enters practice ignorant, but self-satisfied; he substitutes the schemes of trade for the liberality of the profession; he apes the external aspect of the medical man, without possessing his merits; empty himself, he despises the qualifications of others, and would endeavour to drag all down to his own wretched standard. He thus degrades the body to which he belongs, and has drawn down the merited satire of the wits of all ages. It was of such a man that the poet Crabbe drew the following severe sketch:—

"Anon, a figure enters, quaintly neat,
All pride and business, bustle and conceit;
He bids the gazing crowd around him fly,
And carries fate and physic in his eye—
A potent quack, long versed in human ills,
Who first insults the victim whom he kills,
Whose murderous hand a drowsy bench protect,
And whose most tender mercy is neglect."

And now, gentlemen, my pleasing task seems well nigh accomplished. I have endeavoured to give you some faint insight into the nature of your preliminary medical education; I have, further, shown you that you must rather seek your rewards in the resources of your science, and in the wide-spread and salutary influence you exert over mankind, than in the mere pecuniary result of your labours; in addition to this, it has been my object to prove, that whilst our profession gives abundant scope for the display of the most varied physical and mental powers, it gives to the character health and vigour; and lastly, I have impressed upon you the imperative necessity of pursuing it with unflinching ardour. But perhaps it will be thought by some of those who have borne much of the heat and burden of the day, by the veterans in our art, that I have drawn my picture rather with the high colouring of young enthusiasm than with the mature truthfulness and judgment of experience; that I have passed over too lightly many of its trials and discouragements, and have given to its aims and achievements too ambitious a view. True it is that Nature reaps not a rich harvest from the brain until she has ploughed the brow and cheek with deep furrows; true it is there is much in our profession to wear down the frame and exhaust the powers, but still

"The time-worn cottage, batter'd and decay'd,
Lies in new light through chinks which time has made."

Mental discipline begets mental and moral vigour; the oyster, when broken, repairs its shell with pearl, and the man comes forth from the toils of an arduous profession a wiser and a better being. And if I have raised the standard of my profession too high,—if I have been guided rather by my hopes for the future than by my experience of the past, it has been my wish and aim to excite the young and aspiring students whom I see around me, to realize greater results and prouder destinies than have yet been accomplished.

There are those who delight to summon up before their creative fancy the inhabitants of former times, and to dwell amid the customs and modes of thought of a bygone age, but if imagination be allowed to spread its wings, I would rather soar onwards into the future. Movement and progress seem to be the great laws that pervade the universe; and who shall venture to give to science her boundaries, or set limits to the achievements of human genius? Do we not already see the elements and forces of Nature chained down and made subservient to the will of man? Pictures are painted for him by the sun; manual labour is accomplished, and distance is well-nigh annihilated by steam, and his thoughts are transmitted from town to town with the rapidity of lightning; and is it too presumptuous to imagine that these wonderful physical results of human energy are but as so many bright heralds to announce man's future triumphs in the intellectual and moral world? Already we may see the dawning of a better era. Man is beginning to learn how much of mental and physical suffering is the consequence of the infringement of some natural or moral law, and from this germ will spring up results fruitful with blessing and happiness to humanity.

It is a proud thing to reflect that our profession will be in the very vanguard of this onward march. It will be its high function to expound more fully than has ever yet been done the laws by which health of mind and body are to be preserved. As the clockwork of this world moves on, it will be the sun-dial to regulate and direct its course. The clouds of doubt and error which now encompass it will then have been dispelled by the glorious light of science, which, bursting forth from our profession, shall irradiate throughout the world, and shall be reflected back again with tenfold brightness on its own honoured head,—

"As some tall cliff, that lifts its awful form,
Swells from the vale, and midway leaves the storm,
Though round its breast the rolling clouds are spread,
Eternal sunshine settles on its head."

Original Papers.

ON THE MATERNAL MORTALITY IN CASES OF PLACENTA PRÆVIA.

By THOMAS RADFORD, M.D.,

CONSULTING PHYSICIAN TO THE MANCHESTER AND Salford
LYING-IN HOSPITAL, ETC.

It is the fashion, at the present period, amongst medical men, to lay down rules, or to form principles of practice, from statistical data. In operative midwifery, however, deductions drawn alone from such a source, especially now, are not so infallible as to justify the obstetrician to depend on the evidence thus afforded.

The subject of our present consideration—"Placenta Prævia"—is justly allowed by all writers and practitioners to be one of the most dangerous complications of labour; and none, however skilled in the obstetric art, ever become engaged to attend a case of this description without feeling great anxiety of mind as to its termination.

