Lecture ON THE HISTORY OF MIDWIFERY,

*Introductory to the Course on Obstetrics delivered at
St. Mary's Hospital Medical School.*

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GENTLEMEN,—I propose to day to give you a brief sketch of the History of Midwifery, because I believe that the study of the history of any branch of science or art is capable of affording to the diligent student many useful lessons, if only he will take the trouble to think for himself. This is a practice which too many of us, I fear, in the present day, are very apt to disregard. Patient, persevering, continuous thought—steady application of the mind to one object—is by no means easy in these times of excitement and of hurry, when the boast of the day is that this is an age of progress. But the very desire for progress, if too eagerly sought after, is apt to become a hindrance and a snare, and, by encouraging hasty generalisation, to the neglect of minute attention to detail, is very liable to lead in the long run, not to advancement, but to retardation. This danger is one which, I think, especially besets the student of medicine in these days.

I make these preliminary remarks—which may seem to some of you, perhaps, rather out of place in the introductory lecture to a course on the Theory and Practice of Midwifery—partly because I wish, at the outset of your studies here, to impress upon you the great importance of your not contenting yourselves with merely listening to what I or my colleagues in this school have to say, but that you should practise habits of thoughtfulness, remembering always that you are not here merely to learn what we have to teach, but that it is quite as much your duty, and, I would add, your privilege, to educate yourselves—ay, even by criticising what you see and hear from us,—so that your mind is exercised, and your reasoning faculties and imagination stimulated. There is no better safeguard against that greatest of all dangers to the student and practitioner of medicine—namely, routine—than the early cultivation of independent thought.

Another reason which induces me to make these observations is, that in these lectures which I have to deliver we shall have much to do with *theory*; and here, more perhaps than in the *practice* of our art, you will have ample scope for the exercise of thought. Practically, midwifery has become very much a matter of rule. This only testifies to its degree of perfection as an art, and it is the result of centuries of observation by some of the most accomplished, the acutest, and I would add the noblest intellects of past ages. It was the fashion once—it is so still with a few whose claim to have an opinion on the subject is founded only upon the happiest ignorance of the question—to regard the obstetrician as a man of lower grade in the medical hierarchy—a kind of hybrid, half man, half woman, with intellect to match. Yet I would venture to affirm, without a fear of contradiction, that among the practitioners of midwifery in past times are to be found the names of men who have done as much for medical science as any equal number of men from the other departments of medicine and surgery.

I have said that scientific history is full of instruction to the thoughtful student, and the history of midwifery certainly furnishes no exception to this statement. Moreover, it is a subject which, from its very imperfection, is pre-eminently useful for the purpose which I have had in view in the remarks just made; for, in the absence of any written record, no sooner is the mind concentrated on the subject than we are lost in conjecture and speculation as we ask, What was the practice of midwifery among the earliest members of the great human family? Who were the attendants? How did they perform their office? I am sure I need not stay one moment to point out the interest

of such an inquiry. Can we find an answer? Now, there is but one book which comes to us with any stamp of authority as a record of the history of the human race. You know the title of the work to which I refer. As men of science, however, and as members of the Christian family, we know that that book is not intended as a work of reference in disputed points of scientific interest. Some there are who seem very fond of using, or, I ought rather to say, of abusing it for this purpose; for their object seems generally to be attained when they have succeeded, as they think, in casting discredit upon its statements. While, however, I disclaim all idea of referring to the Bible for the solution of any scientific problem, we may nevertheless consult its pages for the record of facts in regard to a people of whose history it gives many minute details. Nor shall we seek in vain for some points of interest bearing upon the question which we are now considering.

