

## MIDWIVES' UNION SECTION

## Obstetrical Anaesthesia in the Forties \*

## LIFE OF SIR JAMES YOUNG SIMPSON

The pioneer who was to introduce the employment of chloroform in relieving the agonies of childbirth came of humble parentage. His father was a Scottish baker who had twice failed in business before he settled in Bathgate, near Edinburgh, to try his luck for the third time. The family soon recognised the gifts of the boy and all worked to help him. At the age of 14 he entered the University of Edinburgh taking lodgings in a little room which cost him three shillings a week.

## A HARROWING SCENE

A high-strung lad, he found the scenes he had to witness in hospital most harrowing. On one occasion he had to attend an operation for the removal of a woman's breast. Her sufferings and cries made such an impression on him that he left the room convinced that he could never himself become a surgeon. He accordingly thought of changing his profession, but it was not long before he returned to his medical work. He qualified as a surgeon at the age of 19 but he could not proceed to the degree of M.D. because of his youth; he had to wait for this until he was 21.

Dr. John Thomson, Professor of Pathology, was most impressed by Simpson's graduation thesis, "On Death from Inflammation," and offered him his assistantship at a salary of fifty pounds a year—a sum which may not seem more than a pittance at the present time, but which Simpson was then very glad to receive. When the chair of the professor of midwifery in Edinburgh fell vacant he was appointed to it in 1840, becoming at the same time Professor of Medicine.

Towards the end of 1846 he witnessed an operation performed by Robert Liston on a patient rendered unconscious by the inhalation of sulphuric ether. Its after-effects were, however, unsatisfactory, and Simpson accordingly looked round for something better. He experimented not only on animals but also on himself, and on more than one occasion he was ill for days after inhaling some new drug.

## APPARENTLY DEAD

A few weeks after he had used sulphuric ether on a woman in childbirth, he received a bottle of chloroform from the Frenchman, Professor Dumas, who in 1835 had discovered its composition. Simpson put it aside and it was not until some time later that, when he and two medical friends were dining together, they decided to experiment with this new substance on themselves. They poured some of it into glasses and inhaled it deeply. For a moment or two nothing much happened; then they fell forward unconscious on the table. Mrs. Simpson came into the room to find the three men lying there apparently dead. With the help of the butler she did her best to bring the three doctors round, but she had some anxious moments. Confirmatory tests were made of this new substance and on November 15, 1847, chloroform was administered in the Royal Free Hospital in Edinburgh in the presence of Professor Dumas.

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\* By courtesy of the Secretariat of the League of Red Cross Societies.

## AN ASTONISHED MOTHER

After his first experiment with chloroform in childbirth, Simpson published a paper pointing out how the sleep he had induced had been so profound that when the mother awoke she was astonished to learn that her baby had been born. Only after the baby had been brought in by the nurse from an adjoining room could the astonished mother be convinced that labour was over and that the baby presented to her was really her own.

The immediate result of Simpson's daring innovation in the conduct of labour was not a chorus of applause but a violent attack on him. To understand the revolution Simpson introduced, it is necessary to remember that in his time midwifery lay under the biblical curse "in sorrow thou shalt bring forth children." It was solemnly argued that to relieve pain during childbirth was to run counter to holy writ.

Fortunately, he was a fighting man as well as a philanthropist, and he enjoyed nothing better than to enter the lists in favour of suffering womanhood. His use of chloroform in childbirth was denounced from the pulpit and in pamphlets. As one clergyman said: "Chloroform is a decoy of Satan, apparently offering itself to bless women; but in the end it will harden society and rob God of the deep, earnest cries which arise in time of trouble for help." Another clergyman compared chloroform with alcohol, suggesting that the intoxication induced by either was wicked. But within a couple of years of the publication of Simpson's paper describing the first use of chloroform in childbirth, from 40 to 50 thousand persons in Edinburgh had been given it for childbirth or for some surgical operation.

## QUEEN VICTORIA'S SEVENTH CHILD

In April, 1853, Queen Victoria was given chloroform for the delivery of her seventh child, Prince Leopold. This event made a profound impression in Great Britain and the United States, but the leading medical journals were most guarded in their attitude. There was not one word of approval for the Queen's medical advisors, for the Queen herself, or for humanity. Fortunately, her accouchement was uneventful and uncomplicated and its successful issue under chloroform had an immense influence on the loyal people of Great Britain.

