AN EXPOSITION

OF

DR COLLINS'S MISREPRESENTATIONS

OF

DR HAMILTON'S PRACTICAL PRECEPTS,

IN

A LETTER

ADDRESSED TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE,

BY

JAMES HAMILTON, M.D.,

PROFESSOR OF MEDICINE AND MIDWIFERY, &c., IN THE UNIVERSITY OF EDINBURGH.

EXTRACTED FROM THE NUMBER (XLI.) OF THAT JOURNAL FOR NOVEMBER 1838.

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MDCCCXXXVIII.

ADVERTISEMENT.

Dr Collins, lately master of the Dublin Lying in Hospital, was pleased, in the number for March 1837, (No. XXXI) of the Dublin Journal of Medical Science, to insert an article containing animadversions upon Dr Hamilton's "Practical Observations on various subjects relating to Midwifery," which, from its general tenor, conveyed to Dr Hamilton the impression, that the mis-statements of his doctrines, on which Dr Collins commented, had arisen from some unintentional misunderstanding.

On this supposition, Dr Hamilton, in three letters addressed to the Editor of the London Medical Gazette (No. 37, 43, 47), entered into a full explanation of his opinions, which he confidently expected would have convinced Dr Collins of his erroneous interpretations.

Having learned that the London Medical Gazette has not an extensive circulation in Ireland, Dr Hamilton was induced to insert in the Dublin Journal of Medical Science for May 1838, a further explanation of his doctrines, illustrating their validity from the records of the Dublin Lying-in-Hospital, published by Dr Collins himself.

To his surprise and unfeigned regret, Dr Collins has thought fit, in an article contained in the Dublin Journal of Medical Science for July last (No. XXXIX),*

* This discreditable article Dr Collins has printed in a separate form, and has sent copies for distribution to at least two medical booksellers of Edinburgh. This proceeding has forced Dr Hamilton to take the same means of making public his refutation of Dr Collins's calumnious charges.

not only to reiterate his former mis-statements, but to bring forward additional misrepresentations which, at least in this quarter of the empire, could not have been hazarded by any person of respectability.

As upon those misrepresentations Dr Collins has founded very injurious charges against him, it might have been supposed that Dr Hamilton should have disregarded an article of such a character, as an individual in his status is entitled to do.

But the subject at issue is of too much importance, both to the profession and to the public at large, for Dr Hamilton to allow himself to be actuated by personal considerations. The object of his publication was to communicate to the profession, and especially to its junior members, certain deviations from the ordinary modes of practice, calculated, according to his experience, to alleviate human sufferings, and to save life in particular cases of difficulty and danger, an object which must be completely defeated by a misrepresentation of his doctrines and opinions. He therefore published, in the number of the Dublin Journal for November last (No. XLI.), a full exposition of the misrepresentations of Dr Collins, of which the following is a correct copy.

The reader will find that Dr Collins has deliberately misrepresented Dr Hamilton's Practical Precepts, by the discreditable artifice of *garbling* extracts, *substituting* words for those used by the Author, and *interpolating* expressions not contained in the text.

A LETTER

ADDRESSED TO

THE EDITOR

OF THE

DUBLIN JOURNAL OF MEDICAL SCIENCE, &c. &c.

TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE.

23, St. Andrew's Square,
August 4th, 1838.

Sir,

I hope that you will permit me to make a few observations on the article by Dr. Collins, in your last number, for that article contains certain statements calculated to misrepresent my opinions on some most important practical subjects.

The doctrines at issue between Dr. Collins and myself, relate to the management of the first stage of all labours, and to the appropriate treatment of cases of laborious labours. I shall, therefore, notice Dr. Collins's animadversions on those subjects under two separate heads.

MANAGEMENT OF THE FIRST STAGE OF LABOUR.

It must be well known to the profession at large, that in a great proportion of cases of human parturition, (perhaps in eighteen or nineteen out of every twenty), the contractions of the womb complete its dilatation, or what is called the first stage of labour, within ten or twelve hours.

A question therefore naturally arises, whether in the cases of exception, the sufferings of the woman ought to be allowed to proceed, or whether the assistance of art to alleviate or shorten those sufferings, can be safely and successfully interposed. On the decision of this question, the controversy on which Dr. Collins has volunteered must depend.

The result of my experience has convinced me, in the first place, that the protraction of the dilatation of the mouth of the womb beyond the ordinary period, is not unfrequently productive of much injury both to the mother and to the infant; and secondly, that there are certain safe means by which such protraction can be prevented.

Every candid reader who will take the trouble to consider attentively what I have published on this subject, in Part First of my "Practical Observations," from page 211 to page 236, must admit, that such are the propositions on which I have founded my directions for the management of the first stage of labour.

But Dr. Collins has, in the Dublin Journal of Medical Science, No. XXXI., page 39, given a very different view of my doctrine. He says, "Dr. Hamiiton declares that the first stage of labour, viz. the full dilatation of the os uteri should be completed within twelve or fourteen hours from the actual commencement of labour, as the natural efforts can no longer be trusted to; that sundry measures are to be resorted to by the medical attendant for this purpose, and that the patient should, almost never, be allowed to continue longer than twenty-four

hours without being delivered. The following are his own words: 'When the pains take place, if the dilatation prove tedious, that is, if the continuation of strong pains for *six* or *eight* hours do not advance the dilatation to such a degree as to give reason to expect its completion within a few pains, it becomes necessary to interfere, lest the patient's health should suffer.'"

In this quotation, Dr. Collins has left out certain words, and transposed others, which completely misrepresent what I have published; for firstly, I do not state "that the full dilatation of the os uteri should be completed within twelve or fourteen hours from the actual commencement of labour, as the natural efforts can no longer be trusted to;" my statement being in the following words: "If uterine contractions continue regular, the full dilatation of the os uteri should be completed within twelve or fourteen hours," &c.

This condition, which Dr Collins has carefully suppressed, changes altogether the proposition which he has thus alleged to be mine.

For this misrepresentation he can have no excuse, because, in the first part of my "Observations," page 195, I have thus expressed myself: "Young practitioners, the author is aware, may be deceived in their estimate of the duration of the first stage, especially in cases where the woman has had a family, for spurious pains are apt to precede the true ones, not only for hours but for days. Unless there be a decided tightening of the edges of the os uteri during the pain, the labour has not commenced."

Again, that there might be no mistake on this important subject, I have, in page 222, used the following words: "The author is most anxious to explain to the junior part of the profession especially, what is meant by the protraction of the first stage, for he is every year called in to cases where great mistakes upon this point are committed, chiefly in consequence of supposing spurious pains to be the true pains of labour."

And further, in page 223, I have added, " there is another source of error, for it is certainly possible that after the first stage is fairly begun it may be suspended for some hours, the uterine contractions no longer occurring. If, during the interval, there be no injurious pressure upon any part of the mother, the previous pains are not to be reckoned, but the duration of the first stage is to be taken from the recurrence of pains."

The second misrepresentation of Dr. Collins, in the words quoted, seems to me still more inexcusable. I allude particularly to the following: " He (meaning Dr. Hamilton) says, that the patient should almost never be allowed to continue longer (viz., than twenty-four hours) without being delivered. The following are his own words: when the pains take place, if the dilatation prove tedious, that is, if the continuation of strong pains for *six* or *eight* hours do not advance the dilatation to such a degree as to give reason to expect its completion within a few pains, it becomes necessary to interfere, lest the patient's health should suffer."

These words have been detached from the sentences which explain them, and afford one of the most perfect specimens on record of a deliberate intention to pervert and misrepresent the doctrines which Dr. Collins has undertaken to controvert, as the reader will at once perceive by the following extracts from my Practical Observations, Part First, page 223.

" Premature rupture of the membranes is an accident which in many cases can be neither foreseen nor prevented, as it may take place spontaneously before there be any contractions of the uterus. Although always an untoward occurrence (for the reasons already specified), especially in a first labour, it does not invariably protract the first stage, but if it be allowed to do so, the patient's strength is sooner exhausted than in some of the other cases of protraction, because, after the discharge of the liquor amnii, the uterus acts with great force, which is apt to wear out the woman's strength.

" A young practitioner must therefore naturally wish to be

informed what is to be done in a case where the liquor amnii is suddenly discharged without previous pain. It is absolutely necessary to institute an examination, in order to ascertain first, if there be any progress in the dilatation, and secondly, if the position of the infant be natural. This is a duty which is always disagreeable to the patient, and is therefore often resisted, for it is not easy to make her understand the utility, or even the necessity of such an examination, but in general it is unsafe to dispense with the investigation.

"When the pains take place, if the dilatation prove tedious, that is, if the continuance of strong pains for six or eight hours do not advance the dilatation to such a degree as to give reason to expect its completion within a few pains, it becomes necessary to interfere, lest the patient's health should suffer."

These directions, so unequivocally stated to be applicable to a certain deviation from the ordinary process of labour, have been thus held out by Dr. Collins to be my practice in *all cases* of the first stage of labour. This mis-statement, unintentional as I then supposed it, has been very pointedly brought under the notice of Dr. Collins, in my first Letter to the Editor of the London Medical Gazette, and yet he has neither corrected the misrepresentation nor has he attempted to explain it. Instead of this, he has, in the article of the Dublin Journal of Medical Science, No. 39, still further misrepresented my doctrines, a circumstance I could never have anticipated, and which I shall now notice as briefly as possible.

He says, page 407 of your Journal, No. 39, "*two* untoward circumstances are expressly set forth by Dr. Hamilton, as the necessary effects of the protraction of labour beyond the time specified by him, upon which entirely rests the validity of his reasoning. These constitute the second and third heads of his doctrines. We shall use his own words."

