ing, unless it may be simple formation of brain. Again, what does he mean by "*comparing*" manifestation with *formation* of brain? If he means by mental *manifestation* in this sentence, *thought*, the answer is, that it is *absurd*, or (if it be a more gentle phrase) *impossible* to *compare* a *thought* with a *corporeal* substance; for he cannot place them in juxtaposition for comparison. *Brain* is a material *substance*; *mind*, *manifestations* of mind, which must mean *thought*, these are *immaterial*. He might as reasonably ask us to compare the figure of a *square* or *circle*, with the sensation of *heat* or *cold*! The doctor and I, therefore, not speaking language mutually intelligible to each other on this *SCIENCE*, I must content myself with being, in the doctor's estimation, "*without the reach of reason*," and merely express my wish that the time may come, when the phrenologist and men of common sense may be able to communicate with each other in some rational hope of being mutually understood!

I have the honour to be, Gentlemen,

Your very humble Servant,

ANTI-QUACK.

ART. IX.—*A Letter from PROFESSOR HAMILTON of Edinburgh, in reply to the Objections made to his Practical Precepts in Midwifery by DR. COLLINS.*

TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE.

RESPECTED SIR,

In the number of your valuable publication for March, 1837, there is an article by Dr. Collins, entitled "*Observations on the Artificial Dilatation of the Mouth of the Womb, and on Instrumental Delivery, &c. &c.*" As Dr. Collins has, in that article, strongly objected to certain doctrines contained in my *Practical Observations*, then lately published,

and as I believe that the facts recorded by that gentleman himself illustrate very satisfactorily my precepts, I feel anxious to be permitted to bring those proofs under the consideration of the readers of your Journal.

It is proper that I should premise, that no one can appreciate more fully than I do, the industry and the candour with which Dr. Collins has recorded the cases detailed in his *Practical Treatise on Midwifery*, and that nothing but a sense of duty could have forced me to express my objections to many of the precepts, and to much of the practice recorded in that work.

Having volunteered to communicate to the junior members of the profession the result of my experience in the treatment of the process of human parturition, and being impressed with the solemn belief that the rules I have suggested are well founded, I consider myself bound to defend those doctrines, whenever they are impugned by practitioners of undoubted respectability. Upon this principle I have already, in certain letters addressed to the Editor of the *London Medical Gazette*, noticed the article alluded to in your Journal for March, 1837, and I have, I trust, proved, that many of Dr. Collins's animadversions proceeded from a misunderstanding of my meaning. But my present object is to shew to the members of the profession in Ireland, who have been my pupils, that Dr. Collins's own recorded cases fully establish the utility and importance of those practical precepts which I have so long taught, and which have been so much condemned by him.

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 contractions 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.

In other words, my conviction is, that although there be no injurious pressure upon the person of the infant, nor on that of the parent, the continuance of pain from uterine contractions, above a certain number of hours, must occasion more or less exhaustion, both of the sensorial and of the muscular powers, and must necessarily influence the subsequent process of delivery.

I have added, (*Practical Observations, Part First, page 196,*) that by the adoption of this rule, I can confidently assert, that no patient under my charge, for the last thirty-five years, has been above twenty-four hours in labour, and, excepting in cases of disproportion, none so long.

Against this practice, Dr. Collins has objected in very strong language. He says, page 40 of your *Journal*: "I have, however, studied every page with the closest attention, nor can I find fact, or argument, to induce me to alter my decided opinion, that such measures, (alluding to the means suggested for limiting the first stage to twelve or fourteen hours,) thus warmly urged, are not only uncalled for as far as regards the safety of the patient, but if generally acted upon, likely to be followed by serious results both to the mother and child."

This anathema is very inconsistent with Dr. Collins's usual candour, and is certainly not a little startling. I have stated strongly the fact, that no patient under my care for thirty-five years, previous to my publication, had been above twenty-four hours in labour, and excepting in cases of disproportion, none so long. If Dr. Collins deny this assertion, I shall refer him at once to the testimony of public opinion in this city; and that it is a fact bearing strongly upon the question at issue, the cases of protracted labour in the Dublin Lying-in Hospital must establish to the conviction of the most prejudiced minds.

For the correctness of the arguments in favour of the practical precept, I confidently appeal to the following cases published by Dr. Collins himself:—

(A) Page 465, No. 210. “A woman, of a most fretful and anxious disposition, was admitted February 17th, to be confined of her first child.

“On the night of the 18th she complained of pain and uneasiness, which she supposed was her labour, yet there was no dilatation of the os uteri; the next day she still complained of some uneasiness, but slept the entire of that night.

“On the morning of the 20th the pain and uneasiness returned in a more urgent form, and she expressed herself as suffering the most acute distress; still there was no dilatation of the mouth of the womb, it was quite thin and lax, and the head was low in the pelvis; the waters had been dribbling away from the time she was admitted. The pains continued during the night. The following morning at 9 A. M., the os uteri was dilated to the size of half a crown, but the pains had not assumed a bearing down character. She had frequent pains during the day, and the succeeding night had intervals of ease, but slept little.

“On the 22nd the pains still continued, yet the head made no progress, and the mouth of the womb was very little more dilated.

“From this time till the following morning, the 23rd, the

uterus continued to act imperfectly ; the labour notwithstanding made very considerable progress, the os uteri being now tolerably well dilated, except towards the pubes, where it still covered the head of the child. The pelvis felt of sufficient size to allow the head to pass, and all that seemed wanting to effect this, was, that the pains should become expulsive. The bowels from the commencement had been attended to with much care, and the abdomen was quite free from pain on pressure. The pulse after this became hurried, breathing difficult, accompanied with great anxiety and considerable debility. It was now thought advisable to administer an opiate to procure rest, in the hope that the uterus would act with more effect afterwards ; thirty-five drops of tincture of opium, with three drachms of castor oil, were given, followed by quiet rest till the evening. At 8 p. m. she was easy, had little or no labour pain, and took some gruel. An hour afterwards, she was seized with the greatest difficulty of breathing, amounting almost to suffocation, accompanied by considerable debility ; the pulse was scarcely to be felt, and the extremities cold. On examination the head was found in the same situation as in the morning, and had it not been that the mouth of the womb still remained over it, next the pubes, an attempt would have been made to deliver with the forceps. The head was immediately lessened, and almost every bone removed before it could be delivered ; and even after it was brought down, much exertion was required to free the shoulders and body. The child was large, and the abdomen somewhat distended with air.

