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INTRODUCTORY LECTURE ON MIDWIFERY, DELIVERED AT THE BRISTOL MEDICAL SCHOOL, ON THURSDAY, OCT. 1st, 1846.

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Gentlemen,—As the Faculty of this school have for various reasons thought it best to waive the general introductory lecture, I feel that I cannot occupy one hour to day more profitably, than by giving a kind of special introduction to the course upon which we are about to enter. By so doing, I shall be enabled to afford you a general view of that branch of medical science, which it will be your duty to cultivate, theoretically, both here and at home, and practically, in the lying-in chamber; and after that, to add a few words of advice as to the best means of attaining the end in view. The science we are about to treat of, has, in its time, received different names, some of them sufficiently denoting the low repute in which it was formerly held. Thus it is commonly called "Midwifery," from the "midwives," or "auld wives," (as the Scotch would with greater propriety call them,) who used to be the sole practitioners of the art. It is also called the "Obstetric Art," which is nothing more than a latinized version of the same term, *obstetrix*, being Latin for midwife. It has likewise received the more appropriate designation of "*Tocology*," signifying "the science which treats of parturition," from the Greek words *τοκος*, and *λογος*. This last is certainly the fittest term; but as words, although inappropriate, which have been sanctioned by common use, are most readily understood, and are therefore the best, I shall adhere in most instances to the old-fashioned term, "midwifery."

To a superficial observer, midwifery may appear very simple and easy both to comprehend and to put into practice; because, in by far the majority of cases, in which the practitioner is engaged, he has nothing more to do, than to sit by the bedside and watch a strictly natural process, occasionally performing little and trifling duties, which a nurse might do quite as ably and efficiently. Thus a clever nurse could equally well, give the patient directions how she is to lie, "take her pains,"—as the phrase is—ascertain whether "all is right,"—i. e., whether the head presents, receive the child, cut and tie the navel-string, bring away the after-birth, apply a warm napkin to the genitals, and wind a pillow-case round the belly; then go away and call the next day to inquire about the milk, lochial discharge, &c., order castor oil for the next morning, and so forth.

This easy routine may do very well in ordinary cases;

but if, gentlemen, you think that your duties end here, that when you know this, you have learnt all that is required of you, and that upon the strength of this knowledge you can go forth to the world as qualified practitioners, undertaking cases of midwifery, for your guinea, three guineas, five guineas, or more, according to the patient's circumstances, you will be grossly deceiving both yourselves and the public, and depend upon it, that sooner or later, the result will be disastrous to the lives of your patients and ruinous to your own reputation. I would lay especial stress upon what I am now saying, because in the present day, a man may be what is called a "regularly qualified practitioner," and yet be most barbarously ignorant of midwifery. Were proof wanted of the utter incompetency of many practitioners for emergencies in midwifery practice, we need only turn to the pages of the medical journals, and we shall find instances occurring yearly, and even monthly, in which not only lawless quacks, but even licensed surgeons, have allowed the lives of some to slip through their fingers,—if I may use the expression,—whilst with their meddling hands they have hurried others to miserable and untimely deaths. Minor cases of this kind are constantly occurring; one of them happened but the other day and was made the subject of a coroner's inquest. But it was only last year that a horrible instance of this kind occurred and went the round of the journals. A poor woman was brought to bed with twins, and was attended by a man who called himself a surgeon, and was indeed legally such. After the birth of the first child, this person not discovering the second, imagined that the pains which were effecting its expulsion, were caused by a portion of the placenta remaining behind. He therefore instantly commenced a search for the lost fragment, and prosecuted it with such reckless vigor, that he actually forced his hand through the posterior wall of the vagina into the abdominal cavity, so that the bowels protruded through the rent, and the patient died a miserable death. It is only within the last few years that two or three instances have occurred in which the uterus has been inverted from violence in extracting the placenta, and has then actually been severed from the body, together with several yards of intestine!

