ART. XVIII.—*Observations on* PROFESSOR HAMILTON'S *Deviations from the ordinary Mode of stating Practical Results*. By ROBERT COLLINS, M. D., Late Master of the Dublin Lying-in Hospital.

In the preceding number of this Journal, a letter, addressed to the Editor by Professor Hamilton of Edinburgh, is published, in the form of a reply to objections which I felt it my duty strenuously to urge (immediately after the appearance of the second volume of the Professor's Practical Observations) against the *hasty*, and if *generally* acted upon, mischievous measures urged by him, for the *artificial dilatation* of the mouth of the womb within twelve or fourteen hours, and the *actual delivery* of the patient within twenty-four hours from the commencement of labour.

My observations were published in this Journal in March 1837, and I would now earnestly request the impartial reader to peruse that article, and I am convinced he will agree with me, that, in all the lengthy letters of Doctor Hamilton, amounting to about 160 pages of the original work, there is not the shadow of fact or sound reasoning to induce me to refrain from stigmatizing doctrines fraught with so much danger.

It is with extreme regret I feel myself thus pressed by Doctor Hamilton to revert to the subject, as respect both for himself and his years would cause me to overlook much; consequently I had resolved to take no notice whatever of *three* letters containing 100 pages, published in the London Medical Gazette, although these letters were sent to me by Professor Hamilton in the form of a pamphlet, with a most *flourishing* and *equally modest* title page, headed "Refutation" of the Objections urged by Dr. Collins, &c. &c. I was satisfied that the plain facts I had stated, and the happy results I had demonstrated from our hospital practice, would have more weight with my professional brethren than the mere dogmatic *asser-*

tions, without a semblance of *proof*, emanating from Doctor Hamilton's fruitful imagination. That I was not wrong in my decision I have ample proof in a letter to me from Professor Hamilton, which accompanied that published in this Journal by him, and as it in the clearest and most striking manner exhibits his so called "refutation" to be a *signal* failure, and at the same time explains to the profession at large, the *real* cause of his *again* attempting what has already overwhelmed him, even in the sight of his own pupils, I cannot avoid giving the following extract from it :

"Having explained those parts of my doctrines, to which you and Doctor Murphy have objected, in my letters to the Editor of the London Medical Gazette, I certainly considered that I had done my duty to the profession, and that I should not have had occasion to revert to the subject. But to my *mortification* and surprise I learned a few weeks ago, that some very respectable Irish students were *seriously offended* at my observations on your animadversions.

"This information led me to offer to the Editor of the Dublin Journal of Medical Science, an article in reply to yours of March last, which I have now forwarded."

Such is Doctor Hamilton's own account of the impression made by his long epistles, and I am charitable enough to believe, that the mortification he states he experienced was the cause of his now occasionally using language which I shall not venture to designate, and which must vastly *lower* the Professor in the opinion of every well regulated mind, and make him appear still *less* amiable in the eyes of the students whose youthful and unbiassed hearts are imbued with more liberal and finer sentiments.

I appreciate fully the candour with which Dr. Hamilton states in his letter to me the necessity of his offering *another* article in reply, and nothing but a sense of duty could have forced me to reiterate my objections both to his doctrines and practice on the points noticed. I shall now endeavour to prove

to Doctor Hamilton, that "thinking is very far from knowing," and to use soft words and hard arguments, is much better than to be deceived by our own vain opinions, as self-conceit always makes opinion obstinate. The Professor's perseverance in his own opinion, in opposition to almost all others, reminds me of the anecdote of the juror who appeared in court (after having been locked up for many hours) to complain of the *obstinacy* of his brother jurors, and when asked by the judge how many had agreed upon the verdict, his reply was the other *eleven* !

I shall first endeavour to show my professional brethren, that the *very foundation* upon which Doctor Hamilton builds his "innovations" on the management of the first stage of labour is *absolutely* and *diametrically opposed* to recorded *facts* as well as to sound reasoning, and that notwithstanding such precepts have been long taught by him, they are *unsound*.

The following are Doctor Hamilton's own words, upon the validity of which the key-stone of his *arch* ideas rests, and which, although inculcated by him for a series of years to some thousand pupils, he complains the practitioners in London, Paris, and Dublin *reject*.

"MANAGEMENT OF THE FIRST STAGE OF LABOUR.

"One of the earliest innovations in the treatment of human parturition, which I found good reason to introduce, was the limiting the duration of the first stage of labour to twelve or fourteen hours, whenever the uterine contractions continue to be regular and progressive; and I have stated in my Practical Observations, that the following are the *necessary effects* of the *protraction* of that process *beyond* the *time specified*.

"*Firstly*. The powers of the uterus may, in the second stage, be inadequate to the expulsion of the infant, with safety to its life, or to the future health of the mother.

"*Secondly*. After the birth of the infant, the uterus may

contract irregularly, so as to occasion the retention of the placenta.

“*Thirdly.* After the expulsion of the placenta, the contraction of the uterus may be too feeble to prevent alarming hæmorrhage.

“*Lastly.* Supposing the patient to escape all those untoward circumstances, febrile or inflammatory affections of a most dangerous nature may ensue from the previous protraction of pain, and irregular distribution of the blood.”

Such are the doctrines inculcated by Professor Hamilton, upon the *soundness* of which his “innovations” alone rest, and upon which the utility of his measures is based.