“ The mother seemed at this time almost lifeless, having lost the power of swallowing. The hand was introduced into the uterus, which was quite relaxed ; the placenta was gently removed, and the patient expired immediately.

“ On dissection, the uterus was found healthy, but badly contracted, containing a small quantity of coagulated blood ; the intestines were in the highest state of congestion, and there was about a pint of fluid in the abdominal cavity, with portions

of coagulable lymph in different parts, seemingly the effects of inflammation previous to labour. On opening the chest, the lungs were observed to adhere so firmly as to require the knife in many places to separate them. Nothing was discovered to account for the suddenness of death."

In this case it is admitted, that on the 20th February, labour begun by the discharge of the liquor amnii, the mouth of the womb being quite thin and lax, and the head low in the pelvis; that on the morning of the 23rd, the os uteri still covered the head of the child, while the pelvis felt of sufficient size to allow the head to pass; that instead of assisting the dilatation of the os uteri, an opiate was given; that at eight of the evening of the following day, most alarming symptoms occurred, requiring instant delivery; immediately after which the patient expired; and Dr. Collins expresses himself surprised at the suddenness of death. Mr. Travers, who does not practise midwifery, would have told him, "that it was occasioned by the protraction of pain."

As this article is professedly written for the junior practitioners of Ireland, I beg leave to state the practice which I should have recommended in the above case, which will supersede the necessity of minute details on some of the other cases.

When the membranes burst, and the head was low in the pelvis, and the mouth of the womb quite lax and thin, I should have advised pressure upon the edges of the os uteri with the points of two fingers during every pain,* and if, when that orifice was fully dilated, which I have no doubt might have been accomplished within a short time, (certainly within two hours,) there had been no expulsive pains, I should have applied the forceps and extracted the infant. In the above instance, there-

* "In the case I have just considered, I have spoken of the effects of dilating the os uteri; but I do not mean to say that the practice is useful in such a one alone, for in most cases of tedious labour it is beneficial. Two circumstances are necessary to render it safe: the os uteri ought to be already very considerably opened; its edges must be lax, dilatable, and, generally speaking, thin."—BURN'S *Principles of Midwifery*, 9th edit. p. 446.

fore, 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.

The following case shows the injury to the infant from the protraction of labour, where the mother was safely delivered, though there may be good reasons to question whether her future health may not have been endangered by the protraction.

(B) Page 471, No. 608. "The labour pains were very tardy and feeble, producing much irritation, without causing any dilatation of the mouth of the womb. In this state she remained for thirty hours; after which opiates were given three times at considerable intervals, each time with benefit, and at the expiration of fifty-three hours, she was delivered naturally of a still-born child."

It is much to be regretted that the full details of this case are not given.

A further illustration is furnished by the following case, of the injurious effects of the protraction of the first stage.

(C) Page 475, No. 725. "This patient, when admitted, was reported to have been sixty hours in labour; the os uteri was very little dilated, and the head high up in the pelvis. The pains continued constant for twenty-four hours after she came in, yet the labour made little progress; the mouth of the womb was rigid, jagged, and had the feel of cartilage. The child being dead, as indicated by the stethoscope, the head was lessened, and left in that state for some hours, and afterwards cautiously brought down. Considerable force was necessary to complete the delivery, though the child was putrid."

This woman had been, before admission into the hospital, sixty hours in labour, the pains continued for twenty-four hours after she came in; the mouth of the womb was rigid, jagged, and had the feel of cartilage, (which clearly explains the cause of difficulty,) and yet, no means were employed for promoting its dilatation.

Had no other case occurred in the Dublin Lying-in Hospital than the above, the injurious consequences of allowing the first stage of labour to go on to an indefinite extent, ought to have roused the attention of the medical officers of that noble institution.

But, the following case is so remarkable in all its circumstances, that it ought to have made a very different impression on the minds of the gentlemen alluded to, than it seems to have done.

(D) Page 481, No. 1038. "This patient was admitted in labour of her first child. Uterine action was feeble, and continued so for seventy-two hours after she came in. As the foetal heart had ceased to act for some time, and the pulse became hurried, it was considered advisable to deliver her. The os uteri was not fully dilated, the head was high and resting on the pubes; it was lessened, and cautiously brought down with the crotchet.

"Severe abdominal inflammation set in shortly after delivery, which resisted the most prompt and active treatment, and proved fatal on the 6th day.

"On dissection, the intestines were found matted together, with an extensive deposition of lymph on their surface; there was also some sero-purulent fluid in the cavity of the abdomen. The uterus was coated externally with greenish lymph, and, on its internal surface, there was a coating somewhat similar in appearance. There was a very small opening in the lip of the uterus so as to admit the point of the finger, and a second similar one in the vagina, about half an inch below the mouth of the womb.

"The pelvis measured three and a half inches from pubes to sacrum, and four and a half transversely."

That the first stage in this melancholy case was allowed to go on for seventy-two hours is candidly admitted. Whereas, if the os uteri had been supported within a proper time, and the other resources for facilitating its dilatation had been employ-

ed, the probability is, that both mother and child might have been saved.

(E) Page 142, 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."

(F) Page 169, No. 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-five drops of tincture of opium to procure rest."

(G) Page 169, 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."

The above seven cases, I flatter myself, furnish 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 I originally founded the rule of limiting the duration of that stage to twelve, or fourteen hours.

With no little surprise did I read, after the strong expressions in page 40 of your Journal, in 58 and 59 of the same Journal the following paragraphs :

"I have not entered into any details of the measures recommended by Professor Hamilton to effect the dilatation of the os uteri within a limited period, as, disbelieving in the utility of the measures, it is unnecessary. For information on these points, the work itself may be consulted."