One would have supposed that such sickening atrocities could only have been perpetrated in the dark ages of the world, in the era of ignorance and prejudice; but surprise will cease when we consider the vast extent to which quackery is encouraged in this country; and when it is known that prejudices, worthy of the darkest of those ages, still take fast root in the higher walks

of the profession, so much so that sage doctors have pronounced that the art of midwifery ought to be practised only by old women and nurses, and pure surgeons, who are not above piles, fistulæ, and rectum cases, have yet imagined that their spotless fingers will be contaminated by any contact with the neighbouring canal. As lately as the year 1826 the College of Physicians publicly denounced the art as unworthy the attention of gentlemen who had received an enlarged academical education, and refused the honors of their fellowship to any who practised midwifery in any shape or form; but I am happy to add, they have since had the good sense to reverse their unjust decree. Not so the Royal College of Surgeons of England;—midwifery is still held amongst them as a disqualification for a seat in the Council, is looked upon with distrust and suspicion, and refused a place in their examinations. Amongst the host of other subjects for examination at the Apothecaries' Hall, questions in midwifery do sometimes occur, but they are very few, and far between, and no specific number of cases is required to be attended by the pupil.

The result of such a state of things is what might have been expected. A considerable proportion of practising surgeons are incompetent to attend any but the most ordinary cases, so that when any emergency occurs, they are obliged to call in the aid of a professional brother. Indeed, practical midwifery has hitherto been cultivated amongst medical students, chiefly because they have felt aware of the immense importance which it will be to them in their future career. But those who cannot look beyond the present, have it now in their power to neglect practical midwifery, and go forth to practise upon the limbs and lives of their fellow creatures, being little better than swindlers, for they are obtaining money under the false pretence of being properly qualified for their work. The evil is so great that the much delayed measure of Medical Reform would confer an endless boon on the public, did it effect nothing else than the institution of full and searching examinations in midwifery.

The great and unmerited neglect which the obstetric art has received from the profession, seems to have arisen from a false notion of the simplicity and trivial nature of its duties, just as if the general rule of labour were without exceptions; whereas, on the contrary, exceptions do occasionally occur, most sudden in their arrival, and perilous in their nature, so that to insure safety in every case, a thoroughly well-qualified attendant ought always to be at hand. There are cases of difficult labour owing to mal-position of the infant, or deformity of the mother, in which, in order to effect delivery, a degree of steady skill and protracted patience is called for, equal, I may safely say, to what is required in the most trying surgical operation. In most of these cases also the operator has the disadvantage of coming up to the contest, jaded and fatigued by long nightly attendance, and unstrung as it were both in mind and body. His hands also are not free for action, but are liable to be cramped, benumbed, and paralyzed, by the obstacles they have to overcome, and by the contracting energy of the expelling organs. These are difficulties which ordinary surgical operations do not involve. There are other emergencies which not only require excessive coolness and caution, but also the utmost promptitude and vigor of action,—I

allude to hæmorrhage from placenta prævia. "In these cases," says Dr. Gooch, "you would give anything for a consultation, but there is no time for it: the life of the patient depends on the man who is on the spot; he must stand to his gun, and trust to his own resources. A practitioner who is not fully competent to undertake these cases of hæmorrhage, can never conscientiously cross the threshold of a lying-in-chamber."

A very little consideration must show that the science of midwifery has not deserved the treatment which it has met with at the hands of the profession. Embracing, as it does, the whole theory of reproduction, it treats of the various ailments and mishaps to which the fairest portion of the creation are exposed whilst engaged in this mysterious and interesting process. Whilst it considers the theories of generation and conception, it enters into some of the most abstruse physiological discussions; it teaches us to combat the difficulties and dangers of parturition, the only normal and healthy function which is performed in pain and anguish; to apply the resources of our art to many painful and mortal diseases which affect solely the fairer but more fragile part of our race; to remedy those disorders to which in our tender infancy we are all exposed, and which may seriously affect our health and happiness through life. This surely is a large and important province in the God-like art of medicine, and all who exercise with diligence therein, will meet with a rich reward. In point of time midwifery certainly has the precedence of all other departments, for we may well say of it, "*Orditur ab ovo.*"

Having now endeavoured to assert the dignity and utility of the science you are about to study, I proceed to give you a slight insight into its history. Ever since the curse of disobedience fell upon our first parents, and it was ordained that Eve in sorrow should bring forth children, our entrance into, as well as our departure from, this troubled world, has been in the midst of groans and lamentations; and ever since that time mankind has been endeavouring by art to mitigate the pains and lessen the dangers attendant upon these critical periods. From the earliest records of antiquity when, as Bacon expresses it, the world was "in its youth," we learn that woman was always the guardian angel over woman in the hour of nature's distress. In classical times, the goddess Diana, or Lucina, as she was called in her capacity of midwife, was supposed to preside on these occasions, and it was then customary for the sufferers to invoke her aid. Horace dedicates a beautiful ode to her, beginning thus—

"Montium custos nemorumque, Virgo,
Quæ laborantes utero puellas,
Ter vocata audis, admisque leto
Diva triformis."

