2.

A

REPORT

OF THE

PRACTICE OF MIDWIFERY,

AT THE

WESTMINSTER GENERAL DISPENSARY,

During 1818;

INCLUDING

NEW CLASSIFICATIONS OF LABOURS, ABORTIONS, FEMALE COMPLAINTS, AND THE DISEASES OF CHILDREN; WITH COMPUTATIONS ON THE MORTALITY AMONG LYING-IN WOMEN, AND CHILDREN; AND THE PROBABILITIES OF ABORTION TAKING PLACE AT DIFFERENT PERIODS OF PREGNANCY, &c. &c.

WITH SELECT CASES AND FORMULÆ.

BY

AUGUSTUS BOZZI GRANVILLE,

M.D. F.R.S. F.L.S. M.R.I.

Physician in Ordinary to His Royal Highness the Duke of Clarence; Licentiate of the Royal College of Physicians; Physician-Accoucheur to the Westminster General Dispensary; Honorary Member of the Royal Academy of Medicine of Madrid; Foreign Associate of the Royal Academy of Sciences of Naples; Member of the Medico-Chirurgical Society of London; of the Philosophical and Literary Society of Manchester; of the Philomatic and Philotechnic Societies of Paris; of the Societè Medicale d'Emulation, and the Cercle Medical of the same town; Member of the Imperial Academy of Lucca; of the Societies of Florence, Marseilles, Leghorn, Pistoja, &c. &c.

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TO THE

Memory

OF

SIR WALTER FARQUHAR, BART.

M. D.

&c. &c. &c.

A BENEVOLENT MAN,

AN EMINENT AND SUCCESSFUL PHYSICIAN,

AN AFFECTIONATE FATHER,

A WARM FRIEND.

TO THE

PRESIDENT, VICE-PRESIDENTS,

AND

Members of the General and House Committees,

OF THE

Westminster General Dispensary.

GENTLEMEN,

THE anxiety of redeeming the pledge I gave you, on my assuming the important functions of Physician-Accoucheur to your benevolent Institution, has suggested the present publication.

My success in the election to that office, necessarily deprived you of the services of a gentleman, who from zeal and abilities, had proved himself tho-

roughly qualified for the discharge of those duties, which he had so ably, although provisionally, performed for several months: and thus, while the decision of a majority of Governors terminated the contest in a manner so flattering to my feelings, I am sensible it has also imposed upon me the obligation of attending to the various callings of my new situation with increased assiduity.

That I have conducted myself, since my appointment as one of your medical officers, so as not to cause any regret for your choice; the result of my practice, which I now lay before you and the public generally, will, I hope, furnish you with the best means of judging.

Some of the members of the house Committee will also be able to inform you, how far I have fulfilled my obliga-

tion, in regularly attending to the duties of my department at the Dispensary, except when prevented by illness, or by the most peremptory professional engagements; and in frequently visiting at their own habitations, the numerous objects who claimed the assistance of your charity.

In publishing the present report, I had also another object in view. I thought it might extend the benefits, which society derives from your establishment, if I submitted to the profession at large, the results of a pretty considerable practice in one of the branches of the healing art, which, whether we consider its immediate object, or the means of relief it affords to suffering females, is alike one of the most important and interesting.

I trust, Gentlemen, that you will consider the following pages, as an earnest

of my gratitude for the support you were pleased to afford me, when I had the honor of offering my services to your philanthropic Institution.

I have the honor to be,

your humble

and obliged servant,

A. B. GRANVILLE.

8, *Saville Row, Burlington Gardens,*
April 20, 1819.

INTRODUCTION.

Dispensaries may, justly, be ranked amongst the most useful of the charitable institutions established for the relief of suffering humanity. England can boast of having been the first nation where philanthropy, ever ready to succour the needy and cheer the afflicted, devised, under the above appropriate name, a new, prompt, and delicate mode of dispensing charitable assistance to the sick poor. Her example has been followed, though tardily, by other nations; and, wherever this has been done, the same gratifying results have been obtained.*

* The Philanthropic Society of Paris, with a view to extend the benefits of their Institution to the sick as well as to the poor, have established five Dispensaries, three to the South, and two to the North of the Seine, in the midst of the most populous districts of the city, nearly on the footing of those of London. The admissions into these Dispensaries, during late years, taken collectively, amount to about 1600, being rather more than one-fourth of the number admitted by the Westminster General Dispensary in the course of a year.

