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A SHORT SKETCH

OF THE

LIFE AND WRITINGS

OF THE LATE

JOSEPH CLARKE, ESQ., M.D.,

VICE-PRESIDENT OF THE ROYAL IRISH ACADEMY, AND FORMERLY MASTER OF THE DUBLIN LYING-IN HOSPITAL, ETC., ETC.

CONTAINING MINUTE

RESULTS OF HIS PRIVATE PRACTICE,

EXTENDING

OVER A SERIES OF FORTY-FOUR YEARS,

INCLUDING

THREE THOUSAND EIGHT HUNDRED AND SEVENTY-EIGHT BIRTHS.

BY ROBERT COLLINS, M.D.,

President of the King and Queen's College of Physicians in Ireland, formerly Master of the Dublin Lying-in Hospital, &c., &c.

LONDON

LONGMAN, BROWN, GREEN, AND LONGMANS.

M.DCCC.XLIX.

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TO THE MEMORY

OF HIS

REVERED RELATIVE AND BENEFACTOR,

JOSEPH CLARKE, M.D.,

WHOSE UNWEARIED ZEAL

IN THE

ACQUIREMENT AND PROMULGATION OF KNOWLEDGE,

HAS ENABLED ME

TO COMMUNICATE TO THE PROFESSION

INFORMATION HERETOFORE NOT TO BE OBTAINED,

AND WHOSE TALENTS,

AT AN EARLY PERIOD,

RAISED HIM

TO THE HIGHEST PROFESSIONAL EMINENCE IN THIS METROPOLIS,

A STATION WHICH

HE HELD DURING NEARLY HALF A CENTURY,

WHEN HE RETIRED INTO PRIVATE LIFE.

TO HIS MEMORY

THIS VOLUME

IS INSCRIBED,

BY AN

AFFECTIONATE AND GRATEFUL

SON-IN-LAW.

PREFACE.

A PERIOD of *thirteen years* has now elapsed since I had the satisfaction of publishing, for the information of my Professional Brethren, a minute and faithful detail of what *actually passed* under my own observation, in the vast number of *sixteen thousand, six hundred*, and *fifty-four Births*, and thus furnishing them with data from which to draw their *own conclusions*. It affords me extreme gratification to know that my intentions have been fulfilled, and that the test of time has not in any respect diminished, but yearly increased, the interest of this record. By it a new era has been established in the mode of registering similar reports, and henceforth none, save such as are minute, can be expected to command the attention of the experienced Physician.

My object in the publication of the present volume, is to give an equally accurate and faithful detail of what *actually passed* under the observation of the

late Doctor Joseph Clarke, in *private practice* amongst the highest ranks of society in this metropolis, during the lengthened period of forty-four years, including the unexampled number of *three thousand, eight hundred*, and *seventy-eight* births. This I look upon as, indeed, a record of the utmost value to the profession, presenting them, as it does, with a description of information, nowhere hitherto promulgated, and well deserving of their serious consideration. My medical brethren shall now have before them a series of observations in hospital and private practice, so ample, and, I anxiously hope, so satisfactory, as to enable them clearly to comprehend the results in these two important, and, in several respects, dissimilar fields of practice. We have, first, Doctor Clarke's Hospital report, of 10,387 cases; subsequently, my own, of 16,654; and, lastly, this record, of 3,878 cases; in all, *thirty thousand, nine hundred*, and *nineteen.*

I have preceded this report by a short sketch of the life and writings of this distinguished individual, whose well known skill and great industry so largely, in his life time, benefitted the profession, and which, now that he is removed, have left us the means of

supplying a record of facts to aid us in our private practice, which, in my humble opinion, is of greater intrinsic value than any known.

To investigate and arrange a registry embracing so many matters of importance, and extending over so great a number of years, required much attention and perseverance; yet the reward to me is very abundant, when I feel convinced I am but pursuing a course in strict accordance with every act of the life of so revered a relative, and, at the same time, discharging a duty to the profession, which may, I hope, be productive of as great an extent of good, as it is my anxious desire to contribute.

The commencement of the following statement of Doctor Clarke's early history was written by himself, and has reference to the period preceding his establishment as a Physician in Dublin.

Merrion-square, January, 1849.

ANECDOTES

OF

JOSEPH CLARKE, ESQ., M.D.

(PAR LUI-MEME.)

I AM told that I was born on the 8th of April, 1758, in the parish of Desertlin, townland of Tamnadoey, County of Londonderry. My father, James Clarke, had realized some property chiefly by agricultural pursuits. His character was such as I shall be ever anxious to emulate: his reading was not extensive, being principally confined to the Bible. I was a second son, and very early in life showed a great disposition towards school learning. At the age of twelve, I was put to a Latin grammar school, being then a good English scholar, clerk, and arithmetician. I remained nearly five years with a curate (Kearns), who had been educated in Trinity College, Dublin, and was always reckoned one of the best scholars of my standing. After reading Euclid's Elements, my granduncle, by the mother's side, Doctor Maconchy, of Dublin, recommended Glasgow College to me for the

study of logic, mathematics, Latin and French, each of which I prosecuted with industry and sensible improvement, in the winter of 1775 and '76. Thus prepared, I went to Edinburgh for the three ensuing years, where I studied medicine with a regularity and zeal exceeded by none. In September, 1779, I graduated with great ease to myself and some reputation. Soon after my return to Ireland, I visited my friends in Dublin, where I received a pressing invitation to remain some time in Doctor Maconchy's house. Having spent about three months in this city, much to my satisfaction and advantage, I determined to leave it, with the intention of settling as a physician in Derry. A friend being in pursuit of recommendatory letters to forward me in this object, heard of a companion being wanted to accompany Mr. N. L. Rowley's second son to the Continent, whither he was going for the improvement of his health. Having been fortunate enough to obtain this appointment, I set out on the 3rd of March, 1780, for Lausanne, in Switzerland, where we spent the summer months very pleasantly, while Mr. R.'s health was tolerably good. In October, however, such a change had taken place, as made it necessary for us to return to London, where I availed myself of the opportunity thus afforded me of attending Doctor William Hunter's spring course of lectures, which included those on the gravid uterus, and from which I derived several useful hints and practical cautions.

In May, 1781, Mr. Rowley died, upon which I returned to Dublin. During my absence, my respectable and worthy granduncle, Doctor Machonchy, died: his successor and my uncle, George Maconchy, Esq., kindly offered me accommodation in his house, and many friends advised me to think of settling in Dublin, in the accoucheur line, by which branch of the profession Doctor Maconchy had realized a good fortune. Among my advisers on this occasion, the most strenuous was Doctor George Cleghorn, one of the oldest and most intimate of Doctor Maconchy's friends. From him I then, and often after, received very sound and useful lessons. No man knew Dublin better, and few could so readily direct a professional man as to the manner by which its inhabitants were to be pleased. When I decided on attempting a settlement in Dublin, my property was inconsiderable. From my father, I was entitled to between four and five hundred pounds. Most of this had been spent on education. A balance of one hundred and sixty-five pounds was the residue of my patrimony. To this I may add one hundred pounds, presented by the Rowley family on my return, with many compliments and professions of friendship. Of my allowance while abroad, I had not saved more than twenty pounds. On the 11th of July, 1781, I entered, a pupil, in the Lying-in Hospital, and on the 28th of March, 1783, was appointed Assistant to the Master (Doctor Rock), for both of which I paid him one hundred

guineas, so that my cash was now very low. In June, 1783, through the mediation of my friend, Counsellor John Dunn, I received and accepted a proposal to go abroad with John Jacob, Esq., of the County Tipperary. His health was bad and his mother wished him to see a little of the Continent. My companion being in love with a Miss Gahan, to whom he was afterwards married, contrived to shorten his intended absence. We returned, in August, 1784, to Ireland, and after visiting Killarney, and spending some weeks in Munster, I resumed my station of Assistant in the Lying-in Hospital, on the 14th of September following. By this excursion I acquired much valuable information, from visiting the London and Continental Hospitals, gratified a great deal of curiosity, diminished somewhat my youth (which is adverse to professional progress), and saved of my allowance two hundred and forty pounds. Once more, then, I felt myself independent. On the 11th of April, 1785, I was admitted Licentiate of Physic in the College of Physicians, for which I paid thirty pounds, five shillings, and five pence. On the 7th of April, 1786, I married Isabella Cleghorn, niece to Doctor George Cleghorn, with whom I got a fortune of fifteen hundred pounds, and on the 3rd of November following, was elected to the Mastership of the Lying-in Hospital.

Such are the most material circumstances of my history that I can at present recollect; they are

thrown together in haste, yet they may, at some future period, serve to gratify the curiosity of some near relation, or assist my own recollection of past events. The registry of my practice will, in future, afford the best continuation of this sketch.

JOSEPH CLARKE.

Dublin, December, 1786.

The above simple outline of Doctor Clarke's early history, written by himself, was found affixed to the last page of his first fee-book. The conjecture therein thrown out, as to the gratification it might afford, has been fully verified; and I shall now, from the note-books of his practice and other documents and letters in my possession, proceed to follow up the continuation of the sketch thus commenced, and give a brief detail of the history, writings, and private practice, &c., of this distinguished man. The effect of those accidental circumstances, which so frequently occur in determining the future destiny of very many of the junior members of our profession, is here clearly shown, by the entire change made in the course he intended to pursue, arising from his short visit to Dublin, after the completion of his university career, when he thought himself on his way to seek professional fame, in a situation remote from the metropolis, where he was subsequently destined to become so great a benefactor to medical science, and so bright an ornament to his profession. His relative,

Doctor Maconchy, was one of the first physicians who had gained character and fortune as an accoucheur in Dublin. He was the bosom friend of Doctor George Cleghorn, then Professor of Anatomy in the University, and author of a work on the diseases of Minorca, whose memoirs, with those of other distinguished physicians, were published by Lettsom, in 1786. Doctor Cleghorn settled in Dublin, in 1751, and to him we are indebted for the foundation of our Anatomical School in Trinity College, which, to the present day, has maintained the highest character. As is recorded in his memoirs, "he then commenced, in imitation of the two celebrated anatomical professors, Monro and Hunter, to give annual courses of anatomy, which have been continued, without interruption, ever since." Doctor Cleghorn had the honor of being one of the original members of the Royal Irish Academy; and in 1777, when the Royal Medical Society was established in Paris, he was nominated a Fellow of it. Lettsom further records of him—"This amiable Professor, in one of his valuable epistles, modestly concludes—'My greatest ambition is to be reputed a well-meaning member of society, who wished to be useful in his station; and who was always of opinion that honesty is the best policy, and that a good name is better than riches.'" Doctor Clarke, as stated by himself, married Doctor Cleghorn's niece, Isabella, sister to Doctor William and Doctor James Cleghorn, who had both the honour

of filling the Anatomical Chair in the University. The former died very shortly after his appointment, and although young, had much distinguished himself; and the latter, who died in 1826, and was so well known and so much respected, was obliged, from ill health, to resign the chair in 1801. He had also the honour to have the office of State Physician conferred upon him, which he retained during life, with the emolument of four hundred and sixty-five pounds yearly. This honorary distinction, upon the demise of the worthy and excellent physician who recently held it (and who, through the miserably penurious wisdom of those in authority, had been deprived of its golden appendages), has, we much regret, ceased to exist.

The Cleghorn family were natives of Granton, in the parish of Cramond, near Edinburgh; and on the death of Professor Cleghorn's only brother, he brought his widow and family of nine children to Dublin, and settled them under his own care. Of his character as a man of extreme intelligence, a warm and sincere friend, I have repeatedly heard Doctor Clarke speak with admiration, and few men were so competent to form a correct opinion.