Again in 1857 the Queen accepted chloroform for her confinement. Thenceforth, opposition to the use of chloroform died down in England and it was often referred to as anaesthesia "*a la reine*." It should be noted in passing that the term "anaesthesia" was coined by the scholar and physician, Oliver Wendell Holmes, at the time when ether was first employed as a general anæsthetic in operations in 1846.

The first optimistic belief that chloroform might be used as a matter of routine in childbirth was soon shattered by occasional fatal accidents. These deaths have not banished chloroform from the conduct of labour, but it is now given only under exceptional conditions and with numerous precautions which need not be referred to in detail here.

## A LOVABLE MAN

But the all-important fact remains: Simpson introduced chloroform and it has since proved an infinite boon, not only in childbirth, but also in those countless operations which, before his time, meant unspeakable suffering for the patient.

One who knew Simpson well has described him as a likeable and lovable man, rather fat, with long and untidy hair, shaven cheeks and lips framed in a fringe of whiskers. His tongue was at times ungarded. Though he had been

brought up in dire poverty and had been forced to lead a frugal life as a student, he was most generous and thought nothing of returning fees to patients who he thought could not afford to pay them. Everybody was welcome to his house and his table, and in spite of his accomplishments and high office he remained a simple man, loved by all, particularly by children in whose games he often took part. In later years his thoughts turned more and more to religion.

Simpson was appointed Physician-in-Ordinary to Queen Victoria in Scotland. He was created a baronet in 1866 and when he died in Edinburgh in May, 1870, he was accorded a public funeral, the shops of the city were closed and the people flocked to his funeral in crowds. His statue in bronze now stands in West Prince's Street Gardens in Edinburgh.

## FRAGMENTS AND EXCHANGES

"Whenever anything in this world is accomplished it must be accomplished by first having a clear vision of what we want; organizing our plan, delegating duties to the people, and then supervising the people to see that they do the thing which we visualize." Merle Thorpe, Exec. Sec'y, U. S. Chamber of Commerce.

Use lime water for flushing the latrines and drains, a handful, to a bucket of water. It is inexpensive. It keeps down all odors. It disinfects.

A bell rung at 8-45 p.m. in one hospital recently visited, clears the wards of all visitors. One relative, mother or sister only is permitted to remain with the patient. At 9 p.m. the Doctor makes final rounds. An air of peace pervades and patients soon fall asleep. Where all and sundry relatives are permitted to crowd about and remain, it militates seriously against the patient's recovery; it hinders doctors and nurses in their routine; it destroys discipline. It is no kindness to anyone.

In her review of "Health for Travellers" by Dr. A. C. Reed, Alice Fitzgerald, R. N. says in the "A. M. Jour. of Nursing." "There is much in the book to worry a traveller quite unnecessarily; for instance, the mention of hydrophobia. The writer never saw or heard of a case during several years in the tropics. Then again the mention of snakes which are not seen as commonly as the book would indicate." It must be that the reviewer spent those several years elsewhere than in India. We think it would definitely change the tone of the review and be more fair to the Author if she were to investigate the necessity and extent of Pasteur treatment in India, and get statistics for deaths by snake bite.

We had an example of that just recently when a student nurse mentioned a new treatment that was being given in her hospital for an old ailment. The staff nurse was interested, related it to the rest of the staff and the supervisor, and, as a result, the next weekly staff conference was given up to a discussion of this treatment, and one of the physicians was persuaded to come from the hospital to describe the procedure and lead the discussion.

In another case, a student observed an older staff nurse giving a treatment that had been ordered for a patient—adequately but in the rather antiquated method that she had been taught years before in her training. On the way back to the office after the visit the student said, "Do you know, we aren't taught to give those treatments in that way now." "Is that so?" replied the nurse, interested. "How are you taught to give them?" So the student explained. And the next day the two went back and the student demonstrated the newer method of giving the treatment.

There is a great deal that the student group with their fresh knowledge and enthusiastic viewpoint can do for a staff of nurses some of whom are perhaps a little bit inclined to become stale, shall we say, and set in their ways.—"Advantages of Student Affiliation." *Am. Jour. of Nursing*, July 1931.

