

On chloroform in midwifery practice / by Charles Kidd, M.D.

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Kidd, Charles.
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Publication/Creation

[Dublin?] : [publisher not identified], [1864], [©1864]

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[Reprinted from the Dublin Quarterly Journal of Medical Science, May, 1864.]

ART. XVI.—*On Chloroform in Midwifery Practice.* By CHARLES KIDD, M.D., Member of the Royal College of Surgeons, England; Associate Member of the Surgical Society of Ireland, &c., &c.

IN a previous number of this Journal (May, 1863), Dr. Johns has carefully compiled everything ever alleged *against* chloroform, but has not stated what the authors so quoted have said, or may have said, in favour of it. Thus, to cite one name brought prominent, Dr. Gream, who was at one time (ten years since) as ardent an opponent of chloroform as Dr. Johns himself, the reader is led to think, from antique archives, Dr. Gream is still opposed to it; but it so happens this gentleman is now one of the greatest advocates for chloroform in England, and, as generally known, was engaged specially to administer it not long ago on the most important public occasion of the year. Dr. Gream, I may say, stated it openly at the London Obstetrical Society, that he wished, in the strongest terms, to renounce all his old chloroform statistics and errors; and whereas he used to give it in pints, now he did as much good with drachms or half ounces. Moreover, he now looks on chloroform as a real blessing and benefit to the poor woman in labour: but his views about ten years ago are those that have been quoted.

The leading observations made by me at the latter end of the 1860, *Anæsthetic Aid in Midwifery*, have since been more and

more tested, and have proved to be true—especially as to chloroform in natural labour attended with excessive pain; the immunity or freedom generally of lying-in patients from chloroform accidents; chloroform in cases of twins or others requiring versional delivery; the necessity of avoiding exhaustion by chloroform, on the part of the patient, from long-continued ineffectual “pains” in labour; as also exhaustion and irritation in some forms of puerperal convulsions; the reflex or epileptic form of convulsions especially, &c., &c. One physician has since published three instances of fatal puerperal convulsions, brought on apparently by the reflex irritation of passing the accoucheur’s hand into the uterus to remove adherent placenta. From what we now know indeed of the efficiency of chloroform in such cases, it is most probable that the administration of this agent in these cases would have prevented such convulsions. The predisposing cause of such convulsions is sometimes intense pain suffered by the woman during labour, but which nothing can lessen so satisfactorily as inhalation of well-regulated doses of this anesthetic. It is not impossible, as observed by Van der Kolk, that in all such cases that irritation of peripheral nerves (notably in some forms of fits from irritation of the external genitals) is reflected directly back to the *medulla oblongata*, something like the impressions of the cells or molecules of a galvanic telegraph; this irritation then acts on other roots of nerves (by vital induction), lying side by side at the base of the brain, all which molecular action chloroform stops for a time. The present views of Dr. Murphy, Dr. Tyler Smith, as well as the experience, matured and valuable, of the late Dr. Rigby, are all equally overlooked by Dr. Johns. From letters and from frequent intercourse, especially with Dr. Murphy (who perhaps understands more from experience about chloroform in midwifery than any other practitioner in London)—from letters received from almost every eminent accoucheur in Europe and America, I am more and more satisfied that there is but a very shadowy foundation for the objections now brought forward out of old books. The chemical speculations of Dr. Jackson, that formyle separates from the chloroform in the blood, as also cited, have been long ago exploded: chloroform is not altered at all in the blood.

The statistics quoted by Dr. Johns are so self-condemnatory that they can never influence anybody. Let us only shift his phantasmagoria of figures a little, let the reader, if a surgeon, compare thus strangulated hernia cases brought to hospital: some require to be operated on UNDER chloroform—some require no chloroform, no

operation! Dr. Johns now compares the statistics of the former with the latter, and says the deaths are greater where the chloroform was given, *leaving out the element of the operation*, or a brisk cathartic after it, recommended out of old books or by giant surgeons of former days—figures here are a delusion.

