inferred from his observations that the particles of the lymphatic glands were of different sizes and shapes in different animals ; and the accuracy and care with which this excellent inquirer prosecuted his researches, render even his hypotheses worthy of examination. We understand that Mr. GULLIVER will shortly publish a complete account of his inquiries concerning the blood and lymph.

LIVERPOOL.—FATAL MIDWIFERY. CORONER'S INQUEST.

To the Editor of THE LANCET.

SIR :—The following case strongly illustrates the doctrine maintained, and so forcibly set forth, by Drs. Denman, Blundell, and others, that meddlesome midwifery is bad, and that a violent thrust of the hand may do as much mischief as one from the point of a bayonet. It involves considerations of importance both to the faculty and to society generally ; and, as I have been refused to reply to a statement made in a local newspaper, through the same channel, although that statement, uncontradicted, was calculated to do me an injury and to mislead the public, I seek protection in a page of your Journal ; and if any party is to be charged with a reproach concerning this painful event, in the name of justice let it reach the right one. I am unwilling to allow any man, or any set of men, to impeach my professional conduct or capabilities from premises so absurdly opposed to experience on the one hand, and so equivocal, to say the least, on the other, as in the instance which forms the material of my present complaint.

CASE.—Mary Sheridan, aged 27 years, stout, but short in stature, residing at No. 28, Chartres-street, Liverpool, was taken in labour of her first child on Sunday, the 21st ult. Her health, during pregnancy, had been good ; but she had suffered, in common with the more destitute poor, severe privation from cold and hunger in the winter. A midwife was in attendance until Tuesday evening, when I was called in. I ascertained that labour-pains had been frequent, but feeble, and of very short continuance, and that the liquor amnii had been discharged early on the previous day. By examination I found the os uteri dilated to nearly the size of a half-crown piece ; the edges were thin, but, as well as the soft parts generally, tense, rigid, and unyielding ; the presentation was natural ; the head of the child was pressing heavily on the brim of the pelvis, and had so been, according to the account of the midwife, for the last forty-eight hours. Castor oil had been administered a short time before ; a

tedious and protracted labour was clearly indicated, and any interference on my part unnecessary. I continued my visits at short intervals, leaving nature to her own operations, until eleven at night of the Thursday following. Up to five of the afternoon of this day the patient was, to use the ordinary way of speaking on such occasions, doing well ; the bowels and bladder had regularly performed their functions ; her bodily strength was undiminished, and her mind not more anxious than what is usually perceived in the earlier stages of labour. The os uteri, with the exception of being a little more dilated, with the other soft parts, had undergone no change ; indeed, from the circumstance of the pains leaving her on the Wednesday morning, and not again returning, the absence of progress is easily and satisfactorily explained. Under the conditions present, I could not view this respite in any other than a favourable light ; it had a most kindly influence on the patient. Hitherto her pains were those which are denominated *preparatory* ; and instances not unfrequently occur where the uterus ceases to act for many hours, sometimes days, more especially between the first and second stages of labour ; and afterwards, the parturient process recommencing, the delivery is speedily and safely effected.

In this state of things a midwife, unsolicited, saw the patient about nine on Thursday night, and after inflicting severe suffering with her fingers and nails (the patient frequently crying out, “ Oh, your nails are killing me ! ”) for half an hour, left without effecting her purpose, but not without doing serious mischief ; for the restlessness and moaning of the patient, produced, no doubt, by the interference of the midwife, induced one of the females in attendance to bring another doctor,—Dr. Taylor, of St. Paul's-square ; he, too, having, I dare say, the same object in view as the midwife, commenced active operations. For half an hour the patient uttered cries of torment under his hands, and he then desisted, giving her a dose of ergot, and expressing his sorrow that he could not remain any longer.

