SCIENTIFIC INTELLIGENCE.

PROCEEDINGS OF THE DUBLIN OBSTETRICAL SOCIETY.—(CONTINUED.)

November 7th.

Dr. BREEN, V. P., in the Chair.

The first meeting of the Society for the present session was held on the 7th November, when the following opening Address was delivered by Dr. Breen, one of the Vice-Presidents:

GENTLEMEN—When my respected friend Dr. Doherty, Secretary to the Dublin Obstetrical Society, applied to me, as a veteran obstetrician, and I believe the senior practitioner among the Vice-Presidents of the Society, to take the chair on this evening, I willingly consented, in order to mark strongly my opinion of the benefits conferred on the Profession by such an Institution; and, at the same time, expressed my willingness to say a few words on the utility of the Society, as well to the senior as to the junior obstetricians, who had the opportunity of attending, and availed themselves of it by being present at our meetings.

From the period that men of education began to devote their time and talents to the practice of midwifery, Dublin has constantly possessed its full share of eminent individuals in this branch of medicine. The early formation of one of the largest Lying-in Hospitals in the world, in this city, that now existing in Great Britain-street, almost within whose walls we are assembled, naturally gave a stimulus to the cultivation of obstetric medicine. The Mastership of that Institution, always a situation of emolument, and a just object of ambition to those who, under the charter, were qualified to obtain that place, excited the candidates earnestly to cultivate this branch, both to obtain the support of the governors, who had the power of appointing, and to secure the patronage of the public, without which eminence in practice could not be obtained. The necessary consequence of this state of things, then as now, was, that gentlemen unconnected with the Dublin Lying-in Hospital devoted themselves to acquire a knowledge of midwifery, rose to eminence in obstetric practice, and enjoyed a large share of public favour. In more distant times Sir Fielding Ould, Master of the Lying-in Hospital, and Doctor Foster,

an assistant to that establishment, published treatises on midwifery. In Sir Fielding's work a more correct view is given of the mechanism of the passage of the head through the pelvis, than had before been given. Indeed from the time Mauriceau wrote, who overturned the erroneous opinion that the ligaments of the pelvis became softened, and yielded in difficult labour, no improvement was made in the mechanism of parturition, from that period to that of Ould. The notion of the yielding of the ligaments led Chamberlayne, the inventor of the midwifery forceps and vectis, to imagine that he could deliver with the former instrument in every difficult instance of head presentation, and led him to try the forceps in a case of very deformed pelvis at Paris, where he had gone to sell his secret of the forceps. The failure of the experiment, which caused the death of both mother and child, proved his ignorance of the mechanism of parturition, and blasted his hopes of reward from the French government. The incidental mention of the mechanism of parturition leads me to suggest, that this subject is yet open to the zealous investigator, much yet remains to be done; and though Douglas of Dublin, and Naegelé of Heidelburgh, have thrown light on this particular branch, the field of inquiry is still very open. Doctor Foster's treatise on midwifery appears to me chiefly remarkable for, as far as I know, being the first treatise which recommended small doses of tartarized antimony, frequently repeated, in combating puerperal fever. This practice for many years was a good deal followed in this city, and has never, under certain circumstances, been given up, in the treatment of this desperate malady. Of distinguished men, not connected with the Dublin Lying-in Hospital, and who practised midwifery, I may mention the names of Dr. Mac Bride and Mr. William Dease. The first, though he wrote little on this branch, in proportion to what he wrote on general medicine, attained great eminence as a practitioner of midwifery in this city; he had the high distinction of attending the Countess of Mornington, at the birth of the hero of Waterloo. At a contested election, when the then Arthur Wellesley was elected member for the borough of Trim, a petition was presented against the return, on the ground that the returned member was not one and twenty; some difficulty at the moment occurred in proving his age, and the late Dr. Evory, who possessed Dr. Mac Bride's fee books, attended as a witness before a Committee of the Irish House of Commons, with Dr. Mac Bride's entry of the birth of this distinguished individual, and, in addition to other evidence, the age was admitted legally proved by the Committee.