It is an interesting, but perhaps in one sense not a very profitable, inquiry as to what was the practice at the first human birth, in regard to those details about which we are now so very careful. What, for instance, was the position of the patient? How was the child separated at its birth? What was the management of the placenta? Answers to these questions are none the less interesting because they are wholly conjectural; and, moreover, they have a bearing upon the subsequent history of obstetric art, as I shall presently show. The first thought that strikes one in the consideration of this subject is this, that the whole process would inevitably be regarded as a purely natural phenomenon, and as such of course its details would be left entirely to nature. Unless any distinct information was given to the progenitors of our race as to how they were to act under these circumstances, it is likely either that they would imitate the example of the brutes around them, so far as that was possible, or they would remain passive spectators of an act in which they did not feel called upon to interfere. In all strictly natural cases, as we now call them, the latter course would probably be the one adopted; even this, however, would require some slight interference, unless we are to imagine that for several days at least after the birth of the child the entire placenta and umbilical cord was allowed to remain attached until such time as it dropped off by the ordinary process of sloughing. It cannot be supposed, however, that in such a matter man would be less careful or have lower instincts than the brutes around him, and if they are anxious, as we know they are, to detach their offspring, our first parents would scarcely be less so; on the contrary, it is reasonable to suppose that, in some way or other, they would improve upon what they must have witnessed almost daily. The division of the umbilical cord would thus take rank as one of the first of surgical operations on the human subject; but of the exact method adopted for this division we know nothing, nor do we know whether any steps were taken to prevent hæmorrhage from the cut end of the cord. Probably, however, nothing was done, partly because the method of division would most likely be such as to avert bleeding, and partly because it might not occur to an observer that the hæmorrhage in question could be easily arrested. It is remarkable, however, that even among the most uncivilised tribes precautions are taken against this accident. Travellers have observed and recorded their experience on this point among the Hottentots, who are in the habit always of applying some particular form of ligature to the umbilical cord; and this practice they have adopted from time immemorial. Nor are we left in absolute ignorance on this subject in the pages of Holy Writ; for the prophet Ezekiel, writing nearly 600 years before Christ, makes distinct allusion to the practice when he says, in his denunciation of the Jews, "And as for thy nativity, in the day thou wast born *thy navel was not cut*, neither wast thou washed in water to supple thee." From this we may infer that section of the umbilical cord was the established practice in that day, though it does not appear that as yet the ligature had also been adopted; indeed, we may suppose the contrary, because Plutarch states that the operation of circumcision was delayed until the eighth day on account of the weakness of the umbilical cord—a statement which evidently refers to the liability to hæmorrhage which might arise from the struggles of the child during the operation, a danger which certainly would not be incurred if a ligature were applied.

In regard to the other question, as to the position of women during delivery, though we may well believe that the recumbent posture, whether on the back or on the side, would not only be the easiest but also the safest, yet it is certain that this was not the custom in early days, nor is it even now of universal adoption. You remember the verse in the first chapter of the book of Exodus, where the King of Egypt spake to the midwives who were in exile with the children of Israel, and said, "When ye do the office of a midwife to the Hebrew women, *and see them upon the stools*," &c., from which it is evident that at that time, which was nearly seventeen hundred years before Christ, the practice was to be delivered in the sitting posture; and in some parts of Germany, I believe, even at the present time, the same practice is adopted, at least among the midwives. In France, too, up to at least the seventeenth century, it was the custom for the midwives to carry about with them to their patients' houses a chair in which delivery was effected. In an old work on midwifery, written in Latin by one Daventer, of Leyden, who, we may suppose, had, with or without reason, a pretty good opinion of himself, inasmuch as he states on the title-page of his book that in it "the many errors in all the books hitherto written upon this subject are clearly refuted"—in this book is a chapter on "the utensils which the midwife carries with her, either in the country or in the city"; and it opens thus: "A Midwife who lives in the City is to be furnished with a commodious and well-made Chair or Stool for the Use of Women in Labour, in which, as Occasion requires, the Women may sit or lie down in any Manner, whether it be an easy or a difficult Birth. For in a Chair so perforated Women may much more commodiously bring forth than in an ordinary Chair, a Bed, or short Couch; and Midwives may do their duty more conveniently." The chair in question admitted of the recumbent posture by the lowering of the back; the seat of the chair had a large aperture in front, and over this the patient was to sit, the idea being that the expelling force of the uterus would be directed in this way to the opening in the seat, where it would meet with no resistance, and no upward pressure would be exerted to counteract it, as would be the case, it was thought, if the patient were sitting on an ordinary seat.* From all this it is evident that, though the recumbent posture may occasionally have been used in those days, yet the upright or sitting position was much more frequently adopted. In proportion, however, and only as the obstetric art has become more perfect, the sitting posture has been abandoned and the recumbent one practised, and in all probability the former was universally adopted in the early ages of the world's history. I need not stay to remark how strangely opposed to our modern notions of propriety and delicacy would be the practice of an accoucheur carrying a chair from house to house for the purpose of delivery. Imagine the gossip of a West-end servants'-hall at such a sight as this!