It is therefore of the highest professional importance, that when we are called to treat these cases, we should be prepared to meet these serious emergencies. We ought to be possessed of such principles of practice to guide us in our treatment of every case. The relative circumstances attendant on each case are different, and therefore require a different plan to be adopted. Does or does not a constitutional condition influence the result of an operation? Do not particular organic conditions do the same? Are not the vital powers found in different states from loss of blood? Has the mode of performing the operation no effect? Ought not the qualifications of the obstetrician to be taken into account? Let us contrast gentleness and caution with violence or rashness; true knowledge with ignorance; the possession of a due degree of moral courage with its opposite; and there is no doubt we shall conclude, that when possessed they are highly valuable. Surely it cannot be denied that every essential circumstance belonging to any case, or which has a contingent influence on it, ought to be taken into account before we can come to an accurate conclusion. Then, in our anxiety to establish one mode of operation as preëminent to another, we should be solely guided by a knowledge of the physiological advantages it affords us for the welfare of the patient, and not to be led to a rash conclusion on such momentous questions simply from statistical data of the amount of mortality which occurs after its performance. Then we are not warranted to recommend the complete detachment of the placenta in cases of placenta prævia before the birth of the child, as preferential to the practice of turning and extracting the child, because there is found a high rate of internal mortality, as shown in the statistical huddling together of cases treated in every way. It is impossible justly to come to this conclusion on such grounds, because the data we possess are insufficient to show that the maternal mortality is to be traced to the effects of the operation of turning, &c. There is little doubt that many lives would have been saved if the operation had been timely performed, and with due regard to the existing constitutional and local symptoms. This statement is made after a full consideration of the opinions of about one hundred writers, and a careful analysis of all their cases.

However great the maternal mortality may appear, (as represented in Simpson's table,) it is impossible to compare the results of turning and extracting the child with those of first artificially detaching the placenta before the birth of the child in cases of placenta prævia; nor can we make any comparison between the cases where nature spontaneously separates and expels the placenta, and those terminated by artificial delivery, version, &c.—(Vide THE LANCET, No. 12, vol. ii. 1847, page 303.)

Turning and extracting the child in cases of placenta prævia does not, and ought not, to stand in the same position in obstetrics as that of complete artificial detachment of the placenta before the birth of the child. This latter was intended by me, when I first brought the subject before the profession, as a conditional or exceptional operation; whilst the former must be considered the general, and most commonly the appropriate means.

Let us now turn our attention to the remarks of several recent writers on the results of cases of placenta prævia, and we shall find ample grounds for distrusting any statistical table made out from existing materials, and, consequently, the deductions drawn from them.

For some period now the journals have given us full evidence of the want of truthful statements on this important

subject. In one number we find it mentioned, that such and such is the state of facts; in the next number it is asserted to be otherwise; so we have statement and counter-statement several times in succession. The cases of one author have been tabulated, to show the high rate of maternal mortality, which were only selected cases, and published by him for another object; one writer's cases are omitted because it does not suit the party's views to quote them; the cases of another are multiplied in order to swell out the mortal list, and may be proved that the table shows the mortality of cases treated by all methods by art, and also those terminated by the natural powers.

If the reader desires further evidence of most of the above remarks, he will find it as follows:—Dr. Lee's "Clinical Midwifery," his valuable Lectures. For his papers on the subject, see *London Medical Gazette*, vol. xxxvi. pp. 892—1106; *THE LANCET*, No. 20, vol. i. p. 507; No. 12, vol. ii. p. 299, 1847. Dr. Simpson's papers:—*London and Edinburgh Monthly Journal*, No. 51, March, 1845, p. 169; *London Medical Gazette*, vol. xxxvi. pp. 1009—1193; *THE LANCET*, No. 19, vol. i. p. 479; No. 11, vol. ii. p. 274, 1847. Dr. Merriman's corrected table, *London Medical Gazette*, 1847. Dr. Ramsbotham's Practical Observations. Dr. F. Ramsbotham's letter, *London Medical Gazette*, vol. xxx. pp. 435—508. Dr. Churchill's Midwifery; his letter, *London Medical Gazette*, vol. xxx. p. 469. See extra limites, vol. xxx. *London Medical Gazette*, for letters from Dr. Simpson, Dr. Lee, and F. Ramsbotham.

Dr. Simpson first stated the maternal mortality in cases of placenta prævia "to be about one in three;" but afterwards, "as one in every three or four mothers (1 in $3\frac{1}{5}$) perished in connexion with it."

This average is shown by the following table, taken from Dr. Lee's paper, (*THE LANCET*, Sept. 18th, 1847.)

"Dr. Simpson's Table of Maternal Mortality in Placental Presentations.

