

Medical Progress.

REPORT ON PROGRESS IN OBSTETRICS.

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MATERNAL IMPRESSIONS.

EVER since the appearance of a paper on this subject by Fordyce Barker, not long before his lamented death, the journals have furnished numerous instances, apparently well authenticated, of the effects on offspring of startling impressions on the mother. It is not easy to explain away on the "coincidence" theory these evidences of marked physical impression during pregnancy: nor again is it easy to understand how these impressions occur, nor why they do not occur oftener, if at all.

Herr¹ (Ottawa, Kan.) reports two authenticated cases, one quite recent in his own city: a lady six weeks' pregnant was summoned to court, and was interrogated by a justice who had cleft palate. The woman was much frightened and for weeks this experience was present in her mind: her child was born with a deformity identical with that of the justice. In the second case, a pregnant woman was frightened by a frog which had been purposely placed behind her chair: she fainted when she saw the frog, and her child was born with a head which was said to be "the exact image" of the frog's. [Was it simply a species of anencephalus?]

[One case has occurred to the writer, in which a pregnant woman was startled by a rat on going down a flight of stairs in the dark: her child was covered as to its back with a growth of soft, brownish-gray hair, resembling that of the common rat, which did not disappear as the child grew out of infancy. The question is occasionally raised, apropos of the physical defects and deformities which are so frequently reported as the result of maternal impressions, why physical beauty may not be imparted to offspring by suitable influences thrown about the mother: it is quite commonly believed among certain circles of the laity that such a result is possible. Medical science has not lent itself to any extent to the solution of these psychophysiological questions; but the future may have much in store for those interested in the prosecution of inquiries in that direction. — REP.]

STRYCHNIA AND THE HOT DOUCHE IN THE PROPHYLAXIS OF PROTRACTED LABOR.

Ferguson² (Toronto) recommends the administration of strychnia in the latter part of pregnancy with a view to improving the muscular tonicity of the uterus and thereby shortening the duration of labor: incidentally the drug is known to act as a bitter tonic and as a corrigit, to some extent, of intestinal inactivity so common in pregnancy. Ferguson gave strychnia to one hundred gravidæ whose previous labors had been protracted owing to uterine inertia and irregular, crampy pains: primiparæ were excluded. The hundred cases treated with strychnia had an average of nine hours of labor; whereas the average duration of previous labor in the same hundred women was seventeen hours. He found that the uterine tonus was much improved by the course of strychnia, the contractions being longer and more regular: he also observed that

better contractions ensued in the third stage, that after-pains were greatly lessened, and the amount of hæmorrhage reduced. The dose employed varied from one-sixtieth to one-thirtieth of a grain three times a day: one patient had one-sixteenth of a grain thrice daily, her two preceding labors having been characterized by almost complete uterine inertia. No ill effect was observed in any case.

[The reporter has for some years been accustomed to give thrice daily during the last two months of pregnancy, to all but apparently strong and robust women, one-fourth of a grain of extract of nux vomica combined in pill with one grain of Quereenne's iron. No observations have been made by him with reference to the possible shortening of labor by this treatment; but there has been no question but that patients have been generally benefited thereby. Ferguson's experiment is an interesting one, and his recommendations worthy of trial. Certainly very many gravidæ are much benefited by general tonic treatment, and those of flabby muscular fibre ought to have a better labor under the stimulating influence of strychnia. It is perhaps needless to add, however, that too much reliance must not be placed in drugs alone, but that attention should be directed to nutrition and general hygiene: poorly nourished muscles cannot effectively respond to any stimulus. — REP.]

Ferguson also recommends the use of a two gallon vaginal douche twice a day for a week or ten days before labor, as a means of softening the cervix in primiparæ and in those in whom previous tedious labors have been known to be due to rigid soft parts: he recommends that the water should be 105° to 110° F. hot, and that the hydrostatic pressure should be only sufficient to cause the water to flow. Used in this way he has never known the douche to induce labor prematurely.

THE TREATMENT OF POST-PARTUM HÆMORRHAGE FROM TEARS OF THE CERVIX.

While hæmorrhage from the smaller vessels in the cervix may be controlled by hot vaginal douches or by gauze tampons with or without styptics, tears of the uterine artery or one of its large branches give rise to bleeding which soon proves alarming unless the torn vessels are secured by suture. The operation of repairing a torn cervix post-partum is not a difficult one, especially since it is easy with vulsella forceps to draw the uterus down to the vaginal introitus, where the sutures can be introduced by sight. But if the attendant has not the means at hand for properly repairing the tears, and wishes to control the hæmorrhage while waiting for assistance to arrive, it is useful to remember that traction on the cervix with a suitable forceps will accomplish the desired result.

Parsenow³ (Stettin) reports a case in which this fact was clearly shown: called to the assistance of a colleague he found that for over two hours the latter had controlled a serious hæmorrhage from a torn cervix by bimanual pressure; but on the least cessation of pressure the bleeding was shown to be unchecked. Parsenow seized the cervix with toothed forceps and drew it deeply down, when the bleeding at once ceased: sutures were then inserted and the tear closed. In other words, strong traction on the uterus puts the large vessels on the stretch and thereby efficiently occludes them.

¹ Medical Record, November 28, 1891.

² American Journal of Obstetrics, May, 1891.

³ Centralblatt für Gynäkologie, 1891, 27.

A PLEA FOR FULL MECHANICAL DILATATION OF THE PARTURIENT CANAL BEFORE OBSTETRICAL OPERATIONS.