Of the management of the placenta by the early obstetric practitioners little or nothing is known; but it is probable that, if the upright posture was the one usually adopted, difficulties in the way of retained placenta would very rarely be met with, except in cases of morbid adhesion; for, undoubtedly, early and speedy expulsion of the placenta is greatly facilitated by such a position, though that which gives the facility is also a cause of danger.

Now, as to the persons who ordinarily attended to this branch of practice. It is a remarkable fact, and one which no doubt has been duly chronicled by those who are now so clamorous for the medical education of women, that in all countries, in all ages, and among all classes of society, women have been the usual obstetric attendants. Of this there are proofs innumerable; and, though it may be difficult to find any absolutely true explanation of it, yet, undoubtedly, the known practice in the earliest ages of the world, and among a people who were recognised distinctly as the favoured of God, must have exercised a powerful influence in establishing the custom in successive ages. The proofs of this in Holy Scripture are very numerous. The earliest mention of it of which I am aware is in Genesis xxxv. chapter, 17th verse, where Rachel, the wife of Jacob, being on a journey from Bethel to Ephrath, "travailed, and had hard labour. And it came to pass, when

she was in hard labour, that the midwife said unto her, Fear not, thou shalt have this son also," which she did, and very soon afterwards died. This was supposed to have taken place upwards of 1700 years B.C. There are many other references of a similar kind, all tending to the same conclusion; and there certainly is not, so far as I am aware, any statement showing that men were ever so employed. It seems not unlikely that women occasionally delivered themselves, without having attendance from anyone even professedly qualified. For instance, in the notable case with which you are all acquainted, where King Solomon gave his remarkably wise judgment as between two women, each of whom claimed a particular child as her own, it is stated that one of the women came and said, "Oh, my lord, I and this woman dwelt in one house, and I was delivered of a child with her in the house. And it came to pass the third day after that I was delivered that this woman was delivered also; and we were together; there was no stranger with us in the house, save we two in the house." Here then is a very circumstantial account, dating upwards of 1000 years B.C., of two deliveries which were accomplished in much the same way, no doubt, as are those of concealment of birth of which we hear occasionally. But whether this practice were frequent or not, it seems clear that only women were in attendance, and many of them were in great renown in their day. Nor was this limited to the Jews, for with the Greeks, the Arabians, and possibly also with the Egyptians, the same rule obtained, though not perhaps so absolutely. In regard to the Romans we have undoubted evidence that men practised midwifery, but not exclusively; we know also that midwives were a recognised class among them. It is probable that after the Jewish captivity, and up to the time of their dispersion, the practice in this respect began to vary, for Herodotus tells us that the Jews copied many of the customs of the people with whom they sojourned, and it seems likely therefore that, as the Egyptians undoubtedly had male accoucheurs, the Jews would also after their release from captivity. That the Egyptians should have favoured such a practice is not to be wondered at, seeing how much they associated with the Greeks; and it cannot be doubted that as midwifery was studied and practised, not as a rule, but only in emergencies by the men of Greece, and especially by the Athenians, many lives would be saved by men which would be lost by the midwives, and this could not fail to influence those who associated with them.

It is usual, and there is no doubt a certain warrant for the opinion, to regard Hippocrates, who lived about 460 years B.C., as to some extent the founder of the obstetric art; but his writings on this subject serve only to betray the ignorance which existed in his day, even in the case of a man so deservedly great in medical science. Plato tells us something more of the character and function of the midwives at that time, and from him we learn that some of them were very distinguished in this particular department. Aristotle and Galen also mention them, and the former describes the treatment of the umbilical cord which was adopted by them. From this it appears that in his day, nearly 400 years B.C., before applying the ligature, the umbilical cord was squeezed from the placenta to the foetal end in order that all the blood it contained might be pressed back into the vessels of the child. Probably then the child was not separated till after the expulsion of the placenta, so that as much blood as possible might be procured for the purpose in question. Aetius, of Alexander, spoke also of the midwives in terms of high praise. Gradually, however, as a taste for the arts and sciences was developed among the Greeks, so in exact proportion did the study and practice of midwifery by men become more and more general. It is difficult to say exactly where or when the change was effected; we find mention made of it by several of the authors I have referred to, but they nowhere tell us why it was nor whether in that day the same objections were raised against this innovation, as is now being done in England and elsewhere against the study of medicine by women. There is, however, one instance recorded where a revolt was made against the innovation in question—viz., in Athens; here the feeling was very strong, and some of the ladies of that city declared that they would rather die than be attended by the stronger sex. Notwithstanding this, a law was actually passed prohibiting women from studying or practising medicine, but a certain woman named