The history of midwifery, confided as it was to females, may be said to be as old as that of the world itself, inasmuch as natural and easy labours have the precedence of unnatural and difficult ones. Male accoucheurs, as well as physicians, will be found to have made their appearance only as knowledge advanced, and the refinements of civilization were multiplied. Women were at first the only accoucheurs, and the entire knowledge which they possessed was acquired from mere experience, ungrounded upon any scientific principles. I shall therefore first give the

history of midwifery as practised by women, before describing its progress under the more scientific guidance of the male accoucheur.

On referring to Holy Writ, we are told in the Old Testament, (which is the oldest record we possess,) that Rachel, who, as you may remember, died in labour, was attended by a midwife. A midwife also assisted Tamar when she was delivered of twins. It was the Israelitish midwives, Shiphrah and Puah, who successfully resisted the tyrannical edict of Pharaoh, that all the male children should be killed. According to Ætius, Aspasia was well versed in the accoucheurs' art; but, I am sorry to add, she used her skill for some very disreputable practices, for she was an adept at procuring abortion and sterility. Hippocrates, also, the great father of medicine, was not ashamed, amongst other things, to give instructions how to cause abortion, seeming to regard the performance of such a crime as perfectly fair and legitimate.

Ancient writers speak of a great number of other midwives of less celebrity, but it is only at a comparatively late period, and more especially amongst our continental neighbours, that women have ranked not only as practical but also as scientific accoucheurs, and have even transmitted to us their writings on the subject. Louise Bourgeois, who lived in the time of the celebrated Ambrose Paré, was one of the first who well comprehended the necessity of promptly emptying the womb of its contents, when violent hæmorrhage comes on in the course of labour. We are indebted for the heathen models, which go by the names of "phartoms, or mannikins," and which are so useful to lecturers on midwifery, to a French woman, named Madame Leboursier Ducondray. This woman was accustomed to travel about the country exhibiting them, and pointing out their importance. Mademoiselle Biberon, who was an expert anatomist for her time, practised successively in Paris and London. In the latter place the great Hunter was one of her pupils. She was the authoress of several treatises in different points connected with midwifery. She died in 1785. In France also, the name of Marie Dunally is celebrated, as she was the first who practised the Cæsarean operation in that kingdom. In England, amongst the names of midwives, is that of Nihil, who wrote a pamphlet, in which she condemns altogether the use of instruments, and falsely contends, in opposition to Levret, that the placenta is never implanted over the os uteri. Sarah Stone, who lived about the year 1730, has written upon face presentations, and speaks of the accidents in these cases caused by the clumsiness of midwives who have endeavoured to remedy these mal-presentations. In Germany, the wife and daughter of Siebold both successfully practised midwifery. In Italy we hear of Fulvia Morata, who travelled to Heidelberg, and was about to establish a school of midwifery there in the year 1555, when she died. At the present day, in France, midwifery is practised to a very large extent by women called "*sages femmes*," who, unlike the ignorant and drunken Mrs. Gamps, of England, are obliged to possess a certain degree of education before they are qualified to practise. If you go through the streets of Paris, you will see the signs of these women hanging out in front of their houses, and usually representing a woman holding a baby wrapped up in flannel in her arms. Some of these "*sages femmes*" are

attached to large lying-in charities, and have obtained great eminence in the obstetric art. The names of Madame Lachapelle and Madame Boivin, are, and ever will be, justly distinguished in the annals of midwifery, for the many valuable contributions which they have made towards the literature of the art.