"In some instances, especially with first children, the

mouth of the womb continues rigid and hot, with little tendency to yield under uterine action, accompanied not unfrequently with considerable irritation. In such, bleeding to the extent of ten or twelve ounces, and keeping the patient under the influence of slightly nauseating doses of tartar emetic, (to which a small quantity of opium should be added,) will be found to promote relaxation, and thus, be productive of the best effects. In others, where a fold of the os uteri continues to be forced down before the head anteriorly, between it and the pubes, although elsewhere obliterated, the descent of the head will be much facilitated by applying two fingers, so as to keep it stationary during the pain, and thus permitting the head to clear this obstruction. Neither of these cases are often met with, nor have they any tendency to illustrate the opinions noticed. I make the observation here, having had practical experience of the advantage of the treatment."

From the preceding detail, it is evident, that when the cases which have been recorded by Dr. Collins, where the patients had been allowed to have been, p. 169, No. 130, fifty hours; p. 471, No. 608, fifty-three hours; pp. 142 and 169, Nos. 110 and 129, sixty hours; p. 481, No. 1038, seventy-two hours; p. 475, No. 725, eighty-four hours; and p. 465, No. 210, ninety-six hours in labour, in consequence of the protraction of the first stage, the doctor had not been aware, that bleeding, nauseating doses of tartar emetic, with opiates, administered during the first stage, promote relaxation, and are thus productive of the best effects, and also, that he had not then from experience learned, that the descent of the head may be much facilitated where there is a fold of the os uteri forced down before it anteriorly, by applying two fingers, so as to keep it stationary during the pain.

What must be the impression of every reader when he thus finds, that Dr. Collins declares, after having in such decided language objected to my advice, to limit the duration of the first stage of labour to twelve or fourteen hours, that, from ex-

perience he has found, that the means recommended by me are "productive of the best effects."*

Had not Dr. Collins shown so much candour throughout the whole of his Practical Treatise on Midwifery, it might be supposed that the reason for not having specified (in the above paragraph) the measures I recommend for securing the completion of the first stage of labour within twelve or fourteen hours, was a consciousness that the intelligent reader would have at once discovered that he had adopted (though not while Master of the Dublin Lying-in Hospital) the very practice, of the utility of which he still expresses his disbelief.

But on this point I offer no opinion, though certainly the following paragraph does not tend to elucidate the subject. He says in page 43 of your Journal, in reference to his practice in the Dublin Lying-in Hospital, "In no single instance in all these cases (15,850) were any means whatever used to effect the dilatation of the mouth of the womb within any given period; nor was artificial assistance ever attempted until the safety of the patient *absolutely required it*."

On this subject I quote, with great pleasure, the words of Professor Burns of Glasgow, 9th edition, page 448: "If the pains be continuing without suspension, or an interval of some hours, and the labour being going on all the time, but slowly, it is a good general rule to effect the dilatation of the os uteri, within ten or twelve hours from the commencement of regular labour.

ON THE TREATMENT OF LABORIOUS LABOURS.

A second part of Dr. Collins's objections to my doctrines, relates to the practice in cases of laborious labours. My Prac-

* Those measures are venesection, opiates, and supporting the os uteri during the pain, according to the several causes of protraction, and it is to be specially noticed, that I have stated that although spontaneous vomiting speedily promotes the dilatation in certain cases, I have not ventured to recommend artificial emetics, having found that the other means are both safe and efficacious.

tical Precepts on this subject may be briefly stated in the following summary.

Firstly. That it is in the power of the practitioner to judge so opportunely whether the labour pains tend to advance the delivery, as to prevent the occurrence of injury either to the infant, or to the mother.

Secondly. That after the second stage has commenced, if regular pains continue, and the infant becomes wedged in the passage, the practitioner is imperatively called upon (supposing the infant within reach of the forceps) to interfere before there be a probability that the pressure of the uterus upon the navel string may prove fatal to the infant, and certainly, before any untoward symptoms threaten the immediate, or eventual safety of the mother.

Thirdly. That the forceps, properly applied, can do no harm whatever to the mother, while, by diminishing the bulk of the infant, it enables the practitioner to lessen, as well as to shorten her sufferings.

Fourthly. That when called to a case of protracted labour, which had been previously mismanaged, the state of the mother is to be principally, but not exclusively considered, and if immediate delivery be required, the forceps or the crotchet should be had recourse to, without regard to the state of the infant. In other words, that if the forceps can be applied with safety to the parent, that instrument is to be used ; but, if the previous pressure on the linings of the pelvis have excited tenderness or swelling, then the crotchet is to be preferred, even although the infant be alive, upon the established principle, that the safety of the parent should be the first object of the practitioner.

I shall now detail *seriatim* the proofs in support of those propositions afforded by Dr. Collins's recorded cases.

Firstly. (H) Page 158, No. 126. " This woman was fifty-nine hours in labour ; it was her first child, the pains were, for a considerable time, very trifling, with long intervals ; however, for the last twenty-four hours, the uterus acted with tolerable

regularity, the pains being at times strong, causing the head to press with much force against the ischia, where it remained stationary for the greater part of that time. Her pulse was very much increased in frequency, varying between 120 and 130; the external parts were œdematous. As the foetal heart had ceased to act (having been distinctly audible in the right iliac region six hours before,) the head was lessened and the crotchet applied. The placenta was expelled in forty-five minutes, immediately after which, in consequence of hæmorrhage, the hand was introduced, and so it was arrested.

“Violent inflammation and sloughing set in, resisting all treatment; and she died on the ninth day. For four days previous she had severe diarrhœa, a succession of motions coming on suddenly, with extreme pain; she had also severe hiccough. On examination after death, the vagina was found in a state of slough; the sides opposite the spines of the ischia were broken through with the slightest force, and were completely gangrenous; a circular opening, the size of a shilling, was found forming a communication between this cavity and the rectum, the mucous surface of which, as also that of the colon, was softened, and had, in the vicinity of the opening, a gangrenous appearance. There was no symptom of inflammation in the peritoneum or uterus.”

