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## THE PRESTON RETREAT CONTROVERSY.

*Dr. Richard C. Norris versus The Preston Retreat.*

*To the Editor of the American Gynæcological and Obstetrical Journal :*

SIR : This controversy with Dr. Richard C. Norris was not of my inviting, nor of my provoking, desire, or anticipation. And certainly I had no reason to anticipate a controversy of the character which he has of his own free volition, and without shadow of reason or excuse and from motives not difficult of analysis, provoked. So far as Dr. Norris was concerned, I had special reason to feel secure from unjust criticism and false statements when I recalled the treatment I extended him when he entered the Retreat as my successor. I met him at the doors of the maternity and gave him sincere welcome, extended him every personal and professional courtesy and kindness ; my time was given and everything done to familiarize him with the details and duties of the position to which he had then but recently been appointed. I was passing out after years of experience in this maternity, and had wakeful memories of the anxieties, difficulties, and embarrassments I had experienced on my first entrance—the anxieties had kept close company with me all through my incumbency. Such anxiety is inseparable from the conscientious ministering at the bedside of mothers. There a man of the best and at his best is not too much. These facts came close home to me and I made willing and conscientious effort to remove or minimize for my successor all difficulties and embarrassments as far as my ability, experience, and time enabled me. This service was not grudgingly but most freely and heartily given. Now the hand that accepted the service with mock gratitude treacherously turns to distort, mutilate, and falsify the records of a maternity which has taken firm place among the most successful and noblest charities, not alone in America, but of the world ; of an institution that has grown to be referred to in highest terms of praise by the journals and distinguished obstetricians of two continents.

It is impossible for the unprejudiced to conceive that any impor-



tant or useful end would be attained by an attack upon the records of the Retreat by its physician-in-charge, by one whose work and its issues must, in common with that of his predecessors and those who may follow him, become incorporate in the history of the institution. It will be difficult for any one to escape the conclusion that there was some ulterior and questionable motive prompting, nor will it be difficult for the average mind, lay or professional, to determine the motive.

What not much later on will amaze the average citizen will be that the managers of the Preston Retreat—the benevolent, broad-minded, representative business men they are—tolerate attacks that reflect upon the care and scrupulousness with which they direct the affairs and guard the integrity of the records of the Retreat; does more: besmirches and blots the history of an institution with which they should feel proud to have their names associated. And what will excite yet greater amazement will be that this man, all impacted and potted to overflowing with egoism, jealousy, and venom, has not been retired to the shades of that obscurity from which the great charity of the Preston Retreat, guided by the hands of a few kindly old mothers and matrons, in the exercise of a mistaken sense of missionary duty, took him.

There is an old East India fable which has its application to some men. It illustrates those men in whose make-up essential qualities of manhood have been left out.

A mouse that dwelt near the abode of a great magician was kept in such constant distress by its fears of a cat that the magician, taking pity on it, turned it into a cat itself. Immediately it began to suffer from fear of a dog, so the magician turned it into a dog. Then it began to suffer from fear of a tiger, and the magician in disgust said: "Be a mouse again. As you have only the heart of a mouse, it is impossible to help you by giving you the body of a noble animal." Public opinion is usually the great magician that finally says to such a person: "Go back to your obscurity again. You have only the heart of a mouse, and it is useless to try to make a lion out of you."

To give to Dr. Norris' communication a broad and merited characterization is to say that there is not in word or line, or in the much between the lines, the faintest suggestion of professional manliness. All through is the taint of bad motive. Long before his first communication appears he makes the boast to doctors of what he intends to do—even makes the boast to a layman residing at as remote a point as Birmingham, Ala.