There are, properly speaking, twenty-three Dispensaries, besides Hospitals and other Medical Charities, in London. Some few of them, however exist but nominally—while others possess only limited means of affording relief in cases of sickness or pregnancy. Still, when their united services are taken into consideration, we find that a mass of people have been succoured during the ever varying and distressing circumstances of illness, such as few other institutions for similar purposes can boast of; and it is much to the credit of the active persons, whether administrative or medical, connected with them to add, that all this good has been performed in silence, without any of the pomp and shew attending on other establishments for dispensing charitable assistance to our suffering fellow-creatures.

The following appears to be from the records I have been enabled to consult, the chronological list of the Dispensaries established in the metropolis.

1757.

1. Lying-in Charity, St. Martin's Street. M.

1770.

2. General Dispensary, Aldersgate.

1774.

3. WESTMINSTER GENERAL DISPENSARY. M.

1777.

4. Surry Dispensary, Union Street.

5. London Dispensary, Artillery Ground.

1778.

6. General Lying-in Dispensary, Charlotte Street. M.

1780.

7. Finsbury Dispensary, St. John's Street.

8. Benevolent Institution, Berners Street. M.

1782.

9. Public Dispensary, Bishops Court.

10. Eastern Dispensary, Great Alie Street, Whitechapel.

1785.

11. St. Mary-le-bone General Dispensary, Welbeck St. M.

1786.

12. New Finsbury Dispensary, West Smithfield.

1787.

13. General Dispensary, Newman Street. M.

1789.

14. City Dispensary, Grocer's Hall Court.

15. Western Dispensary, Charles St. Westminster.

1792.

16. Universal Medical Institution, Old Gravel Lane.

1793.

17. London Electrical Dispensary, City Road.

1801.

18. Bloomsbury Dispensary, Great Russell Street,

19. Charitable Fund and Dispensary, 5, Lillipot Lane.

20. Lying-in Institution, Constitution Row. M.

1810.

21. Northern Dispensary, Duke's Row, Tavistock Square. M.

1812.

22. Chelsea and Brompton Dispensary, Sloane Square.

1816.

23. St. George's and St. James's Dispensary, Burlington Street.

Those marked M. have a Practitioner in Midwifery attached to them.

Of the above-mentioned twenty-three institutions, some have been founded for the sole purpose of giving assistance to lying-in women; while others embrace this object, in addition to the medical and surgical relief they afford to the thousands of patients they admit. These are nine in number, and amongst them, the Westminster General Dispensary, stands more particularly prominent. It is the oldest but one, of all the Dispensaries established in the metropolis; and has been productive of more good, than the unassuming and unostentatious form of its organization seems to indicate. It was the first institution of the kind which was patronized by the Royal Family; and the example of the Heir to the Crown, who took the Westminster General Dispensary under his royal protection, from the first moment of its institution, was soon followed by the most beneficial effects.

Upwards of 166,763 persons, of both sexes, and of all ages, have applied to the Westminster General Dispensary since its foundation; 161,700 of whom have been either cured or relieved. The very trifling mortality recorded in

the registers, as having occurred in the above number, is another proof of the superiority of this mode of affording medical assistance to the poor.

But the branch of this truly valuable Institution, which forms the immediate object of the following pages, is that, which for upwards of forty-five years, has administered ready and effective aid to needy and industrious married women, at a period when they require all that medical art can perform, to comfort them, and mitigate their sufferings. In this respect the Westminster General Dispensary has been of the greatest service: as may easily be collected from the valuable publications of my predecessors, and particularly from the tables which Doctor Merriman has annexed to his excellent work on difficult parturition. To his talents, zeal, and assiduity, during a close attendance of twelve years as Physician-Accoucheur, the Dispensary is indebted for the high character it so fully enjoys, as a Lying-in Charity; while we may assert, without fear of contradiction, that the succession of eminent practitioners, who

have at various periods, given it their services in the medical and surgical branch of the profession, have ensured to it that degree of popularity which charitable institutions, conscientiously managed, justly deserve.

