

CONSERVATISM IN MIDWIFERY.

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When asked by our Secretary for the title of the paper that I had intended to prepare for this Society, I sent the name "Conservative Midwifery," but on second thought decided that that expressed too much or too little; too much since it implied that midwifery might be other than conservative in its aims and too little in that it did not necessarily include that which I had specially in view, a conservatism on the part of the practitioner, but not a looking on policy that will allow a patient to succumb for fear of doing something that possibly may not be successful. Parturition is necessarily a conservative process, having been performed in much the same fashion from the foundation till the present time.

We, as obstetricians, are apt, I think, to get a little restive in viewing the rapid strides being made in the departments of general medicines and surgery within the last few years, failing to remember that our field is physiological rather than pathological and that the process established by nature is essentially a perfect one; hence in the greater number of cases we must consider ourselves simply as attendants, waiting patiently for the fruition of nature's efforts or for the occasion to arise when we may assume the roles of assistants; and in the meantime avoid all mischievous interference.

I have no doubt that in theory we all accept this as our faith; but do we carry our belief into practice? if not the sooner we do the better methinks for that part of suffering humanity represented by the lying-in woman.

I would not like to be understood as thinking that all innovations come under the head of meddling midwifery; but I think that the over enthusiasm with which new measures are embraced by some lead to abuse and consequent discredit of what might, in suitable

cases, prove an inestimable boon to patient and physician as well.

Because the method of delivery of the placenta by expression, the Crèdè method, is useful in many cases, especially where hemorrhage is threatened, it does not follow that it is advisable to follow it as a routine measure. I can remember our professor of obstetrics bringing it forward as the then new method, and directing us to apply a force of from twenty to fifty pounds, as might be required; and I of course applied it to every case, much to the discomfort of my patients. Fortunately for me I was sufficiently in earnest to impress them with the idea that it was necessary, though I am persuaded that in nine out of ten cases this was not so; but simply added to the patient's distress without any corresponding advantage.

Amongst all the advances made in midwifery there has perhaps been none greater than the introduction of the forceps; and yet it goes without saying that these instruments have been productive of a large amount of injury when used under circumstances where they should not have been, or for purposes for which they were not intended, and often by those who had better have learned their use on the cadaver or manikin. It is well to remember that no operation is devoid of risk and none should be attempted without the probability of equivalent benefit accruing therefrom.

I will not presume to instruct you as to whether forceps should be employed further than this; let it be solely for the patient's good without thought of personal convenience or eclat. A lacerated perineum or ruptured uterus is too heavy a price for the woman to pay that the physician may gain an hour or two to attend to other work. I may just say that my most frequent indication for the use of the forceps has been a condition of comparative inertia of the uterus, where the pains are short and inefficient, no progress being made, and the os fully dilated.

Another agent, which I fear is, in some cases, abused, is chloroform; and