* This work was translated into English and published in this country in the year 1746, so that the practice in question would seem to have existed in this country even so late as that.

Agnodice dressed herself as a man, and in this way she eluded the law for some time. Suspicion was, however, roused against her, and she was tried and condemned by the Areopagi, whereupon some very distinguished and influential ladies went to the Senate in her defence, and the judges were compelled to revoke the sentence. This of course led to a repeal of the prohibition, and women thereafter became legally entitled to practise, not, however, to the exclusion of the men, who still practised as before. Thus it appears that the strong feeling which has lately been exhibited on this question finds its counterpart in the principal city of Greece in the early years of the Christian era.

Turning now from the Greeks to the Romans, we find that here also women were the principal obstetricians, notwithstanding that the practice of medicine and surgery was almost exclusively confined to men, even in the earliest periods of Roman history. They also were always called in by the sages-femmes whenever any difficulty arose. This fact is established not only by positive statements, but it may be inferred also from the account given by Pliny of the birth of Scipio Africanus, Cæsar, and Manlius-Torquatus by means of the Cæsarean section, for it cannot be supposed that women would perform such operations as these. Suetonius also mentions that the Emperor Augustine having married Livia, the wife of Tiberius, she being in hard labour, Antonius Musa was called in consultation "pro partu accelerando," and the result was the birth of Nero, showing clearly that at that time men were the recognised consultees in difficult labours. I must not omit to mention Celsus, who lived in the reign of Tiberius, A.D. 35. He was undoubtedly one of the greatest Roman medical authors and practitioners, and has a just claim to consideration as one of the most distinguished accoucheurs of his day, for not only did he advocate a method for the better dilatation of the cervix in difficult cases, but he also described the operation of podalic version, and the cases in which he thought it was applicable. He advocated, too, the use of the crotchet, which had been employed since the time of Hippocrates for the delivery of dead children.

Little is known about the practice of medicine among the Arabians, but it is evident that midwifery was to a limited extent practised by men, and we have knowledge of at least two distinguished Arabian accoucheurs—viz., Albucasis, who lived in about the eleventh century, and another scarcely less distinguished—viz., Avicenna, who practised about fifty years earlier. It would seem, however, that here, also, by far the largest share of midwifery fell to the lot of the midwives, and, owing to the extraordinary contempt with which all surgical operations were regarded by the Arabians, who always got their slaves to perform them, practical or operative midwifery made little or no advance. Albucasis, indeed, gives directions for the delivery of hydrocephalic monsters by craniotomy; and also for the management of cases of retained placenta, but his instructions in this respect are not very forcible. They consisted merely in recommending the patient to sneeze or cough, and if that failed, then they were to apply the vapour of certain herbs to the uterus: I suppose for the purpose of making it contract.

The sketch which I have just given—and it is, after all, but a sketch—brings us up to about 1000 years of the Christian era, and it cannot be said that up to that time much advance had been made either in the art or science of midwifery. As regards natural labour, of course nothing was required, and no advance therefore could take place, except in regard to the physiology of the process, and on this point literally nothing was known. But when we consider that during all these ages, so far as we know, the practice of midwifery was almost entirely in the hands of women, most of whom were very ignorant, and that therefore difficulties and complications must necessarily have been very frequent, and so have given ample opportunities for improved practice, it is, I think, surprising that so little was done to place the matter on a better footing, and it certainly speaks strongly against the propriety of handing over the whole of this branch of medicine to the weaker sex. As regards operative midwifery, the chief points to notice are—the establishment of the Cæsarean section, the use of the crotchet and perforator in the case of dead children, and the performance of podalic version in a certain modified form.

