

Lusk (W. J.)

# CLINICAL REPORT

OF THE

LYING-IN SERVICE AT BELLEVUE HOSPITAL,

*FOR THE YEAR 1873.*

BY

WILLIAM T. LUSK, M. D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF CHILDREN IN BELLEVUE HOSPITAL  
MEDICAL COLLEGE.

Box 101

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GENERAL REPORT

REPORT ON THE WORK OF THE HOSPITAL

FOR THE YEAR 1900

BY THE SURGEON GENERAL

THE SURGEON GENERAL'S OFFICE

1

CLINICAL REPORT OF THE LYING-IN SERVICE  
AT BELLEVUE HOSPITAL, FOR THE YEAR  
1873.

As a large amount of misconception, both on the part of the profession and the public, prevails concerning the lying-in wards of Bellevue Hospital, it has been thought good by the writer to present an accurate tabular history of the service for the year ending January 1, 1874.

The year in question has been chosen, not because of the peculiarly favorable exhibit it presents, but because, during the entire period, a complete record was kept of every woman confined in the hospital, from the time of delivery to that of her death or discharge.

These records show a total of 449 patients, twenty-one of which were confined outside, and afterward brought to the hospital. The annual mortality was twenty-five, or in the proportion of one to eighteen. The number of confinements, of primiparous labors, and deaths for each month, is given in Table I.

TABLE I.

MONTHS.	Confinements each Month.	No. of Primiparæ each Month.	No. of Deaths each Month.
January .....	33	14	2
February .....	30	13	4
March.....	38	26	3
April .....	28	9	1
May.....	41	17	1
June.....	41	18	..
July.....	30	17	..
August.....	42	24	1
September.....	45	15	3
October.....	33	14	3
November.....	42	16	3
December.....	46	26	4
Total.....	449	209	25

In comparison with the above, the records from 1865 to 1872 inclusive report the deaths for each year at 17, 30, 9,

24 (no report for 1869), 31, 33, and 16. Thus it will be seen that the year 1873 was not an exceptionally good one. The increased mortality in 1870 and 1871 is attributable to the closure of Charity Hospital to this class of cases in 1870, on account of its having been visited by a severe epidemic of puerperal fever. This closure largely increased the number of patients seeking admission to Bellevue Hospital, and at the same time the actual, though not the relative mortality. As is usually the case, however, the mortality was greater in 1871, the year following the overcrowding, than in 1870.

The year 1872 witnessed but sixteen deaths. Of these, two cases died of convulsions, one of paralysis, two of phthisis, one of puerperal hæmorrhage, one of Bright's disease, and one of peritonitis developed outside the hospital, leaving thus a total of eight cases referable to peritonitis or some form of puerperal fever, for which the hospital may be held responsible.

An analysis of the twenty-five deaths occurring in 1873 shows that two women died from puerperal convulsions, two from rupture of the uterus (one of the patients was brought into hospital in a dying condition), two from phthisis, one from pneumonia, one from cerebral embolism (patient brought into hospital twenty-two days after confinement, from street), and two cases of peritonitis consecutive to labor, and developed before admission. In estimating the influence of the hospital in developing disease, these ten cases may be left out as having no bearing upon the question. There remain, then, fifteen cases illustrating puerperal inflammations, or some form of blood-poisoning, i. e., about one to thirty. Of the fifteen, twelve were primiparæ, of whom six were delivered by forceps, after labors of long duration. In three instances the operations were performed by *internes*, or members of the house-staff, and in two of these the application of the forceps was made within the cervix, before dilatation was completed, i. e., under circumstances requiring the utmost skill and prudence.

Death in one instance was due mainly to excessive mental depression on the part of the patient, who had been driven from her home in Michigan, and who felt herself an outcast without hope, and without a future.

TABLE II.—TOTAL NUMBER OF DEATHS IN BELLEVUE HOSPITAL, FROM PUERPERAL CAUSES, DURING THE YEAR 1873.

