

DOHERTY (W^m=B.)

The Abuse



of the Forceps.

.....

FADS AND FACTS.



.....

-By-



William B. Doherty, M. D.

Reprint from *American Practitioner and News*,
December 19, 1891.

The Abuse of the Forceps;

= FADS AND FACTS =

BY

WILLIAM B. DOHERTY, M. D.

Reprint from American Practitioner and News,
December 19, 1891.



LOUISVILLE:
JOHN P. MORTON AND COMPANY
1891

THE ABUSE OF THE FORCEPS; FADS AND FACTS.*

BY WILLIAM B. DOHERTY, M. D.

Humanity demands that no condition of suffering or disease requires such undivided care and attention and deep sympathy on the part of the physician as the woman in labor. The beautiful language of our own great poet and physician, Dr. Oliver Wendell Holmes, on this point is very appropriate: "The woman about to become a mother, or with her newborn infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her burden or stretches her aching limbs. The very outcast of the street has pity upon her sister in degradation when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law, brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which

* Read before the Louisville Clinical Association, October 6, 1891.

reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly."

One of the most important questions which arises before the obstetrician is to determine, in cases of tardy or prolonged labor, when and under what conditions is the use of the forceps a necessity? The tendency of the teaching and practice of the profession at the present day is to terminate labor too expeditiously, and this, in my opinion, springs from the dangers incident to prolonged labor being exaggerated. No rule can be laid down as to what should be the duration of the second stage of labor. Every case possesses its individuality; but we are advised that in cases of well-formed pelves, when the membranes are ruptured, the os uteri fully dilated or dilatable, and a condition of inertia of the uterus exists, or no advance in

the progress of labor is evidenced within the space of two hours, that the forceps should be employed, labor terminated, and suffering relieved. Whether the advice is sound, whether it should be accepted as the embodiment of a canon which it would be folly to impeach, deserves the gravest consideration. If the course counseled is to be taken as the best course to pursue for the safety of the parturient woman and her child *in utero* under the conditions we have indicated, dispassionate students of obstetrics, fettered by no hard and fast lines, will probably conclude, and conclude with reason, that the tendency of our teaching and practice is to reduce labor from a physiological to a pathological process. Have our high-strung civilization and the luxurious mode of living which obtains so enervated woman that her life and that of her child be jeopardized if the second stage of labor be prolonged for three, four, five, or even six hours? Does the experience of the members of this Association warrant such a conclusion? Are the dangers from exhaustion and compression so great in unduly

prolonged labor that it is better to use the forceps than to rely any longer on the *vis medicatrix naturæ*?

The dangers of the use of the forceps to the mother are: “*Laceration of the uterus, vagina, or perineum from a too rapid extraction of the head, fracture of the coccyx and of the bones of the pelvis, and stretching of the ligaments of joints, and lacerations of external genitals, and abscesses arising from contusions.*”

These unfortunate and dangerous sequelæ are more likely to arise when the child is forced by instrumentation through the pelvis with a degree of speed too great for the elasticity of the vagina and relaxation of the perineum, than if labor be physiologically prolonged. Besides these results from violence, there are reflex headaches, backaches, etc. which so many neurotic women suffer from simple lacerations of the cervix uteri. The dangers which menace the child are: *Contusions and injuries to the face, injuries to the scalp, skull, or brain, or paralysis.*

The indications for the use of the forceps are not influenced by the duration of the sec-

ond stage of labor so much as by other conditions.

First, as to *the child*: The head must be engaged in a suitable position; a decline in the fetal heart-sound below 100 during a pain or interval between pains, or above 160 with a weakened impulse; a prolapsed cord, if the pulsations are still present or have ceased but for a short time.

Second, as to *the mother*: In case of extreme prostration resulting from prolonged efforts at expulsion, temperature above 100°, serious hemorrhages, convulsions, bruising and compression of the maternal soft parts, varicosities which are on the point of rupturing, and accidental complications of disease.

In any of these conditions of extreme danger to the mother or to the child or to both, the use of the forceps is imperatively necessary, and its employment is the most conservative of operative or instrumental procedures. But the use of the forceps as instruments of convenience or of speed, to save time, or for the purpose of relieving pain by yielding to the implorations of the sufferer, in

cases of weak pains or tardy labor, can not be too strongly deprecated.

Besides the dangers from laceration and injuries above referred to, serious copious hemorrhage may set in from the too sudden expulsion of the placenta when the forceps is used too early. Weak pains alone, which can often be combated by the use of hot local applications, warm drinks, etc., are no indication *per se* for the use of the forceps, for

“It is the curse of evil deeds,
That they give rise to greater evils.”