During the succeeding 500 years several very distinguished accoucheurs flourished, but still the bulk of the practice all over the civilised world remained in the hands of the midwives, and consequently, as I think, no very great advance was made in its scientific practice. Probably the most distinguished of all the writers at this time were the two Arabians I have already mentioned—viz., Avicenna and Albucasis; and it is especially to be noted of both these, particularly the former, who has the merit of priority, that they describe, and the latter actually gives an illustration of, an instrument which was clearly a kind of midwifery forceps, and was intended to be used in the extraction of a living child. I have no desire, far from it, to detract from the merit justly due to the Chamberlens for their great invention of the midwifery forceps; but truth and justice require that it should be stated that something remarkably like this instrument, and certainly intended for the same purpose, was invented about 600 years before. Towards the fifteenth century the study of the arts and sciences was much more generally cultivated; the works of the older Greek writers supplanted those of more modern times, and thus was laid a better foundation for the more careful, accurate, and philosophical study of natural and morbid processes. It cannot be doubted, too—and this is a point especially to be noted at the present time,—that, with the advance of civilisation, and the wider study of the arts and sciences, women have preferred to be attended in their labours by men. Obviously this cannot be due to any merely sentimental idea; there must be some solid basis of fact to account for a change so universal, so opposed at first sight to womanly instincts; and I know of no ground save that of increased confidence, inspired by the consciousness of greater knowledge, and consequent readiness to cope with any difficulties that may arise under circumstances involving sometimes extreme peril to life. From the time when men first began to be consulted in cases of difficulty and danger, it was obvious that in the end, and in proportion as they perfected their knowledge of the process, their physical and intellectual superiority must prevail; hence the custom of the present time throughout the civilised world, which we may regard as the natural result of the building up of that great system of midwifery which it is the purpose of these lectures to unfold to you. Were it not for this vast store of knowledge, the result of ages of accumulated experience and years of thoughtful study and observation, I should not be standing here to-day to lecture to you on the theory and practice of midwifery, nor would there be any occasion for a class of male students; for if there were no science, no skill, no art, sentiment would certainly carry the day, and sentiment, I fear, would surely be against the practice of midwifery by men.

But the work and the genius of the men of the last three centuries, and notably of the last two, have not only secured to the male sex almost the entire practice of midwifery, at least among those classes who are intellectually capable of judging of the merits of the question, but they have laid an obligation upon you and upon me which we must both strive to fulfil. Undoubtedly we owe much to the French obstetricians of the sixteenth and seventeenth centuries. Indeed Ambrose Paré, a French writer of the latter half of the sixteenth century, may be said to have laid the foundation for the present system of obstetrics, especially in its conservative aspects. To him we are particularly indebted for the first clear description of the operation of podalic version, and of the cases in which it is applicable. He also laid down rules for guidance in difficult cases of arm presentation, and he invented, described, and illustrated several obstetrical instruments. About twenty years before his time the first work exclusively devoted to the subject of midwifery was written by one Eucharius Rhodion, who practised at Frankfort, and who described very carefully the several cranial positions, the differences between natural and unnatural labour, and the treatment required by the latter. A little later on we have a work written by M. Francois Rousset to advocate more frequent resort to the Cæsarean section; and such undoubtedly was the effect of its publication, for it was translated into many languages, and gave rise to much keen discussion. In 1579 a great discussion took place on the question whether the pelvic bones separate at all during labour. The affirmative was maintained by Severin Pineau, who proved it to his own satisfaction post mortem, and

convinced Ambrose Paré, Morgagni, Haller, Harvey, and others. The operation of symphyseotomy, or the Sigaultean operation, which consists in dividing the symphysis pubis, was founded upon this belief in the mobility of the pelvic bones; but it has since been abundantly demonstrated that no such mobility exists as could be of any practical value; for whereas in the great majority of cases of pelvic deformity it is the antero-posterior diameter which is the cause of greatest difficulty, division of the symphysis pubis scarcely if at all affects this, and does very little to increase the transverse diameter.

