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REPORT OF OBSTETRIC CASES OCCURRING IN PRIVATE PRACTICE.

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In one of the volumes of the "Transactions of the Provincial Medical and Surgical Association," there is a paper from Mr. Rose, of Swaffham, in this county, giving a statistical report of the cases which had occurred in his midwifery practice, classing them under their different forms, and stating their results. From having read this paper I have been induced to arrange the cases which have occurred in my practice; and as that practice embraces a period of forty-six years, and furnishes an aggregate of 4320 cases, I venture to lay the following tables before the Association, thinking that the perusal of them may not be uninteresting, nor entirely devoid of utility. I do not presume to claim any novelty in my practice, nor to make any commentary on its results, but simply to record the cases as they occur in my note book, and should the perusal of them afford any useful hint to the junior members of the obstetric art, I shall not consider the time I have bestowed in overlooking and arranging these cases as altogether thrown away.

I am aware that the tables are not so complete as they ought to be, as there is no notice taken of the sex of the children, or yet of the number of still-born children. When I commenced practice I had no idea that I should ever publish this statement, and was therefore not so particular on these points as to be able to give an accurate statement, I have therefore omitted them altogether. It may be proper to mention, that I have had two of my sons in practice with me; the eldest attended 819 of the cases, when death deprived me of him; my youngest son, who is now in practice with me, has attended 824 cases, making together 1643. The remaining 2677 came entirely under my own notice. I therefore consider the whole as constituting but one practice.

Of the 4320 cases recorded, there were of:—

Preternatural presentations . . .	178
Cases of hæmorrhage . . .	38
Laborious labours requiring the forceps . . .	32
Cases of convulsions . . .	8
Cases of twins . . .	53

Of the preternatural presentations,

The arm presented in . . .	30
The shoulder . . .	4
The legs or feet . . .	40
The breech . . .	41
The hip . . .	13

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The chest	2
The belly	2
The side	2
The ear	2
The face	4

Of the cases in which hæmorrhage occurred,

In which the placenta was attached to the os uteri completely, there were } . . .	10
In which the attachment to the os uteri was only partial	12
In which the hæmorrhage appeared to arise from partial separation high up in the uterus	16

Many other cases of hæmorrhage have occurred, but as they were not of a nature to excite alarm, and several of them arising after delivery, I have not noticed them particularly.

The number of deaths which have taken place in the 4320 cases, are as follows:—

CASE 1.—Mrs. F—, aged 40. First child. Narrow pelvis; sacrum projecting inwards; the face was toward the pubis; labour very lingering; os dilated very slowly. After many hours waiting, the os uteri being fully dilated, I attempted to pass the forceps, but failing to apply them so as to lock them properly I desisted, and as I was but young in practice, I called in the aid of an old practitioner in the neighbourhood. He also endeavoured to apply the forceps, but could not succeed. He then determined upon turning the child, which, after considerable difficulty, he did, but unfortunately he omitted turning the face towards the hollow of the sacrum, the consequence was that the child's chin was hooked over the pubes, and after fruitlessly endeavouring for a long time to extricate it, he was obliged to open the head. Violent febrile symptoms came on, and in five days the patient died.

2. Mrs. T—, aged 34. Third child. In the last stage of dropsy, had a natural easy labour, but died exhausted at the end of a fortnight.

3. Mrs. P—, aged 38. Fifth child. Profuse hæmorrhage at her full period; found the placenta completely attached to the os uteri. As the patient appeared rapidly sinking I immediately introduced my hand through the mass of the placenta, and delivered the child without the least difficulty; for two hours it was doubtful if she would not die, but after that time she began to rally, and appeared to be going on as well as could be wished; being imprudently exposed to cold, she had sore-throat, and fever came on four days after delivery, and she sank on the ninth day.

4. Mrs. A—, aged 28. Had a very easy labour with her third child. She had a great quantity of gin given

her by a foolish old woman, at the same time the snow was permitted to cover the bed on which she lay. The result was fever, and death on the fourth day.

5. Mrs. F—, aged 42. Sixth child. Had been affected with general anasarca for more than twelve months. Had a quick easy labour, but died on the twelfth day.

6. Mrs. R—, aged 23. First child. In the last week of pregnancy was attacked with violent convulsions. I was not sent for till the following day, when I found her in a state of total insensibility; pulse strong; os uteri slightly dilated, but soft and yielding. Bled her largely, and finding the fits continually following each other, I passed my hand with very little difficulty, and delivered her; gave her large doses of hydrargyri chloridum, &c., but without any effect, as she remained insensible until the next day, when she died.

7. Mrs. L—, aged about 22. First child. Natural easy labour. On the third day she was attacked with violent diarrhoea, which resisted every means I could make use of, and she sank on the tenth day.