These *five* lines contain *two* mis-statements; for firstly, I enumerate not two but *four* untoward circumstances, as the effects of the protraction of labour beyond a certain period; and

secondly, I do not allege them to be *necessary* effects. The reader will at once judge, for the following are my words:—(See page 404 of your Journal, quoted by Dr. Collins himself:)—

"Firstly, the powers of the uterus *may*, in the second stage, be inadequate to the expulsion of the infant, with safety to its life, or to the future health of the mother.

"Secondly, after the birth of the infant, the uterus *may* contract irregularly, so as to occasion the retention of the placenta.

"Thirdly, after the expulsion of the placenta, the contractions of the uterus *may* be too feeble to prevent alarming hæmorrhage.

"Lastly, supposing the patient to escape all these untoward circumstances, febrile or inflammatory affections of a most dangerous nature *may* ensue, from the previous protraction of pain, and irregular distribution of blood."

In all these four sentences describing the several consequences of the protraction of labour, I have used the word *may*, which I need scarcely observe Dr. Johnson defines "*to be possible.*" If the word *must* instead of *may* had been employed, Dr. Collins's inference would have been correct; but considering my expressions, he is not warranted to assume that I allege the untoward circumstances enumerated to be the *necessary* effects, for I have most particularly declared my opinion to be, that they are the *possible* effects.

In the sentence preceding the above quotations, there is in my article in your Journal, No. XXXVIII., page 202, the following observation: "I have stated in my Practical Observations, that the following are the *necessary* effects of the protraction of that process beyond the time specified;" but on turning to the passage of the Practical Observations alluded to, it will be found that my words are, p. 191, "the following consequences *may* be dreaded," &c.

Again, in page 387 of my first Letter to the Editor of the London Medical Gazette, I have said:

"For nearly fifteen years I ascertained, or supposed that I had ascertained, that in all cases of *tedious* labour, where there was no actual disproportion on the part of the mother (with the exception of monstrosity or hydrocephalus, or wrong position of the infant), the most frequent cause of the increased sufferings of the patient was the undue protraction of the first stage; and I became quite convinced that the effects of that protraction were the following."—Here I added the four sentences already quoted, page 186.

Thus the word *necessary* is not to be found in the original work referred to, nor in my explanation of my doctrines in the London Medical Gazette. It had been inserted *by mistake* by the person who copied the manuscript for the article in your Journal, as must be quite evident to any attentive reader, for it is expressly at variance with the subsequent sentences, and with the whole tenor of my opinions; I protest, therefore, most solemnly against the advantage which Dr Collins has taken of this error of a transcriber.

This explanation renders it unnecessary for me to follow Dr. Collins's reasoning, p. 412, *et seq.*, Dublin Journal, No. XXXIX. But it may be useful to the profession to point out the means by which he has contrived to render plausible his alleged refutation of my doctrines.

Not contented with asserting that I hold all the *possible* effects of the protraction of labour to be the *necessary* and *inevitable* ones; he has selected for illustration only *two* of those effects, viz. retention of the placenta, and uterine hæmorrhage after delivery; and because those occurrences were rare (not that they did not happen) in the Dublin Lying-in Hospital, he has triumphantly appealed to this fortunate coincidence as completely proving the error of my opinions.

Of the other injurious effects of protracted labour which I have stated, viz. the death of the infant, and future organic diseases, and febrile and inflammatory affections of the parent, he has taken no notice, conscious as he must be, that such were

really, in many cases, the consequence of protracted labour even in the patients of the Dublin Lying-in Hospital.

A third misrepresentation must strike the attentive reader: Dr. Collins says, p. 405 of your Journal, No. XXXIX., "I shall now as briefly as possible prove to the satisfaction of every thinking individual, and that from the actual results of sixteen thousand four hundred and fourteen deliveries, that where the patient is properly treated during the progress of labour, the mortality from the effects of protracted labour is strikingly small."

These observations are calculated to hold out that I had alleged that the protraction of labour beyond a certain time is productive of much mortality. And yet I have never used such a word. Instead of that, I have stated my belief (London Medical Gazette, for June 1837, p. 300,) "that, generally speaking, the pregnant women who resort to the Dublin Lying-in Hospital, and to the Lying-in Hospitals of Paris, are much more capable of enduring with impunity a protraction of labour, than women in the grades above them, reckoning from the wives of respectable tradesmen, up to ladies of the highest rank. But I have stated strongly my conviction that the protraction of labour beyond the more ordinary period, may lay the foundation of organic diseases which may injure the future health, or may shorten life;" an observation of which Dr. Collins has taken no notice.

No more than *two* untoward circumstances resulting from the protraction of labour have been commented on by Dr. Collins, and yet I have enumerated *four* which he himself has quoted, pages 404-5.

Dr Collins, the intelligent reader will see, had good reason for having passed over in silence the first of the untoward circumstances which I have specified, viz. "that the powers of the uterus *may*, in the second stage, be inadequate to the expulsion of the infant, with safety to its life or to the future health of the mother."

The fact is, that I have quoted from his own records, four cases, where inattention to promoting the dilatation of the os uteri evidently proved fatal to two of the women, and to all the four infants, viz. page 465, No. 210; page 471, No. 608; page 475, No. 725; and page 481, No. 1038; and it could be neither agreeable nor convenient for Dr. Collins to advert to those cases. I will venture to say, that excepting the case detailed by Professor Davis, p. 49 of his Elements of Operative Midwifery, as having occurred in an English workhouse, the medical annals of this empire do not record two more shocking instances of mismanagement than the cases narrated in his Practical Treatise, by Dr. Collins, page 465, No. 210; and page 481, No. 1038.

In the same way, Dr. Collins has taken no notice of the *last* of the untoward circumstances, which I have stated *may* be the consequence of the protraction of labour beyond the more ordinary period, viz. febrile or inflammatory affections of a most dangerous nature. That these effects of long continued labour may not occur so frequently in patients resorting to lying-in-hospitals as in women in private life, may be readily conceded, and may be easily explained, but that they had occasionally appeared in the Dublin Lying-in Hospital cannot be doubted.

One of the most frequent remarks which I have heard young practitioners make, after reading Dr. Collins's Practical Treatise, is the total disregard to the *sufferings* of the poor patient, which is so little concealed, that provided the poor woman struggled through and left the hospital alive, it would seem that the intensity or duration of the pains she sustained, were held of no account.

This disregard of the sufferings of the poor women must not only have been most injurious to them, but also highly prejudicial to the public by the example held out to young men learning the profession. Every practitioner of midwifery should sympathize with the feelings of the patient, and should employ every safe means to alleviate and to shorten them.

It was long ago well observed by Dr. Osborne, that the calamitous condition of the female sex during the progress of parturition, is such that the humblest of them have the strongest and the most complicated claim upon the benevolence and skill of the practitioner. What would have been his feelings if he had lived to read the detail of some of the protracted cases recorded by Dr. Collins, such as that described page 465, No. 210.

In support of his objections to my doctrines, Dr. Collins has brought forward a witness on whose testimony he has placed great reliance, the anonymous author of an article in the British and Foreign Medical Review. But to that authority I most positively object. Would any jury listen to the testimony of a person speaking from behind a curtain?

There are more individuals than Dr. Collins who feel sore at the detection of their fallacies and sophistries, which my public dutyas a Professor in this University sometimes compels me to lay before my pupils.

One of the most unpleasant tasks of a public teacher of any department of medical practice, is that of pointing out the errors of authors, and yet it is of the greatest importance, not only to medical students, but to the world at large. And although I have always endeavoured, in the exercise of this part of my duty, to comment on the opinions of others in the true spirit of giving instruction, and have anxiously avoided indulging in censure, I am well aware that offence has often been taken at my hesitating to adopt innovations which appeared to the authors to be most important suggestions. Your readers will at once understand that individuals thus criticised may gladly avail themselves of the shelter of a review to vent their spleen.

Dr. Collins has referred, as a second objection to my doctrine, page 403, to the information communicated by myself in a private letter to him, on which he has most unceremoniously commented. Since that letter was written, I have learned that I was much mistaken in supposing that some respectable students had taken amiss my observations on Dr. Collins's remarks. I had formed that inference from an anonymous letter, which, I

have now reason to believe, expresses the sentiments of a single individual.

Since Dr. Collins's article in your Journal, No. 39, appeared, several intelligent pupils, who have been from ten to twenty years in practice, have expressed their readiness to bear testimony to the utility and importance of the directions they had received (when attending my class) for the management of the first stage of labour.

I have, however, respectfully declined availing myself of such testimony, having no *personal* interest in the question. I have published the result of my experience for the benefit of the public, and feeling conscious that the principles and practice which I have recommended are calculated to alleviate the sufferings and to lessen the dangers of child-bearing, I leave those practitioners, who choose to imitate the worthy Bishop, who continued to eat asparagus by the wrong end, to the indulgence of their own prejudices.

I have only one more remark to make on this subject. I have publicly and strongly stated, that no patient under my care, since the year 1800, in whom there was not a disproportion, has been above twenty-four hours in labour, and very few so long. Dr. Collins has not ventured in direct terms to controvert this assertion, but he has affirmed, page 40, Dublin Medical Journal, No. 31, that he has found *no fact* in my Practical Observations, establishing the validity of my doctrines; and he has, in your Journal for July last, No. XXXIX., endeavoured, by the *interpolation of words which I never used, and by the most palpable garbling of extracts,* to fasten upon me an accusation of want of veracity.

Having thus shewn by incontrovertible evidence, that Dr. Collins has totally misrepresented my doctrine, I beg leave to recal the attention of the reader to the real question at issue between us.

