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 dopest, 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