

**Notes on Dr. Macintosh's [sic] treatise on the puerperal fever / by James Moir.**

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# NOTES

ON

DR MACINTOSH'S TREATISE

ON

77

THE PUERPERAL FEVER,

BY

JAMES MOIR, SURGEON.

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“ He that is first in his own Cause, seemeth just ; but his  
Neighbour cometh and searcheth him.”

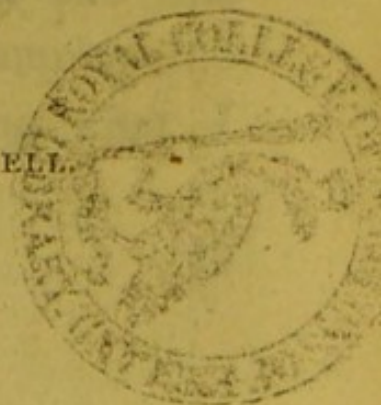
PROVERBS, Chap. xviii. Ver. 17.

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EDINBURGH:

PRINTED BY MURRAY & MITCHELL.

1822.



# NOTES

ON

DR MACINTOSH'S TREATISE

OF

THE FEVERIAL FEVER

OF SCOTLAND

BY

JAMES MOIR, M.D.

I have read Dr Macintosh's treatise with great interest and attention. It is a most valuable and interesting work, and one which will be found to contain much of the most important information on the subject of the febrile fever of Scotland. The author's views are well supported by facts, and his reasoning is clear and logical. The work is well written, and is a most valuable addition to the literature of the subject.

EDINBURGH: Printed by James A. Ballantyne, 1828.

1828

## NOTES

ON

## DR MACINTOSH'S TREATISE

## ON PUERPERAL FEVER.

**T**HE late eminent and amiable Dr Heberdon has prefaced his valuable Commentaries with the following remark.—“Plutarch says, that the life of a Vestal Virgin was divided into three portions; in the first of which she learned the duties of her profession; in the second she practised them; and in the third she taught them to others. This is no bad model for the life of a Physician; and as I have now passed through the two first of those times, I am willing to employ the remainder of my days in teaching what I know.”

In this our modern ATHENS matters are different; or, as Sganarelle says, “*Nous avons changè tout cela, et nous faisons maintenant la medicine d'une methode toute nouvelle,*” for it has become the fashion in Edinburgh, to reverse Dr Heberdon's method, beginning with teaching, and trusting for learning—to time and to chance.

Two of the young Practitioners who have adopted this *methode toute nouvelle*, have lately favoured the public with huge Treatises on a disease which has a high sounding title, the PUERPERAL FEVER, but which is a very rare occurrence among the better ranks of society. It is the purport of the following Notes, to shew in particular what one of those young Practitioners, Dr Macintosh, has atchieved, and what may be expected from similar attempts. And the Annotator has no scruple in declaring, that the task has been forced upon him by certain intemperate remarks which that Gentleman has been pleased to make on a case lately published by the Annotator, in Dr Duncan's Medical Journal.

It must be admitted, indeed, that Dr Macintosh does not avow that he has yet to learn, from the ample page of Nature, the phenomena  
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of the disease in question, for his pretensions, as stated in his Preface, would lead an inexperienced reader to suppose that no man ever commanded a more extensive field of observation. "I have availed myself," he says, "of every opportunity to examine the bodies of those who unhappily fell victims to it, with a view to observe the changes of structure produced by the disease, and to ascertain whether any particular organ was more affected than another, in order to direct my future practice.

"I will not hesitate to acknowledge, that many such melancholy opportunities have occurred, not only in my own practice, but also in that of many of my friends.

"The inhabitants of no climate are exempt from this disease. I have seen it on the Continent of Europe, in the West Indies, and in South America, as well as in various parts of Great Britain; and I am well informed, that it is not uncommon in India. In all these situations, Puerperal Fever exhibits nearly the same phenomena during the progress of the disease; and the appearances, on examination, after death, never vary, except in degree.

“ The great fatality which has attended women in child-bed, not only in this city, but generally over the whole of North Britain during the last eighteen months, has been such as to spread dismay into every domestic circle.”

The following consolatory remark is added by the worthy Doctor, for the purpose of removing the apprehensions (naturally excited by this most appalling account) from the minds of pregnant women.

“ They may be assured that this disease is comparatively rare ; and although a serious one, it is neither malignant nor pestilential, and certainly not necessarily fatal.”

Such is the flourish with which Dr Macintosh sounds his trumpet ; but he must be judged by his acts and deeds, and not by his words ; and accordingly, on examining the detail of the cases which he has witnessed, from Mr Hicks's patient at Woolwich in the year 1808, up to Mrs Robertson in Cowfeeder Row, Edinburgh, in February 1822, the sum-total of alleged instances of Puerperal Fever, of which he has produced any record or evidence, amounts to twelve, and perhaps not even a third of that number were really examples of that disease.

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It may be a matter of curious speculation to the craniologists, to ascertain by what extraordinary combination of the organs of the brain Dr Macintosh can reconcile to his own mind his lofty pretensions to a knowledge of Puerperal Fever, in every climate, and under every form, with the very scanty opportunities which he has really had. To the Annotator, who does not profess to understand craniology, it appears, that the Doctor, being an honourable man, has deceived himself. Believing, as he does, that several other diseases bear a strict analogy to Puerperal Fever, and having been in the habit of seeing for many years such diseases, he is probably convinced, that if he did not see the black crow, he saw something as black as a crow. Yellow Fever, Enteritis, Dysentery, and Cholera Morbus, in tropical climates, he alleges to be of the same nature with Puerperal Fever in this climate; and as he attended soldiers labouring under those diseases in the West Indies, it amounted to the very same thing as if he had been attending lying-in women in the Leith Wynd, or the Cowfeeder Row of Edinburgh.

But leaving the Doctor's introductory flourish, the



the Annotator proceeds to consider his first Section, which is thus entitled,

“ The literary history of the disease termed Puerperal Fever, including an account of the uncommon fatality of the disease, when it has occasionally appeared as an epidemic in hospitals and cities, as in Paris, London, Edinburgh, &c. and of the vacillating undecided practice pursued.”

Every disease accompanied with feverish symptoms, occurring during lying-in, may be called Puerperal Fever; and accordingly, till within these few years, a number of diseases were confounded under this general name; for, although from the time that a particular epidemic fever among lying-in women raged in the Hospitals of London and Dublin, between the years 1760 and 1770, the term *Malignant Puerperal Fever* was adopted, few Practitioners had an accurate notion of the circumstances which characterise this peculiar Fever. Nor is this to be wondered at; because, in the *first* place, the disease, as has been already stated, seldom attacks the higher ranks of society, and the lower ranks are generally under the charge of persons who are not very capable of making minute distinctions; and, in the *second* place, there

there are three diseases occurring in the lying-in state, the prominent characters of which are the same with those of Puerperal Fever. Thus, smart fever, pain of the abdomen, aggravated by pressure, with more or less nausea, attend inflammation of the peritoneum investing the parietes of the abdomen, inflammation of the uterus, and inflammation of the intestines, as well as Puerperal Fever; and it sometimes requires not a little practical acumen to draw the line of distinction.

This explains the extraordinary discrepancy in the account of the complication and progress of symptoms which different authors, though men of good talents, have given of this disease. Nothing, for example, can be more contradictory than the account of the celebrated Mr White of Manchester. On the same principle, and on no other, a remarkable fact can be explained, that those authors who have described the disease as they saw it in hospitals, viz. Pouteau, Hulme, and Clarke of Dublin, have varied very little from each other in their account of the symptoms and progress of the disease. They had all seen the same affection; whereas, men who had been engaged in private practice had

had confounded different diseases under the same name.

Mr Burns, in his valuable Publication, has, with an accuracy which perhaps a practitioner of limited experience, like Dr Macintosh, cannot comprehend, pointed out the distinction; and Dr Hamilton, it is generally understood, had previously been in the habit, while lecturing on the subject, to do so with great anxiety. One remark of this latter practitioner, which the Annotator has noticed in a case lately published in Dr Duncan's Journal, is particularly striking. He says, that "the Puerperal Fever is so rare a disease among the higher ranks, that he never saw an instance of it in that rank in Edinburgh; whereas inflammation of the peritoneum and of the bowels is a common occurrence." It is unnecessary to add, that he directs the treatment of those inflammatory diseases to be conducted with all that energy of practice, for which Dr Macintosh, page vi. *with so much liberality*, gives him credit. Having premised this explanation, the reader is prepared to appreciate duly Dr Macintosh's first section.

He begins by adverting to the works of Dr Willis, who died in 1675. The Doctor probably  
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has not been aware, that at the time Willis practised, lying-in-women were confined within a heated apartment, and had their belly covered at first with a reeking hot new flea'd sheep-skin, and afterwards with a sear-cloth, and were in consequence liable to very different diseases from those which prevail in modern times.

He then introduces a high eulogium on Astruc, expressing his surprize that the profession have not duly appreciated the value of that author's observations and directions. He next gives a sketch of the progress of the disease through the French and London Hospitals (copied verbatim from Mr White of Manchester's works), and proceeds to notice the opinions of Drs Leake, Hulme, William Hunter, Wallace Johnson, M'Kenzie, Walsh, White of Manchester, Denman, Gordon, Armstrong, Hey, Hamilton, and Burns.

The first remark which the Annotator has to make on this section is, that he was a little startled when Astruc's authority was so prominently brought forward, for a reason which will be explained by and by. It is sufficient for his present purpose to state, that the perusal of a few paragraphs of that author's works must convince every reader, that the observations

and directions alluded to by Dr Macintosh, were not intended by Astruc himself to apply to the disease called Puerperal Fever.

After describing the ordinary milk-fever, he remarks, that “when the milk is absorbed, two different fevers, both of them dangerous, may ensue. The first, and the less dangerous, is a continued double tertian fever, which is occasioned by a collection of indigestible substances accumulated in the first passages in consequence of improper diet. These crudities being diluted by the quantity of drink in which lying-in-women are indulged, and excited into activity by the milk-fever, pass into the blood, and thus occasion a continued double tertian, which is more or less acute, according to the quantity and quality of the matter absorbed.

“The other fever is of a very acute, violent, inflammatory nature, affecting the head in the first place, and producing stupor, with delirium or coma vigil.

“The midwives who perceive the danger and suspect the cause, do not fail to say that this is a malignant fever, and it is true that it has that appearance. They are anxious to make it be understood, that at least the mischief does not proceed from the womb, which feels soft and  
free

free from pain, although pressed upon, and this also is true. But the mischief is in the neck and orifice of the womb, which have suffered during difficult labour, and perhaps may have received some injury. This is quite evident; for on pressing with the hand the parietes of the abdomen underneath the pubis, in the direction of the neck of the womb, it will be found, that the patient, notwithstanding her stupor, announces the pain which she suffers from this pressure by inarticulate moans. Besides, the appearances on dissection in those who have died of this disease, have long ago established the fact," viz. that the orifice and neck of the womb are the seat of the disease. Is it possible, that any man in the present day could call the disease thus described by Astruc, the Puerperal Fever?

Dr Leake, the next author whose opinions he has noticed, is passed over by the learned Doctor pretty briefly, and with something like a slap on the face. "He bled, but it was always in small quantities, and as if something malignant was to spring out of it. We therefore *shall* find his patients getting bark, beef-tea, and other cordials, to prevent putridity, when he should have used the lancet."

It could not be expected that Dr Leake should be a favourite with Dr Macintosh. He has detailed twenty-three cases of the disease; in fifteen of which he expressly declares, that the lochial discharge continued to be natural; in seven, he has taken no notice of that discharge; and in one, he states that it was putrid, which he considers "as merely accidental, and only owing to a corruption of coagulated blood retained in the uterus from the access of air." In no instance therefore did Dr Leake find that discharge suppressed; and it is to be particularly observed, that Dr Leake's patients were chiefly in the Westminster Lying-in Hospital.

But the result of Dr Leake's practice is well deserving the particular attention of the reader. Of twenty-three patients, — ten recovered. Eleven of the above were bled, and seven recovered; but the bleedings were conducted very differently from those prescribed by Dr Macintosh and Co. Six or seven ounces at first only were usually drawn, and the utmost quantity at one bleeding was ten ounces. Only one patient was bled oftener than twice. She was bled four times, and the sum total of blood abstracted was twenty-eight ounces. After these small bleedings

ings, cordials and stimulants were exhibited, and nevertheless the patients did well. Of the twelve patients who were not bled, three recovered.

Dr Macintosh's remarks upon Dr Leake are entitled, however, to the high admiration of the reader; for he only *insinuates* that his opinion and practice were different, and therefore he ought to receive all the praise for respect to the memory of the dead, which an upright honourable man, *who is so cautious in his strictures upon the living*, has so evidently merited. If the Doctor had yielded to the natural feelings of humanity, he could not have avoided contrasting Dr Leake's general remarks on the cure of the disease, with his actual practice in the cases detailed. Dr Leake says, "Indeed, from the strictest attention to the several symptoms and circumstances of this disease, without shaping a theory to coincide with any particular method of practice, the reasons for bleeding are as manifest and cogent as in the pleurisy itself." And nevertheless the quantity of blood which he ordered to be drawn at first was six or seven ounces. In one case he ventured the length of ten ounces.

