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ARE OUR OBSTETRICAL PRINCIPLES  
UNSCIENTIFIC?

It is not infrequent that we read papers based on twenty or twenty-five cases, and even less, in which not only are legitimate conclusions drawn, but in which also something of real value is added to our stock of knowledge. But it must be admitted that there is a wide difference between seeing facts and drawing proper conclusions from them—between observation and generalization. It must also be admitted that one who has a moderate, or even unusual, degree of success in practice should not jump to the conclusion that all those who differ with him both in practice and theory are wrong, and that their practice and theory are unscientific. Yet the literature of science is full of such erroneous deductions.

In some recent numbers of *New York Medical Journal*, is an article by DR. HIRAM CORSON, of Conshohocken, Pa., entitled "The Statistics of Three Thousand and Thirty-six cases of Labor," which was read for the author by Dr. Goodell before the Obstetrical Society of Philadelphia, on April 1, 1886. With such an experience it would be supposed that the author would at least be able to draw certain conclusions which would be of positive value to the young obstetrician, and which would be interesting, if not new, to the teachers of this branch of medicine. Unfortunately the paper is not logically sequential, nor is it rhetorically connected, and for these reasons it is sometimes difficult to follow the thread of the argument. But anyone may follow it sufficiently close to ascertain (?) that while in other branches of medicine marked progress has been made in the past fifty years, we have advanced backwards (so to speak) in obstetrics. We learn that Credé

method of treating the third stage of labor, the teachings as to the value of antiseptics in midwifery, of the treatment of post-partum hæmorrhage, puerperal eclampsia, and the usually acknowledged principles regarding the use of the obstetrical forceps, are not only wrong but absurd, and that the teachers of obstetrics, especially those who have charge of large lying-in hospitals and who write and teach most, are misleading the profession; and we are left to infer that parturition is always the same physiological process, whether the patient be a strong country woman or a delicate and often badly nourished resident of a city.

"Are antiseptic solutions, when thrown into the vagina and uterus, safe?" Such is the question which the author asks, and to which he replies: "I do not know." It is then proper to inquire why he should have taken the trouble to discuss antiseptics to the length of two pages and a half. He tells us that he has never used them in his three thousand and thirty-six cases, and yet, after taking the most extreme views of the advocates and opponents of antiseptic midwifery, he hastens to the conclusion that it (and by it he understands the use of a *one to twenty* solution of carbolic acid!) is dangerous. He assumes a widespread belief on the part of teachers and obstetricians that there is an absolute necessity to practise the rigid rules looking to a *speedy* termination of every stage of labor by *forcible* means; and in view of this assumed belief he asks: Is labor a natural process? To this we may reply with another question: If labor be the natural process which you assume, why is it necessary to call in a physician at all? And we may also ask: Are human beings to-day natural? Is not our whole life, in civilized countries, artificial? "It appears to me that many persons who report the doings of foreign hospitals and urge their adoption here, and know little of its danger, assume a great responsibility, indeed, sometimes imperil the health, if not the lives of those on whom such measures are practised," says Dr. Corson. Yet we have just seen that he has never used these measures which he decries, and which he clearly does not understand. Had he carefully read the statistics of the Rotunda Hospital, and of many other hospitals, and had he seen the article by Dohrn giving the statistics of forty-three public maternity hospitals in Germany, we doubt if he would have written such unmodified sentences.

The precise object of Dr. Corson's semi-polemic against the forceps is not clear. He tells us that he used forceps thirty-one times, though he does not say under what conditions or indications he used them. It was a few years ago that he learned that forceps



were being used more frequently than "twenty years ago, and that this was done in the early part of labor, not because Nature was inadequate to the work, but because the physician had never hurt *himself* by using the instruments," etc. It may be remarked that the usual indications are cases in which the ordinary forces are insufficient to overcome the obstacles to delivery; and cases in which speedy delivery is demanded in the interest of either the mother or child, or both. As regards the imaginary misuse of this instrument, we would recommend a careful reading of the third edition of Emmet's "Principles and Practice of Gynecology," in which the opponent of the instrument will find much to think of. That an unskilled person may do injury with it is not to be questioned; but the same is true of the catheter. And we would quote the following from Lusk's masterly work: "It will be seen that forceps is not alone indicated in the presence of perils fully developed, but is of still greater service as a prophylactic against the dangers of an unruly second stage." It is not wise in the exuberance of sarcasm to make unscientific statements: if our author has learned that forceps are used in the early part of labor (by which he probably means their use at the brim of the pelvis) because the physician had never hurt himself, or because he had another engagement, he has received instruction from a very unwise teacher.