The propositions, on which I have based my directions for the management of the first stage of labour, are:

That in the cases which occasionally occur, where the first

stage is not completed within ten or twelve hours, notwithstanding regular uterine contractions, certain untoward consequences *may* be the effects of the protraction; and secondly, that there are certain safe means of facilitating the dilatation of the mouth of the womb, and of thereby lessening and shortening the sufferings of the patient.

Nobody could have anticipated, that in the present state of medical knowledge, a practitioner, who for seven years had held the responsible and highly honourable office of the Physician to the Dublin Lying-in Hospital, could have published two articles in a periodical Journal, designed to reprobate the practice founded upon those propositions, and who in the progress of his discussions could have thus expressed himself,—Dublin Journal, page 58.

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

These words imply, firstly, an assent to those propositions, for he says that, " in some instances the mouth of the womb continues rigid and hot;" and secondly, the admission that certain means (the very means I have recommended) " will be

found to *promote relaxation*, and thus be *productive* of the *best effects.*"

On this extraordinary inconsistency I avoid making those comments which I might fairly do from the Doctor's own declaration, "that in no single instance in all those cases, (viz., 16,414,) were any means whatever used to effect the dilatation of the mouth of the womb within any given period."

TREATMENT OF LABORIOUS LABOURS.

In my letters to the Editor of the London Medical Gazette, I shewed by incontrovertible proofs, that Doctor Collins had misrepresented my opinions on the following important points.

Firstly. That by quoting part of a paragraph, and by suppressing altogether my very minute directions for distinguishing cases belonging to the different orders of laborious labours, he has totally perverted my meaning. Journal, No. XXXI., page 40.

Secondly. That upon this manufactured mis-statement he has founded the very serious charge, "that I advise the junior practitioner to be guided as to the safety or otherwise of his patient when in labour, by the *number of hours*," which is at direct variance with what I have published, as your readers will find by looking into my Practical Observations, Part II. pages 45, 46.

Thirdly. That he had, in page 41 of your Journal, No. XXXI. misrepresented my description of the phenomena of laborious labour, by interpolating the words *tedious*, and *an ordinary tedious labour*, words which, in relation to laborions labours, are not to be found in my Practical Observations.

Fourthly. That Doctor Collins has accused me, in page 53, Dublin Medical Journal, No. XXXI., of having suppressed a most important part of one of his sentences, and asks, "is it possible a more distorted view of our practice could be given than this quotation represents?" The attentive reader will find the very words which I am accused of having suppressed, printed accurately, pages 159 and 160 of my Second Part.

Fifthly. That in a note at the bottom of page 55, No.

XXXI. Doctor Collins has alleged that I had only used the forceps thirty-three times in forty-eight years, having suppressed the following important words, "*where I had had the charge of the patient from the beginning.*"

Sixthly. That in pages 51 and 52, Dublin Medical Journal, No. XXXI., by suppressing an essential part of a sentence, Dr. Collins has completely perverted my meaning, and has founded upon that perversion a very serious accusation. His words are these.

"Doctor H., in noticing such cases, where the symptoms are urgent, states, that he should consider it his duty to relieve the poor woman, without paying the least regard to the condition of the infant;" again, "he cannot imagine a case of laborious labour, which had been much protracted, where the knowledge of the state of the infant can be necessary to regulate the practice." Dr. Collins adds, "these are startling observations to guide the junior practitioner;" and he refers to pages 104 and 107 of the Second Part of my Practical Observations.

Let me entreat the reader to turn up page 104 of Part II. of my Practical Observations, and let me direct his attention to the following words:

His practice in such cases, however, would be entirely directed by the state of the woman, and not by that of the infant. "If its head had been for twelve hours or more firmly compressed in the pelvis, not leaving space for the passage of a catheter; if the urine be retained from severe pressure on the urethra, the patient complaining of acute pain on pressure of any part of the abdomen, the pulse being at the same time hurried, and the strength failing;" he should consider it his duty instantly to relieve the poor woman, without paying the least regard to the condition of the infant. Delay under such*

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* The words thus marked by inverted commas are those of Dr. Collins, pages 16 and 17, of his Practical Treatise, and these words contain his description of cases, where he recommends the use of the perforator "SOONER OR LATER"!!!

circumstances, according to Doctor Collins's own shewing, would be productive of sloughing of the contents of the pelvis, with all its fatal consequences, as he has so well described, page 13.

Again, on turning to page 107, the reader will find the following sentence:—" He cannot imagine a case of laborious labour, which had been much protracted, where the knowledge of the state of the infant can be necessary to regulate the practice. *If the circumstances permit the safe use of the forceps, that instrument should be employed, admitting the necessity of interference, whether the infant be dead or alive. And on the other hand, if, from the previous mismanagement, or other circumstances, it would be unsafe to use that instrument, it ought not to be ventured upon, even though the infant be alive.*"

I now distinctly accuse Doctor Collins of having suppressed all the words in the preceding sentences which are printed in *italics,* and I confidently appeal to your readers, whether he has not, by this suppression, totally changed my meaning.

In page 422 of your last Journal, Doctor Collins accuses me of having selected *nine* cases, in which it was deemed advisable to effect delivery by the crotchet, the child's death having been ascertained by the stethoscope some hours previously; and he adds, page 423, the following words:—" What, I ask Doctor Hamilton, was the result even of the nine cases chosen? I will answer; all but one perfectly recovered."

Dr. Collins has truly stated, that I have pointed out specially nine cases, where the poor women were allowed to suffer unavailing pain for hours after it had been ascertained by the stethoscope that the infant had been some hours dead. But he has suppressed the important fact, that I have *copied from his own records nineteen cases of that description,* and that *eight* of the women died!! That there may be no misunderstanding, I now give a reference to the nineteen cases where the infants had been supposed dead, by the test of the stethoscope, many hours before the poor women were relieved.

In my extracts in the Dublin Medical Journal, I quote from Dr. Collins's Practical Treatise the following cases:

Page	158,	No.	126,	Died.	Page	169,	No.	130,	Recovered.
,,	300,	,,	32,	,,	,,	471,	,,	555,	,,
,,	464,	,,	173,	,,	,,	471,	,,	584,	,,
,,	473,	,,	605,	,,	,,	472,	,,	626,	,,
,,	473,	,,	665,	,,	,,	474,	,,	667,	,,
,,	477,	,,	817,	,,	,,	475,	,,	725,	,,
,,	481,	,,	1038,	,,	,,	476,	,,	740,	,,
,,	483,	,,	1091,	,,	,,	478,	,,	810,	,,
					,,	480,	,,	976,	,,
					,,	480,	,,	1032,	,,
					,,	482,	,,	1041,	,,

Dr. Collins has ventured to accuse me, page 408, (Dublin Medical Journal, No. XXXIX.) of having "given a most distorted view of the facts and practices recorded in his Practical Treatise." On this charge I join issue, and challenge Dr. Collins to shew one misrepresentation of his facts and practice.

In the second part of my Practical Observations, I had made an erroneous reference to certain cases recorded by Dr. Collins, and whenever he pointed it out to me I explained, apologized for it, and corrected it, as acknowledged by Dr. Collins himself in your last Journal. But Dr. Collins has neither explained nor corrected the mis-statements of my doctrines, which I have thus pointed out.

As my friend, Dr. John Moir, Assistant Physician to the Edinburgh General Lying-in Hospital, has undertaken to send to your Journal an abstract of the cases which have occurred in that Hospital since the year 1823, I shall take no other notice of Dr. Collins's observations respecting that Hospital, than to point out a most deliberate misrepresentation respecting my account of that Institution, on which he has been pleased to found an impeachment of my veracity.

He says, page 419 of your last Journal, "Now for the

Professor's own Hospital, the Edinburgh. In the following statement, taken from Dr. Hamilton's third letter to the Editor of the London Medical Gazette, there is much of concealment.

" ' It will, no doubt, surprise Dr. Collins and the gentlemen connected with the great establishment in Dublin, when I state, that by a Report presented to the Managers of the Edinburgh General Lying-in Hospital, and circulated under the authority of the Right Hon. the Lord Provost of this city, dated the 21st January 1837, it appears, that 15,936 women had been delivered previous to 1st October 1836, and that the whole expenditure, (not the annual,) including the purchase of the buildings and area, furnishing the same, &c. amounted to the very small sum of £10,214. 13*s.* 8*d.*'

" Would not the unsuspecting reader from this extract believe that the total 15,936 women were delivered in the Edinburgh Hospital; whereas the fact is far otherwise, as, by a statement printed in 1834 (I have not that to 1836) the deliveries within the walls from 1793 to the former year, amounted only to 5198."

This formal and very serious charge is rendered plausible by the interpolation of the words *in the Edinburgh Hospital,* and the words *within the walls,* and by the omission of one-half of a sentence.

In page 387 of the London Medical Gazette for June 1837, I have stated, that " it is well known also that since the establishment of the Edinburgh General Lying-in Hospital in 1793, I have had the chief charge of that institution; and although it is upon a scale quite inconsistent with the extent of our population, yet 15,936 patients were delivered *by the medical attendants of the hospital,* previous to 1st October 1836."

Dr. Collins has had the hardihood to declare his disbelief in this statement, and triumphantly brings forward a quotation from the annual address to the public in favour of the hospital, printed in 1834, to prove that only 5189 patients were delivered within the walls of the hospital. The printed sentence in

the address from which he has taken half a sentence, is in the following words:—" 5198 patients have been delivered in the hospital, and 9126 out-patients have been attended at their own houses, at an expense not exceeding £9650, independent of the building and area, which are so admirably fitted, in point of quietness and ventilation, for an hospital of that description."