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In noticing this literary history, the Annotator must, in the *next* place, enter his protest against the inferences which Dr Macintosh has drawn from the manuscript copies of Dr Mackenzie and Dr Hunter's Lectures. The London Practice of Midwifery, which is a surreptitious publication of Notes taken from the Lectures of the late Dr Clarke of London, affords a most notorious evidence of the inaccuracy of such reports. It may be truly said, that no public teacher's professional character can be safe, if it is to be assailed on the authority of Notes taken by ignorant persons. Besides, it must be obvious, that the Lectures of a practical Physician must be varied from year to year (supposing the Professor to have an ordinary share of industry and of honesty) according as his opportunities of observation, or, in other words, his experience, may enable him to take new views, and to offer new illustrations. Notes taken from Lectures in 1807, may be very different indeed from Notes taken in 1817 or 1820, without any imputation upon the assiduity or talents of the reporter.

This is so self-evident a proposition, that it can scarcely be controverted; and yet Dr Macintosh has not only reasoned upon the manuscript

script copies of Dr Mackenzie and Dr Hunter, as if they were authentic documents, but he has also, in the face of a cloud of witnesses, attributed to Dr Hamilton expressions in his lectures which have no foundation in truth. This struck the Annotator so strongly, that he wrote on the 30th of November to his old Preceptor, a letter, containing Queries on the essential points on which Dr Macintosh founds his attack upon Dr Hamilton. The answer is explicit, and will be brought under the reader's review more particularly by and by. The other disciple of the *methode toute nouvelle*, Dr Campbell, has fallen into the same error. He refers to pretended manuscript notes of Dr Hamilton, as if they were authentic records.

In the *third* place, the Annotator cannot allow the remarks on Dr Denman to pass unnoticed. That Dr Denman was a man who had deservedly attained great eminence in the profession, he willingly concedes; but it is well known that the Doctor retired from the drudgery of the profession above thirty years ago, and that, in the latter years of his life, the changes of his opinions could scarcely be attributed to increased experience or more extended observation. Dr Macintosh is probably not  
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aware that Dr Denman advised for some years before his death, that in cases where the foetus is thrust in among the intestines through a lacerated womb, the patient should be let alone, and left to the resources of nature, although innumerable facts were upon record, (some of which Dr Denman himself was intimately acquainted with), to prove, that the only chance for the poor woman, under such deplorable circumstances, is immediate delivery. By this practice many women have been saved; but there is no evidence that the sufferer could survive if left to nature.

The Annotator has, in the *fourth* place, to express his surprise, that the very learned Dr Macintosh has not adverted, in the section under consideration, to the works of Dr Butter, Dr Kirkland, Dr Clarke of London, Dr Doublet of Paris, and Dr Clarke of Dublin. Imperfect as his recollection seems to be of his former Preceptor's Lectures, he cannot have forgotten those names; and therefore the natural conclusion must be, that those authors detail numerous facts, which it would be very inconvenient for the learned Doctor to be obliged to notice. In this respect, he has shewn great generalship. Dr Macintosh did not spend so many

many years as assistant-surgeon in a regiment, without at least learning something—of military tactics.

*Lastly*, It may not be amiss to state, for the benefit of the future authors who follow the *methode toute nouvelle*, that all the parade of learning,—the quotations and references to ancient authors, contained in Dr Macintosh's and Dr Campbell's books, are servilely taken without acknowledgment from Hulme's Treatise. It will be manifest to every unprejudiced reader, that neither of the learned Doctors ever read the original even of Astruc.



In his second section, Dr Macintosh proceeds to give the Medical History of Puerperal Fever, alleging that there are two varieties of the disease, one of which he admits to be rare, having only seen one case of it, viz. in 1808, at Woolwich, under the care of Dr Hicks. The woman, a soldier's wife, was seized with shivering eight hours after delivery, had pain in the region of the stomach, swelling of the belly, looseness, and coldness of the limbs, and sunk in a few hours. On opening the body, there was great tumefaction from flatus, the uterus

was ill contracted, there were two or three dark coloured patches on the intestines, the veins of the different abdominal viscera were gorged with blood, and the liver was larger and darker coloured than usual. The contents of the thorax were sound.

Here the Annotator must request the medical reader to pause. When Dr Clarke of Dublin alleges that Puerperal Fever may exist before delivery, and that in one instance a woman sunk two hours after a tedious delivery, in consequence of this disease, he rests his opinion on the fact, that "on opening the cavity of the abdomen on the following day, all the ordinary effects of Puerperal Fever were found very distinctly marked." But in the case adduced by Dr Macintosh, there were neither the symptoms of the disease during life, nor the appearances after death. By a parity of reasoning, women dying in the lying-in state, in consequence of pneumonia, of scarlatina, of measles, or of any other acute disease, must have laboured under a *variety of Puerperal Fever*.

To a person of common understanding, it must be self evident, that if there be a variety of diseases, each disease should have a different name, and, if several diseases of

a different nature, and of course requiring different treatment, resemble each other in some of their symptoms, it is of the utmost consequence to ascertain the minute marks of distinction by which the individual affections can be discriminated from each other. No body in the present day doubts that the roseola, scarlatina, and measles, are distinct diseases; and yet the marks which characterise each of those three eruptions are not more defined than those which distinguish the disease called Malignant Puerperal Fever that occurs in hospitals, and in the lower ranks in the narrow filthy lanes of a crowded city, from inflammation of the uterus, of the peritoneum, and of the intestines. This proposition, however, is positively denied by Dr Campbell.

“ The symptoms of the disease,” he says, p. 236, “ teach us, and the appearances on dissection confirm, that distinctions into low child-bed fever, peritonitis, hysteritis, and enteritis, are of no practical utility, because the peritoneum, intestines, and the uterus, are so intimately connected, and in so favourable a state for inflammation, that whichever be the one first affected, the excitement cannot long be confined to any of them, but must, on the contrary, spread

spread with rapidity over the whole. Whoever, therefore, will take up much time with nosological arrangements, will too often lose an opportunity of doing good, which he never afterwards can retrieve."

Perhaps Dr Campbell has heard that white spots, like fragments of curdled milk, upon the fauces, constitute a species of inflammatory disease, vulgarly called the Thrush; and that a certain kind of ulceration (being a consequence of inflammation) on the uvula or tonsils, is, by the profession in general, called *Cynanche Maligna*. Would the learned Doctor declare, that both diseases, arising from inflammation seated in the fine membrane, (called *Sneiderian*, his anatomical friend will tell him), which lines the nose, mouth, fauces, and throat, ought to be treated in the same way; and that a Practitioner called in to any such case, who should take up time in forming nosological distinctions, might lose the opportunity of doing any good?

Every Practitioner, and every author of *VERACITY*, has agreed that there are certain marks of distinction between inflammation of the peritoneum, of the womb, and of the intestines; and also that there are certain peculiarities,

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ties, or modifications of treatment, necessary for the cure of those several diseases, as well as that the natural termination of those three varieties of malady is different. But Dr Campbell, on the pretended evidence of certain cases, which he has recorded for the benefit of mankind, has boldly stepped forward to confound all distinctions between diseases hitherto believed to require different modes of management.

In a treatise professedly on the subject of Puerperal Fever, trumpeted forth as Dr Macintosh's has been, the medical reader naturally looks for some satisfactory information upon the means of distinguishing the disease from the other complaints which it resembles in some of its striking characters; but, alas! this information is not to be found; and to the Annotator the reason is obvious.—As the Doctor has never seen more than twelve cases at the utmost of alleged Puerperal Fever, (for it would be too much to concede that even the third of them were cases of real Puerperal Fever), he must have been more than human to have been able to give minute information on the various symptoms of the disease.

But to compensate for this unlucky disqualification,



fication, the Doctor has had recourse to stratagem, according to the regular rules of military men. He asserts, that what has been considered by some of the most experienced of the profession as marking a distinction between the diseases in question, is not true; and he founds this assertion, not upon his own experience, (which, by the by, evinces a degree of modesty so rarely shewn, that he deserves to be highly lauded for it), but upon the authority of the late Dr Gordon of Aberdeen, of Dr Armstrong, formerly of Sunderland, and of Dr Hey of Leeds; and he has shewn not a little ingenuity in making good this point of attack.—“He that is first in his own cause, seemeth just; but his neighbour cometh and searcheth him.” It will not be difficult to convince the medical reader of the errors of the learned Doctor’s authorities upon this subject.

In inflammation of the peritoneum, and in inflammation of the uterus, every practical accoucheur knows, that at the onset of the disease, the flow of the lochia (or cleansings, as the women call them) is suspended; but in the disease which occurs in hospitals, and is called Puerperal Fever, according to the description of every Physician who has attended such

such cases, the lochia continue to flow throughout the course of the disease. It surely, therefore, requires no great depth of comprehension to perceive that here is one striking mark of distinction between diseases which resemble each other in the prominent characters of fever and pain of the belly. But any man who admits this, must concede, that a disease, accompanied with *suppression* of the lochia, fever, and pain of the belly, is not the Puerperal Fever as seen in hospitals.

Now, Dr Gordon of Aberdeen, (who published in 1794), in the account which he gives of the symptoms of the disease, says, p. 10. "The lochial discharge commonly continued to flow as usual; though in some the discharge was diminished, yet *in few or none was it wholly suppressed.*" But in the first two of the seven cases which he has detailed, they *were suppressed* from the beginning; in the third case, they *were suppressed* completely on the second day; in the fourth case, there is no mention made of the lochia, nor in the fifth case; but a suppuration having taken place at the umbilicus at the end of four weeks, no doubt can remain in any rational practitioner's mind, that the disease had been peritonitis, and consequently that the lochia had

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had been originally *suppressed*; in the sixth case, the *suppression* of the lochia occurred at the Doctor's second visit, and a discharge of matter also issued from the umbilicus; and in the seventh case, no mention is made of the discharge; but as matter passed from the urethra six weeks after delivery,—a pretty convincing evidence is afforded that the disease had been inflammation of the uterus. Thus, of the seven cases recorded by Dr Gordon for the purpose of illustrating the nature of that disease which he had treated, in two the lochia were *suppressed* from the beginning, in two by the time the Doctor paid his second visit, and in three no notice is taken of that symptom, though, from the termination of the cases, that discharge must have been *suppressed* from the very beginning. Yet, with these cases in evidence against them, Dr Gordon asserts, “that in *few or none* were the lochia *wholly suppressed*;” and Dr Macintosh, with great cordiality, not only repeats the ditty (page 53.) but in page 317. says, “With respect to Dr Gordon's statements of the lochia, Mr Moir's statement is substantially contradicted by that author's remarks, that in his cases ‘the lochial discharge commonly continued to flow as usual; though in some the discharge was diminished,

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ed, yet in few or none was it wholly suppressed.' The same statements are made by Hey and Armstrong respecting the lochia, which can be in a moment seen by referring to pages 53. and 54. of this Treatise. So much for the accuracy of observation of Mr Moir,—I would almost say—wilful misrepresentation."—The Annotator cannot resist a rejoinder on this occasion. — So much for the veracity of the one, and the discernment of the other, of this noble pair.

But Dr Macintosh, like a skilful general, has secured in Dr Armstrong and in Dr Hey a *corps de reserve*; and he brings forward, with great parade, the authority of the former to shew, that in the supposed Puerperal Fever which prevailed in Sunderland, the state of the lochia was various, quoting from page 29. of Dr Armstrong's Treatise the following words: "In touching upon the diagnosis, it may not be irrelevant to remark, that in the epidemic which has been delineated, the state of the lochia was various. In by far the greater number of cases which took place at Sunderland, they were gradually diminished or suppressed, after the full development of the fever; but in those cases which occurred to Mr Wilson of Alnwick, the lochia were, at no period, either diminished or suppressed;

pressed ; while, in the examples which Mr Stevenson of the same place encountered, they were mostly diminished or suppressed. Again, in the patients which Mr Wolfe of Chester-le-street attended, this discharge was sometimes obstructed, and at other times not deficient in quantity ; and were it necessary, I could quote some of the best authors to prove, that the lochia are affected in some cases, and not in others.”

“ Whenever they are affected,” this author very justly observes, “ this diminution or suppression can be clearly traced as an effect ; and, therefore, ought never to be confounded as a cause of the disease.”

Dr Macintosh adds, “ Dr Hamilton has also brought forward Mr Hey of Leeds as one of those who wrote on this disease, but seldom saw it. His statement, with respect to Mr Hey, is as follows : “ Mr Hey of Leeds confounded this disease with inflammation of the uterus and suppression of the lochia.”

The Annotator has looked into Dr Armstrong's Treatise with great care, and he finds no such assertion in page 29. nor in any other page of that book. But in page 21. of the said Treatise, Dr Armstrong expressly says, “ Abdominal  
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minal pain and soreness, short anxious breathing, uncommon quickness of the pulse, increased temperature, anorexia, prostration of the vital powers, *suppression* or diminution of the milk and lochia, and an unnatural condition of the excrements, are the chief pathognomonic signs of the disease."

Unhandsomely as the Annotator thinks Dr Macintosh has behaved to him, in remarking on a case which he inserted in one of the late numbers of Dr Duncan's Journal, he will not allege that Dr Macintosh has *wilfully misrepresented* Dr Armstrong; for there may be a second edition of the book. But if Dr Armstrong has, in any subsequent edition, made the assertion quoted by Dr Macintosh, he must stand condemned by his own facts. *In all the seven cases* of the disease which occurred in Sunderland, (as the reader may see by looking into Dr Armstrong's Treatise, pages 92, 94, 97, 106, 109, 117, 123), it is expressly mentioned, that the lochia *were suppressed*. Now, cases added to a Treatise, are brought forward, either as illustrations or pictures of the disease as it was seen, or as exceptions to the general course of symptoms; and that they were intended as the former, and not as the latter, must be too evident to admit of

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denial, even by the learned Dr Macintosh himself.

