

PIONEER OBSTETRICS

First Instrumental Delivery. Mrs. "Pants'" Bed Breaks Down. A Long Term Pregnancy (?). The Doctors' Mistakes. Podalic Version. A Mole? Acephalous Monster. Delivering a Placenta. Two Headed Monster.

FIRST INSTRUMENTAL DELIVERY

My first case of instrumental delivery occurred during my first year of practice. It was in a sod house eight miles in the county. I rode there on a pony carrying my instruments wrapped in a bundle. The woman had been in labor twenty-seven hours. (In pioneer homesteader days, as stated in a previous chapter, physicians were called only when a woman could not deliver herself.) The external parts were swollen black and blue and a part of the child's head, the caput succedaneum, presenting, looked black and lifeless. I had no difficulty introducing the instruments—thanks to splendid instruction given in medical school on a manikin. The delivery was not easy, but was readily enough accomplished and brought forth a dead and macerated fetus. My fee was fifteen dollars—this was in 1882—and I am still waiting for it.

MRS. "PANTS'" BED BREAKS DOWN

There lived in our town a man with a perfectly good name, but whose trousers were always bagging, the seat hanging down toward the knees, which suggested for him the cognomen "Pants." Mrs. "Pants" was a stupid woman, the mother of a number of children. He was a laborer and the family always lived in filth and abject poverty.

One day she went into labor and sent one of the children for a neighbor lady. When this lady arrived the child had been born and she at once de-

PIONEER OBSTETRICS

cided that this was a case to share with the doctor who lived nearby. Arriving I found the bed broken down in the middle, dropped on the floor and the mother literally swimming in a pool of blood, waters, baby and secundines. She wore her everyday dress and on being questioned she stated that she had no change of clothing or bedding nor any baby clothes. The neighbor-lady and the doctor's wife became the good samaritans, rustled outfits of baby clothes, bedding and clothing for the mother. The wash basin had a hole in the bottom with a rag stuck in it. I brought basin, gauze, antiseptics and cotton from my office and did my duty by the mother. All went well afterward.

A LONG TERM PREGNANCY (?)

I had been in practice eleven years and had a large clientele, including confinement cases. I wanted to go to the World's Columbian Exposition but business kept me home all summer. The first days of October I had a series of confinements and I decided rather suddenly that when this series was cared for, I would slip to Chicago.

A husband came in one evening and said—"Are you going to Chicago?" I told him I wanted to go and time was getting short as the Fair would close early in November. He said his wife would be very much disappointed for they expected an heir any time. I questioned him as to time, but could elicit nothing definite. A neighbor lady who did some nursing had previously told me of the case but suggested appearances did not justify the expectations.

I slipped off to the Fair about the sixth of October. Upon my return nine days later I asked my wife if the "Jones'" had a new baby. She had not heard

PIONEER OBSTETRICS

of any. The expected baby arrived the following Fourth of July!

THE DOCTORS' MISTAKES

A rather plump, slightly obese young woman, mother of several children, called me to her farm home to attend her in confinement, her regular physician, resident of a neighboring town, being ill. After the usual formalities and questions as to case history, I made a bimanual examination and was surprised to find a small non-pregnant uterus. Questioned what I thought about the prospects I told her that there was no evidence of pregnancy which apparently made her angry at me. She told me Dr. "Blank" had told her she was pregnant and when she might expect the birth of the child. I could not help it; neither could she. She never after was confined.

A husband brought his wife from a neighboring town to consult me because they knew my parents in another part of the state. The woman was sure she was pregnant, could feel fetal movements; but her home doctor told her it was imagination. Not satisfied and hardly knowing what to do they decided to consult the doctor whose parents they knew. Bimanual examination proved the family doctor right. The periodic waves in the abdominal muscles could be seen by a novice and she was unconvinced. I then told her that a way to prove the case was to give an anaesthetic and, if pregnant, the waves would continue; if non-pregnant they would subside. She consented and the waves subsided.

One Wednesday morning—remember the day of the week—a physician from a neighboring town called me to meet him at a confinement case some

PIONEER OBSTETRICS

miles in the country. Arriving he told me the trouble was that "it" would not come down. He said that he had been called on Sunday morning, early, and had been at the bedside constantly since that time and "it" had made no progress. He had been in constant attendance over three days and nights. Examining, bimanually, I found it to be a case of early, incomplete, miscarriage. With a dull curette we cleaned out the uterus, after which she promptly recovered.

PODALIC VERSION

Before the advent of telephones and automobiles a confrere called at my house one night after the zero hour and asked me to go several miles in the country to assist him in a transverse presentation. He told me he had worked for hours but could not deliver because his hand became cramped. He also said that in an effort to deliver he had amputated the arm of the child which presented, in an endeavor to right the position! Further he stated that his chloroform gave out. He had left the woman lying there in labor with a mutilated child and had driven to town to get me and some chloroform.