If there be a weak point about chloroform in midwifery, it is in cases attended with hemorrhage. I have often admitted this, but not from the theoretic reason that its action is on the heart. I do not believe chloroform acts on the heart at all in the popular sense in which it is supposed, nor do I think there is the least foundation for the other parts of the thesis of Dr. Johns, that it predisposes “also to puerperal inflammation, chest affections, and to other diseases detrimental to health and life.” Nay, we are told by him that the chloroformic puerperal fever became “epidemicised,” which I submit is a self-evident but self-contradictory proposition. Even in the statistics quoted we have at least a dozen disturbing elements in the “law of causation,” which would require, according to the equation of “variables” some hundreds of thousands of cases, both under and not under chloroform, to fix the mischief on the latter agent. We are told none of the particulars of the bad convulsion cases or versional deliveries that called for the anesthetic, but simply that while *without* chloroform the mortality is pretty equally 1 per cent, that by adding a heterogeneous number of bad cases with chloroform, it is 1 in 85, or even 1 in 17 (with three notes of admiration), or even in Denham’s cases, 56 in number, 1 in 14!—in fact, 1 in anything at all, as there is no sequence or law of causation of any kind in the matters thus incongruously heaped together. In the subsequent paragraphs as to puerperal convulsions during Dr. Shekleton’s tenure of office, as to hemorrhage, &c. (p. 355), the numerical method is totally nugatory: we are comparing equals with unequals. The hopeless confusion of Dr. Johns’ figures is not in the subject itself, but in giving a false value to such contradictions or statistics with too narrow a base for sound induction. We might as well compare lithotomy in children without chloroform and that operation in oldish men with it, and ascribe the change of mortality to the anesthetic. In the only place there is a gleam of light it is stated that in 99 cases of perforation 9 died of 29 who had chloroform, but of the remaining 70, where it was *not* employed, only 6; they died of puerperal fever. But then it had become “epidemicised,” and poor chloroform gets the credit of the mischief of this epidemic.

Dr. Ferguson is quoted, who says chloroform does not destroy

uterine muscular action, from which Dr. Johns dissents; but this, after all, is but a misuse of words: it is in reality a question of dose. In small doses chloroform acts exactly as Dr. Ferguson says; but in large doses, as Dr. Johns alleges, explaining the passing observations also of Dr. Murphy and Dr. Barnes, that they too found version difficult under the early stages of anesthesia; but no one whatever now doubts the effect of a large dose.

Dr. Robert Lee and Dr. Ramsbotham, it is stated, have reason to fear epilepsy and puerperal mania from chloroform; but the only clear way of understanding these views is to hear either of these authorities outdoing even Dr. Johns in their dread of chloroform, and to see that puerperal mania may occur as a coincidence; it may come on whether chloroform is given or not. More than one of our higher midwifery authorities in London, so quoted in books, are supposed to be thus unfavourable to chloroform; but some, like Sir C. Locock, have admitted that they have not attended midwifery cases since chloroform came into use. It is only fair to the younger men to say of the older, they admit that they have no experience, and wish for none of this poisonous drug. Yet my friend Dr. Brown-Sequard recommends it as a cure for epilepsy, and Simpson as a cure in puerperal mania—these very diseases where it was believed to be fraught with peril by Dr. Lee or Dr. Ramsbotham.

A useful and practical debate on anesthetic aid in midwifery took place in the London Obstetrical Society, at the end of the year 1860, consequent on my reading a few observations on "Obstetric Operations" to the society. The following are notes of that debate.

Dr. Tanner stated that he had never found chloroform do harm, but much good; and it sensibly shortened the after period of convalescence. If he feared hemorrhage, he gave a large dose of ergot towards the close of the labour, and did not object to the use of chloroform as well. Dr. Barnes doubted the necessity of using chloroform in forceps cases and turning; he had given it in a case of adherent placenta, and witnessed great prostration from it. He had been especially gratified with its use in cases of great nervous excitement, and where convulsions seemed to impend. He believed he had thus averted convulsions, and had certainly accelerated labour. He would like to know what progress chloroform had made in Germany, where interference in labour was so much more general. Dr. Gream made a full recantation of all his former opinions so opposed to chloroform: he believed there is no city in the world where chloroform is now so much used in midwifery, and amongst