The other auxiliary who has been pressed into the service, is Dr Hey of Leeds. He records the history of twenty-six cases, and it is to be particularly noticed, that he has not mentioned the state of the lochial discharge in more than *three* of that number, and all those three patients DIED. In several of his cases he has expressly said, that the uterus felt enlarged and tender; and in the twenty sixth case, page 152, he specifies, "that the uterus was considerably enlarged. It was also extremely tender, so that a slight touch of the finger only occasioned great pain; but pressure on any other part of the abdomen, which was quite soft and free from distension, excited no uneasiness." Dr Hey, with great candour, admits, that in this case *the seat of the disease was in the uterus.*

Having thus disposed of Dr Macintosh's *corps de reserve*, the Annotator must point out to his reader the very modest manner in which the Doctor exults on his supposed proof, that in Puerperal Fever the state of the lochia may be *various*. "Dr Hamilton has for many years, I believe, been in the habit of insinuating, that Dr Gordon of Aberdeen and Dr Armstrong  
have

have mentioned, that in their cases the lochia were suppressed. I have not the least doubt that this is quite an inadvertency, or a mistake, but it is calculated to mislead young men, and has actually deceived many, and caused them really to believe, that those gentlemen had not met with the same disease which Dr Hamilton describes. It goes further, and induces them to condemn the only means which these Physicians found equal to the cure of Puerperal Fever. Fatal error!"

It is not the intention of the Annotator to offer any formal defence of Dr Hamilton against the injurious attack contained in the foregoing quotation. He has no doubt that the Doctor can defend himself, if he should deem it necessary to enter the lists with the Professors of the *methode toute nouvelle*. But he must, in justice to his old Preceptor, and he hopes he may add, friend, remark, that it is not his custom to *insinuate* what he thinks. He commonly speaks his sentiments with sufficient openness and freedom. When the Annotator attended his Lectures, he heard him state dispassionately the reasons which induced him to believe that the late Dr Gordon of Aberdeen, Dr Armstrong of Sunderland, and Dr Hey of Leeds, had at-

tended



tended, and treated a disease different from that called Puerperal Fever, which occurs in Lying-in Hospitals; and, while he gave those gentlemen all due credit for their activity and success in the treatment of the patients who had been under their charge, he naturally inferred, that the same mode of cure was not applicable to a very different disease. And the attentive reader will observe, that Dr Hamilton, in his answer to the 5th Query, (put by the Annotator), expressly declares that he had written to Dr Armstrong, warning him, that his cases were not cases of Puerperal Fever. The Annotator is persuaded that the remarks in the preceding pages on the cases of Drs Gordon, Armstrong, and Hey, will convince every person of ordinary understanding, that the Professor did his duty honestly on that as on other occasions, whatever may be the allegation of Dr Macintosh and Dr Campbell.

Will Dr Macintosh and Dr Campbell, in the face of those *proofs*, now venture to assert, that the Annotator was not correct, when he remarked Duncan's Journal, vol. xviii. p. 537, "That every year's experience had induced him to believe that the cases recorded by Dr Gordon of Aberdeen, Dr Armstrong of Sunderland, and

Dr

Dr Hey of Leeds, &c. which they supposed to be instances of malignant Puerperal Fever, and which yielded under their care to the very free use of the lancet, were cases of a different disease.”

It is quite edifying to follow the artifices by which those learned persons have contrived to quibble upon this subject ;—they have not in positive terms asserted, that Dr Hamilton had denied the truth and correctness of the cases described by Dr Gordon, Dr Armstrong, and Dr Hey ;—but they evidently have done their best to make their readers believe so ;—always carefully concealing that Dr Hamilton and Mr Burns have minutely described those very diseases, and have pointed out the treatment,—advising the very means which those gentlemen had found successful ; and, it is to be specially remarked, that Dr Hamilton had done so before the two latter authors published.

Dr Macintosh seems, however, to have had some diffidence in the strength of his allies, and therefore, with the intrepidity of a soldier, he has proceeded a step further. He says, page 55. “Hear Dr Hamilton’s confession.—“ *In hospitals it is almost always fatal, and in private practice, a cure of one in ten* cases

*cases is only to be reckoned on.*" When this sentence is coupled with the following, page 26. "*One fact is certain, that almost all the patients affected with this disease have died under Dr Hamilton's treatment,*" what must be the conclusion of the reader on perusing these words?—Surely no other, than that *both assertions are STRICTLY TRUE.*—Dr Macintosh has been in the army;—he has hitherto conducted himself like a gentleman—is the natural reasoning which must necessarily pass in every man's mind; and therefore he would not, without good and solid grounds, have ventured to publish such allegations against a practitioner in the situation of Dr Hamilton, especially as he could have applied to the Doctor for information upon those points, as the Annotator has done.

It will not a little astonish the reader, when he is told, that the Annotator is authorised to declare, in the most explicit terms, that both the above assertions, pages 53. and 26. are *UTTERLY UNFOUNDED.*—Indeed, hundreds of witnesses who have attended Dr Hamilton's Lectures during the last seven years, might be brought forward to prove the negative of those assertions.—That they are *calculated*, if believed, to lessen the public confidence in Dr Hamilton's

ton's professional character, can scarcely be denied. That they were *intended* to have that effect the Annotator does not allege, but he ventures to suggest a certain criterion by which this knotty point may be decided. If Dr Macintosh immediately and publicly retract the rash and unfounded statements which he has made, he will show a due sense of what is upright and honourable, whatever may be thought of his discretion and judgment.—If he persevere in his assertions in the face of Dr Hamilton's answer to the Annotator's queries, and of all the intelligent pupils of the Midwifery Class for the last seven years, and of a certain document published under the sanction of the University, to be noticed by and by, he must stand to the consequences.—But it may be useful to present the reader with Dr Hamilton's own words.

“ *Query 3d.*—Have you been accustomed to say, in lecturing on this subject, that in hospitals the disease is almost always fatal; and in private practice, a cure of one in ten is only to be reckoned on?

“ *Answer to Query 3d.*—Certainly not.—After shewing the mortality in different hospitals, I conclude by reading the calculation of Dr Clarke of Dublin, that when the disease proves  
E epidemic

epidemic in hospitals, not more than one in five survives. This I read from Dr Duncan's Medical Commentaries, vol. 5th, Decade 2d. page 323.

“ I then distinctly mention, that the disease is not so fatal in private practice; and I dwell particularly on those circumstances which enable the practitioner to foretell a favourable termination, strongly remarking, that delusive remissions sometimes occur; and that whatever may be the appearances of amendment, if the pulse do not abate of its frequency, the symptoms soon become highly aggravated.”

“ *Query 4th.*—Have almost all the patients affected with this disease under your treatment died, for Dr Macintosh has asserted that to have been the result of your practice?

“ *Answer to Query 4th.*—There never was a more false and unfounded allegation.—I did not see Dr Macintosh's book till yesterday, and then looked into it in consequence of your letter. Dr Macintosh, I am willing to believe, has been misinformed upon this and many other points. But still I cannot help expressing my surprise and regret, that any man who had attended my Lectures, should have lent an ear to such a story. It would indeed have been a  
good

good practical bull, if I had been, year after year, for nearly thirty years, describing, from my own observation and experience, the favourable symptoms of this disease, if I had lost almost every patient whom I had attended. How could I have divined, that diarrhœa, a profuse diaphoresis, or a copious flow of loaded urine, were the crises in this disease, unless I had seen it terminate favourably?

“ If I had lost almost every patient, how could I have ascertained, that of these diarrhœa is the most common crisis? and how could I have ventured to advise young practitioners to found their prognostication of the probable event of Puerperal Fever, in any given case, not on the apparent relief which follows any of those critical evacuations, but on the state of the pulse, asserting, that if it do not fall in frequency, the disease is progressively going on to its fatal termination? Any man accustomed to weigh evidence, would have seen the utter incongruity of such an allegation with such facts.

“ At one period of my professional life, every patient in private practice whom I saw labouring under the Puerperal Fever recovered, *if purged and fomented within six hours after the attack*; and, therefore, I was sadly mortified and shocked

when the disease proved so intractable in the Edinburgh General Lying-in Hospital in the year 1815." *Vide* Appendix, No. 2.

As the remainder of Section 2d, extending to 100 pages at least, contains various episodes respecting Enteritis, as described by Morgagni and Abercrombie,—Yellow Fever, as described by Chisholm and Jackson,—Dysentery, as described by Ballingall,—and Cholera Morbus of the East Indies, the Annotator necessarily passes over the whole, as in his humble opinion they are, under the form of compliments to the gentlemen named, ill disguised puffs in favour of the worthy Doctor himself; and, at any rate, as they are treated, they have no more to do with Puerperal Fever than with the Plague itself.

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The Third Section relates to the pathology of the Puerperal Fever, with the opinion of the Author, and Cases in illustration.

Like a learned man, as Dr Macintosh undoubtedly is, he begins this section with commenting on the opinions of Hippocrates, (borrowed from Hulme), who certainly could never  
 have

have seen a case of the Malignant Puerperal Fever; and, after running over the names of Hulme, Cruickshanks, Sir John Pringle, Drs Hunter, Lewis, Mackenzie, Harvie, White, Walsh, Burns, and Hamilton, with Denman, Hey, Armstrong, Gordon, &c. whom he had formerly mentioned, the Doctor enters into a long story, in which he endeavours to connect Ephemera with Puerperal Fever, page 180.

Not only every practical accoucheur, but every old woman in the kingdom, can tell the learned Doctor, that Ephemera, or Weed, as it is called in this country, is a very frequent, a very transient, and a very harmless disease; and if every case of Ephemera were considered to be a case of Puerperal Fever, and were treated *d'une methode toute nouvelle*, that is, by copious bleeding, &c. then indeed the appalling description in the Preface of Dr Macintosh's Treatise would be truly realised. The very statement of this opinion of Dr Macintosh, must excite the ridicule of every mother of a family.

As it would be tedious to enter into the round-about theory which he has proposed, the Annotator, passing over the quotations from Hulme and Gordon, proceeds to the examination of the cases which Dr Macintosh *witnessed*;  
for



for it is asserted, in a late publication, that he was only a *subaltern* on the occasion.

The cases recorded by Dr Macintosh, in illustration of his doctrines and opinions, have been also, *inter alia*, detailed by Dr Campbell; and, on comparing the two accounts, the Annotator was utterly confounded when he discovered that the two differed *toto cælo* from each other. The names and places of residence of the patients are indeed the same. Mrs Findlay, Mrs Mace, Mrs Robertson, &c.; but the date of delivery, the sex of the infant, the progress and treatment of the symptoms, and the appearances on dissection, are so different in the two reports, that he could not reconcile them by any possible indulgence.

As the Annotator had seen, that in their quotations from authors, and in their report of their old preceptor's opinions, they had not scrupled to misrepresent and to mis-state, he felt at a loss to determine which of the two had given an untrue account of the cases. He looked into Dr Campbell's book, and he saw that the Doctor does not scruple to rest the whole of his doctrine upon the veracity of his cases, as the following extract abundantly proves:—

“ To the cases now detailed I might add  
many

many others ; but I have already detailed several examples of all the varieties which have occurred in my practice. I fear, indeed, that the perusal of so many may be considered a task by the reader, or a tiresome repetition of symptoms and remedies. It was necessary, however, with a view to support the bold assertions made in a former part of this work, that the cases should be numerous, and the history of each *minutely detailed*. For it is not to be supposed, in a disease so formidable as the one under consideration, that a few examples would comprehend all the varieties to be met with ; although, it must be confessed, that in the leading symptoms there is a great similarity in each. *But my principal object, in relating so many cases, is to convince the profession, that I have succeeded in establishing particular practical points of great moment ; which conclusion could not be satisfactorily drawn from the detail of a single case of each variety."*

Page 169.

That Empyricks, whether venders of drugs, or inventors of new remedies for curing incurable diseases, or revivers of old remedies, with improvements and variations suited to the taste of the times, have invariably been in the habit of holding forth false or manufactured, that is, misrepresented,

represented, cases to the public, is too well known to the profession to be at all wonderful. But that in Edinburgh, with the eyes of the public upon them, and with the odium of having made an unprincipled attack on their old preceptor, two graduates of the University of Edinburgh should be found capable of falsifying records, seemed incredible. And yet, the accounts of both the learned Doctors could not be true.—Mrs Findlay, Leith Wynd, for example, could not be delivered of a single child both on the 15th and the 23d of November; nor could that child be both a girl and a boy. Yet these are the opposite statements of the two Doctors. She could not have shivering, pains of the abdomen, &c. so as to require copious bleeding on the 19th of November, being four days after delivery, according to Dr Campbell, when, by the other Doctor's account, she was not delivered till the 23d. The same discrepancies are evident in the other cases which the two Doctors have recorded in common.

Here was a dilemma. — Dr Campbell, with great earnestness, has rested his whole doctrines on the evidence of his cases; and Dr Macintosh has expressed, in very proper language, the turpitude of concealing or misrepresenting facts.

facts. He says, page 11. " He who writes, particularly on such a formidable disease as this, should, if he wishes not to mislead, state nothing but matter of fact; there should be neither concealment with regard to want of success in his own practice, nor a disposition to exaggerate the unsuccessful practice of others. And it cannot be too strongly, nor too frequently held out to those who teach, or are in the habit of publishing observations, that nothing can be more injurious to humanity, nor, in fact, a greater offence, than to give any thing to the public as a medical fact, which is not, in all its bearings, strictly true."