Reporters.	Number of Cases.	Mothers lost.
Mauriceau	18	3
Portal	14	1
Giffard	19	5
Smellie	18	7
Rigby	42	10
Clarke and Collins	16	4
Busch	13	2
Schweighauser	65	16
Lachapelle	21	10
J. Ramsbotham	129	41
F. Ramsbotham	189	49
Lever	34	8
Lee	46	14
Wilson	30	10
	654	180"

Dr. Lee, after having analyzed the results given in a former table, by the same writer, and compared it with the foregoing, says, "There can now be no longer any difficulty in determining how much reliance is to be placed on Dr. Simpson's statistics, and whether he has been sufficiently impressed with the importance of observing the most rigid accuracy, and the most scrupulous regard to truth, in forming statistical tables, from which it is proposed to adduce proofs in support of an attempt to subvert the established rules of practice in the treatment of cases of such vital importance, and substitute another mode of treatment, which is of the most dangerous character, fraught with inevitable destruction to the child, and attended with no benefit, if not actually increasing the danger of the mother."

"In proportion to the imposing effect which figures give to argument, so ought to be our jealousy in regard to the correctness of the data on which numerical calculations are founded," &c.

Let us take Smellie's cases included in the above table, and see how far they are accurately registered, to prove the deductions drawn from them in the aggregate, which I have taken from my already prepared tables, comprehending too much for present use. I find Smellie relates sixteen cases of unavoidable hæmorrhage; the results are as follow:—

Ten mothers saved, one of which died in four days.

Three mothers presumed to be saved, as the negative evidence favours this conclusion.

Three mothers lost, one of which died in little more than half an hour after, and was in a state of great exhaustion when delivered; another was in a dying state; the other died in half an hour after delivery.

In ten, turning was performed, in which the three fatal cases are included.

In six, Nature accomplished delivery, all of which recovered, or are presumed to have done so.

In three, the placenta was wholly separated and expelled,—in one, only partly so by Nature,—all of which recovered.

In one, the placenta was separated by Nature, the child turned and delivered; she died, and is included in the list of deaths above.

In three, the placenta was extracted before the birth of the child; all recovered.

The maternal mortality is one in five and one-sixteenth.

It is questionable whether Case 12, Collect. 33, No. 2, is one of unavoidable hæmorrhage; if this is deducted from the number mentioned before, there will remain only fifteen cases related by Smellie.

Although I consider, with Dr. Robert Lee, that the statistical tables above mentioned are not trustworthy, and do not afford data from whence correct inferences may be drawn, so as to "substitute another mode of treatment," and "to subvert the established rules of practice," yet I cannot admit his objections as valid against the operation of completely detaching the placenta before the birth of the child, in some cases of placenta prævia—not as a new operation, which some have been pleased to call it, but the revival of an old operation, with this, that it ought not to be universally adopted in all cases of this sort, but only conditionally had recourse to under circumstances which I have elsewhere explained. (*Provincial Medical and Surgical Journal*, vol. ix. p. 51.)

I did not recommend this practice because I considered the rate of maternal mortality high in cases of placenta prævia, but from the following circumstances:—1st, from having witnessed the spontaneous separation and expulsion of the placenta in several cases; 2ndly, from the results of a number of cases published, and others related to me by friends; 3rdly, in having, in the year 1819, detached the adherent portion of the placenta from the os uteri, from which operation "the hæmorrhage was immediately suppressed;" 4thly, from the practice of some of the older obstetric writers, Portal &c.; 5thly, from having seen the malpractice of midwives; 6thly, from my knowledge that the late Mr. Kinder Wood had several times successfully performed this operation: his cases, five in number, are already before the profession. (*Provincial Medical and Surgical Journal*, vol. ix. p. 133; also see vol. viii. p. 603.)

Since the attention of the profession was first drawn by me to the subject, a number of cases has been published in which the practice has been adopted, (vide table,) but in some of which (as I have elsewhere stated) this plan ought not to have been had recourse to. There are many whose reputation stands high, and some of whose opinions upon it are entitled to great respect, opposed to this practice. I may mention, Professor Ossianer, ("Neue Zeitschrift per Geburtskunde," &c.); Dr. Robert Lee, (*London Medical Gazette*, *THE LANCET*); Dr. Ashwell, (*London Medical Gazette*); Mons. Neyer; Mr. Crowfoot, (*Provincial Medical and Surgical Journal*); Mr. Newham, (*idem*); Dr. Barnes, (*THE LANCET*); Dr. Tyler, (*Dublin Journal*). The chief grounds of objection to the practice appear to be founded on the misrepresentation of the proportion of maternal mortality in cases of placenta prævia treated in the ordinary way, or according to the established rules of practice, whilst it was meant to be inferred that the average number of deaths when this (miscalled new operation) was performed would be comparatively less, thereby leading the profession to believe it was to be used in all cases.