To dwarf my record he makes the records of the Retreat the subject matter of his private gossip. For this we have credible witnesses. It would seem that this deformed, rickety creature of Dr. Norris' brain was in process of incubation for nineteen months. The good obstetrician would say that there was something about this abnormal. But there is no accounting for freaks of nature—human nature. Again we must quote the introductory sentences of his first letter to the editor of the AMERICAN GYNÆCOLOGICAL AND OBSTETRICAL JOURNAL: "I inclose a letter which I will ask you to publish in the next issue of your JOURNAL. The statements therein made are *absolutely correct* [Italics mine] and are capable of ready demonstration. I send the letter to you for publication by a desire *for accurate statistics*. Dr. Price has *at all times* treated me with *courtesy*, and I am therefore *not actuated by any other motive*." Take these sentences apart from the accusing and false statements of his communication and they sound like poetry. Certainly they are poetic—in what other way could so much lofty sentiment be expressed? Poet and obstetrician combined—what a unique subject for the psychologist! But I must avoid excess of enjoyment and deal with more serious statements.

In reply to my statement that, with Dr. Goodell's consent, I always included his statistics in my own, Dr. Norris says: "This statement, unfortunately, *can now* [Italics mine] *be neither corroborated nor denied*. I am glad, however, that even at *so late a day* Dr Goodell's last 275 cases without a death have been *credited where they belong*." We suggested in our previous communication that Dr. Norris read up a little on obstetrics. We now renew that suggestion, and recommend that he should not confine himself to a primer, or that compend of which he, in collaboration with Prof. Barton Cooke Hirst, is the reputed author, but extend his reading to the general literature upon subjects with which he is least familiar—read something that will leave a solid and healthy deposit and save him from further intellectual softening. Dr. Norris is a member of the Obstetrical Society of Philadelphia, and has sat on its benches, and evidently nodded, or he would have known something of the following report and what was said in connection with it; and had he been disposed to be fair, honest, and manly he would have hunted up the report and made due and honorable reference to it and avoided the false accusation above quoted. Certainly not so early as the date of this report had the fumes of conceit mounted up and saturated his brain.

The report was made February 7, 1889—more than six years ago—

and published in the *Annals of Gynæcology*, vol. ii, pp. 287-290. The report and discussion reads as follows:

*"A Year's Work in a Maternity Hospital.*

"Dr. Joseph Price: In making this report, I desire briefly to call attention to the amount of work done, the routine treatment of patients, and a few alterations which have taken place in the building. During the year 1888 there were one hundred and eighty-four deliveries in the Retreat. Of these patients, sixty-nine were primiparæ. There were one hundred and eighty-six children born, including two sets of twins; nine of these infants were stillborn; one hundred and two were males, eighty-four were females. There were thirteen forceps deliveries. Labor was induced in two cases at the eighth month. In one case a contracted pelvis, and in one the presence of a large uterine tumor. There have been no deaths of *mothers* in the Retreat for a period of nearly five years, furnishing a series of *five hundred and forty deliveries without a death*, the last death being from puerperal convulsions in a patient suffering from chronic Bright's disease, and who had had convulsions in five previous labors. Since this death there has not been a case of puerperal septicæmia in the institution. The great success attending the work of this maternity is due to the strict enforcement of the law of cleanliness. Everything and everybody in the house is clean, and jealously kept so. *This system was enforced by Dr. Goodell, and has been carried out on the lines laid down by him.*

"The routine treatment of patients is as follows: The patient on entering the house is given a hot soap bath, dressed in clean underclothing, and given a clean bed in the waiting ward. If necessary, a laxative is given, and the bowels kept soluble during her waiting period.

"Thereafter, until her confinement, she is obliged to take at least two hot soap baths per week, and to wear clean clothes. She is allowed to do such light work about the house as the physician may deem advisable, and is encouraged to take as much open-air exercise as circumstances will permit. Every effort is made by the officers and employees of the institution to make it as cheerful and homelike as possible.

"When ready for the delivery room the patient is again given a hot soap bath and an enema, and a vaginal injection of one-to-two-thousand bichloride-of-mercury solution. She is clothed in clean night robe and drawers, and placed upon a new, clean delivery bed. Scrupulous cleanliness is observed in all manipulations of the patient,

and after delivery a second vaginal injection is given, and a vaginal suppository of iodoform is introduced. The patient's person is carefully cleaned and all soiled clothing removed, the binder applied, a clean set of night clothes put on, and the patient placed in a new clean bed in the ward. All of the soiled articles are immediately removed from the delivery room, and a new bed made up for the next patient.