Number.	Date.	Age.	Social Condition.	Number of Pregnancy.	Duration of Labor.		Character of Labor.	Cause of Death.	Remarks.
					First Stage, Hours.	Second Stage, Hours.			
1	Jan. 1.	17 $\frac{1}{2}$	S.	1	14	2	Normal.	Pertontitis.	Annie S.—Suffered greatly from depression of spirits during pregnancy. Had been driven from her home in Michigan. Despondency increased after labor.
2	Jan. 11.	18	S.	1	14 $\frac{3}{4}$	2 $\frac{3}{4}$	Normal.	Uterine phlebitis.	Ellen H.—Mania on third day; died on the eleventh day; scarlatinous eruption.
4	Feb. 2.	24	S.	1	38	7 $\frac{3}{4}$	Forceps.	Pertontitis.	Frances S.—Forceps; fever second day; died Feb. 11th.
6	Feb. 21.	29	S.	1	7	1 $\frac{3}{4}$	Normal.	Erysipelas and infarction of lung.	Jane L.—Erysipelas of breast on fourth day; died March 5th.
5	Feb. 28.	21	W.	1	43	4 $\frac{1}{2}$	Normal.	Pertontitis.	Adelaide B.—Labor began February 28, ended March 2d; died March 10th.
6	Feb. —	..	..	..	..	..	..	Pertontitis.	Bella A.—Delivered outside; sent to hospital with peritonitis; died in a medical ward on the second day after admission.
7	Mar. 6.	22	S.	1	23	8	Forceps.	Pertontitis.	Lizzie B.—Forceps applied within cervix; died March 28th.
8	Mar. 8.	23	S.	2	..	..	Forceps.	Uremia.	Bridget F.—Barnes's dilators; forceps; twin pregnancy; forceps with second child; oedema and albuminuria during pregnancy. A number of convulsions before confinement, two after confinement. Died April 2d.
9	Mar. —	..	..	..	..	..	..	Pertontitis.	Mary T.—Delivered in station-house and sent to hospital. Died in medical ward thirteen days after admission.
10	April 6.	26	S.	1	5	3 $\frac{3}{4}$	Normal.	Pneumonia.	Hannah P.—Hemorrhage from varicose veins; mania on third day; sent to cells; pneumonia from window of cells being broken; by delirious patient confined in the same cell.
11	May 11.	35	S.	2	11 $\frac{3}{4}$	2 $\frac{3}{4}$	Normal.	Pertontitis.	Betsy K.—Twin pregnancy.
12	Aug. 26.	30	S.	1	20	17 $\frac{1}{4}$	Forceps.	Pertontitis.	Mary G.—Forceps applied within cervix.
13	Sep. 21.	32	M.	9	6 $\frac{1}{2}$	9	Artificial.	Rupt. of Uterus.	Hannah H.—Sudden spontaneous rupture of uterus during labor. Collapse.
14	Sep. 21.	22	S.	1	17 $\frac{3}{4}$	1 $\frac{1}{2}$	Normal.	Pertontitis.	Jenny T.—Witnessed the sudden death of case No. 13.
15	Sep. 29.	27	S.	1	6	7 $\frac{3}{4}$	Normal.	Pertontitis.	Annie S.—
16	Oct. —	19	S.	1	..	..	..	Cerebral embolism.	Mary C.—Brought into hospital twenty-two days after confinement. Had rheumatism, vegetation on mitral valve, and hemiplegia.
17	Oct. 18.	21	M.	1	14 $\frac{3}{4}$	0 $\frac{3}{4}$	..	Convulsions.	Ellen McC.—Uremic peritonitis.
18	Oct. 26.	24	M.	4	14 $\frac{3}{4}$	0 $\frac{3}{4}$	..	Phthisis.	Laura B.—Brought in moribund. Died shortly after delivery.
19	Nov. 2.	38	M.	5	6 days	..	Artificial.	Rupt. of Uterus.	Mary C.—Brought in from a private lying-in asylum in a state of collapse, after six days of labor. Rupture of uterus. Putrid child extracted.
20	Nov. —	18	S.	1	54	0 $\frac{1}{2}$	Forceps.	Exhaustion.	Kate G.—Died on fourth day after confinement.
21	Nov. 10.	33	M.	9	49 $\frac{3}{4}$	5 $\frac{3}{4}$	Normal.	Puerperal fever.	Kate McC.—Died seven days after confinement.
22	Dec. 2.	28	M.	1	10	5 $\frac{3}{4}$	Forceps.	Uterine phlebitis.	Fannie G.—Died January 2, 1874.
23	Dec. 6.	25	S.	2	..	..	..	..	Agnes C.—Intense mental depression and anxiety. Chill on fifth day. Died on twelfth day.
24	Dec. 25.	25	M.	1	14 $\frac{3}{4}$	1 $\frac{1}{4}$	..	Phthisis.	Mary H.—Died five days after confinement.
25	Dec. 13.	30	S.	1	14 $\frac{3}{4}$	1 $\frac{1}{4}$	Forceps.	Septicæmia.	Bridget B.—Speculum examination showed entire vagina to be covered with diphtheritic patches. Died twelve days after confinement.