But although some women have attained so just a celebrity in obstetrics, yet any unprejudiced person will say at once, that it is an art which requires both the head of a man to comprehend its principles, and the hand of a man to put them properly into practice; for as a general rule, the weaker sex are deficient in that degree of cool judgment, combined with fortitude and power of endurance, which are so necessary for the more difficult operations of midwifery. True it is, that some women possess these qualifications, but like a Joan of Arc or a Lady Sale, they are anomalies and exceptions to the general rule of their sex. The history of the science accords with this view, for from a very early period the more difficult branches have been exercised by the rougher sex. Amongst male accoucheurs we find first and foremost, in the days of hoar antiquity, that the great father of the healing art, Hippocrates, practised midwifery very extensively. He has described the different presentations of the head, pelvis, and trunk, and has given instruction as to the method of performing cephalic version. He also seems to have employed an instrument similar to the crotchet, for hastening protracted labours. Amongst the ancients Galen, Celsus, Ætius, and Paulus Ægineta, were also famous, but in an inferior degree to Hippocrates.

In the middle ages, when the whole world of natural science was involved in the grossest darkness, midwifery shared the common lot, and made little or no advances. We hear of Moschion and Albucasis, and Avicenna and Rhazes, amongst the Arabians; and amongst the French, Guy de Chauliac; but none of these men effected much. It was not until the middle of the sixteenth century that midwifery began to advance. About this time the celebrated Ambrose Paré first practised the manœuvre of turning the child and bringing down the feet in cross presentations. Lying-in wards were also opened at the Hotel Dieu, in Paris, and great facilities afforded for the study of the phenomena of natural and difficult labour. Guillemeau, the pupil of Paré, flourished in the early part of the seventeenth century. In 1609, thirty-six years after Paré, he published the most faithful history of natural and difficult labour which had yet appeared. It was the fruit of forty years' experience. In it he gave more precise directions as to the manner of turning. He also pointed out how the membranes were to be ruptured when profuse hæmorrhage took place during labour.

In the second half of the seventeenth century we have the names of Mauriceau, Viardel, Fournier, Portal, and Peu, which justly take the highest rank amongst those of French accoucheurs. Mauriceau in particular, published a complete treatise on midwifery, in 1668, which passed through seven editions and was the oracle of this epoch. He had excellent opportunities of acquiring experience, for besides an extensive private practice, he was consulting accoucheur at the Hotel Dieu. His work contains many valuable remarks on pregnancy, delivery, and its consequences. He

pointed out more clearly than had yet been done, the method of performing podalic version, and gives it a vast preference to cephalic version. He recommended turning in presentations of the cord, and described the manner of using the fillet, a kind of sorry substitute for the forceps, which was then unknown. During the same century lived Chamberlen, who, with his two sons, practised in London for a considerable period. This trio gave out that they possessed a secret, by which they could deliver women without injuring the child, even in cases in which embryotomy had been hitherto adopted. They kept this secret to themselves, and in consequence monopolized the cream of the midwifery practice in London for some time. Many years after they had all died, an old house in which they lived was ransacked, and the secret instruments which they had employed were discovered in a closet. They proved to be nothing more than a somewhat rude model of the forceps now in use. The introduction of the forceps in difficult cases, commenced a new era in midwifery; for by means of this instrument many children were saved, instead of being abandoned as heretofore to the tender mercies of knives, hooks, and crotchets.

In the eighteenth century the science still continued to progress steadily, and to number amongst its votaries many illustrious individuals. In our own country, in the early part of this century, lived Willoughby, Maubray, Chapman, Giffard, Manningham, and Sir Fielding Calde. This last demonstrated the true manner in which the head of the child presents at the brim of the pelvis, showing that the head was placed obliquely, instead of antero-posteriorly, as was before supposed.

In the latter part of this century, there flourished many authors of still greater importance. Amongst these, Smellie rendered himself famous by his observations on midwifery, and by his excellent "Atlas of Plates," the engravings in which are so true and correct to nature, that authors on midwifery still use them extensively. He likewise invented and perfected several obstetric instruments, amongst which we have the craniotomy scissors, which still go by the name of Smellie's scissors. Burton, Kelly, and Douglas, were also scarcely less celebrated in their way. To these succeeded Denman, one of the greatest accoucheurs that ever lived, who in 1773 published his well-known aphorisms. He effected a complete revolution in midwifery, by teaching men that they ought, whenever they can, to rely implicitly on the powers of nature instead of having recourse to instruments, which ever since the discovery of the forceps had been used with culpable frequency. His remarks on spontaneous evolution were especially novel and interesting. He was also the first to practise the induction of premature labour in cases of deformed pelvis. Exton, Aitken, Leake, Perfect, and Bland, also practised in England towards the close of this century. In France, we have the names of Amand, Dionis, De la Motte, and Clement; and in Holland, of Ruysch the great anatomist, and Deventer, all of them, men, who very nearly equalled those which have just been enumerated as flourishing in England. In the middle of this century lived Gregoire and Puzos, who rendered himself justly distinguished by the method he introduced of rupturing the membranes and allowing the

