

STORER (H.R.)

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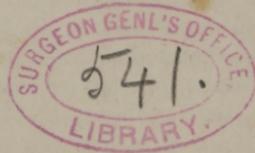
CHLOROFORM INHALATION DURING LABOR;

WITH ESPECIAL REFERENCE TO A LATE PAPER BY
DR. JOHNS, OF DUBLIN.

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ON CHLOROFORM INHALATION DURING LABOR ;

WITH ESPECIAL REFERENCE TO A LATE PAPER BY DR JOHNS, OF DUBLIN.

It must have occurred to many besides the writer that the editors of the *Dublin Quarterly Journal*, by admitting Dr. Johns' article on Chloroform Inhalation into their pages for May last, had done much to impede the progress of practical midwifery. They were perhaps compelled to it by the fact that as one of their former contributors and a practitioner of good local reputation, the publication of his paper was due to Dr. Johns as an act of courtesy—certainly for no other reason.

However this may be, it is very much to be regretted that our own JOURNAL should have reprinted, without comment, what after all and though unintentionally on the part of its author, is but an offence against truth, against science and against common sense, which it is the duty of every obstetricist to brand. This opinion will be shared by all whose actual experience of the merits of the question can alone entitle them to judge. The republication is the more to be regretted, occurring at this time of all others, when in the very same issue of the JOURNAL the Editors were lamenting its alleged feeble support, since it might be taken by outside parties as so far justification of this assumption. It is possible that with every one who has not carefully perused the article in question, the Editors may have been misled by its title, which would give a very erroneous impression of the author's real aim.

In the first place, Dr. Johns has made an attack, however concealed his approaches, not upon chloroform inhalation alone, but upon that of ether as well ; his paper being really a bitter tirade upon the whole employment of anæsthesia in childbirth. This assertion is proved by his own words to that effect ; " Many have testified to the fact that uterine action has been lessened by *anæsthetics*," &c.

"In the employment of *anaesthetic* agents during instrumental delivery, we deprive ourselves," &c.

"When *sulphuric ether* was first employed as an anæsthetic in this country, a medical student inhaled it as an experiment, and the smell was evident off his breath, to any one who spoke with him, for nearly a week after its employment." To what end was this bald statement introduced by Dr. Johns? Was it for the purpose of throwing discredit upon the whole matter by ridicule, of proving the author's unacquaintance with the effects of anæsthetics in ordinary employment, or by introducing a subject foreign to that in hand—as is also his page or more concerning the deleterious effects of ergot—to prop by mere and empty words a desperate cause?

Dr. Johns continues: "We very frequently see better and safer recoveries after tedious and painful *than after rapid and painless labors*, and the latter are not the less likely to be seriously complicated; indeed, in former days, happy for the parturient female, such an opinion was entertained." Turn back, if he can, the wheel of time.

In the next place, he has made no assertion concerning the effect of chloroform in midwifery, that has not been charged over and over again, by some person or another, against ether, not even excepting that of actually fatal result; and this we do not hesitate to affirm has never yet occurred where chloroform was properly administered, under proper circumstances, in childbed.

Again, we are gravely assured that upon anæsthetics are dependent certain complications that have been common since the first confinement of the first mother, nay that even the profession are now accustomed to treat and to cure by anæsthetics themselves. Our author throughout writes as though the controversy were still in its infancy, with all its early crudities and absurdities of apprehension, and as though these were still worthy a moment's serious thought. Has he been sleeping these long years—anæsthetized, perhaps?