That Doctor Hamilton’s opinions are contrary to fact, the results of the records and practice of every hospital with which I am acquainted fully testify.

I shall, however, chiefly state my proofs in support of the validity of what I assert in opposition to Doctor Hamilton, from the Practical Treatise published by me in 1835, in connexion with the Dublin Lying-in Hospital; as it is now so *widely* circulated, reference can be easily made, besides it is from it he attempts groundlessly and erroneously to illustrate his own imaginary views.

Had Doctor Hamilton even hastily looked at the results of our hospital practice, he surely would not have ventured to hazard the *crude* and positive assertions contained in all his letters: but this, although put to him in sufficiently strong language in my Observations in this Journal, in March 1837, he in every single instance uncandidly withholds and refuses.

I shall now as briefly as possible *prove* to the satisfaction of every thinking individual, and that from the actual results of *sixteen thousand four hundred und fourteen deliveries*, that where the patient is properly treated during the progress of labour, the *mortality* from the effects of *protracted labour* is *strikingly small*.

Of the 16,414 women delivered, 164 died, or in the proportion of *one in one hundred*. FORTY-TWO only of the 164 who died, were more than TWENTY HOURS in labour. When we reflect, in connexion with this simple statement of *facts*, that only *forty-two* women died who were above *twenty hours* in labour, out of the vast number of 16,414; and at the same time look to the *cause* of the fatal result, (as given in my *previous communication*;) the truth of my assertion is, I think, *unquestionable*.

I have stated, that in the 16,414 delivered, the mortality was 164, or in the proportion of *one in 100*. I have *proved* elsewhere,* by an accurate table shewing the *cause* of death in each, that if we deduct the deaths from *puerperal fever*, which may be considered *accidental*, the proportion becomes greatly diminished, viz. to *one in 156*; and again, if we subtract those deaths from causes *not the results* of child-birth, (and which are marked in the table,) the mortality from effects arising in consequence of *parturition* is vastly reduced, viz. to *one in 244*.

No fewer than NINETY-SEVEN out of 164 deaths, arose from causes *not the results* of *child-birth*. Do not these calculations establish to actual demonstration, that the deaths in consequence of the labour being protracted or laborious are *trifling* indeed.

In *support* of this position, it is only required to examine the mortality in the hospital for the *four last years* of my residence after puerperal fever disappeared.† In this period, the very great number TEN THOUSAND SEVEN-HUNDRED AND EIGHTY-FIVE deliveries occurred; out of which *fifty-eight* died, which is nearly in the proportion of ONE in every ONE HUNDRED and EIGHTY-SIX.

I ask Dr. Hamilton does he *know*, or did he ever *hear*, of any even *distant* approach to this *favourable*, and I will add, happy result in 10,785 deliveries! The annals of medicine

* See this Journal, March, 1837.

† See p. 387 of Practical Treatise.

afford *none* ; and I fear not when we succeed in “ *opening the registry* ” of the Edinburgh Hospital, the practice of the Dublin Lying-in Hospital will still retain its majority, and that our opposition to Dr. Hamilton shall be declared neither frivolous nor vexatious.

I would hope that Dr. Hamilton will at least do us the justice to acknowledge, what his own candour must dictate, with regard to the mortality in our hospital ; and that in this way I may have the benefit of his evidence in the *most satisfactory* manner against one and all of the doctrines he has advanced.*

When I again declare, that no artificial interference was attempted to effect the delivery, until the *safety* of the patient demanded such ; it must be evident to every impartial mind, that I am fully warranted from the results shewn, in stating my decided conviction of the *unsoundness* of any advice calculated to encourage rashness and *unnecessary intermeddling* on the part of the medical attendant.

Two “ *untoward circumstances* ” are expressly set forth by Dr. Hamilton as the “ *necessary effects* ” of the protraction of labour beyond the time specified by him ; upon which entirely rests the validity of his reasoning ; these constitute the *second* and *third* head of his doctrines, we shall use his own words.

“ *Secondly.* After the birth of the infant, the uterus may contract *irregularly*, so as to occasion retention of the placenta.

“ *Thirdly.* After the expulsion of the placenta, the contractions of the uterus may be too feeble to prevent *alarming hæmorrhage.* ”

The *total* cases met with of retention of the placenta in consequence of *irregular* action, during my residence as Master in the hospital, were nineteen out of 16,414.

Of these nineteen, the *duration* of the labour is accurately

* I shall make some comparison with the Edinburgh, and similar institutions, so far as has been recorded, before I conclude.

recorded in seventeen ; *fourteen* of which were delivered within *twelve* hours ; *one* in fourteen ; *one* in twenty-four ; and *one* in sixty hours. Of the two cases not specified ; *one* had been in labour before admission, and was delivered immediately ; the other, the length of the labour was not noted.

The *total* cases of hæmorrhage *after* the expulsion of the *placenta* were forty-three ; of these, in three, the duration of labour was not entered.

Of the forty cases accurately stated ; *thirty-four* were delivered within *twelve hours* ; thirty of these thirty-four were delivered within *six hours* ; twenty-five of the thirty within *four hours* ; and eighteen of the twenty-five within *two hours*. Of the total forty cases, there were *only* *FOUR* above twenty-four hours in labour.

