

NATURE AND ART IN OBSTETRICS.

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I desire to cast my vote with those who rely more upon nature than art in the management of "the lying-in state."

But the same principles that are herein advocated are applicable to the whole subject from conception to delivery and including post partum conditions.

In comparing the present state of obstetrical art with that of a score of years ago, one can easily see how much progress (?) has been made in that department, within the period named. A glance will suffice to show us that obstetrics has changed or been forced to change its base, quite materially. If this has been for the better in some respects, we gladly accept the change; but our convictions are strong that, in too many respects, while there has been a change, there has been no improvement.

Thirty-five years ago our work was done in comparatively small towns and throughout country homes. If we did not then fully understand the gravity of such cases as now taught by our schoolmen and book-writers, it was perhaps a happy ignorance both for the doctor and his patients.

Except at rare intervals, everything "went happy as marriage bells." An important part of my college acquirement was a constantly haunting fear of post partum hæmorrhage. What there was in it, to excite in the imagination of the student, an idea of the special responsibility and danger of this particular branch of medical practice I am still ignorant; unless it was the result of a sort of megalomania on the part of the Professor of Obstetrics. His fears were unduly magnified and impressed his classes. Eclampsias and puerperal fevers served to fill the bill of expected horrors; but they came as angelic visits, too rarely to constitute a continuous nightmare.

I grant you we did not have the dreadful statistics of modern times; neither, as I believe, did we have the cases.

Neither did we have in this country hospitals except in a few of the large cities; and of maternity homes, none.

Statistics, which with many are so important, we could not well have until they could be gathered out of hospitals and from the health departments of our cities. It then appeared that fatalities were astonishingly frequent among the lying-in. We have all seen the long black lists. We have no reason to doubt their correctness.

But we must not forget that they have left out of consideration, the very large class of practitioners, whose labors are performed over many wide acres and square miles, that furnish country practice. And they do not discriminate between results obtained by those physicians of the city, who still have faith in and govern their practice by the laws of nature, and those who follow modern rules, which, as has been well said, constitute "meddlesome midwifery."

There are now in this and other countries, lying-in hospitals, where, in each, a score or more of children are born daily. It is from these we obtain the fullest statistical detail. It will be seen at once that, in these institutions, everything that belongs to obstetric "art," is brought into play. Nothing is omitted that invention can supply. All the "fads" are there put upon trial; and if promising, given to the general profession, many of whose members stand in expectant attitude, to get their annual rations of the latest thing out.

Much has been said of the physiological changes which civilization has wrought in the constitution of the human race. And we are led to believe, if we will, that the primitive status is almost wholly lost.

It is not difficult for us to see, how reproduction was once accomplished in accordance with physiological law.

Notwithstanding the apocryphal curse pronounced upon woman, we yet believe in the possibility of a natural gestation and delivery. The abnormal conditions which are

met, are to be accounted for without reference to supernatural causes. It is plainly a scientific question.

The great trouble is, that our modern writers and teachers have invested the whole obstetric process, with unnatural and lurid colors.

As soon as a woman is pregnant, she is expected—ordered rather—to commence an elaborate system of “toileting.” And since this work is for the purpose of avoiding possible dangers, it follows that these dangers are pretty constantly uppermost in her mind. In a recent number of a popular medical journal is an article written by a lady of large experience on “The Care of the Primipara.”

Our grandmothers if alive would smile at the elaborateness of the writer’s plan. How few of all who are living were so carefully guarded, either as mother or child! In the article named, it would appear, that nature had furnished little more than the raw material; and that modern obstetrical art was needed to practically recreate the reproductive organs.

If it could be understood that all this care was applicable to very exceptional cases, and even then, doubtfully, it might pass; but it is made to apply to all primiparas, without reservation. Thus much is at least implied. It might astonish some of the newly fledged, to be told that Obstetrics is not a disease; that it does head the gynæcological catalogue. I can well remember, when, if a doctor was seen with a long black satchel, he was sure to be on his way to a case of dystocia, with his instruments. Now, it is almost universal to see such cases in the hands of physicians, even neophytes, and I have been privileged to peep within a few of them and so discovered a pair of obstetrical forceps, rolling round with liniment, cerates, bandages and a few tinctures or low dilutions.

Now what we need is educated homœopathic physicians. And that, should be made to include the ability to do all

that is demanded of the medical practitioner. Instead of that we have what should be called *emergency doctors*. And to such there is not much to be differentiated between a lying-in case and a broken skull. That the one is merely a physiological incident, and the other a surgical accident, is seemingly not comprehended.

Being called to a case of confinement, the young doctor now first seizes upon a pair of forceps and then starts, evidently well equipped, for the scene of action. In the article already alluded to the doctor says, “and when it (the perineum) is well relaxed, I assist nature with a pair of forceps.” How thankful old Dame Nature must feel for such timely assistance! What did the world do before forceps were invented?