Dr. Johns calmly relates, in the evident belief that they are to the point of his argument, cases of gross malpractice, as though such were in any way or ever to be allowed weight in the solution of a scientific problem. I quote again: "The os was so located as only to be found by the well-educated and practised finger. The medical attendant, having failed to discover the real state of matters," proceeded to apply his instruments upon the uterus itself. In another case, also, the perforator, so constantly used in Dublin, was "pushed into the cervix expanded over the fœtal head," and in a third "the medical man mistook the attenuated anterior section of the cervix for the membranes, and endeavored to perforate them with his nail." In these instances, fortunately for anæsthesia, it had *not* been resorted to; and therefore, as having no connection with our subject, Dr. Johns should never have introduced them, serving, as

they can possibly do, no purpose save to bring discredit upon the profession. He may well admit that had chloroform been "resorted to in either, it must be evident to all, even to the most skeptical, that the consequences would have been most disastrous." Are obstetric cases to be thus entrusted to any whose touch is *not* well educated and practised? Are results from other hands than these, or the dicta of persons confessedly incompetent for their duties, to be allowed place in our scales?

And finally, Dr. Johns has collected, from any and every source, however or not reliable, all sorts of unsubstantiated statements concerning the effects of anæsthesia, that have many of them been repeatedly disproved and rebutted; and these, thrown together without any method or logical sequence, he has arrayed as overwhelming and invincible. Such at first sight they may seem; flash upon them, however, the light of careful examination, prick them with the needle of even a moment's scrutiny, they equally collapse into so many instances of *non sequitur, post* rather than *propter hoc*, coincidence but not sequence. Every so-called fact that he has collected is a two-edged sword, very dangerous to the bearer unless more carefully handled than he has done. The accidents that he relies upon still frequently occur where anæsthetics are not employed; they occurred as frequently in former years, before anæsthesia was known.

What, then, can be said of an attempt to explain them all by chloroform? Well have such been stigmatized as "pieces of unscrupulous and disreputable professional gossip."

"One day," says Forbes, "we had death from asphyxia; another, from coma; another, from hæmoptysis; some from convulsions; a few from pneumonia; and one or two from actual incrimation or explosion, through the accidental firing of the vapor within the air-passages. We have not had time to investigate all these terrible cases, but we may state that we traced the one which seemed the best authenticated—that from hæmoptysis—from its full-blown majesty in after-dinner gossip to its humble source in the hospital. And this was the case: a day or two after a successful operation, the patient pricked the gums while picking the teeth with a pin; and it was the product of this operation, not of the anæsthetic, seen in the spitting-pot by the patient's bedside, that was bruited about town, as of itself sufficient to settle the question for all future time."*

We must not forget that, as with all powerful agencies in medicine, much depends upon the purity of anæsthetics, upon the times of their employment and its mode—that medical statistics, prepared with whatever care, are notoriously unreliable, and that their fallaciousness in any given case may be considered proved, when there is strong reason, as here, to believe that they have been selected for a

* British and Foreign Medico-Chirurgical Review, April, 1847, p. 564.

pre-determined purpose, and with little regard to the circumstances under which they may have originated.

And again; Dublin was predisposed at the outset against anæsthetics in midwifery, because it was in Edinburgh that Dr. Collins' statistics, here so relied upon by Dr. Johns, were carefully analyzed and the frightful preponderance of craniotomy in Irish practice convincingly shown. London shared the prejudice, partly from the rivalry existing between its schools and that beyond the Tweed, and partly from the influence of a renegade Scotchman, an unsuccessful candidate for the midwifery chair of Edinburgh, whose spleen thus vented itself, as in many similar ways before and since. Dr. Johns' paper is merely a studied collection of all that these circumstances brought forth. The lapse of time has greatly softened the feelings of their several authors; an occasional flash, however, like the publication of this very paper, shows that the old animosities are not entirely extinguished.

Dr. Johns makes one very apposite quotation from Denham, the more valuable as perhaps explaining the strange results he professes to have got from the use of chloroform in midwifery:—"That chloroform may be, and sometimes is, given for the purpose of amusing patients, and making them believe that they are saved from a vast amount of pain, when in reality they have scarcely inhaled a single breath of it, I doubt not."

What can be said in sufficient condemnation of such treachery to our suffering and confiding patients, such refinement of cruelty, such desecration of the physician's priceless privilege, as is here implied? Of what possible worth can be the specious data, the false statistics furnished by men who practise such base artifices as these, or who admit that they are ever resorted to by those whom they may have quoted as authority? Dr. Johns, in his zeal, has here fairly over-shot his mark; let the weapon recoil.