At the very commencement of Doctor Clarke's professional pursuits in Dublin, he was called upon by Professor Cleghorn to assist him in the anatomical school in Trinity College, to the interests of which he felt himself most ardently attached. Doctor Cleghorn

had, at this time, retired from private practice, and resided chiefly on his estate in the county of Meath, about sixteen miles from town. Every letter to Doctor Clarke, however, contained the most anxious inquiries about college affairs. In one, dated Kilcartey, December 18, 1787, he writes to Doctor Clarke:—"I shall always acknowledge my obligation to you for the ready and willing assistance you gave me in carrying on the lectures for those three years past." "Nothing could draw me from this retreat," he states in another, "where I have every conveniency my heart could wish, but the ardent desire I have to continue the anatomical lectures; but I must depend upon your taking the chief part of the trouble upon your own shoulders, until James* returns." Again, he writes—"Nothing can afford me greater pleasure in this retreat, than the prospect there is of the anatomical lectures continuing to flourish—an institution which cost me so much pains and expense to establish." Doctor Cleghorn took great pleasure in his country pursuits, of which the following passage, from one of his letters to Doctor Clarke, is very characteristic:—"I thank you," he says, "for your letter; you did right in carrying on the lectures without interruption. I purpose to be in town in a fortnight hence. Pray tell Mrs. Cleghorn (Mrs. Clarke's mother), to take care of the box left for me

* Doctor James Cleghorn was at this time on the Continent.

at my house in Eustace-street some time ago, although I do not know precisely its contents; all Lord Bective says of it, in his letter, is, that it contains a useful ornament for the middle of my table, of which he requests my acceptance. I am much obliged to his lordship for this unexpected mark of his gratitude and affection; but, in my present disposition of mind, I have more pleasure in reviewing a handsome tree, or even a thorn bush, than all the splendid lumber on the Lord Lieutenant's sideboard could afford."

Doctor Clarke having, by his excellent method of conveying instruction, acquired considerable character, ceased to lecture in Trinity College in the year 1788. His last division of the profits, in July of this year, was sixty pounds, seven shillings, and seven pence. He had been elected Master of the Lying-in Hospital in November, 1786, and his facility as a lecturer in this department of his profession, has been stated by those who had the benefit of attending him, to have excited great admiration.

Before, however, entering upon a statement of the truly important services conferred upon the School of Midwifery in Ireland by Doctor Clarke in his elevated position, and the many benefits which the noble institution over which he was placed derived from his profound intelligence and judicious management, we have to record a discovery, which we do with the most unbounded satisfaction, made by him, during the

period wherein he was pupil and Assistant-physician to the Hospital, the application of which has been, to this day, followed by such singularly happy results, in preserving the health of a vast number of infants born in the Institution—results quite unparalleled in medical annals, and calculated to place his name high on the list of the greatest benefactors of the human race.

From the foundation of the Hospital, in 1757, up to the period at which Doctor Clarke urged upon the attention of the governors the importance of the measures he advocated in 1783, of seventeen thousand, six hundred, and fifty infants born alive, two thousand, nine hundred and forty-four had died of convulsions, or, what is commonly termed, nine-day fits, as occurring within the first nine days after birth; thus, for the first twenty-five years the Institution was open, nearly every sixth child died. Such was the frightful mortality among infants in our Lying-in Hospital, and such it was which first prompted Doctor Clarke to examine minutely the mortality in similar institutions visited by him, in England and on the Continent, in 1783, from which he inferred that there must be something defective in the construction of the Dublin Lying-in Hospital, giving rise to a mortality found to be so immensely beyond that met with elsewhere; and thus instead of forwarding the original design of Doctor Moss, the truly benevolent founder of

the charity, of contributing to the preservation of young lives, producing quite a contrary effect.

Doctor Clarke, in the communication which he had the honor of submitting to the governors, through the then consulting physician, Doctor Hutchinson, dated Brussels, 1783, declared his belief to be, that it was an accumulation of foul air, arising from an imperfect ventilation in the wards of the Hospital, which proved so destructive of infantile health, and urged upon their attention certain measures for the removal, as far as possible, of the vitiated atmosphere. The following letter was received by Doctor Clarke at Bourdeaux, in 1783, in reply from Doctor Hutchinson:—

My Dear Sir,

I have thus long delayed acknowledging your very obliging and acceptable letter from Brussels, that I might inform you about the steps we are taking in consequence of your remarks. Doctor Rock (the then Master), Mr. Croker King (the Consulting Surgeon), and I, have had several meetings, in order to have some digested plan to lay before the Board, as deliberations there are not generally the most advantageous to the despatch of business; nor do we think it prudent to divulge too publicly the disagreeable fact to which our attention has been called. *We find that almost all the children who die, are carried off by what the women call nine-day fits, as always attacking the infants within nine days from their birth —that when once seized, all remedies hitherto tried have been found ineffectual.* Your observations have been maturely considered, and, in consequence of them, we shall recommend the apertures in the ceilings, &c., &c. [After stating the means to be adopted to improve the ventilation, he concludes:] You

may depend upon it, that (as far as in my power) due attention shall be paid to your remarks, and that the Governors shall be informed to whom this humane inquiry is owing.

I am, Dear Sir,

Yours very sincerely,

F. Hutchinson.

To Joseph Clarke, M.D.,
Bourdeaux.

The recommendation of Doctor Clarke was immediately carried into effect, by the adoption of measures which provided for a free and easy passage of fresh air at all times through the wards, and which were executed in such a manner as not to leave it in the power of nursetenders or patients to control; the number of beds, also, in the large wards was reduced, and several changes were made in their construction, which rendered them more airy, and more easily kept clean.* The consequences of this improvement in the ventilation were (as reported by Doctor Clarke to the Royal Irish Academy† six years subsequently) immediate and most favourable, far surpassing the expectations of all concerned. Of *eight thousand* and *thirty-three* children, born subsequently to the wards being ventilated, only 419 died, that is about one in $19\frac{1}{3}$, or from five to six in the hundred, instead of the enormous mortality before mentioned. Thus, by his skill and valuable suggestions, above 20,000 lives (hu-

* See Dublin Medical Journal, Vol. IX., 1836. Article on "Trismus Nascentium," by Doctor Collins.

† See Third Volume of their Transactions.

manly speaking) *have been saved;* as, had the mortality of infants continued *one* in six to this day, of the 158,436 (which is the total number born alive up to the end of 1847), we should have had 26,406 deaths, instead of 5,704, as the Hospital Registry now shows. This is an astounding fact, sufficient to arouse the attention of all those engaged in the management of large institutions, in which numbers of young creatures are assembled together under the same roof, and also well calculated to enforce upon them the necessity of paying that attention to *ventilation* to which it is so preeminently entitled. From the instant the ventilation was improved, up to the present hour, *increasing* and incalculable benefit has been the result; and in proportion as Doctor Clarke's suggestions have been more rigidly carried into effect by the introduction of additional* measures to free the wards from *impure* air, this most fatal disease has become more nearly banished, as is strikingly demonstrated by the results of the Hospital Registry for the *last twenty-five years,* compared with *the first twenty-five years* it was open before the ventilation was sufficiently attended to.

The total number of children born from 1823 to 1847, both inclusive, was 54,074; of these only 501 died, being in the proportion of *one* in 108 nearly, in place of *one* in six, as in the first twenty-five years. We may further observe, had the mortality from the

* See page 515 of my Practical Treatise for Additional Measures, adopted in 1829.

period at which the Hospital was opened, been in the proportion of one in *one hundred and eight nearly*, as during the *last* twenty-five years, the deaths would have amounted to little more than *one-fourth*, even of the reduced number of 5,704, as now recorded in the Registry, and thus the number of lives saved would have been 24,939, instead of 20.000.

Such are the unprecedented *facts* I have the happiness to record as the *first fruits* of the sagacity and skill possessed by this great and good physician—talents which were exerted, as it were magically, with the most glorious and enviable results, in behalf of the most helpless of the human race.

To communicate these truly important facts to the members of the British Association, at their meeting, held in Edinburgh, in 1834, Doctor Clarke, then in his 77th year, was induced to undertake this long journey. It pleased the Lord he was not again to return to his own home; the particulars of his death shall be given in the conclusion.

When he was elected Master* of the Lying-in Hospital, there were three candidates for this very responsible appointment, the preceding Master had died in office one year before the completion of his term, which naturally gave rise to an active canvass. Dr. Clarke's previous strenuous exertions to promote the healthy

* Master is the title of the Physician who has medical charge of the Institution, which office he cannot hold for more than a period of seven years, as regulated by charter.

condition of this institution, justly advanced his claims, and he was elected by a large majority. The following extract of a letter from his relative, Professor Cleghorn, dated July, 1786, (Doctor Clarke had married his niece three months previously,) is worthy of the writer, and well merits the consideration of all electors and candidates:—

My Dear Clarke,

I received your letter, requesting one from me to Doctor Halliday. My stomach revolts against the usual mode of extracting promises, and engaging votes before the Governors can be sufficiently apprized of the merits of the candidates. It is founded on a supposition that all men are actuated by selfish motives, regardless of the public good, and that they never consider whether their friend be fit for the place he wishes for, provided the place be fit for him. If you gain the election, I hope it will be by means fair and honorable; I would rather hear you had lost it, than that any others had been employed. The more a good character is inquired into, it will be so much the better for him who owns it; you must, therefore, be a gainer by standing the election, even should you fail of success, provided you are not too anxious about the matter, and suffer your mind to be too much dejected by a disappointment which could not have happened had merit been regarded, and which, after all, may probably tend more to your advantage than success would have done. Read the Tenth Satire of Juvenal, and reflect on the vanity of human fears and wishes—

"Evertêre domos totas optantibus ipsis
"Di faciles. Nocitura togâ, nocitura petuntur
"Militiâ," &c., &c.

And then rest satisfied with having done your best to deserve success, though you have not obtained it.

"Permittes ipsis expendere numinibus, quid
"Conveniat nobis, rebusque sit utile nostris.
. . . . . .
"Carior est illis homo, quam sibi; nos animorum?
. . . . . .
"Conjugium petimus, partumque uxoris; at illis
"Notum, qui pueri, qualisque futura sit uxor."

Mr. Rowley was on a visit to Lord Bective a day or two ago I know not if he have yet returned home. I am just on the point of going to Somerhill.* It is probable I may write from thence if I hear anything interesting. Farewell, and

Believe me ever

Yours, &c.,

GEORGE CLEGHORN.

On Doctor Clarke's succeeding to the Mastership of this noble charity, a new era was established, one worthy of grateful remembrance, from the incalculable benefits this Institution, through his instrumentality, has been made ever since to confer upon his professional brethren and the public, by the creation within its walls of a school of instruction unequalled in any similar institution in the world. No previous master had adopted this truly wise measure of lecturing in the Hospital, and thus extending far and wide the unlimited good this Institution was calculated to afford as a School of Practical Midwifery. Even at this early period, Doctor Clarke had acquired considerable reputation in this capacity, and I am fully

* The seat of Lord Langford, near which Doctor Cleghorn's estate was, and where he now chiefly resided. The Rowley family, with one of the members of which Doctor Clarke had been on the Continent, were his zealous and warm supporters at the Hospital election.

authorised, by several professional friends who had the advantage of attending him, to state, that he was universally admitted to be one of the most lucid and agreeable lecturers they had ever heard, and that he possessed, in an eminent degree, the happy facility of making his class clearly comprehend that which he wished to convey. On the establishment of this admirable school, he at the same time caused a Registry to be opened, in which were recorded each pupil's name and address on entrance; and if at the expiration of the term of his attendance, after a careful examination held by the Master and his Assistants,* he was found to have acquired that information which, from the extensive opportunities he enjoyed he should have done, he was given a certificate to this effect, signed by the Master, Assistants, and Registrar of the Hospital, the date of which was also entered.

Great and inestimable as have been the benefits derived by multitudes of our poor fellow-creatures, from the unremitting care and medical skill exercised in their behalf, within the walls of this truly benevolent charity, still they may, unhesitatingly, be esteemed as nothing, in comparison with the widely-extended good conferred upon the public of all grades, from the most exalted in rank down to the most

* The Assistants are nominated by the Master, subject to election by the Board, and are, invariably, fully qualified medical practitioners. The office, according to charter, is held for three years. The Master is chosen from amongst those who have been Assistants.

humble cottager, by the sound education of the medical practitioners, not merely of Ireland, but of most parts of Great Britain, with many of the Continent and America, who have here, in this excellent school of practical experience, acquired that knowledge in this department of their profession which has enabled them, under circumstances always of anxiety, and at times of great danger, to afford invaluable aid to all classes of society, over so large a portion of the globe. The medical school of Dublin has, for a long series of years, maintained the highest rank; and this institution, unequalled in its own department, has been one of the principal inducements to students of other countries. To Doctor Clarke, then, the public and medical profession are solely indebted for the commencement of those regular courses in our Hospital for the instruction of pupils, which have proved so singularly beneficial, and which must ever signalize him as one of the greatest benefactors of his country. While thus recording the happy results of his efforts to develope the resources of this valuable charity as a school for disseminating knowledge, it is of equal importance I should give a short statement of the several medical essays published by him, most of which are the result of that experience acquired in this fruitful field for observation, during his seven years Mastership, and previous term as Assistant. As some of these were published in works not generally to be found in medical libraries, the observations

about to be made may serve as a guide to the originals. They have now been for a long series of years under the observation of his professional brethren: those on the treatment of some of the most important diseases of infancy, have been effective in establishing an entirely new line of practice, which has stood the test of time, and been productive of incalculable good.