In this case, as the patient was in the hospital from the beginning of labour, we are bound to believe that she had been properly treated from the commencement; that “strict attention had been paid to keep her cool, and her mind easy;” that “stimulants of all kinds had been prohibited;” that “the state of her bowels and bladder had been duly regulated;” and that the symptoms had been watched by “diligent and persevering attendance at the patient’s bed-side.”—*Practical Treatise on Midwifery*, page 16. It may, therefore, be asked, upon what principle this woman was allowed to suffer for so many hours with the pulse between 120 and 130, while the head of the infant was pressing so injuriously upon the ischia as to produce

actual gangrene of the vagina, and œdematous swelling of the external parts ?

Had the circumstances narrated in this case occurred in England, in a parish workhouse, the conduct of the medical attendants would undoubtedly have given rise to subsequent inquiry.

Dr. Collins has well observed, "that there is no subject connected with the practice of midwifery so difficult to acquire a sound knowledge of as the treatment of tedious and difficult labours. It is one of the most vital importance, and in the most marked manner distinguishes the experienced from the inexperienced practitioner."—*Practical Treatise*, p. 7.

The reader will judge from the following cases whether the practice pursued in the Dublin Lying-in Hospital ought to be adopted, or whether the rule which I have laid down should be followed.

(I) Page 207, No. 21.—"A. B., after having been nearly forty-eight hours in labour, was suddenly attacked with convulsions, for which she was bled, to the extent of twenty ounces, with relief ; yet the fits returned twice afterwards with violence. The pains from the commencement had been tardy and inefficient ; for the last twenty hours the head had made but little progress, still it advanced slightly, and was pressing on the perineum : it was so firmly impacted in the pelvis, and the pressure on the urethra was so great, as to render the introduction of the smallest-sized catheter into the bladder impracticable, which was at the same time distended with urine : her pulse was feeble and hurried, 136, and her strength much exhausted : the head was immediately lessened, and the child brought away by the crotchet. The placenta was expelled immediately afterwards, when she fell into a sound sleep ; out of which, in about three quarters of an hour, she awoke in a severe convulsive paroxysm. She was now given forty drops of tincture of opium, which induced sleep, and she had no return of the attack.

" Abdominal inflammation set in next day, which, notwith-

standing most decided treatment, proved fatal on the third day. Her friends would not suffer the body to be examined."

If the attentions recommended by Dr. Collins had been faithfully observed in this melancholy case, it is impossible to believe, that the head of the infant could have been allowed to be, for many hours, so firmly impacted in the pelvis as to render the introduction of the catheter impracticable, with a pulse at 136, feeble and hurried, with the strength much exhausted, and that, too, after the patient had had a fit of convulsions.

(J) Case 462, No. 49. "Was forty-eight hours in labour of her first child. Having made no progress for the last twenty-four hours, the pulse becoming extremely quick, with great general debility, the head was lessened, and delivery effected with the crotchet. Considerable difficulty was experienced in getting the head through the pelvis, in consequence of the hand having descended with it."

An attentive practitioner could have certainly discovered that the hand of the infant had descended with its head, long before the lapse of twenty-four hours, and *long before* the pulse of the patient *had become extremely quick, with great general debility*, and certainly before the pressure had destroyed the infant.

(K) Page 464, No. 150. "Was forty-eight hours in labour in the hospital, the waters having been discharged a considerable time before admission. For several hours after she came in, the labour pains were neither severe nor frequent; however, the uterus afterwards acted well, and the head was forced so low as to cause the scalp nearly to protrude, when it remained stationary for twelve hours. The ear could be distinctly felt next the pubes, and there was sufficient room towards the sacrum to admit the introduction of the forceps with ease, yet, in the transverse direction of the outlet, there was evidently a diminution in size. It was thought, however, as the head was so low, by gentle assistance it might be got down; no force, notwithstanding, consistent with safety, was found sufficient. As

the patient's strength was rapidly sinking, and the abdomen had become tender on pressure, delivery was accomplished by lessening the head."

That any practitioner "diligently and perseveringly attending at the bedside of the patient," could allow the scalp to be protruding through the external parts for twelve hours, and sit by without offering any assistance, while the patient's strength was rapidly sinking, and the abdomen had become tender on pressure, must appear to every unprejudiced person to be quite inexcusable.

(L) Page 470, No. 509. "Was thirty-three hours in labour of her third child, without having made the least progress for the last twelve. The bladder was forced down before the head. Her pulse became much hurried, and strength greatly exhausted, rendering immediate delivery necessary. The head was lessened, and the child brought away by the crotchet. It was very large. All her former children were still-born."

It is sufficient to point out to the reader that this woman, who had already been delivered of two still-born infants in the hospital, was allowed to be thirty-three hours in labour, the child not having made the least progress for twelve hours, and her pulse having become much hurried, and her strength greatly exhausted, before the proper assistance was afforded.

(M) Page 470, No. 526. "Was reported to have been twenty-four hours in labour before admission. About twelve hours after she came in, it was discovered, that the face was turned towards the pubes, and pressing so strongly on the urethra, that the catheter could with difficulty be passed. The pains continued strong for fifteen hours from this time, yet the head did not advance. It was deemed advisable to lessen it.

"This patient had been in the hospital thirteen months previously, and was then delivered with the crotchet, of her first child, after a labour of three days. She was brought from the county Meath."

The facts admitted in the above case are : "that the woman

was brought into the hospital after having been twenty-four hours in labour ; that it was not till twelve hours after admission that it was discovered that the face had turned under the pubes ; and that fifteen hours were allowed to elapse after this discovery before means were adopted to relieve the patient, notwithstanding strong pains, without any advance of the infant, and strong pressure upon the urethra.