Under this title Abbott⁴ (New York) has called attention to an important obstetric procedure, which is too apt to be ignored or forgotten. It is commonly acknowledged that the cervix should be dilated by nature or art before delivery is attempted; but there is less appreciation of the desirability of a well-dilated vagina and perineum before the child is allowed to pass. Some writers indeed have recommended leaving the membranes intact until the vagina as well as the cervix is dilated: the younger Byford wrote in advocacy of such procedure. But in most cases the membranes rupture spontaneously when the os uteri is fully expanded.

Recognizing the necessity in some cases in which rapid delivery is indicated of extracting without previously complete dilatation, Abbott truly claims that except in such emergencies, complete dilatation of the entire canal should be secured before operating. The advantages of such dilatation are that more accurate diagnoses can be made, instruments can be more easily used, lacerations are less likely to occur, and there is less danger of serious compression of the foetal head and of uterine atony from exhaustion. Certainly it is as desirable to dilate the lower as it is the upper part of the birth-canal. The writer further points out that oftentimes when the head is arrested, complete dilatation under anaesthesia stimulates increased activity in the expulsive forces and at the same time diminishes the resistance to be overcome; hence a labor will often terminate naturally which would otherwise have required artificial assistance.

The dilatation is easily accomplished with the hand, introduced with care in conical form and under most careful asepsis.

ANTIPYRIN AS A MEANS OF RESTRICTING THE SECRETION OF MILK.

Guibert⁵ (Montpellier) found accidentally on two occasions that after taking antipyrin at the rate of two grams a day, nursing mothers showed already on the second day a considerable diminution of milk secretion: after the antipyrin was omitted the milk returned to its former amount. He then tried the drug on nineteen cases, in seven of which the women had nursed several days, in the other twelve not at all: in each case he found the secretion was diminished. If the drug was continued for some days, the milk entirely disappeared.

SALT-WATER ENEMATA IN SEVERE POST-PARTUM ANÆMIA.

The intravenous and subcutaneous use of salt solution has been found efficacious in severe anæmia post-partum; but in these forms of administration special instruments and skill are necessary. Heer⁶ has met with good results by introducing the solution per rectum, — a method easy of application and unattended with danger. In a case of severe hæmorrhage following podalic version for placenta prævia, there was profound anæmia which did not improve after the usual treatment; and the radial pulse was not to be felt. About two litres of a lukewarm, one-half per cent. salt solution (one teaspoonful to the litre) were ad-

ministered per rectum, and the patient rallied with surprising rapidity, but collapsed again after a few hours. After a repeated enema of this solution, the pulse returned, the general condition continued improved, and the patient recovered in about a month.

Heer recommends in all forms of severe anæmia the rectal administration of salt solution as far superior to the intravenous or subcutaneous methods of application.

THE CARE OF THE BLADDER BEFORE AND AFTER LABOR.

Coe⁷ (New York) has a useful paper on this subject which deserves to be widely read. The article does not admit of sufficient condensation for this report; but a few points are worthy of especial emphasis.

The diplococcus found in the urine of puerperal cystitis is identical in form with that constantly present in the lochial discharge, and bacteria may reach the bladder by extension along the urethra, even when no catheter has been used: hence the prophylactic value of spraying or otherwise cleansing the external genitals several times daily with an antiseptic solution. [A very good rule is to cleanse the vulva every time the pad or napkin is changed.] It is unnecessary to point out the probability of infection from the use of unclean catheters; but it is not fully realized that bacteria may be carried into the bladder, if the catheter is passed without previously cleansing the vestibule, and even then, if it is passed by touch. Garrigues has said "the old way of drawing the urine under the bed-clothes was modest, but is irreconcilable with antiseptic midwifery." In short, he who would surely avoid puerperal cystitis must not only use a clean catheter, but must place it directly within the meatus by sight, the parts having previously been cleansed.

While the catheter must occasionally be used for various reasons, it is often employed simply because a woman cannot pass her water lying down. To overcome this inability, Skutsch has recommended that women acquire the art of urinating in the dorsal posture by practice in the latter weeks of pregnancy. Coe justly thinks this an unnecessary procedure, and has adopted the plan of allowing the woman who cannot micturate lying on her back to be supported in a sitting posture on a bed-pan in normal, uncomplicated cases. [This procedure would seem startling to many, until they remembered that among the poor this is a common practice. Unless a woman is very weak from long, exhausting labor, from hæmorrhage or antecedent disease, unless there is some inflammatory complication or a torn perineum, and unless there is some cardiac lesion, there seems to the reporter no good and sufficient reason why a woman should not be assisted to sit up six or eight hours after labor long enough to pass her water. Many women can pass urine lying on the face or resting on the hands and knees; but if not, there would seem to be no adequate reason why, in uncomplicated cases, puerperæ should not be allowed to sit up. Considering the risks of careless catheterization, such a plan is eminently preferable to a ready resort to the catheter. In a recent case of inability to pass urine on the back, the reporter allowed the woman to sit up with no untoward result. *REI.*]

PROFESSOR BARDELEBEN, of Berlin, on the fiftieth anniversary of his graduation in medicine, received from the emperor a patent of hereditary nobility.

⁷ American Journal of Obstetrics, July, 1891.

⁴ Medical Record, November 28, 1891.

⁵ Arch. de toxicologie, 1891, June. Contr. f. Gynäk., 1891, 50.

⁶ Centralblatt für Gynäkologie, 1891, No. 48.