The boundaries to which the charitable influence of the Westminster General Dispensary extends, include a space of ground equal to one third of the Metropolis;* and no distance from the residence of the medical practitioners has ever deterred them from visiting those, whose pressing necessities for advice and medicine, called for their personal assistance. When sickness presents itself, either in its milder aspect, or under a chronic form, the patient is sure of finding every day at the house of the Dispensary, a Physician and Surgeon ready to administer to his wants. His claims are those

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* The limits which the Governors have thought proper to fix for visiting patients at their own houses, are *Temple Bar, Holborn Bars, the City New Road, from Gray's Inn Lane westward to the Turnpike, Hyde Park Corner, Tothill Fields, and Westminster Bridge.*

which honest poverty, suffering from the additional pangs of malady, can bring forward. None can be more eloquent—none more sacred:—nor have they ever been pleaded in vain with the charitable supporters of the Westminster General Dispensary.

Such institutions, were they more generally known, could not fail to draw from the wealthy and the willing, something more than the mere commiseration bestowed on the necessities of the inferior members of the community. Charity would then flow more abundantly, and in its appropriate channel; for no individual benefactor of the poor and the infirm, can expect to do as much good, with the same means, as when these are placed in the hands of an association of persons, who devote much of their time and attention to the investigation of real cases of distress, and to the right application of the assistance they have it in their power to afford. Of this fact the Westminster General Dispensary may, at this moment, be considered as a striking example.

Whether a publication, like the present, will tend to make the Westminster General Dispensary more known, and thereby promote an increase of contributions from the wealthy towards its support, is a question which time and experience must resolve. It is novel in the annals of Dispensary practice; and in undertaking it I had in view, more than any thing else, the probability, that by stimulating similar exertions, first, on the part of my colleagues, and next, from the medical officers of other charitable institutions in the metropolis, a Usage long established in other countries in Europe, might be adopted with us, from which, nothing but the most advantageous results may be expected.

In the following report of the practice in the particular department entrusted to my care, the reader will find an account of the number of pregnant women delivered in the course of 1818, in consequence of recommendations from the Governors of the Dispensary; and a statement of the total number of children born during the

same period, as they appear on the registers of the Institution. Cases presenting any particular feature of interest, are detailed in their proper places, and have been taken from a journal, kept according to a prescribed form, and left constantly open for inspection at the Dispensary; they are all authenticated by real names, residence, and the most minute circumstantial evidence. Such as are new, may prove useful—such as are not quite new, may yet present some particular fact worthy of being recorded. At all events, an accoucheur can never read too often, nor reflect too long, over many such cases. They will serve to familiarize him with all the probable varieties of labour, and the means of readily subvening to what they require from the medical attendant.

I have next directed my attention to the subject of miscarriage; and under that head I have brought together some curious and important remarks. What will strike most in this respect, is the frequent occurrence of abortions. This, among the poorer classes, is so great, that it

will not fail to excite considerable surprise—and the more so, when it is observed that, from all that can be learned by the inspection of my register, the unpleasant consequences of abortion, even where it has occurred repeatedly in the same individual, appear to have been but few, and those, comparatively speaking, of no great importance—and not particularly influencing the exercise of those functions, which essentially characterize the female sex.

The fever, commonly distinguished by the appellation of *puerperal*, is unfortunately of so frequent occurrence amongst the poorer classes of lying-in women, that it could not be passed unnoticed. It will be found, by a comparison of statements, that the results in the practice of the Dispensary have been most favourable.

The assistance which the charity affords to poor married women, during their confinement, is not the only benefit the female sex derives from its institution; many and complicated are the diseases to which they are exclusively sub-

ject, and which require the practical knowledge and assiduous care of the physician-accoucheur. Of this class of diseases, numerous cases have been admitted at the Dispensary during the last year; and it may prove satisfactory to the persons who recommended them to learn, in perusing that part of the report, which I have in a more particular manner destined to the history of such cases, the good effects produced by their charitable recommendations.

The same observations are applicable to the diseases of children, few of which, (but those of some importance,) have come within the knowledge of the physician-accoucheur, sufficiently early to receive effectual relief.