Since the time of Ambrose Paré the practice of midwifery has, at least among the educated classes, been almost exclusively in the hands of men; and it cannot be doubted that, as a science, it has enormously gained thereby; indeed, it is only within the last two centuries that it can be said to have had a definite scientific basis. The writings and observations of Guillemeau, a pupil of Ambrose Paré, in the early part of the seventeenth century, of Mauriceau in the latter half of the same century, of La Motte, of Portal, and of Levret, the greatest of them all, completely changed the aspect of midwifery as a branch of the healing art, and gave to it a position little, if at all, inferior to either of the other branches of medicine. In this work they were ably seconded by some of our own countrymen, but the palm must, I think, be given to the French authorities, who undoubtedly originated this great movement in the obstetric world; and it would seem as if the translation of their works into English supplied a stimulus on this side of the channel, which has since produced results greater even than any that are recorded by our French *confrères*. In proof of this it is only necessary to refer to the works of Harvey, of Chamberlen (to whom we may almost, but not quite, be said to owe the forceps), of Chapman, the two Hunters, Denman, Smellie, and Conquest. These names are mentioned only as illustrations, and because they serve at once to carry conviction to the minds of those who are, even in the smallest degree, acquainted with the subject, that it is to men, and men only, that we owe whatever advance has been made in the scientific practice of midwifery. You must not suppose, however, that Germany, France, and England are the only countries whose sons have toiled for the advancement of obstetric art. In Holland there are names scarcely, if at all, inferior to any I have mentioned. The names of Deventer, of Ruisch, and of Roonhuysen, are as familiar to the student of midwifery as any that can be named in England.

Now, in a matter so purely mechanical as is the ordinary process of labour, it seems a mere truism to say that, just as the difficulties and complications which attend that process are due to interference with the ordinary mechanical laws, so the means of combating those difficulties will be more or less perfect and successful in proportion as the mechanism of the process is understood. It follows, too, from this, that a truer appreciation of that mechanism must result in improved methods of treatment, especially in regard to operative midwifery, and hence the explanation of the great advance made in this respect during the last century. In like manner the study of physiology, which may be said to be almost the product of the present century, has been the foundation of our more perfect knowledge of pathology; and hence, again, our intimate acquaintance with the various morbid processes incidental to child-bearing. In illustration of the former, it is sufficient to note the strongly conservative tendency of the two great obstetric operations which have been elaborated during the past century—viz., the induction of premature labour, and the application of the forceps. These two operations, which were introduced within a few years of each other, have probably done more for the saving of human life than any other operations that can be named; and it is not, I think, too much to say that they could or would never have been originated by women. Indeed, the fact is indisputable, that the science and practice of midwifery owes literally nothing to women, who, nevertheless, monopolised it for at least 3000 years; but, on the contrary, every single improvement that has been made in this department has originated with the stronger sex.

If time permitted I could amuse you with many curious illustrations of the superstitions connected with pregnancy and delivery. Among all nations and classes of society sterility has ever been a cause of reproach among women,

and absurdly fanciful have been the remedies suggested for it; the most sublime being devout invocations to various gods and goddesses, according to the sex required; and the most ridiculous, the inhalation of various odours, whose reputed efficacy seemed to be in direct proportion to their nastiness. On the other hand, in some countries, philoprogenitiveness was encouraged in every possible way; for instance, among the Lacedæmonians women who had more than three children were exempted from certain charges on the ground that they had rendered signal service to the state by such increase of the population. Among the Romans the same law was observed.

In actual labour whenever any difficulty arose prayer to certain gods or goddesses was the recognised and customary resort of the faithful; and it must be confessed that, while such a practice testified to the simplicity and earnestness of their faith, it witnessed also the utter ignorance of their attendants in all that related to the scientific performance of their duties. The Greeks probably surpassed the Romans in their superstitious beliefs; for instance, if a child was borne without eyes they attributed it entirely to the mother's having eaten too much salt; on the other hand, the Romans believed that in cases of tedious labour delivery would surely be hastened by placing upon the abdomen of the mother a small vesical calculus!