waters to escape in cases of accidental hæmorrhage, occurring near the end of pregnancy. Levret practised about this time, and in his own department was one of the ruling spirits of the age. Gifted with wonderful talent and industry, he tried as much as possible to submit the whole art to the laws of mechanics. He described the mechanism of parturition much more accurately than had ever been done before. He first pointed out the manner in which unavoidable hæmorrhage takes place in consequence of placenta prævia, and the mode of remedying it; he also perfected the forceps and used it with great skill. His mechanical doctrines, however, did much mischief, by inspiring the accoucheurs of his country with a great love for instruments, which lasted for a considerable time, until it was afterwards successfully combated by Denman. Mesnard of Rouen, Barbaret and Deleurye also lived about this time; and in Holland, Roonhuijsen, who is noted as being the first who used the vectis; with Titsing, De Bruyn, and Camper; in Germany, Røderer, Plenck, and Stein. The latter part of this century numbered in its annals many of the most distinguished French accoucheurs, Petit, Astruc, Solayres and Baudelocque, whose fame in France rivalled that of Denman in England. He long and successfully practised and taught the art to a numerous concourse of pupils. Amongst his contemporaries in France, were Lebas, Simon, Lauverjat, Alphonse Leroy, Coutoly, and Lambin; in Belgium, Herbiniaux; in Germany, Stein, Saxtorph, Boer, and Stark.

In the present century the science of midwifery, like all others, has continued to improve, and has numbered amongst its successful cultivators a host of men of first-rate genius and industry, both in this country and the continent. In Great Britain and Ireland there have been Clark, Davis, Burns, Ramsbotham, Douglas, and a number of others of scarcely less note. In France, Maygrier, Capuron, Gardien, Desormaux, Flamant, Stolz, Guillemot, and Velpeau, as well as the celebrated *sages femmes* Madame Boivin and Madame Lachapelle, who have been already mentioned. In America Dr. Dewees has distinguished himself by his able and scientific writings, both on midwifery and the diseases of children. Richter, in Russia and Saxtorph, in Denmark, hold a high rank in the art. In Germany we hear of Osiander, Wigand, Siebold, Hohl, Jorg, Ritzen, Carus, Busch, Kilian, and last, not least, the accurate and pains-taking Naegelé, who has done more to explain the true mechanism of parturition, and the different positions of the child's head in the pelvis, than perhaps any other author of this century.

To give you some idea how little the natural position of the fœtus in utero was understood, even at the early part of the last century, here is a book on surgery, published exactly one hundred years ago, by Heister, who was one of the most distinguished surgeons of his time, and a pupil of Ruysch, in the different plates of which work the fœtus is represented in the most grotesque and unnatural positions, as if flying, jumping, walking erect, kneeling, and swimming, in fact, in every position except that in which it is placed by nature.

During the present century many knotty points, relating to the physiology and pathology of the uterine system at the different periods of life, have been successfully unravelled. Many valuable researches

have been made by Montgomery, Power, Girdwood, Raciborski, and others, into the condition of the ovaria during menstruation and after conception, and also into the structure of the human ovum before impregnation; the mode in which the blood circulates in it during the early months; the various diseases to which it is liable during the intra-uterine existence; and the causes of its death and premature expulsion from the uterus. In addition to these, valuable investigations have been made into the structure of malignant and non-malignant tumours of the uterus. The nature of several puerperal diseases has likewise been determined by morbid anatomy during this period. For the elaborate but too-lightly valued researches into the pathology of the venous system of the gravid uterus, we are much indebted to the labours of Dr. Lee. The diagnosis of pregnancy, and of the death of the fœtus, has of late years been greatly improved by the employment of auscultation. The introduction of the speculum also opened up a new field for our knowledge, especially in the diagnosis of diseases of the neck of the womb. Medical feeling seems now to have undergone a change with regard to the theory and practice of midwifery, and labor is rightly looked upon as a strictly natural process, so that whilst we are jealous of interference in the ordinary course of events, we are ever on the alert to remedy any deviations from the course which appears to be the usual one, and our office as accoucheurs seems to consist in the prevention of impending evil rather than in the cure of what would be falsely considered a disease.