These are *facts* which our observation had so thoroughly placed before our eyes, previous to making an absolute calculation, the circumstance of Professor Hamilton advancing the contrary, as the *rock* upon which the chief corner of his building was to rest, filled us with wonder ; and thus the necessity and wisdom of *searching* for a sure foundation becomes glaring. We are sure it is not Dr. Hamilton's practice to put his candle under a bushel, and therefore hope our illumination will not be too bright for his eyes. Is it possible that statements could be opposed more directly to *facts*, than those advanced by Dr. Hamilton, and given by him as the origin, cause, and basis of his thoughts and deviations from the ordinary mode of practice.

How, it may be asked, is it possible, that Professor Hamilton can appeal to the facts recorded by Dr. Collins, in proof of the correctness of his " Practical Precepts ? " This he *attempts* by ingeniously *culling* a few cases out of the *multitude*, with a tact which no one except Professor Hamilton has yet displayed, giving the most *distorted view* of the facts and practice recorded : no enviable talent most will admit. I hope, however, the *salutary* cry raised by the " seriously offended " stu-

dents, will, like the shore bell in the mist, serve to guide the unwary to the right haven.

I cannot avoid quoting the following passages from the London British and Foreign Medical Review, one of the best Journals of the day, and one that may certainly be considered an impartial witness.—No. 8, Oct. 1837.

“ We most perfectly agree with Dr. Collins, that the interference recommended by Dr. Hamilton must, if *generally* adopted, be fraught with danger to the patient. It is decidedly opposed by every teacher and writer of midwifery, with the single exception of Mr. Burns, and we have always thought it our imperative duty to guard pupils against such practice. We oppose as strongly as the courteous freedom of criticism will permit us, the rules laid down by Mr. Burns, and countenanced by Dr. Hamilton, for the guidance of young practitioners, whose impatience in the practice of midwifery, to cut short their patient's labour, that they may end their own, it is always so essentially necessary to guard against.”

“ We agree entirely with Dr. Collins, that the number of hours a patient has been in labour ought to govern our practice much less, if it should have any weight all, than the previous history of the patient, and her actual state and condition at the time of labour.”

“ In justice, too, to Dr. Collins, we must add, that Dr. Hamilton has not shewn sufficient attention to his (Dr. Collin's) record of cases, as they occurred in the Dublin Lying-in Hospital, or he would not have referred to them in support of his opinions.” “ We do not perceive that Dr. Hamilton's reply* at all blunts the force of Dr. Collins's criticism, and *still less* does it appear to us to shew that Dr. Collins has either *mistaken* or *misstated* his opinions.” Again “ In reference to the remarks which are made at page 99,* *et seq.*, upon the practice in the Dublin Lying-in Hospital, under ‘ the very able superintend-

* See Med. Gazette, June 13, 1837.

† Practical Observations.

ance of Dr. Collins and Dr. Kennedy,' we must observe that Dr. Collins *proves*, in his 'Observations,* p. 46, that Dr. Hamilton has not read the work he criticises with sufficient attention, and that, consequently, many of his strictures (to use a mild term) are incorrect and unmerited."

Stronger language, nor from a more impartial source, could not be adduced, than that referred to, in condemnation both of Dr. Hamilton's practice and criticisms.

I would next particularly refer to an article on the Management of the first Stage of Labour, by Dr. Edward W. Murphy, of Dublin,† which is one of the most instructive with which I am acquainted on this subject. It is written with much attention, and careful examination into the most extensive records; and *facts* alone are stated in support of what he has advanced.

In conclusion he states: "Having thus sought for *proof* to determine the validity of the doctrine so warmly advocated by Drs. Hamilton and Burns, as well as the propriety of the means by which they have proposed to effect it; the conclusion to which I have been led appears clearly against both.

"1st. *No proof* is given, neither do the records of the largest hospitals in Europe, nor their practice, establish, that the prolongation of the first stage of labour beyond fourteen hours, so impairs the vigour of the uterus as to become dangerous to the mother or child.

"2nd. That in cases where the pains are continuing often and decided, while the os tincæ is lax, dilatable, and thin, the uterus hardly ever fails, unless from some obstruction in the second stage, in expelling the child with safety to both; and therefore, that the practice of hurrying on the first stage of labour is totally unnecessary.

"3rd. That considering the structure of the os tincæ, how readily a derangement in the order of labour may be produced,

* Dublin Journal, March, 1837. † See Dublin Journal, May, 1837.

and its liability to be inflamed from irritation, such a practice might become absolutely mischievous."

Such are Dr. Murphy's deductions, and his opportunities for personal observation, as assistant in the Dublin Lying-in Hospital, render him highly qualified for the task he undertook.

I need scarcely say I agree with Dr. Murphy's deductions to the very letter, and in my opinion his paper is most interesting and useful.

In the second Medical Report of the Western Lying-in Hospital and Dispensary of Dublin, just published in the preceding number of this Journal by Dr. Churchill, he has given some most instructive *tables*, marking in twenty-one cases of labour, of *thirty-six* hours' duration and *upwards*, taken indiscriminately, the duration of each stage and the issue of the labour to the mother and child. Dr. Churchill gives the following practical conclusions:

"Of the twenty-one cases of labour, varying in duration from *thirty-six* to *ninety-six* hours, in only *four* did the second stage amount to more than four hours, whilst in *eleven* it was concluded in *one* hour. Neither did the duration of the second stage increase in proportion to the prolongation of the whole labour, for of the three cases of ninety-six hours each, in only *one* did the second stage exceed *three* hours.

