

it frequently is). The abuse discourages scientific obstetrics and affords a lazy short cut for the ignorant and unscrupulous. There can be no doubt that far fewer Caesareans would be performed if the offenders knew more obstetrics, used more obstetrical consultants, were less fond of the spotlight, and received no more remuneration for the operation than for a normal delivery.

The situation the JOURNAL wishes to criticise is merely this: oftentimes a helpless woman has her baby removed *per vias abdominales* when the obstetrical measurements were not taken, when the size of the child was not determined, when the exaggerated Walcher position was not tried, when a forceps was not applied, when symphysiotomy was not considered, when a version was not thought of, when induction of premature labor was ignored, and, most important of all, when an available obstetrician was not consulted.

We are not unmindful of the fact that a rare case of Caesarean section is not only justifiable but imperative. However, we do most emphatically contend that they represent an infinitesimally small percentage of those actually performed, and that it is high time that a reform were being instituted to alleviate somewhat the hardships suffered by women in that condition above all others when they are most deserving of our best effort and greatest consideration and sympathy.

A "gun-toter" keeps on till he finds a human target. A man-eating tiger is never again satisfied with other food. And the physician who has once successfully (and pray why not successfully?) performed a Caesarean section often behaves as though

"He on honey-dew hath fed,
And drunk the milk of Paradise,"

and is too apt straightway to hunt other cases for Caesarean section, little realizing

that among true obstetricians one's ability in that field is reckoned in inverse ratio to the number of Caesarean sections which one is *forced* (not chooses) to do, despite the popular view of the laity to the contrary.

CAFFEINE IN SURGERY

An ophthalmologist relates an incident which may offer a suggestion of value in the treatment of post-operative shock. His wife had been operated upon and for hours afterward her life hung by a thread. Various remedies had been applied, but she seemed to respond to none of them. On the morning of the operation he had failed to get his accustomed cup of coffee. As a result he had a terrific headache and was very much depressed, in addition to his distress on account of his wife's critical condition. A strong cup of coffee relieved his headache and depression; and it occurred to him that his wife, who was also a coffee habitue, might be benefited by the administration of caffeine. The surgeon did not object and 2 grains of caffeine citrate given hypodermically produced the desired stimulation and she improved from that moment.

Another incident is suggestive. A certain prominent surgeon who, when he was exhausted from a morning of continuous operating, found that a glass of coca-cola would relieve the feeling of fatigue. He reasoned that it should also make his patients, who were depressed from the anesthetic, feel better. A bottle of "delicious and refreshing coca-cola" was given per rectum on the operation table to one of them. The patient came out from under the anesthetic so much quicker and so much better than usual that he tried it on others with such success that now it is a routine with him to order a bottle of warm coca-cola per rectum in the post-operative treatment of his patients.

Another surgeon uses hot coffee per rectum with his operative patients, reasoning that since a cup of coffee is the best "bracer" the morning after an alcoholic "spree," it ought to be a good thing for a person recovering from an ether, chloroform or gas "drunk." He found it such a useful procedure that now his patients get a cup of hot coffee (with cream and sugar?) per rectum as a routine after operations.

These three physicians, reasoning from different viewpoints, all using the same drug, are convinced that caffeine is a very valuable remedy after operations; and if the physiological effects of the drug are considered, the results are not surprising. Caffeine is without doubt the best cerebral stimulant in the list of drugs contained in the pharmacopoea; it is a cardiac excitant; and it is the most effective diuretic known. All these physiological effects are desirable after any operative procedure requiring the use of an anesthetic. Theoretically, as well as from practical experience, there can be little doubt that the hypodermic administration of caffeine sodio-benzoate is helpful in surgical shock.