The first I shall notice is one entitled, "Observations on the Properties commonly attributed by Medical Writers to Human Milk; on the Changes it undergoes in Digestion, and the Diseases supposed to originate from this source in Infancy."—See "Transactions Royal Irish Academy," vol. ii., 1788. Previous to this publication, by far the greater number of infantile diseases were supposed to arise from coagulation and acidity of the milk, and, consequently, the treatment by absorbent medicines was that usually adopted. Doctor Clarke found, after numerous experiments, that women's milk, in a healthy state, does not contain any curdy or cheesy principle, or, if any, it is in such trifling quantity as not to admit of sensible proof. Human milk, he states, is not coagulable by rennet, nor do acids, mineral or vegetable, produce any separation of curd from whey. The viscid matter resembling curd thrown up by infants, gave rise to this old and erroneous opinion.

I am aware some recent authors state the presence of curd in human milk; but great diversity of opinion still exists on many points connected with this

interesting subject. When large additions of muriatic acid are made to human milk, a kind of creamy separation is observed, which *floats on the top* of the vessel in which it is contained; whereas, when milk capable of separation into curd and whey is experimented upon, the curd, from its greater specific gravity, sinks to the bottom of the vessel. I do not pretend, however, to possess minute information on this subject; but it is evident the quantity of curd in human milk is very small compared with that in cow's milk.

Since these observations were written, Mr. William Moore, of South Anne-street, whose intelligence and industry are so well known to the profession, was so good as to request me to read the results of some most useful experiments made by him, which are to appear in the April number of the "Dublin Journal of Medical Science," to which I beg to refer.

It is obvious that most important practical consequences were involved in the subject of Dr. Clarke's essay; for had we continued to prescribe principally against the coagulation and acidity of milk, our practice would, at this day, probably, have been as inert and unsuccessful as that of our predecessors. The facts herein promulgated, suggested the introduction of more active measures, which, to the present time, have been followed by the happiest results, and thus, in a few years, were old and deep-rooted prejudices eradicated by the industry of intelligent and disinte-

rested practitioners whose views were solely directed to truth and utility.

He continued anxiously to investigate this important subject, and, in 1793, read an essay before the Royal Irish Academy, entitled, "Remarks on the *Causes* and *Cure* of some Diseases of Infancy."—See vol. vi. of their Transactions. In this he alludes to the preceding essay, and the facts therein brought forward, to prove that the causes erroneously alleged by writers to produce most of the diseases of infants, do not exist, and, consequently, the remedies proposed for their relief must frequently prove ineffectual. "Since the above period," he observes, "my attention has been very much directed to this subject, and it is well known that my opportunities of experience have not been inconsiderable;" and concludes his statement by declaring, that "every day confirmed his former opinion."

From great attention to several cases, he felt satisfied that green stools in infancy (which medical writers had long imputed to predominant acidity), are often *really* of a *bilious* nature. Strongly impressed with this idea, he determined to deviate from the *common* practice, by having recourse to the use of calomel—one of the few remedies found by experience powerfully to influence the biliary secretion in adults. This treatment proved most successful, fully answering his expectations; and the most judicious physicians have, from that period to the present, con-

tinued to place the utmost reliance upon its efficacy, in many of the most distressing diseases of infancy and childhood. Doctor Clarke, in this communication, reports the very beneficial results he experienced from its exhibition in *four* serious forms of infantile complaints. He remarks, "that infants should be particularly liable to disorder in the biliary secretion, can hardly be surprising, when it is considered that in them the liver bears a much larger proportion to the weight of the body than in adults; and it appears to me probable that the same tendency to copious secretion must continue through infancy and childhood, until this viscus be reduced to its ordinary size."

In concluding this practical essay, he adds—"The points in doubt regard a numerous class of the innocent and helpless in the community, I, therefore, entreat gentlemen to enter dispassionately into the investigation. The alleviation of pain, and the prolongation of human life at a period of its greatest frailty, are objects surely not beneath the notice of any man; and as I pretend to no infallibility, the reader may be assured, I feel as much interested on this occasion to have *error detected* as to have *truth confirmed.*"

The great practical utility of the above essays continues to be spoken of with admiration by his professional brethren; and to those, in 1809, his views being now fully established, he added a third, "On *Bilious Cholic* and *Convulsions* in *Early In-*

fancy," which has been of paramount importance in improving the treatment of this frequent and previously very fatal occurrence.—See "Transactions of Royal Irish Academy," vol. xi. In the commencement, he states—"The frequency and fatal tendency of cholic and convulsions during the first three or four months of infancy, have long made them objects of my most serious attention. After many years deliberation, I have been led, step by step, and not without many apprehensions, to adopt a practice in these diseases not generally recommended by writers, and which appears to me to have saved many lives. What I have to propose, differs so widely from the treatment heretofore pursued, that I doubt whether I should have courage to submit my observations to public notice, had not the admirable work of Doctor James Hamilton, on the utility and administration of purgative medicines made its appearance.

I have on a former occasion expressed an opinion that a large proportion of the discharges from the bowels of infants is bilious; and I have now to add, after sixteen years' close attention to the subject, that, in cholic and convulsions, nothing but a brisk expulsion of the contents of the bowels is likely to afford permanent relief. To effect such expulsion is frequently a task of the utmost difficulty, and requires remedies of the most powerful nature. I consider the attack dangerous in proportion to the torpor of the bowels, and consequent difficulty in forcing a passage through

them. My anxiety and exertions uniformly increase as this difficulty appears greater; and it affords me sincere satisfaction to be able to state, that a great majority of such cases terminate favourably. In the beginning of my practice, and so long as I pursued the beaten track, recovery from convulsions in early infancy was a rare occurrence; now the case is happily reversed, and death is a rare occurrence."

Such were the enviable conclusions (as we may justly designate them) which Doctor Clarke was enabled to arrive at, and which he had the satisfaction of communicating to his professional brethren; thus establishing an era in the treatment of very many of the most alarming diseases of infancy and childhood.

The following letter from Doctor James Hamilton, of Edinburgh, a distinguished physician, and author of the work on Purgative Medicines above alluded to, was received shortly after the publication of the last essay.

Edinburgh, 22, St. Andrew-square,
12th Sept., 1809.

Dear Sir,

I am favoured with the copy of your paper on "Bilious Cholic and Convulsions in early Infancy," for which I thank you. From your successful practice much benefit must accrue to mankind, for others must be induced to imitate it, and follow it out. I remember about three years ago you favoured me with a few observations on the subject on which you now write, and you are so good as not to forget me. The notice you are

pleased to take of my publication is peculiarly gratifying indeed. I am proud of commendation from such men as you. In return, I would send you, did I know how, a copy of the third edition of my observations, being vain enough to believe that I would present you a more complete work than it appeared to be in the first and second editions.

I beg to subscribe myself,

Yours, &c., &c.,

JAMES HAMILTON.

To Doctor Joseph Clarke.

Letters might be added from correspondents in England and America, expressing much satisfaction as to the utility of the essays here commented upon, but they would occupy too much space.

LETTERS TO DOCTOR PRICE.

I shall now briefly notice two communications addressed by Doctor Clarke to the Rev. Richard Price, D.D., F.R.S. of London, and author of a very useful Treatise on Life Annuities. These letters were read before the Royal Society, in 1786, and published in the Philosophical Transactions. They contained "observations on some of the causes of the excess of the mortality of males above that of females." The conclusions were drawn from investigations made in the Hospital, as to the relative size of the male and female at birth, and clearly demonstrated the greater mortality of the male, at *this period*, to be owing to its greater size. He found that there was a difference of *nine ounces*, or nearly a twelfth part of the entire,

between the weight of the male and female; and that in the size of their heads there was a difference of nearly half an inch, or about a 28th or 30th part. The weight of the majority of male children at birth he observed to run thus—7lbs., 8lbs., 6lbs., 5lbs., whilst that of the females was 7lbs., 6lbs., 5lbs., 8lbs. In 120 instances, only five children exceeded $8\frac{1}{2}$lbs. in weight; and in the size of their heads, only six measured above $14\frac{1}{2}$ inches in circumference, and these all of the male sex ; five measured $14\frac{3}{4}$ inches, and one, 15 inches. It is obvious, from the facts stated, that, in the birth, male children are more exposed to injury than female. Doctor Clarke further pointed out other causes which he considered calculated to increase the mortality, in early life, of the male above the female, which will be found well worthy of an attentive consideration.

In order to ascertain, as far as possible, the mortality in the *earlier* periods of life, I kept a correct registry, during my residence in the Hospital, of the *total* number of children each patient had *previously* given birth to, and the number *alive* at the time of her confinement.

The result of this Reigstry is, that, at different periods, the 16,414 women confined during my residence, had given birth to 53,458 children; of these, 28,532 were *males*, or rather more than 8–15ths of the entire; and 24,926 females. Of the 28,532 males, 17,437 were living, or rather more than 3–5ths; and

of the 24,926 females, 16,468 were alive, or nearly 2–3rds.

Of the entire 53,458 children, 33,905, or more than 3–5ths, continued to *live*, at the time the mothers were last confined.

The following letter was received by Doctor Clarke, from the Rev. Doctor Price, in reply to his second communication:—

Newington Green, near London,
November 19, 1785.

DEAR SIR,

I have received with pleasure your second letter. It contains a very proper appendix to the accounts in your former letter, and I shall take the first opportunity to communicate them to the Royal Society. I return you many thanks for your attention, and heartily wish you much success in your inquiries and labours. [After alluding to other subjects, he concludes:]

I am, sir, with great regard and best wishes,

Yours, &c., &c.,
RICHARD PRICE.

These letters have been referred to with much satisfaction by numerous authors, for various purposes, as many writers had previously published most erroneous statements, more particularly as to the weight of infants at birth, most of them recording it to be 12lbs., 14lbs., and 16lbs., and some of these, learned professors, who servilely copied from their predecessors, without taking the trouble of testing their accuracy.

CORRESPONDENCE, ETC., ON PUERPERAL FEVER.

The essay next to be noticed contains "Observations on Puerperal Fever, more especially as it has of late occurred in the Lying-in Hospital of Dublin." It was published in the "Edinburgh Medical Commentaries," 1791, Vol. XV.

Doctor Clarke also addressed a letter to Doctor Armstrong, of London, on the same subject, in 1818, which is published in the second edition of his work on Puerperal Fever, page 222. This is a subject of such magnitude, as only to be cursorily glanced at in this place. With regard to its occurrence in the *Hospital*, and the important circumstances stated by Doctor Clarke with reference thereto, the original must be consulted. His correspondence on the subject of the appearance of this serious form of Fever in *Private Practice* in the metropolis of England, Ireland, and Scotland, carried on with Doctor Armstrong, as already referred to, and with the late Doctor John Clarke, of London, also with the present Sir Charles Mansfield Clarke, of London, men of the highest professional eminence and worth (now in my possession, and not heretofore published), is highly interesting. His letter to Doctor John Clarke contained observations on other subjects, to which I shall not here refer; it was his earliest communication on this important point, and is as follows:—

Dublin, Oct. 28, 1794.