"Further, it will be perceived at once that these tables have a *peculiar* bearing upon the interesting controversy lately carried on between Dr. Hamilton, of Edinburgh, and Dr. Collins, of Dublin.

"So far as the series of *facts* I have just presented extend, they are in *direct opposition* to the expressed opinions of Professor Hamilton; for a prolonged *first stage* neither rendered 'the powers of the uterus inadequate to expel the infant with safety to its life, or the future well-being of the patient,' nor disposed the 'uterus to contract irregularly, so as to occasion retention of the placenta,' nor too feebly 'to prevent fatal hemorrhage;' nor lastly, did it give rise to 'febrile or inflam-

matory affections of a most dangerous nature.* ‘For *firstly*, all the children were expelled alive, and continued to live, except two; one of which was premature, (six months,) and the other presented with the funis, and whose deaths were consequently not attributable to the protraction of the labour. *Secondly*, neither flooding, retention of placenta, fever, nor inflammation, happened in any case; on the contrary, every one of the cases recovered as well as after an ordinary labour of twelve hours’ duration.”

Could *facts* more graphically illustrate the justness and propriety of condemning Professor Hamilton’s *hasty innovations*, than those I have now accumulated from sources I have no doubt *satisfactory*.

It would be interesting for the reader to compare the multiplied *truths*, and the vast, perhaps I should say unexampled accumulation of *results*, I have submitted in this communication; with the artful and obviously incorrect *culling* of cases with which I have charged Dr. Hamilton, and which the statements I have above recorded *prove*. The following examples exhibit his talent in this respect, and are *fair* samples of his selections; and it is strange if they do not make a *lasting* impression on the mind of the reader. They are brought *forward* by Dr. Hamilton, as he “flatters himself,” as furnishing *the most decided proofs* of the *injurious consequences* of the *indefinite protraction* of the first stage of labour, and of the *VALIDITY* of the arguments upon which he *originally founded* “the rule of *limiting the duration* of the first stage to *twelve* or *fourteen* hours.”

I shall first record the Professor’s *doctrine*, and then the cases *selected* by him from my work.

“*Secondly*. After the birth of the infant, the uterus may contract *irregularly*, so as to occasion the retention of the placenta.”

* See these statements in Dr. Hamilton’s letter as the basis of his “innovations,” p. 203, May Number.

In proof of the *soundness* of his doctrine he refers to my Practical Treatise, page 142, Case No. 110. "This woman was sixty hours in labour; shortly after the birth of the child there was considerable hæmorrhage, with hour-glass contraction, which was treated accordingly. The child died thirty hours after birth."

Is it not strange to see such deceitful quotations made. Had I not *proved* (p. 407) that the *case given* is the ONLY SINGLE INSTANCE out of 16,414 deliveries, in which the uterus acted *irregularly* where the duration of labour exceeded *twenty-four* hours, I apprehend my professional brethren *might* doubt the fact, the circumstance is so *astounding*. Nay more, of the *total* seventeen cases recorded by me, *fourteen* were delivered within *twelve* hours.

These facts were *staring* Professor Hamilton in the face, in the *very minute* details and *tables* given; yet he cites the case as establishing HIS *doctrine*, when it *absolutely demonstrates* the almost TOTAL IMPROBABILITY of such an occurrence *ever being met with*.

I shall next shew his *selections* in proof of the "validity" of the *third* head of his "innovations" and "deviations," and indeed I regret the necessity of such exposures. I first state his *doctrine*.

"*Thirdly*. After the expulsion of the placenta, the contractions of the uterus may be too feeble to prevent *alarming hæmorrhage*."

Cases chosen in *proof*, page 169, Case 130. "In this case the labour lasted fifty hours, the foetal heart having ceased to pulsate, and the head having made no progress for several hours, the mother's pulse being 120, the head was lessened, and delivery effected by the crotchet. The placenta was thrown off in half an hour, followed immediately by considerable hæmorrhage. Increased pressure was made, and cold applied; but in five minutes it returned to a serious extent, when the hand was passed, and the uterus being emptied of its contents, contracted

well, and the discharge ceased; she got then thirty drops of tincture of opium to procure rest."

Page 169, Case No. 129. "This woman was sixty hours in labour; immediately after delivery, severe hæmorrhage ensued, which was checked by the introduction of the hand; after which she got forty drops of tincture of opium."

Will it be believed, that these *two* cases, with *two* others, were the ONLY INSTANCES met with in the 16,414 cases where hæmorrhage occurred after the expulsion of the placenta, where the labour exceeded *twenty-four* hours. But what is still more REMARKABLE; of *forty cases* of this description of hæmorrhage recorded by me, THIRTY-FOUR were delivered within *twelve hours*; *thirty* of these thirty-four within *six-hours*; *twenty-five* of the thirty, within *four hours*; and *eighteen* of the twenty-five, within TWO HOURS.

