

standard test for dangerous oils, and to do away with the use of the tester adopted and recommended by this Board. It was claimed that the changes were needed in the interests of small manufacturers. The proposed change would lower the standard about ten degrees. A resolution was passed deprecating the lowering of the test now required for illuminating oils.

The Secretary read the report by Surgeon Geo. M. Sternberg, U.S.A., now at John Hopkins University, on his experiments on lower animals in feeding, and in making injections of culture-fluids of poisonous cheese, with the view of learning the nature and source of the poison.

Dr. Vaughan gave a report of his experiments with poisonous cheese. He had secured in a crystalline form a substance from poisonous cheese which would produce in man symptoms common to cheese poisoning. There might be other poisons in poisonous cheese. He had not yet fully studied the poison he had obtained. It gave reactions like those of a ptomaine.

The Board recommended a sanitary survey of the cities and villages in the State, and the adoption of such measures as may be necessary to place them in a good sanitary condition.

### Selected Articles.

#### FORTY YEARS' EXPERIENCE IN MIDWIFERY.\*

BY W. SYMINGTON BROWN, M.D., OF STONEHAM, MASS.

The art of midwifery belongs to prehistoric times; the science of obstetrics is the latest recognized of all the ancient sciences. There is no branch of medicine which demands more skill, presence of mind, or justifiable daring than midwifery. It needs a man who can neither be overwhelmed by disaster nor unduly elated by success,—one who has the courage and honesty to do whatever is best for his patient, irrespective of consequences. Of such men no profession possesses a superfluity.

It is a strange fact, however, that only sixty years ago practitioners in midwifery were not admitted as Fellows to the College of Physicians, London, on the ground of inferiority, and the Royal College of Surgeons did not require candidates for its diploma to undergo an examination in obstetrics. This odium has nearly disappeared in our day, but

a single item illustrative of its vestiges may be cited. I refer to the fact that the popular encyclopædias of our own day make no reference to the lives of prominent obstetricians, such as Smellie, Levret, or Nægele. Hundreds of insignificant names are recorded in Appleton's, Chamber's and Johnson's Encyclopædias, but a profound genius like William Smellie—writer, teacher, inventor and artist—is not even mentioned.

During a short visit to Scotland, in 1878, I met a lady, thirty-five years old, at whose birth I officiated obstetrically. And I had attended more than a hundred midwifery cases before that one. I wish I possessed a record of them all. While a medical student I served three years as assistant to the late Dr. James Paterson, Professor of Midwifery in the Andersonian University, and delivered many women among the destitute poor of Glasgow. During the last nineteen years I have kept a moderately full record. The whole number, dating from 1840, must exceed 2,000 cases.

In 1842 forceps were rarely used. It was a period of reaction, and many physicians entertained a strong prejudice against their employment, except in extreme cases. Dr. F. H. Ramsbotham, physician to the Royal Maternity Charity, London, in summing up the symptoms warranting recourse to forceps says: "If the pains have entirely disappeared, if the strength is failing, the spirits sinking, the countenance becoming anxious, if the pulse be 120 or 140 in the minute, the tongue dry, brown, and raspy; if there have been two or three rigors; if there be green discharge; if the head have been locked for four hours, and made no progress for six or eight hours; if the patient be vomiting a dark, coffee-ground-like matter; if there be hurried breathing, delirium, or coldness of the extremities." *then* we may use the forceps—before sending for the undertaker.

I recollect attending one case in Glasgow during a long-drawn-out week. The woman was very poor, and had been compelled during the whole period of gestation to sit from fifteen to eighteen hours a day, winding pirns, in order to earn a bare subsistence. There were no alarming symptoms, but the abdominal muscles seemed to be powerless. I sent for Dr. Paterson, and requested him to help her flagging powers with the forceps, but he declined to do so. The case did not come under any of Ramsbotham's excuses. At last the poor woman got tired of waiting; she sent for a doctor with fewer scruples and was instrumentally delivered. This case made a deep impression on my mind, and, in fact converted me to the faith which I hold to-day.

In this paper I propose to state very briefly the principal conclusions I have arrived at under six heads, namely: Forceps, Turning, Ergot, Anæsthetics, Antiseptics, and Craniotomy. Before doing so, however, allow me to make one remark in regard to

\* Read before the Obstetrical Section of the Suffolk District Medical Society, January 21, 1885.