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Progress of Science.

CERTAIN MATTERS OF TREATMENT WHICH SHOULD BELONG TO THE LYING-IN ROOM.*

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The physician's office in the lying-in room is, in one respect, peculiar. It is the only time in his professional life that he is called upon to superintend, and perhaps aid, a purely physiological process.

In all his other duties he deals with disease, but in the care he gives the parturient woman he is at hand to avert possible danger or to aid incompetent nature. This being the case, his endeavor should be to leave his patient in as good condition as she was before the parturient act. But too often he is called to see a well woman, and when he discontinues his attendance he leaves a chronic invalid.

I purpose to speak of some matters of care, of both mother and child, which I think properly belong to the lying-in room. Attention to these would, I think, diminish invalidism in women whose health motherhood has imperilled, and in the infant avert dangers which threaten its welfare.

My paper, which does not claim to be exhaustive, will be on "Certain Matters of Treatment which should belong to the Lying-in Room." I propose to speak only of such troubles as may attend upon natural labor, but which may nevertheless, leave a woman with health impaired, and years of feebleness before her.

The first in the natural order, as being first in the order of time, is the immediate care of the perineum. It can be fairly stated that no woman is delivered of a normal child at term without some perineal tear. Be it even trifling in degree, it should be immediately closed by sutures. First to increase the patient's immediate comfort. The

application of the sutures is but momentarily painful, and though their presence may be recognized, the movements of the patient's body give no more suffering, with the sutures in position, than when the torn surfaces lap one upon the other. At the end of a week the soreness is gone if union has taken place, while several weeks are required for the granulating surface to lose its tenderness and be shielded by mucous membrane.

Second, because the closed wound leaves one less avenue for septic entrance. If the wound heals by first intention the union is cemented in twenty-four hours, while the discharges seldom become poisonous before the second or third day.

These remarks apply specially to the slightest degrees of laceration, where the decision is between immediate attention and entire neglect. Where a greater injury has been inflicted it is better to close the perineum at once, because, besides the reasons already given in the lesser case, viz., the increase of the patient's comfort, and the lessened danger of septic absorption, a later operation will be required, and that is a matter of greater severity.

In these days, when operations are common, and every woman, or at least her bosom friend, has had special treatment, nothing is more common than for a woman to ask, at once, after delivery, if she be torn, and to express desire for immediate treatment. It is useless to attempt deceit, as it will be sure of detection and unnecessary, because, even popularly, no blame attaches to the accident. But, for that very condonation, blame does attach to neglect of such an injury after its occurrence. Results, too, are almost always favorable.

In my own practice an average of eight cases in ten have healed by first intention. A few times, from suspicion that a rise of temperature might be due to imprisoned pus, I have removed the stitches prematurely, but in no case has there been any untoward result. In some cases I have failed to operate and have regretted my neglect, but in no case where I have operated have I wished that I had pursued the other course.

* Read before the Practitioner's Society of New York.