During the years 1835 and 1836, the total amount of patients was 1576, which being added to the former number of 14,360, make 15,936, the exact number which I have stated to have been attended by the medical officers of the institution. I shall leave your readers, Mr Editor, to apply the epithet which couduct such as this so well merits. Forty-six years have elapsed since my father and I, in a letter to Dr Osborne, stated the following incontrovertible axiom:—

" By mutilating an author's expressions, and selecting particular passages without adding those which explain or elucidate the subject, any opinion may be misrepresented, and any meaning may be applied.—*Hamilton's Letters to Osborne*, page 31.

It is impossible to imagine a more correct verdict upon Dr. Collins's two articles in your Journal, than this sentence conveys.

He not only has interpolated words, and suppressed the half of a sentence, in order to pervert my meaning, and to give a colour to his uncandid allegations, but he has even accused me of concealment in respect to the affairs of that hospital, and yet in a note preceding the paragraph which he has quoted from my third letter to the Editor of the London Medical Gazette, I have referred him to a document, proving, by the publication of Mr. Moir, in 1823, that a daily report of the individual cases had been kept by myself for the first seven years, but that the books containing those reports had been abstracted.

In the paragraph succeeding that which he has quoted, it is

stated that a regular account of the cases which occurred from 1st January 1823 to 31st December 1836, and of the out-patients of the same institution from September 30th, 1825, to 31st December, 1836, has been kept, and an abstract of the result, in what relates to laborious labours, has been added. Nobody but Dr. Collins would venture to allege, that this is concealment; and when I add, that since the institution of the hospital, an annual printed account of the number of patients delivered, and of the very items of expenditure, has been distributed among the subscribers; and that upon an average, nearly one hundred pupils annually attend the hospital, at the expense of £1. 3s. for six months' attendance, it would require even more dexterity than Dr. Collins gives me credit for, to conceal the affairs of the Edinburgh General Lying-in Hospital.

Having thus pointed out, that by means of interpolations and substitution of words, and by garbled quotations of sentences and paragraphs, Dr. Collins has contrived to render plausible his various mis-statements and misrepresentations of my opinions and practice, I have only to add, that it is impossible for me ever to have any future communication with that individual.

I have the honour to remain,

Mr Editor,

Your obedient humble Servant,

JAMES HAMILTON.

OBSERVATIONS

ON

AN ARTICLE CONTAINED IN THE DUBLIN JOURNAL OF MEDICAL SCIENCE, FOR JANUARY 1839, (BEING No. XLII),

ENTITLED

" AN EXAMINATION OF DR HAMILTON'S LETTERS, IN DEFENCE OF HIS OPINIONS, ESPECIALLY IN REFERENCE TO THE MANAGEMENT OF THE FIRST STAGE OF LABOUR,

BY

EDWARD W. MURPHY, A.M. M.D.,

LATE ASSISTANT PHYSICIAN TO THE DUBLIN LYING-IN HOSPITAL."

ADDRESSED THROUGH THE MEDIUM OF THE LONDON MEDICAL GAZETTE, TO THE READERS OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE;

BY

JAMES HAMILTON, M.D.,

PROFESSOR OF MEDICINE AND MIDWIFERY, &c., IN THE UNIVERSITY OF EDINBURGH.

MDCCCXXXIX.

Dr Hamilton most reluctantly feels compelled to make a public complaint against the Editors of the Dublin Journal of Medical Science. In doing this, he is not actuated by the sole motive of defending himself against what he considers gross injustice (for in his station, such considerations are of little import), but by an anxious wish to endeavour to deter those Editors from acting in the same manner to individuals who may not be so independent of their censure or their praise, as he feels himself to be.

In that Journal, No. 37, there appeared an article by Dr Collins, misrepresenting some published opinions of Dr Hamilton. The Editors readily admitted a reply; but they subsequently received and published an article from Dr Collins, most discreditable not only to him, but to their own Journal. On this article Dr Hamilton felt it his duty to animadvert, and at first the Editors refused to admit his reply, on the allegation, that they did not wish to continue the controversy; apparently, however, conscious of the injustice of such a proceeding, they afterwards agreed to insert it, and accordingly it appeared in the number for November 1838.

In that reply, Dr Hamilton concluded by declaring, that it was impossible for him to have any further communication with Dr Collins, thus, as he believed, putting an end to the controversy.

The reader may judge of his surprise, when he found that the Editors of that Journal had admitted, in their number for January 1839, an article by Dr Murphy, formerly assistant to Dr Collins, reiterating all the calumnious charges against Dr Hamilton's opinions, and

defending some practical precepts of a most dangerous tendency, which are advocated, and had been fatally acted upon by Dr Collins.

It became Dr Hamilton's duty to reply to this new controversialist, and accordingly he wrote the following postscript to the preceding pages, and sent a proof copy in print to the Editor of the Dublin Journal of Medical Science, from whom he received a letter, dated March 6, 1839, "respectfully" declining the insertion of his article. Before being favoured with that communication, he had learned that the Dublin Journal for March 1839, contained a long tirade from Dr Collins, which, of course, Dr Hamilton is precluded, by his recorded declaration, from ever looking into. He put it, however, into the hands of two intelligent friends, who stated (after bestowing an epithet upon it, which he does not choose to repeat) that it was utterly unworthy of notice.

The charge which Dr Hamilton now feels himself warranted in making against the Editors of the Dublin Journal of Medical Science, is, that they have given insertion to observations misrepresenting and falsifying his doctrines, and have refused to allow him an opportunity of defending himself. And he has a still more serious charge to prefer against them, viz., that of sanctioning the mis-statements of Dr Collins and Dr Murphy, and by endeavouring to suppress Dr Hamilton's exposition of the dangerous tendency of their practical precepts, of misleading the inexperienced practitioners of Ireland, and thus of doing incalculable mischief.

EDINBURGH, APRIL 6, 1839.

POSTSCRIPT.

After the preceding pages had been printed, the Dublin Journal of Medical Science, No. 42, containing an article by Dr Murphy, was put into Dr Hamilton's hands. As in that article there are some misrepresentations of Dr Hamilton's opinions, different from those of Dr Collins, and the reiteration of certain doctrines calculated to mislead the profession, Dr Hamilton feels it incumbent on him to offer a few remarks upon it.

Following the example of the late Dr Gooch of London, Dr Hamilton published, in 1836-7, for the information of the profession, the result of his experience, under the title of Practical Observations upon various subjects relating to Midwifery.

The object of that work was to state the reasons which had induced Dr Hamilton to consider the ordinary practice in many cases of difficulty and danger to be erroneous, and to suggest certain changes, the utility of which had been confirmed by his experience. While he undertook this task, he did not anticipate that he could have been suspected of intending to represent those who continued to pursue the practice to which he objects, as either ignorant or prejudiced. He was quite aware that it is the duty of medical men, when they enter on the exercise of their profession, to adopt the rules which they have been taught, and he was equally aware that not a few continue to pursue the same routine, inattentive to the varieties and phenomena of human disease.

In the Second Part of his Practical Observations, Dr Hamilton has noticed and animadverted upon (as it was his right and his duty to do) the opinions of Dr Osborne, Dr Denman, Dr Davis, Dr Burns, Dr Dewees, and other esteemed au-

thors, and when it was actually in the hands of the printer, Dr Collins's Practical Treatise was sent to him by his bookseller. He considered it incumbent on him to notice that work, on account not only of the respectable station which Dr Collins had held, but also of the valuable practical information it communicates. Dr Hamilton has given all due credit to Dr Collins for the candour and value of his records, and in dissenting from him on practical points, has endeavoured to use the most respectful language.*

The reader may therefore judge of Dr Hamilton's surprise when he found, in the Dublin Journal of Medical Science for March 1837, an article by Dr Collins, containing animadversions on the doctrines of his Practical Observations, founded upon most erroneous views, and containing most calumnious charges against his practical precepts, alleging "that they are calculated to urge junior practitioners to a hasty, unnecessary, and consequently injurious interference," and holding them out "as cruelly encouraging the destruction of the child,"—"as being fraught with much hazard to the patient," &c.

An attack so unexpected and so uncalled for, necessarily compelled Dr Hamilton to point out the mis-statements, and

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* In consequence of this hurried reference to the Practical Treatise, Dr Hamilton fell into a very unintentional error, which he has noticed in his letter dated July 4th, 1837, to the editor of the London Medical Gazette, paragraph 27, in the following words: "In illustration of my objections to Dr Collins's rule, I referred (in the Second Part of my Practical Observations) to several of his recorded cases, and I find that in doing so I had committed a gross error, for which an apology is due. This error, which was most unintentional, can be readily accounted for. I had made a memorandum of all the cases (in his work) in which it appeared to me that there had been an injurious delay in affording assistance, and I had afterwards selected the cases where there had been disproportion, but I had forgotten to mark off those latter, unluckily, therefore both lists were printed, the original one in page 105, and the selected one in page 162. Under the hurry of my profesional duties, this and several other typographical errors were overlooked."

to endeavour to prove that his precepts, instead of being of the dangerous tendency asserted by Dr Collins, are confirmed by the cases published by that individual himself, as satisfactorily as if those cases had been fabricated for the express purpose. At the same time he declared, that if his opinions had been fairly quoted, he should have left the profession at large to judge of their validity. This Dr M. has called, "*inviting a controversy*," and "*a novel mode of proceeding*."

Indeed !—defending himself against misrepresentations and calumny, is held out as "inviting a controversy," and "a novel mode of proceeding !"

When Dr Collins, by garbled extracts, substitution of words, and the interpolation of expressions not contained in the text, deliberately misrepresented Dr Hamilton's opinions and precepts; and when, upon those manufactured misrepresentations he founded most injurious accusations, could it have been imagined that Dr Hamilton should submit tacitly to such conduct? And when it is considered that the only possible object which could have induced Dr Hamilton to publish his Practical Observations, was a conviction that the result of his experience might benefit the profession, and of course the public, it would have been a most extraordinary circumstance, if Dr Hamilton had not stept forward to rebut Dr Collins's charges.