(N) Page 464, No. 173. " Was delivered with the crotchet after sixty-four hours' labour, having made no progress for the last twenty-four : the child was evidently dead, and the pressure on the urethra was very severe ; when brought away, it was found large and putrid. This woman died on the thirteenth day after delivery. On dissection, a stricture of the intestine was found immediately above the sigmoid flexure of the colon ; several adhesions were observed between the liver and colon, apparently of old standing. In both cavities of the thorax, extensive effusion had taken place, with a considerable deposition of lymph : the lungs were firmly adherent. The heart was extremely large, and gorged with blood ; its parietes were thickened. The uterus was perfectly healthy, and well contracted : the pelvis was considerably diminished in size, in consequence of a projection of the last lumbar vertebra."

Instead of commenting on the above cases, I shall quote the words of Dr. Collins himself :—

" I know of 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 fœtus, in the progress of tedious and 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 which 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.

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 that 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 were born alive. In the details given by Madame la Chapelle, she acknowledges only the death of thirteen women, 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 cases. In the Edinburgh General Lying-in Hospital, during a very limited period, the forceps cases were one in 109.

On the other hand, in the Dublin Lying-in Hospital, the crotchet was used in laborious labours, according to Dr. 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 General Lying-in Hospital, the proportion was one in 481. The reader will now find no difficulty in deciding to whose practice the accusation (Dr. Collins, Dublin Journal, p. 40) of "cruelly destroying the child" is applicable.†

The following cases are quoted in illustration of my second practical precept.

(O) Page 473, No. 665. "Was thirty-five hours in labour of her first child, for the last twenty-four of which, the head had not made the least progress. Her strength being ex-

* The number of crotchet cases in laborious labours was seventy-nine, but that instrument was had recourse to in other cases of difficulty ; so that during the seven years of Dr. Collins's incumbency, there were 118 crotchet cases, bearing the proportion of one to 141.

† 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. While I regret this error, which was most unintentional, I think that I can explain it. In the course of reading his work, I made a memorandum of all the cases in which it appeared to me that there had been an injurious delay in affording the necessary assistance, and had afterwards selected the cases where there had been disproportion, without having marked off those latter cases from the general memorandum ; unluckily, therefore, both lists were printed, the original one, page 100, and the selected one, page 162.

hausted, and the child being some hours dead, as ascertained by the stethoscope, delivery was effected by lessening the head.

"She continued to recover favourably till the fourth day after delivery, when she was suddenly attacked with the most acute pain in the abdomen, which resisted the most active treatment, and she died in forty-eight hours.

"On dissection, a large quantity of a deep, straw-coloured fluid was found in the abdominal cavity, and all the viscera were extremely vascular. The uterus was soft, but in other respects healthy; the vagina was in a sloughing state."

A case more clearly demonstrative of the necessity of applying the forceps in due time could not have been fabricated, than the true history of this case unequivocally proves. No disproportion between the mother and child is even alleged, and in point of fact, by the appearances on dissection, it was ascertained that none existed, and yet the infant's head was allowed to remain so long wedged in the passage, as to occasion sloughing of the vagina.

(P) Page 303, No. 10. "Was admitted on the evening of the 16th February, in labour of her fifth child. The uterine action was tardy, the head made little progress, and the waters were discharged early the following morning. The pains continued at intervals during the day, but in the course of the succeeding night, became more forcible. She slept occasionally during their absence. Suddenly, at five, A. M., on the 18th, all uterine action ceased, immediately followed by great debility and vomiting. An effort was now made to deliver her with the forceps, which being found impracticable, the crotchet was substituted. After the placenta came away, an extensive laceration was found, towards the pubes, at the junction of the uterus and vagina; the peritoneal covering was safe. She expired, almost before the delivery was completed.

"This woman had complained of a severe crampish pain in her right thigh, for a considerable time before delivery."

It appears to me, that in this case the forceps ought to have been applied long before the period at which the rupture of the uterus took place.

Thirdly. My third proposition relating to the utility of the forceps, as lessening both the duration and the sufferings in laborious labours, is fully established, according to my opinion, by the following cases recorded by Dr. Collins.

(Q) Page 469, No. 425. "Was fifty-eight hours in labour, for the last twenty-four hours of which, the head made no progress, although the pains were strong during the greater part of that time. As the ear was within reach of the finger, the forceps were introduced, but no force, consistent with safety, was of the least service. The head was then lessened, and delivery accomplished with the crotchet."

(R) Page 472, No. 639.—"Was forty-eight hours in labour ; it was her sixth child ; all the former were born alive. The head for twelve hours previous to delivery made no progress, although the uterine action was at times so violent, as to lead us to dread rupture. She complained of most acute pain in her right leg and thigh ; and her pulse became hurried : the soft parts were well dilated, yet the ear could with difficulty be reached with the finger. The forceps were cautiously introduced ; and considerable exertion was required to effect the delivery, the child being unusually large. It was still-born, though the heart's action was audible a short time previous.

"Immediately on the birth of the child, most profuse hæmorrhage set in, requiring the instant introduction of the hand for the placenta, the greater part of which was found in the vagina : on its removal, the discharge ceased, and by careful binding with compress, and the use of cold applications, there was no return.

"She was delivered on the 13th of February : on the 15th she complained of tenderness of the abdomen, which was removed by leeches and stuping : on the sixteenth she suffered from uneasiness in her stomach : and on the morning of the

17th her pulse sunk rapidly, and her extremities exhibited, in the most marked manner, the appearances of diffuse cellular inflammation, particularly the right fore-arm. Her strength continued to fail ; and she died the same evening, although stimulants and cordials were diligently employed.

“ On dissection, the abdominal viscera appeared healthy. There was a slight blush of redness on the anterior surface of the uterus. The muscles of the body were in a remarkable state of decomposition, particularly those of the right fore-arm, where they appeared in a state of putrefaction. The blood was fluid in all parts of the body.”

(S) Page 475, No. 674. “ This patient was thirty-six hours in labour, (first child,) the head not having advanced for the last twelve. The parts being well dilated, and the ear within reach, delivery was accomplished with the forceps. The child was still-born.”