Dr. Robert Barnes, in his very valuable paper "On Flooding before Delivery, arising from Adhesion of the Placenta to the Os and Cervix Uteri," correctly observes,—"That there would be a serious fallacy in Dr. Simpson's conclusions if we were to adopt unreservedly the statistics he has given as the exponent of the relative success that would result from the old methods of treating placenta prævia, and that which he has proposed of detaching the placenta. It must not be overlooked, that in Dr. Simpson's statistics he has included cases in which the placenta was thrown off spontaneously. Such cases are widely different from those in which the severe operation of detaching the placenta, by the introduction of the hand, had been resorted to."—(*THE LANCET*, No. 13, vol. i. 1847, page 330.)

I beg pardon for the correction: in my opinion he has used the term "severe operation," when the hand is introduced, too strongly; but if he had mentioned one of the plans recommended by this writer, and upon which I have elsewhere commented, (*London Medical Gazette*);—viz., the using of an iron instrument to effect the detachment of the placenta,—the term

"severe operation" would be much too mild for such a barbarous and cruel procedure. At this time I shall make no further remarks on the practical indications which cases of spontaneous separation and expulsion of the placenta afford us, having already given my opinion upon this matter. (*THE LANCET*, No. 12, vol. ii. 1847.)

Having already faithfully stated the grounds upon which I was first led to conditionally recommend the complete separation of the placenta in some cases of placenta prævia, and I hope satisfactorily shown the fallacy of statistical data whereupon to raise the value of one operation by depreciating another, and that the recognised plan of nearly every obstetrician, I shall now proceed to the inquiry, whether we already possess materials from which the "comparative mortality attendant upon turning, and upon the total separation of the placenta," can be estimated. Dr. Barnes, in the foregoing, has objected to Dr. Simpson's statistical conclusions as to "the relative maternal mortality resulting from the two modes of practice." In reply to which Dr. Simpson says,—"The best answer to this objection consists in a statement of the results hitherto obtained from the practice of artificially detaching the placenta." Has he honestly fulfilled this declaration? I answer, he has not, but has attempted to impose on the profession that such is the fact, by inserting the following remarks from Dr. West's able report on midwifery:—"Seventeen cases," says Dr. West, "have been recorded in the English journals, during the past fifteen months, of detachment of the placenta before the birth of the child, in cases of placenta prævia."

Dr. Simpson says,—"I do not stop to inquire whether in one and all of these seventeen cases the artificial detachment and extraction of the placenta ought to have been followed. At present I adduce them, not as affording evidence of the propriety of the practice, but as affording evidence of its safety."—(*THE LANCET*, No. 19, vol. i. 1847.)

Now, as this writer avers that it was alone his intention to prove the fact "of its safety," why has he contented himself with the limited evidence afforded by the seventeen cases which "have been recorded during the past fifteen months," some of which I have, in the foregoing remarks and elsewhere, stated to be examples of malpractice? Had he forgotten the cases of Portal, Mr. Kinder Wood, Mr. Jesse, &c.?

But I shall make no comment, but leave the profession to judge, and now proceed to give, as truly as I can, in chronological order, two tables* of all cases in which the operation has been performed up to this period. An asterisk is placed before the names of those practitioners whose cases are included in the seventeen mentioned in Dr. West's report. The first table includes all cases in which the operation has been intentionally done. The second, all those in which the placenta has been ignorantly separated and left, or afterwards extracted, with the exception of the last three, in which the placenta was unintentionally or accidentally separated in introducing the hand to turn the child.

Table I. includes forty-two cases, of which it is presumed there were twenty-eight of complete, and five of partial, placenta prævia, in one of which it was nearly complete; in nine there is no account given; in all the placenta was detached by the hand, which I have elsewhere shown to be the only justifiable means to be used for this purpose; in eighteen turning was performed; in six it is presumed to have been so; in one the child was drawn by the presenting leg; sixteen were terminated by the natural efforts, in one of which the foetus was only three months, a case to which the operation is not at all justifiable; but Mr. Everett says, "I at once acted on the principles inculcated by my esteemed instructor, Professor Simpson, . . . and delivered the placenta;" one by the vectis; one by the perforator and crotchet; in thirty-three the flooding was profuse, or considerable, before the operation; in two presumed to be so; in six no statement on this point; in twenty it ceased after the placenta was detached; in eight it is presumed to have ceased; in nine it was so much abated as to be very little; in six there is no account given. Thirty-nine mothers were saved; three mothers were lost, one of which died in a few hours; four children were saved, one of which died in twenty-six hours; twenty children were lost; five died some time before labour, in some of which putrefaction was present; in eighteen no statement was made, but most likely the children were born dead.