SIR,

I have been employed for some days past in perusing your Practical Essays, &c., published last year in London. On the subject of Puerperal Fever, I find you have done me the honor frequently to mention a short essay of mine in the "Edinburgh Medical Commentaries:" in some particulars I am inclined to think you have misunderstood me, and I am anxious to set you right, &c. One great difference between the puerperal fever in London and Dublin is this, that with you it extends very much from the hospitals into the city, and even adjacent country; here, I can speak positively for the last twelve years, it hardly ever appears in the city. I have never lost a patient by it in private practice, and for the last five years I have had as many patients as any physician in Dublin; even in consultation I meet it very rarely. When an accidental case does occur, in private practice, I have never failed to subdue it in a day or two. The epidemic you describe seems to me an unusual modification of the disease, and certainly not such as I have hitherto seen.

I am, sir, &c., &c.,

JOSEPH CLARKE.

Such was his statement in 1794. In the year 1818, addressing Doctor Armstrong, he observes—"If I might presume to form a judgment, from the most respectable accounts of epidemical diseases prevailing among lying-in women, both in London and various other parts of England, I should be obliged to declare, that Dublin has been, for the last thirty-five years, peculiarly favoured—no malignant low fever having, at any time, prevailed among the upper ranks."

The following correspondence with his highly-esteemed and valued friend, Sir Charles Mansfield Clarke, will be read with as much attention and satisfaction as any of a similar length on record, containing as it does, incidentally in connection with the subject of puerperal fever, a short abstract of the cause of all the deaths occurring in his *private practice*, from the commencement to the termination, I may say, of his professional career, as he did not continue another year in practice. I have, however, added the few remaining months up to October, 1829, when Doctor Clarke retired, after one of the most lengthened, useful, and honourable careers known. It affords me extreme satifaction to be enabled thus to publish so truly faithful a record of the results of private practice in the highest ranks of society, furnished by an individual so universally known and respected by his professional brethren. No similar results have, as yet, been submitted to the profession; I, therefore, consider these of great value, as affording information scarcely ever to be obtained.

To Doctor Clarke's great industry and accuracy we are indebted for the following concise report, extending over a period of nearly *forty-four* years:—

Rutland-square, Dublin, Feb. 13, 1829.

My Dear Sir,

In looking over the "Medico-Chirurgical Review," for January, 1829, my attention has been excited by a paper in the Periscope, entitled, "Rapidly fatal puerperal peritonitis

—Atmospheric constitution of 1825, 6, 7, 8, by Doctor Farrell." Here it is stated, on authority, I presume, not to be doubted, that one practitioner in London, lost seven patients in a few weeks, and another four within one month, all by similar disease; and that one consulting physician saw thirteen cases, of which eleven died. In Hospital practice, such events do occasionally occur; but in this city, I can speak confidently, since the year 1781, they are unknown to us among the *upper ranks* of society.

It is impossible for me adequately to express the gratitude I feel to a kind Providence for having spared me the pain of witnessing a similar mortality. When I had the pleasure of conversing with you, in June last, at our friend, Doctor Billing's, in London, you described certain symptoms in the puerperal state, as indicative of danger, with which you supposed me familiar. You may probably recollect my reply was, I had never seen them. Desirous of supporting this assertion by matter of fact, I have carefully turned over a registry kept by me, from January 1, 1785, till the end of 1828. [It has been already stated, that the biographer has added to October, 1829, when Doctor Clarke ceased to practice.] The result is, that of three thousand, eight hundred, and forty-seven patients attended, twenty-two died.

Doctor Clarke then gave the cause of death in each in a tabular form; but in order to afford more satisfactory information than could be done in this way, I shall briefly, from his note-books, state some particulars, explanatory of each case. Of the twenty-two deaths, *three* only had been preceded by symptoms of peritonitis.

Mrs. A.—Attacked in twenty-four hours after delivery, died in sixty hours from its commencement.

Mrs. B.—Attacked on the third day after delivery, died on the eighth.

Lady C.—Attacked in forty-eight hours after delivery, died on the fourth day afterwards.

When we reflect that these *three* cases were the only fatal terminations from peritonitis during a period of nearly half a century, out of the vast number of three thousand, eight hundred, and forty-seven patients under the care of the same practitioner, Doctor Clarke might well inform his friend that he had never seen, in private practice, the fatal form of puerperal fever, with which Sir Charles supposed him familiar. The three cases recorded were all attacked with the ordinary symptoms of *acute* peritonitis. In no instance did he meet with fever of the low typhoid character, such as Sir Charles spoke of, and so frequently observed in Hospital.

The following *five* patients were all but one confined *prematurely*, labouring under *phthisis* in an *advanced stage*, and died shortly after delivery:—

Mrs. A.—Was confined in the seventh month, and died on the fourth day afterwards.

Mrs. B.—Premature labour at the seventh month; died on the eighteenth day after confinement.

Mrs. C.—Premature labour at the sixth month; died in three hours after.

Mrs. D.—Confined in the seventh month; died on the eleventh day.

Mrs. E.—Also labouring under phthisis died shortly after her confinement.

The *two* following patients died from the immediate effects of *hemorrhage*:—

Mrs. A. was dying when Doctor Clarke arrived. The hemorrhage had been *immense*. She died undelivered; and on examination of the body after death, the placenta was found *entirely* separated.

Mrs. B.—In this case the placenta presented. There had been repeated bleedings for three weeks previous to delivery, without any labour pain, and with very slight dilatation of the os uteri. The child was turned without much difficulty; a boy, alive. She died in an hour and a half afterwards. Doctor Evory had been in attendance in consultation for three weeks previous to the period when it was deemed prudent to interfere.

In the two following cases, the shoulder presented: the children were turned:—

Mrs. A.—Presentation of shoulder; the child was turned without difficulty. This patient had a good recovery for the first fourteen days; she died, however, on the twenty-first from her confinement. During the seven days preceding her death, she had three attacks of uterine hemorrhage to a considerable extent. The child was slightly putrid.

Mrs. B.—Shoulder presentation. This was a relaxed elderly lady. The child was turned with much difficulty. She died in a few days afterwards.

The following cases do not admit of classification, and are, therefore, given separately:—

Mrs. A.—This was a twin case (both girls). The head of the first child (which was putrid) was lessened. The second presented with the feet, and was born alive. There was not

any difficulty in the delivery, nor had the labour been protracted. She died on the eighth day. Extremely fœtid serous discharges took place from the uterus, and the pulse continued rapid and small from the time of delivery.

Mrs. B. was confined after a labour of eight hours. She was attacked with pain in the region of the left kidney a fortnight afterwards, and died hectic at the end of a month from delivery.

Mrs. C. was delivered of a male child without difficulty in the labour. On the sixth day she had a paralytic stroke, and died convulsed on the tenth day.

Mrs. D. was attacked with milk fever on the third day after delivery; had a second shivering on the fourth, and died on the thirteenth day. She had a strong tendency to mania from the time of her confinement, and was very despondent. The child presented with the breech; born alive; no difficulty.

Mrs. E. was delivered of a boy; labour natural; was seized with pyrexia on the third day ushering in scarlatina. She died on the fifth day. This patient was attended by Doctor Evory, Doctor Clarke being at the time engaged with another. Three women died of scarlatina in the Hospital the same year.

Mrs. F.—This lady had been greatly reduced previous to labour, by diarrhœa and grief. There was not any difficulty; the child, a male, was born alive. She expired in four hours after her confinement.

Mrs. G. was confined without difficulty; the child, a male, alive. She had been labouring under dysentery for some time, which continuing unrelieved, terminated fatally one month subsequent to delivery.

Mrs. H.—This lady had a very easy labour. It was her first child; a girl, born alive. She died on the fourteenth day afterwards, of anomalous disease, most like bilious fever. She had been an invalid from birth, and labouring under a polypus in the rectum.

Mrs. I.—This patient died from laceration of the vagina.

The child's head was hydrocephalic, and measured eighteen inches in circumference. The labour had not been tedious, but the uterine action was very strong. She died in fifty-one hours after her confinement.

Mrs. K.—This patient also died from laceration of the vagina; the labour was not protracted; the pelvis was defective.

Doctor Clarke, in his letter to Sir Charles Clarke, after detailing the causes of the several deaths, adds—

"These facts, compared with what I have read and heard of mortality in the puerperal state, both in London and Edinburgh, confirm me in the opinion, that the upper ranks of society are here peculiarly favoured in the important duty of multiplying and replenishing. This communication, however trivial, is offered in the spirit of friendship, to a most competent judge, and as a token of esteem and regard, by

JOSEPH CLARKE.

To Sir Charles Mansfield Clarke, Bart., M.D.

The following important letter was received in reply:—

London, March 10, 1829.

MY DEAR SIR,

It is very flattering to me to know that I have a place in your recollection, and I beg to thank you for the proof of it which your letter of last month conveyed to me. You have been peculiarly fortunate in the happy termination of so great a number of cases; or, I should rather say, that your statement is a confirmation of the fact, that the best practitioners in midwifery meet with the fewest instances of fatality. I have now long declined taking new patients in this branch of the profession, and my old ones are wearing out fast; but I

should not say that my own experience in consultation cases agrees with the statement to which you allude, as to the mortality amongst lying-in women during the four last years; but, as I believe that one form of peritonitis is infectious, and as *this form* admits of little in the way of remedy, several such cases may occur in the practice of one man, whilst another, in the same district, may be entirely exempt from them. Many examples of this kind have come within my knowledge. I wish that it were in my power to say that I knew anything about the run of this disease; but every year's experience convinces me of the intractable nature of this complaint, and of the entire inadequacy of any mode of treatment with which I am acquainted in curing it. I do not speak here of a pure acute peritonitis, but of that disorder of which we spoke together, when I had the satisfaction of meeting you in London. I sincerely hope that your health continues good, and that you may live long to benefit your country by your skill and experience.

I beg to remain, my Dear Sir,

Yours very truly and respectfully,

CHARLES M. CLARKE.

To Joseph Clarke, Esq., M.D.,
&c., &c., &c.

Such is the very interesting and instructive correspondence which took place between these distinguished men; and from the eminence and almost unexampled experience enjoyed separately by each, in the metropolis of England and Ireland, the facts stated must be of great value.

It is my intention, as far as is in my power, to communicate to the Profession, from Doctor Clarke's

note books, such additional information as may be calculated to be useful, knowing that this was, with him, a paramount object of his life, and having the gratification, by so doing, of, in some degree, carrying into effect what he so anxiously desired. The undertaking was one of considerable magnitude, and to it I gave my best attention, and hope the results may prove as satisfactory as it is my wish they should.

The following minute, statistical data can hardly fail to interest my medical brethren, as the *comparative results*, from minute details of private practice in the upper ranks of society, with those met with in hospital, have never before been submitted to their consideration. From such comparisons most important practical conclusions must, to every experienced physician, of necessity be obvious. The authenticated facts I have now the pleasure of publishing from the former source, coupled with those I had the satisfaction of supplying, in a previous publication, from the latter, furnish an accumulation of valuable facts, well deserving the mature reflection of the most skilled practitioner.

ARM PRESENTATION.

I shall commence with preternatural labours, and, first—of three thousand, eight hundred, and sixteen single births, there were *nine* cases in which the arm presented; of these, four were premature labours, viz.,

three at the sixth month and one at the seventh. *Three* of the four were putrid. In two of the nine the foot came down with the arm; five of the nine children were born alive; one of the nine was still-born, but not putrid—in this case there had been considerable hemorrhage before delivery; six of the nine children were turned. Of the three premature cases at the sixth month, in the two of them that were putrid, the breech was brought down without introducing the hand into the uterus: in one of these the arm was removed, and the breech brought down by the crotchet; in the other, the uterine action was strong, and, by gentle assistance with the crotchet, it was got down. Doctor Clarke was the *first* practitioner to recommend this mode of delivery, in preference to version, when the child is putrid; the safety of the mother is thus much less endangered.*

In the third case, at the sixth month, where the child was alive, the mode of delivery is not noted. Of the nine cases of arm presentation, all the mothers recovered. Two additional cases, in which the shoulder presented, and the children were turned, are already recorded in the abstract of the deaths of mothers. The proportion of presentation of the shoulder or arm, it may be observed, is one in 347 in Doctor Clarke's private practice, whereas in Hospital we had one in 410.

* See Doctor Collins's Practical Treatise, p. 71.

PRESENTATION OF THE FEET.

