Practice, I leave to the judgment of my readers, pointing out at the same time that *pari passu* with what I may call the abolition of craniotomy, or, at any rate, the greatly diminished frequency of the practice, the foetal mortality from unassisted protracted labour disappears also from my practice. These are matters for grave consideration, and especially so at a time when the Council of the Obstetrical Society of London is pressing on the attention of the Medical Council the subject of obstetrical education. At present, as far as practice is concerned, we are, for the most part, self-educated. I have fearlessly, and without any extenuation, given all the facts of my experience of still-births, as invited by the leading article quoted in the opening paragraph of this paper. It is obvious that nothing but a sense of public duty, and a regard for the interests of absolute truth, can have induced me to parade, as I have here done, the shortcomings of my early career. *Liberavi animam meam.*

I think that the average of country practices ought not to exhibit a greater proportion of still-births than about 4 per cent.

Alford, Lincolnshire, October, 1859.

A STATISTICAL REPORT OF

THIRTEEN HUNDRED MIDWIFERY CASES ATTENDED IN PRIVATE PRACTICE.

By ANDERSON SMITH, Esq., F.R.C.S.

OF 1320 children, 700 were males, 620 females. 1255 were born alive; 65 dead—of these, 24 were putrid. Premature births numbered 35; twin cases, 20: of these, 35 children were born alive, 1 dead, and 4 putrid. Malpresentations and positions were 58—namely, forehead towards the pubic arch, 20; face, 2; breech, 23: of these, 14 children were born alive, 7 dead, and 2 putrid. Lower extremities, 8; 4 alive, 3 dead, and 1 putrid. Arm, 1 alive. Compound, 4; 1 alive, 3 dead. Prolapse of the funis happened in 6 cases, in all of which the children were still-born. Accidental hæmorrhage occurred 14 times; in 10 cases the children were born alive, in 4 dead. 3 cases of complete placenta prævia, the children still-born; 2 of partial placenta prævia, 1 child alive, the other dead; 6 cases of slight post-partum hæmorrhage; 2 of epileptic and 1 of hysterical convulsions; 3 of peritonitis; 1 of mania. Version was had recourse to in 4, the forceps in 25, and craniotomy in 3 cases. The average duration of labour in primiparæ was 18½ hours; the shortest at the full time, 2¼ hours.

Remarks.—Of the 41 still-born, death in 29 cases was the result of malpresentation, accidental or unavoidable hæmorrhage, prolapse of the funis, or craniotomy. Of the remaining 12 cases, in 1 instance the funis was prolapsed and pulseless before the expulsion of the shoulders; 2 children made ineffectual efforts to respire; in 1 case, the mother had at her previous confinement been delivered of a putrid foetus; 2 were the children of mothers suffering from disease of the heart; 1 was the second of twins; and the remainder were mostly prematurely born.

In the 2 cases of partial placenta prævia, I merely ruptured the membranes, and the labours terminated naturally. Of the 3 of complete, in two instances I tore through the placenta, turned, and brought down the feet. In the 3rd, I was pursuing the same treatment, when a violent pain expelled the placenta, and although the hæmorrhage then ceased, the patient died on the fourth day; and I may here state that this is the only instance in 1300 cases in which the mother has died from any cause connected with parturition.

Not once has there occurred a case either of retention of the placenta or severe post-partum hæmorrhage. Immunity from both these complications I attribute mainly to two causes—namely, the practice of applying a binder as soon as the second stage of labour commences, tightening it directly after the birth of the child, and again after the expulsion of the placenta, and abstaining from the administration of ergot. By the former the regular contraction of the uterus is effected, and by the latter its irregular contraction prevented.

The number of forceps cases appears great, but, as far as my experience extends, no bad consequences have resulted from their use; and I am inclined to believe that laceration of the perinæum is rather prevented than caused by their timely employment.

Claremont-square, Nov. 1859.

STILL-BORN CHILDREN.

By JAMES HADAWAY, Esq., M.R.C.S., L.S.A.

IN one of the leading articles in THE LANCET of the 22nd of October, you suggest the necessity of medical practitioners engaged in midwifery giving the result of their experience as to the number of children “still-born” that have occurred in their own practice, in order to arrive at some statistics as to the per-centage in contrast with those in hospital practice; also, as far as possible, to ascertain the cause of death.

Now, as I have kept a correct register for the last five years of cases attended by myself, I have much pleasure in forwarding to you a table as they have occurred in each year:—

Year.	Cases.	Still-born.
1855	93	6
1856	129	16
1857	171	20
1858	169	18
1859	170	12
	732	72

Thus showing an average of about 10 per cent. in the aggregate.

My memory does not serve me sufficiently to give the causes of death except for the present year:—

CASE 1.—Born at the full period, and movement was felt about two days before birth. Cause unknown.

CASE 2.—(Twins.) Premature, at the seventh month. This patient was delivered of a still-born child prematurely twelve months before. Her general health is delicate.

CASE 3.—Footling and cord presentation.

CASE 4.—Premature, seventh month.

CASE 5.—Premature, seventh month. The mother was affected with variola on the following day after the birth of the child.

CASE 6.—This patient has been delivered prematurely three years successively, all still-births, and severe hæmorrhage following.

CASE 7.—Supposed to have been frightened by a cat.

CASE 8.—Fourth child, all still-births. Cause unknown. The mother is enjoying an average state of health.

CASE 9.—Cause unknown.

CASE 10.—The mother was frightened by a monkey a few days previous.

CASE 11.—This was the third child, out of four, that was still-born. Cause unknown.

Berwick-street, Oxford-street, Nov. 1859.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

THREE CASES OF EMPYEMA—SPONTANEOUS OPENING IN ONE, AND TAPPING OF THE CHEST IN THE TWO OTHERS; RECOVERY.

(Under the care of Drs. GULL, HABERSHON, and WILKS.)

At the present time there are three cases of empyema under treatment in this hospital, and a good opportunity is afforded to the student for studying this result of pleurisy. The phenomena attending upon the disease have varied somewhat in each, but in all the physical signs were well marked and clearly made out. In the first patient, a man of forty years of age, the effusion seemed to be circumscribed, and evacuation of the