8. Mrs. W—, aged about 36, had had several children, generally tedious labours. I found the pains trifling, the head presenting above the brim of the pelvis; the os uteri but little dilated; during the night hæmorrhage came on, which kept increasing, until it became so profuse, that fearing she would sink under it, I determined to turn the child, as the forceps were quite out of the question. I succeeded in delivering the child with some difficulty, but she survived only about half an hour.

9. Mrs. J—, aged 24. Third child. Quick easy labour. Had been in a weak state of health for some time, occasioned by mental distress, arising from the loss of her husband, who was drowned in a tremendous gale of wind some months before. Puerperal fever came on soon after delivery, and she lived only two days.

10. Mrs. F—, aged 30. Third child. Delivered before I could reach the house, although only a short distance from mine. On the second day she was attacked with puerperal fever, which appeared to yield to the treatment made use of, but all the bad symptoms returned on the fourth day, and she died on the fifth.

11. Mrs. C—, aged 28. Fourth child. Subject to hepatic affection; easy natural labour; acute hepatitis came on with peritoneal inflammation. Bleeding, mercury, &c., failed to relieve the disease, and she died on the seventh day.

12. Mrs. G—, nearly 40 years old. First child. Immense loss of blood had taken place before I could reach her. I found the placenta seated immediately over the os uteri; and as she appeared dying, I immediately turned the child with great ease, but she was so exhausted with the hæmorrhage that she never rallied.

13. Mrs. J—, aged 21. First child. Natural labour of about six hours duration. In an hour after delivery strong convulsions came on. She died next day.

14. Mrs. A—, aged nearly 40. First child. Small pelvis, with slight deformity; labour very protracted; os uteri dilated very slowly. As soon as the dilatation was complete delivered her with the forceps. Severe peritonitis came on next day, and she died on the third day.

15. Mrs. H—, aged 30. Fourth child. Natural easy labour. In two or three days severe diarrhoea attacked her, from which she died on the eighth day.

16. Mrs. A—, aged 40. Eighth child. Quick easy labour. Collapse took place as soon as the child was born, and she died in two hours. There was something singular in this woman's case. When a girl, a fortune-teller, predicted that in her fortieth year she would have a child, but that she would never recover. Might not the depression of mind which this prediction occasioned have been the means of producing its fulfilment?

17. Mrs. A—, aged 21. First child. The labour began with moderate pains, gradually dilating the os uteri; after three or four hours violent convulsions came on. The pulse being full and strong, she was bled largely, but without relieving her; the head presented; but as the os uteri was not dilated so as to admit of the use of the forceps, the child was turned with very little trouble: still the fits kept constantly succeeding each other. Blisters and sinapisms were employed; mercurial purgatives were given and produced good alvine evacuations; but no relief. Opium and valerian with camphor were given, but no consciousness returned; and in this state she lived on until the beginning of the fifth day, when she died.

Thus, in the 4320 labours, 17 deaths occurred, averaging one in 255.

Fifty-three cases of twins have occurred:—

Both natural presentations	19
Both breech ditto	2
Both foot ditto	8
One head; one foot	12
One head; one arm	6
One head; one breech	3
One breech; one foot	2
One arm; one leg	1

Eleven cases of monstrosity or malformation are recorded.

CASE 1. The upper part of the cranial bones were wanting; the brain covered with integument; the head was quite flat; large protruding eyes; hare lip; the arms remarkably short, and very much resembling the fore legs of a quadruped. It lived about two hours.

2. An enormous hydrocephalus. Born dead.

3. All the abdominal viscera completely protruded, being only covered by the peritoneum. Born dead.

4. Large scrotal hernia; immense umbilical hernia. Lived three weeks.

5. The whole of the upper portion of the cranium without bone. Born dead.

6. A similar case to the above. Lived four hours.

7. Ditto. This child lived two days; and it is very remarkable that all three cases occurred to the same woman. Three other children which she has had are all of them well formed and healthy.

8. Large spina bifida. Lived one day.

9. Ditto. Born dead.

10. Large spina bifida; hydrocephalus. Born dead.

11. The upper portion of the bones of the head appeared as if they had been removed by the saw, the brain being covered only with a thin membrane, so that the convolutions of the brain could be distinctly seen. The child lived three days.

Many cases of adhesion of the placenta have occurred, in which it has been needful to introduce the

hand to remove it. In one or two instances several hours elapsed before it came away; and in one case the uterus contracted upon it so strongly that it was impossible to pass up the hand; but after remaining six days it came away, diminished considerably in size, but entire, and no bad symptoms occurred.