Of the three pluriparæ, one suffered intense remorse at having become the mother of a second illegitimate child; another died after giving birth to twins; the third gave birth to her ninth child after a labor lasting forty-nine hours.

Numbers 21 and 22 (*see* Table II.) were the only women in the fifteen designated who claimed to be married. Now, the entire number of married women confined during the year was 240. *Thus, the number of deaths from puerperal disease, among the class who furnish the statistics of civil practice, furnished in the hospital a mortality of less than one per cent.*

In striking contrast with the above are the thirteen deaths among the unmarried, of whom there were 209 all told. Thus, among women whose children were born out of wedlock, the death-rate rose to five and a half per cent. The exact reason for this difference is not very apparent. That it was not entirely due to mental depression is probable from the fact that during three summer months—from the last of May to the last of August—there were no deaths, though during that period fifty-seven unmarried women were confined. The excess of primiparous labors among the unmarried likewise fails to explain the difficulty, as, among the married women, sixty-three were confined during the year for the first time, with the loss of but one life.

It may, however, be as well noticed here that while many of the patients who come to Bellevue Hospital are callous and indifferent, there are always certain among them who feel their position most keenly. Now, any depressing agency is a dangerous element in a lying-in-hospital. If, indeed, some means could be devised to provide a future for the better disposed among the unfortunates, and persons could be found to take a little humane interest in their welfare, a great addition would be made to the medical resources of the hospital. Few people realize the appalling mental condition of some of these poor outcasts. Without money, or friends, or sympathy—with the question of death, or a horrible career as an alternative, before them, it is difficult to keep under control the suicidal propensities of the more desperate. The writer has constantly his attention drawn to cases of perito-

nititis resulting from patients getting out of bed one or two days after confinement, and walking barefooted over cold, uncarpeted floors, when the nurse, for any reason, happened to be out of the room. In some of these cases the only impelling motive to the imprudence has been a knowledge that it is forbidden.

The table on the next page shows the total number of cases of puerperal disease from which the patients recovered.

Here, too, the preponderance of disease among the unmarried is very apparent (fourteen out of twenty-two). The cases of convulsions, the case of nephritis, and the two cases of puerperal mania, were accidental occurrences attributable mainly to the antecedents, and physical conditions of the patients who seek admittance to a great hospital.

While the hospital receives so large an amount of wretchedness, absolute immunity from puerperal disorders is unattainable. Even disastrous epidemics are liable to occur under most careful management. The occurrence of such epidemics does not demand the destruction of the hospitals in which they break out, but their temporary closure.