The report concludes with some general observations on various subjects connected with midwifery; and with the enumeration of the medicines used in the treatment of those cases of disease, which have been detailed in the course of the work.

On subjects of so much delicacy, the style in which the report was to be written, could not be a matter of indifference to the Author. He has, therefore, purposely and with great care, avoided all those expressions, whether professional or otherwise, which might have rendered his work unfit for the perusal of those Ladies, whose names stand conspicuous on the list of Governors. That he has succeeded in this, he thinks he can venture to assert: and he moreover believes, that from a perusal of the following pages, the female sex, in general, is likely to derive assurances tending to allay their apprehensions, and quiet their fears, on matters so intimately connected with their welfare and existence.

The report is drawn up without any pretension on the part of the Author, but that which arises from a desire of shewing to the numerous individuals who have been pleased to place their entire confidence in him, that he has endeavoured to the best of his humble means to meet their wishes, and fulfil their expectations.

A

REPORT

OF THE

PRACTICE OF MIDWIFERY,

AT THE

Westminster General Dispensary,

DURING 1818.

SECTION FIRST.

Of Parturition.

THE advantages connected with the mode of affording relief to pregnant women in indigent circumstances, adopted at the various Dispensaries where Midwifery forms a part of their establishment, are various. At a period when the soothing attentions of relatives and friends are most necessary, the honest mother, who is incapable of paying for medical assistance, is either thrown into the infirmary of a work-house, the very name of which is sufficient to distress

her feelings;—or she is forced to apply for admission at the door of a Lying-in Hospital, where she becomes a conspicuous object of public charity. Few, even among the most obscure classes of society, can calmly endure such mortifications; and few, in truth, apply to such establishments, unless driven to it by the absolute want of every necessary of life—sometimes even of an habitation. The institution of Lying-in Dispensaries has at once removed the necessity of such an alternative.

Nothing can be more creditable to the feelings of the public, by whom both the Work-houses and the Lying-in Hospitals are supported, than the manner in which they are conducted; and in drawing a comparison between them and the Dispensaries, it is far from my wish to place the former in any improper light. But, when it is considered, that with the exception of a single matter of form, namely, that of entering on the register the letter of recommendation from a Governor, the assistance which the lying-in woman obtains from a dispensary, differs in nothing

from what she could command by money, in private practice, it will be readily granted, that a preference for the latter is not only excusable but natural.*

There are *four* Lying-in Hospitals only, in

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* I cannot resist the temptation of quoting a passage relative to the medical practice of Dispensaries, taken from a recent French publication, by a Physician of eminence.

"La pratique medicale des Dispensaires est plus penible que celle des hôpitaux; mais sous certains rapports n'est elle pas plus instructive? car en médecine il y a toujours à apprendre. On connoit mieux, on oublie moins, le malade que l'on va visiter dans un sixième étage, que celui que l'on rencontre dans les rangs d'un hôpital. C'est au milieu de ses habitudes, de ses affections, qu'on surprend le premier; entouré de ses amis, de ses parens, on juge bientôt l'intérêt qu'il inspire, les soins qu'on lui porte. Ce n'est donc plus un seul individu qu'on etudie; mais bien l'interieur d'un mènage, l'ensemble d'une famille. Et certes cette étude est précieuse, cette analyse instructive, surtout pour le médecin qui ne sauroît trop connoître, non seulement les variétès de la nature humaine individuelle, mais encore les liens et les rapports de la société en général."

Esparron. Rapport de la Pratique Medico-Chirurgicale des Dispensaires de Paris.

London. The following appear to be the respective dates of their creation.

1749.

1. The British Lying-in Hospital, Brownlow Street.

1750.

2. The City of London Lying-in Hospital, City Road.

1752.

3. The Queen's Lying-in Hospital, Lisson Grove, New Road.

1765.