I could not have conceived any intelligent individual making the *rash* references I have shewn; but to adduce such as *the recorded support of the validity of new doctrines and new practice* is beyond *all comprehension*. That Professor Hamilton has done so is a *fact*, however startling. I do hope Dr. Hamilton will *candidly* state his *error*, as he has done with respect to the reference given in his Practical Observations to the cases of laborious labour published by me; regarding which I found it requisite to make the following comment in my previous communication in March, 1837, "That Professor Hamilton's 'positive decision' respecting the cases here noticed, originated in his *own imagination*, and not from the facts detailed, is accurately demonstrated by himself."*

I come next to notice Professor Hamilton's deductions as to the treatment of laborious labours in the previous number of

* "In illustration of this important precept, I referred, in the second part of my Practical Observations, p. 100, to several of Dr. Collins's recorded cases; and I find that, in so doing, I had committed a gross error, for which the most ample apology is due to Dr. Collins."—See May Number of Journal.

this Journal ; and if the practical precepts inculcated by him for nearly half a century, set forth similar *reasoning* and *doctrines*, it is *fortunate* the Professor has to complain that the eminent practitioners of London, Paris, and Dublin have not adopted *his* opinions. As such statements might probably mislead the junior members of the profession, who have not had any opportunity of examining for themselves, I shall endeavour shortly to put them on their guard, and this will be done *most effectually* by laying before them the *results* consequent upon the practice advocated by Dr. H., *as compared* with that which I have had the pleasure to submit from the Dublin Lying-in Hospital. I have to *complain loudly* and *feelingly* of Dr. H. withholding this *all important* practical *rest* in *all* and *every* of his voluminous and copious extracts, thus blinding the unwary and stifling the truth.

Professor Hamilton, after *selecting* seven cases from amongst the *worst laborious labours* met with during my residence in the hospital, states, "Instead of commenting on the above cases, I shall quote the words of Dr. Collins himself:—

"I know no case where the advantage derived from the use of the stethoscope is more fully demonstrated, than in the information it enables us to arrive at with regard to the life or death of the foetus in the progress of tedious or difficult labours.

"Heretofore we were in a great measure ignorant of the time at which death took place ; and the practitioner, imagining the child alive, from want of satisfactory evidence of its death, delayed interfering until his patient was in the greatest possible danger ; whereas, had he been assured the child was dead, he would have delivered her before life became actually hazarded, and thus prevented her not only enduring for hours, but even days in some instances, the most torturing pain ; the result of which continued suffering was not unfrequently death, or what was, perhaps, worse than death, extensive sloughing of the urethra, or of the recto-vaginal septum, establishing a

communication between these two cavities, reducing the unfortunate sufferer to a state of extreme misery.”—*Practical Treatise*, p. 18.

In reference to the above quotation from my work, Dr. Hamilton observes: “Notwithstanding the excellent maxim thus quoted, it is evident that the symptoms indicating the approach of danger had been totally overlooked in the above cases, and they establish, beyond a possibility of contradiction, my first proposition; for, in the cases alluded to, inattention to that rule proved *fatal* to the *mother** and to the child.”

Secondly, “Dr. Collins states, that in 16,414 women delivered in the Dublin Lying-in Hospital during his Mastership, there were twenty-four forceps cases; that four of the women died, and that eight of the infants were still born; in plain language, that one-sixth of the women and one-third of the infants died; and yet the great object in the application of the forceps is to save both mother and child. Let this result be *compared* with that of the practice adopted in the Hospice de la Maternité of Paris.

“According to Baudelocque, during nine years, ending 1806, there were 12,751 deliveries in the Hospice de la Maternité. Out of these, the forceps cases were thirty-seven, being one in $344\frac{2}{3}$; and the crotchet cases were nine, being one in $1416\frac{2}{3}$.

“Madame La Chapelle has given an account of the result of the practice in the same hospital, preceding the 31st December 1811. She states, that in 15,652 deliveries in that hospital, there were ninety-three forceps cases, and seventy-two of the infants born alive. In the details given by Madame La Chapelle, she acknowledges only the death of thirteen women,

* Of the seven cases referred to, *four* recovered without a bad symptom; although *culled* from the *worst* cases of *laborious labours*, and are recorded by me in accounting for the children being *still born*. *Fifteen* women *only* died, who were delivered by the crotchet in difficult labour, out of 16,414. *Fourteen* of the fifteen were delivered of *first* children; all were *males*.

which is one-seventh instead of one-sixth, which occurred in the Dublin Lying-in Hospital.

“But this is not the only fact which requires the most serious attention. In the Dublin Lying-in Hospital, according to Dr. Collins's records, the forceps were employed only once in 608 cases ; whereas in the great hospital at Paris, according to Baudelocque, it was used once in $344\frac{2}{3}$; and according to Madame La Chapelle, in the same hospital, once in 165. In the Edinburgh General Lying-in Hospital, during a very limited period, the forceps were used one in 109.

“On the other hand, in the Dublin Lying-in Hospital, the crotchet was used in laborious labours, according to Doctor Collins, once in 210 cases. Whereas in the Hospice de la Maternité, according to Baudelocque, crotchet cases bore the proportion of one in 1416 ; and according to Madame la Chapelle, one in 1908 ; while in the Edinburgh Lying-in Hospital, the proportion was one in 431. The reader will now find no difficulty in deciding to whose practice the accusation (Dr. Collins, Dublin Journal, p. 30,) of ‘cruelly destroying the child’ is applicable.”

Such are Professor Hamilton's *deductions*, and in “plain language,” I verily believe in the whole history of letter writing a less trustworthy or more unsound chain of reasoning could not be produced, nor any more designed to *fetter* the youthful mind in seeking after truth. Are not, I would ask, the *arguments* brought before us positively *mischievous* in the extreme, when “volunteered” to the *junior* members of the profession, by holding up for their *example* and *imitation*, the utility and advantage of *numerous* deliveries by the forceps, as in the French and Edinburgh Hospitals, in comparison with the Dublin Lying-in Hospital.