But superstitions of this kind were by no means confined to the classical countries of Greece and Rome. Among the Brazilians in former times, and even until recent times among the Carribeans and other savage tribes of America, it was the custom immediately after the woman was delivered for her to get up and perform her usual household duties, while the husband took to bed, and remained there, the reason assigned for this being that it was necessary for him to recruit his health and strength after he had become a father! Among the Malaccas there was a common belief that if a woman ate double fruits during her pregnancy she would have twins. In some parts of Russia, even in the present day, it is held that if the labour be difficult and tedious, and much pain is endured, the reason is that the woman has been unfaithful, and that the suffering entailed is the consequence of her sin which has to be endured. In short I could go on relating instances of this sort almost *ad infinitum*, for there is no limit to the capacity of the human mind for credulity of this sort, when once it quits the region of positive knowledge. Ignorance and superstition we may be quite sure, will go hand in hand, and be in direct proportion the one to the other; indeed, if I were to formulate the term superstition, I might describe it as neither more nor less than cultivated ignorance, and we cannot wonder that such was the state of obstetric medicine seeing in whose hands it was practically vested for so many centuries. In the following lectures I shall hope to show you how different it is in the present day; how large a basis of fact we have to work upon; and how substantial are the conclusions upon which our present practice is founded. The greater part of this, remember, is the work of the last two centuries; indeed, as regards operative midwifery, that by which we are enabled to meet and combat successfully, in a spirit of true conservatism, the emergencies which are to a great extent the direct result of advanced civilisation, this is the work of little more than a century; for the *vecitis*, the forceps, the induction of premature labour, and, I might almost add, the operation of turning, have all been born, as it were, in the past century, and we may say that their birth was almost simultaneous, for their public recognition and adoption took place within a few years of each other. What they have done in the saving of human life it would be impossible to estimate; but you will be able to form some idea at least when you know the difficulties they are intended to avert.

In conclusion, let me impress upon you, and especially those of you who intend to enter upon general practice, the great importance of attention to these lectures, and to the rules which I shall lay down for your guidance in the many emergencies to which you may be called; for not only will your success in life be very largely dependent upon the way in which you conduct your obstetric department, but, unless you are careful about this, you will find yourselves insensibly drawn into one of the great snares which especially beset the members of a profession such as ours—namely, the danger of undervaluing human life. There are times, as we shall see, when, in the exercise of our high calling, we

are bound to sacrifice one human being in order to save another. It is a terrible responsibility which is thus cast upon us, and we can only exercise that trust with a clear conscience when we have perfected our knowledge of all the means at our disposal. Remember that the existence of ignorance where knowledge is possible does not avail to screen us from the consequences of our neglect, and acts done in wilful ignorance are scarcely less culpable than those deliberately planned. Viewed in this light the study of midwifery in its operative aspects demands your very careful attention, and I trust you will give it all that is required.

NOTES

ON THE

GENERAL PRINCIPLES OF CUTANEOUS THERAPEUTICS.

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THE progress which dermatologists are making towards the foundation of a more rational and at the same time more successful system of cutaneous therapeutics is to my mind, on the whole, satisfactory. This progress is, no doubt, in great degree a result of pathological revelation, which has led to a decreasing faith on the part of practitioners in arsenic as the remedy for every cutaneous trouble; whilst experimental observation shows that the general principles upon which skin diseases should be based are, in the main, identical with those which govern the management of all other diseases. No doubt, in points of detail, there is much that is special in the treatment of diseases of the skin. Yet it cannot be denied that there is still too much clinging on the part of the physician to the use of arsenic as the panacea for all skin affections, and that this ingrained belief in the superlative efficacy of the drug has directly led to a general ignoring of the value of other remedies, and thus to a retardation of all experimental inquiry into their relative properties. Notwithstanding this drawback, not only has the number of incurable skin diseases been much diminished of late years, but the rapidity of cure in the case of individual diseases has most certainly increased. Skin diseases are daily being more and more shorn of that intractableness which at one time was their chief characteristic; and I do not hesitate to say that, when pathology shall have made more progress, and the principles of general therapeutics have been adopted in regard to diseases of the skin, they will become amongst the most manageable of all diseases.

But in order that this condition of things may be reached it will be requisite that the treatment of diseases of the skin shall be regarded as much from the physician's as the surgeon's point of view. This is not the case at present. To my mind the connexion between functional or organic disturbance of important internal organs—e.g., the stomach, the liver, the kidney—as well as of the nervous system and the sympathetic, is exceedingly close; but it is practically disregarded, and I think in this direction we specially need to push inquiries.