4. The Westminster Lying-in Hospital, Surrey side of the Bridge. (Lambe's Hospital)

A. *Number of Admissions at the Westminster General Dispensary, in the Department of Midwifery.*

The annual average number of admissions into each of the four hospitals just mentioned, as far as I have been able to collect from the information kindly afforded me by Dr. Gooch, Dr. Ley, and Mr. Clarke; as well as from the printed records, is about 350 persons, some of them admitting less, and some more. Thus 1400 women are delivered yearly in these Institutions, the annual expenditure of which

appears to be, collectively, about £5,100.* Each labour, therefore, costs the charity £3. 12*s.* 10*d.*, a sum sufficient to relieve sixteen poor married women, during their confinement, by the timely assistance of medicines, a midwife, and a physician, from the Westminster General Dispensary. But there are other obstacles in the way of the Lying-in Hospitals; and these consist chiefly in the existence of regulations, by which the pregnant women, applying to them for relief, are obliged to pay for their board during their residence in the hospital, previous to and after the period of three weeks, allowed them for their lying-in and recovery. This is the case in particular at the Brownlow, and I believe at the Westminster

* During the two years I attended at the great Lying-in Hospital in Paris, formerly called La Maternité, 5,622 women were delivered. There were, besides, 140 female pupils, twelve wet-nurses, and a great number of servants, boarding and lodging in that vast establishment. Its annual expenditure amounted to £9,478. 5*s.* sterling; which, taking into consideration the number of women delivered, and the time they remained in the hospital, (twenty-eight days on an average), gives a sum of 1*s.* 8¼*d.* for the daily expenditure of each lying-in woman, every thing included.

and the City of London Lying-in Hospitals. Formalities also, when unnecessarily multiplied, are likely to prove a check to the ready application for assistance from the needy; and among these may be considered the production of certificates of marriage, attested farther by an oath, which the pregnant woman is expected to take before a magistrate, according to a prescribed form; besides a subsequent examination before a board of governors. However praise-worthy the motives may be, from which such regulations have sprung, it is no less true that they embarrass the free march of benevolence. Charity should inflict no wound upon private feelings; impose no restraint; it ought to be as free as the principle which gave it birth.

The number of women delivered at their own habitations by the physicians and midwives of the Dispensaries, where midwifery is attended to, exceeds by many thousands those who have been admitted into the four Lying-in Hospitals. This difference may be accounted for, by considering the limited means of accommodation possessed

by the latter; but it may also be explained by this simple reflection, greatly to the credit of the feelings of the inferior classes, that however distressed the poor mother may be, she will always prefer her own habitation, and the unbought, soothing cares of her own family, during her hour of trial, to the spacious ward, and the *precise* attentions of a hired matron, and strange nurses.

Since the first institution, in 1774, of the Westminster General Dispensary, 28,891* women have, in forty-five years, been admitted by the physician-accoucheur. The person desirous of taking the benefit of this Institution, applies to one of the governors for a letter of recommendation, which the physician enters in a book kept for that purpose, granting at the same time an order, in the form of another letter, to one of the midwives attached to the charity, and generally chosen by the patient herself. In

* This is more than the number of women delivered at the City of London Lying-in Hospital, during a period of sixty-nine years.

cases of difficulty, danger, protracted labour, or even preference on the part of the lying-in woman for an accoucheur, the physician himself attends, performs what is required, and prescribes the necessary medicines, which are supplied gratuitously by the resident apothecary of the Dispensary, or his assistant.

During the last year, the number of patients under my care, was as follow :—

Pregnancies.....	640
Female and Children's Complaints	87
Remaining from the preceding year	22
Total....	749

B. *Result of the Cases of Pregnancy.*

	At the full Time.		Before the ninth Month		Total.
	Alive.	Still-born.	Alive.	Still-born.	
Boys....	329	10	—	2	341
Girls....	298	7	2	1	308
General Total	627	17	2	3	649

* For Miscarriages under the 6th month see the second Section.

Proportion of Boys to Girls ..... 3 to $2\frac{7}{10}$

Proportion of Children still-born .. { Boys..... 1 in 27
Girls ..... 1 in $37\frac{1}{5}$

General Proportion of still-born Children ..... 1 in $31\frac{2}{3}$

Nine women out of the 640 had twins, and produced

Children alive and at the full time	14
Still-born, or before the nine months	4
Proportion of twin cases	1 in 71
Sex of the twins { both Males in	two cases.
both Females in	four cases.
Male and Female in	three cases.