the upper classes of society, as in London; still there has not been a single accident in about 40,000 cases. For three reasons he believed chloroform most beneficial in labour: it removed pain, it rendered turning more easy, and it facilitated recovery. The only detrimental effect he had observed was in protracted labour with pelvic contraction, where it seemed to cause delay. He had seen fewer cases of hemorrhage also since he had employed chloroform; indeed he had exhibited it to patients habitually subject to this occurrence, but without the expected hemorrhage supervening. He had found inhalers and machines to do mischief; he preferred a common tumbler and clean pocket-handkerchief. Dr Druitt gave similar testimony as to the use of chloroform in hemorrhage cases. In cases of protracted labour from rigidity, such as happen in robust women who marry rather late in life, the blessings of chloroform are incalculable. No amount of torture equalled that which many women endure from excessive uterine action and *quasi* inflammatory rigidity of the os; and here chloroform agreed well with any other proper remedy (opium and emetic tartar, for instance); the only reservation is that chloroform be used in the minutest quantities; two drachms, he thinks, is enough in most labours, a few drops at a time, to imitate the normal condition of labour, that is, a short snatch of refreshing sleep at the end of every contraction (after each of the "pains"), and a little drowsiness beyond. Mr. Browning and Dr. Rogers were also in favour of chloroform in complicated and difficult cases. Dr. Graily Hewitt, from published cases, was doubtful as to the value of chloroform in puerperal convulsions, and cited a case from the American journals (a "most absurd case," as another speaker termed it), where, from the presence of uremic symptoms, chloroform was given to anticipate or ward off convulsions, but seemed to bring on plunging and convulsions. Dr. Tyler Smith agreed with nearly all that had fallen from the previous speakers in favour of chloroform in obstetric practice. He thought it might be laid down as a general principle, that besides allaying pain, it is useful where it is desirable to moderate excessive action of the uterus (version cases) and to promote dilatation and relaxation; but is contraindicated if there be inertia, or if hemorrhage be expected. He had known it to stop a labour in its course midway, and he believed *post partum* hemorrhage more frequent after its use than in cases without it. He had no doubt of its usefulness in difficult instances of turning; he had met such cases where, without chloroform, that operation would have been utterly impossible. He had

seen a form of mania after its use, as well as bad cases of ruptured perineum. He believed "idiosyncrasy" had something to do with accidents from chloroform. He knew two ladies in apparently good health in whom a few drops of chloroform would at any time produce repeated faintings.

On directing the attention of Dr. M'Clintock, of Dublin (then Master of the chief Lying-in Hospital), to this debate, he replied as follows:—I have accumulated a large number of facts illustrative of the uses of chloroform in natural labour, instrumental labour, version, retained placenta, convulsions, and mania, but I cannot espouse all the preceding opinions. I agree generally with those put forward by yourself. I never omit the employment of chloroform in version cases, and as a general rule administer it in forceps and crotchet operations, as well as in manual extraction of the placenta *if the uterus be contracted*. In some few cases of eclampsia chloroform had a marked effect in diminishing the severity and frequency of the fits. There has been no fatal accident from its employment in this hospital; and my predecessors, Drs. Sinclair and Johnston, published 313 cases where it was given.

Professor Doherty (Queen's University), in differing from the views of Dr. Barnes, mentioned the particulars of a very apposite case, a woman with a projecting promontory of the sacrum, in labour some hours, saved by chloroform and version.

It is, of course, not desirable to mention names so freely, but many journalistic errors are perpetuated by stereotyped fancies as to our "highest authorities."

Dr. Johns is pleased to mention my name in a doubtful sense as having seen "about 300 cases of chloroform accident restored to life or rescued after they had been pronounced dead." But my position, I would wish to explain, as hospital reporter for the *Lancet* and other journals for a period of a dozen years, during nearly all which I attended twenty London hospital theatres, and saw from thirty-five to forty operations a week under chloroform, or about two thousand every year, will explain the opportunities I have had of observing chloroform cases; and as to carrying a portable galvanic chain or battery in a great-coat pocket, it seems to astonish Dr. Johns, but it is as easily carried as a midwifery forceps or student's dissecting-case. Our giant hospital surgeons, our Astley Coopers, may have advised strong purgatives after hernia operations, and living surgeons now at Guy's turned chloroform into ridicule, and with M. Velpeau said anesthesia was impossible: so of the early opinions of Dr.

Gream. We must not, however, run after the mirage of great names once upon a time, but rather examine into actual facts of the present day.