What Professor Hamilton's object was in *withholding* the REAL RESULTS of the practice in the institutions alluded to, he best knows himself ; but to my judgment, his *comparisons* are palpably calculated to *conceal* what is worthy of being known, and to

propagate error. That this denunciation by me is fully merited I shall now briefly explain.

Dr. Hamilton, after stating the total number of deliveries in the Dublin Lying-in Hospital under my care, and then the total number in the Hospice de la Maternité under Baudelocque and Madame La Chapelle, gives the relative proportion in which the forceps and crotchet were used, as I have recorded in his own words above. It will be observed, his comment with respect to Madame La Chapelle's forceps cases is, "she *acknowledges only* the death of thirteen women," (*non credo*, says the Professor!) "which is *one-seventh* instead of *one-sixth*, which occurred in the Dublin Lying-in Hospital."

The *real comparative mortality*, which is *scrupulously* concealed in this and *every other* instance by Professor Hamilton, and which was placed before his eyes in p. 343 of my Practical Treatise, is as follows :

Baudelocque states, that out of 17,308 women delivered in the Lying-in Hospital at Paris, *seven hundred* died, which is nearly in the proportion of *one* in every twenty-four. This is a *very excessive mortality*. It does not, however, differ much from the average mortality of *that institution* at the present day.

In some years the mortality in that establishment falls little short of that occurring in most pestilential diseases. As an example, in 1829, the mortality was *one* in every twelve or thirteen women delivered, the number of deaths being 255 in 3074 deliveries; thus in *ONE YEAR*, a *greater* number of deaths by *nearly a half* occurred, than were met with during my *SEVEN YEARS'* residence in the Dublin Lying-in Hospital, where 16,414 women were delivered.

Baudelocque reports 700 deaths in 17,308 deliveries, whereas, in 16,414, we had 164.

Is it possible a *greater concealment* of *important facts* could be exhibited than is here detailed. I am of opinion, few will, after this exposure, hesitate in declaring, from Professor Hamilton's *comparisons* of the forceps and crotchet, that his deduc-

tions are most *unjustifiable* and *incorrect*, as well as inconsistent with sound practical instruction, and highly calculated to propagate *mischievous intermeddling*.

Now, for the Professor's *own* hospital, the Edinburgh. In the following statement, taken from Dr. Hamilton's third letter to the Editor of the London Medical Gazette, there is much of concealment.

"It will, no doubt, surprise Dr. Collins and the gentlemen connected with the great establishment in Dublin, when I state, that by a report presented to the managers of the Edinburgh General Lying-in Hospital, and circulated under the authority of the Right Hon. the Lord Provost of this city, dated the 21st January, 1837, it appears that 15,936 women had been delivered previous to the 1st of October, 1836, and that the whole expenditure, (not the annual,) including the purchase of the buildings and area, furnishing the same, &c., amounted to the very small sum of £10,214 13s. 8d."

Would not the *unsuspecting* reader from this extract believe, that the total 15,936 women were delivered *in* the Edinburgh Hospital; whereas the fact is *far otherwise*, as by a statement printed in 1834, (I have not that to 1836,) the deliveries *within the walls* from 1793 to the former year amounted only to 5,198.

This embraces a period of 41 years, which shews the *annual average* of deliveries *in* the hospital to be reduced to the *very small* number of about 126.

I find by an Essay published in 1823, by the late and much regretted Dr. Mackintosh, of Edinburgh, that Dr. Hamilton "acknowledges"* *seven* women *died* in the Edinburgh Lying-in Hospital in the year 1821; and *five* *died* in the year 1822; making a total of *twelve* in the two years, and that according to Professor Hamilton, *not one case* of puerperal fever occurred in the above period. If we take the average number delivered,

* I use the word acknowledge, from Dr. Mackintosh's statement, as he asserts *nine* women died in 1821, and offers any pledge as to the truth of what he stated.

126, and multiply this by two, it gives us the total number of deliveries in 1821 and 1822, viz., 252, and if we divide this number by 12, the *total deaths*, it proves the *mortality* in the Edinburgh Hospital to be *one in twenty-one*; which is even *more frightful* than the Paris Hospital. By Dr. Mackintosh's calculation, the mortality would be *one in eighteen*. The number I have given as delivered in 1821 and 1822, may be slightly incorrect, owing perhaps to a greater proportional number being delivered in some years than others, but the difference can affect the calculation to no material extent.

I ask Dr. Hamilton, and my *junior brethren* in the profession, to COMPARE this *excessive mortality*, with *one in one-hundred* out of 16,414 deliveries, which I have had the happiness to report as the result in the Dublin Lying-in Hospital during the *entire* period of my residence. But, still *more*, to compare the result of *one death* in TWENTY-ONE, with the result of *one death* in ONE HUNDRED and EIGHTY-SIX, as in the Dublin Lying-in Hospital during the last *four years* of my residence, *after* the disappearance of *puerperal fever*; and this out of the vast number of *ten thousand seven hundred and eighty-five* deliveries.

The *difference* in practice is truly remarkable, and the familiar comparison of *light* with *darkness* very appropriate. He that runs may read.