In single births, there were thirty-six instances in which the feet of the child presented, which is in the proportion of one in one hundred and six (in Hospital I had one in one hundred and twenty-nine). Of these ten were boys, twenty girls, and in six the sex was not noted. Twenty-eight of the thirty-six were born alive—viz., eight boys, fifteen girls, and five in whom the sex was not noted. Two of the thirty-six were still-born, but not putrid; one a boy, a *first* child, the other a girl, where there was great want of expelling power in the uterus, requiring the manual removal of the placenta also. Six of the children were born putrid—viz., one boy, four girls, and one where the sex was not stated. Of the thirty-six children, *twelve* were *premature* births, of which six were born alive, and six putrid. Of the six born alive, one was at the eighth, two at the seventh, and three at the sixth month; of the six putrid, two were at the seventh and four at the sixth month. In one case where the child was born alive at the sixth month, the liquor amnii had been discharged three days previously. In one case, at the full period, it was complicated with placenta presentation, and in another with the funis.

PRESENTATION OF THE BREECH.

In forty-nine cases the breech presented, which is

in the proportion of one in seventy-eight of the single births. In Hospital, we had one in sixty-eight. Of the forty-nine children, *sixteen* were still-born, seven of which were *putrid*. Seven of the sixteen were boys, four of which were *putrid;* nine were girls, three of which were *putrid*. Twelve of the forty-nine were *premature* births, of which seven were born *alive*—viz., four at the seventh month, and three at the eighth. Of these seven, three were girls. Of the five premature still-born children, two were at the sixth and three at the seventh month. Four of the five were putrid, and three of the five were boys. This leaves eleven of the sixteen still-born children at the full period of gestation; of these, four were boys, one of which was putrid. Of the three not putrid, one was a first child, and of large size. There was not any obvious cause to assign for the state of the other two. Of the seven girls, two were putrid. In two the head was hydrocephalic; with one the mother had convulsions. Of the two remaining, in one the head was got away with great difficulty, and in the other there was no obvious cause.

PLACENTA PRESENTATION.

The placenta presented in nine cases, in each of which the hand was introduced and the child turned, except in one instance, where, on the introduction of the hand, the feet were found lying above the placenta. Seven of the nine children were born alive. Of the

two still-born, one was at the full period of gestation, and the other at the eighth month. There was not any difficulty in the delivery of either. Both the still-born children were males, and of the entire number, six were males, one was female, and in two the sex was not noted. In the case in which the feet presented with the placenta, there had been occasional hemorrhage for some weeks before delivery: child alive. In a second case, where delivery was effected at the end of the eighth month, there had been occasional hemorrhage for seven weeks previously: child alive. In a third case the hemorrhage had also been severe: child alive. In a fourth case, already recorded in the abstract of deaths, there was considerable hemorrhage for three weeks before delivery: child alive. The second instance of death under this head, in which there was found a total separation of the placenta, and no opportunity for treatment afforded, can hardly be classified with ordinary cases. All the other mothers recovered well.

Nine cases of presentation of the placenta, out of 3,847 deliveries is a very large proportion. In Hospital, we had *eleven* in 16,414; and Doctor Clarke, in his Hospital report, gives four in 10,387. Thus it will be observed, that in *Hospital* the proportion is one in 1,492, whereas in *private* the proportion is one in 427; and this we should anticipate, it being notorious that quietness is essential to patients labouring under hemorrhage, the apprehension of danger

from removal to Hospital causing many to remain in their homes.

ACCIDENTAL HEMORRHAGE.

Four cases of accidental hemorrhage occurred. In three, on the membranes being ruptured the discharge was checked, and labour in a short time succeeded. In the fourth case, alarming hemorrhage came on at the end of the eighth month, in consequence of fright from a thunder storm, and the child was turned. Three of the four children were born alive. In one of the cases where the membranes had been ruptured, the child was still-born. Three of the four were premature births at the eighth month. All the mothers recovered.

The proportion of accidental hemorrhage is also considerably greater in private than in Hospital practice—in the former being *one* in 962, and in the latter, one in 1,262.

HEMORRHAGE PREVIOUS OR SUBSEQUENT TO THE DELIVERY OF THE PLACENTA; ALSO RETENTION OF THE PLACENTA.

In the following section are included cases of hemorrhage, occurring between the birth of the child and delivery of the placenta; also cases of retention of the placenta, requiring manual interference, in some instances accompanied with hemorrhage, in others not; and in addition, cases of hemorrhage subsequent to the removal of the afterbirth.

There were twenty-five cases of retention of the placenta: seven of these occurred to the *same individual*, who, out of ten deliveries, in seven required manual assistance, for the removal of the afterbirth. In two of these there was hemorrhage. In another instance, it was met with twice in the same patient. Of the twenty-five cases, the retention was accompanied by hemorrhage in seven—one of which was a premature labour, at the sixth month, wherein, at the expiration of two and a half hours, the afterbirth was got away with the finger; in another the feet of the child presented: this was the only preternatural presentation, where the placenta was retained. In *one* of the 25, the child's head had been lessened, and in *two* the children were born putrid. All the labours, with the exception of the one noticed, were at the full period of gestation. In *seven* of the 25, the retention was owing to the irregular or hour-glass contraction of the uterus; in one of these there was hemorrhage, and in another the child's head had been lessened, as already stated. In the eighteen instances where the placenta was retained without hemorrhage, the hand was introduced in almost all at the expiration of an hour and a half subsequent to the birth of the child. All the mothers recovered favourably.

With regard to hemorrhage subsequent to the expulsion of the afterbirth, there was not any death from this occurrence. A few cases are noted where the loss sustained produced exhaustion and faintish-

ness, for two, three, or four hours, but all yielded eventually to treatment—nor is it stated to have proceeded, in any instance, to a very alarming extent. The occurrence of hemorrhage at this period, so as to require particular observation, was rarely met with.

That Doctor Clarke, out of so vast a number of deliveries, should not have experienced any fatal result from retention of the placenta, or from hemorrhage, either previous or subsequent to its expulsion, is a fact which cannot fail to impress the profession with a conviction of his profound practical knowledge. We doubt not that the diligent application of those principles of sound instruction, for ensuring the perfect contraction of the uterus, first inculcated by him, "by pursuing, with a hand on the abdomen, the fundus uteri in its contraction, until the fœtus be entirely expelled, and afterwards continuing for some time this pressure, to keep it, if possible, in a contracted state," contributed largely to this favourable result. We know of no preventive of such importance in obviating retention of the placenta or hemorrhage, previous or subsequent to its expulsion. The safety, too, and speedy recovery of the patient is intimately connected with the due contraction of the womb after the child has been expelled.

TWIN BIRTHS.

Thirty-one twin births were met with, or in the proportion of *one* in 124 ; whereas in Hospital our pro-

portion was *one* in 68, which is nearly one-half greater. Of the 31 cases *twelve* gave birth to two boys—*twelve* to two girls—*six* to a boy and girl, and there was one at the sixth month where the sex was not noted. In *nine* instances both children presented naturally; in *nine* one presented naturally and the other with the feet; in *five*, one presented naturally and the second with the breech; in *three*, the first presented naturally and the second preternaturally, but the exact presentation is not stated; in *one*, at the sixth month, the presentation is not noted, and in another the children were expelled before Dr. Clarke arrived. In *one* instance *both* children were still-born, one of which was putrid. In two other instances, the *second* child was still born; in another, the first child was putrid and had the head lessened, the second child was born alive; this was the only case in which instrumental delivery was required, as also was it the only case followed by fatal results to the mother: the labour was not severe, nor was there any difficulty in the delivery (See particulars in record of deaths). In twenty-six of the 31 twin cases both children were born alive, leaving the proportion of still-born *one* in 12—in Hospital it was one in eight, or one-third more. In *five* of the 31 cases the labour was *premature*, viz., two at the sixth month, and three at the eighth; this is in the proportion of one in six—in Hospital it was one in nine. Of the five premature labours, in two both children presented with the feet, viz.—one at the

sixth, and *one* at the eighth month; in one at the eighth month both were natural presentations; in another at the eighth month, the first was a natural presentation and the second preternatural; in the remaining one, at the sixth month, the presentation was not noted. In three instances the placenta of the child first born was expelled before the birth of the second; the children were born alive.

PRESENTATION OF THE FACE, AND FACE TO PUBES.

Forty instances occurred, in seven of which the face presented, and in thirty-three the face was turned towards the pubes. Five of the children were still-born, four of which presented with the face to the pubes; one was, at the seventh month, putrid; in a second, the funis prolapsed, the pelvis was defective; in a third, no cause could be assigned as there was not any difficulty in the labour; in the fourth, the labour was protracted, the patient very feeble, and the uterine action quite inadequate to the expulsion; the forceps was tried but without effect, after which the head was lessened. In the *fifth* case the face presented, the pelvis was undersize. This was the *same* patient already noticed, where the funis prolapsed in a previous labour with the face to the pubes. On the present occasion the head was lessened, after 60 hours labour. No other difficulty was experienced, the labour in almost all was easy and of short duration.

PROLAPSED FUNIS.

There were six cases in which the funis prolapsed; three of the children were still-born, one in which the face was turned towards the pubes, and is noticed under that head, where the pelvis was defective; a second in which the labour was severe, and continued for sixteen hours; and a third in which the frontal and parietal bones were absent. In three instances the head presented—in one the head with the hand—in one the feet, and in one the head with the face to the pubes. Four of the children were girls—one a boy, and in the defective child the sex was not noted.

CONVULSIONS.

Two cases of convulsions occurred; in one the patient had *three* fits previous to the birth of the child; the breech presented, and it was still-born. In the second case the patient had but one fit and that subsequent to delivery; the feet presented; it was born alive. Both mothers recovered favourably. It is a very singular fact, that the only cases met with should have been preternatural presentations. Only *one* case of convulsions occurred in the Hospital, where the child presented preternaturally, during twenty-one years, in which term 48,379 women were delivered.—See Doctor Collins' Practical Treatise, page 200.

LABORIOUS AND PROTRACTED LABOURS.

There were eighteen cases of laborious labour, in twelve of which the child's head was lessened; in two of these the pelvis was very defective, under three inches; in one the chin was to the sacrum, and although the uterine action was very powerful no progress was made; two cases are recorded under face presentations with defective pelvis; in the sixth the labour was protracted to 90 hours; in the seventh to 80; in the eighth, delivery was effected at the end of 36 hours' severe labour; in the ninth at the end of 40 hours; in the tenth, after 24 hours from the dilatation of the os uteri, the head was hydrocephalic, and in two the duration of labour is not noted. In these cases Doctor Clarke had assistance from professional friends One of the eighteen was delivered with the lever; child still-born. In the remaining *five* cases of very severe and protracted labour, instrumental delivery was not had recourse to—one was 72 hours in labour; child alive—one 40 hours severe labour; child alive—one 36 hours after full dilatation of the os uteri; child alive—one 72 hours; child still-born—it was very large, and the period of gestation had been protracted seven days beyond the nine months—one 48 hours; child still-born. All the mothers recovered favourably. Some additional cases of tedious labour are noted, but not of such a nature as to require any remark.

Such is a brief enumeration of the instrumental deliveries in Doctor Clarke's practice, extending over the long period of *forty-four* years, including *three thousand, eight hundred, and seventy-eight* births. This is in the proportion of one in 298, so that it is obvious he did not consider a frequent resort to instruments, in order to effect the *hasty* delivery of the patient, necessary to ensure safety, and that necessity alone ever induced him to use them. It may be observed he only used the forceps once, and that without completing the delivery. If we seriously reflect upon the happy results to the *mothers*, from the practice pursued by this distinguished physician, as regards the use of instruments, and then carefully examine the succeeding section upon children *still-born*, and find here equally happy results (as of the 3,816 *single* births, there were only *forty-two* children still-born of those that had arrived at the full period of gestation, or in the singularly small proportion of *one* in 91), we cannot fail to discover a number of *astounding* truths, sufficient to warn our *artificial* advocates, and make them pause until *they can supply* their professional brethren with a series of facts equally satisfactory.

When Doctor Clarke commenced practice in Dublin, it is a well-known fact (which my friend Doctor Labatt, who is fully acquainted with the circumstances, clearly substantiates), that almost every accoucheur then, in any amount of practice, inva-

riably carried the lever, or forceps, in a pocket expressly made for the purpose, so as to have either instrument in readiness for use in every case they were called upon to attend, so necessary then were these instruments generally considered.

