



Nothing to do but wait

A home delivery in 1892

Ian Cameron MD CCFP FCFP

Dr Charles Webster of Yarmouth, NS, wrote an article for the *Nova Scotia Medical Bulletin* in 1939 in which he recounted a delivery he had attended 47 years before.¹ With a writer's eye Dr Webster succinctly described details of the case and told of the risks he had to take, both physical and obstetrical. At the end of the article he reflected on the changes that perhaps would have provided a better outcome.

The patient was a young woman in her second pregnancy. She lived on Sheep [Wilson] Island in the mouth of the Tusket River where it empties into Lobster Bay and the Gulf of Maine. To get to her home, Dr Webster had to ride 14 miles on horseback to the small village of Wedgeport and from there take a boat to the island.

Dr Webster began his story by describing the 30-mile-per-hour gale that was blowing when he set out on the evening of July 3, 1892. He also mentioned a foreshadowing event that occurred during the storm:

On this day the iron ship "Peter Stuart," loaded with deal, out of Saint John N.B., bound for Liverpool England, was approaching Lobster Bay At eight o'clock at night she struck on Gannet Rock Ledges, and went to pieces. It was too rough to launch the boats, and out of twenty-seven souls on board, fifteen were lost. The survivors were washed overboard in one of the life boats and were driven ashore on Chebogue Point.¹*

Dressed in a sou'wester, a rubber raincoat, and hip-length rubber boots, Dr Webster made his way on horseback in the hard, driving rain to Wedgeport. He found a barn for his horse and headed in the direction of the wharf, with a large wooden box of medicines in one hand and his obstetrics bag in the other. Visibility was poor and somewhere in the middle of the wharf he fell through a hole,

bringing up [the wharf] very suddenly at my arm pits with a bang, as the box and bag clattered on the planks. I was literally suspended between the sky and the sea, my legs dangling in space. Dressed as I was, it was with great difficulty that I was able to extricate myself.¹

Once back on the surface of the wharf, Dr Webster found his equipment and crawled to the wharf's

*Deal was common cargo from the Maritimes in the 19th century. The term usually referred to pine and fir planks.

edge until he saw 2 masts bobbing against the skyline. Two fishermen, their voices barely audible above the howling wind, helped him aboard the open sailboat and with a reefed foresail they started out across the 2 miles to Sheep Island. The patient lived on the south end of the island, which was experiencing the full brunt of the gale, so the fishermen sailed to the protected north side, where the doctor was put ashore in a marsh. He then had to hike 3 miles through marsh and woods and along a cart road to the house, arriving at 4 in the morning.

The house was full of women and children and the cries of the pregnant lady. Dr Webster examined the mother. The baby was in the vertex position, the cervix was not dilated, and her water had not broken.

There was nothing to do but wait.¹

Breakfast was served 2 hours later. The family had no milk, butter, or sugar, so Dr Webster dined on hard-boiled eggs, lard on dry bread, and well-boiled tea. This was the recurrent fare, with potatoes and fish replacing the eggs at dinner.

The afternoon of July 4 the weather cleared and the sun came out. The woman's contractions did not give way to any progress so Dr Webster gave her an injection of "morphia," and when she fell asleep he had an opportunity to get away.

I escaped into the open air and wandered across the island and found a sunny secluded clearing, where I lay down in the long grass and rested for a few hours, escaping from the lamentations of the patient and the importunities of the attending women, who kept urging that something had to be done.¹

After he had rejoined the household, Dr Webster wrote, the patient's contractions continued off and on into the night and the cervix gradually dilated. At 6 in the morning of July 5 the patient's water broke, but the baby's head, which was occiput posterior, did not advance. At 7 AM Dr Webster applied forceps, but could not bring the head down because the forceps kept slipping off with an ominous "snap." After several attempted applications, the baby's head became very slippery and there was bleeding. This put Dr Webster in a difficult position.

