

MORTALITY IN LABOUR-CASES.

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I FORWARD the following fatal cases of midwifery, thinking they may very well follow in the wake of Mr. Rigden's, reported at page 218 of the JOURNAL for February 20th; although, in a statistical point of view, they may not be of much value, as I have never kept a register of my midwifery cases, which, nevertheless, could not be set down at less than 1500. Of the six cases I have to relate, four occurred in midwives' practice; the remaining two were incidental to my own.

CASE I. A strong, healthy married woman, aged 23, had been in strong labour with her first child, under the care of a midwife, for two whole days and nights, when it was thought necessary to call in medical aid; and my neighbour, who had charge of the poor, being called in, found the woman very much exhausted, and an arm-presentation. His utmost endeavours to turn the child proving abortive, owing to the rigidly contracted state of the uterus, he requested my assistance. And beyond all question, I never experienced anything like the pressure that was inflicted upon my hand while *in utero*, during the recurrence of the labour-pains, which were described as being nothing in comparison with what they had been throughout the preceding day and night. By dint of great patience and perseverance, however, I succeeded in bringing down the feet; and the delivery was accomplished soon afterwards; but the patient died within a few hours.

CASE II. This case also occurred in a strong, healthy, young married woman, and in her first labour. As in the former, the assistance of my neighbour was not sought for until the woman was worn out with suffering and undue stimulation. The case proved to be one of impaction, requiring the use of the perforator, and, owing to the swollen state of the parts and the absence of expulsive pains, the delivery proved to be a very difficult task. She died very soon afterwards; in fact, she might truly be said to be dying during the operation.

CASE III. I was called to this case myself, and was very glad to have the assistance of my neighbour before it was over. The patient was a strong, healthy married woman, aged about 40; that is, healthy up to the approach of her labour. It was her first child. The midwife was of mature years and well experienced. As in the former cases, the woman was now in the third day of her labour, and in a very exhausted state. I asked the midwife, as I proceeded to make an examination, what the presentation was? She replied, "Oh, sir, that is all quite right—the head." I found, rather high up in the pelvis, something round, but could not find either suture or fontanelle; and said that whatever it was, it was not the head. At this, the old woman suddenly awaking to a full consciousness of the serious character of her mistake, threw up her hands, and in an agony exclaimed, "Oh, my God." I soon found an axilla, which at once demonstrated that the round body was a shoulder very much swollen; and, after the usual preliminaries, I proceeded to turn the child, which proved to be in a very corrupted and putrid state. There was no particular difficulty in doing this, or in effecting the delivery of the body of the child; but when the head came to be delivered, there was great difficulty; and, in truth, while I was striving to bring it forth, the neck suddenly gave way, leaving the head behind. There are many disagreeable things connected with the practice of midwifery; but I never encountered anything like the foul air that issued from the putrid body of this child, coming forth in an

audible blast as if from bellows. Finding that there would be great difficulty in removing the separated head, and seeing that the woman was very sure to die, possibly before the delivery could be effected, I called my neighbour to my assistance. And, as if the case were not already sufficiently repulsive, we found it necessary to use the perforator, and even then the operation was accomplished with difficulty. She died within two hours.

CASE IV. This occurred in a delicate young woman, in her first labour. The midwife had been long in practice, and was rather an intelligent woman than otherwise; yet, strange to say, she mistook a hand for a foot. I turned the child, and effected the delivery without difficulty. As far as the labour was concerned, all seemed in a promising way; but, some hours before I was called in, when the pains were described as being of an unusually severe and forcing character, the patient broke a blood-vessel, and expectorated nearly half a pint of blood. It was this that made the parties anxious about the case, and led to my being called in within twenty hours of the commencement of the labour. She died on the third day after delivery, from the affection of the lungs. But whether more timely aid would have prevented the lesion in those organs, is more than I will venture to determine.

Such, then, according to my experience, is the character of midwifery in the hands of female practitioners. That three out of the four women might and would have been saved, had they fallen into the hands of the medical practitioner from the first, is not to be questioned. Let those who advocate the general employment of women as midwives give these cases due consideration.

CASE V. Of the other two cases that occurred in my own practice, one may very properly be said to have been a case of death *in* midwifery, but not of it. It occurred in a delicate middle-aged woman, the mother of a numerous family, who was subject to severe attacks of bronchitis, always attended with copious expectoration of frothy mucus, and who, for a week previously to her confinement, had suffered from one of these attacks, having expectorated a pint-basinful during the day preceding her labour. This was in every respect natural and comfortable; but she died within an hour of her delivery, from want of breath.