The notice which Dr Hamilton was thus compelled to take of the cases which had occurred in the Dublin Lying-in Hospital, it appears, has had an effect which he had never contemplated. It has impressed on the minds of Dr Murphy, and his late master, the delusion that Dr Hamilton's object was not to defend himself from misrepresentations and calumnies, which is really the truth, but to censure the practice adopted during their incumbency in the Dublin Lying-in Hopital.

Any argument addressed to persons under such a delusion,*

* The reader will find proofs of this delusion through the whole of Dr Murphy's article, but it is fairly avowed, in page 439, Dublin Medical Journal, No. XLII

would be labour lost; but as they have published their complaints, it is incumbent on Dr Hamilton to give some explanation to the readers of the Dublin Journal of Medical Science.

Firstly, Had Dr Hamilton undertaken to review the "Practical Treatise," and had he selected a few of the worst managed cases as proofs of the usual treatment of patients in the Dublin Lying-in Hospital, then, indeed, there might have been cause for complaint. But instead of this, every case referred to by Dr Hamilton serves to illustrate those precepts which Dr Murphy and his late master have so much misrepresented and calumniated.

Secondly, Those individuals, under the delusion which misleads them, have forgotten that books are the property of the public, and that, provided the meaning of the author be not perverted, every purchaser is entitled to animadvert upon their contents.

Thirdly, The same delusion has prevented their being aware, that when a medical author objects to any particular mode of practice, he does not necessarily censure the practitioner who had adopted or sanctioned it.

None of Dr Hamilton's pupils ever heard him hint at a censure upon Sir Richard Croft for his treatment of the Princess Charlotte. Sir Richard, on that occasion, followed the rules he had been taught. Dr Denman, his preceptor and father-in-law, had, in strong language, maintained, that the first stage of labour should be allowed to continue for an unlimited time, and with this lesson regulating his conduct, Sir Richard did his duty faithfully, according to the best of his judgment. Although, therefore, no blame can be imputed to Sir Richard individually, it does not follow that a public teacher is bound to conceal from the notice of his pupils, an explanation of the errors committed in the treatment of that interesting case.

Practically considered, all published cases should be regarded by a teacher and an author as illustrating his precepts, either as examples or as warnings; and provided the selection be appropriate, and the quotation faithful, there can be no ground for

complaint. Dr Murphy has not only dissented from this general proposition, but has expressed his displeasure at the same case having been repeatedly referred to, evidently from his not understanding that an individual case may illustrate as many precepts as there may have been errors committed in its treatment.

Under the delusion that Dr Hamilton had reviewed and censured the practice of the Dublin Lying-in Hospital, Dr Murphy has reiterated the absurd charge, that Dr Hamilton ought to have previously published an account of the cases which had occurred in the Edinburgh General Lying-in Hospital; and this he has had the hardihood to do after Dr Hamilton has CONVICTED* his late master of a deliberate falsification of the records of that Hospital, by suppressing half of a sentence, and by interpolating certain words.

When the reader considers that Dr Hamilton, in his "Practical Observations," has only incidentally *referred* to some of the cases which had occurred in the Dublin Lying-in Hospital, and has quoted only one of them, he will at once see the unfair advantage which has been taken of his Observations on Hospital Practice, notwithstanding his having protested against such a discussion, as having no relation to the object of his work. No professional man doubts that patients in the higher ranks require a different mode of treatment, both in diseases of the general system, and in the act of parturition and its consequences, from that which is adapted to those in the lower ranks.

With these preliminary remarks, Dr Hamilton now proceeds, *firstly*, to lay before the reader a few specimens of the most flagrant misrepresentations with which he charges Dr Murphy. *Secondly*, To shew that several of Dr Murphy's incidental remarks are contrary to the established principles of

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* Dublin Medical Journal, No. 41, p. 197.

midwifery; and, *thirdly*, to prove that Dr Murphy, in the article referred to, has advocated modes of practice in cases of difficult and dangerous labours, which are of the most injurious tendency. If Dr Hamilton make out these propositions to the satisfaction of the reader, he will feel himself exonerated from noticing any article which may in future appear under the signature of Dr Murphy or his coadjutors.

I.—Specimens of Dr Murphy's Misrepresentations.

Dr Murphy,—trusting that his readers may not be aware, that while two practitioners agree in a general principle of practice in certain cases, they may propose different, and even opposite means for carrying the object of that principle into effect,—has taken much pains to identify Dr Hamilton's directions for the management of the first stage of labour with those of Dr Burns.

The deviation from the usual mode of practice in the management of the first stage of labour, which Dr Hamilton claims to have introduced, is limiting the duration of that stage where there are regular labour pains to 12 or 14 hours, and it is upon this principle that Dr Burns and he are agreed. As Dr Burns has expressed it, page 498, ninth edition,—" Dr Hamilton makes it a rule to have the first stage of labour finished within a given time."

But Dr Murphy cannot fail to know (for indeed he has himself stated it), that while Dr Burns advises dilating the os uteri, by insinuating the fingers and opening them, Dr Hamilton's directions are, to support the os uteri during the pains, by pressure on its edge. It is, therefore, most uncandid to allege identity of practice; and all Dr Murphy's declamation upon this subject must necessarily fall to the ground.

In saying this, Dr Hamilton gives no opinion on the propriety of Dr Burn's practice, having never tried it, except in

cases of hæmorrhage, &c., where the artificial opening of the os uteri became a matter of urgent necessity.

After having thus so unfairly confounded two different modes of practice, Dr Murphy does not scruple to accuse Dr Hamilton of ambiguity of language, an accusation which has at least the merit of novelty, and is to be especially noticed by and by.

In his review of the notice which Dr Hamilton has been forced to take of the cases of laborious labours which had occurred in the Dublin Lying-in Hospital, Dr M. has not only suppressed certain most essential facts of those cases,* but has also misrepresented Dr Hamilton's remarks. It is, however, only necessary to give the following as examples of the whole :—

A case is much commented upon, page 426, Dublin Journal, No. 42, recorded in the Practical Treatise, page 465, No. 210, which Dr H. admits that he has designated as a shockingly mismanaged one. Instead of quoting the authentic record of that case (as Dr Hamilton had done), Dr Murphy has given a most garbled and disingenuous report of it.

He says,—" She was of a most fretful and anxious disposition, and had been in labour from the 20th to the 23d of February. The action of the uterus throughout was very inefficient,—there was no dilatation on the 20th. On the 21st, the os tincæ was dilated to the size of a crown; on the 22d, nearly the same; but during that night, though the uterus continued to act imperfectly, it was nearly completed, excepting towards the pubes, where a

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* Thus, *inter alia*, in page 425 (Dublin Journal, No. 42), in a reference made to case, No. 150, Practical Treatise, page 464, Dr Murphy has suppressed the most important fact, that the *scalp of the infant was* ALLOWED *to protrude through the external parts for nearly twelve hours.*

Again, in the same page of the Journal, in alluding to case, No. 509, page 470, he has concealed, *that the bladder of the woman had been forced down before the head of the infant*, and also that the woman had already had two still-born children.

portion still covered the head of the child (a fact which Dr Hamilton seizes upon to attribute the delay to interception of the cervix); the pulse after this became hurried; breathing difficult, and great anxiety, with considerable debility. She was then given an opiate, in the hope that the uterus would act with more effect afterwards; rest was produced for some time, but when the pains returned, the same symptoms appeard in a more urgent form. The head was immediately lessened, and almost every bone removed, before it could be delivered, and even after it was brought down, much caution was required to free the shoulders and body. She expired almost immediately, for which no cause is assigned."

Now Dr Hamilton charges Dr Murphy with having suppressed certain important facts of this case, which are necessary to render it intelligible, and also of having founded, upon the suppression of those facts, certain injurious accusations against him.

Firstly, Dr Murphy says, that the woman had been in labour from the 20th till the 23d of February, whereas the record bears, that "*she was admitted on the 17th February, with the liquor amnii dribbling away,*" and that "*pains began on the 18th, and continued on the 19th.*"

Secondly, He has suppressed, that "*on the 20th the head of the child was found low in the pelvis, the edges of the os uteri thin and lax, the pains had returned in an urgent form,*" and that "*the woman had expressed herself as suffering the most acute distress.*"

Thirdly, In the authentic record, it is stated, that, "*On the morning of the 23d the pelvis felt of sufficient size to allow the head to pass, and all that seemed wanting to effect this was, that the pains should become expulsive;*" a circumstance carefully concealed by Dr Murphy.

Fourthly, The following report of the case at 9 P.M. of the 23d, is also suppressed by him,—"*On examination, the head was found in the same situation as in the morning; and had it*

not been that the mouth of the womb still remained over it next the pubes, an attempt would have been made to deliver with the forceps."

Fortified by the suppression of these important particulars, Dr M. has had the extraordinary temerity to prefer the following accusations against Dr Hamilton.*

Firstly, He says, page 430, " Dr Hamilton gives this case as being of 96 hours' duration, though there was no dilatation of the os tincæ till the 21st, 60 hours before delivery." Even *he* durst not have made this allegation if he had not suppressed the two first facts above presented to the reader, as stated by Dr Collins.

The second accusation is in the following words, page 429, —" Dr Hamilton asserts the cause of delay to be the interception of the cervix uteri, though at no period of the labour did the pains become expulsive, and throughout the uterus acted imperfectly; the head, therefore, could not have been forced down upon the pubes, so as to intercept the cervix. Dr Hamilton has therefore assumed a condition of which there is no evidence."