INDICATIONS FOR USING CAFFEINE BEFORE AND AFTER OPERATIONS

In operating upon a morphin or alcoholic habitue the surgeon attempts to continue their use in about the same dosage as before the operation and no attempt is made to cure the patient of the drug habit until the immediate effects of the operation have passed off. It would seem advisable to treat the patient who has the caffeine habit in the same way. Of course the caffeine habit is not so difficult to cure as the opium or alcohol habit; but many persons who have been accustomed to drinking coffee for years have violent headaches, are nauseated and are much depressed mentally and physically when they fail to get their regular stimulant. Many others

can leave off coffee without much discomfort, but it would seem advisable on the morning of an elective operation to give the patient his accustomed cup of coffee. If given without sugar and cream it will pass out of the stomach in less than thirty minutes. A hypodermic of 1 or 2 grains of caffeine sodio-benzoate should be given hypodermatically at the hour when the patient is accustomed to getting his coffee or tea for two or three days after the operation. After the patient has begun to convalesce and has several days in bed, it is a good time to break him, or her, of the useless and sometimes harmful habit of drinking coffee, tea or the soda fount caffeine beverages.

Dr. George Crile has proved to the satisfaction of most surgeons that shock, whether due to gunshot wounds, accidental trauma, surgical operation, toxemia, or other causes, is exhaustion of the higher nerve centres. The indication, therefore, for treatment would be to give a drug that will stimulate the exhausted brain to action. Caffeine, whether administered hypodermatically or by mouth in the shape of tablets, or in coffee, tea, coca-cola, chero-cola, or any other beverages; or per rectum as hot coffee or coca-cola, is the remedy par excellence for fatigue either mental or physical. This was proved on a large scale during the war when hot coffee, sometimes by Salvation Army lassies, sometimes by Red Cross workers, but more frequently by the Army personnel, was given to exhausted and wounded soldiers.

There can be no doubt that coffee saved many lives during the war; and the fact that the Allied Armies had coffee to give their tired and wounded soldiers, while the Germans had not, gave them a great advantage in salvaging men; and in that way "coffee helped win the war." We should be grateful to the growers and

manufacturers of coffee for providing, even though at a profit, a drug that saved lives during the war; and we should apply the lessons learned from war experiences to the practice of medicine and surgery in civil life; but is it rational, or best, for normal persons who do not need a stimulant to use regularly as a beverage so powerful a drug as caffeine?

A PROBLEM FOR THE SOCIAL WORKER

The term "venereal disease" is no longer for exclusive use by the physician, public health worker and the inhabitants of the tenderloin—indeed, its sociological aspect has crept into the lay press, the schools, the pulpit and finally, into the sanctuaries of the homes, in such a wholesome manner as to give every one a comprehensive view of its meaning and importance. The public health agencies are waging an intensive fight against the ravage of such diseases and each day many persons, especially women, dedicate their careers to the promotion of this drive. In view of this last statement, a word about the duties of the social worker may be worth while, as well as timely.

Wherein can the social worker expend his or her efforts for maximum results? Carefully analyze the individual, realizing that he or she is "a complicated pattern of reactions," endowed with intellectual, emotional and dynamic qualities all of which are influenced by environment, associations and inheritance. The social worker must be mindful that all people are born equal, but she must not err in not allowing for the various degrees of intelligence, emotional response and sources of energy. The study of the indi-

vidual when facing the tests of life and in absolute conflict with the various conflicting forces of human nature is worthy of profound study and is the keystone of the foundation being laid in behalf of humanity by this band of workers.

The social worker could do well to refrain from imposing a snap judgment upon the social offender. On the contrary, he or she should be more sensitive to the problems involved and should endeavor to fathom the *why* of the individual act and to be informed of the subtle forces underlying such a commission. How often is it that extraneous circumstances—the situation—require treatment and not the person! How frequently is it demonstrated that society is the cause of delinquency! In short, after locating the venereal disease victim and securing prompt medical attention the social worker should beset herself or himself to these more humane and charitable considerations of the individual case. It is not argued that the social worker must be devoid of scientific tendencies and ambitions for his or her intimate knowledge of physical and mental reactions to such as poor food, bad air, fatigue, alcohol, etc., is of invaluable assistance in this work. In short, to achieve success in dealing with social delinquents—and such are all venereal disease persons—the worker must be a profound student of psychology and must at all times temper science with common sense; must stimulate the powers of observations by being sensitive to the atypical and must chasten the rough and crude by avoiding jargon. A corps of social workers, with such understanding and pre-requisites, will do a great deal in any community wherein their efforts are directed.