Why is it that I have been thus compelled to *seek* and *fish* for information respecting the mortality in the Edinburgh Hospital, which is a public charity, supported by public subscription? In my observations in this Journal in March 1837, I thought I had sufficiently called Professor Hamilton's attention to the necessity of making a proper report in the following words:

"I cannot help stating the additional pleasure and *real satisfaction* I should have experienced, if Professor Hamilton had embodied with his highly interesting work, a brief report of the Edinburgh Lying-in Hospital, of which it is so well known

he has had the medical charge for *nearly half a century*. This indeed would be of *great value*, as a report of the cases taken during the *progress* of the patient's illness, *marking* the *cause* of *interference*, in those cases where a *deviation* from the *ordinary treatment* was had recourse to, would be *highly instructive*; at the same time *making us acquainted* with the *RESULT* in *all* cases to both *mother* and *child*. Without the *latter* no *correct opinion* can be formed of the *ELIGIBILITY* of any line of practice *recommended*. I *anxiously hope* for this information with respect to the Edinburgh Hospital, even for *half* the period mentioned, so as to *enable us*, as stated by Doctor Hamilton, "*to contrast the result of his practice* with the recorded evidence of the protraction of labour in London, Paris, and Dublin." In reply to the above, Doctor Hamilton in his third letter in the London Medical Gazette, states "it is not in my *power* to *comply* with Doctor Collins's wish." He accounts for this by stating, that previous to the 4th of January, 1823, many of the early records were abstracted, but that *since* that period the directors of the institution, at his suggestion, ordered the details of the cases should in future be inserted in "ponderous ledgers." This, it may be observed, embraces no shorter a period than *fifteen years*, in which the records of the hospital are *perfect*: and all this valuable information is *withheld*, because the entire *half century* cannot be included. Our Report of the Dublin Lying-in Hospital only extended over *seven years*. It appears strange that Professor Hamilton can report the *total number* of cases of rupture of the uterus in the Edinburgh Lying-in Hospital since its *foundation*,* and yet he leaves us in the *dark* (after the *example* of Madame Boivin and Madame La Chapelle)

* See first letter Medical Gazette, p. 17. It is well known that Dr. Hamilton has held the Professor's Chair of Midwifery in the Edinburgh University since the first establishment of the Edinburgh Hospital; and I have no doubt, the notes of his lectures contain an abstract of all the important occurrences.

as to the *total mortality* to the *mother* and *child*. I still hope Dr. Hamilton will re-consider the subject, and submit to the profession a report of that character and minuteness he is competent to; and thus confer a lasting benefit upon his brethren, and at the same time requite the confidence placed in him by the public, in retaining him so long in charge of the charity.

The last point in Professor Hamilton's letter, I shall at present shortly direct attention to, is one of the *utmost* practical utility, in my opinion, in the management of laborious labours; viz. the ascertaining with accuracy the *life* or *death* of the child by the stethoscope. I firmly declare it as my belief that it is one of the greatest improvements ever made in the practice of midwifery; notwithstanding the Professor's sneeringly nominating it the *new method*! I could not have believed that Dr. Hamilton was so totally unacquainted with the advantages to be derived from mediate auscultation, as his criticisms prove him to be. Dr. Hamilton remarks, "By what extraordinary process of reasoning any practitioner, with the conviction that there is such an obstacle to the delivery, that a living infant cannot be born, should delay the necessary relief to the woman, till by means of the stethoscope the death of the infant should be ascertained, is to me quite incomprehensible.

"And yet the following cases shew, that this principle was carried still further in the Dublin Lying-in Hospital, for it is admitted, that notwithstanding the *alarming symptoms*, the sufferings of the patient were allowed to continue for *hours* after the death of the infant was believed to be unequivocally ascertained by means of the *new method*, on the important utility of which Doctor Collins has passed so high an eulogium."

Such are Professor Hamilton's enlightened conclusions. In justification of the high sounding language I have quoted, he has *selected nine cases* in which it was deemed advisable to effect delivery by the crotchet, the child's *death* having been

ascertained by the stethoscope *some hours* previous. What, I ask Doctor Hamilton, was the result even of the *nine* cases *chosen*? I will answer; *all but one perfectly recovered*. What possible stronger evidence could be adduced than is afforded by these very cases, in several of which there was great difficulty, yet by the child's death having been satisfactorily ascertained, and delivery effected shortly afterwards, without the most remotely disagreeable feeling as to the destruction of the child, *eight* of the *nine* escaped injury. It appears remarkable, in Doctor Hamilton's judgment, that the patient should be allowed to remain undelivered for *some hours* after the child's death is ascertained. Here Doctor Hamilton *as remarkably* displays his want of acquaintance with the application of the stethoscope, as *he should have known* that it is totally contrary to every rule of practice, to deliver the patient with the crotchet when the foetal heart's action *first* becomes inaudible. It is only after frequent examinations, with some interval between each, that this is ever resorted to, except where the mother's life is in *very imminent danger* indeed. Is it probable the *nine* cases referred to would have terminated so favourably, if we had not had the means of *detecting* the child's death, which enabled us conscientiously to effect delivery before the mother suffered any serious injury. Doctor Hamilton states, "*he cannot imagine a case of laborious labour, which had been much protracted, where the knowledge of the state of the infant can be necessary to regulate the practice.*" This indeed is an *alarming* assertion, and never could have been made by a practitioner who diligently applied the stethoscope in such cases. Does Doctor Hamilton mean to convey by this expression that he would destroy a *living child* where the mother's life was not in *danger*? If so, we solemnly protest against so revolting a doctrine.