Really it is difficult to find terms which a gentleman would choose to employ in repelling this accusation. The suppressed facts, Nos. 2, 3, and 4, of the authentic record of the case, completely establish Dr Hamilton's assertion, for the head of the infant is described as having been low in the pelvis, with the os uteri undilated on the 20th of February; and on the 23d, it is reported that the mouth of the womb still remained over it next the pubes.—Could any man but Dr Murphy venture to assert, that the uterus was *not* interposed between the head of the infant and the bones of the pelvis?

Thirdly, Dr Murphy says, page 431,—" It might have

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* The accusations are not enumerated in the order in which they are made by Dr Murphy, for it did not suit his mode of warfare to be regulated by the Lucidus Ordo.

puzzled those to whom Dr Hamilton addresses himself, to explain how he could accomplish so much under so many difficulties as this case presented. To complete, in little more than two hours, a labour in which the pains were so weak as scarcely to produce any effect upon the os tincæ, and the utmost difficulty in extracting the child, even when the head was broken up, is a degree of skill which would require something more to make it intelligible than mere assertion."

Had not Dr Murphy deliberately concealed from his readers, that upon the morning of the 23d February, "the pelvis felt of sufficient size to allow the head to pass; and all that seemed wanting to effect this was, that the pains should become expulsive," he could not have preferred this very modest insinuation. All that was necessary on the morning of the 23d, was to clear the head from the uterus, and to apply the forceps.

There are some incidental remarks hazarded upon this case by Dr Murphy, to be noticed in illustration of the second proposition. It is only necessary, therefore, to add, that the explanation of this most melancholy case is abundantly simple, though it certainly did puzzle Dr M. and his late master. The liquor amnii was discharged on the 17th of February, and pains began on the 18th. The liquor amnii having been discharged, the uterus necessarily became in close contact with the person of the infant; and when, on the 20th of February, the child's head was found low in the pelvis, the uterus must have been interposed between it and the bones of the pelvis. This Dr Hamilton has called Intercepted, and he sees no reason to alter the expression. "On the morning of the 23d the pelvis felt of sufficient size to allow the head to pass, and all that seemed wanting was, that the pains should become expulsive." At this period, instead of using the forceps, which would have supplied the place of the pains, the poor woman was left to her fate. After this the pulse became hurried, with difficult breathing, &c., and an opiate was given, which had the effect of sus-

pending the uterine action, while the pressure of the head of the infant for many hours, produced such swelling of the soft parts lining the pelvis, as to oppose a serious obstacle to the extraction of the infant. Of course, this swelling subsided after death, and could not be discovered by dissection, but that such is the only explanation of this case is indisputable, for there was no actual deficiency of space.

With the following statement, Dr Hamilton concludes his evidence of Dr Murphy's habitual misrepresentations.

He says, page 422, " From the recoveries are omitted by Dr Hamilton, Nos. 725, 1053, and 1041, also quoted for a different purpose by Dr Hamilton, so that even this list of Dr Hamilton's, when corrected, gives only 4 deaths and 14 recoveries, where the infant had been some time dead before extraction."

This paragraph relates to Dr Hamilton's allegation, that, notwithstanding the high value attributed to the use of the stethoscope in the Practical Treatise, there are 19 cases where the sufferings of the poor women were allowed to continue for hours after the infant's death had been ascertained by that instrument; and of the 19 cases, that 8 of the women died, and 11 recovered. This assertion, so strongly denied by Dr Murphy, Dr Hamilton fearlessly repeats, and can find no difficulty in satisfying the reader.

In 6 of the 8 cases of death, (of the women) viz.: No. 126, page 158; No. 32, page 300; No. 605, page 473; No. 665, page 478; No. 817, page 477; and No. 1091, page 483; it is distinctly stated, that the death of the infant had been ascertained by the stethoscope some hours previously. In a seventh case, No. 173, the words are,—" the child was evidently dead;" and in the eighth case, No. 1038, the expression is,—" as the fœtal heart had ceased to act," &c. Can any one doubt that these are cases where the stethoscope had been applied.

Dr Murphy has asserted, that from the recoveries are omit-

ted, Nos. 725, 1053, and 1041. Throughout the whole of his article, Dr M. has drawn largely on the credulity and supposed ignorance or carelessness of his readers; but it is almost incredible, that he should have made an assertion, the verity of which, any one who has the Dublin Medical Journal for November, 1838, No. 41, could at once ascertain, by turning up page 196. The reader will find in that page, line 8, the case No. 725, and in the same page, line 13, the case 1041, enumerated among the recoveries. As to No. 1053, that could not be included, because it is expressly stated, page 482, Practical Treatise, "that the head was lessened *as soon as the child's death was ascertained.*" It could not, therefore, be cited as a case where the sufferings of the poor woman were allowed to proceed for hours after the stethoscope had indicated the death of the infant.

But not contented with this extraordinary imposition on the credulity of his readers, Dr. M. has deliberately accused Dr Hamilton of having enumerated among the deaths 2 cases, No. 32, T, and No. 1091, U, which, in his former letter, were quoted to prove that the patients' lives were brought into great jeopardy, while the child, according to the evidence of the stethoscope, continued to live, and he refers (in the foot-note) to the Dublin Journal, No. 41.

No such cases are recorded in the Journal No. 41, but in No. 38, they are cited, and in page 223 of that No. of the Journal, it is specially stated (in reference to No. 32, page 300, Practical Treatise) that the woman was sent into the Hospital in *severe* labour, *with a countenance expressive of great anxiety, pulse* 120, *the fœtal heart acting with rapidity*, and that after 12 hours suffering, *the action of the fœtal heart having ceased to beat*, she was delivered by the crotchet, and died in 14 hours. As to case 1091, the record bears, that the fœtal heart was quite audible till 8 hours previous to the birth. This woman died on the 11th day.

If these be not cases where the poor women's sufferings were allowed to continue for hours after the death of the infant had

been ascertained by the stethoscope, Dr Hamilton certainly does not understand the English language. The same cases, as already stated, may be cited, as illustrating several practical precepts. There can be no doubt, that the cases No. 32 and 1091, shew that the poor women's lives were brought into jeopardy before the death of the infant, and there can be as little doubt, that after the death of the infant had been ascertained, the unfortunate creatures were allowed to suffer unavailing pains for hours.

In actions at law, whether civil or criminal, witnesses sinning against the ninth commandment, which is universally admitted to be a transgression of a heinous character, incur the heaviest penalties. But the influence of their transgression in any civil or criminal action is limited to that individual case.

How different is it where the medical profession is concerned. A medical professor of an established University, after having been engaged in extensive practice for nearly half-a-century, had published the result of his experience for the information of his brethren, and for the benefit of the public. Two physicians who had held the respectable situations of master and assistant to the Dublin Lying-in Hospital, have been proved to have deliberately misrepresented that work, by means of garbled extracts and other artifices. Many of the junior members of the profession may have been thus prevented from consulting the work in question, and hence the means of saving the lives, both of infants and of women, in certain cases of difficulty and danger, may remain unknown to them. But not contented with misrepresenting Dr Hamilton's opinions and precepts, by which they prevent the junior members of the profession from consulting his works, they have, by fraud in language, endeavoured to hold out his precepts for the management of laborious labours, to those who may have chanced to have read them, as inculcating a " hasty, unnecessary, and consequently injurious interference, as meddlesome midwifery," &c.

II.—Evidences of Dr Murphy's ignorance of the Principles of Midwifery.

On the first perusal of Dr Murphy's paper, there were so many proofs of a deliberate intention to impose upon the credulity of the readers of the Dublin Journal, that it was Dr Hamilton's impression that the incidental remarks betraying ignorance of the fundamental principles of midwifery, were simulated for the same purpose.

A careful review, however, of the practice adopted in the Dublin Lying-in Hospital, while Dr Murphy was assistant, now enables Dr Hamilton to understand that the incidental practical remarks alluded to, are the conscientious opinions of that individual.

In page 434, Dr Murphy has the following words :—" Pressing on, or supporting the anterior edge of the os tincæ would, of necessity, act against the head, just in the same way as if two fingers were applied to the head itself, and the difference in both cases, where the uterus and not the fingers effect the dilatation, is so slight as to be immaterial, but when the practice is applied where there are no strong forcing pains, and the fingers are, as it were, to supply the place of the uterus, it in no way assists us in understanding how it is to be done."

This sentence seems to import that it is Dr Murphy's opinion, that pressing with two fingers on the head of the infant during the labour pains, has the same effect as pressing upon the anterior edge of the os uteri, he having evidently not understood, that during labour the head of the infant is passive, and that the uterus is the active agent.

When the uterus is interposed between the head of the infant and the bones of the pelvis, the influence of the pains is prevented from extending to the os uteri. Supporting the

edges of that part during the pain counteracts this interruption, as every one who has adopted the practice well knows.

Again, in page 424, Dr Murphy uses the following words :— " In order to make this objection intelligible he (Dr H.) asserts the cause of delay to be the interception of the cervix uteri, though at no period of the labour did the pains become expulsive, and throughout the uterus acted imperfectly, the head, therefore, could not have been forced down upon the pubes, so as to intercept the cervix."

From this sentence, it is evident that Dr M. believes that the uterus cannot be interposed between the head of the infant and the bones of the pelvis, *without there having been expulsive uterine contractions.*

If he had not been taught, that occasionally, when the liquor amnii has been discharged before there be any dilatation of the os uteri, the infant's head, included in the uterus, sinks low into the pelvis, so as almost to fill the cavity, the record of the melancholy case, No. 210, might have opened his eyes to the fact. He has, indeed, endeavoured to conceal this from his readers, by suppressing sentences, No. 1 and No. 2, already referred to in the history of the case.