Although the Annotator had certain reasons for supposing that he could point out the " true Simon Pure," he resolved to wait on Dr Macintosh, to ask an explanation of the glaring discordances, in the accounts published by him and Dr Campbell; and he did wait on the Doctor on Thursday, December 12th, and put the question, warning him, as he had previously done, that he intended to notice publicly his Treatise.

He was solemnly assured by Dr Macintosh, " that Dr Campbell's cases had been drawn out, from memory, by one of the young gentlemen (employed to at-

*tend the patients*) SEVERAL WEEKS AFTER THEY HAD OCCURRED; that Dr Campbell had written to that gentleman, now settled in the country, for a certificate that the details are correct; and that the gentleman alluded to had called on Dr Macintosh to consult him on the line of conduct he should pursue, when the Doctor advised him to stand by the truth." Accordingly, no such certificate has hitherto been produced.

This information, extraordinary as it must appear to the reader, did not surprise the Annotator. He was aware, that it was corroborated by Dr Campbell's account of a case which he has recorded as one of many examples of his successful treatment of PUERPERAL FEVER. The case alluded to is the forty-third, p. 157. and the patient's name is Mrs Thomson, Miller's Close, Canongate. — As the Annotator happened to attend this patient, from an hour or two after her delivery, till the morning of the day on which she had the good fortune to be visited by Dr Campbell, (and his reason for taking leave was, that she might apply to some of the medical men connected with one of the dispensaries, in order to save the expence of medicines), he was enabled to ascertain, that the published account was untrue in every respect.

Indeed,

Indeed, a more notorious instance of a false statement of a case cannot perhaps be produced from the published works of Brodum, and other celebrated quacks. And, luckily for the detection of the narrator of such fabrications, Dr Beilby and Mr Geo. White were called to this patient, and to them the Annotator confidently appeals for the truth of the following statement, although he has had no communication on the subject with either of them.

Dr Campbell asserts, p. 157. that this woman was delivered “some time between the 10th and 20th of February;” and that, on the evening of that latter day, he found her labouring under the Puerperal Fever; and he proceeds to give a detail, which the Annotator is prepared to prove, by competent witnesses, is untrue in every respect. But it is sufficient for the present purpose to mention, that this woman was actually delivered at six o’clock of the evening of the TWENTY-SIXTH of JANUARY; and, consequently, that if any credit can be given to Dr Campbell, who saw her for the first time on the 20th of February, she had an attack of Puerperal Fever *twenty-five days* after delivery; which, to the medical reader, must appear as gross an attempt

attempt on credulity as Falstaff's account of the men in Buckram.

Having thus ascertained that the *detail* of his cases, on which Dr Campbell has laid so much stress, is imaginary and illusive, it occurred to the Annotator, that another recorded case might also be classed under the same head. He alludes to the case, p. 242. where it is alleged, (and the allegation is printed in Italics), that "that master of surgery, Mr John Bell," and Dr Hamilton, had differed on the treatment of the patient. He wrote accordingly to the Doctor; and it appears by his answer, inserted in the Appendix, "*that Dr Hamilton never attended any such case with Mr John Bell.*"

On these grounds, he considers himself warranted in presuming that Dr Macintosh's account is true; and in this conviction he concludes, that it is scarcely possible to find words sufficiently strong to hold up to universal reprobation the conduct of the said Dr William Campbell.

He has, according to this account, *palmed* upon the public, AS FACTS, upon which a particular mode of practice should be founded, a number of cases, written out from memory, several weeks after

ter they occurred—he has misquoted authors—he has attributed to his old preceptor, opinions and conduct diametrically opposite to the truth,—and he has endeavoured to corrupt the integrity of youth, by an attempt to induce a young man just entering upon the exercise of a profession, in which of all others the most upright conduct is of vital importance, to certify the accuracy of reports of cases, *which he himself must know to be notoriously incorrect in every sense of the word.*—And this person pretends, forsooth, to be a public teacher!—Fine lessons to the rising generation, both in *principle* and in *practice*, must issue from the cathedra of this Dr William Campbell!

The Annotator will not insult the understanding of his readers by any comment on this conduct.—If it be tolerated, the consequences may be most deplorable. If every illiterate person, who can prevail on a book maker to put his crude ideas into a plausible shape, for the purpose of confounding all distinctions between diseases which may have some resemblance to each other in certain points, as pain, fever, &c. though really different in their nature, and to misrepresent the opi-  
nions



nions and the practice of medical men, who have obtained the public confidence, no liberal minded individual can in future attach himself to the practice of medicine; and "God only knows," to use the expression of the late Dr William Hunter, (not in any pretended manuscript, but in his *published* Lectures,) what may result to society, from persons destitute of veracity and integrity being entrusted with the care of the sick.

Admitting that Dr Macintosh's account of the cases he has detailed is the true one, the Annotator proceeds to notice them.

If the case under the care of Mr Hicks of Woolwich, of the wife of a soldier in France, of a French woman who lived next door to her, and of a woman at Berbice, be set aside, the number of the Doctor's cases amounts to eight, of whom five recovered.

The first case, that of Mrs Findlay, seems to have been an ordinary case of Ephemera, complicated with cold, and, in the Annotator's opinion, affords an admirable specimen of the *nimia cura Medici*. Indeed, Dr Macintosh himself admits, that the husband of this woman accused the medical attendants of making experiments on the patient, and, it must be owned, with

with some show of reason. Thus, between four o'clock P. M. of November 28. and December 3. she had sixty-one ounces of blood drawn from the arm, (and more would have been drawn if the poor woman had not fainted on two different attempts), and seventy-two leeches, during the same time, were applied to the belly. At last, these means having failed, fifteen drops of the sedative tincture of opium were happily given, for "immediate relief followed." This good woman must have had a most robust constitution.

In the second case, the patient, (Mrs Cunningham, Cowfeeder-Row), was delivered on the 30th November 1821, and at mid-day of the 3d December, although the lochia continued natural, "she had a shivering fit, rather preceded than followed by severe pain of the abdomen." She was immediately bled till she fainted; 20 ounces of blood having been drawn. She had fomentations of the abdomen, and a purgative glyster; and was directed to take, every third hour, three grains of calomel and four of James's powder. At four o'clock of the same day, she was again bled to the extent of sixteen ounces; and at eight o'clock of the same evening, forty leeches were applied to the abdomen; and the  
calomel

calomel and James's powder, with the purgative glysters, were directed to be continued. Next morning, viz. Tuesday, December 4th, at ten o'clock, thirty leeches were applied to the belly. The calomel, and antimonial powders, and purgative glysters to be continued; and it was further ordered, that warm water should be thrown up the vagina *every two hours*, and to be retained as long as possible. At four o'clock of the same day, ten ounces of blood were again drawn from the arm; the injections were repeated, and the powders continued. At eight o'clock that night, this poor woman had ten drops of the liquor *opii sedativus*, which gave her relief "in less than ten minutes;" and therefore, was ordered to be repeated, if necessary, in two hours. At ten o'clock next morning, (December 5th,) sixty leeches were applied to the belly, and the other remedies were ordered to be continued. At eight o'clock that evening the symptoms "were found greatly mitigated, but the pulse was very quick and feeble at wrist; action of the heart also feeble." Friday, December 7th, "The symptoms went on from bad to worse, and she died at half past twelve that night.

"Dissection,—Abdomen tumified. On cutting through the parietes, the muscles had a healthy

healthy florid colour, the great depth of the leech bites was remarked;—above a quart (nearly three pints) of fluid effused into the abdomen, resembling bloody serum, with large fleaks of coagulable lymph floating among the intestines, and smaller portions mixed in the fluid: part of the intestines looked healthy, particularly one portion of the ascending colon; the rest had the appearance of an inflammatory blush: there was no turgescence of vessels observed. The liver and gall bladder had in several places a coating of coagulable lymph, which could be rubbed off; but it adhered so closely to the peritoneal coat of these parts, as to warrant the conclusion that it had been there secreted. The uterus lay, rather larger than we expected to find it, a little above the brim of the pelvis, but its colour was natural, as well as its structure: not so the appendages; the broad ligaments were very vascular, the ovaria much enlarged, particularly the left, both were covered with coagulated lymph; on cutting into their substance, there was an appearance of ulceration and suppuration. The intestines were tympanised. The lungs and heart looked healthy; but there was an effusion into the thorax of a  
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bloody

bloody looking fluid, with minute flocculi floating in it."

This melancholy case must suggest to the mind of every practical physician a crowd of reflections. Admitting, for the sake of argument, that the disease was Puerperal Fever, the treatment may be contrasted with that of a case of the same disease, conducted under the superintendance of Dr Leake in the Westminster Lying-in Hospital ; and, accordingly, the Annotator has inserted in the appendix a comparative statement of this case, with that of Dr Leake's ninth case.

The intelligent reader will, on the first glance of the two cases, be led to admire the superior activity of those who teach and practise medicine *d'une methode toute nouvelle*. Dr Leake made some allowance for the powers of nature.— He assisted, but did not venture to usurp her duties,— and his patient had a complete recovery. From the extraordinary energy of Dr Macintosh and Co. poor Cunningham had no respite : — every hour she was tormented with medicines, purgative glysters, bleedings, fomentations, and injections of warm water *per vaginam* ; and, from the moment of delivery till the time of death, the  
only

only short relief she had was for two hours, and that was from an opiate.

But if Dr Leake were alive, he would deny that Cunningham's was a case of Puerperal Fever; he would say, that neither the symptoms during life, nor the appearances after death, warrant such a conclusion. It is unnecessary, however, to take up the time of the reader with entering into any detail on this point; because this case reduces Dr Macintosh to a dilemma, from which it will not be easy for him to extricate himself. Either it was a case of Puerperal Fever, or it was not. On the former supposition, it affords perfect evidence, that the means of cure proposed by the Doctor and his coadjutor, though pursued with unremitting diligence and solicitude, are quite inadequate to the cure of that disease. On the other hand, if it were not a case of Puerperal Fever, which is the firm belief of the Annotator, it shews the necessity for Dr Macintosh to *study* the disease before he publishes a second edition of his Treatise.

Let the reader regard this most shocking case in another point of view. — What could have been expected from the treatment? — Every practical physician will answer, “Effusion of  
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bloody

bloody serum into the cavities, exhaustion, and death ;” even although the subject of the experiment had been a person in robust health, — as, for example, a bold dragoon. Yet, with this case in judgment against him, and with the risk that the ghost of Cunningham may haunt his imagination, Dr Macintosh very modestly says, page 302. “ I will candidly confess, that I have not seen one case in Hospital practice ; yet from what I have seen of the disease in *worse situations*, I shall have no kind of objection to treat it in Hospitals, and give sufficient pledges to the public, that eight out of ten shall be cured, provided the plan, found so successful by myself and others in various situations, and by Mr Alcock, Drs Gooch, Ramsbotham, Davis, and Armstrong, in different hospitals in London, is allowed to be pursued.”

If the Annotator had it in his power to give Dr Macintosh the charge of a Lying-in Hospital, he should certainly insist on a preliminary trial of the Doctor’s skill, founded upon a story told by himself. A naval surgeon, it seems, anxious to ascertain the effects of flogging, (against which mode of discipline in the army and navy the philanthropic Dr Macintosh has, page 95. expressed his high indignation), directed the  
boatswain

boatswain to tie him up, and to lash him in the ordinary way. The poor surgeon could only bear twenty four lashes.

Now, the Annotator proposes, with all due humility, that on Saturday, January 18th 1823, Dr Macintosh should take one ounce and a half of Epsom salts, and in a few hours afterwards, half an ounce more. That on Monday the 20th, at mid-day, the Doctor should have twenty ounces of blood drawn from the arm, and that within the succeeding forty-eight hours he should lose twenty-six ounces more of blood in the same way, and have one hundred and thirty leeches applied to the belly, encouraging the bleeding from their bites till late on Wednesday night, and that during the same time he should have, every three hours, three grains of calomel, with five of antimonial powder, and every four hours, or oftener, a strong purgative glyster. If on Thursday morning, January 23d, the Doctor feel himself a sound healthy man, the Annotator will most cheerfully pronounce him to be duly qualified to take charge of a lying-in hospital.

This experiment will be useful in another respect. It cannot be doubted that the worthy surgeon, who submitted voluntarily for the gratification



tification of his curiosity to the flagellation of the boatswain, must have sympathized most feelingly and sincerely ever afterwards with the poor sailors who were forced to undergo the same discipline. It is to be hoped, therefore, that after Thursday 23d January 1823, Dr Macintosh (having undergone the experiment alluded to), will shew some regard for poor suffering humanity, and if he continue "to visit his patients every two hours, from an early hour in the morning till midnight," that he will have self-denial enough to resist the temptation of shewing his skill by directing medicines or purgative glysters, or fomentations, or injections of warm water *per vaginam* at every visit.

It is truly gratifying to observe, that even before the experiment is submitted to, the Doctor, has shewn an excellent disposition *to begin to learn*. With the most praise-worthy candour he says, page 267, "Enemata are very useful in this disease, but I am disposed to admit, that we employed them too frequently in the cases which occurred last winter." With such good dispositions, and the wholesome discipline of the subtraction of forty-six ounces of blood from his arm, and the proper operation of one hundred and thirty leeches, thirty-six grains  
of

of calomel, sixty grains of antimonial powder, with fomentations, and as many purgative glysters as can be forced up, and all that within forty-eight hours, the Doctor will no doubt *learn* to make some further admissions with regard to his practice before the 1st of January 1824.