CASE VI. The last of the series was truly a fatal case of midwifery. The victim was a farmer's wife, living five miles from my home, and the mother of twelve or thirteen children. Being near her confinement, while stooping over the side and into an oak-chest, arranging its contents, without any previous pain, she was seized with a violent flooding. Her attendant said the blood flowed from her like water from a pump. I was sent for in great haste; and, when I arrived at the house, found her lying on the bed with her clothes on, her face being very much blanched, and her pulse small and weak. She had no labour-pains, but there was a continuous draining of blood from the parts. On making an examination, I found the os uteri somewhat open and in a very dilatable state, with the head of the child resting upon it, there being no trace of placenta within reach. What was to be done? I decided to wait for a time, supply nourishment, and watch the progress of events; stating to the husband that I thought his wife in a most perilous situation; that there was no safety except she was delivered; and that in all probability she would die, whether I proceeded to deliver her or not. After waiting two or three hours without any material improvement, and the drain still continuing, I resolved to risk the delivery, as giving her the best chance. She bore the operation pretty well,

and very little loss attended the expulsion of the placenta; but the labour was no sooner over than she became exceedingly restless, though the uterus was well contracted and of proper size; the restlessness ended in a convulsion of short duration; and that ended in death.

It is an awful thing to feel that the life of a fellow-creature depends upon the correctness of our judgment, and more so, when the issue has proved unsuccessful, and we have misgivings as to its correctness; when we feel that it is just possible we may have decided wrong, and that our course of conduct may have led to the very catastrophe that we have been most anxious to prevent. But the whole subject of midwifery was ever a source of anxiety in my hands, as indeed it must ever be to others, who rightly appreciate the dangers and difficulties with which it is associated. That women do occasionally die in childbirth, and that, too, in spite of the utmost that art can do to save them, is unfortunately a fact too familiar to all; and, however this may be lamented, it is still more grievous that any should die through such ignorance as mistakes a shoulder for a head, or a hand for a foot, as displayed in the instances I have related.

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PROFESSIONAL CHARITY.

As we do not like to deprive our readers of any little amusement which may turn up in our way, we beg to recommend to their perusal effusions of indignation to be found in the last numbers of the *Medical Times and Gazette*.

The writer reminds us of an occasional specimen of the volunteer Boanerges, who, with unctuous visage and profound personal satisfaction, deals out unlimited condemnation on all outsiders. Smooth-faced "Shepherds", of the genus immortalised in *Pickwick*, deal not in kind persuasion, or gentle reasoning, or calm argument; but work upon their hearers by the noisy use of a vocabulary derived from the deep and wide pit of general threatenings and disconnected abuse.

Now, we are not going to attempt to repay the indignant editor in any coin of his own kind; but simply, for the benefit of his readers, to tear off the veil of Tartuffism which is thrown over this pretence of high-sounding morality. Above all things, we detest a sham; and we repeat what we have so often said in writing down the folly of gratuitous medical services, that it is a mere and idle sham to pretend that our professional pursuits are Heavenly missions, in the sense that we sacrifice everything here for the sole purpose of working out a labour of love; that we are voluntarily devoting ourselves to this labour, our eyes directed to no reward which this world can give. All this, we say, is a sham; a stupid pretence, which the world mocks at. Medical

men have mouths, and wives, and children, which tie them to this world, and they require food and raiment; and for the obtaining of these things they must receive a due payment for their services. A medical man enters the profession to get an honest livelihood—doing good to others whilst doing good to himself—and not, as some Pharisees would pretend, as a sublime missionary, who has severed all earthly ties, and whose business it is to devote himself and sacrifice himself to the gratuitous assuaging of the indefinite woes of humanity. A medical man can no more work gratuitously than can any other ordinary member of society; and it is as clear to us as argument and facts can make a thing clear, that the system of gratuitous medical services hitherto so widely given by him have had one only tendency; viz., the degradation of the profession in public estimation. To say that medical men give these gratuitous services out of a pure worship of charity is simply to state what is not the fact. They give these services solely out of a spirit of competition, and because they thereby obtain, or hope to obtain, indirectly, remuneration. We, of course, are here speaking of our public system of gratuitous medical services, and are not alluding to that truly righteous and charitable work of gratuitous advice, which all of us have abundant opportunities of performing in private—where we can, indeed, exercise charity with due discretion and propriety, and whence we can derive the conscientious sentiment of having done a work of charity. The public system of gratuitous medical services is, when sifted to the bottom, really little more than a means of public advertisement, and our conscience knows that it is so.

We have argued this question again and again in these pages; and it is a very remarkable fact, that no one has hitherto been able to deny argumentatively any one of the propositions laid down by us. The only answer now given by the *Medical Times and Gazette* is unctuous abuse. We proclaim the businesslike fact, that medical men injure themselves, and injure their profession, and injure society, by doing the work of society gratis. Thereupon, up jumps the man of high-toned morality, and declares that such teaching is horrible and unchristian, and so forth. But far better than all such noisy declamation would it be for him to come forward with argument and tell us why we doctors alone, of all classes of society, are to work gratuitously, *i. e.*, to do the work of society gratuitously.

That our efforts in this cause have not been without effect, we have lately had several occasions to note; and, we need hardly say, to note with satisfaction. We believe that our brethren are beginning to feel the truth of our arguments, and to comprehend the absurdity of the system, and to note the injury done to the profession by it, and are resolved to commence the inauguration of a new state of things.