Table II. contains fourteen cases: in ten the placenta was ignorantly separated and extracted by the hand; in one a portion was cut off, the other portion afterwards extracted; in three the placenta was unintentionally separated in turning the children; two were terminated by the natural efforts; ten by

turning; two by the forceps; in twelve the previous hæmorrhage was great, or presumed to be so; in one not so great, but had frequent returns; in one not stated; in seven it ceased after the separation of the placenta; in three it considerably abated; in one not increased to any dangerous degree; in two no account is given; in one a good deal of blood lost. Eleven mothers were saved; two mothers were lost; in one no account is given; three children were saved; nine were lost; of two no account is given.

The writer is fully aware that objections may be raised to some of Portal's cases, inserted in the first table, but as the author mentions that he separated the placenta, it is fair to presume it was completely done; more especially as he makes no further allusion to any after-treatment in reference to either its separation or extraction after the delivery of the child.

Manchester, October, 1847.

FURTHER OBSERVATIONS ON THE TREATMENT OF UTERINE HÆMORRHAGE FROM PLACENTAL PRESENTATION.

By ROBERT LEE, M.D., F.R.S.

"In Portal's Cases in Midwifery," says Dr. Rigby, (1776,) "there are eight in which he was under the necessity of delivering by art, on account of dangerous hæmorrhages, and in all of them he found the placenta at the mouth of the womb." More than twenty years ago, on perusing Portal's treatise, entitled "*La Pratique des Accouchemens*," &c., (1685,) I was very much surprised to find, that in eight cases he had not merely "found the placenta at the mouth of the womb," but adhering all round to the cervix, and that he had recourse to the operation of turning in all these eight cases, and in several others where the placenta was not found adhering to the whole cervix. This led me to observe, in my work "*On some of the Most Important Diseases of Women*," in 1833, "It was known to Paul Portal, as early as 1685, that the placenta sometimes adhered to the internal orifice of the uterus."

In 1836, Dr. Hamilton, of Edinburgh, in the second volume of his "*Practical Observations*," at p. 238, observed, "The separation of any portion of the placenta previous to the occurrence of labour, may be the effect of accident, or it may be the necessary consequence of its adhering to a part of the cervix uteri. This latter cause was discovered about the middle of the last century. It was particularly noticed, in the year 1752, by Dr. Smellie, who at that time practised and taught midwifery in London with great success. It was afterwards described by Monsieur Levret, of Paris, in 1756. But it does not seem to have attracted the attention of British practitioners till the publication of Dr. Rigby, of Norwich, in 1776, who availed himself of the discoveries both of Smellie and of Monsieur Levret, while he contrived to make the profession believe that his doctrines were original. Dr. Rigby's distinction of these cases, (viz., into accidental and unavoidable,) borrowed without acknowledgment from Levret, (page 343,) is perfectly correct, but his inferences have led to very serious errors in practice."

"An Historical Account of Uterine Hæmorrhage in the Latter Months of Pregnancy," written by me, was published in the *Edinburgh Medical and Surgical Journal* for 1839, in which I observed, "Paul Portal's treatise contains the histories of several cases of uterine hæmorrhage, depending upon attachment of the placenta to the neck of the uterus. In 1664, he was called to a lady in the eighth month of pregnancy, with profuse hæmorrhage, and on introducing the hand into the orifice of the uterus, which was open to the size of a crown-piece, he felt a soft body, which was the after-birth, which he gently separated from the body of the uterus, ruptured the membranes, and turned the child. In 1671, another case occurred, in which the placenta adhered to the lower part of the uterus, and death took place soon after delivery, by turning the child. The following passage (p. 187) proves that Portal knew with certainty that the placenta adhered to the lower part of the uterus:—"Je glissai mes doigts dans les orifices, où je sentis l'arrière-faix, qui se presentoit, et qui bouchoit l'orifice de la matrice de tous cotés avec adhérence en toutes ses parties excepté par le milieu qui se trouvoit divisé jusques à la membrane, laquelle n'étant pas ouverte, ny les eaux écoulées j'eus beaucoup de facilité à tourner l'enfant."

"Portal relates another case, which happened in 1672, where the placenta also presented, and which he separated very gently from the uterus, because it was glued to the internal orifice. In Case 43 the placenta was adherent to the lower

* For the tables see the two foregoing pages.