The third case detailed, is that of a woman named Ormond, who was safely delivered on the 6th December 1821, after an easy labour. On the 9th, having had slight shiverings, followed by pain in the lower part of the abdomen, which was rather full and tense, &c. she was bled two hours after the first attack, to the extent of thirty-six ounces. Again, to the same extent, within little more than two hours. At noon, next day, (the 10th December) sixty leeches were applied to the abdomen. At eight of the same evening, twenty-six ounces of blood were again subtracted. On the 11th, in the morning, eight leeches were applied to the temples; and on the evening of the same day, she had a dose of Battley's liquor *opii sedativus*, and then for the first time had relief. But, (as Dr Macintosh has elegantly expressed it in his comments on the Annotator's case) the patient got rid of her complaint, but not of her physician; for though she continued to improve, she

she was assiduously watched, and some rigors having occurred on the morning of December 20. followed by acute pain of the abdomen, she was again bled, to the extent of thirty-six ounces. Such are the powers of nature, that this woman did recover.

Case 4th affords an example of a violent inflammatory affection, excited by the patient having, fifty-four hours after her delivery, lain in a faint for some time on a cold damp floor, and afterwards for several hours on a bed without being covered by the bed-clothes. When it is stated, that after death, it appeared that "the stomach bore extensive marks of inflammatory action on its surface, to such a degree, that the finger could without any difficulty be pushed through it, and that the small intestines had appearances of inflammation on three different parts," it will surely not be contended that the disease was the Puerperal Fever.

In the fifth case, the patient also sunk under the treatment; and *after death* it was found, "that there was a large phlegmonous tumour in the left labium, and it seemed so extensive during the dissection, as to appear to be connected with the cavity of the pelvis,"

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It is really a bold experiment of the intrepid Dr Macintosh, to impose upon the credulity of his readers, by alleging that this was a case of Puerperal Fever.

The purpose of recording the sketch of the sixth case, is to shew "the necessity of paying attention to the state of the bowels after an attack of Puerperal Fever." The patient was a young woman of spare habit, who, two days after delivery, was seized with a severe shivering and an acute pain of the abdomen. She was bled, fomented, purged, and blistered, with the usual activity, and "had powders, with equal parts of calomel and pulvis antimonialis every three hours." "She went on doing well for eight days, and was considered out of danger, when, by neglecting the state of the bowels for a whole day, she had rigors, with severe pain in the abdomen." It is, perhaps, unnecessary to add, that this new attack afforded an opportunity of repeating the usual discipline; and accordingly, besides purgatives, injections, and fomentations, eighteen ounces of blood were taken away. This woman, however, eventually did recover.

The two last cases, which also terminated successfully, were instances of rigors, with

acute pain in the belly, occurring after abortion.

In concluding this summary of the cases which Dr Macintosh has recorded, the Annotator thinks it necessary to point out to the reader, that in not one of his cases, is it alleged, that the breathing of the patient was affected in the early stage of the disease,—an unprecedented fact in cases of real Puerperal Fever. Dr Macintosh himself betrays some consciousness of the dubiety of the above cases, for he says, (page 263), “It has been asserted, that the cases I have seen, and which have been treated successfully, were not genuine Puerperal Fever. But, by whom has this unfounded and impudent assertion been made? By the individuals who allege the same of Denman, Gordon, Hey, and Armstrong,—by the individuals who almost never had a case which terminated in recovery.”

Here is a pretty modest declaration on the part of Dr Macintosh. The Annotator has no hesitation in declaring, that he never heard of the sage Doctor's wonderful cases, till he saw them in print; and he has little doubt that his readers will agree with him in the belief that the said cases, as well as those of Gordon, Armstrong, and Hey, were instances of very different

rent diseases from the Puerperal Fever of Hospitals.

Dr Campbell and Dr Macintosh, however they may contradict each other in the detail of the cases which they attended together, cordially agree in one respect; they assert in strong language, that Puerperal Fever raged as an epidemic in Edinburgh in the years 1821 and 1822, and the former veracious person has, in page 16. averred in terms the most offensive, that the disease visited the Edinburgh General Lying-in Hospital at that time; and he even specifies the period at which it proved most fatal and frequent in that Hospital.

After the numerous proofs of incorrectness in point of facts, which the Annotator has already brought forward, it will perhaps not surprise the reader to be told, that not one single case of Puerperal Fever occurred in the Hospital alluded to, in the year 1821, nor in the year 1822, up to this date, December 20. Seven women died in the Hospital in the course of the former year, and five have died there this year; and, considering that women labouring under various modifications of bad health, are without scruple admitted into the  
G 2 Hospital,

Hospital, the proportion of deaths is very inconsiderable.

When all the circumstances of Dr Campbell's patients are taken into account, it does not require much discernment to explain, that seventy-nine out of nearly eight hundred should have had alarming diseases, without having recourse to the fable of a terrible prevailing Epidemic. The wonder is, that there were so few, and that only twenty-two died. But, as the details of the cases are erroneous, may not the proportions of disease and of deaths be also incorrect? for example, one woman in the West Port, who had been delivered by Dr Campbell and Co. died; and, on the body being opened by another professional man, it was found that the Placenta had been retained. Was this case set down among the cases of Puerperal Fever? And were the numerous cases of death after instrumental delivery, classed under the head of Puerperal Fever, or did they form a distinct part of the very minute and faithful record of the cases kept by Dr Campbell?

Again, it consists with the knowledge of the Annotator, that many of the poor women who had been bled, &c. according to the *methode toute*

*toute nouvelle*, became dropsical, and had other symptoms of broken health. Were these women considered as cured?

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In his fourth section, the Doctor formally lays down his plan of cure, for which he had been preparing the reader by hints inserted in almost every page.

After an elegant flourish on the threadbare topics of the varying fashion of medicine, the bigotted attachment of practitioners in extensive practice to certain favourite medicines, as the solution of the muriate of lime, and preparations of iron,—and the hackneyed trick of alleging that such practitioners have no other resource, (for which the respectable part of the profession will no doubt return their humble and hearty thanks to the liberal minded Doctor), he proceeds to explain the manner of employing his grand catholicon—blood-letting.—

In the true military style, he begins by attacking, as usual, Dr Hamilton, more than insinuating that the Doctor's total want of success in the treatment of this disease, arises either from prejudice against, or from ignorance of the mode

of



of using that powerful remedy. Thus, after having pledged himself to cure eight out of ten patients affected with this disease in public hospitals, he says,—

“ I make this decided offer, not from enmity or jealousy towards Dr Hamilton, or the unmanly wish which I hear some have attributed to me, (who no doubt measure the conduct of others by their own), of endeavouring to lower that eminent individual in the eyes of the public. I know no such unworthy feeling; and, perhaps, no one would more sincerely regret his loss than myself. I have other and far more powerful motives,—Dr Hamilton’s almost invariable want of success in the treatment of this disease—his inveterate hostility to the only practice which has hitherto been found successful in the hands of others—his denial that they have seen the true disease—the strong and unwarrantable language he makes use of against bleeding, “ that it signs the death-warrant of the patient”—the influence of Dr Hamilton’s opinions over public practice.”

On this paragraph, with many others to the same purport, the Annotator has, in the *first* place, to ask Dr Macintosh, if he had met with six consecutive cases like those of Mrs Cunningham,

ningham, Cowfeeder-Row, where death followed the active use of the lancet and leeches, would he have persevered, like the renowned Sangrado, in the same plan of treatment?

*Secondly*, He must ask Dr Macintosh, (and he is fully entitled to do so in consequence of the learned Doctor having, in his Appendix, put questions to him), Whether, in the course of his extensive experience in Europe, in South America, &c. he has found that every individual labouring under Pneumonia, or inflammation of the lining of the chest, or covering of the lungs, has, under his care, been *cured*? Every body knows that the profession agree cordially in the practice to be adopted in such cases; and yet many worthy inhabitants, not only of this great city, the MODERN ATHENS, but even of ancient Rome and other crowded capitals, annually fall victims to this disease.

But if Dr Macintosh can prove, that during his residence with his regiment, no soldier died of Pneumonia, “for he was visited every two hours,” the Annotator must congratulate the great Doctor on the occasion, and must express his surprise and indignation, that, with such superior talents, and such *unprecedented success*, his Majesty’s ministers did not, voluntarily

tarily and unasked, bestow on the Doctor the late appointment of Professor of Military Surgery in the University of Edinburgh.

On the other hand, if Dr Macintosh's experience in cases of inflammation of the lungs, &c. corresponds with that of attentive and judicious practitioners, the Annotator asks, by what title he has presumed to allege, that a particular treatment of Puerperal Fever (a disease, which, as it appears in hospitals at least, he never saw), is to be *invariably cured* by the means he has not suggested, but recommended, on the authority of authors, who, no more than himself, ever attended the said disease?

Far be it from the Annotator to prejudice the reader against Dr Macintosh! He is only anxious that the consequences of adopting the precepts and the practice of the *methode toute nouvelle* should be fully understood and appreciated. With twenty-two deaths out of seventy-nine cases of illness, and with the knowledge that, in many of the alleged cases of recovery, the poor women became dropsical, and dragged on for a few months a most miserable existence, those followers of Sganarelle boast of their success! (Vide Campbell, page 170.)

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It would be most extraordinary if Dr Macintosh had yet to learn, that the effects of inflammation vary according to the cause, the structure of the parts affected, the natural constitution of the individual, and the state of the habit at the period of attack. Were it not for those circumstances, medical men could, as it was believed of enchanters of old, cure every acute inflammatory affection. But, alas! the bills of mortality too sadly verify that human means are of limited power—a lesson which Dr Macintosh should have learned long ago.

In the *third* place, the Annotator now presents Dr Macintosh, as he promised to him in an accidental conversation on the street, on Saturday, December 7th, with Dr Hamilton's own words on the subject.

“ *Query 5th.*—Have you shewn an inveterate hostility to bleeding in this disease, for that is another of Dr Macintosh's assertions?

“ *Answer to Query 5th.*—MOST CERTAINLY NOT.—On the contrary, when the disease appeared in the Edinburgh General Lying-in Hospital in 1815, as the pain of the abdomen was so much more severe than I had ever observed it to be in private practice, I feared that there might be some complication different from what I had  
I hitherto

hitherto met with; and although I had, in a letter to Dr Armstrong, expressed my firm belief that his cases were not instances of the Puerperal Fever, I made the fairest possible trial of blood-letting. It was had recourse to on the very first attack, and was repeated within four hours, and was carried to the utmost extent which the patient could bear,—and mark the consequences. I quote the words from my written Lecture, which I have, for the last two or three years, from circumstances, *read* to my pupils.

“ But the result of the practice clearly shewed the inutility of the means. In those five cases, and in one in private practice, produced by infection from the Hospital, the bleeding was practised with as much activity as Dr Gordon or Dr Armstrong could have directed. The buffy appearance of the blood, and the temporary diminution of the pain after the bleeding, encouraged me to repeat it to a very considerable extent. Yet all those patients died; and the only woman in the Hospital who recovered of this fever, was one who was not bled, although she had had the pain as acutely, and the other symptoms as severely, as those who had been bled. It appeared to me that the effusion  
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into the abdomen was accelerated by the bleeding; and all the gentlemen who attended to those cases in the Hospital, were as much convinced as myself, that blood-letting was not at all useful, but rather injurious. The other means which were employed, (though equally unsuccessful in the Hospital in arresting the progress of, or in curing the disease), were much more powerful in alleviating the sufferings of the patient."

*Fourthly,* That the *liberal minded* Dr Macintosh may not be put to the trouble of again asserting as he has done, that Dr Hamilton's testimony is that of an interested witness, the Annotator now lays before him extracts from a Thesis, or inaugural dissertation, published under the sanction of the University of Edinburgh, in 1816, with which Dr Macintosh, learned as he is, seems to be totally unacquainted, being the document promised in page 33. of these Notes. The author is Dr Torrance, who had the charge under Dr Hamilton, of all the cases of Puerperal Fever which occurred in 1815 in the Edinburgh General Lying-in Hospital. He could not be an interested witness, even if he had wished to have been so, because he published at a time when many gentlemen who

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had

had seen the same cases were also graduating; and it is well known with what scrutinizing eyes the young graduates examine one another's theses. Dr Torrance now resides in George Street, Edinburgh, and can give Dr Macintosh every information on the subject.

“ The Lying-in Hospital of Edinburgh is situated in a part of the town which is inferior to none in point of ventilation and salubrity of air. The wards are spacious and lofty, well painted, and are always kept particularly clean.”

“ Notwithstanding these favourable circumstances, this disease (Puerperal Fever) appeared in it about the beginning of the year 1815, and although the whole house was thoroughly cleansed, it continued to recur until the month of July, when it finally ceased. It seemed impossible to ascertain from what cause the disease originated, nor to what cause its disappearance might be ascribed.” Page 31.

After giving a brief sketch of the progress of the disease, in treating of the cure, he says, “ The copious detraction of blood, therefore, notwithstanding the high eulogium on its efficacy in private practice, by Gordon of Aberdeen, Armstrong of Sunderland, and Hey of Leeds, did, on this very recent occasion, always disappoint

appoint the hopes of the Physicians of the Edinburgh General Lying-in Hospital, and hence the practice was necessarily abandoned." Page 37.

In the *fifth* place, for the sake of the poor women whose lot it may be to fall under the care of Dr Macintosh, and others who practise according to the *methode toute nouvelle*, the opinions of the late celebrated Dr Clarke of London, and of the equally eminent Dr Clarke of Dublin, are very seriously recommended to the attention of Dr Macintosh and Co.