It may be remembered by some that at the meeting of the American Institute in Philadelphia in 1876, a lively discussion was carried on, concerning the use of forceps in labor. With a strong preponderance in favor of their use, our dear old friend, Dr. I. S. P. Lord, told of his long and valuable experience and declared that for thirty years being in constant practice he had not once made use of instruments in delivery. For patience and the *similimum* were all-potent agents. His zeal in opposing all interference made a deep impression on my mind. I have not the transactions of that year at hand but if I had I think I could transcribe to this paper some cogent reasons for a fuller reliance upon nature and for avoiding the evils of a false art.

I greatly desire not to be mistaken. I do not intend in a general way to decry art. The title of this paper more than implies the proper existence of it in obstetrics. I make bold to declaim against the manifold errors that have crept into our practice under the specious plea of “progress.” I deny the right of the teacher to so instruct his pupils as to cause them to lose sight of the fact that childbirth is a physiological and not a pathological process.

I do not hesitate to say that the "germ theory" has become the mother of many evils. When we knew nothing of bacteria or antiseptics we had natural labors and normal recoveries. Fire alarms were not then constructed over every parturient bed, whose bells were to be rung so as to ward off microbes and call for reinforcement against the invaders. The mal-odorous condition of a lying-in bed was not *prima facie* evidence of septic dangers. Cleanliness of no very extreme type answered the purpose. A needless fear did not force us to employ bichloride of mercury and subject our patients to an artificial and too often fatal poison.

Sepsis there may have been at rare intervals, but now we seem to have every case exposed to mercurialization. This is the "antiseptic method" run to madness.

We have in our profession and in all schools, a very large number of persons who can never carry on with disease anything more than a guerilla warfare. They are always foot-loose. Their history would form a large chapter in Dickens "Great Expectations."

The advent of bacteriology formed a fine field for the culture of these unhappy creatures, whose rapid swarming must have filled microbes with surprise. But it really needed no special prophetic powers to see their end. The glaring misuse of the knowledge we obtained of the existence of microscopic germs is a saddening story of our professional history. And because men cannot understand the laws of nature it may continue to be so through future time.

I believe in art. I know it is nature plus man and there we have our highest achievement. In the æsthetic world art may be largely pursued for art's sake; but in the practical affairs of life art must be pursued for its utilitarian value. Look for a moment at a plain case of lying-in. It is a very prosaic matter. A doctor might have a hundred such and they would not in the public mind advance his

reputation. What is his technique? Nothing. He is a watcher at the gateway of life, and until emergencies occur he must play a very unimportant part. It will be very possible that a whole year may elapse before he chances upon a "golden opportunity." Suppose when that opportunity comes he is found wanting: granted; but must he practice on normal cases and chance the creating of dystocias or maybe producing death of mother or child in order to secure fame?

I fancy that the doctor who in such cases is called, often hums to himself:

"Let us then be up and doing
With a heart for any fate;"

While if the good angel should whisper in his ears it would finish the quatrain as follows:

"Let the primipara learn to 'labor'
And let the ambitious young doctor learn to wait."

Do not misunderstand me. Art has its place and an important one in obstetrics. But let it not entangle the feet of nature and much more let it not usurp nature. I think I know the value of every useful instrument in obstetrical practice; and I know the dangers they not only avoid, but the often times greater dangers they create. In this I count the hand as the foremost of all obstetrical instruments and I believe it is in this relationship the one doing the most mischief.

I give this as the only safe rule to follow: Only when the requirements are imperative resort to interference. Give the mother and child the benefit of any possible doubt.

In all this I do not count the administration of medicine. They too are all powerful. But alas for the error of believing that medicines such as a true homœopath might give, are harmless if not curative. It is too often a fatal error. And if I may for a moment step aside from my subject, I will say that in all departments of medical practice nothing is better than anything unless you have the true *similimum*.

CASES FROM OBSTETRICAL PRACTICE.

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Case I. Pulsatilla in Mal-position of the Child.

On making a vaginal examination during labor, *the shoulder was found to present*, pressing down through the pelvis and soft parts like a wedge, and *becoming more fixed with every pain*.

I knew that Pulsatilla had the credit of correcting mal-positions, but never had before had the opportunity to test its efficacy in such cases.

Now was the opportunity; accordingly I gave a dose of Pulsatilla [∞] dry, on the tongue. Then, with my finger on the presenting part of the child, I waited. In a few minutes *I felt the shoulder recede, and very soon after the head came down*, converting the case into one of normal presentation. The child was speedily and safely delivered.

In the *Hahnemannian Advocate* for last month (May, 1896), under the caption: "Pulsatilla-Pensive," L. C. McElwee, M.D., of St. Louis, Mo., takes occasion to say of Pulsatilla: "In mal-positions of the foetus in utero, I have never seen a particle of result follow its use."