"The patients in the ward are carefully observed by the nurses, but no unnecessary handling or interference indulged in. The patients remain in the ward until they are able to be up, when they are removed to the convalescent ward. As the ward is emptied the straw beds are burned and all the bedding most carefully cleansed. No soiled linen (as draw-sheets, diapers, napkins, or other articles of clothing) is allowed to remain in the ward, but when soiled is immediately placed in a covered receptacle and removed from the ward and building. No sponges, wash rags, or absorbent cotton are used in the house. Corrosive jute supplies the place of these articles, being clean, soft, remarkably absorbent, and cheap. It is destroyed immediately after use. The pads used to absorb the lochia are also composed of jute, and are likewise destroyed after use. The beds in the ward are of new straw. All discharges from the delivery room are immediately burned. All bedding, soiled beyond cleansing, or contaminated by purulent or specific discharges, is likewise burned. In short, every effort is made to keep the house perfectly pure and sweet. The arrangement of the house permits of rotation in the use of the wards, so that a ward once emptied is not again used until three others have been filled. In the meantime it is most carefully and scrupulously cleaned and thrown open to the atmosphere. A similar system is pursued in the convalescent wards and delivery room. A few alterations in the building have very markedly increased the effectiveness of the institution and the comfort of its inmates. In the first place, the bathroom and water-closets have been removed from the building proper and placed in the towers in the rear. The plumbing is as near perfect as modern sanitary science can make it. The verandas have been inclosed in glass, forming large, light, airy corridors about the rear of the building, and furnishing a distinct circulating atmosphere between the house proper and the wards and the water-closets. The ventilation of the entire building is simple and perfect. The capacity of the house at present is about fifty patients per month, and when a few contemplated changes are made the capacity will be doubled and the institution rendered as nearly a perfect maternity hospital as is practicable.

“Dr. William Goodell said it had always been a matter of great regret to him that he did not adopt this system a year or a year and a half before he did. He supposed it was partly due to the conservatism of old age, and partly to a series of some forty deaths from bichloride poisoning he had collected. Tarnier’s report of the results following the use of this agent so impressed him that he was led to make the change. Before he adopted the system which has just been detailed by Dr. Price he had once as many as five deaths in about one hundred and fifty cases—four of these due to septicæmia. Latterly hardly a year would elapse without the occurrence of one or two deaths. When he first started, everything about the institution was new and clean, and for several years he had the best record of any maternity hospital in the world. After the building and articles had become old deaths began to occur. He tried carbolic acid, but it proved of little value. After beginning the use of corrosive-sublimate injections, iodoform suppositories, and antiseptic pads, he did not have a death from septicæmia. The only death was from Bright’s disease of the kidneys. During this time he had been consulted, perhaps, a dozen times in the course of a year to see women dying from puerperal septicæmia. He thought that in private practice it would not be needful to follow out so strictly the details of the method as it is practiced at the Preston Retreat. For instance, the antiseptic pad and the iodoform suppositories might be done away with. He believed, however, that every practitioner should syringe out the vagina, both before the birth of the child and after complete delivery, with a bichloride solution of one to two thousand. The hands should also be disinfected. He was called in consultation by a physician in the country who had had four or five deaths from sepsis in a short time. He found that this physician had been treating a case of phlegmonous erysipelas. He knew of another physician who had lost, he thought, seven cases—certainly five—from dressing a sloughing case of erysipelas. Antiseptic measures would probably have saved all these cases.

“Dr. Joseph Price said he was as anxious about a labor as he was about a section, when he read reports of maternity hospitals with a mortality of from two to twenty-seven per cent. This troubled him not a little, now that he controlled a large maternity hospital—one in which *Dr. Goodell had left a record of two hundred and seventy-five cases without a death.* He sees a case after labor as frequently as he does a drainage after abdominal section. When this hospital was new *Dr. Goodell had a run of two hundred and fifty cases without a death from*