" In the first place, then, let me caution (especially younger) practitioners, not to be misled by the tumefaction of the abdomen, so as to employ the lancet with the expectation of curing a supposed inflammation.

" Bleeding from the system has been always attended with manifest disadvantage; although it has been tried in patients who have been apparently strong and plethoric before. It has, in some instances, for a short time diminished the pain, and the buffy appearance on the blood taken away, has been supposed to justify the operation; but it generally lowers the patient extremely; and in some cases, I have known it evidently hasten death.

" Bleeding



“ Bleeding from the skin of the belly by leeches, though it do not produce the same degree of debility, yet has, in no instance within my knowledge, contributed, in any degree, to the cure of the patient.” (Clarke’s Practical Essays, p. 159.)

“ Venesection, which is strenuously advised by Leake, Denman, and others, I have never seen of any use, excepting in a few cases, where there seemed to be a combination of peripneumonic symptoms, along with peritonitis; and, even in such cases, it only had the effect of alleviating the severity of symptoms.” Vide Dr Clarke’s Observations on the Puerperal Fever, as it occurred in the Lying-in Hospital of Dublin, in Dr Duncan’s Commentaries. Decade 2. vol. 5. p. 322.

Such being the result of the experience of practitioners, who could have no other object in view than the faithful discharge of their duty, who recommended some remedies and condemned others, not from caprice, but from experience and observation, the Annotator ventures, with great submission, to recall to the professors of the new medical school of Edinburgh, the prescriptions of the Founder of their sect, the famous Sganarelle. His advice was,  
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to practise *quelque petite saigné aimable*, and to exhibit *quelque petit clistere dulcifiant*. While those who practise according to the *methode toute nouvelle*, keep within the bounds thus prescribed by Sganarelle, they will not meet with many such cases as that of the unfortunate Cunningham.

On the other remedies advised for this Fever by Dr Macintosh, it is unnecessary to offer any detailed observations, for, with the exception of calomel, they are the usual medicines administered; but it must be admitted, that he directs them to be employed *with more than usual activity*.

In concluding his observations on this section, the Annotator begs leave to apprise his readers, that he has purposely refrained from any expression of his feelings, in regard to the various insinuations and sarcasms against Dr Hamilton, so liberally dispersed throughout the whole of Dr Macintosh's and Dr Campbell's Treatises. Dr Hamilton knows, that his character stands too high with the public, and with the *respectable part of the profession*, to be affected by the machinations of Dr Macintosh and the other professors of the "*methode toute nouvelle*."

But

But the Annotator, having accidentally learned, that some respectable individuals had been imposed upon by the allegations of the persons above alluded to, so far as to imagine, that Dr Hamilton, in the course of his Lectures, is in the habit of animadverting severely on the opinions of others, felt it incumbent on him to request some explanation on this point. He himself, in his attendance on the Doctor's Lectures, had never heard any irrelevant observations on the opinions of others. It gives him most sincere pleasure to be able to refute this calumny by certain extracts, (to the truth of which hundreds can bear witness), inserted in the Appendix.

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And now the Annotator has no doubt that the reader of the preceding pages must be satisfied, that Dr Macintosh and Dr Campbell have, in their Treatises on Puerperal Fever, undertaken to *teach and to cure* the disease, before they have *learned* the phenomena which distinguish it from others. But since so much has been said on the diseases occurring during lying-in which resemble each other, it may be satisfactory

satisfactory to have the subject properly explained.

It has already been stated, that there are three diseases which, from their prominent characters, may be confounded with the Puerperal Fever. The first is inflammation of what is called the Peritoneum, or, in other words, as the scientific reader knows, the fine delicate membrane or skin, which not only lines the whole inside of the belly, but also covers all the important bowels contained in that part. This is a frequent disease among the lower ranks of lying-in women, because exposure to cold, irregularity of diet, and agitation, whether of the body or mind, are apt very suddenly to bring it on. It generally begins with violent pain of the belly, with more or less tension and increased heat, and great diminution or complete suppression of the cleanings, and has been well described by Astruc.

“Suppression of the lochia,” that author says, “may be complete and absolute, which is the more dangerous variety, or partial, which may be termed not a suppression, but rather a diminution, more or less considerable, according to circumstances.

“Both degrees may occur during the first  
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days of lying-in, that is, during the second or third day after delivery, in which case the danger is great and the symptoms most distressing ; or, at a later period, that is, towards the seventh or eighth day, at which time the danger is less, and the symptoms not so alarming.

“ The symptoms which accompany the suppression of the lochia are not always the same in every individual case, but the following may be regarded as the most ordinary, viz. hardness and swelling, and pain of the womb, pain in the loins, in the lower part of the back, and in the inguinal region, nausea and vomiting, difficulty of breathing, spitting of blood, rigors, fever, inflammation of the womb, and even sometimes delirium or stupor.

“ The causes of those two varieties in the degree of the suppression are the same, and the only difference is in their intensity. These causes are cold, either from the admission of cold air into the womb, from want of proper care, or cold feet, or cold drink. The effect of cold, in whatever manner it is applied, is a sudden contraction of the womb and stoppage of the cleanings, and it cannot appear wonderful that such effects should follow exposure to cold in lying-in

women

women, since it is well known that menstruation is every day interrupted by the same cause.

“ The second cause is some affection of the mind, such as fear or surprise; causes which also tend to arrest the flow of the menses.

“ A third cause is a violent diarrhœa, the consequence of indigestion and of irregularities of diet. This excessive discharge by stool necessarily diminishes that which should take place from the womb, and therefore, while the former causes produce a complete suppression of the lochia, the one under consideration only diminishes that discharge, and would not be very dangerous, since the looseness removes the plethora, from which the hazard arises, were it not that diarrhœa in lying-in women is always dangerous.

“ Finally, The fourth cause is inflammation of the womb, by which its substance being swollen, the apertures through which the lochia flow must be closed. This inflammation is always the consequence of bruises, or other injuries inflicted on the womb by the mismanagement of the midwife.”

As Dr Macintosh has had access to Dr Astruc's works, it is not easy to understand how he has overlooked this description;— it would

have explained readily some of the cases which he met with; and the Annotator has already expressed his surprise at the Doctor's imprudence in hinting at Astruc's works.

The second disease, wonderful to say, is a rare one, viz. inflammation of the womb; and it is ushered in with the same remarkable circumstance as the former, (for women always hold it out as a prominent occurrence), that is, suppression of the lochia.

The third is inflammation of the bowels, which often proceeds insidiously, and, after a time, terminates fatally. In this third disease, the lochial discharge is not necessarily suppressed nor diminished.

How, it may be said, is a young practitioner to distinguish those three affections from the disease called Puerperal Fever. According to what the Annotator has been taught by his preceptor, (which has been fully confirmed by what he has seen in actual practice), the marks of distinction are the following: —

First. Sudden violent pain in the abdomen, preceded by rigor, occurring during the first four or five days after delivery, if accompanied by tension of the parietes, increased heat of the surface, and total suppression or great diminution

tion of the lochia, with very frequent pulse, viz. from 120 to 160 per minute, mark peritoneal inflammation.

Secondly. Violent pain in the belly, with nausea preceded by rigors, followed by hot skin, very frequent pulse, that is, from 120 to 140 in the minute, (from the commencement of the hot fit), and accompanied with suppression of the lochia, relaxed parietes of the abdomen, and distinct bulk, hardness and exquisite tenderness of the uterus, denote clearly inflammation of the womb.

Thirdly. Pain of the belly, especially at particular parts, aggravated by pressure, with but little tension, coming on gradually, attended with nausea and obstinate costiveness; and no affection of the breathing, nor pain of the forehead, nor alteration in the state of the lochia; may be considered as evidences of an inflammatory affection of some part of the alimentary canal.

Lastly. Rigors, followed by heat of the skin, slight frequency of the pulse, (viz. from 100 to 110, or at the utmost 120), pain and tension of the belly, pain over the forehead, uneasiness of breathing, no obvious change in the lochial discharge,



charge, and such a state of the bowels, that diarrhœa either occurs spontaneously soon after the attack, or is easily excited by artificial means, — constitute the leading characters by which the Puerperal Fever of Hospitals can be discriminated.

Such being the result of the experience of the most attentive and accurate observers who have hitherto practised midwifery, the Annotator begs leave to ask, what punishment should be inflicted on persons who attempt to confound the distinction between those several diseases, and to impose upon the inexperienced by false assertions and incorrect cases?

That Dr Campbell has, for purposes best known to himself, included under the general description of Puerperal Fever, inflammatory affections of the peritoneum, of the uterus, and of the bowels, is perfectly evident from his own words, p. 236. of his Treatise, and has been clearly shewn in p. 19. of these Notes. But, with the usual disregard of consistency, which marks the practitioners of the *methode toute nouvelle*, he thus defines Puerperal Fever, p. 237, “ A puerperal patient labouring under acute fixed pain in the lower part of the abdomen, aggravated on pressure, or a general soreness of the abdomen,

abdomen, rendered more acute by pressure, accompanied with frequent pulse, hurried inspiration, and much uneasiness on turning to either side in bed."

And Dr Macintosh, though he has described the symptoms of three varieties of what he calls Puerperal Fever, (from p. 30. to p. 46. of his Treatise), has given so rambling an account of the phenomena of the disease, that it is impossible to quote his own words without disgusting the reader, but he agrees in the main points with Dr Campbell.

What must be the indignation of the reader, when he finds that there is not one single case in the book of Dr William Campbell, nor in that of Dr Macintosh, where the symptoms of the patient correspond with the definition of the one Doctor, nor with the rigmarole description of the other; and yet those cases, on the part of Dr Campbell, reported from imperfect recollection by a person who could have no other knowledge of the diseases of lying-in women than what had been communicated by the Doctor himself, are obtruded on the public, "for the purpose of supporting the bold assertions made in a former part of his (viz. Dr Campbell's) Work," page 169. The experiment indeed

deed is a bold one, it is a modest endeavour, relying on the gullibility of the public, to make it be believed, that while in all inflammatory diseases following delivery, Dr Hamilton has lost almost every patient he has attended, the sage Dr Macintosh and Dr Campbell have saved fifty-two out of eighty.

The Annotator, not being aware that those worthy persons had entered into so mighty an enterprise, inserted in the xviii. vol. page 534. of Dr Duncan's periodical publication, a case of Puerperal Fever which had occurred in the course of his practice, the authenticity and correctness of which can be established by the most incontrovertible evidence, and he very innocently, little dreaming of the high indignation which it was to excite in their minds, added the following remarks.

“ It is quite unnecessary to point out the distressing consequences of *misnaming* a disease. The contradictory opinions on the treatment of the Yellow Fever in the West Indies, have done much to open the eyes of the profession on this point; and it is to be hoped that those practitioners who, in the early part of their life, have fancied that they have cured the Puerperal Fever by blood-letting, will, when their opportunities

nities of further observation and reflection become more extensive, candidly and openly retract their opinions, for the guidance of the younger members of the profession, and for the benefit of the lower ranks, who are the chief subjects of the disease in question."

Had the Annotator been favoured, as it is alleged (Campbell's Preface, p. xiv.) some eminent persons were, with a perusal of the MS. of the huge Treatises of Dr Macintosh and Dr Campbell before they were committed to the press, he verily believes that he could not have expressed himself more explicitly, nor could he have entered the protest of a practical man against the imitators of Sganarelle, and all other professors of the *methode toute nouvelle*, in stronger language.

From the whole tenor of the Annotator's remarks, it will be concluded, that in inflammation of the peritoneum, of the uterus, or of the bowels, the sheet-anchor of the patient must be the lancet and other depleting remedies.

But in that disease, which chiefly occurs in Lying-in Hospitals, and in women of the lower ranks in the narrow lanes of a crowded city, and is characterized by the marks above specified, experience has proved that the lancet is  
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highly injurious. The reason why this has not been long ago placed beyond a doubt is, that in hospitals, and in the lower ranks, the other diseases also frequently occur, and are, by *superficial observers*, confounded with Puerperal Fever.

What, then, it may be asked, is the object of the publications of Dr Macintosh and Dr Campbell? They have not, like the renowned Don Quixote, been fighting with a wind-mill; for although Dr Macintosh admits that he never saw Puerperal Fever in hospitals, and yet ventures to give pledge that he would cure eight out of ten, because he saw five supposed cases terminate successfully, in spite of the Doctor and of the *methode toute nouvelle*,--he never could have *seriously believed* what he wrote. His object seems to have been, to force himself into notice, forgetting, "that he who hasteneth to make rich, shall not be innocent." As for Dr Campbell, the Annotator regrets that he has been compelled to name him. The *veracious* Doctor will no doubt understand that he is now known to the Annotator; and he may be assured, that before many years roll away, he will also be well *known* to the profession and to the public.

APPENDIX.



## APPENDIX.

## No. I.

THE preceding pages must have made the attentive reader acquainted with the *verbal quibble* on which Dr Macintosh and Dr Campbell have founded their claim to a true knowledge of *Puerperal Fever*. The annotator, having always been in the habit of endeavouring to distinguish diseases, and having never supposed that the same mode of treatment was applicable to Cynanche Trachealis, and to Cynanche Maligna, and other diseases which require very opposite modes of treatment, could not be expected to anticipate any severe remarks on the case he had published in Dr Duncan's Medical Journal, vol. xviii. p. 534.; but, as Dr Macintosh has volunteered to do so, he feels compelled to take some more particular notice of the Doctor's animadversions than he has hitherto done.