We doubt that any physician ever attended a greater number of patients in a similar rank of life, which arises from the lengthened period during which Doctor Clarke was enabled to pursue his professional duties, as also the active manner in which he was engaged. When we look to the truly favourable results, we require no other proof to convince us of the profound skill which enabled him to conduct so vast a number of cases to so happy a termination. The deaths were in the proportion of *one* in *one hundred and seventy-five* deliveries; and when we examine into the cause of death in the twenty-two cases recorded, we find that there were *three* from peritonitis, *five* from phthisis, *one* from hectic fever, *one* from scarlatina, *one* from a paralytic stroke, *one* from diarrhæa, *one* from dysentery, and *one* from anomalous disease, thus leaving *eight* deaths as the results of childbirth, or in the proportion of one in 477.

How seldom should most practitioners be found to use instruments, if the successful course pursued by Doctor Clarke were universally aimed at. Is it not worthy of our best consideration, with the invaluable statement before us, that, in an extent of practice in the upper ranks of life perhaps unexampled, there is

not one single instance of death resulting from *laborious* or *protracted labour*. This is a practical *fact*, which ought to be carefully recollected, and seriously weighed, by most of our Continental brethren, who use instruments in every 5th, 10th, 15th, 20th, or 30th labour under their care, with the object of *expediting* delivery; as also by some of our own countrymen, whose unsound doctrines inculcating mischievous interference to promote *hasty* delivery, the unquestionable truths here recorded clearly demonstrate to be unjustifiable and most uncalled for. Should not this inexpressibly important record for ever silence those who venture to publish crude and fanciful opinions, unsupported by any data from their own experience affording similarly happy results. It affords me infinite satisfaction to supply this truthful registry of facts, for the universal and serious consideration of the profession. These truths speak in language the most convincing, and must, when studied, leave an indelible impression.*

STILL BORN AND PREMATURE CHILDREN.

The children still-born may be considered with advantage after the subject of laborious labours. Of the 3,816 single births, there were one hundred and twenty still-born, or in the proportion of one in 32.

* See, *particularly*, Doctor Collins's Letters to Professor Simpson, of Edinburgh.—*Prov. Med. and Surg. Journal* of England, October 18th, 1848; also the *British Record*, December 15th, 1848.

Only *forty-two* of the 120 were at the *full* period of gestation, 19 of which were boys, and 23 girls. Of the nineteen boys, six were putrid. Of the twenty-three girls, ten were putrid. Of the forty-two still-born at the full period, thirty-eight may be found recorded under the following heads, viz.—Laborious labours, Convulsions, Prolapsed Funis, Face presentation, Breech, Feet, and Arm presentation, Hemorrhages, and Mothers dead. Of the four remaining, one was caused by an upset in a carriage; one occurred where the labour was natural, and only of 24 hours' duration, and in two the head was hydrocephalic. *Seventy-eight* of the 120 were *premature* births, *sixty-five* of which were *putrid*, viz.—seven at the 5th month, twenty-two at the 6th, twenty-four at the 7th, and twelve at the 8th month. Of the sixty-five putrid, *thirty* were male, twenty-two female, and in thirteen the sex was not noted. *Thirteen* of the seventy-eight premature children were not putrid, viz.—four boys, five girls, and four in which the sex was not noted.

Five children were still-born in the *twin-births*, all at the full period of gestation, which see under that head.

In addition to the seventy-eight premature *still-born* children, there were *one hundred premature* children born *alive*, viz.—nineteen at the 6th month, thirty-seven at the 7th month, and forty-four at the 8th month; of these, 56 were boys, 34 girls, and 10 in which the sex was not noted.

Of the *total* number of *premature* children, both alive and still-born, viz., 178, *ninety* were males, *sixty-one* females, and in twenty-seven the sex was not noted. If we deduct the *premature* still-born from the total still-born, the proportion will be reduced two-thirds, or to one in 91.

The *proportion* of children born *prematurely* in the upper ranks of life, is much greater than that observed in hospital. This observation holds good also as regards children born in a *putrid* state. Of the 120 still-born, two-thirds were premature, and more than two-thirds of the 120 were *putrid.* In Hospital we had about *one-fourth* premature, and rather less than *one-half* putrid. This fact powerfully proves the greater delicacy of constitution in the upper ranks of society, engendered by the mode of life pursued, coupled with other circumstances; as, notwithstanding the numerous casualties to which the lower orders are necessarily exposed in the laborious pursuits they are compelled to follow, a much greater portion of their offspring arrive at the full period of gestation in a healthy state. The practical lesson is obvious in the treatment of those who live in luxury, and often without any kind of healthful exercise.

Of the *total* number of patients confined under Doctor Clarke's care, viz., 3,847, three thousand eight hundred and sixteen gave birth to *single* children, of which 1,949 were boys, and 1,840 girls; in twenty-seven the sex was not noted. Thirty-one gave

birth to *twins*. The proportion of *male* to *female* children is not by any means so much greater in the upper ranks of life as amongst the lower classes. In Hospital, the proportion is about twelve males to eleven females, whereas the above is as eighteen to seventeen nearly.

INCIDENTAL OCCURRENCES.

In preparing this abstract of Doctor Clarke's private practice, I took short notes of the following circumstances, which will, I think, be not without interest, as a registry of such events, derived by him from the extensive field for the collection of facts in which he was engaged for so lengthened a series of years.

Six children were born with the head hydrocephalic; one of these had spina bifida, and another had distorted feet. With one the labour lasted seventy-two hours, with another the head was lessened after twenty-four hours' labour subsequent to the dilatation of the os uteri; with the third and fourth, the breech presented; with the fifth the uterus ruptured (see women dead), and with the sixth there was not any difficulty.

Three children had spina bifida, exclusive of the one above noticed; one of the three had the foot of the left side distorted.

Two children had hare lip; one had the left foot distorted; one wanted the left hand; one had ossifi-

cation of the arteries of the funis, and bled to death, notwithstanding the assistance of an eminent surgeon.

Two ladies were *five* and one *eight* years married before pregnancy occurred. One had not menstruated from the 22nd October, and was not delivered till the 26th of August. One went *seven* days past nine months from the time she left her husband: the child was of uncommon size, and the labour very severe. One had the liquor amnii discharged one month and three days before delivery; another three weeks previous to the birth of the child at the eighth month, born alive. One remained for sixty hours with the os uteri nearly fully dilated without any labour pain; one had *six days* spurious labour, and the child born alive.

One had *ten* children; the *first* was born alive, the *eight* following *putrid* at the seventh month, and the *tenth* was born alive—the first and last alone being at the full term. One had *five* living children, and many born *putrid;* one had the *first* child born healthy, and the five succeeding *putrid* at the sixth month; one gave birth to her *first* child in her forty-second year; one had the uterus amputated in 1806.

Such is a short detail of the particulars from Doctor Clarke's registry, which appeared to me calculated to prove serviceable, by extending our knowledge in this branch of the profession. A faithful *record of facts*, upon an extensive scale, must ever prove instructive. and that now submitted is the more highly to be

valued, inasmuch as the annals of medicine do not furnish us with information in any respect similar on these important occurrences in the highest ranks of society. When the results in the two opposite classes shall have been carefully examined, the well-informed physician will be enabled to draw conclusions which were totally out of his power, owing to the want of minute information. The dissimilarity which exists in many instances is remarkable, and displays a new field for observation and practical improvement; and we have no doubt that those who study and compare the results in the public and private practice of this gifted physician, must derive instruction as their reward.

It is anxiously to be desired that this first attempt may induce others, possessed of like resources, to communicate facts in a somewhat similar form, so as thereby to procure an accumulation of results calculated to benefit the profession and our fellow-creatures. It is impossible to value too highly truthful registries kept by practitioners of experience and well-known abilities, and wherein EVERY OCCURRENCE is faithfully made known. Those who investigate such data, may appropriate to their own benefit the unquestionably favourable, and reject, or rather endeavour to amend whatever they have an equally-well authenticated proof for supposing the contrary; but let them drive far from them all merely *speculative theories* which have ever been the hotbed of uncertainty and indecision. I trust that, in medical science, where state-

ments are made unsupported by *proof*, the profession may invariably look upon them as calculated rather to mislead than direct.

HOSPITAL REPORT.

In continuation, as it were, of the abstract of the results of Doctor Clarke's private practice, as already given, I have now to add some observations on the highly instructive report published by him in the first vol. of the Transactions of the King and Queen's College of Physicians in Ireland, containing information of a similar nature, acquired during his residence as Master in the Dublin Lying-in Hospital, embracing a registry of 10,387 cases. This was the first report of this institution ever published, and to its author the profession are deeply indebted for the sound, practical instruction it contains. It was not only the *first* report of the Dublin Lying-in Hospital, but the *only* report extant which gave in detail all the remarkable occurrences met with during the treatment of every patient admitted. To the originator, therefore, a debt of gratitude is due for the establishing of comprehensive and practical reports from similar institutions. It is with unfeigned regret I am compelled to state that, with the exception of the Practical Treatise I had the honour of publishing in 1835, no other physician, of those who have been entrusted with the medical superintendence of our unrivalled Hospital, has, as yet, followed Doctor Clarke's praiseworthy ex-

ample, by promulgating the results of their experience and observations in this, we may say, inexhaustible school of practical knowledge. I do hope and trust that some of my good friends whom I know to possess ample materials and abilities, will not longer delay their contributions to this unquestionable public good.* The sound and excellent doctrines contained in Doctor Clarke's report have stood the test of a long series of years, and are to this day esteemed of great practical utility. It is not possible, in this very brief notice to do more than barely allude to a few points ; a perusal of the report will amply reward the reader. The suggestion for promoting the complete and permanent contraction of the uterus during, and subsequent to the birth of the child, with which the safety of the patient is so intimately connected, are most valuable, and have diligently been inculcated by his successors. The opinion he put forward as to the best time to interfere where there is retention of the placenta, which previously had been usually allowed to remain for 24 hours or more, to the patient's risk, were speedily adopted ; and when we look at the results of his private practice in such cases, the wisdom of the recommendation is not to be questioned. Also his conclusion, as to the inapplicability of the forceps for the

* Since these observations were written Doctors Hardy and M'Clintock, who were assistants to my friend, Dr. Johnson, have published, under his sanction, a very interesting and instructive report of the three years they were in office.

extraction of the child where the labour is protracted to a dangerous length by *unusual resistance*, has been verified by the experience, I believe, of each succeeding Master. As before remarked, he only used this instrument *once* in the multitude of cases under his care in private, and he had not one instance of death or one case of sloughing of the soft parts, from the protraction of labour. This, to some, I have no doubt, will appear marvellous, still the fact is unquestionable and well deserving of being treasured in the recollection of every thinking practitioner.

Doctor Clarke's observations on preternatural labours, hemorrhages, convulsions, lacerations of the vagina and uterus, &c., &c., are valuable, including a detail of the several occurrences met with in each, accompanied with practical conclusions. For information on these important points, and many others, I beg to refer the reader to the original work.

I have thus briefly alluded to this valuable record with the hope of encouraging my readers to a careful perusal of it, which taken conjointly with the report I have given of the same Institution, as also with the accurate details of his private practice, now published, will be found to exhibit an accumulation of facts deeply interesting, and not to be found elsewhere.

As a sequel to the remarks I have ventured to submit to the public, relative to the various essays published by Doctor Clarke, I have added the following letter which is to me highly interesting and full of

practical instruction. It contains a clear and concise history of the case of the ever deeply lamented Princess Charlotte, by Doctor John Sims, one of the consulting physicians in attendance, addressed at the time of the melancholy occurrence to Doctor Clarke, and is the only authenticated account that has been published :—

London, November 15, 1817.

My Dear Sir,

I do not wonder at your wishing to have a correct statement of the labour of Her Royal Highness, Princess Charlotte, the fatal issue of which has involved the whole nation in distress. You must excuse my being very concise, as I have been, and am very much hurried. I take the opportunity of writing this in a lying-in chamber.