On these cases I have no other remarks to offer than what I have already stated in my *Practical Observations*, Part II., page 112. That Dr. Collins had used forceps, ill adapted to laborious cases, is evident from his own admission ; for he says, “ that the blades of the smallest sized British forceps, with which he was acquainted, when completely closed, measured from $3\frac{1}{8}$ to $3\frac{1}{2}$ inches asunder ;” whereas the forceps which I have always used and recommended, measure at least one-eighth under three inches ; and I have asserted in my letter to the Editor of the *London Medical Gazette*, dated August 19th, 1837, page 753, that within these twelve months I extracted a living infant, with perfect safety to it and the mother, the long circumference of whose head measured $17\frac{1}{2}$ inches, as witnessed by two respectable practitioners of this city, to whose testimony I can confidently appeal. It will be observed, that the largest circumference of the infant's head described by Dr. Collins (*Practical Treatise*, page 12) is fifteen inches.

One remarkable feature of this case, which cannot fail to strike intelligent practitioners, is, that the infant had discharged

its fæces, while the great size of the head, having filled completely the pelvis, prevented that circumstance being known ; and therefore, if the infant had remained a few minutes longer unborn, its death was inevitable ; and that the application of the forceps within two hours and a quarter after the uterine contractions had ceased to advance the infant, was prompted by a conviction that further delay might be injurious both to mother and child.

Fourthly. The precept, that in cases of laborious labours, which had been mismanaged, the practitioner called in is to attend principally, though not exclusively, to the state of the mother, is very different from the opinion of Dr. Collins. He says : “ the death of the child takes place in laborious and difficult labour, before the symptoms become so alarming as to cause any experienced physician to lessen the head.”—*Practical Observations*, page 16.

The attentive reader will have little difficulty in ascertaining how far the following cases, detailed by Dr. Collins himself, warrant such an axiom.

(T) Page 300, No. 32.—“ This patient was sent many miles from the country to hospital, in severe labour, on the evening of the 27th May. On admission, her countenance was expressive of great anxiety ; her pulse 120 ; the foetal heart acting with rapidity ; the head low, and fixed in the pelvis. Delivery was effected the next morning at nine o'clock, by lessening the head, as the child's heart had ceased to beat ; and the patient had become extremely feeble, having vomited several times a dark brown fluid : a rupture was suspected from the symptoms present.

“ After delivery, her strength continued rapidly to fail ; the abdomen became distended and tympanitic ; and she died in fourteen hours.

“ On dissection, there was evidence of extensive peritoneal inflammation ; the uterus was thrown very much to the right side, and, at the left, its muscular substance was found to have

given way, close to the vagina. The peritoneum was not injured, but was raised up and distended with blood underneath, resembling a bladder."

This case affords a most complete contradiction to Dr. Collins's opinion. The woman, when admitted into the hospital in severe labour, had a countenance expressive of great anxiety, with a pulse at 120, and was evidently in imminent danger; and yet the foetal heart was acting with great rapidity.

(U) Page 483, No. 1091.—"Was admitted August 23rd, in labour of her first child, and was not delivered until the 25th, being a period of fifty-six hours. Uterine action from the commencement, until within six hours of the expulsion of the child, was extremely feeble, with long intervals. The head remained high in the pelvis, and although the ear could not be reached, it was evident the head had sufficient room to pass; to effect which, uterine action was alone wanting. As soon as the pains began to be brisk, the labour proceeded without difficulty. The foetal heart was quite audible until eight hours previous to the birth.

"In three hours after, the hand was passed to remove the placenta; it was found separated, and without the slightest effort, the uterus contracted and expelled both. The perinaeum had suffered considerably in the passage of the head.

"This patient never seemed to rally after delivery; the pulse continued quick; there was considerable tenderness, on pressure, over the uterus, with a foul discharge from the vagina. She was treated with small quantities of calomel until the mouth became affected, which produced debility, relieved by mild aperients. She was put on nutritious diet when the abdominal distress had subsided, which occurred when the mercury affected the system. On the seventh and eighth days she had distinct rigors, followed by perspirations; after which her strength became greatly reduced. The vaginal discharges continued foul, notwithstanding the most rigid attention to cleanliness, and the use of stimulating injections. She gradually

sunk, and died on the eleventh day, having, for two days previous, suffered from frequent hiccough. On dissection, the only morbid appearances found were in the bladder and vagina. In the bladder, the mucous surface was covered with yellow lymph, and it contained a quantity of muco-purulent fluid. In the vagina, opposite the right ischium, a portion appeared to have been destroyed by slough, but its texture did not, in other parts, seem materially injured, although of a darker colour than natural.

“ This was a very singular case, as there was nothing apparently in the labour in any way calculated to induce such an unfavourable termination.

“ She was a feeble, emaciated woman, and seemed to have suffered from hardship.”

Many comments might be made upon this case, but it is quoted to prove that Dr. Collins's allegation “ that the death of the child takes place in laborious and difficult labour, before the symptoms become so alarming, as to cause any experienced physician to lessen the head,” is unsupported by his own facts, and is, as I hold, a most dangerous opinion. He admits, that this woman was forty-eight hours in labour, before the infant's death was supposed to be ascertained, during which time, the head remained high in the pelvis, that six hours previous to delivery the uterus acted well, and the child was expelled by the natural powers, and, in his account of the appearances on dissection, he says, that “ the morbid appearances were in the bladder and vagina,” that “ in the bladder the mucous surface was covered with yellow lymph,” &c. No one can doubt, that the injury done to the bladder and vagina was the effect of the head having remained high in the pelvis for forty-eight hours, and there can be as little doubt, that the death of the patient was principally owing to the protraction of pain.

I may take the liberty to add, that if the pupils of the Dublin Lying-in Hospital are taught to wait three hours after the birth of the child before extracting the placenta, they will, if

they follow such a rule, meet with many distressing cases in the course of their practice.

Other cases may be quoted to prove, that several women's lives in the Dublin Lying-in Hospital, in whom the labour was protracted, were brought into great jeopardy, while the child, according to the evidence of the stethoscope, continued to live.

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 show, 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 Dr. Collins has passed so high an eulogium.