Again, does Doctor Hamilton believe, that *without* the use of the stethoscope, he could discover the time at which the

child's *death* occurs in laborious and difficult labours. I am of opinion few will be so hardy as to state so.

Is it not therefore a matter of incalculable advantage to the practitioner to have the means of judging on this subject ; as from the natural dread every man must feel to open the head of a *possibly* living child, he would otherwise refrain from interfering, until the sufferings of the mother had been so great as to place her in the utmost jeopardy.

I have no hesitation in stating, that had not the stethoscope been attentively used in the Dublin Lying-in Hospital, during almost the entire period of my residence, we could not have reported so *vast* and *singularly striking* a difference in the *mortality* with other similar institutions.

When we reflect, that according to the calculations I have given from the Edinburgh Hospital, no less than NINE women *died* for every ONE that *died* in the Dublin Lying-in Hospital, after the disappearance of puerperal fever ; it is evident Professor Hamilton's DEVIATIONS from the ordinary mode has been a "*most unfortunate practice.*"

Professor Hamilton states, in alluding to a case of protracted labour, which he records, p. 204, "I should have applied the *forceps* and *extracted* the *infant.*" "In the above instance, therefore, it must appear to any candid inquirer after *truth*, that both mother and child *were victims to the practice adopted* : the *cause* of protraction was evidently the interception of a *band* of the *cervix uteri* between the head of the infant and the pubes."

This bombastical and presumptuous language is in my opinion truly unworthy in any individual, and still more so from an aged Professor, who should certainly not instruct his pupils in scurrility ; which every well regulated mind invariably treats with the *utmost contempt*. My statement regarding the delivery of this patient is, *that after the head was lessened*, ALMOST EVERY BONE WAS REMOVED *before it could be delivered* ; and *even after it was brought down*, MUCH EXERTION was re-

quired to free the shoulders and body. The child (a *first*) was *large*, and the body somewhat *distended* with *air*. Would any "*inquirer after truth*" have made the unfounded and unprofessional remarks above, with such a detail before his eyes. I cannot avoid stating, that if commentators *similar* to Professor Hamilton were *numerous*, who would sit down to *cull* and *distort* cases in support of their own doctrines, and at the same time scrupulously conceal the *really valuable and obvious results*, to the *disadvantage* of the writer, as I unhesitatingly submit I have demonstrated Doctor Hamilton to have done in every instance noticed in this communication ; it is my opinion, that physicians attached to hospitals would then be *quite justified* in reporting the results once in "half a century." Fortunately, however, they are *rare*, as I have met with *no other* to act so unfairly ; and until Professor Hamilton proves to his brethren in the profession, by a minute detail of the cases under his care in the Edinburgh Hospital, somewhat similar to what I have done from the Dublin Hospital, that his practice has been attended, not only with *equal*, but *happier* success, he should be *ashamed* to make such gross remarks as have sometimes escaped him : and his criticisms upon others, so long as he *hides* his *own practice* in "ponderous legers," must prove *abortive*.

It is surely not to *select*, and comment *unfairly*, on a *few* cases, that a work containing a report of *sixteen thousand six hundred and fifty-four births* should be studied. As I before stated, it never should have been published, if the author had not widely different and more extended ideas of its utility. It would ill become me to say much respecting the manner in which the work has been received ; if, however, the opinions already so *freely* expressed by the professional public and reviewers be a test of its merits and utility, I need feel very little anxiety as to the opinions of any one individual on the subject.

In concluding these observations, I beg to assure Doctor Hamilton, that had he candidly and fairly stated the *results* of

the practice of the Dublin Lying-in Hospital, simultaneously with his comments upon the several points of practice wherein we differ, I should have felt much pleasure in discussing the subjects with him calmly and deliberately ; but when this *important* information is in every possible way *stifled*, and cases (*from the multitude*) ingeniously *selected* in *proof* of doctrines I have clearly shewn they absolutely *DISPROVE* ; I feel that I so little deserve this treatment, and that there is such a *total* abandonment of generosity in the course adopted, that I have been tempted to *reprint* occasionally some of the Professor's own language, which I hope he will agree with me in thinking, when it is applied to *himself*, unworthy of the author, and in every respect calculated to prohibit that *friendly intercourse* and *freedom of opinion* so truly advantageous to the spread of knowledge in the profession.

ART. XIX.—*Researches on the Occurrence of Typhus in the Manufacturing Cities of Great Britain, with some Observations on the Nature of its Enteric Complication.* By JULIUS STABEROH, M. D., Berlin, &c.

[Read before the King and Queen's College of Physicians in Ireland.]

GENTLEMEN,—In addressing these observations to you, I must say, that although I felt grateful for the unmerited mention of my name by the reviewer in the Dublin Journal for January, 1838,* I found my condemnation also previously pronounced in the correction of Doctor Lombard's somewhat rashly formed opinion.

It is now five years since I commenced the careful study of continued fever ; the last six months have been spent in Great Britain and Ireland, and I am every day more convinced, that a foreigner, unless he were to spend several years in studying the disease in different localities, would never acquire accurate

* See the Review of Dr. Cowan's Statistics of Fever.