For centuries, there was a strong prejudice against woman as physician; and among the opponents of the woman physician were a large number of her sister women. Yet, women practised the healing art and were eminently successful—especially in small communities. They were obliged to be very careful in their healing ministrations, as, in the Middle Ages, they were very likely to be accused of witchcraft or communion with the Evil One. Hence, the woman who had any skill in the use of herbs or lotions was not in the habit of boasting of her knowledge, lest she should be accused of practising the Black Art. In Sir Walter Scott's "Ivanhoe", we have a remarkable character in Rebecca, the beautiful Jewess. Rebecca was a woman who was far ahead of her day in scientific knowledge and in healing skill. In her philanthropic temperament, also, Rebecca belonged to the reign of George V. rather than that of Richard I. Yet, such was the prejudice against the Hebrew race that there was neither social nor professional recognition possible for this beautiful woman. As the years went by, woman's right to study medicine was recognized, and in Italy and Spain women were admitted to the medical department of the universities. England was somewhat behind these countries, and woman very slowly won recognition as a practising physician. Now, however, the conditions are such that a girl with ambition to become a doctor has every facility to practise her profession. Even surgery, for a long time considered an impossible profession for women, has become one of her favourite fields, and woman, in the course of the war, proved her efficiency and reliability in this once-forbidden profession.—*Toronto Saturday Night*.

### The Sorrows of a Private Duty Nurse

She arrives on a case,  
All primed to give service,  
"My dear, don't do that,  
Poor Johnny is nervous."  
  
Thus fond mamas ever,  
But wives are much worse—  
They cause most the gray hair  
That's worn by a nurse.  
  
"I know *just* how he likes it."  
"Is it time for his pill?"  
"I've made the bed *this* way  
Ever since he's been ill."  
"Oh, *how* can you do it?  
You nurses are cruel!"  
"I just want to watch you  
Make father his gruel."  
  
And thus it goes on—  
Her actions are trammelled,

Her heart feels rebellious,  
Her smile feels enameled.  
  
The patient is well,  
It is time to depart,  
With a cheque in her purse  
And joy in her heart.  
  
"My dear, I can't thank you,  
You've just been so kind—  
*I've* never succeeded.  
In making him mind.  
  
"But nurses are clever,  
They've many a quirk,  
And managing patients  
Is part of their work."  
  
Dear lady, you're ready  
To give folks their due,  
But you little suspect  
She was managing *you*.

ANNA HUNT, R. N.,

*Pacific Coast Journal of Nursing*, July 1931.

The student nurse must, therefore, be taught an early interpretation of public health in its broadest sense, considering not only the physical and mental welfare, but also the social and economic aspect of life and the importance of this influence upon the community with which she comes in contact. This knowledge is necessary in order that she may fully expand in her sphere of usefulness and also be alive to the opportunities that await her, opportunities which will otherwise be a closed book to her. Surely in the interest of both patient and nurse a readjustment of the curricula in schools of nursing must be effected and the principles of public health teaching included as a basic subject.

The hospital with its school of nursing is now recognised to have two main functions:

1. The care of the patient—let it be remembered the patient of tomorrow as well as today.

2. To educate those associated with it and the community which it serves in the prevention, as well as the treatment of disease—always stressing the importance of the former.

Must not the teachers be those who come in daily and hourly contact with the patients and their relatives and friends? Of what use is it to instruct the young girl suffering from tuberculosis how to carry out her own cure if she is not to learn how to avoid transmitting the infection to others.—*Editorial, Canadian Nurse. July 1931.*

### T. N. A. I. Madras District Meeting

By kind invitation of Miss Robson, the Nursing Superintendent, a very enjoyable meeting was held at the Rainy Hospital, Royapuram, on Tuesday, August 11th. Sixteen members of the T. N. A. I. were present, eight of them being Indian nurses, four having come from Vellore.

After the serving of a delightful tea, a session was devoted to business. Again the subject of a local Conference was discussed, and it was felt that it would be impossible to have it before the T. N. A. I. Annual Conference. Miss Noordyk promised to find out whether it would be possible to hold such a conference in Ranipet towards the middle of January. All agreed that this would be a suitable time and place.

The General Secretary made an announcement regarding the coming Annual Conference to be held in Calcutta in November. Miss Griffin, the Local Secretary for Madras, wrote saying that she would have to resign the Local Secretaryship owing to leaving Madras. The meeting expressed its thanks for the work she has done for the district. Miss D. Porter, Matron-Superintendent of the Government Mental Hospital, Madras, has kindly consented to act as Local Secretary.

Having on that day heard of the death of Rev. H. F. Hilmer, Agent of the Methodist Publishing House, where the *Nursing Journal* is printed, the meeting desired that an expression of its sincere condolence be sent to Mrs. Hilmer in their name, and in appreciation of the work done by Mr. Hilmer on behalf of the T. N. A. I.

A vote of thanks was passed to Miss Robson, and Miss Esplin, for their kindness in entertaining us and making such a happy meeting possible.



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