(V) Page 471, No. 555. "Was sixty hours in labour of her first child. The pelvis was defective, and there had been no advance for the last twelve hours; the child's death having been ascertained by the stethoscope some hours previous, the head was lessened, and delivery thus completed."

(W) Page 471, No. 584. "Was thirty-six hours in labour of her first child, and as its death had been ascertained by the stethoscope some hours before, delivery was accomplished by lessening the head."

(X) Page 474, No. 667. "The labour lasted thirty hours; the head was firmly fixed in the pelvis, and had made no progress for twelve hours. As the heart's action had some time ceased, and the mother's pulse was 140, the head was lessened, great exertion was necessary to effect delivery, in consequence of the head being much ossified."

(Y) Page 476, No. 740. "Was brought to hospital, reported to have been a considerable time in labour; the pains continued for thirty hours, with little intermission; the labour made but little progress, and the heart having ceased to act for some time, the head was lessened, and delivery completed by the crotchet."

(Z) Page 472, No. 626. "The labour having made no progress for eighteen hours, the head being firmly fixed in the pelvis, and the heart's action having some time ceased, the perforator was used, and delivery completed by the crotchet. It was a first child, the labour lasted forty-three hours."

(AA) Page 477, No. 817. "Was fifty-six hours in labour of her first child, for the last twenty-four of which the head made no progress. The waters were discharged early, the pains were very ineffectual, and the soft parts continued in such a state as to prohibit the use of the forceps. As the child had been now dead some time, as ascertained by the stethoscope, delivery was accomplished by lessening the head.

"She died on the eighth day after delivery, from abdominal inflammation. On dissection, a considerable quantity of fluid, of a yellowish colour, was found in the cavity of the abdomen; the omentum was firmly adherent to the intestines, which were very vascular; there was also an extensive deposition of lymph. The substance of the uterus was very soft, and the ovaries much injured from the effects of inflammation."

(BB) Page 478, No. 820. "Was forty-eight hours in labour, (first child,) for the last thirty-six of which, there was little progress made, and the child having been some hours dead, as indicated by the stethoscope, she was delivered by the crotchet."

(CC) Page 480, No. 976. The labour lasted in this case forty-eight hours (first child); and although uterine action was strong for the last sixteen hours, there was not any progress made. As the foetal heart had ceased to act for some time, the

brain was evacuated, in which state the head was left for six hours, and then brought down with the crotchet.

(DD) Page 480, No. 1032. "Was admitted, in labour of her eleventh child; uterine action very frequent and strong; the os uteri dilated to the size of a crown, and the fundus very much inclined to the right side. In twenty-four hours after admission, (the head not having made any progress for the last eight,) the foetal heart having ceased to act for some time, it was thought advisable to lessen the head, and deliver with the crotchet.

"This was the *fourth* time she had been delivered artificially. Fifteen months since, she was delivered in this hospital with the crotchet."

The only explanation I can offer of this, as it appears to me, most unfortunate practice, is, that Dr. Collins does not seem to have been aware of the importance of ascertaining the position of the infant, and the state of the passages in cases where the labour is at all protracted. He avows his sentiments in the following words: "When uterine action continues regular and strong for twelve, or twenty-four hours after the os uteri is dilated or nearly so, without the child's head making progress; it being firmly compressed in the pelvis, not leaving space for the introduction of the finger to feel the ear, or in some, the passage of a catheter into the bladder; the urine, perhaps, retained from severe pressure on the urethra; or when removed, bloody and very scanty, and of a deep colour; the patient complaining of acute pain on pressure in any part of the abdomen, the pulse being at the same time hurried, and the strength failing; these are symptoms indicating the use of the perforator, and their being *urgent*, or *otherwise*, should make us deliver sooner or later. The difficulty, in such cases, is caused by a disproportion between the child's head and the pelvis; and, except where this is very great, no individual can foretell whether the uterine action may be sufficient or not to expel the child; therefore, the most certain proof we can have of

such disproportion existing is, the head remaining stationary for a number of hours after the dilatation of the mouth of the womb, uterine action during this time continuing strong. This is a more certain proof than any derived from the most accurate examination ; for though in this way we may be able to inform ourselves, with tolerable correctness, as to the size of the pelvis, yet, the size of the child's head, its degree of ossification, or the amount of compression it may undergo from uterine action, never can be correctly ascertained. Let it be carefully recollected, at the same time, that so long as the head advances *ever so slowly*, the patient's pulse continues good, the abdomen free from pain on pressure, and no obstruction to the removal of the urine, interference should not be attempted, unless the *child be dead.*"—*Practical Treatise*, page 16.

To those observations of Dr. Collins, I have to call, very particularly, the attention of young practitioners.

Firstly. My solemn conviction is, that no patient ought to be allowed, where the head of the child comes foremost, to continue so long in labour, that its head should be so firmly compressed in the pelvis, not leaving space for the introduction of the finger to feel the ear, or in some the passage of a catheter into the bladder, &c.

Secondly. Where there is a disproportion either arising from the size of the infant, or its malposition, or from a hand being forced down along with the head, or from narrowness of the pelvis, the fact, according to my experience, can be ascertained by an attentive practitioner, long before any alarming symptoms result from those obstacles. But, in the Dublin Lying-in Hospital, in Case 509, page 470, "the unusual size of the head ;" in Case 470, page 526, "the face having turned under the pubes ;" in Case 49, page 462, "the hand having come down with the head ;" in Cases 126 and 150, pages 158 and 464, the deficiency of space between the ischia ; and in Case, No. 173, page 464, the narrowness at the brim of the pelvis, from the projection of the promontory of the sacrum, had not

been discovered till irreparable injury had been done to the mother and child.

