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BLOOD-LETTING

AND

The Use of Forceps in Cases of Labor

BY

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A FEW THOUGHTS ON BLOOD-LETTING,
AND THE USE OF FORCEPS,
BEFORE THE
STATE MEDICAL SOCIETY
OF WEST VIRGINIA.

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A FEW THOUGHTS ON BLOOD-LETTING,
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BY JOHN FRISSELL, M.D., WHEELING.

I had intended, if I furnished the Society a paper at this meeting, to have given a short history of a few surgical cases, as a gun-shot wound through the axilla, the ball and a wad of clothes passing through and lodging against the back part of the shoulder blade; another in which the head of the humerus and the glenoid portion of the scapula were shot away, a somewhat useful shoulder being left after recovery; a third, a patient of Dr. Todd's, of Bridgeport, where two inches of the upper third of the humerus were shot away, the ends of the bones being trimmed and brought together, the union was perfect and no deformity except shortening; and also a perfect recovery from a gun-shot wound through the left side of the chest and the left lung, to which others might be added, but I have concluded to leave them, perhaps for another time, and make some remarks on blood-letting as a general remedy in child-bearing and child-bearing diseases, and the use of forceps in cases of labor.

In the spring of 1833, I went to Woodstock, Vermont, as demonstrator for Professor Parker in his Woodstock course of lectures on Anatomy.

While there I became acquainted with the history and character of Dr. Gallop, then an old man, but one of the most distinguished physicians of Vermont. He was one of the founders of the Woodstock Medical School, and for many years one of the Professors in that institution. He had the reputation of being a great advocate for blood-letting and of using it largely in his practice, and his advice was said to be "*to bleed to the point of relief.*" I think from what I learned of him that he was in the habit of bleeding freely in many inflammatory diseases; but the saying was in the mouth of every one that Dr. Gallop advised bleeding to the *point of relief.*

In those days diseases were largely inflammatory, and were much benefited by bleeding, and I am satisfied that in many instances bleeding till the patient was relieved was the correct doctrine.

The younger members of the profession know nothing by experience of things as they were in those days, nor how common bleeding was, nor how great was the benefit derived from it.

No doubt blood-letting was resorted to oftener than was necessary,

but I am satisfied that in these times patients often die for the want of being properly bled. There is a medium line between the two extremes that is safe to follow.

Dr. Gallop's maxim was in many cases a life-saving maxim, and no one without actual experience could tell its value.

I was in the habit of bleeding often in my early years of practice, but not in large quantities in ordinary cases. Many, especially females, wanted to be bled every spring—it was fashionable and thought to be necessary.

I have many times bled to faintness when the patient was in a sitting posture. I had not been in practice in this city more than two or three years when a Mrs. P., a friend and patient of mine, was taken sometime before confinement with puerperal convulsions and spasms. She became unconscious and lay like a person in apoplexia, and in spite of all I and some of the best physicians of the city could do, she lay in that comatose state without consciousness or power of motion, and gradually sinking for several days. All her friends had given her up to die.

We had bled her in the usual way and used all the remedies we could think of without benefit.

The maxim of Dr. Gallop, bleed to the *point of relief* was all the time in my mind, but the other physicians would not sanction that course, and so things stood. One night, while studying the case over, I thought to myself she is my patient, and Dr. Gallop is a greater man and knows more about bleeding than any or all of us put together, and in the morning when I visit my patient if I find her no better, I will, with Dr. Gallop as my adviser and backer, have everything fixed and make a good opening in the vein of her arm, and I will bleed her to the *point of relief*, and take the responsibilities and the risks.

When I called in the morning she was still no better, but sinking. I told her friends that I would bleed her, and had things prepared, moved her to the edge of the bed, had her arm corded and held in the proper position. I then made a large opening in the vein, the blood started but soon refused to flow, but by placing the hand in hot water and using friction, the blood began to move slowly, and after coaxing for ten or fifteen minutes the stream became full and free. I let one wash-basin become well filled and took a second, and let the blood keep flowing on, and after a time a second became well filled, when I had the second changed for a third.

I let the blood still flow on, but the blood ran slower and slower, and she grew more and more pale and death-like, her pulse had nearly ceased beating at the wrist, and the blood was flowing only by slow drops, and about the time we all thought she was going to leave us, she opened her eyes and turned her head a little, and looked up and wanted to know what I was doing there.