Dr Murphy, in allusion to that most mismanaged case (No. 210, page 465), has the following observations :—Dublin Journal, No. 42, page 429,—" Perhaps Dr Hamilton will allow, that the only utility of opiates, in cases of protracted labour, is to suspend inefficient uterine contractions, which wear out the strength of the patient, without advancing the delivery, or to render these contractions more powerful, and there are no marks by which the one result or the other may be calculated upon."

Here is an attempt to justify, upon Dr H.'s own authority, the use of the opiate in that melancholy case. The reader will find, on referring to the 2d part of the Practical Observations, page 89, a very different rule for the exhibition of opiates.

Dr Hamilton's words are,—" The *safety* and the utility of opiates must be very carefully considered before being prescribed. If there be pain in the head, or any circumstance whatever which might render the further protraction of labour for ten or twelve hours injurious, opiates are most *dangerous.*"

It is to be noted, that the woman had been in labour for several days, and that " the pulse had become hurried, breathing difficult, accompanied with great anxiety and considerable debility," before the opiate was administered.

Another evidence of the truth of the proposition under consideration, is selected out of several which might be adduced.

In commenting upon a case where Dr Hamilton applied the forceps, Dr M. has the following expressions, page 433 :—

" It must also strike the intelligent practitioner, that the forceps employed for an hour and a half, compressing such a head, would be a very likely way to produce such an effect (alluding to the infant having been born in a state of suspended animation, from which it was recovered), besides, it is not probable that the forceps could be applied without moving the head from its position ; and still less, that some meconium would not have escaped if at all pushed back, had the child been previously in danger." By the above quotation, it appears that a person who had been assistant-physician to the Dublin Lying-in Hospital, is ignorant of one of the rules for the use of the forceps, with which every tyro of the profession is familiar, viz. :—that, during the interval of working, the pressure of the instrument upon the head of the infant is to be removed. Compression of the head of the infant, by means of the forceps, for an hour and a half, was never heard of in this part of the world.

As to the head being moved from its position by the application of the forceps, that is an effect of the application of the instrument totally unknown here. If, indeed, such forceps as those which had been employed in the Dublin Lying-in Hospital, during Dr Murphy's attendance, had been used in the

case alluded to, the introduction of the instrument would have occasioned much pain, and probably danger;* but even a bungling operator could not have moved the head from its position; for the record bears (what is the real truth), that the head completely filled the pelvis.

Marvellous, indeed, are Dr Murphy's remarks on the use of the forceps. He denies (Medical Journal, No. 42, page 442) that, by means of the forceps, the head of the infant can be safely diminished by approximating the parietal bones. He † asserts, that the pressure of the instrument must destroy the life of the infant, and must be dangerous to the parent; and he appeals to a grossly mismanaged case, that of Lady T.

In his abuse of Dr Hamilton's precepts, he has very innocently let out the fact (page 443), that "Dr Hamilton, in fifty years practice, where he had charge of the patient from the beginning, only used the forceps 35 times, not once in the year." Will any other individual than Dr Murphy or his late master venture to allege that this example is encouraging "junior practitioners to a hasty, unnecessary, and consequently dangerous interference?"

As Dr Murphy has, relying on the carelessness of his readers, rung the changes upon the ambiguity of Dr Hamilton's language, it is necessary to settle that question before proceeding farther.

By this accusation, he probably expected to withdraw his reader's attention from the frauds of his own language, and

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* In the Practical Treatise, page 12, it is stated, that the blades of the smallest sized forceps used in Britain, even when completely closed, measure from $3\frac{1}{8}$ to $3\frac{1}{2}$ inches.

† He refers to the authority of Baudelocque in confirmation of his allegation, that the head cannot be safely diminished by the forceps, forgetting that each blade of Baudelocque's forceps is nearly $\frac{1}{4}$ of an inch in thickness. He might have known that Madame la Chapelle, even with the French forceps, repeatedly succeeded in bringing a living infant through a defective pelvis.

that of his late master. He has, indeed, not attempted to vindicate his master's garbled extracts, substitution of words, &c., but he has improved upon his plan, by boldly suppressing facts, and preferring groundless charges. This may be the effect of the delusion under which he labours; but it is absolutely necessary that it should be brought under the particular notice of the professional reader.

Language may be ambiguous to the reader or to the hearer, in consequence of his own ignorance. A discussion upon the principles which regulate rent, though expressed in the most appropriate language, would be totally unintelligible to a person who had not studied that intricate question; and the same observation is applicable to various scientific subjects, such as astronomy, navigation, &c. Dr Hamilton addressed his practical observations to the profession; and it must be perfectly evident, that if the readers of his work are ignorant of the elements of midwifery, his language may appear to them to be ambiguous.

A person who believes—that pressing with two fingers on the head of the infant, during the first stage of labour, is tantamount to pressing on the edges of the os uteri,—that the interception of the cervix uteri between the head of the infant and the bones of the pelvis, cannot take place without the previous occurrence of forcing pains,—that the application of the forceps in cases where the head is wedged in the pelvis, must necessarily move the head of the infant from its position,—that the forceps cannot safely lessen the head by approximating the parietal bones,—and that the use of that instrument by a person who has been taught the rules, and who employs forceps of a proper construction, must necessarily occasion danger both to the infant and to the mother,—cannot be expected to understand the practical precepts of an experienced practitioner, however clearly expressed, and however intelligible they may be to those who have been properly educated.

III.—Proofs of the dangerous tendency of the modes of practice in laborious labours, advocated by Dr Murphy and his late Master.

Before proceeding to the consideration of the third proposition which Dr Hamilton has undertaken to prove, viz., that certain modes of practice in cases of laborious labours, advocated by Dr Murphy, in the article referred to, are of a most dangerous tendency, it is necessary to notice Dr Murphy's remarks on the records of the cases which had occurred in the Dublin Lying-in Hospital, during his incumbency, as published by his late master.

He begins by saying, page 423, that "Dr Hamilton may have supposed, that because the cases he has been pleased to select are not incorrectly quoted, there can be no cause of complaint,—but in some of them he has obviously misunderstood the details. The omission of the disproportion in one case (O)* we have seen, is enough to furnish Dr Hamilton with

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* Dr Hamilton finds that he has quoted two cases under the letter O, but he presumes that the case alluded to by Dr Murphy is recorded in page 473, No. 665, of the Practical Treatise; and a transcript of that record will shew the manner in which Dr Murphy chooses to misrepresent, on every occasion, the cases referred to by Dr Hamilton.

"Was 35 hours in labour of her first child, for the last 24 of which the head had not made the least progress. Her strength being exhausted, and the child some hours dead, as ascertained by the stethoscope, delivery was effected by lessening the head.

"She continued to recover favourably till the 4th day after delivery, when she was suddenly attacked with the most acute pain in the abdomen, which resisted the most active treatment, and she died in 48 hours.

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

It is impossible to imagine a more disingenuous allegation than that of Dr Murphy, in asserting that there had been a disproportion in this case, which had been omitted. If there had really been a disproportion, it was unjustifiable to allow the infant's head to make no progress for the last 24 hours; and the fact of the sloughing of the vagina is a proof that the continued pressure of the infant's head upon the parts lining the pelvis, had been not only injurious, but fatal.

an argument. Similar instances occur in other cases, for instance, where the treatment is not mentioned, he assumes it not being adopted (C.D) though Dr Collins quite sufficiently explains what the general treatment was; nay, on the very strength of the omission, Dr Hamilton endeavours to make the practice contradict the precept."

Again, he says: "When the number of cases Dr Collins has brought forward is considered, the necessity for brevity in each, and that most of them are considerably curtailed, in order to state the particulars in as condensed a form as practicable, some errors in sense might be pardoned; and if they appeared to be treated in opposition to the practice stated in the text, the fact of their being thus curtailed would be a sufficient reason to raise a doubt as to their accuracy; but when, without there being any positive errors, it appears that the omissions in one case, (O)—an ambiguity in another (I)—the misconception of a third, (K)—form the ground-work of Dr Hamilton's commentaries, it only shews how completely his zeal in defence of his opinions has obscured from him the most palpable mistakes in the evidence he has adduced in their support."

Much as Dr Hamilton has had occasion, in his professorial capacity, to point out the inaccuracy of reasoning of medical authors, he fairly owns that he has seldom met with any thing like the remarks in the foregoing quotation.

Firstly, it is asserted that quoting cases correctly does not exclude complaint on the part of the author.

Secondly, that some errors of sense, if in opposition to the practice stated in the text, should raise a doubt as to the accuracy of the details of the cases.

Thirdly, that the omission in one case, and the ambiguity in another, and the misconception in a third, being most palpable mistakes, should have been understood and corrected by Dr Hamilton.

Hitherto Dr Hamilton, in common with the rest of his professional brethren, has given credit to Dr Collins for the candour and fidelity of his details, and has believed his assertion, page 86 of the Practical Treatise, that on studying the records of the Dublin Lying-in Hospital, " the reader will be thus enabled to form his own conclusions, both as to the practice adopted in each case, and as to the general result."

If the particulars of each case have not been accurately detailed, how is it possible for a reader to understand the practice adopted? If there be errors of sense, omissions and ambiguity in language, of what value can the recorded cases be? Dr Murphy says, that " in one case, although bleeding is not mentioned in the treatment, that is no evidence that the patient was not bled," and in another case, that " although in describing the appearances on dissection, there is no mention of deficiency of space in the pelvis, it is not fair to conclude that there was no such deficiency."

The accusation which Dr Hamilton prefers against Dr Murphy and his former master, is, that they have not quoted fairly his Practical Observations, and they now retort upon him, that he has quoted accurately the cases published in the Practical Treatise, but that he should have corrected the sense,—that he should have supplied the omissions, and should have cleared the ambiguity of the records; presuming, as a matter of course, that Dr Hamilton, being a native Caledonian, must have the second sight—a surmise against which he takes the liberty to enter his very solemn protest.