Her Royal Highness's labour commenced by the discharge of the liquor amnii about 7 o'clock on Monday evening, and pains followed soon after; they continued through the night and a great part of the next day, sharp, short, but very ineffectual. Towards the evening Sir Richard Croft began to suspect that the labour might not terminate without artificial assistance, and a message was dispatched for me. I arrived at two on Wednesday morning. The labour was now advancing more favourably, and both Doctor Baillie and myself concurred in the opinion that it would not be advisable to inform Her Royal Highness of my arrival. From this time to the end of the labour, the progress was uniform, though very slow, the patient in good spirits, pulse calm, and there never was room to entertain a question about the use of instruments. About six in the afternoon the discharges became of a green colour which led to a suspicion that the child might be dead; still the giving assistance was quite out of the question, as the pains now became more effectual, and the labour proceeded regularly though

slowly. The child was born, without artificial assistance, at 9 o'clock in the evening. Attempts were for a good while made to reanimate it by inflating the lungs, friction, hot bath, &c., but without effect; the heart could not be made to beat even once. Soon after the delivery Sir Richard Croft discovered that the uterus was contracted in the middle, in the hour-glass form, and, as some hemorrhage commenced, it was agreed that the placenta should be brought away by introducing the hand. This was done about half an hour after the delivery of the child, with more ease and less loss of blood than usual. Her Royal Highness continued well for about two hours; she then complained of being sick at stomach, and of noise in her ears; began to be talkative, and her pulse became frequent, but I understand she was very quiet after this, and her pulse calm. About half-past 12 o'clock she complained of severe pain at her chest, became extremely restless, with a rapid, irregular, and weak pulse. At this time I saw her for the first time, and saw immediately that she must die. It has been said we were all gone to bed, but that is not a fact. Croft did not leave the room, Dr. Baillie retired about eleven, and I went to my bed-chamber and laid down in my clothes at twelve. By dissection, some bloody fluid (two ounces) was found in the pericardium, supposed to be thrown out in articulo mortis. The brain and other organs all sound except the right ovarium which was distended into a cyst, the size of a hen's egg; the hour-glass contraction of the uterus still visible; a considerable quantity of blood in the cavity of the uterus, but those present differ about the quantity, so much as from 12 ounces to a pound and a half; the uterus extending as high as the navel. The cause of Her Royal Highness's death is certainly somewhat obscure; the symptoms were such as attend death from hemorrhage, but the loss of blood did not appear to be sufficient to account for a fatal issue. It is possible that the effusion into the pericardium took place earlier than what was supposed, and it does not

seem to me to be quite certain that this might not be the cause. As far as I can judge, the labour could not have been better managed. That I did not see Her Royal Highness more early was awkward; and it would have been better that I should have been introduced before the labour was expected; and it should have been understood that when the labour came on I should be sent to without waiting to know whether a consultation was necessary or not. I thought so at the time, but I could not propose such an arrangement to Croft. But this is entirely *entre nous*.

I am glad to hear that your son is well, and, with all my family, wish to be remembered to him; we were happy to hear that he was agreeably married.

I remain, my dear Doctor,

Ever yours, most truly,

JNO. SIMS.

P.S. This letter is confidential, as, perhaps, I might be blamed for writing any particulars without the permission of Prince Leopold.

I do not believe there is on record a more deeply interesting or instructive case than the above, and as, at this remote period, no feeling can possibly be wounded by giving it publicity, I, for the above reason, feel called upon to do so. The royal example, too, which it affords of seeking true knowledge by the examination of the body fully accords with the desire of making the case useful to others.

The cause of death, in this instance, has, it is much to be feared, in similar cases, been not unfrequently overlooked; it is, therefore, so much the more instructive.

I cannot, for an instant, doubt that relaxation, and consequent distention of the womb from internal hemorrhage, (*the uterus extending as high as the navel*) was the cause of the fatal result; and that, had this been detected at its *commencement*, and on the failure of the *ordinary* means for controlling it, the hand been *cautiously* introduced, so as to excite proper uterine contraction, with the expulsion of its contents, the happiest results would have ensued. That such might have been expected, ample experience under similar circumstances leaves me little room to hesitate. Her Royal Highness's case was of unusual occurrence, as hemorrhage, subsequent to the expulsion of the afterbirth, is rarely met with where the labour has been protracted. Of 40 cases in Hospital, *Thirty-four* were delivered within 12 hours. *Thirty* of the 34 within six hours; *twenty-five* of the 30 within four hours, and eighteen of the 25 within two hours. The *forty* cases occurred in 16,414 deliveries.

The following correspondence between Doctor Clarke and Doctors Savage and Denman, of London, which took place in the year 1797 (now 51 years ago), relative to the induction of premature labour in a case where the pelvis was defective, possesses considerable interest, and is full of instruction to the junior practitioner. This, long since well established method of treatment, had not, at the remote period alluded to, been practiced in Dublin.

Sackville-street, Dublin,
August 10, 1797.

SIR,

The enclosed letter was transmitted to me by Lady ——, with a request to have my opinion on the subject. I have twice attended her ladyship within the last four years, with the assistance of consultation in both labours. In the first instance the child's head was lessened; in the second, it was passed entire by the aid of the lever, but the bones of the head were very much injured, and the child was still-born. Previous to my attendance upon Lady ——, she had been thrice pregnant, and attended by two old practitioners in this city, of extensive experience. The first child was extracted by the crotchet; the second was premature in the seventh or eighth month, and after several hours severe labour, had the good luck to be delivered of a small female living child: some portion of the scalp, however, had been so bruised against the projecting sacrum, as to ulcerate a little. On this occasion (her ladyship's first attendant having died) she was attended by another. The last gentleman attended her, however, a third time, and was obliged to perforate and extract, as in her first labour, the child having come to its full time.

From this detail, I think the possibility of a seven month's child passing alive through the pelvis is fully proved, and the probability of a full-grown child not passing, is pretty well established.

I have the honour to be,

Sir,

Respectfully yours, &c., &c.,

JOSEPH CLARKE.

Doctor Savage.

LETTER FROM DOCTOR SAVAGE TO DOCTOR CLARKE.

Conduit-street, London,
August 30, 1797.

SIR,

I am honoured with your letter, and should have answered it sooner, had I not waited for Doctor Denman's opinion of Lady ——'s case. I have known many instances of a safe labour from this simple operation, and have recommended it to others; but as I have never had occasion to use it in my own practice, I have prevailed on Doctor Denman to give me his opinion, which you will find satisfactory and conclusive.

I am, Sir,
With the greatest regard,
Your most humble servant,
THOS. SAVAGE.

Doctor Clarke, &c., &c.

LETTER FROM DOCTOR DENMAN TO DOCTOR SAVAGE.

Old Burlington-street,
23rd Aug., 1797.

DEAR DOCTOR SAVAGE,

I have carefully read the letters you showed me, and I think nothing can be more clear than the opinion you have given. I have been acquainted with the operation near thirty years: I have often performed it, and been present when it has been performed by others, on my recommendation, and I can truly say, that the patients in no one instance failed to recover in the happiest manner, and in several instances the children have been born living and healthy.

In the case of this lady, the operation seems to be peculiarly justifiable and proper. Consider and place it in this point of view—

1st. She cannot have a full-grown child born alive. This is proved by her former labours.

2nd. She can have a living child born at seven months. This is proved by the birth of her daughter.

3rd. Labour can be brought on without detriment or danger at the end of seven or eight months. This is proved by the experience of several.

4th. If this lady's labour was to come on, or to be brought on, at or about the seventh month, she would have a probable chance of bringing forth a living child.

The conclusion is as clear as anything which can be stated, that the labour ought to be brought on. Of the morality of an act by which we endeavour to save the life of an infant that must otherwise be lost, there can be no doubt.

Ever your faithful humble servant,

THOS. DENMAN.

Doctor Savage.

LETTER FROM DOCTOR SAVAGE TO DOCTOR CLARKE.

Conduit-street, London,
March 5, 1798.

DEAR SIR,

Gratitude demands that I make acknowledgment for the honour and favour you conferred on me when you recommended Lady —— to my care. I am also bound to give you a detail of the proceedings, and as the labour terminated happily, it will afford you satisfaction, as it was by your influence that her ladyship had a very good labour, and that the life of the child has been preserved.

When her ladyship was at the end of the seventh month, Doctor Denman and myself examined the state of the pelvis and uterus. We found the former just as you had described. The os uteri was sufficiently dilated to introduce the forefinger without giving the least pain; but we judged it proper to wait a fortnight longer before we perforated the membranes, for the

sake of the child. Doctor Denman performed this simple operation on the 27th day of January; and all that day, which was Saturday, and the greatest part of Sunday, the liquor amnii flowed copiously, and in the evening her ladyship had the usual symptoms of approaching labour. About two o'clock on the Monday morning, the real pains commenced, and I was called to her assistance between three and four. Between six and seven the pains were strong and frequent, and soon brought down the head of the child below the projection of the sacrum, and soon after seven o'clock the child was born, lively and healthy.

I agree with you, that the membranes should not be perforated before the os uteri is so far dilated as to admit the introduction of the forefinger to be a guide to the instrument, without giving the least pain, and this usually happens about the seventh month, in those who have already had children.

It is this day five weeks since the delivery, and her ladyship has yet had no one complaint, and the child is now growing a fine boy, and promises to be a strong and healthy child.

I am, Dear Sir,
With all due regard and esteem,
Your most obliged humble servant,
THOS. SAVAGE.

To Doctor Clarke,
Sackville-street, Dublin.

The following letter from Doctor John Sims to Doctor Saunders, of London, with reference to the consequences to be apprehended from the effects of delivery, in cases of impregnation with the womb diseased, I have thought deserving a place in these memoirs. It is important, as containing the results of the observations of so eminent a physician on a

subject often of great difficulty. In this case, Doctor Clarke was in correspondence with Doctor Saunders, and Doctor Sims's opinion was forwarded through him. The case was complicated, with diseased liver, and had been frequently seen in consultation by several eminent physicians in Dublin.

August 25, 1809.

My Dear Doctor,

I sincerely wish it may be in my power to propose anything that might be useful to your friend, both on your account and that of Doctor Clarke, to whom I am under great obligations for his very kind attention to my daughter when in Dublin; but, indeed, no other inducement can be necessary, than the wish that every one must feel to relieve the suffering of an amiable woman.

I have seen several cases where conception has taken place, notwithstanding considerable disease in the cervix uteri, in all of which the suffering of the patient, from the difficulty with which the diseased parts dilated, was extreme, and most of them have terminated fatally. In one case the cervix uteri was so much diseased, that no considerable dilation could take place, and the woman died, with much the largest part of the child still in utero, some small portions only having, with great difficulty, been removed by the help of the crotchet. In another instance, of a lady of rank, who had been more than a week in fruitless labour, I delivered with the perforator and crotchet without success, the lady dying very soon after delivery. Her uterus was in every part so much diseased, that it seemed marvellous how conception could have taken place, or gestation have gone on, under the progress of so much disease. The womb was four or five times thicker in every part than natural at delivery, and hard, scirrhous lumps occupied the substance

in several parts. In another woman, who had a hard tumour in the substance of the forepart of the cervix, when this part dilated by the effort of the strongest pains with very great difficulty, the effect that followed was fever and death, a few days after delivery, as had been prognosticated by Doctor Lowder, who was consulted with me before delivery.

The above is, however, the unfavourable side of the question, and I am happy to have it to add, that I have known a considerable cauliflower excrescence of the os tincæ, which had occasioned repeated hemorrhages during pregnancy, and bled more or less upon the slightest touch, to slough away after delivery, and the part have become sound and healthy. I am inclined to hope that Mrs. H.'s case may be of this kind, as Doctor Clarke mentions it as "lumpy and tender," though I cannot be sure whether, by the last word, the Doctor means painful to the touch, or of a soft consistence; but as it bled, upon making an examination in the most careful manner, I hope that the tumour was of the kind I am speaking of. Doctor Clarke knows very well that these cauliflower-like excrescences of the os tincæ often prove fatal; yet as I have known them to be sometimes cured, I consider them as not so entirely hopeless as what is usually called cancer of the womb. I have known these excrescences to disappear with the use of a solution of vitriolated copper, in distilled water, in the proportion of from one to five grains to the ounce, applied to the diseased part by means of a piece of sponge. I should suppose that, in some cases, it might not be difficult to apply directly to the disease, nitrated silver or pure kali, without injury to the sound parts, and that this might be a more effectual treatment. Solutions of vitriolated copper will have the effect generally of hardening these excrescences, and lessening their disposition to bleed, if they do no other good. In these cases it does not seem probable that much good can be done by internal remedies.