(To be concluded next week.)

CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

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(Continued from page 59.)

CASE X.

PARTIAL PLEURISY FOLLOWING MEASLES; SPONTANEOUS PERFORATION, WITH SUBSEQUENT CONTRACTION OF THE WALLS OF THE CHEST: RECOVERY.

Thomas Crowe, aged 6, was brought as an out-patient, to the Ipswich Hospital, November 17th, 1845. His mother stated that he had been the subject of measles seven months previously, from the effects of which, he had never perfectly recovered, having progressively emaciated and lost strength; he had also slight cough, with occasional expectoration, and rather profuse nocturnal perspirations. On admission his countenance was anxious and contracted; tongue tolerably clean; appetite capricious; bowels regular; urine depositing lithates.

Physical Signs.—*Inspection*: Slight bulging, with deficient expansibility of the antero-inferior region of the right side of the chest. Tactile vibration not noted.—*Percussion*: Marked dullness over the right side in front, extending from between the third and fourth ribs to the base of the chest, including the anterior two-thirds of the lateral region; resonance behind slightly defective; stroke-sound normal over the entire left side. No detrusion of the liver.—

Auscultation: Complete absence of breath-sound over the right side in front, corresponding to the extent of dullness, as elicited by percussion; respiratory murmur audible under the right clavicle and over the back, but less distinct than natural, loudly exaggerated throughout the left lung; action of the heart quick and irritable, its sounds transmitted to the right side with unnatural clearness.

The ordinary treatment,—viz., mercury, blisters, and the iodide of potassium, was steadily persevered in, notwithstanding which, the patient became progressively worse, with extreme debility and emaciation. At this stage an intercostal abscess, formed between the fifth and sixth ribs, on the right side, opened spontaneously, and discharged its contents (which were copious and purulent,) in jets, on the patient coughing or taking a deep inspiration. From this period, under the prolonged use of the syrup of the iodide of iron, the general health improved; the parietes of the abscess approximated; the chest over the seat of the disease contracted, in consequence of the lower portion of the lung being firmly bound down by adhesions; and the patient recovered.

On taking a retrospective summary of the history and physical signs presented in the above case, we shall find some points of practical interest; and as such, meriting a brief notice. As a sequela of measles, it presents a rather unusual variety of chest-affection, which, in one form or other, so frequently complicates and renders dangerous the original disease. Pleurisy, as a concomitant of measles, is by no means of such frequent occurrence as bronchitis or pneumonia; and the circumscribed form presented in the case in question, must be certainly regarded as rare. The patient, it will be seen, had never perfectly recovered from the rubeolous attack, inasmuch as he had been the subject for seven months of cough, expectoration, and emaciation. It is not, therefore, improbable, that at the onset of the chest-affection, a certain degree of pneumonia may have obtained; and that this was subsequently followed by effusion into the pleura. The mother admitted that but little medical advice had been obtained. The general symptoms presented in the earlier stages of the above case, were by no means commensurate with its severity; still, however, the progressive emaciation, night perspirations, and anxious countenance, were sufficient to excite a suspicion of the existence of formidable internal disease. That such obtained, the physical examination of the chest fully verified. The bulging of the antero-inferior region of the right side, which, although but slight, became at once evident on removing the patient's clothes. The marked dullness over the front and part of the lateral portions of the same side, with corresponding absence of breath-sound, together with the negative evidence of non-displacement of the liver, and the comparatively healthy results of auscultation and percussion over the back, rendered the diagnosis of circumscribed pleuritic effusion highly probable, and which the subsequent progress of the case so fully confirmed.

CASE XI.

PLEURISY, WITH EFFUSION, ARISING FROM A STRAIN.

Mr. ———, aged 28, a farmer, stated that two days prior to my seeing him, while reaching over a plough,