Mr. William Dease, commonly distinguished as Mr. Dease, primus, in the latter years of his life known in Dublin as a very celebrated surgeon, and one of the first Professors of Surgery to the Irish College of Surgeons, in early life practised midwifery, and wrote a treatise on the subject, the chief distinction of which appears to me that he was the first who suggested the use of the midwifery vectis, as an extractor, making the fulcrum one hand of the operator, and not allowing any part of the pelvis of the mother to be used for this pur-

pose. The distinguished obstetricians who have followed these four eminent men, have I believe been brought under the notice of this society by the talented individual who took the chair at the opening of the last session. The older practitioners then noticed were my cotemporaries in early life, and the younger ones still continue, and I hope will long continue, to cultivate and improve obstetric medicine; therefore, I am not called on to mention their names or claims. Before passing from this subject, I may glance at an objection that I have heard mooted against this society. It has been hinted to me that some eminent obstetricians in Dublin are not quite free from an opinion that it has been got up to serve a particular school. Were that the case I would not be in the chair this evening, nor would my learned friend, Doctor Churchill, be prepared with a paper for this meeting. For myself, I can say that my object in attending is to contribute my mite to improve our art.* In alluding to what was done at our meetings last session, I regret to say that my occasional, and sometimes necessary absence, through professional engagements, will probably be the cause of my omitting to notice many important discussions; as, though a sketch is given of the proceedings at the different meetings in the Dublin Journal of Medical Science, it necessarily falls very short of the impressions conveyed at the discussion to one who is present. I must therefore apologize to those gentlemen whom I had not the good fortune to hear, on account of unavoidable absence from some of the meetings of last session. Before alluding further to the practical value of the information derivable from the society's past labours, I will beg leave to point out a peculiarity in this institution, with regard to the benefit to be derived from it by the younger members. If I can take the result of inquiries extensively made among a great number of practitioners of midwifery, with whom I have been on terms of unreserved communication, I have never met with one who would not have preferred eminence in any other branch of medicine to eminence in midwifery, were it equally attainable, or within probable reach; in a word, who would not have selected Doctor Purcell's, Doctor Percival's, or Mr. Richard's station, in preference to that of their cotemporaries, Doctor Clarke or Doctor Evory. This feeling in my mind leads the young obstetrician not to cultivate midwifery with as much ardour as he does medicine and surgery. I therefore hold that at meetings, such as we now witness, where the ingenuity of the young, the practical steadiness of the more advanced investigator, and the matured experience of the old practitioner, are willingly unfolded, the junior obstetrician must derive with little loss of time much useful knowledge; and when I slightly glance at the investigations of last session, it will be seen that the old may be much improved and instructed by the informa-

* Could a notion prevail that our Society was in any way exclusive as to school or nation, some letters placed in my hands from distinguished individuals, far removed from our local feeling, will set the subject at rest. Read Sir J. Clarke's letter and others, numbered 1, 2, 3, 4.

tion unfolded in this room. I heard exceedingly interesting discussions on the protective power of vaccination—on the occurrence of small-pox after vaccination—on uterine hemorrhage—on Mr. Hugh Carmichael's ingenious opinion on the more usual place of attachment of the placenta to the uterus—on the use of the ergot of rye, and on what I mean to dwell longer on, the separation of the cervix uteri, or a part of it, in labour. It is curious that though this occurrence cannot be so rare as the few recorded cases would lead us to believe, that the first English case, that of Mr. Page Nichol Scott, published in the year 1821, in the *Medico-Chirurgical Transactions*, and abridged in the *London Medical Repository* for 1822, the editor of which journal, I think Doctor Copeland, states that one similar case is recorded in some foreign journal, but does not mention the year. These cases almost seemed to have fallen into oblivion, or to have been thought so exceedingly anomalous, as to have been rarely referred to. The occurrence of three cases in this city, within a short time, shows that the fact must have been perhaps frequently overlooked. If any of my audience inquire why I dwell so much on these facts, my reply is that I think they prove that the cervix uteri performs a different function from the fundus; that though continuous, it is independent in structure; and that some practical consequences result from this view. Thus in inversion of the womb, which has never been replaced after a few hours' continuance, a suggestion arises, might it not be advisable to divide the cervix, which seems, by its close contraction on the fundus, to prevent its replacement. Should this operation prove successful, the woman is restored to all her natural functions, and is capable again of propagating her species. While the removal of the fundus, either by excision or ligature, though it relieve her from much suffering, and exhausting hemorrhage, leaves her unfit for important feminine duties. In addition, I rather think the recorded cases took place in young subjects. An ingenious friend of mine, Mr. Power of the Coombe Hospital, has also suggested, that, in the very deplorable case of impending dissolution from retained placenta, we might be warranted in trying the division of the cervix. This elucidation of the independent structure of the cervix seems also to have a connexion with explaining the principles of Doctor Hamilton's practice, of Edinburgh, in dilating this part in labour, threatening to be tedious. It will also, as it appears to me, assist in the due investigation of the accuracy of Mr. Hugh Carmichael's opinions, as to the more usual attachment of the placenta. Human ovology, a department of obstetric medicine now zealously cultivated, as well in this city as at most other places where midwifery is taught, offers a fine field for the junior obstetrician to investigate and consider the wonderful works of the Creator. It seems with the kindred subject of inquiry, physiology and pathology, united with that scrutiny whose paramount importance no man can rationally doubt, a scrutiny into the grounds of our belief in revealed religion, to form the most perfect circle of our knowledge of the secrets of creation.