A very interesting and practical communication was presented to the profession by Dr. M'Clintock, of the Dublin Lying-in Hospital, on the propriety of versional delivery in contracted pelvis, and the extreme value of chloroform in such cases, since 1860: all these patients except one or two were placed well under chloroform. Some will, doubtless, call to mind this interesting detail of seventeen cases of obstructed labour, where mothers had previously had dead children, and where craniotomy operations were deemed so orthodox and of such saving value; yet by means of chloroform and version nine living children, and seven with heart pulsation, were gained for the overjoyed mothers, and craniotomy saved. We hear of 300 such cases from Scotland, with most excellent results; and Dr. M'Clintock has since directed my attention to 400 cases of various kinds under chloroform, and to 313 in the practice of Sinclair and Johnston, with the most gratifying results, and not a single case of accident. The small town of Copenhagen has had in one year also fifty-three cases of version, all under chloroform.

I need scarcely multiply authorities in favour of chloroform in the practice of midwifery. Meeting not long since my friend, Professor Simpson of Edinburgh, at operations in London, I was pleased, on a very full comparing of notes, to find that he almost entirely agreed with the views adopted by me. We have had this year a report of our Medico-Chirurgical Society, the obstetric portion of which was confided to such experienced observers as Dr. Priestly, Dr. A. Farre, &c.—that report speaks for itself. The study of the natural action of chloroform or ether, in fact, in hospitals and private practice, rather than imperfect statistics, can scarcely lead astray. A simple napkin, pinned into the shape of a cone, answers as an inhaler. "Chloroform and ether mixtures" are now beginning to be used, as pure chloroform is too sharp and strong; but for myself, as far as I can yet see, I would as soon order a blunt lancet or bistoury from an instrument maker. These ether mixtures are very tedious in their application; they have been supposed to be partial anesthetics and not to enter the blood, but such a supposition is entirely fabulous, and in large surgical operations they cause a tendency to sinking and collapse immediately after the operation: it will be found, in fact, that the ether and alcohol cause common drunkenness, whereas pure chloroform, used in half drachm doses, escapes quickly from the

blood. In a memoir read within the last few months to the Academy at New York, the superiority of chloroform as compared to ether was generally admitted (though ether is the national and favourite anesthetic in that country)—chloroform more especially in cases of rigid os uteri, eclampsia, and undilating perineum. One speaker had given it in extensive heart disease, in patients of all ages, from the child of thirteen days up to persons of seventy; he had taken it himself about forty times. Another had given it in eighteen cases of forceps and fourteen of versional delivery; and he believed labour shortened and made more safe by such means. Professor Martin, of Jena, as the result of one thousand cases under chloroform, confirms these views. We have had two more debates on chloroform in London “societies” lately, agreeing with these debates in New York and Germany.

Finally, as to figures and authorities: even admitting the inductive force of the statistics adduced, the carefully arranged large and selected tables of 16,414 deliveries, and these remarkable 6,634 of Dr. Shekleton’s, “*where this pernicious drug (chloroform) was used,*” as Dr. Johns tells us; but admitting, with Dr. Whewell, that in the inductive logic, equals added to unequals (as in the alcohol controversy, where the late Dr. Todd was extinguished, and the like), that we often arrive at the truth, by adopting the conclusions not arrived at by the figures. Keeping, too, in mind, as to authorities, what Horace says, that there were two ladies respectively known as Venus—one old, the other young: and so of our old and new “greatest authorities.” Having yet a great dislike to half truths and whole obscurities, I cannot help feeling and perceiving, on reading the paper of Dr. Johns, that his selected figures arrive at conclusions to be avoided, as he compares large general statistics, admitted to be thirty or forty years old, in healthy years, when chloroform was not discovered, with statistics of last year, when chloroform was in fashion in bad cases and puerperal fever epidemic—and admittedly an unhealthy year.

It is true, as Bacon reminds us, as to his quaint idols of the tribe, that too often, as in such puzzling statistics, and epidemics, and obscurities, our “dry light generates its own system, for man always believes more readily what he prefers.” We may go also too much by routine classic authorities, “medicine being a science more professed than laboured, the labour rather in a circle than in progression, much iteration but small addition.” As we depend so much, however, on the inductive method, we should look at it on

every side. Sangrado was described wittily as a man who used his patients as a vintner does his wine vessels, by letting out their blood and filling them up with water: he was only following the lancet routine of his day. Roger Bacon places, indeed, the chief impediment to the progress of knowledge in the world in the influence of authority. Yielding to such seductive influence, however, as to Dr. Gream and others, we have had this

“ Macies et nova februm
Terris incubuit cohors,”

this chapter of horrors, where everything ever said against chloroform has been curiously and industriously compiled.