It is only necessary to add, that much as Dr Hamilton has to complain of the conduct of Dr Collins, he must have better evidence than such a witness as Dr Murphy has proved himself to be, before he can question the accuracy of the published cases of the Dublin Lying-in Hospital. They bear internal evidence of candour and fidelity.

For the management of laborious labours, the Practical Precepts which Dr Hamilton's experience has led him to adopt

and to recommend, are, that it is in the power of the practitioner to foresee and to prevent the occurrence of injury to the infant or to the mother,—that when the infant's head comes within reach of the forceps, that instrument should be had recourse to before there be any risk of injury either to the mother or to the infant; and that, when called to a case of protracted labour, which had been mismanaged, the forceps or the crotchet must be employed, in reference chiefly to the state of the mother.

These precepts are stigmatized by Dr Murphy, as inculcating meddlesome midwifery, and by his late master, as cruelly encouraging the destruction of the child.

Very different are their precepts (supported by their practice in the Dublin Lying-in Hospital), for they declare that "artificial assistance during labour, should never be given till symptoms of danger take place,—that in laborious labours the death of the child always precedes any symptoms of danger on the part of the mother, and that, under no circumstances is it justifiable to destroy a living infant, until the state of the mother absolutely require interference."

The first of these propositions (Dublin Jonrnal of Medical Science for March 1837) is expressly stated in allusion to the cases which had occurred in the Dublin Lying-in Hospital (page 43). The words are,—"Nor was artificial assistance ever attempted till the safety of the patient absolutely required it."

This explains the appalling fact, that in 16,414 women delivered in that Hospital during seven years, while in laborious labours the forceps were only employed 24 times, the perforator and crotchet (or, as Dr Murphy chooses to call it, excerebration) were had recourse to 79 times, it being admitted, at the same time, that the greatest degree of deficiency of space ever witnessed, was found to be 2½ inches between pubes and sacrum.—*Vide* Practical Treatise, pages 15, 22 and 302.

But this is not all, every sixth woman on whom the forceps was used, and every fourth woman on whom the perforator

and crotchet were had recourse to died, 8 out of the 24 infants, or 1 in 3 extracted by the forceps were still-born. Thus, in 103 cases of laborious labour (of the 2d or 3d orders) 24 women and 87 infants were lost, making 111 deaths in those cases of protracted labour.

Dr Hamilton's conviction is, that during the last half century, there have not been fifty crotchet cases in Edinburgh and its vicinity, making a population of at least 120,000, and he founds this opinion upon the fact of his having been very generally consulted upon all such cases of difficulty. Yet Dr Murphy and his late master boast of the successful result of the practice in the Dublin Lying-in Hospital.

Assuming, then, that Dr Murphy vindicates this precept, Dr Hamilton finds it impossible to use too strong language in reprobation of it. The common sense of mankind has led to the universal belief that it is as much the duty of medical practitioners to prevent as to cure diseases.—*Venienti occurrite morbo*, is a maxim adopted by all civilized nations.

If this principle be applicable to the treatment of ordinary diseases, it must certainly appear not a little wonderful that it should be declared by Dr M. and his late master to be inapplicable to the management of women in labour. Would any sane man employ a regularly educated medical practitioner to take charge of his wife when in labour, if he were not impressed with the belief that that practitioner could foresee and prevent the occurrence of circumstances endangering the health or life of the mother or child. Would he not, were he assured that no artificial assistance were ever to be had recourse to till symptoms of danger on the part of the mother should become manifest, hold it to be a wise measure to recur to the ancient practice of putting his wife under the care of an old woman, with directions to send for medical assistance "as soon as the safety of the patient absolutely required it."

The second practical precept of Dr Murphy is, that in laborious labours the death of the child always precedes any dangerous symptoms on the part of the mother.

He says, p. 420,—" It has been PROVED, as Dr Collins observes, that when the patient has been properly treated from the commencement of her labour, the death of the child takes place in laborious and difficult labours before the symptoms become so alarming as to cause any experienced physician to lessen the head."

Words can scarcely express the feelings suggested by the above remarks. It is here asserted that it has been PROVED, that where a woman had been properly treated, the death of the infant always takes place before symptoms of danger occur, yet Dr Collins has recorded, page 158, No. 126, that a woman was 59 hours in labour of her first child; that for the last 24 hours the uterus acted with tolerable regularity, the pains being at times strong, causing the head to press with much force against the ischia, where it remained stationary for the greater part of that time;—that her pulse was very much increased in frequency, and that the external parts were œdematous before the proper assistance was given, while he admits, at the same time, that the action of the fœtal heart had been distinctly audible in the right iliac region 6 hours before delivery, and when it is added, that after death the vagina was found in a state of slough, &c., can it be doubted that symptoms of danger must have taken place long before the fœtal heart had ceased to act?

In the case, (p. 473, No. 665), already quoted in the footnote of p. 43, it is impossible to believe that the effusion into the abdomen, and the sloughing of the vagina, had suddenly taken place after the death of the infant, for it is quite evident that the pressure of the child's head for 24 hours had occasioned inflammation of all the parts lining the pelvis.

One other case will be sufficient to convince the reader of the fallacy of this dogma of Dr Murphy and his late master.

" The woman was 56 hours in labour; uterine action, until within 6 hours of the expulsion of the child, was extremely feeble, with long intervals. The head remained high in the pelvis,

and although the ear could not be reached, it was evident the head had sufficient room to pass. The fœtal heart was quite audible till within 8 hours of her delivery. She died on the 11th day.

" On dissection the only morbid appearances found were in the bladder and vagina. In the bladder the mucous surface was covered with yellow lymph, and it contained a quantity of muco-purulent fluid. In the vagina opposite the right ischium, a portion appeared to have been destroyed by slough, but its texture did not in other parts seem materially injured, although of a darker colour than natural."

It must be obvious that in this case much injury had occurred before the death of the infant.

On the whole, the proposition under consideration is not only untenable, and is contradicted by the records of the Dublin Lying-in Hospital, but is of a most mischievous tendency, as it is calculated to lull young practitioners into a delusive confidence in the safety of their patient.

Dangerous as the preceding precepts are, the third proposition advocated by Dr Murphy, while it is equally calculated to mislead the junior members of the profession, is so preposterous, that if Dr Murphy's own words could not be brought forward to prove it, no individual who had been taught the elements of midwifery (by a competent teacher) could have supposed that any man who had ever seen practice, could have hazarded it.

Dr Murphy, in page 419, Dublin Medical Journal, No. 42, says,—" No practitioner is justified in destroying a living infant, without his having sufficient evidence to prove it actually necessary; as that necessity must arise from actual danger to the mother, so the evidence must be positive, not imaginary; or, in other words, *it must depend upon the presence of dangerous symptoms to the mother*, not upon the conviction that they would have presented themselves, had not the child been destroyed."

Before it was possible for Dr Murphy to have written this sentence, he must have obliterated from his mind all cases of deficiency of space, and all the mechanical causes which occasionally render it impossible to extract an entire infant through the natural passages. He must also have presumed that his readers must have been equally under the influence of the waters of Lethe.

Reasoning with such a person would be a hopeless task, and therefore Dr H. presents the reader with the following recorded case, as completely shewing the effect of adopting the precept under consideration.

P. 301, Practical Treatise, No. 3, the patient " was admitted, Sept. 2, at 9 P.M., in labour of her first child. The person in attendance, on making an examination, found an extremity low down in the vagina, which was thought to be the knee. She remained till three o'clock next morning, quite free from pain, when the uterus began to act briskly, and on repeating the examination, the elbow was discovered presenting. The body was now so closely wedged in the pelvis that it was impossible to turn with safety. The thorax was accordingly perforated, and the breech brought down with *immense difficulty*, owing to the extreme deformity of the pelvis. It required most laborious exertion, *for two hours and a half* to complete the delivery, which was only accomplished by taking the child in pieces. She died in 4 hours."

" On dissection, there was observed a considerable laceration between the cervix uteri and vagina to the right side.

" The pelvis, which was preserved, measured only 2½ inches from pubes to sacrum. This was by much the most defective pelvis I ever met with in the Hospital."

This record does the highest credit to the candour of Dr Collins, and completely refutes the injurious insinuations of Dr Murphy, p. 423, No. 42, Dublin Medical Journal, already noticed.

Indeed, it would have been impossible to have fabricated a

case more strikingly illustrative of the dangerous tendency of the three practical precepts advocated and acted upon by Dr M. and his late master. Thus, six hours were allowed to elapse after it had been ascertained that the labour was preternatural, before any assistance was offered, during which time the uterine action was suspended, and of course the operation of turning might have been safely performed. Not that the infant could have been saved, but that after the feet had been brought down, its head might have been opened, and the poor woman's life might have been preserved.

Instead of this, no assistance was offered till the body of the infant was so closely wedged in the pelvis, that it was impossible to turn with safety, and then after a most laborious exertion, continued for two hours and an-half, delivery was completed by taking the child in pieces, in the progress of which, the uterus was burst. One that has not been in practice cannot depict to himself the dreadful tortures to which this poor creature must have been subjected, and yet she had repaired to an hospital munificently endowed, where she had a title to expect every possible attention.

As a general rule, governors of institutions for the treatment of diseases, ought to interfere as little as possible with the duties of the medical attendants, but when such dangerous principles of practice as those avowed by Dr M. and his late master have been acted upon, and have been followed by such fatal results, it is high time for the governors of the Dublin Lying-in Hospital, to inquire into this most important subject.