The section on Credé's method of expressing the placenta reads as though it were intended for the exaggeration of pleasantry, and is none the less amusing even if we know that it was not so intended. So far as we have been able to discover the learned promulgator of this method of placental expression says nothing about "pouncing" upon the woman and pressing the womb to the bottom of the pelvis, as Dr. Corson would have us believe, nor does he advance the rather original idea that the hollow of the hand can make a dent in the uterus through the abdominal walls, and thus *push out* the placenta. It is possible to carry out this method to the letter without "pushing the womb down to the very perinæum." Those who are conversant with the method know that Credé lays very great stress on the *avoidance* of violence in the practice of his method. Where, then, did Dr. Corson get his ideas of the method? Should he care to inform himself fully on this subject we would call his attention to an article in the April, 1885, number of the *American Journal of Obstetrics*, in which Dr. Baruch very clearly points out the mistaken ideas as to this method. To the untaught teachers of modern midwifery it seems to have certain advantages over waiting half an hour for a quarter

of a grain of morphine (internally) to act in a case of hour-glass contraction.

Before the advent of the faith-cure it would have been difficult to fully understand how the imagination of a parturient woman could prevent or suppress *post-partum* hæmorrhage; and it is almost as difficult to understand now. Perhaps, however, it is because few physicians have the power of exercising that effect on the mind which, transmitted to the blood-vessels, will cause a contraction of the vascular walls, and thus a cessation of hæmorrhage. Be this as it may, very many practitioners of obstetrics, even before they have delivered three *hundred* women, do encounter cases of serious and alarming hæmorrhage, controllable neither by laying the hand on the abdomen, giving ergot, nor by stimulation of the imagination and excitation of faith. But here again, we are told that Dr. Corson has never had a case of alarming hæmorrhage in his practice; so that we may well inquire if a "confident, assuring manner in the physician" would be so potent if one did occur in his practice?

If the author's success in the treatment of puerperal eclampsia has been somewhat phenomenal, his ideas as to its pathology may certainly be considered unique. Temporarily accepting the uræmic theory, and supposing that there is a certain amount of urea in the blood which is poisonous, he would resort to venesection, and "remove with the blood so much of the urea that the remainder could not exercise a toxic effect sufficient to produce convulsions." Among his three thousand and more cases he had only ten cases of puerperal convulsions, all of which recovered. The treatment which he recommends for puerperal eclampsia is that upon which a small book was written about three years ago, by Dr. Ezra Mechner, of Pennsylvania—free venesection; to which Dr. Corson adds the pouring of cold water over the head, and the use of morphine internally. While there can be no doubt that venesection is positively indicated in some cases of puerperal eclampsia, we fear that one who resorts to it too frequently is possibly unacquainted with the use of morphine hypodermatically, especially when he uses this drug internally. It is to be questioned if modern teachers, however Teutonic they may be, will agree with him in saying: Suppose it to be true that a certain amount of urea in the blood is poisonous, venesection would then be my remedy. Puerperal fever and septicæmic fever he has never seen, and he remarks that if puerperal fever is a disease "different from peritonitis I know nothing of it."

It is with sincere regret that we have found it

necessary to notice this somewhat remarkable paper at such length? but when it is taken into consideration that it was read before one of the most prominent obstetrical societies in the country without a remonstrance on the part of the members, that it has been published in a prominent medical journal, will go abroad, and may be accepted in Europe as a typical American paper, we feel it our duty to enter a protest. What, for example, will be Credé's idea of American obstetrics and obstetricians should he chance to read the description of his method of placental expression? We can only hope that the paper will escape the notice of such men as Carl Braun, Tarnier, Duncan, Felsenreich, Schauta, Pajot, Berry Hart, Playfair, Lombe Atthill, Champneys, and one or two hundred other obstetricians.

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Since writing the above we have found in the *New York Medical Monthly* of July, 1886, a paper by Dr. H. C. COE, of New York, in which he has taken the same ground as the foregoing. We are glad to see that the attention of a scientific obstetrician and pathologist has been drawn to the paper, and it still further pleases us that we have the endorsement of Dr. Coe. He concludes his paper as follows: "We are happy to say that, so far as our inquiries have extended, Dr. Corson's opinions are *not* those of the men who endeavor to keep abreast of modern thought. Unfortunately, foreign readers may not understand this, and thus the profession as a whole will be charged with holding views which do small credit to our present enlightenment."

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