When the ovologist looks on the foetal rudiment, and reflects that such he once was, when assisted by physiology he considers the functions his frame now performs, when bringing pathology to his aid he traces the germs of decay and dissolution; by the light of revelation he is more thoroughly let into the secrets of the Deity, with regard to himself and his fellow men, than the investigator into any of the other wonderful works of the Great Architect. The astronomer, who reads the heavens with his telescope, and receives the ray of light on his object glass from a fixed star, invisible to the naked eye, may calculate the centuries it took to pass through space, and conjecture that it proceeds from a luminous body, like our own sun, the centre of a system; but his opinions are nothing but conjecture. The geologist may trace the changes of our globe, as to its preexistence before our era; but his investigations are still clouded by doubts. It is probable that the sages of India and China, who in far gone times held a belief in the existence of a future state, derived the opinion from the tradition of the immediate descendants of Noah, and not from their own reasoning powers.

Though the rudest savage, relieved from the mere pressure of the want of his daily subsistence, when in contact with his more civilized fellow-creature, at once admits himself an accountable agent, and by an almost unavoidable consequence, acknowledges his acquiescence in the doctrine of a future state; though the talented metaphysician may have exhausted the utmost ingenuity to prove the separate existence of the soul from the body, and its necessary immortality, as a spirit, the arguments are all inconclusive without the aid of Revelation; the resurrection of Jesus Christ, winding up the promises of the old law, proving both his divine mission and the truths of the doctrine he taught, and demonstrating on irrefragable and irrefutable evidence a future existence. It is thus I assert that the labours of the physiologist, and the investigations of the inquiring Christian, throw light on the subject of our future state. The first suggests such a state as conformable to reason, and to the constant improvement of the state of man. The second confirms the existence of that state with a certainty which no reasonable person, who investigates the subject, can doubt.

In the fulness of time, the number who will partake in the happiness of this state, in conformity with our opinions and experience of the infinite goodness and mercy of our Creator, is recorded in the last of the series of Divine Books, as "a great multitude, which no man could number, of all nations, and kindreds, and people, and tongues."

At the conclusion of this Address, a paper was read by Doctor Churchill on the History and Use of the Lever, which will be found amongst the original communications of the present Number.

Doctor Ireland then rose to make a few remarks upon a point which related to the use of the instrument; one he considered of material importance. He understood Doctor Churchill to recommend

the lever when the head remained at the brim of the pelvis. He begged to ask that gentleman whether he had ever used it under such circumstances, as, in his mind, he thought it not at all applicable before the child had entered the pelvis, or until it came almost to rest on the perineum.

Doctor Churchill had not had experience of its use at the stage alluded to, nor should he then himself employ it; and only gave the statement on the authority of certain authors.

Doctor Ireland merely asked the question to quote Mr. Dease's words, that when gentlemen get a little more experience they will let their instruments rest in their cabinet; and this he did on account of the young men present, lest they should resort to the application, so as to make it a curse to their patients instead of a blessing. He was sure Doctor Churchill's information and experience prevented him falling into error; but he feared some gentleman present, less qualified to form a correct judgment, might follow the suggestion thrown out, and produce irreparable mischief.

Doctor Churchill alluded to the chairman, Doctor Breen, having formerly written upon the subject, and appealed to him and to Doctor Kennedy for the result of their experience upon it.

Doctor Breen remembered one particular case, given in an early paper of Doctor Hamilton's, inserted in Duncan's Commentaries, in which, owing to slight deformity of the pelvis, the head rested at the brim. He used the lever, and delivered a living child. This is the only case Doctor Breen was aware of. For his own part, he should not use it except when the head was on the perineum.

Doctor Kennedy, as he was appealed to, would state that he had tried the lever with the head entering the pelvis, and failed with it, unless when the pelvis was roomy, and the foetal head small; even when the head is engaged lower in the pelvis, in its transverse diameter, it is very difficult to bring it down with the lever; and it appeared to him principally applicable in cases of arrest from inefficient action, with the head approaching the outlet. Even when there exist the ordinary proportions, he thought that delivery will be effected better and more safely by the use of the forceps, particularly if assistance is required at an earlier stage than that described. He could not understand the possibility of delivery by the lever, with the head at the brim of the pelvis. When it is requisite to introduce the lever so far, it becomes buried in the pelvis, and loses its power. The long forceps is the proper instrument to employ there, if interference be justifiable. In the application of the lever, it should be used not as a lever, but as a tractor; the fingers of the left hand should be introduced so as to form as it were the other blade of a forceps, and with the thumb of the same hand the instrument should be grasped at the junction of the blade and handle. Thus the head can be drawn down more efficiently, and with less risk of injury to the mother.