In an enlargement of the uterus, with pain and tenderness

to the touch, threatening a termination in scirrhous and cancer, an antiphlogistic treatment is, I believe, the only one to be confided in. I have, however, *supposed*, that in some cases I have seen benefit both from arsenic and muriated barytes.

If you write to Doctor Clarke, I will thank you to make my most respectful compliments, and beg you to accept the expression of sincere regard from

Yours truly,

JNO. SIMS.

To Doctor Saunders,
&c., &c.,
Russell-square.

The patient to whom this letter had reference was safely delivered under Doctor Clarke's care, and recovered favourably from the effects of her confinement, but the disease was not removed. The child presented with the feet, and was born alive.

The following letter, from Doctor Jenner to Doctor Clarke, in 1806 (a few years subsequent to his discovery of vaccination), is interesting. Doctor Clarke was at all times a warm supporter of vaccination, and of our Cow-pock Institution in Dublin; it was through his exertions the annual grant from government was obtained for its support.

Berkeley, Gloucestershire,
April 14, 1806.

DEAR SIR,

I must beg you to accept my best thanks for your very obliging and satisfactory letter, the contents of which,

respecting vaccination, are exactly in unison with my general correspondence. I was happy in finding that my paper on the Modification of the Vaccine Pustule, occasioned by a herpetic, or any other initiative eruption, had not escaped your notice. It is a curious and important subject. I have reprinted the paper for general distribution in the same state, or nearly so, in which it first appeared, but intend, when circumstances will permit, to give a second paper, with my further observations.

After the convincing proofs which have fallen under your own observation, and the incalculable numbers which have been laid before the public, of the safety and efficacy of vaccine inoculation, you must, in common with every other philanthropist, lament the perverseness of those who still decry it, and use every effort to recommend the inoculation of the small pox. Wherever their point has been gained, the consequence has been horribly destructive, for wherever the small pox is inoculated, the natural small pox, with all its train of evils, will soon follow. But I am very much inclined to think, that the very men (thank Heaven they are very few) who write against vaccination, are as thoroughly convinced of its prophylactic powers as we are. To admit the contrary, would be admitting that they were fools, and they certainly do not come under this class of human beings. The misfortune lies here; they have been so long in error, they are now restrained by false pride from making that generous and philosophic recantation which no wise or honest man should, under similar mistakes, ever be ashamed of.

Believe me, Dear Sir, with great respect,

Your very faithful, and obliged humble servant,

EDWARD JENNER.

To Joseph Clarke, M.D.,
Dublin.

Many other interesting letters from eminent profes-

sional men might be added, but the subjects alluded to are so unconnected, I think it better not to carry the correspondence to a greater length. It remains for me briefly to notice a few circumstances connected with the professional pursuits and private life of Doctor Clarke, from the period at which (1786), in the preceding pages, his early history concludes, up to the the date of his death, in 1834, extending over a series of years, lengthened out far beyond the lot of most men, and characterized by uninterrupted prosperity, with high, professional elevation, and the regard and esteem of his medical brethren.

His income from practice rapidly increased, until it reached £3,000 yearly, from which amount for many years it varied but little. By accumulation, &c., his receipts, within the first twenty years, approached £5,000 annually, and this solely by his own exertions.

In the early period of his life he was a tall, slightly-made man, and the fatigue of so laborious a profession was occasionally too great for his bodily strength; so much so, that, at times when returning to his home at night, after considerable exertion, he has told me, if he walked a short distance, he was obliged to rest himself on the way from pure exhaustion. On one of these occasions of debility, he sent for Doctor Harvey (a well known physician in Dublin) to advise what he should do, and after detailing to him his inability for so much work, &c., &c., Doctor Harvey asked him

abruptly, "What do you eat for dinner?" and "what do you take after it?" "Indeed," replied the Doctor (whose appetite was but indifferent), "I sometimes take a little mutton broth, with a little boiled mutton, and at other times chicken. I take very little wine, or occasionally a little drop of spirit in water." Doctor Harvey replied, "Phew—nonsense, man; take your roast mutton and roast beef, with a pint of good Port wine daily, and you will be as stout a man as any in the kingdom." "I took his advice," said the Doctor; "I speedily improved, and enjoyed excellent health afterwards." He certainly did not take so much as Doctor Harvey's allowance of wine, but he took it much more freely than he had previously done. He was always a man of temperate habits; he took, I should say, as nearly as possible, half a pint of wine daily; this, from my own knowledge, I can state to have been his habit for the last twenty-five years of his life, during which I dined in his company almost daily, and for seventeen years of which I enjoyed the utmost happiness under his roof. His practice was almost entirely confined to the upper ranks of society, and, consequently, he got large fees, as may be inferred from the statement, that in fees varying from £10 up to £150, he received £37,252.

In his Fee Book, Nov. 11, 1801, where £1 (note) is entered, he adds, "First of these vile productions." The old gold guinea, of the value of £1 2s. 9d., Irish

currency, was the usual fee previously, so that the innovation was far from agreeable to physicians.

He invariably attended to his business with extreme regularity, so as to avoid hurry and confusion. His breakfast hour was nine o'clock, and dinner hour, five, which he observed with great punctuality, when not unavoidably obliged to be absent. He usually left his house in the morning at ten, or half past ten o'clock, and from that hour, till half past four or five o'clock, he was occupied visiting his patients. He seldom kept more than two horses for his own carriage, and used them daily, unless sickness, which rarely occurred, made it necessary to take one of the family horses. Several of his horses ran in this way for 12 or 15 years, working regularly from five to six or seven hours daily. He frequently told me that the true way to keep horses in health, was to give them plenty of work, and feed them well. They were always in good condition, and fully equal to their task. He never took them out of the stable after dinner, nor did he drive them any distance from town. For early and late visits, as also for country excursions, he used job or hackney carriages.

Prosperous and exalted as was Doctor Clarke's professional career, from the commencement to its termination, it did not exceed his happiness in his domestic circle, until it pleased the Lord, on the 5th October, 1820, to take his only son, Doctor James Clarke, at

the early age of 32. His death was not alone the cause of deep sorrow to his father and all his relatives, but also of universal regret in the metropolis. It was occasioned by typhus fever, which he himself thought he had contracted in the discharge of his duty as physician to the Hardwicke Fever Hospital at the House of Industry. He had been on a short visit to his estate in the county of Fermanagh, where he had taken severe exercise; and on his return to town in a fatigued state, and labouring under the effects of a cold, he visited the Hospital, and, when prescribing for a very bad case of fever, he received, as he said himself, a *whiff* from the patient, the peculiarly disagreeable consciousness of which he could not divest himself of ever afterwards. He died on the 12th day of the fever, throughout which I was one of those friends who anxiously watched over him. Few men were more universally beloved by their friends, and still fewer possessed, to the same extent, the esteem and regard of their professional brethren, which may be considered one of the truest tests of real worth. This was, indeed, a heavy affliction, but his Heavenly Father sanctified and blessed it, by making it the means of directing his powerful mind more earnestly towards his Saviour, there, from this divine and boundless source, to seek everlasting happiness, under the influence of the Holy Spirit. Subsequently, in 1829 and 1833, the Lord was pleased to take to

Himself his only remaining children, two beloved daughters. It fails me to do more on this, to me, most painful topic, than to state, "to them to live was Christ, to die is gain."

In September, 1834, Doctor Clarke left Dublin for Edinburgh, to be present at the meeting of the British Association, to which I have already alluded, as also to the object he had in view. He arrived there on Saturday afternoon, the 6th, and reached the house of his kind friend, Mr. Learmonth, of Moray-place, where he had been invited to remain during his visit. He had been very sick at sea, and after landing found his bowels in an uncomfortable state; he was, however, in excellent spirits, but appeared to his friends pulled down, either by fatigue of the journey or sea-sickness. Some friends dined with Mr. Learmonth, and he partook of a variety of food, apparently with relish; he jokingly told Mr. L. he should take wine freely that day, as he found it peculiarly grateful to him. The conversation after dinner was animated, and he appeared to enjoy himself, and to anticipate great pleasure from the meeting of the Association. Sunday, the 7th, Doctor Clarke staid at home, observing that he thought the repose might be serviceable. He passed the morning reading; at dinner he ate as usual, and drank his wine cheerfully; he was animated, and talked a good deal, and was in excellent spirits, both at table and in the drawing-room. Monday, the 8th,

the day appointed for the meeting of the British Association, he went out early in a carriage to procure his ticket for the public dinner, which was to take place that day, and afterwards called upon several friends. When the hour for dinner arrived, not feeling himself well, he said he was afraid of the heat that there probably would be in the room, and that he should prefer taking a little soup quietly at home, thus to be better prepared to encounter the evening meeting of the Association. Mr. Learmonth and our kind friend, Mr. Isaac Weld, who also visited Edinburgh to attend this meeting, left the dinner early, in order to call upon Doctor Clarke, and accompany him to the evening meeting. On their return they found his stomach had been sick, and rejected its contents. He left the drawing-room, and requested a sofa might be placed in his bed-room, to which he retired. His pulse at this time was feeble, but not quick. He now told Mr. Weld he felt differently under this attack from what he had ever experienced before, and should it prove fatal, he requested his remains should be put into a leaden coffin, and taken to Moneymore, where his father was buried, as he had always a great aversion to being interred in the crowded burying-ground of a city. He told Mr. Learmonth he had no fear of death, as his trust was fixed on his blessed Redeemer. When he was settled in his bed-room, and had some wine-whey, which he wished for, Mr. Learmonth and

Mr. Weld left him, and as they considered him very ill, agreed to have medical advice instantly. Doctor Clarke had himself consulted Mr. Bell in the morning. As speedily as Dr. Abercrombie and Mr. Bell could be found, they visited him, which was about ten o'clock, p.m. They considered him dangerously ill. September 9th he passed a very uncomfortable night, and suffered considerably from griping pain and spasm in the bowels. He asked to see his friend, Doctor Jackson of Dublin, who was then in Edinburgh, and gave him the paper which he had intended to read at the meeting of the medical section of the Association. Doctors Abercrombie, Jackson, and Bell afterwards met; they then gave over all hopes, and thought he could scarcely live to next morning. He was at this time in a torpid state, his voice thick and indistinct, and his features greatly changed.

Wednesday, September 10; he continued in the same state of torpor in which he had been the previous evening, but his medical attendants found his strength had sunk greatly, and his life drawing fast to a close.

He breathed his last a quarter before one o'clock.

In accordance with his expressed wish, the body was transmitted to Moneymore. Much alarm was excited, as the disease was considered to have been cholera, which had for some time been prevalent. The morning he left home, while I was assisting him

in the necessary preparations for his journey, he told me his bowels were rather relaxed, "but," he added, "you know this has always been useful to me." My reply was, that in such times I hoped he would be careful.

The first intimation received in Dublin of his illness, was by a letter from our friend Mr. Learmonth to me, on receipt of which I instantly started for Edinburgh, and on my arrival, found, with heartfelt sorrow, that his remains had been forwarded from Glasgow the same morning, as it was not considered prudent to delay, owing to the excitement that prevailed.

Such is a brief sketch of the last illness and death of my beloved uncle. Of him it may, indeed, be said, that as a physician or as a friend he was without guile. Many, both in and out of the profession, when in difficulties, sought his counsel, impressed with the conviction, that he could and would give them sound advice to guide them safely through; nor did they ever find themselves disappointed.

He was a man, naturally, of a most cheerful disposition, and his fine, expressive countenance so beamed with benignity, as to make the most favourable impression, even upon those who were strangers to him.

I could, indeed, write a lengthened history of his genuine benevolence, and other Christian virtues; but from one to whom his unbounded kindness know no limit, such would hardly be appropriate.

His widow, who had ever been the most attached and devoted of wives, as well as the fondest and most exemplary of mothers, to my great satisfaction, resided after his death in my house. She died in her 88th year, having survived her husband thirteen years.

To both, my thoughts ever recur with affection and gratitude, while I contemplate the memorable and happy events of which they were the source.

THE END.

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