any cause. This was the longest run of any institution at that time. After this deaths began to occur. Later Dr. Goodell adotted the gospel of cleanliness, and with what result he has just told you. The results are now precisely the same as he left them. In regard to Dr. Hirst's question as to whether the same results might not be obtained by simpler methods, Dr. Price said that they did not differ much in regard to the use of solutions and that portion of the treatment. The toilet of the house was perhaps just as systematically carried out at the Philadelphia Hospital as at other institutions. The pad that he had shown would hold a pint of fluid. It saved an immense amount of work. It was now coming into use as a menstrual pad and was very convenient for ladies traveling. In private practice the mortality was greater among the rich than the poor. Among the poor he had had seven hundred deliveries without a death. He thought the difference was in the water-closets which the better classes have in their houses. The mortality throughout the country was large. In a small town in Ohio, with a high elevation and beautifully located, he had recently known of two deaths from septicæmia. Last summer he had been called to see puerperal cases nine times and all died."

This report was made at the end of my first year at the Retreat (February, 1889), and it will be noted how fully it proves the injustice and untruth of Dr. Norris' statement above quoted. The absolute unqualified falsehood of his statement is established beyond all question by the published Records of the proceedings of the Obstetrical Society of Philadelphia, and to the eyes of the profession especially, for which all his statements were written, must cloud all his other utterances. They are all of the same cloth and seamed with pompous self-conceit and falsehood.

He again refers and gives special prominence to the case dying in the Pennsylvania Hospital of suppurating appendicitis and general purulent peritonitis, as revealed by the autopsy. He says: "Had the records of the Retreat furnished me with evidence that this patient was discharged enjoying thorough, favorable, and aseptic convalescence, the case would not have been referred to." This is the only feeble semblance of honesty of statement he has shown, yet this showing is damaging—it clearly proves how willing and eager he was to draw the wildest inferences to serve his malignant purpose to falsify my record. Does Dr. Norris make such a note in every case discharged? Did Dr. Goodell? The entry was made after learning from one of the staff of the Pennsylvania Hospital of her admission

and death. It was my practice where convalescence in any case was unsatisfactory to request the regular monthly committee to allow a longer stay in the Retreat, and this fact was noted on the minutes. If Dr. Norris will refer to Dr. Goodell's last book of minutes he will find an entry of this character in the case of Mrs. Green, who, when I took charge, was dying of puerperal sepsis due to acute gonorrhœal pyosalpinx. There being no provision in the will of Dr. Preston, the founder of the maternity, for cases requiring surgical treatment, this patient was removed and operated upon by me, making a perfect recovery. The treatment of the case of this patient was entirely at my own expense, costing out of my own earnings more than one hundred dollars. There was yet another case removed from the Retreat for suppurating dermoids.

The statement as to Annie McM., transferred to the Pennsylvania Hospital, is of the same distorted and unmanly character as others. I am glad, however, that the record was made complete in this case by her recovery at the Pennsylvania Hospital. If I sent her there it was because I thought it was typhoid fever, developing late in her convalescence, and while she was in the convalescent ward. If I recall correctly the facts associated with the case, she was examined at the Retreat by one of the staff of the Pennsylvania Hospital, who made the diagnosis of intermittent or typhoid fever. At the time of her transfer there was no evidence of phlegmasia alba dolens. Could Dr. Norris scientifically attribute phlegmasia wholly to child-bearing with his own record of that trouble in the Retreat, extending, as it did, in puerperal cases to healthy nurses, who narrowly escaped with their lives? Again, as to the Cæsarean section. In a previous communication I fully explained all the facts relating to it. It was a case outside the Retreat and in no manner involved in its record. The one (I can not designate him by any term expressing honor) who made the autopsy told me at the time that the woman died of double pneumonia, and that everything in her abdominal cavity was healthy. Whether he lied then or is lying now to gratify personal malice and to aid Dr. Norris in an undertaking prompted by a like motive we will not here attempt to determine. We will only add that the woman died too early and too rapidly for purulent peritonitis. This outside case and the search of the records of the hospitals furnishes very strong evidence of Dr. Norris' animus and his eagerness to impeach my record. Behind Dr. Norris in this attempt can be seen peering faces, distinguishable by the deep lines of perfidy by which they are lined. Certainly there could be found better employment than pok-

ing around among vermin for inspiration. Before long Dr. Norris will have reason to exclaim with Job, "Have pity upon me, O ye, my friends!" These controversies have for me one healthy result, they keep me up on Scripture. I am not so sure Job said the above, but it is good and fits.