On seeing my patient at eleven o'clock, soon after Dr. Taylor had left, I found her in a most deplorable state ; in addition to great exhaustion, there was extreme restlessness and anxiety, with short and difficult respiration ; the external parts of generation swollen, and excessively tender to the touch ; the vagina dilated, hot, and almost without moisture ; the head of the child, the bones of which were displaced, in the cavity of the pelvis, oedematous—a pulpy mass. Dr. Taylor and the midwife may possibly account for all this mischief. It was now evident that if the child were not brought away without delay, the woman would die undelivered. Under the idea they would be wanted, I provided myself with the for-

ceps, but they were not needed; I found that I could, with my left hand, reach the mouth of the child; the delivery was, in consequence, speedily accomplished, and with little or no suffering to the patient. The placenta was thrown off in a minute or two after the birth of the child; there was no flooding; and the uterus contracted, although not very firmly, yet quite as much so, under the circumstances, as could be expected. As there was extreme exhaustion, and the absence of any emergency to indicate its immediate application, I did not think it desirable to disturb her with an abdominal bandage. After waiting a short time, having administered to the patient what I could then procure, and leaving such directions as the case demanded, I retired. The poor woman died in about twenty minutes after I had left; a victim, in my opinion, to unnecessary interference—to violent and unskilful manipulation.

With such convictions on my mind, I represented the case, in a letter, to the coroner of the borough, who immediately instituted an inquiry, and the following account contains the principal features of

THE INQUEST.

John Sheridan, husband of deceased, was first examined. As his evidence is not important, it may be omitted.

Ruth M'Collough, the next witness examined, deposed that she had been constantly in attendance on the deceased from the commencement of her labour until her death; had always been present when Dr. Weatherill was there; that she saw him place some instruments in warm water, which he afterwards put under the bedclothes, but did not see him make any further use of them, certainly not to the person of deceased; that the treatment of Dr. Weatherill was tender and delicate; no expression of pain was heard to escape from deceased at any time while under his examination, or at the delivery. Witness was also present when Dr. Taylor was with deceased; the examinations of Dr. Taylor gave deceased great pain; deceased told witness that he had destroyed her. Dr. Taylor gave her some draughts; the after-birth came away immediately after delivery; there was no flooding.

Margaret St. Ledger, being next sworn, corroborated the statements of last witness, but added, that she saw Dr. Weatherill use the instruments on deceased's body, but he used no violence, nor did deceased cry out from pain while under his hands at any time. Deceased moaned when Dr. Taylor made his examinations.

The next witness, *Cassidy*, spoke in confirmation of the above, but did not see Dr. Weatherill make use of the instruments on the person of deceased.

James Cooper, surgeon, said that he had

made, in the presence of Mr. Batty and Dr. Weatherill, a post-mortem examination of the body. This witness read his evidence to the court from a written paper. It stated that the external parts of generation appeared a good deal bruised; that there was a laceration of the perinæum, which did not extend into the rectum; that the vagina contained a quantity of coagulated blood, and traces of injury appeared on its internal membrane throughout the whole of its surface; that at the upper and anterior part of the vagina there was a hole which communicated with the bladder at its posterior part, through which blood had found its way, there being coagulated blood in the bladder; that the uterus, which was large and flabby, appeared natural; it also contained a coagulum of blood, which, with that in the vagina, might amount in weight to between two and three pounds. In his opinion the cause of death was exhaustion, brought on by a lingering labour and the loss of blood.

On being cross-examined by the coroner, and also by myself, this witness further added, that there had been great violence used to the deceased; that the injury of the bladder must have been inflicted by either a careless or an unskilful application of instruments; he could not account for it in any other way. I reminded him of the fact, that the head of the child had rested on the brim of the pelvis for the space of four days, the parts intervening being undefended by the membranes, &c.; yet the injury, he contended, could not have been produced from pressure in this way. Also, the hand being in the vagina, whether he did not think it possible that great force from the fingers, more especially if armed with sharp-cutting nails, might have produced it? The answer was, "impossible." He confessed he never had seen a wound of the bladder. Thought I should have applied a bandage. Was convinced that delivery had been effected by instruments, by reason of the child's head being more compressible from front to back than from side to side, they (the instruments) not being rightly placed; thereby inferring that they had not only been unskilfully used, but that the wound of the bladder would, in consequence, the more likely be caused. Mr. Cooper was, however, foiled in his ingenuity.

Mr. Batty, surgeon, was sworn. He stated that he was a lecturer on obstetrics, and had attended for the last twenty-five years, on an average, forty cases of midwifery per annum. He was present at the post-mortem examination; saw the various injuries as pointed out and described by his friend, Mr. Cooper; he entirely agreed with him concerning the causes of those injuries, and also the occasion of death.

