, or maybe to sweetheart, reading a book or magazine or newspaper (all paid for by profits of the canteen), and everyone speaking in a low tone of voice. I never heard of a case of gambling. When there chanced to be no soldiers in the bowling alley or gymnasium the officers off duty would warm up for an hour there themselves. There always seemed to be a pleasant understanding between men and officers, and a spirit of contentment and refinement was the order of the day. This picture is not overdrawn; every word is true.

One day an order came from Washington to suspend the canteen, to store the billiard-tables and other impedimenta away, and to vacate the rooms. The soldier's club-house was vacated and he was to all intents and purposes turned out of doors. A great change seemed suddenly to come over the scene. Old rookeries outside the reservation long abandoned were rehabilitated with low humanity and the vilest rot-gut whisky, and the government had no power to restrain them. Two days after the canteen had been vacated I had to send the hospital ambulance out to the degenerate settlement to bring in a soldier who had been fatally hurt in a drunken brawl. And this often occurred thereafter. Then the wards were soon filled with the cases of syphilis and gonorrhea and other avoidable diseases. A feeling of unrest among the soldiers and of apprehension among the officers had taken the place of contentment and peace. The paymaster's pass-book was no longer required and the old mother back in the distant home and the sweetheart were forgotten. And this picture is not overdrawn, either, or half told.

I myself believe in absolute prohibition if it were practicable, but I have told truthfully how abolition of the canteen worked under my observation where I was stationed.

A. S. CONDON, M.D., Ogden, Utah,
Late A. A. Surgeon, U. S. A.

The Amendment to the Owen Bill

To the Editor:—In THE JOURNAL, Dec. 23, 1911, you published, under the caption "Senator Owen Amends His Bill," what purported to be a copy of the amendment as offered by its author, along with what appear as editorial comments on both the bill and your statement of its amendment by its author. You have omitted from the amendment in question the following words: "including the head of the department." They should appear as a clause, set off by commas, between the words "department" and "shall," near the close of your rendition of this document. I respectfully request that I be

informed at your earliest convenience about this grave omission, whose importance to the medical profession of the whole country I forbear to descant on now.

W. F. ARNOLD, M.D., Bowling Green, Ky.

[COMMENT: Comparison of the amendment as sent us with the amendment as printed in THE JOURNAL shows that the words referred to were omitted. The error occurred in making a copy of the amendment for the printer. A later amendment eliminates the word "department" and substitutes the word "bureau"; so that the omitted portion would read "including the head of the bureau." The latest revision of the bill appears correctly in the *Bulletin of the American Medical Association*. These amendments are not as yet actual amendments, the bill now pending before the Senate being technically as originally introduced. They are, rather, proposed amendments which the committee has agreed to make or which it has under consideration.—EDITOR.]

Cocain not Decomposed by Heat

To the Editor:—The statement is frequently made that cocain in solution is decomposed by heat, and therefore it is not feasible to sterilize such solutions by boiling.

This is one of the errors that mysteriously creep into literature and are perpetuated by succeeding compilers, and in the comprehensive article on therapeutics of coca in THE JOURNAL, February 17, page 481, the error is given further sanction.

It is well known to chemists that neutral solutions of cocain hydrochlorid are quite stable; cocain certainly cannot be decomposed to an appreciable extent during a brief exposure to 100 C. I have demonstrated this by boiling a 2 per cent. solution for five minutes and then extracting the cocain as alkaloid. This is probably about five times as long as solutions are usually boiled. Different experiments showed a loss ranging from 1 to 1.7 per cent. of the cocain employed, and this loss is within the limit of experimental error. It would certainly be negligible from a medical standpoint.

By long-continued boiling, part of the cocain might be saponified to benzoyl-ecgonin. Stockman finds that benzoyl-ecgonin acts like caffein, but less powerfully, and does not paralyze the sensory nerves. (U. S. Dispensatory, Ed. 10.)

If a trace of cocain were decomposed by boiling, it would be replaced by a trace of benzoyl-ecgonin, therefore the utmost harm that could follow would be an inappreciable reduction of the dose.

D. M. HOLBROOK, Suffern, N. Y.

[COMMENT: Mr. Holbrook, who is the consulting chemist of Schieffelin & Company, has for many years been in charge of the manufacture of cocain for that firm and hence may be regarded as an authority on the subject.—ED.]

Public School Children and Optometrists

To the Editor:—In the *Optical Journal and Review of Optometry*, Feb. 15, 1912, the following appeared:

"Dr. William Ravine, chief medical inspector in the public schools, has great faith in optometrists. He sends many of the children suffering from defective eyesight to the various optometrists."

Permit me through the columns of THE JOURNAL to deny the above statement as absolutely false and without foundation. I have never expressed any faith in optometrists, nor have I ever sent any child suffering from defective eyesight to any oculist. Children in the public schools suffering from defective eyesight are referred to their family physicians. If careful investigation reveals the fact that they are unable to employ a physician, they are referred to the various clinics, which in turn give them prescriptions for glasses, which are filled by the various oculists in our city.

Investigation disclosed the fact that the article was written by a Mr. Benson, a *Times-Star* reporter, who retracted the statements in the article to Dr. John Landis, health officer.

WILLIAM RAVINE, M.D., Cincinnati,
Chief Medical Inspector of Schools.