The brain pressure had been removed, all her senses returned and she was well, all but what time and good nursing would finish.

When Mrs. P. looked up and spoke, and asked me in her natural voice what I was doing there, I think it was the happiest moment of my life. I have always thanked Dr. Gallop, and even to this day I

thank him for that bit of practical advice, which no one else had the good sense or the courage to give.

I have in my practice of over fifty years had a good number of cases very similar to the one just related, and cases that I have cured in the same way, by bleeding to the *point of relief*. I have known other physicians to have, so far as I could learn, similar cases that died simply because they were not properly bled.

Those physicians had not learned the lesson and could not appreciate its importance. The patients die from the lack of practical knowledge and skill in their physicians to treat them properly; but the above was perhaps the most marked case of them all, the one that attracted the most attention, and the one over which there was the greatest joy in the result.

I have never had a patient die from being bled too much, but I am sure I have let a good number die by following the fashions of the day and not bleeding them properly at the proper time.

Blood-letting is one of the great and powerful remedies, and will accomplish results that nothing else will. I will not undertake to discuss the great subject, but would advise every one to study it for themselves; but so long as the present doctrine or fashion prevails in regard to blood-letting, I fear many of the profession will never understand much about it, for it is by practical or clinical experience alone that the subject can be understood and appreciated. Dr. Gallop gave that advice from long experience and observation.

It requires great knowledge of the system and of disease, to be able to tell at what time and under what circumstances blood-letting and other great remedies should be used. There is no doubt but the remedy has been abused, and there is no more doubt but it has been neglected when it would have been of great benefit.

A great amount of the general bleeding formerly practiced was useless, but it was harmless.

It is one of the many things in medicine which, if it does no special good, seldom does harm.

A spring bleeding or a bleeding before a confinement of a strong woman was never known to do injury, but often seemed of great benefit by moderating vital action; but where there is over distention and engorgement of the heart and large vessels, and the equilibrium of the circulation is disturbed, bleeding often restores the lost equilibrium and relieves the heart, lungs, large vessels and the brain from embarrassment, and there is no way we can relieve the trouble so easily and so quickly as by taking away a portion, and a large portion if necessary, of the fluid that is blocking up the sources of life, as in the case related.

We have to take blood almost to the point of taking life before the pent up trouble will give way, but when it does give way and the circulation becomes equalized, the result is most satisfactory and most wonderful. Such men as Parker, Gross and Atlee, as also nearly all who commenced practice fifty or sixty years ago, are in favor of judicious blood-letting.

Many who did not come on the stage till since the fashion changed and blood-letting became unpopular, hold on strongly to that view and reject bleeding almost entirely. Many of the young

physicians have never learned to bleed, and do not even carry with them a spring lancet; much less a thumb lancet, which requires more skill to use properly.

Our professors of surgery used to lecture on venesection and show us how to perform the operation.

In the winter of 1844 and 1845, when spending a couple of months in New York city, I heard old Doctor Valentine Mott, then regarded the greatest surgeon in America, give a clinical lecture of an hour on venesection, in which he showed and explained, better than I had ever seen done before, all the minutia and management of the operation, and spoke of blood-letting as the greatest and most valuable of our remedies.

When I was in New York, a little over a year ago, the young doctors, some of them sons of the old doctors, and standing high in the profession, called their fathers and such men as Austin Flint, Willard Parker, Alonzo Clark, and Frank Hamilton, *old fogies*.

They thought they were wiser than those who had studied and practiced through both periods, and knew from experience the merits of both methods of practice.

I endeavored to criticise some whom I knew well, but they did not like criticism any better than young doctors do with us, who have old fogies to deal with.

A great many new discoveries have been made and new things learned during the last fifty years, but it is an unsettled question whether the doctors of the present day, with all their science and superior knowledge, save, by their practice, as many patients as physicians did forty years ago.

The late Dr. A. S. Todd, who commenced practice in this city in 1819, when Wheeling was but a small town, and continued for near sixty years, had probably a greater run of success both with females and in general practice, than any other physician who has practiced in this city.

He was a practical, common sense physician, who believed in letting nature have a chance to do her own work, and did not interfere, except to watch and see that all things were kept in good condition for delivery.