I now propose to give a general sketch of the treatment of the different kinds of diseases of the skin, and the reasons which should induce us to employ various remedies in particular groups or kinds of cutaneous mischief, and in relation to particular circumstances. I think this sketch may be not a little useful. Ordinarily, in dealing with the general treatment of skin diseases, it is usual to name particular remedies in detail, and to state their relative virtues; but in so doing observers lose sight of the principles upon which they are employed. Now for practical purposes, as regards therapeutics, I think diseases of the skin may be conveniently grouped under three heads:—

1. Those which are purely local.
2. Those which, though mainly local in their origin, are yet influenced or modified by different conditions of the

general nutrition, or, if the expression be preferred, by constitutional conditions. These diseases, in fact, require mainly local remedies, but demand the use of such as are general as auxiliaries to cure.

3. Those which arise primarily or directly from disturbance of the general nutrition or system. Here general are the most important, local measures being employed as secondary aids to cure.

Now in the first category may be placed warts, the simpler erythemata, and inflammations excited by cold, irritants of all kinds—e.g., erythema, simple eczema, herpes, cancer, keloid, fibroma, nævus, atrophica cutis, scleroderma, ichthyosis, and certain parasitic diseases.

In the second category may be placed the simpler forms of inflammation in badly nourished or debilitated subjects: eczema in its severer forms, lichen, impetigo, ecthyma in some of its forms, pemphigus, acne, psoriasis probably.

Under the third head fall the eruptions of the acute specific diseases: urticaria ab ingestis; medicinal rashes; all diathetic diseases—e.g., strumous disease, syphilis, leprosy; cachexias of special kinds—e.g., lead poisoning, malarial poisoning, &c.; chromatogenous (pigmentary) diseases; neurotic diseases—e.g., prurigo; and diseases connected specially with disorder of the sympathetic nervous system.

Before entering into further detail, it will be as well to remark here, that in order that treatment should be properly conducted in any case of disease of the skin, the natural history and course of the disease presented for medication should be known and regarded. The object of the physician should be to cut short the natural course of the disease by all means if he can without ill effect, but, if not, to aid in conducting it through its natural course, if that be towards resolution. If the disease be a simple erythema induced by cold or the like, non-interference, rest, or protection of the part, may be all that is required. What not to do is quite as important as what to do in diseases of the skin, and both are best learnt in their individual appropriateness to particular cases by a knowledge of the natural history of cutaneous diseases—a point mostly neglected. The means adapted to directly check the progress of disease are chiefly local. The diseases whose course we may cut short by these direct local means are particularly—(1) local diseases induced by causes acting from without upon the skin—e.g., simple eczema and traumatic erythemata; (2) certain maladies in which it is only necessary that the destruction of new tissue may be accomplished—e.g., warts, lupus, nævi, cancer, rodent ulcer; or (3) disease the cause of which is local and can be rendered inoperative by local means, as in parasitic diseases.

In the majority of cases of diseases of the skin, the cause is acting from within outwards, and we have less chance of rendering that cause inactive by the direct use of appropriate medicaments. It is only by altering the whole character of the nutrition that we can effect a cure. In some cases, as in urticaria ab ingestis, a sharply-acting emetic relieves the patient of his trouble at once—i.e., cuts short his disease; whilst local measures are adopted not with the view of cutting short, but rather (a) in the first place of moderating changes in the skin—e.g., hyperæmia, pus-formation, squamation, and the like; then (b) protecting the diseased part; and (c) subsequently of rousing the circulation and absorbents to a healthy action.

It will therefore be readily understood that a knowledge of the natural histories of skin diseases is most necessary to a correct handling of drugs, both internal and external, as against these diseases. My own belief is, that the early stimulation of most skin diseases does an infinity of harm, and I think this erroneous use of remedies arises from the want of a correct knowledge of the natural course of skin eruptions. We know in the case of pneumonia or pericarditis the course the disease should run towards resolution and cure, and the physician is able to give his medicines not only with a firm faith in their doing no harm, but with every prospect of their aiding nature. We do not act with the same certainty in cutaneous medicine, but dermatologists neglect to make themselves acquainted with the natural causes of the diseases they treat.

I will now proceed to some more particular remarks touching the three groups into which I have divided diseases of the skin.