Arriving at the house I said "Doctor, what do you want me to do?" He replied that his hand was now better and if I would give the chloroform, he would again try to deliver. I administered the anaesthetic while he, with the woman across the bed, but not at the edge of the bed, made an effort to deliver. Soon, he said "My hand is cramping again, you may try it." I brought the woman's hips to the edge of the bed, scrubbed my hands and arms in lysol solution, introduced a hand, grasped a leg, did a podalic version (turned the child) and in ten minutes had the dead child delivered. I then irrigated the uterus,

PIONEER OBSTETRICS

for it needed some attention and cleaned up the mess as best I could.

Some time later the husband came to pay the bill. I charged him twenty dollars. He objected, saying that in proportion to what the other doctor who was there all night, charged him, this was too much. Irritated, I said if I could do in fifteen minutes what he had not succeeded in doing all night, I thought I was entitled to the amount asked. He paid and always after patronized the doctor of the first choice. I had not made a hit.

A MOLE?

A couple desired to make a trip to "the auld sod" and thinking foresight a virtue, the wife had her physician give her a course of "blood purifiers" to prevent seasickness and to put her in generally good condition. Later she consulted the professor at the medical college at Belfast because of suppression. He treated her for several weeks by local applications for what he is said to have called an erosion. After a visit of several months they returned to their Nebraska home with the wife not feeling well. The former family physician having meanwhile moved to the Pacific coast I was called to her bedside on account of a hemorrhage and pain. Examination at once revealed a prospective miscarriage or premature birth. The husband was not convinced that the new doctor knew his business. He asked "Could it be a mole?" and later while I was temporarily away from the home he consulted his Encyclopedia Britannica for information on the matter. The final result was twins, both viable, but they died within half an hour. The mother-in-law ever after enjoyed her son-in-law's discomfiture.

PIONEER OBSTETRICS

ACEPHALOUS MONSTER

I was called to attend a lady in a neighboring territory because of the illness of the family physician. She was a large woman and examination told me I had an unusual case, but I could not determine its exact nature. An unusual head presented and time showed no progress. I determined to apply forceps. There was a two-year-old child in the room and no amount of suggesting and ordering the child to be taken out of the room, availed. I had to administer the chloroform. The child ran around to get to the mother repeatedly and finally knocked the chloroform bottle from the chair and broke it. I was out of chloroform! I applied forceps and they slipped, no matter how I applied them. I then determined to turn and deliver, which I did without any anaesthetic, harsh though it seemed. The child was a microcephalous monster and of course, dead.

DELIVERING A PLACENTA

A boy on horseback came to my home early one morning with a message for me to go twelve miles in the country to assist a young physician from a neighboring town in a confinement case. The child had been born early in the evening, but the placenta, "the after-birth," would not come away. The patient was a powerfully built young woman. Everytime the attending physician attempted to introduce his hand to do a manual extraction of the afterbirth the patient flinched and he evidently lacked the courage to persist in his efforts. Sensing the situation and to save his face I had him administer some chloroform to the patient while I delivered the placenta which was accomplished without difficulty. After the patient's toilet had been attended to, the

PIONEER OBSTETRICS

young physician followed me outside and around the corner of the house and addressing me said, "Say, I made a d—n fool of myself, didn't I?" This erst-while young physician is now one of the foremost surgeons of northern Iowa.

TWO HEADED MONSTER

I was called to a labor case and on arrival found the prospective mother laboring very hard. The head was emerging from the outlet when I made an examination and was soon born. Severe pains continued and no further progress seemed to be made. A light traction did not help the shoulders to engage. A sweeping examination with my finger around the child gave me only bewildering information. I felt something I could not describe or visualize because of its indefiniteness. After many more hard labor pains I felt another head engaging and after a number of terrific pains it was born and was immediately followed by the body of the fetus. There were two well formed heads on one pair of shoulders, but between the two heads and back of them a cartilaginous formation stuck up, somewhat crest-like, somewhat like the breastbone of a chicken, but perhaps $3\frac{1}{2}$ inches long. It may have been a supernumerary scapula. I was not permitted a camera exposure, postmortem, or a studious palpation and have no definite idea at this time what the cartilaginous formation was. I only know it was queer!

The teaching in medical school in 1880-1882, in obstetric cleanliness was almost nil. It was suggested that one should wash his hands with soap and water before making an examination or any obstetric procedure and should lubricate the examining hand with soap, unsalted lard or vaseline. We were told the

PIONEER OBSTETRICS

forceps before using should be immersed in warm water and lubricated with unsalted lard or vaseline. I do not recall that any suggestion was made of any surgical cleansing of the patient. Those refinements of surgical cleanliness came a little later as the Listerian theory became accepted by the profession. Years passed before childbirth was thought a surgical procedure by the profession. Fortunately pathogenic germs were probably not abundant in the new West in pioneer days and the pioneer mothers had been inured to hardships and probably had greater resistance to infections.

We may smile at the shortcomings and vagaries of others, but let us not forget that we, all, lack perfection.