I have thus, as concisely as I could, given the result of a long practice, which I think will be admitted, has been a very successful one. I shall only observe that I have always had a great aversion to the use of instruments, and have never had resort to them, until I was convinced that Nature's efforts were unavailing. That the forceps are indispensable in many instances there can be no doubt, but I fear they are oftener used to save time to the accoucheur than they ought to be; and I am certain they are frequently productive of serious injury to the patient. I would therefore strongly impress upon the minds of the younger members of the profession, the propriety of patiently waiting and watching the efforts of nature, fully convinced that they will seldom have cause to regret having done so.

There is, I believe, still considerable difference of opinion amongst the members of the medical profession, as to the effects of ergot in protracted labour. I have made use of it in a great many instances, and I am satisfied that, but for it, I should have had to use the forceps much oftener than I have done. I have very little doubt but that this difference of opinion of the effects of ergot arises from the drug being over kept, as it very speedily becomes covered with mites. I have always found the powder most efficacious, either as assisting the expulsive efforts during labour, or in restraining hæmorrhage after the birth of the child. A scruple boiled for ten minutes and given every quarter of an hour, seldom fails after the third dose; if it does, I should not expect any benefit from its further use.

SANATORY REVIEW OF THE YEAR 1845, IN RELATION TO THE STATE OF THE PUBLIC HEALTH IN PARIS.

(Translated from the *Gazette Médicale de Paris*, for the *Provincial Medical and Surgical Journal*.)

(Continued from page 251.)

The annual and monthly numbers of the *admissions* have shewn the *frequency* and the *distribution* of disease in the course of the year. The relative variations in the dismissals afford an approximation to the varying duration of the diseases. The relative changes in the *mortality* will now give the varying degree of *severity*.

We are struck in the first place with the high proportion of the deaths—one in 11.97.* This must without doubt be especially attributed to neglect on the part of the sick, who generally do not decide upon entering an hospital until the disease has made sufficient progress to render them quite incapable of work, and frequently arrive there with constitutions impaired by misery and excess of every kind. But does residence

* The monthly proportions before indicated, vary between one in 16.4 and one in 30.6; they are calculated upon the total number of patients *actually* under treatment, and consequently the same patients are carried on through many successive months. Here, however, the proportion is taken as it ought to be, upon the number of patients in the Hospitals in the year,

in the hospital contribute nothing to this mortality. It would be an interesting and useful subject of research, to determine the different proportions of the mortality, all other circumstances being the same, in hospital establishments and in private practice. Such a work, the difficulties of which we would not disguise, might perhaps lead to more precise notions upon the effects of crowding and other conditions of unhealthiness.

The monthly proportion of deaths in the hospital arranged in a decreasing series, gives the following calendar:—

March, April, February, January, May, December, July, October, November, August, September, June.

We thus perceive—1. That the proportion of the deaths was greater in summer than in winter. [In winter than in summer?] 2. That it was greater at the end of winter and the commencement of spring, (February March, April,) than at the end of spring and the commencement of summer, (May, June, July.) 3. That though low in the course of summer, (August and September,) it becomes raised again in passing from summer to autumn, (October.) 4. That after having maintained nearly the same rate in November, it again rose towards the middle of winter, (December.)

Let us now compare these successive results with those which refer to the admissions and dismissals.

It will be observed, in the first place, that the month at the head of the scale of deaths, March, was far from being as heavy in admissions as the month of April, occupying however, in this respect, the second place; than the month of May occupying the fifth; and than the month of June placed at the lowest extremity of the scale. The month of February, which furnished the fewest admissions, is one of those affording the highest proportion of deaths. This observation is of special importance, as shewing that the rate of the mortality would form, as a general proposition, a faulty *criterion* of the medical constitution actually prevailing, and that it expresses only the effects of a constitution already passed, or at least the first influence of which dates from a time more or less distant. It will be readily comprehended that the severity of the diseases would add to the contingent mortality what the small number of the sick would take from it, but neither habitually, nor in particular in the year 1845, have the diseases observed in February and March, presented this character. It is therefore very probable that the cause of the increase of deaths in the months of February and March, must be sought in the increased admissions of January.

The comparison of the calendar of the deaths with that of the discharged leads to a curious result in another respect. These two calendars, with some exceptions, may be said to progress in opposite directions. The calendar of the deaths finishes where that of the discharged commences, and if the former does not commence where the latter ends, the inversion at least takes place in four months out of six. In other words, of the six months comprised in the *first* section of the calendar of the dismissals, four are found in the *second* section of the calendar of the deaths; and reciprocally of the six months of the *second* section of the former calendar, four are comprised in the *first* section of the latter, which is as much as to say, that in general the number of the deaths was in an inverse ratio to the number of the discharged.