Altogether his cases of labor numbered about two thousand, and in all that number he used instruments or had them used only five or six times, and he lost fewer females and fewer children in proportion than any other physician here. He would bleed, give laxatives, opiates and stay away from patients to gain time for the system to become relaxed and the soft parts yielding. He would manipulate, change the position of the child in the uterus, and when necessary perform what has been called in modern times *cephalic version*, and do anything necessary to keep the child in a normal position for delivery.

He would never hurry a woman to give birth to a child before she was in every way ready, however much she and her attendants might complain or call for help.

He did not believe that the Lord made females with so little consideration and forethought that they could not give birth to

their own children without the aid of instruments to be used by the rough hands of man.

He considered they were able, if they were properly managed, to give birth to their children, and that opinion he adhered to through all his practice, and would not, if he had been left to himself, have had instruments used in more than two or three anomalous cases in the whole of his two thousand births.

He had but little to do with modern gynecology. He seldom used pessaries or intra-uterine injections, which are often dangerous if the mouth of the womb is not widely open.

He never had any lacerated os uteri, which gynecologists are so fond of operating upon. I never knew any of his patients to have vesico-vaginal fistulas or lacerated perineums that gave trouble.

He seldom disturbed the uterus by handling or manipulating, or by blocking up with instruments, but as much as possible left everything in the hands of nature to finish in her own way and according to her rules.

I was consulted last summer by a lady from a distance in regard to some female troubles, and among other things she told me she was at one time greatly afflicted with falling of the womb. I inquired of her what treatment she followed to make her recovery so perfect. Her answer was that she "lay in bed a year."

That cure was very much in accordance with the practice of Dr. Todd. Three months, six months, a year or two years are remedies of great value.

They will cure more uterine troubles than all the pessaries and instruments ever invented for that purpose.

They are the only remedies for inflamed and injured joints, broken bones, mashed up limbs, crippled spines, old rheumatisms and neuralgias.

Females often go to the cities to be doctored for womb troubles. They are put to bed or kept quiet, instruments are used, and after a time they go away improved and are told that the instruments have made them better, when in fact it was the rest that improved them and the instruments made the show.

Dr. Todd told me he always had a desire to carry out the teachings of the celebrated Prof. Richardson, of the Transylvania University, who in one of his lectures said to his class: "Gentlemen, I feel it my duty to admonish you against the use of instruments, for you will not have real occasion to use them in more than one case in a thousand, and you had better let that case die or take the risks, for you will probably kill many more than that by the frequent use of instruments."

His long experience, sound judgment and good common sense made him as successful in general practice as he was with females.

He was always a moderate bleeder, but in that as in everything else he pursued a middle course, which except in special cases was the safe course, and was one cause of his great success in general practice. I have a good number of times in fifty years been sent for in great haste to visit with another physician a woman in labor, with the request to bring forceps and all instruments necessary for delivery. I have made it a rule for many years in most

cases of that kind not to be in a hurry, but to make all the delays I could to give the attending physician time to get through with the labor before I would arrive, and often I would find the labor over and the mother, the child and the doctor all doing well. If the doctor had had his instruments in time, he would probably have used them with great vigor and perhaps left in the wind-up of the case a lacerated perineum, a lacerated os uteri, and perhaps a vesico-vaginal fistula, all common results of using instruments, which would have made several hundred dollars worth of work to be placed in the hands of some gynecological operator for repairs.

I never knew Dr. Todd to have any of these accidents to happen in his practice, where no instruments were used; but among gynecologists and those who use instruments largely all these accidents frequently occur.

The following case will illustrate what we may often expect from the use of forceps in cases of labor. I was consulted recently by a lady suffering from injuries received during labor by the use of forceps. In her first confinement, which was painful and lingering, in order to shorten her suffering and save time, her physician used forceps, at the request of friends, while the soft parts were still rigid and unyielding, with the result of lacerating the perineum almost to the rectum, lacerating extensively one side of the mouth and neck of the uterus, and producing such injury to the bladder and the surrounding pelvic organs that she had involuntary passing of urine for two months.

Since these extensive injuries she has remained feeble, almost unable to walk, suffering from her back and side and across her hips, with general pain and weakness, which may permanently affect her health. If the lady had been left to herself and watched carefully she would have got through, if not as soon at least in a few hours more time, safely and avoided all these accidents.