I should like to call the Doctor's attention to an article, entitled "Pulsatilla in Mal-position of the Foetus," by B. Le Baron Baylies, M.D., in the "Proceedings of the I. H. A." for 1890, pp. 133 et seq., where fifteen cases are reported, together with other data bearing on the same subject.

Also see "Proceedings of the I. H. A." for 1886, where, at page 189, D. C. McLaren, M.D., of Brantford, Ontario, Canada, expresses himself thus: "The much vaunted and well deserving Pulsatilla has borne out its reputation in my hands. More than once the patient has complained that the foetus was upside down, or low down, as they generally express it, and a dose of Pulsatilla has rectified the dislocation in a few minutes, the fact being so noticeable that

the patient called my attention to it. I believe the remedy has the power of rectifying the position of the foetus even in labor, so long as the amniotic fluid is present."

Case II. Mastitis.

Woman, aged twenty-four; light complexion.

History. *When a babe three weeks old, the right breast was full of milk*. It suddenly became *painful, swollen, red and blue*. It was poulticed and afterwards lanced.

The right nipple was very *small*.

The patient has always had trouble with this breast, and, frequently, excessively *sore nipple*, while nursing.

1895. Dec. 14th: *Right nipple*, sore, raw, and cracked at the base; extremely painful when the child, nine months old, began to nurse.

Graphites ^{5m}. Dose, dry.

Dec. 30th: The *Graphites* relieved the soreness, etc., of the nipple.

Present condition: Right breast, *darting and soreness, aggravated on first sitting down*; also when walking. *Chilliness with shaking, alternating with burning heat*; back as if *breaking* across the hips.

Last night: *Had to lie on the back with the hands under her*, on account of severe pain in the hips—a sensation as if *opening and shutting*.

Vertex: aching.

Feet: icy cold.

Thirst great, for cold water.

Aggravated by hot drinks; nausea.

Sore on upper lip, scab now dropping off (after last attack of "the weed").

Stool: Dry and hard "as if baked."

Yesterday: Backache with bearing-down, and frequent and profuse micturition.

Bryonia ^{40m}. Dose, dry, at noon.

12:15 M. (fifteen minutes after taking powder.) No pain.

If necessary, this evening or after, *Bryonia* 40m. in solution, every hour, for three doses, *stopping if better or worse*.

1896. Jan. 2nd: After leaving the office on the 30th ult. the pain returned, and continued until 5:00 P. M.; then the pain was relieved and she slept well during the night.

31st. No severe pain; slept until 2:30 A. M., when she awoke from a dream of having lost her wedding-ring, which she found in the bed.

Jan. 1st. Morning: Headache to left of vertex, with "jumping."

Headache relieved after taking the three doses of *Bryonia* 40m. in solution — the first taken since the 30th ult.

The right nipple is now well, the breast is "all right," and the baby is again nursing.

Fifteen days later:

The soreness of the right nipple has returned for one week, and the breast trouble is coming back, with pain in head, back and all over.

Present symptoms: Right breast very sore, pains aggravated by motion; chills, terrible, from the feet up.

[Yesterday: Chill, followed by a terrible fever, which continued all day and night.]

Terrible aching and burning in right breast, with redness around the nipple.

Bryonia 71m. Dose, dry, in forenoon.

If necessary, to-night or after, repeat in solution every hour until three doses are taken, stopping if better or worse.

Jan. 17th: "The pain was terrible yesterday and last night, but it is much better this morning. I took the solution, *Bryonia* 71m at 6:30 7:30 and 8:30, P. M., and got relief right away."

The back is still very sore.

To take *Bryonia* 5cm, one dose, dry, if necessary.

Under *Bryonia*, we read as follows:

"Nursing women have taken cold; ache all over; head as if it would burst; lips dry, parched; breasts swollen, feel heavy; milk suppressed.

Tensive burning and tearing in mammae.

Inflamed mammae.

Inflammation of mammae, with a sensation of heaviness; a sort of stony heaviness; the mammae hard and pale (red streaks indicate *Belladonna*); suffering aggravated by motion (worse from a jar or jolt indicates *Belladonna*).

While weaning, swelling of breasts and axillary glands, particularly left.

First stage of mammary abscess.

Prevents gathered breasts in most cases during lactation and after weaning. *Phytolacca* follows well."

Second Day Morning Session.

DR. CUSTIS CONGRATULATED.

• President Fincke—In the first place I have the pleasure to announce to you that our member, Doctor Custis, has been elected President of the large homœopathic body, the American Institute of Homœopathy. This I consider not only as a just acknowledgment of his superior merits as a homœopathic physician, but also as an honor to the International Hahnemannian Association, of which he always has been a zealous and staunch member. I hope to speak in your sense if I congratulate him in his new position and express the hope that he will carry the war into Africa; that is to say, that he will take the opportunity to uphold and vindicate in that body the third law of Homœopathics, expressed in the last words of the motto of the International Hahnemannian Association, the "Minimum."