To return; I do not intend to enter upon an examination of the many weak points of the article in question, but the assertion so broadly made by Dr. Johns, that the use of anæsthesia to mitigate and shorten the pangs of labor is only a backward step in our efforts to lessen child-bed dangers and mortality, is little less than an insult to the profession. I should have alluded to it in my paper upon the employment of anæsthetics in Obstetric Surgery and Medicine, read at the annual meeting of the Massachusetts Medical Society at Pittsfield, in June last, had not Dr. Johns' statements seemed so obviously unfair, so stale and utterly without foundation, as not to merit the slightest acknowledgment among scientific or practical men.

Having incidentally referred to my own position in this matter, I will merely add that I claim that all the host of trivial arguments like those of Dr. Johns, and others of far more weight, have been fully answered; that I consider the induction of anæsthesia during

labor not a matter of expediency or necessity alone, but a sacred duty, which, were we women, we should soon recognize; and that while I am willing to admit the overwhelming advantages of ether over chloroform for general surgical practice, I claim for this last the entire and sole control of child-bed. My reasons for these opinions I have unhesitatingly and I trust convincingly set forth in the paper to which I have referred. I do not care to anticipate their publication by repeating them here, and have just at present a very different matter on hand; to wit, the exposure of Dr. Johns' unfitness to enter the most extensive, most interesting and most important medical controversy of the age, whose participants are not to be diverted from their earnest work by grotesque mask of ridicule, or put to flight by bladder-strokes, however loudly sounding or plied with whatever force. Such as are Dr. Johns' arguments; however, what else can they be styled, unless as dust to be thrown into the eyes of the unwary? If armed with no better weapons, he cannot rest his claim to our attention upon the plea of *audi alteram partem*, for he represents neither, merely the crowd outside the ring; spectators it is true, but bound by every rule of honorable warfare to keep aloof from the contest.

Does this language seem uncalled for? Look, then, at its cause.

1. Obstetrics, the most noble of all departments of medicine, because resting, above all others, upon the honor of its practitioners, and above all others affecting the possibility of an incalculable increase of human life, by increasing the number of living births;

2. An attempt, made with very reasonable hope of success, to ensure that increase by shortening the average duration of labor—upon which, we are compelled to acknowledge, the present mortality mainly depends;

3. An opportunity at the same time, through this best gift of God to our profession—and I speak it with all reverence, for none of us males can possibly appreciate its full value—to mitigate the bitterest of human suffering; “What,” says Meigs, “do you call the pains of parturition? There is no name for them but AGONY”;

4. The fact that such attempt and such opportunity, whenever and wherever honestly made and properly appreciated, have been realized;

5. The position of the mass of the profession at the present time, in this country as well as abroad—prepared, now that the earlier heats of the controversy were past, soberly and sincerely to test the matter for themselves;

6. And now, the casting into our midst this bomb-shell of Dr. Johns, charged with gratuitous assumptions, slurs and manifest untruths; to light anew our prejudices, wound our personal feelings, and destroy our faith in all that the labor of years has been accomplishing.

If, however, this must be; if, as in the case of our Southern re-

bellion, reform can be had but by contest, the prejudice and apathy of a former age removed but by forcible attrition, and relief to the unnecessary pangs and peril to which ancient superstition has condemned our own flesh and blood, afforded but by the power of an enlightened outside public sentiment—let such then be accepted by those who recognize the weight of their mission. To have hastened the coming of its inevitable result will be sufficient reward.

The obstetricist, best of all, is able to feel the beat of the public pulse upon this question, and that also of his own profession. From close and pretty constant study of the matter, I am but confirmed in my opinion of nine years ago:

“But yesterday, and the man who dared give ether or chloroform in labor was considered as breaking alike the laws of Nature and of God; the time is close at hand when such will be said of all who withhold them, even in natural labor.”*

Hotel Pelham, 10th August, 1863.

* Preface to Simpson's *Obstetric Works*, p. xvi.