Thirdly. The precept in the preceding quotation, "that so long as the head advances ever so slowly, the patient's pulse continues good, &c.," my experience has led me to reject, and I consider it to have been proved fatally erroneous by the circumstances of the case of the Princess Charlotte. But, as this evidence has been called in question, I shall quote another case, on which, I do not anticipate any objection whatever. (Case thus described by Professor Davis, of the London University, *Elements of Operative Midwifery*, page 148):—"Lady T—, about thirty years of age, of stature rather under the middle size, but, presenting no external deformity of figure, sustained, during her first puerperal confinement, an extremely difficult labour. She was attended by a practitioner in the country, who delivered her with the forceps of a dead child. Her convalescence was very protracted; but, she eventually did recover her general constitutional health. She, however, suffered so much injury of the parts within the pelvis, that she was never able afterwards to retain her urine. After some years, she became pregnant again. At the full period of her gestation the liquor amnii escaped, without any previous indication of approaching labour. This incident was, however, succeeded almost immediately by unequivocal symptoms, viz., the first slight pains of parturition. She was delivered of a still-born child, after a severe labour of eighteen hours' duration. The time here named was the precise measure of its whole duration, from the very first twinge of the struggle to the moment of delivery. During no stage of this labour could it be truly asserted that there was not some progress made. In the course of a few hours from its commencement, the orifice of the uterus gradually dilating, the head of the child began to enter into the cavity of the pelvis; it presented in the first position, and effected its transit through the pelvis, certainly in the midst of such a tempest of struggles, as I think I have never

witnessed upon any other occasion. But, at no period of the process, was there any thing approaching to a suspension of the action of the uterus, or of arrest of the child's head in the passage. There was a constant progressiveness throughout every stage of the labour. Such was the extraordinary excitement of the heart and arteries in this case, that it was thought necessary to prescribe venesection about twelve hours from the commencement of the labour pains. The same operation was proposed to be repeated in about four hours afterwards; but this proposition was, unfortunately, successfully resisted by a young physician, who, for reasons, of which it is not necessary to apprize the reader, possessed a predominant influence in the family. Such, however, was the extreme irritation then present, that in the course of twenty minutes afterwards, the wretched patient became the subject of a severe rigor of upwards of half an hour's duration. The head of the child was at this time bearing strongly on the perineum. In the mean time, however, the throes of parturition were not suspended, nor even perceptibly enfeebled; and, as has been already stated, the delivery was completed within eighteen hours from the commencement of the labour. The patient died on the tenth day after her delivery. On inspecting the body after death, which was obligingly undertaken by my ingenious friend Mr. Henry Gault, now Dr. Gault, in the presence of Dr. Sims, Dr. Courthope Sims, Dr. —, the gentleman already alluded to, and myself, the cause of the death was discovered to have been a large abscess, which seemed to have implicated all the structures at the superior part of the cavity and towards the left side of the pelvis, and, of which, the left ovary, probably dangerously contused during the labour, had all the appearance of having been the nucleus."

According to Dr. Collins's records, it appears to me, that there had been, during his mastership, many unfortunate victims to the rule of practice to which I so strongly object.

Dr. Collins, p. 487 of his *Practical Treatise*, gives the

following explanation of the extraordinary proportion of crotchet cases which occurred in the Dublin Lying-in Hospital during his mastership.

“ In this report of the number of children delivered by the crotchet, it is necessary to bear in mind, that the *proportion* of such deliveries is greatly increased in consequence of the *same patient* returning to hospital *two, three, or even more times*, in whom, from deformity or other circumstances, such mode of delivery was rendered *unavoidable*.”

On this practical point, the records of the Edinburgh General Lying-in Hospital, show a very different result, for in cases of deformity premature labour was induced, in the subsequent pregnancies of the individuals, and successfully induced ; and, as I have stated in my Practical Treatise, Part 2, p. 182, that during the limited period in which the records of that hospital have been kept accurately, premature labour had been induced two different times on each of six women with deformed pelvis, and nine infants were born alive.

I have in the same work, p. 180, mentioned, that in private practice, previous to January 26, 1836, I had brought on premature labour forty-five times in twenty-one individuals with deformed pelvis, and that forty-one of the forty-five infants were born alive. When the professional reader compares this result, viz. saving fifty infants out of fifty-seven, in cases where the mother's pelvis was defective, he will admit, that if the facts I have stated be correct, (and I challenge the most scrutinizing inquiry,) I have shown the utmost anxiety both to lessen the sufferings of the patient, and to preserve the life of the infant, instead of cruelly encouraging the destruction of the child, as alleged by Dr. Collins in p. 40 of your Journal for March, 1837.

In concluding these observations, I have great pleasure in declaring my conviction, that the profession and the public at large are highly indebted to Dr. Collins for the publication of his Practical Treatise on Midwifery. It contains a circumstantial and candid detail of certain cases of difficulty and danger,

on the treatment of which, the profession has hitherto been guided by no definite rules. But, I now venture to repeat my solemn opinion, that those cases prove, in the most unequivocal manner possible, the utility and the importance of the precepts laid down in my Practical Observations, and that thus, the junior practitioner may be directed in the treatment of protracted labours by rules established, not only by the individual practice of the author, but by the recorded cases of the great Dublin Lying-in Hospital. And if another addition of my work be called for, I shall hold it to be my duty to insert the substance of this article in that work.

I have the honour to be, Sir,

Your obedient, humble Servant,

JAMES HAMILTON.

23, St. Andrew's-square, EDINBURGH,

29th January, 1838.

ART. X.—*Second Medical Report of the Western Lying-in Hospital and Dispensary, 31, Arran-quay.*—By FLEETWOOD CHURCHILL, M. D., Physician Accoucheur to the Hospital, and Lecturer on Midwifery, &c., at the Richmond Hospital School.

[Read before the Surgical Society of Ireland, Saturday, February 10, 1838.]

THE second medical Report of the Western Lying-in Hospital embraces a period of fourteen months, i. e. from the 1st of November, 1836, to the 31st of December, 1837, inclusive.

During that time, 391 females derived assistance from the hospital : of these, 128 were intern ; and 263 extern patients.

From this number we must deduct twenty-one cases of abortion, and one case of uterine hydatids, which will leave 369 cases of labour.

The number of children born amounted to 376, of whom 206 were males, and 170 females ; twenty-eight of them (seven-