Gynecologists say that these lacerations very seldom occur from the use of instruments, but gynecologists are not usually the tearers of females, but the repairers; but my observation and experience teaches me that they occur very much the oftenest in females on whom instruments have been used in delivery.

Several of those I have seen delivered by instruments had their perineums lacerated, and two that I remembered had vesico-vaginal fistulas produced. Meddlesome fingers are often used instead of forceps, and do much of the same class of injury. Dr. L. R. Charter one of the old members of this Society, has attended even more females in labor than Dr. Todd, never used forceps, and never had any of these accidents occur with patients that were properly his own. I have always attended cases of labor, but not as many as some others, but have never used instruments or had them used more than four or five times.

I have been with other physicians, who used them much oftener, and have seen the various accidents occur. In my own cases, and those I have seen of other physicians, I am satisfied that by time and careful management they would have most of them at least got along without instruments and without accidents.

Forceps in the hands of those who have the tact and talent and

care to use them properly may occasionally be useful, but as they are used in these times they do much more harm than good. They are used largely to save time and give notoriety to the doctors, when they should be used only to preserve the safety and comfort of the female.

I remember being called in great haste to a case of labor, with another physician, with the request to take him instruments.

I took instruments to him, and while he was making all possible haste to place the woman in a position to apply the forceps, she gave birth to the child.

The curtain dropped and the scene was ended. The poor perineum, the uterus and bladder were all left unharmed.

I noticed the other day in one of the journals an article in which the writer, in commenting on the use of instruments in cases of labor, mentioned several instances of physicians who had attended from one to two thousand cases of births, and had never used instruments nor had any serious lacerations or accidents occur.

I have occasionally, when the child has been dead, perforated the skull, removed a portion of the brain, and, by traction with the fingers and bone forceps, elongated the head, making it cone shaped and facilitating delivery in that way, making it easier and safer for the mother, saving time and avoiding the dangers of the forceps.

Bleeding, time, laxatives, opiates, manipulations when necessary, ergot when the muscular action of the uterus is feeble, are means used to aid in hard and lingering cases of labor.

Chloroform, ether and other articles have been used of late years to ease pain, relax the system, and in severe cases of labor have been found useful. It is often said, by those who never bleed, that patients can not stand the loss of blood, but we often see large quantities of blood lost in child-bearing sickness, in operations, and in wounds, and the patients recover just as well and just as quickly as they did fifty years ago.

I date at least one item of the change that makes bleeding less called for now than it was forty or fifty years ago, back to 1843, the period of the great epidemic influenza, or as it was called the *Tyler Grip*.

After that epidemic, I thought we had more cases of marked typhoid fever and fevers of a low grade than I had seen before, in which bleeding was less required and tonics and stimulants more useful.

Before that epidemic we had inflammatory croup, pleurisies and pneumonias, but soon we began to have diphtheria and diphtheric or membranous croup. These with malignant pustule, typhoid fever, erysipelas fever, black tongue fever, spotted fever, or cerebro-spinal meningitis, have more often than before made their appearance and given trouble.

The most important part of our profession is hygiene; any one can bleed and administer medicine, but the laws of health, in order to understand them in all their bearings, demand much study and thought.

No one knows—no one can tell—how much of mischief and evil, how much of the seeds of disease are mixed in with the atmos-

phere we breathe, the water that we drink, or the soil that is under us and about us.

Investigations are being made in regard to the atmosphere, which in time may be useful.

The more highly people become civilized, the more they indulge in idleness and luxury; the more thickly they become crowded together in cities, the more will health and vigor of body and mind be found impaired.

Physical and intellectual stalwarts are never born and raised in city houses. They come from the mountains, the forests and the farms.

The specialties, good in their place, and in the hands of proper men, are greatly overdone. The people as a whole would be better off if there were none.

The throat, the nose, the skin, rectal, urinary and womb diseases were as a whole better treated thirty years ago.

Many of the diseases upon which so much attention is bestowed are but symptoms. Diagnosticate the cause, and when that is corrected and understood, what becomes of the specialty?

Much of the uterine treatment now so fashionable, is useless or even harmful. I have at various times examined females who thought they were afflicted with serious womb diseases, and had been treated for long periods by celebrated gynecologists at full prices, and found their disease to be imaginary.

Our mothers and grand mothers performed the functions of women and mothers and hardly knew there was a womb. Certainly they never heard of *uterus*.

Dr. J. S. Billings

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