He premises, that he will not again controvert the very first of the learned Doctor's positions, that "pain and tumefaction of the abdomen, pain over the forehead, anxiety and pallidness of countenance, uneasiness of breathing, and progressive frequency of pulse, are neither singly, nor all taken together, Pathognomonic Symptoms of Puerperal Fever;" because, if these be not, the description of the first variety of the disease as given by the Doctor himself, p. 30. and 31. of his Treatise, must be altogether false; and the Doctor has the alternative of admitting that his description is not true, or that the annotator's case is a fair example of the disease, the symptoms being precisely the same.



The *second* remark of Dr Macintosh is, that if, on the evening of the day of the first attack, a dose of calomel and jalap, or castor-oil, had been given, followed by a good opiate, the patient would have been cured that very night. It happens, most unfortunately for the learned Doctor's prognosis, that these very remedies were actually *administered*, for the exhibition of a dose of castor-oil had been missed out from the notes (in the hurry of drawing up the case for publication)—a fact which was pointed out to the annotator, by a gentleman who knew intimately all the particulars of the case, and from whom Dr Macintosh can get the particulars.

*Thirdly*, The annotator having already told Dr Macintosh personally, that the language in which he has indulged in his comments on this case is most unbecoming, now passes it over *sub silentio*.

*Fourthly*, The rodomontade respecting Dr Gordon has been so fully exposed, that, improperly as Dr Macintosh has conducted himself throughout the whole of his publication (which he ought to be told has excited the indignation of the respectable part of the profession), the annotator would think it cruel to insist on it further.

*Lastly*, To Dr Macintosh's queries, the annotator's answer is brief.

*1st*, He certainly cannot deem it necessary to see patients labouring even under acute diseases every two hours. He has some regard for the powers of nature.

*2d*, Dr Macintosh has no title to put the second question. What superior aid did he send for in the case of Cunningham?

*3d*, He did not know that Mr B., who happens to be Mr William Brown, surgeon in Edinburgh, was in the habit of calling at the house of his patient. He never was told that he was the family surgeon; and, by Mr Brown's letter, now subjoined, it will appear that Dr Macintosh had proceeded not only on hearsay evidence, but had taken up the matter erroneously.

## Copy LETTER Mr WILLIAM BROWN to Mr MOIR.

“ SIR,

“ If you have read Dr Macintosh’s Treatise on Puerperal Fever, you will have seen, in the Appendix, my name mentioned in a way that must give you an injurious opinion of me. I think it, therefore, due to myself, as well as to you, to give you part of a letter which I wrote to him yesterday on the subject.

“ ‘ I regret to find, that, in the Appendix, you have mentioned my name in a way that must place me in a strange point of view in Mr Moir’s opinion. I should not probably have thought that I was meant by “ Mr B.” in your p. 308, had not Mr ——— mentioned it to me last week. ‘ Soon after the publication of Mr Moir’s case, I thought I recognized it, and I was surprised that it was recorded as one of Malignant Puerperal Fever. I mentioned my surprise to one or two friends ; but it is not true that I ‘ never had the slightest idea that Mrs R. had a bad symptom, until I saw the case in the Journal.’ I do not now recollect the expressions I used, as they were used in common conversation, and without the slightest anticipation of their appearing as evidence in a printed work. I wish you had consulted myself, before placing me in this situation ; as saying what I did not say, and indirectly *falsifying Mr Moir’s statement*. This was not necessary for your purpose. You question the accuracy, not of his statement, but of his inferences from it. You ask, ‘ Why did he not consult Mr B.,’ &c. ? Now, it is true that I was every day in the house ; but it was not as a practitioner, but to visit a relative who happened to stay in the house. I never saw Mr Moir. I had not the slightest acquaintance with him ; and had he thought it right to consult another practitioner, he would not likely have applied to me, a junior, and quite unconnected with the puerperal department of medicine.’

“ I hope this will free me from any imputation arising from Dr Macintosh’s hasty expressions. I felt and I expressed my

surprise at the importance which you gave to your case; but I expressed this to one or two friends, in private conversation, which ought not to have been communicated to him, or inserted by him in his work, without my consent: and, besides, I did not, in any manner, question the accuracy of your case, as I must appear to have done, by Dr Macintosh's account. I was in Mr R.'s house almost every day of last summer, but I never saw Mrs R. during her confinement, nor did I directly or indirectly interfere in your management of her. I am, Sir, your obedient servant,

(Signed) "WILLIAM BROWN."

"No. 9. ELDER STREET, }  
22d November 1822." }

4th, The annotator has no hesitation to answer Dr Macintosh's Fourth Query. He has not seen any fatal case of any of the modifications of any disease in the puerperal state, which even Dr Macintosh and Company could style Puerperal Fever, —wide as that term is made by the ingenuity of the practitioners of the *Methode toute Nouvelle*.

## No. II.

Copy LETTER from Mr MOIR to Dr HAMILTON.

DEAR SIR,

In consequence of Dr Macintosh having published some very extraordinary remarks on a case of Puerperal Fever, which I lately inserted in one of the numbers of Dr Duncan's Journal, I have been led to examine very carefully that gentleman's Treatise; and finding that it abounds with misstatements and inconsistencies, I propose to take some method of pointing them out to the public.

From the recollection which I have of your observations on the disease, I am induced to believe, that Dr Macintosh has misrepresented both your statements and your opinions on the Puerperal Fever. But that I may run no hazard of falling into

any mistake, I venture respectfully to request an answer to the following queries.

*Query 1st.*—Have you been accustomed to say, “that in all the cases of Puerperal Fever which you have attended, the pain of the abdomen was very acute?”

*Query 2d.*—Do you consider the unchanged and natural flow of the lochial discharge, as a peculiar pathognomonic symptom of Puerperal Fever?

*Query 3d.*—Have you been accustomed to say, in lecturing on this subject, “that the disease is almost fatal always in hospitals; and in private practice, a cure of one in ten is only to be reckoned upon?”

*Query 4th.*—Have almost all the patients affected with this disease under your treatment died? for Dr Macintosh has asserted that to have been the result of your practice.

*Query 5th.*—Have you shown an inveterate hostility to blood-letting in this disease? for that is another of Dr Macintosh’s assertions.

May I take the liberty to ask, if there be any published record of the cases of Puerperal Fever, which occurred in the Edinburgh General Lying-in-Hospital in the year 1815. And remain, dear Sir, your most obedient very humble servant,

(Signed) JAS. MOIR.

EDIN., TIVIOT ROW, }  
Nov. 30. 1822. }

Copy LETTER Dr HAMILTON to Mr MOIR.

DEAR SIR,

I regret that it has not been in my power to attend sooner to your favour of the 30th *ult.*; and now beg leave to send the following replies to your queries.

*Answer to Query 1st.*—In lecturing upon Puerperal Fever, I have invariably stated, that, in the cases which I have met with in private practice, the pain, generally speaking, was not acute; but that when the disease broke out in the Lying-in-Hospital in 1815, the pain was so much more severe than I

had heretofore ever witnessed, that at first I was led to suppose that disease to be different from what I had previously had any opportunity of seeing.

*Answer to Query 2d.*—I have never stated in lecturing, that the lochial discharge is *unchanged*. I have strongly impressed on the minds of my audience, that it is neither putrid nor suppressed; and the cases which occurred in the Lying-in-Ward of the Royal Infirmary in 1774, and in the Edinburgh General Lying-in-Hospital in 1815, fully and unequivocally confirm the statement. In every one of those cases, the lochia continued to flow; in none were they putrid; and whatever change there may have been in the chemical qualities, there was none in the external characters.

*Answer to Query 3d.*—CERTAINLY NOT. After stating the mortality in different Hospitals, I conclude by reading the calculation of Dr Clarke of Dublin, that when the disease proves epidemic in hospitals, not more than one in five survives. This I read from Dr Duncan's Medical Commentaries, vol. v. Decade 2. p. 323.

I then distinctly mention, that the disease is not so fatal in private practice; and I dwell particularly on those circumstances which enable the practitioner to foretel a favourable termination, strongly remarking that delusive remissions sometimes occur; and that whatever be the appearances of amendment, if the pulse do not abate of its frequency, the symptoms soon become aggravated.

*Answer to Query 4th.*—There never was a more FALSE and UNFOUNDED allegation. I did not see Dr Macintosh's book till yesterday, and then looked into it in consequence of your letter. Dr Macintosh, I am willing to believe, has been misinformed upon this; and upon many other points. But still, I cannot help expressing my surprise and regret, that any man who had attended my lectures should have lent an ear to such a story. It would, indeed, have been a good practical bull, if I had been, year after year, for nearly thirty years, describing, from my own observation and experience, the favourable symptoms of this disease, had I lost almost every patient whom

I had attended. How could I have divined, that diarrhœa, a profuse diaphoresis, or a copious flow of loaded urine, were the crises in this disease, unless I had seen it terminate favourably?

If I had lost almost every patient, How could I have ascertained, that of these diarrhœa is the most common crisis? and, How could I have ventured to advise young practitioners to found their prognostication of the probable event of Puerperal Fever in any given case, not on the apparent relief which follows any of those critical evacuations, but on the state of the pulse, asserting, that if it do not fall in frequency, the disease is progressively going on to its fatal termination? Any man accustomed to weigh evidence, would have seen the utter incongruity of such an allegation with such facts.

At one period of my professional life, every patient in private practice, whom I saw labouring under the Puerperal Fever, recovered, *if purged and fomented within six hours after the attack*; and therefore I was sadly mortified and shocked, when the disease proved so untractable in the Edinburgh General Lying-in-Hospital in 1815.

*Answer to Query 5th.*—MOST CERTAINLY NOT. On the contrary, when the disease appeared in the Edinburgh General Lying-in-Hospital in 1815, as the pain of the abdomen was so much more severe than I had ever observed it to be in private practice, I feared that there might be some complication different from what I had hitherto met with; and although I had, in a letter to Dr Armstrong, expressed my firm belief that his cases were not instances of Puerperal Fever, I made the fairest possible trial of blood-letting. It was had recourse to on the very first attack, and was repeated within four hours, and was carried to the utmost extent which the patient could bear; and mark the consequences. I quote the words from my written lecture, which I have, for the last two or three years, from circumstances, *read* to my pupils:

“But the result of the practice clearly shewed the inutility of the means. In those five cases, and in one in private

practice, produced by infection from the Hospital, the bleeding was practised with as much activity as Dr Gordon or Dr Armstrong could have directed. The buffy appearance of the blood, and the temporary diminution of the pain after the bleeding, encouraged me to repeat it to a very considerable extent. Yet all those patients died; and the only woman in the Hospital who recovered of this fever, was one who was not bled, although she had had the pain as acutely, and the other symptoms as severely, as those who had been bled. It appeared to me, that the effusion into the abdomen was accelerated by the bleeding; and all the gentlemen who attended to those cases in the Hospital, were as much convinced as myself, that blood-letting was not at all useful, but rather injurious. The other means which were employed (though equally unsuccessfully in the Hospital, in arresting the progress of, or in curing the disease), were much more powerful in alleviating the sufferings of the patient."

I send with this a copy of Dr Torrence's thesis, which contains a brief, but authentic account of the practice pursued in the Edinburgh General Lying-in-Hospital in 1815, when the Puerperal Fever prevailed there; and remain, Dear Sir, yours sincerely,

(Signed) JAS. HAMILTON, *Jun.*

EDINBURGH, ST ANDREW'S SQUARE, }  
December 5. 1822. }

Copy LETTER Mr MOIR to Dr HAMILTON.

DEAR SIR,

My notes on Dr Macintosh's Treatise were actually in possession of the printer, when a friend requested me to look carefully into Dr Campbell's book, on doing which I see, *inter alia*, page 241., the details of a case attended by yourself, "and that master in surgery, the late celebrated Mr John Bell."

As it is stated that you and Mr Bell differed in regard to the treatment, he recommending blood-letting, and you the

use of the digitalis, I must use the freedom of asking you, if there be any truth in that case. Those pupils who have understood your lectures, know well, that you do not, in acute diseases, advise the digitalis, while the use of the lancet can be ventured upon.—I remain, Dear Sir, yours respectfully,

(Signed) JAS. MOIR.

EDINBURGH, }  
December 16. 1822. }

Copy LETTER from Dr HAMILTON to Mr MOIR.

DEAR SIR,

I have no hesitation in declaring, that Dr Campbell has, in the case detailed, page 241., fallen into some most extraordinary mistake. I never attended any patient in the lying-in state (including, of course, after miscarriage), with Mr John Bell; and I can solemnly declare, that during the last ten years of Mr Bell's residence in Edinburgh, I had occasion to meet with him in practice only three times. The first time was in the case of a lady, who required to have the breast cut off, and she is now alive, and I hope will live many years. The second patient was an old lady, on whose mamma he also operated, and she died in a few months; and the third case was a most distressing one, where the lady, though pregnant, had what is styled the Cutaneous Cancer of the Breast, where an operation could not be performed, and she went through all the dreadful stages of that deplorable disease. While the living powers were sinking, she miscarried between the sixth and seventh month; and, as far as I know, Mr Bell never saw her after the miscarriage.—I remain, Dear Sir, yours most sincerely,

(Signed) JAS. HAMILTON, *Jun.*

23. ST. ANDREW'S SQUARE, }  
December 17. 1822. }



Copy LETTER sent to Dr HAMILTON, December 23. 1822.