In Charity Hospital the present condition of the lying-in service is said to be excellent, yet in 1871 it had to be closed on account of puerperal fever. In 1872 there were twenty deaths out of 205 patients at the Nursery and Child's Hospital. The hospital was closed for the time, and the next year there were but four deaths from all causes among the women confined there. Over and over again operations have been suspended at the Woman's Hospital, on account of a temporarily unhealthy condition of the atmosphere.

But what are the means by which all this evil may be abated? It is folly to assume that no reform can be accomplished. Certainly it is unworthy a great city like this not to have a special hospital, separate from a general hospital, for the reception of lying-in patients. Such a hospital ought not to be an old rookery, purchased to meet an emergency, but should embody the practical results of the studies of the most eminent hygienists of the day. The selection of the site of such a hospital should be subordinated entirely to the interests of the patients. *But when this has been done it will*

TABLE III.—TOTAL NUMBER OF PUERPERAL AFFECTIONS OCCURRING IN BELLEVUE HOSPITAL, DURING THE YEAR 1873, FROM WHICH THE PATIENTS RECOVERED.

Number.	D.	Age.	Social Condition.	Number of Pregnancy.	Duration of Labor.		Character of Labor.	Diseases.	Remarks.
					First Stage, Hours.	Second Stage, Hours.			
1	Jan. 1.	22	S.	1	23	1 30	.....	Cellulitis.	Mary H.
2	Jan. 8.	20	M.	1	33	7 15	.....	Puerperal fever.	Lizzie A.
3	.....	.....	M.	1	14.	1 50	.....	Cellulitis.	W.
4	Jan. 16.	28	M.	6	14.	1 50	.....	Puerperal fever.	Mary D.
5	March 1.	34	W.	8	5 30	0 30	.....	Cellulitis.	Mary P.
6	March 13.	28	S.	43	1 30	1 30	.....	Pelvic peritonitis.	Kate C.
7	April 1.	20	M.	1	11	19	.....	Pelvic peritonitis.	Della G.
8	April 26.	24	S.	1	24 30	39 30	Forceps.	Convulsions.	Mary H.
9	May 20.	25	S.	2	5 30	3 15	Forceps.	Pelvic cellulitis.	Maria D.
10	May 25.	22	S.	1	6 30	2 15	.....	Cellulitis.	Fannie M.
11	May 28.	22	S.	1	12 30	6 30	.....	Acute necritis.	Agnes W.
12	May 30.	25	M.	2	14	0 30	.....	Pelvic peritonitis.	Annie M.
13	June 20.	21	S.	2	11	0 30	.....	Pelvic peritonitis.	Pauline S.
14	July 28.	18	S.	1	23 30	1 15	.....	Puerperal mania.	friends on the 18th, improved.
15	Aug. 2.	18	S.	1	14 30	0 30	.....	Pelvic peritonitis.	Annie C.
16	Aug. 18.	29	M.	2	1 15	1 30	.....	Cellulitis.	Kate E.
17	Sept. 29.	22	S.	2	13 30	0 30	.....	Pelvic peritonitis.	Mary P.
18	Oct. 18.	34	M.	13	10 30	0 30	.....	Pelvic abscess.	Margaret W.
19	Nov. —	18	S.	1	11 30	1 30	.....	Puerperal mania.	Ellen C.
20	Nov. 27.	22	S.	1	11 30	1 30	.....	Pelvic abscess.	sentence.
21	Dec. 24.	19	S.	1	55	6 30	.....	Pneumonia.	Pauline N.
22	.....	34	M.	1	29	0 30	.....	Peritonitis.	Mary B.
								Peritonitis.	Mary Mc.
								Convulsions.	C. M.

*be found that success lies chiefly in the internal economy practised.* An abundance of light and air, plenty of free space, generous diet, plenty of washing, a rigorous discipline maintained in the management, intelligent nursing, and constant watchfulness on the part of the attending physicians, are among the most important means of preventing and suppressing epidemics. *Per contra*, with limited room, ignorant nurses, and lax discipline, fatal results will prevail in spite of pavilions, or the most expensive machinery for ventilation.



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