I would only say, in conclusion, as to statistics and medical prejudices, but open to conviction otherwise, that I very much doubt the alleged great value of the “numerical method”^a as at all applied to this subject of the use of chloroform in midwifery. Chloroform is a matter of charity to the woman in labour, and I would as soon be led by figures in giving charity to a destitute man in the street or to a ragged school: it is also perfectly free from danger. Even since I came to understand the “cookery” of the medical statistics of the Registrar-General in England, to meet popular prejudices on such subjects as chloroform, change of type in disease, danger of feeding prisoners in gaols on too much bread and water, for fear of increasing crime and sthenic inflammations, the danger of wine in typhus, &c. When we know that as in the figures in a wall-paper the weekly statistics are filled in always to the same pattern, one ceases to have much faith in figures. I know there is not one well-attested death from chloroform in midwifery in all our journals; three such cases have recently been quoted, or alleged, in America from England; but I have examined into the cases: in one, for instance, the death occurred seventeen hours after the patient had perfectly recovered from the chloroform; she died of laceration of

^a In the usual lectures at our College of Physicians, London, this year, it was shown by algebraic formulæ that the admirable theories of Paget and Hughes Bennett—that inflammation is to be looked on and treated as deranged nutrition—are irreconcilable with the venerable views of elder authorities and fashionable “St. George’s” men, and a severe inductive logic, that algebra required about a million or two of typhus or pneumonia cases before Hughes Bennett could begin to generalise, 300,000 cases would scarcely be sufficient! So far Dr. Barclay: and then followed Dr. Markham on bleeding and “type of disease”—who, by another series of involutions of the “numerical method,” showed we are the most dissatisfied and illogical people under the sun, for there is not a pin to choose in typhus between wine and venesection with water-gruel!

the vagina, from crotchet or forceps. And so of the others; but in vain one asks our weekly journals to correct the error of routine. "All superstitions," says John Stuart Mill, "are inductions of the Bacon kind;" and we have venerable popular inductions of this kind, not to be disturbed, that chloroform is most fatal in midwifery. Insurance actuaries, who know nothing of medical prejudices one-sided and journalistic, are the only men who get any good out of medical statistics. If we visit the accidents of crotchet or forceps on a thing running parallel with them, namely, chloroform, it is not fair or logical. I am willing to give Dr. Johns the benefit of his inductions or hasty generalizations; but he surely ought to know that they are but coincidences after all. I had a conversation once with M. Quetelet, at Brussels, on medical statistics. "They are but finger-posts in the cross-roads of medical journalism," said this deep observer. We have parallel roads too—I often think parallel lines—that have no connexion, that never touch; and some such are the alleged facts I have felt it my duty to comment on. We compare a few of the worst cases requiring chloroform for versional deliveries, or instruments, or puerperal convulsions, with others (16,414) of much less gravity, where chloroform was not required (for chloroform, it must be remembered, is not given as a luxury or charity in hospitals, but as a necessity). We have taken as a standard this (1 in 100) one per cent. of deaths in a healthy year of a mass of simple labour cases in the early part of the present century, when the population of Ireland were well fed and nourished, and nature effected the cure, and, no doubt, without chloroform; and we have contrasted this standard with a higher mortality in an unhealthy year, then the Irish population deteriorated, puerperal fever epidemic. Chloroform with some is a very petty subject, not of more moment than shaving the pubis for a hernia operation—a subject of no literary interest, one not to be found in the classics of Sydenham or Abernethy. I have even heard it urged, at our first London hospital, that as our "grandmothers" did without it, so ought the women of the present day; but such arguments would equally apply to metallic ligatures, or ligatures at all in surgery, as our predecessors stopped hemorrhage with actual cauteries—they would apply to the use of vaccination; they, in a word, stop all progress, and our science if not progressive is mischievous. Indeed, our want of progress in anesthetics in England is leading to the quacks undertaking it—a curious and instructive fact, but one we have not any desire here to follow. Morton's battle in America this year, in the Congress, as to the

original discovery of the anesthetic properties of ether, the greatest event of the nineteenth century, excites no interest compared to our "shopkeeping" esteem for secret compounds of chloroform (discount off for ready money), and encouraging prejudices against its use, especially in obstetric practice. The right observer rather studies nature and asserts what is true, avoiding prejudice and popular error, caring not for repulse or fashion.

"Nec sumit, aut ponit secures
Arbitrio popularis auræ."