Doctor Ireland frequently used the lever with great benefit; and in very many cases found that the mere stimulus of its introduction was sufficient to rouse the uterus into increased action, and so accomplish the delivery.

Extraordinary Case of a Woman in Dublin pregnant of five Children.—Doctor Evory Kennedy produced five foetuses, with their involucra, the product of a single abortion, at the meeting of the Dublin Pathological Society, held on the 14th instant. The patient had been attended by his late assistant, Doctor Thwaites, and pupils of the Hospital, and the facts of her case accurately noted, so that deception was impossible. The specimen produced, Doctor Kennedy stated to be the multiparant conception of a female, who aborted when, as she stated, she was three months' gone with child. The case was one in which there appeared to be three distinct ova; two of these were twins, the third was single; so that five foetuses coexisted in utero. On examining the preparation which was now exhibited to view, Doctor Kennedy remarked, that more closely it would be found that those on each side differed from the centre one. Each of the former possessed a common placenta, and membranes common to both, with an intervening septum; but the central one is distinct and perfect in itself, having its own placenta and membranes. Some persons have been disposed to question the occurrence of these multiparous births; and indeed it must be acknowledged that the popular opinions, and even recorded cases, on the subject are sufficiently extravagant; as for instance, the Countess of Hannenberg's case, in which it was stated that 365 children were produced at a birth. But without taxing our credulity in these cases too far, we have undoubtedly a few well authenticated instances on record, in which women have given birth to five children at a time. One of these, that of Guiseppea Califani, occurred lately at Naples; and we have the details of another, which took place in Franklin County, in America, about twelve years ago, recorded by Doctor Paddock. There is also said to be a similar preparation in the British Museum. It is extremely curious and interesting, as connected with the history of multiparous births, that in this respect Ireland preponderates over all other nations, and that the Irish females are unequalled in the ratio of their fecundity. The proportion of twin cases in Dublin is one in sixty; in America, (where, it is to be recollected, there is a large number of Irish emigrants,) the proportion is one in seventy-five; in London it is one in ninety-one; while in France, "*longo intervallo*," it is one in 140. In proof of the rarity of *quinque geminii*, Doctor Kennedy further remarked, that out of 140,000 cases recorded in the Lying-in Hospital of Dublin, there is no instance of five children at a birth. There is one case of four, but none of five. It is a curious fact, that in the American case the mother was an Irish woman, and had recently arrived in America. It may perhaps be considered equally curious that in the case detailed by Doctor Kennedy the father was a man of small stature, æt. about thirty, without any remarkable personal development, and by trade a *tailor*! The woman, the subject of the present memoir, whose name is Sarah Hickey, is twenty-eight years of age. She was married about two years ago, and within nine months after brought forth her first child.

This conception was uniparient. After the lapse of six months she again conceived of the *foetuses* alluded to ; and observed that during the pregnancy she increased very rapidly in size, and suffered constantly from bearing down, which rendered walking or standing almost impossible. She had constant sickness of stomach—a symptom generally looked on as an evidence of compound pregnancy. As to the abortion, it would appear to have been produced by inordinate distention of the uterus for its period, which in its turn led to parturient efforts, as the ova presented no morbid appearance. The *foetuses*, which are all males, do not appear to exceed the development usually observed about the second month ; and as Hickey menstruated on the 24th May, and miscarried on the 26th August, it is more than probable she over calculated the duration of her pregnancy. This preparation is in Doctor Kennedy's museum, in the Dublin Lying-in Hospital.

Case of Uterine Hæmorrhage, in which the Blood escaped through the Fallopian Tubes, by W. F. Barlow, Esq.—A young woman, twenty-two years of age, who had miscarried at the sixth month, with much flooding, had an attack of *purpura hæmorrhagica*, from which she died five days after abortion had taken place. On dissection, a quantity of blood was found to have been effused into the abdomen and pelvis, some of which was coagulated ; and, as clots were found projecting from the fimbriated extremities of the fallopian tubes, from which, as the author considers, it was evident they had been expelled, he infers that uterine hæmorrhage had taken place through these tubes into the abdomen. A preparation of one of the tubes, having a lobulated coagulum projecting from it, was shown to the meeting, together with a drawing from it when recent. The uterus was less than the size it generally assumes a week after delivery, and a coagulum of blood partly occupied the neck of the organ.—*London Medical Gazette*, Dec. 6, 1839.