I was now at the end of my tether, as it was impossible to do a podalic version, and a Caesarian section was out of the question, while craniotomy was likewise impractical.¹

The only solution was to have the men row to Wedgeport and telephone Dr Edgar Kelley in Yarmouth to have him bring down a set of heavy forceps. Dr Kelley arrived to the island at noon with 2 priests. At 1 PM Dr Webster applied the heavy forceps, rotated the baby's head to occiput anterior, and delivered a stillborn, 9-pound boy. He noted that the mother's perineum was not torn and that she made a good recovery.

It shows how uncomfortable, time-consuming and fatiguing obstetrical work in the country may be at times. Had it occurred in the winter, it would have been worse. The afternoon of July 5th, when the men rowed Dr. Kelley, the two priests and myself across the river, was a beautiful summer day.¹

The lessons learned from this experience, as Dr Webster thought about it 47 years later, were 2-fold. The first and most important lesson was to always bring proper forceps. He particularly stressed having genuine Simpson forceps that were different from modern Simpsons, in both the lock and blade. The other lesson he learned was never to go on an obstetrics call without something to read.

His general medical recommendation based on the 1892 case and many years in rural obstetric practice was summed up as follows:

I also believe that all maternity cases occurring in the country should be taken to maternity houses under the charge of a suitable nurse, instead of the doctors being compelled to travel long distances, and spend needless time attending such cases. This is a matter that has been too long delayed, and is a question up to every community.¹

Dr Webster also made an interesting comment on his recollection of detail after 47 years:

The storm, the rain, the darkness, the weird crossing with unseen men and the unknown point of landing, seem to have made a more vivid impression on my memory than many other happenings, and has enabled me to give an account in greater detail than I otherwise would.¹

Commentary

Dr Webster's juxtaposition of the death of the 15 seamen during the gale on July 3 and the baby's death 2 days later underlined what was part of life in the latter half of the 19th century. As a sea captain or as a doctor you did your best in very difficult situations and sometimes the results were tragic.

Dr Webster concluded his article with the tranquil scene of rowing across the Tusket River with Dr Kelley


and the 2 priests on a "beautiful summer day." During this peaceful trip he might have reflected that a baby had died, but the mother lived; despite not having the proper forceps, the mother and her family had all been there in an unspoken informed consent. A reassuring colleague had been present for the delivery and the 2 priests had been able to provide spiritual consolation and perform last rites. Further, the Roman Catholic position on labours that failed to progress was not to permit infanticide to save the mother. The only morally defensible position in the eyes of the church—"Thou shalt not kill"—was to let nature take its course, usually resulting in the deaths of the mother and the child. Although the baby in this instance was stillborn, the presence of the 2 priests would nevertheless have provided a measure of theological approval for Dr Webster's management of the case.

The "beautiful summer day" ending is reminiscent of Anton Chekhov's short story, "A Doctor's Visit," written in 1898. In this story a young doctor goes on a house-call from the city to a rural area. His intervention, like Dr Webster's, is not optimal. When the doctor returns to the city the following day his final words are "how pleasant it was on such a morning in the spring to drive with three horses in a good carriage, and to bask in the sunshine."² The ability to move on is an essential trait for a physician.

Epilogue

Approximately 700 women died during childbirth in Canada in 1901.³ Dr Helen MacMurphy surveyed maternal deaths in Canada between July 1, 1925, and June 30, 1926, and found that 1532 women had died during childbirth, a rate of 6.4 deaths per 1000 live births.³ In 1926, 17.8% of Canadian births occurred in hospitals; by 1940, that number jumped to 45.3% and the maternal death rate had decreased to 4 deaths per 1000 live births.³ This trend has continued, and today the maternal death rate in Canada is 5 deaths per 100000 live births,⁴ while the infant mortality rate is 4 deaths per 1000 live births.⁵

The first Yarmouth hospital opened on March 15, 1912,⁶ on the corner of Church and Sycamore streets.

Dr Webster was 28 years old at the time of his obstetrics case on Sheep Island. He continued to practise medicine until a year before his death at the age of 77 in 1942. 

Dr Cameron is a Professor in the Department of Family Medicine at Dalhousie University in Halifax, NS, and President of the Dalhousie Society for the History of Medicine.

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Competing interests

None declared

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