The witty Dean Swift is credited with saying that at birth the brain of each person is bitten by a willful little sinuous alligator, and that the form of his incision determines the future of the individual. If the bite be circular the result is science, if conical the person takes to politics, if triangular he becomes an agitator. The direction of the incision inflicted upon the infant brain of Dr. Norris we will leave to the profession to decide. It is to be hoped that the little alligator in this particular case did not survive the operation to inflict a similar incision on another infant. One of the kind is enough. Another assertion of Dr. Norris I will here quote: "Unfortunately, the records of the Retreat do not include the pulse and temperature charts of the patients of Dr. Price, all the charts having disappeared a few days before I assumed charge of the institution."

I valued these charts, and regarded them as sacred property of the maternity. They had been shown with some pride to hundreds of physicians visiting the institution during my incumbency. I will say here with all the emphasis I can command that any man who, by innuendo or implication, directly or indirectly says that by any act or knowledge of mine these charts "disappeared" from the Retreat, that he is a willful, malicious, and deliberate liar and coward. All books, records, papers, charts, stores, and supplies, everything from cellar to attic, were most carefully placed in his hands in the presence of the regular monthly committee. These charts were known to be in the Retreat for one month after my finally leaving the Retreat. Why did he not allude to their "disappearance" in his first communication? Why did he remain silent as to their being missing from the Retreat for the long period of nineteen months, until his second communication in this controversy, when he had grown desperate for ammunition?

My nephew, Dr. George M. Hughes, being familiar with the work of keeping the records, at my request remained a month after my departure to *gratuitously* assist Dr. Norris until he could familiarize himself with the work. All through the time Dr. Hughes was in the Retreat the charts were there, and were there when he left. If they have disappeared, Dr. Norris is the only man who can account for their being missing.

Now brief reference to Dr. Norris' own work. As he writes of it he says: "I know of no case of imperfect convalescence, and of but one death after discharge from the institution." I will, as delicately as I can, make a few inquiries, not expecting answer, but to stimulate reflection. A nurse was hurried from the Retreat for an ambulance to take away the little Indian girl dying of sepsis. When she applied for admission she was healthy, had no cough, had sung two or more solos just before her admission at a concert given at Association Hall. At that time there was no evidence of phthisis. Whatever her trouble, it developed at the Retreat while under Dr. Norris.

We would further call Dr. Norris' attention to Mrs. B., of Ashton Court, discharged after two weeks in the Retreat and carried by two members of her family to her home, and from there to the Municipal Hospital, where she died of sepsis in less than five weeks from the date of her delivery, and in two days after her admission to the hospital. Why did Dr. Norris follow this woman to her home and have consultation with two other physicians? Was she not septic when she left the Retreat and doing badly? Did Dr. Norris ask the board to prolong the stay of these patients? Right here we will say that, by the very statements by which Dr. Norris attempts to falsify my record, he would thrust the laurels of Dr. Goodell, for whom he professes so much veneration and adoration, in the mud. While there was no overflow of affection, personal or professional, between Dr. Goodell and myself, I always gave him due credit for his successes. Now that he is dead, common decency commands silence. He was generally on the benches of the societies, always taking an active interest in their proceedings when I made my reports, and was never given reason to complain and never did complain.

I hope I will always find more to instruct, cheer, and appreciate in the good than in the bad. Both Dr. Goodell and myself treated the records of the Retreat with great candor, as was our duty. We had no reason to be ashamed of them, and we further regarded them as the property of the institution, in which we had a pride; their integrity was scrupulously respected.

When Dr. Norris expresses the feeling and assured hope that his "own statistics at the Retreat and those of similar institutions will not suffer by contrast," he but expresses the hope that every honest and humane man must feel. A man would be a brute in every instinct and fiber of his being who would withhold due credit and honor from the man who mitigates the sufferings and saves the lives of mothers.

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To low estate indeed has that man fallen in all that is best of human attributes who from jealousy or some petty spite would make a quarrel "over the counterpane that covers a mother with her newborn infant at her breast."

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