In the course of a cross-examination by the writer, Mr. Batty admitted that the

coats of the vagina and bladder might be torn through in parturition by an undue force of the accoucheur's hand, although he had just before given his entire concurrence in the opinion of Mr. Cooper! The perplexity of the witness, in a dilemma like this, may be imagined, and accounts in some measure for the strange and novel doctrine involved in his next declaration, namely, that the wound in the vagina and bladder *might have been produced without inflicting pain on the patient!*

The Coroner now suggested to the jury the non-expediency of going further into the inquiry; but, after a short deliberation, it was concluded that my evidence should be taken, for which the reader is referred to the details of the case at the commencement of this paper. Neither Dr. Taylor nor the midwives were examined. The evidence of a Mrs. Jones and a Mrs. Regan, to whom I directed the attention of the court, was not taken.

A verdict was returned, that the deceased had died from exhaustion, brought on by a lingering labour, and, at the request of the coroner, exonerated Dr. Taylor from blame in the transaction. The midwives were afterwards cautioned by the coroner.

Remarks.—The affair here narrated offers much for comment. The deductions of surgeons Cooper and Batty are of so extraordinary a nature, so opposed to known facts, and so contradictory, that one seems at a loss how to reconcile them as the result of ignorance alone. The midwives implicated in the case, I wish it to be understood, are not of the class properly so called, but women wholly ignorant both of the principles and practice of midwifery. In Liverpool there are scores of females who take upon themselves the avocations of the accoucheur, without any other qualification for the office than sheer impudence. The toleration of these pests is, indeed, very dearly bought.

The laceration of the perinæum was quite a god-send to Mr. Cooper, but on which he appeared to me to evince the utmost ignorance; here was the wound and there were the forceps. The cause and the effect, so palpably plain in his eyes, what could he do? He decided according to the evidence of his senses. He wanted to show that this accident was a rare, a very rare, occurrence in midwifery, even at the birth of a first child (Mary Sheridan's child was of uncommon size, eleven or twelve pounds weight), and when it did occur, instruments had been used in the delivery! It would be a waste of time to dwell upon a statement like this.

Again, the wound of the bladder, says Mr. Cooper, *must* have been made by instruments, carelessly or unskilfully applied,—it was impossible to account for it in any other way. Knowing as I do that the only instruments used in the delivery of Mary Sheridan,

from first to last, were the hands, and the hands only, I cannot, of course, consent either to this. Mr. Curry, the Liverpool coroner, stated in court, that he had the greatest confidence in the judgment and opinions of Mr. Cooper in matters of this sort. I have not. The bladder may be injured in parturition in various ways; one in particular I will, in addition to those above mentioned, allude to. During a difficult and protracted labour a prolapsus of the bladder is common; an ignorant midwife is in attendance, who, unable to discriminate, lays hold of that viscus, and, judging it to be the membranes pushed down into the vagina, she attempts to rupture them with her nails, or may be with a pair of scissors. I have known mistakes of this description.

And now for the bandaging, the last and not least of my offences in the affair. It may be, nay, it has been inferred, that the death of Mary Sheridan was owing chiefly to the want of an abdominal bandage after the delivery, flooding being the consequence of the omission. Experience has taught me, in a close observance of facts for sixteen years, and attendance on eighteen hundred cases, that an omission of this kind is sometimes not only justifiable, but on it depends the safety of the patient. In books and at school we may be taught what to do; but what *not* to do, a knowledge the accoucheur would do well to possess, is best learnt from the book of nature,—experience obtained by the accumulation of facts at the bedside of the sick; there the exigencies of the case can be truly estimated, and certainly their management most suitably directed. The successful practice of midwifery depends much upon knowledge of this nature. The interference of certain parties, of whom I have spoken, in the case of Mary Sheridan, had thrown the patient into such a state of fear, fatigue, and exhaustion, that, delivery being effected, the least molestation afterwards would, I am quite sure, have been attended with an immediate fatal collapse of all the remaining vital energies. *Bandage!* say Messrs. Cooper and Batty, and their chorus of friends. In a large majority of cases I readily admit that an abdominal bandage soon after delivery is required; but at what precise period it is to be applied in all cases must be left to the discrimination of the practitioner on the occasion, and not to the diction or authority of any man. I am, &c.

THOMAS WEATHERILL, M.D.

13, Hunter-street, Liverpool,

March 9, 1841.

* * * We have erased from the letter of our correspondent some passages, for controversy on which we should not be able to find room.