DEAR SIR,

There is one calumny against you, repeated under various forms, in several parts of Dr Macintosh's Treatise on Puerperal Fever, which I am anxious to be permitted to notice. It is, that you are in the habit of animadverting, in the course of your Lectures, with great severity, on the opinions of others, selecting parts of published works, for the purpose of holding them up to ridicule.

When I attended your Lectures, I heard nothing to justify such an accusation, and, with your permission, I mean to contradict it in the most unqualified terms. I have the honour to be, Dear Sir, yours respectfully,

(Signed) JAS. MOIR.

EDINBURGH, }  
Dec. 23. 1822. }

Copy ANSWER to the above.

DEAR SIR,

Although I think that my name should be brought forward as seldom as possible in the course of your annotations on Dr Macintosh's Treatise, I cannot refuse your request of yesterday's date. You have my full permission to assert, in the most explicit language, that I never introduce any remarks on authors, but for the purpose of giving instruction, and that it is always my wish to treat the opinions of others with due deference and respect. I subjoin some excerpts from my Introductory and Valedictory Lecture, which you are welcome to print if you please. And remain, Dear Sir, yours sincerely, (Signed) JAS. HAMILTON jun.

23. ST. ANDREW'S SQUARE, }  
Dec. 24. 1814. }

## EXCERPTS from Dr HAMILTON'S Introductory Lecture.

“ One great and necessary duty, therefore, of a Teacher, is to point out the mistakes of authors, and the more eminent the author is, of the more importance must it be to shew his errors.

“ But, in noticing the opinions of others, several cautions are required, otherwise much time and labour may be lost. These cautions regard the selection of authors to be noticed, the mode of quoting their opinions, and the manner of commenting upon them.

“ As to the selection of authors : although it may be proper to state in a general way the ancient opinions on the different subjects ; it surely could afford neither amusement nor instruction to dwell minutely upon notions that are ridiculous or exploded. How absurd, for example, would it appear now-a-days to enter into a formal refutation of the Boerhavian doctrine of lentor of the blood. Those opinions, therefore, ought alone to be particularly adverted to, which are either generally received or exceedingly ingenious, or suggested by men of eminence in the present estimation of the world ; for the examination of such opinions must be immediately useful.

“ The mode of communicating the doctrines of others requires particular attention. Where the words of the original are such as to convey a sufficient idea of the meaning, without proving tedious or tiresome to the audience, they should be quoted. Where they are too diffuse for quotation, a faithful abridgment should be offered. Whether we quote or abridge, the utmost care must be taken to communicate fairly the sense of the author. Imputing to any individual a false opinion, or charging a whole class of men with the errors of an individual, is bearing false witness against a neighbour with a vengeance. Such artifices have been very common among the controversialists on theological and metaphysical subjects.

“ The manner of commenting on the opinions of others also demands much attention. When the object of the teacher is

instruction, and that of the pupils is the acquisition of knowledge, there can be no occasion for addressing the imagination or inflaming the passions. The reasoning *ad absurdum* is a very dangerous weapon. On some rare occasions, indeed, it may rouse the attention, to shew the ridiculous consequences which would result from a certain proposition, but it has always a better effect in a political than in a medical disquisition. A physician who combats an opinion which he may think prejudicial to mankind, should do it in a manner becoming a physician, and not like that of a mountebank. If, therefore, from the zeal of the moment, I am ever betrayed into the use of strong language in commenting upon the opinion of authors, I beg that it may be understood to be unpremeditated, and to proceed entirely from my anxiety to impress the subject upon your minds."

EXCERPT from Dr HAMILTON'S Valedictory Lecture.

"Before we part, it is proper to make an apology for the freedom with which I have canvassed the opinions of others. A moment's reflection must convince every gentleman that the public situation which I hold in this University, imperiously calls upon me to point out what I consider errors of practice, however respectable the authors may be. My duty is to teach, not a speculative science, but one of great practical utility to society. In doing this, I feel bound not to flatter the imagination or prejudices of the audience, but to give such information as shall enable the pupils to exercise our profession with benefit to their fellow creatures. I am always anxious to treat the opinions of others with respect, and if, unfortunately, my zeal for the improvement of the profession, lead me at any time into intemperance of expression, I hope that it will be attributed to the feelings of the moment, and not to a premeditated intention of giving offence."

## No. III.

That the reader may understand properly Mrs Cunningham's Case, the symptoms and treatment are contrasted with those of one of Dr Leake's Cases, numbered XV.

*Dr LEAKE's Patient.*

SYBIL WATSON, aged twenty-two years, was delivered in the Hospital, Oct. 2. 1776, of her first child, without any uncommon circumstance attending the labour, which was easy and natural. The placenta came away without assistance about ten minutes after delivery. She rested well in the night, and perspired gently. This woman was of a lax and delicate constitution, and had during the two last months of pregnancy, been troubled with a slight pain in her left side, attended with cough and difficulty of breathing; but these complaints had been in a great measure removed by bleeding, some time before delivery.

Oct. 3. In the morning she was perfectly free from pain and fever; but about six in the evening, without any apparent cause, was suddenly attacked with burning heat, diffused all over her body, which was succeeded by coldness and shivering, great anxiety and oppression at the precordia, and universal pain. For these complaints she took a few drops of the Tinct. Thebaic. in a little mint-water. At 9 P. M. when I saw her, she had the following symptoms, viz. violent pains in the left side of the thorax, which

*Dr MACINTOSH's Patient.*

Mrs CUNNINGHAM, Cowfeeder-Row, aged twenty-five years, was safely delivered of her first child (a boy), at 10 o'clock A. M. on Friday 30th November 1821. She had rather a tedious time, but it was effected by the natural efforts. Complained of a cold shivering soon after delivery. Flannel cloths, wrung out of very hot water, were applied to the abdomen, with relief.

Dec. 1. Found in a comfortable state; had had a good night; pulse 77, and of natural strength; lochia flowing abundantly. An ounce and a half of Epsom salts taken in the morning, not having produced any effect, another quantity of half an ounce was repeated at 4, which produced several evacuations that evening.

Dec. 3.—10 A. M. Had a good night, but now complains of general soreness; could refer pain to no particular place; pulse 83; no secretion of milk observed; lochia natural. In two hours after this visit, she had a shivering fit, rather preceded than followed by severe pain in abdomen. She was seen immediately by Dr Campbell, and bled to the extent of  $\frac{3}{4}$  xx. when she fainted. The bleeding did not subdue the pain entirely, but it reduced the hardness and velocity of the pulse, which beat at 120. Great thirst. Fomentations to abdomen ordered to be kept constantly applied, as hot as she could

*Dr Leake's Patient,—continued.*

struck down to her left groin, sometimes to the right, and frequently darted from thence to the navel. She had great soreness all over the abdomen; frequent nausea, and retching to vomit, which brought up nothing but phlegm. Her breathing was short and laborious; the pulse quick, weak and unequal, sometimes fluttering, and at other times regular, with some small degree of hardness. Her voice was weak and tremulous, her countenance pale, the skin hard and rough, without the least moisture on any part of her body, except the breast and neck. She complained at intervals of acute pain at the stomach, which continued for a short time, but frequently returned. She had also a fixed pain in the right shoulder. Dr Leake directed ten ounces of blood to be taken from the arm, which gave her immediate relief. The pulse became more regular, and the oppression about the precordia and difficulty of breathing were almost totally removed. The fourth part of a grain of emetic tartar was given, with a saline draught every three or four hours, and she drank plentifully of warm diluting liquors.

Oct. 4. No rest the preceding night. In the morning, she had a bilious stool: her pulse was full and quick, attended with difficult respiration, and great oppression at the precordia, with frequent sighings. Her tongue was white, but moist; and she complained of universal pain and

*Dr Macintosh's Patient,—continued.*

bear them. A purgative enema to be administered every second hour, and the following powder every third hour: B. Submuriatis hydrargyri, gr. iii., Oxidi antimonii c. Phosph. calcis, gr. v. Fiat pulvis.

4 P. M. Pain in abdomen still severe upon pressure; uterus distinctly felt; uneasiness complained of over the whole cavity, but more so over the region of the uterus; restlessness; countenance pale, anxiously expressive; breathing hurried. Blood drawn shews a buffy coat, with a very firm crassamentum. Pulse 110, small and hard to the touch. Lochia diminished in quantity. Bleeding repeated to  $\frac{3}{5}$  xvi. with considerable relief.

8 P. M. Pain greatly increased during the last two hours; dreads the slightest touch; dyspnœa aggravated. Pulse 100, contracted and hard. Forty leeches applied to abdomen; enemata and powders still continued.

10 P. M. Considerable relief afforded by leeches; bled freely; blood still oozing into a soft warm poultice, which was applied for the purpose over the whole abdomen; had several dark-coloured fetid stools. Pulse 106, and easily compressible; tongue moist, a little white fur; skin rather under natural temperature and moist; bottles filled with hot water applied to the legs and feet, which gave great relief.

Dec. 4.—10 A. M. Had no refreshing sleep; little or no pain in abdomen during the night; countenance less anxious. On applying pressure over the abdomen, it seems to cause a little pain; thirst urgent; stools scanty; heat of skin augmented; Pulse 114, rather firm. Thirty leeches ordered to abdomen; an ounce of castor oil to be given, powders continued, together with the enemata,

*Dr Leake's Patient,—continued.*

soreness all over the abdomen. The tartar emetic was continued, with large doses of camphorated jalap every three hours. She diluted plentifully, but did not perspire.

Oct. 5. Had eight bilious stools. The pain and difficulty of breathing were considerably abated. Her complexion more lively. The pulse regular, differing little from a healthy

*Dr Macintosh's Patient,—continued.*

and injections of warm water thrown into vagina every second hour, to be retained as long as possible.

4 P. M. Leeches bled freely, which relieved the pain; castor oil produced nausea and vomiting, which aggravated all the symptoms, particularly the pain; restless; anxiety of countenance returned. Pulse between 114 and 120, of a contracted wiry feel. Three small cups of blood (containing about  $\frac{3}{4}$  x.) were drawn, without much if any relief; not thought safe to take a greater quantity, from the compressible state of the pulse, and the dread of her sinking. Injections repeated, and powders continued.

6 P. M. Pulse frequent, but felt otherwise relieved: a quantity of feces discharged with the enemata. The two first cups of blood drawn had buffy coat, the last none; coagula small.

8 P. M. Pain rather increased; pulse 106, feeble. A draught, with 10 drops of the liquor opii sedativus, gave great relief in less than ten minutes. It was ordered to be repeated in two hours, if necessary.

Dec. 5. 10 A. M., had some comfortable sleep during the first part of the night, during which her skin was moist, but towards morning felt the pain gradually increased. Several watery alvine evacuations were passed without producing any relief. At present the pain of abdomen is more general, and so acute, that the least pressure causes loud complaints. The uterus not to be felt as formerly. Pulse too quick to be distinctly numbered, but it was sharp. Sixty leeches applied, and other remedies ordered to be continued.

8 P. M. We found the symptoms greatly mitigated; a good deal of

*Dr Leake's Patient,—continued.*

state. A gentle moisture was diffused over the whole body. She had a moderate secretion of milk, and the lochia were discharged in a natural quantity. Two ounces of a strong decoction of bark were now prescribed, and directed to be given every four hours. She rested well in the night, and perspired gently.

Oct. 6. Had five bilious stools without pain, and was much better in all respects. The decoction of bark was continued.

*Dr Macintosh's Patient,—continued.*

blood drawn by the leeches, and still oozing into the poultice; several stools during the day; pulse very quick and feeble at wrist; action of the heart also feeble; a little dyspnoea.

10 P. M. Pulse the same; said she had no pain, even when pressure was applied, excepting from the leech bites. No inclination to sleep; a draught of 10 drops of the solution of opii sedativa was again given, which had the desired effect; as the heat of the body was again rather below the natural standard, hot bricks and bottles were placed at her sides, and near her legs and feet; powders discontinued.

Dec. 6. Slept for several hours felt less pain; and what she did experience she ascribed to leech-bites and, upon the whole, appeared more lively and better; pulse more distinct, but not to be accurately numbered, breathing easily.

4 P. M. Symptoms somewhat aggravated; no stool during the day or last night. The injections, by some misunderstanding, had been neglected; ordered to be resumed instantly.

6 P. M. Complains much of pain in region of the liver; no stool; ten grains of calomel ordered, and strong cathartic enema; fomentations to abdomen.

10 P. M. Had a dose of salts since last visit, to aid the operation of calomel; injections regularly repeated pain increasing over the whole abdomen, extending to the region of the stomach; pulse indistinct; heat of body supported by hot bricks and bottles.

Midnight. No abatement of pain several injections had been returned without any admixture of feces; v

*Dr Leake's Patient,—continued.*

Oct. 7. Almost every complaint vanished. She was so much better, as to be able to walk about the ward without assistance, and in due time was discharged from the Hospital perfectly recovered.

*Dr Macintosh's Patient,—continued.*

mitted a quantity of very dark-greenish matter; breathing laborious; an opiate enema given.

Dec. 7. Had three hours comfortable sleep, after which the pain returned for a little, then disappeared; great exhaustion: stertorous breathing; pulse scarcely perceptible. The symptoms went on from bad to worse; and she died at half past twelve at night.

Throughout the course of the disease, she was allowed gruel in small quantities, frequently repeated; and when the pulse became easily compressible, weak beef-tea and arrow-root, to support the powers of life; no wine till the last day.

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ERRATUM.

Page 50. line 13. *for ninth case. read fifteenth case.*