The forceps, I am fully convinced from experience in the lying-in room, is used too frequently and disastrously for the purpose of saving time by hastening labor.

FADS AND FACTS.

The general practitioner is too often led by the views of enthusiasts in specialism, some of whom are book-makers, and whose experience is confined in a great measure to dispensary and hospital practice. We know the dangers

from puerperal fever are enhanced in the septic lying-in wards of hospitals, and statistics based on results of practice among the chronic clinicians and habitual medicine-takers who frequent these institutions are not so reliable or useful to the general practitioner as the experience he obtains by treating patients who are so fortunate as not to be compelled to take advantage of these institutions.

The profession is in danger of being disintegrated and engulfed by the speculative, business-like methods of some specialists and medicine-venders. The enthusiastic tyro in microscopy and bacteriology, from the emotional disturbance produced by a strain of expectant attention, we know, can not be relied upon as an exponent of the germ theory. The grave importance of personal equation in the consideration of such issues is but little thought of. There is danger of his seeing germs everywhere.

Only a few years ago the profession was startled with the announcement of the discovery of a real Elixir of Life. Under its potent

and magic influence the decrepitude of senility, with its attendant harrowing cares and enfeebled mind, was transformed into the agility, zeal, and elasticity of youth. The period of life known as old age was to become obsolete, and physiological laws were to be ignored and trampled upon. The impressible octogenarian was to have his youth "renewed as the eagle's," and we were assured that what Ponce de Leon had sought in vain, and lost his life in pursuit of, was given to mankind by Brown-Séguard. It seemed to be accepted that death, which followed the primal disobedience, was to disappear from earth. A nostrum was to effect this wondrous revolution! The "fad" was taken up by some members of the profession who coveted patients to submit to the exhibition; the daily press greedily sought the records of the return from age to youth of those injected with the elements of rejuvenescence, and physicians gave bulletins of the condition and progress of their patients to panting reporters. The tone of the profession was lowered when physicians set a fairy tale against the immutable

laws of science, against the records of humanity. The dignity which attaches to a science was abased when physicians advertised their adherence to a fad in a manner that would be associable with the heralding of the contortions of an acrobat or the grimaces of a clown.

We were later invaded by the "fad" of "Kochine," and some physicians, through the daily press, informed the profession that under the influence of Koch's lymph the temperature of the tuberculous patient fell, the pulse was lowered, and a careful examination revealed the fact that tuberculous products were rapidly disappearing. Physicians again sank to the level of chapmen advertising their wares, and the "fad" vanished after a brief period.

It is unfortunate that songs of fame and glory are being constantly sung around the daring of the knife in surgery. A flash of light seems to give a brilliance to the career of an enthusiastic surgeon, when he wantonly and unjustly unsexes woman by removing her ovaries for the relief of neuralgia or obscure nervous trouble, without any well-marked evi-

dence of organic lesion to justify such a radical procedure. Such an exploit is essentially vicious and destructive to the best interests of science and humanity. Possibly some venturesome surgeon, fired by ambition and sensationalism, will in the near future suggest castration for the relief of neurasthenia, now so prevalent in the male as well as the female species of the human race. If the removal of the ovaries be justifiable for the relief of neurotic trouble in women, why should not the man with a vitiated nervous organization be also unsexed? It is scarcely necessary to say that for lack of subjects for experimentation the "fad" could never be introduced.

Many of our medical associations are only mutual admiration societies, where some members report for publication, *success, success, success*, while their unsuccessful cases are relegated to the realms of innocuous desuetude. Unfortunately many of those who read papers at conventions remember that "we chronicle no French defeats in the galleries at Versailles."

Away with the plague-spots of sensationalism, "shop-talk" cures, successful radical operations, and speculative nonentities which are often reported in the daily press as advertising matter.

Happily the tendency to such acts of notoriety exists only among a small number of physicians. The great majority labor faithfully and earnestly in the field of true science, and are not so possessed of the *ego* but that they can still believe the word *cure* means to *care for properly*, and that the *vis medicatrix naturee* exercises a potent influence for the relief of disease. The general practitioner, with the broadest field for observation, must be alive to every advance of medicine, and carefully reject the views of extremists, who have only theories to sustain. He is called to the bedside of the patient at the warning of disease; he forecasts its attack; he watches its endurance; he sees out its close. He is the mainstay of the afflicted, the solace of the sufferer. He will best succeed in his capacity as physi-

cian or surgeon who holds that rational progress in harmony with true and proper conservatism is the grandest gem in the diadem of medicine.

LOUISVILLE