C. *Nature of the Labours.*

	Within the first 12 hours.	Beyond 12 hours.	Total
Active Labours (1)	515	104	619

	Manual.	Instrumental.	Total.
Passive Labours (2)	13	8	21
		* General Total	640

(1) Terminated, without the slightest interference, by nature alone.

(2) When nature becomes *passive*, or insufficient, and the assistance, either of the *hand* or instruments, is absolutely necessary to terminate the labour.

* I first established this new and simple classification, while preparing a course of Lectures on Midwifery, which it is my intention soon to deliver. The complicated arrangements in all the existing methods may thus be simplified, and the formidable display of names given to Labours, omitted without, I hope, any inconvenience to the practitioner. Mr.

I have no means of judging of the correctness of the report, relative to the duration of the active labours, but from the information of the Midwives, except in those cases to which I have been called. Persons in low life, particularly when lying-in of their first child, are apt to style *tedious*, a labour which properly speaking may be considered a quick one; for the officious friend, and the busy neighbour, watching every uneasy sensation, often call that pain, which is only a preparation to it. I have found, in general, that where a labour, which has begun under the most favourable circumstances, is suffered to linger beyond fifty hours, from the first *real* pain, it becomes a passive one, and is reduced either to a manual or an instrumental labour.

Amongst the twenty-one passive labours

Burn's classification, for instance, consists of *natural labours; premature labours; preternatural labours; tedious labours; instrumental labours; impracticable labours; complicated labours, &c.* Yet his book on midwifery is by far the best we have, and is full of the most valuable information.

which I have attended, five had become so from the above cause. Some, which have required the forceps, if sooner attended to, might have been terminated with the hand only; and others have even called for the use of the perforator, when a more timely assistance would have rendered the forceps perfectly sufficient.

But there exists, particularly in the lower classes, a decided aversion, amongst lying-in women, against the interference of the Accoucheur, and the use of the most harmless instruments, which induces them and the Midwife to trust too much to time and nature, and to rely on them until nature becomes exhausted, and all sort of assistance is rendered ineffective. I have endeavoured to reform this at the Westminster General Dispensary, and I hope soon to perceive the good effects of the change.

I should have wished to have been able to state, in a precise manner, the nature of each particular presentation, in the 640 cases of

labour; but as no direction to the Midwives of the Dispensary has ever been given, to take notice and set down such presentations, I am deprived of the means of recording them. I have however taken effective steps for ensuring a better arrangement in this respect, for every successive year.

D. *Enumeration of the Manual and Instrumental Labours.*

However few in number the passive labours appear to have been, it may be proper to give a detail of them, in order to shew the relation which their occurrence bears to the different presentations of the fœtus. In none of these labours are the midwives suffered to interfere; so that whatever information is contained in this part of the report, it may be strictly relied upon, as I took care to keep a minute account of each case that I have attended personally.

Specification of the Labours.	Terminated with the Hand.	Terminated with Instruments.		Proportion to the 640 Labours.
		Forceps.	Perforator.	
The Vertex of the Head presenting ..	..	2	....	1 in 320
—- Face	1	..	....	1 in 640
—- Ear	1	..	....	1 in 640
—- Nates	2	..	....	1 in 320
—- Feet	3	..	....	1 in 213
—- Umbilical chord	1	..	....	1 in 640
An Arm	1	..	....	1 in 640
Cases of Impaction, the face to the Pubis	..	2	1 } 3	or 1 in 213
——- Malconformation of the Pelvis..	..	..	2	
——- Convulsions ..	1	1	....	1 in 320
Hemorrhage. The placenta being implanted over the os uteri.	2	..	....	1 in 320
Hemorrhage. The contractions of the uterus being suspended, after the partial detachment of the placenta, at the commencement of labour	1	..	....	1 in 640
Total..	13	5	3	———
Cases of retained placenta	7	Proportion of forceps cases, 1 in 128	Proportion of perforator cases, 1 in 213	Proportion of retained placenta, 1 in 92
Total number of labours which required my assistance during the 12 months.	28			

Proportion of Manual Labours .... 2 in 100
——————— Instrumental Labours 1 in 80
General Proportion of Passive Labours ..... 4 in 124

} Compared to the total number of Labours.

E. *Mortality.*

In calculating the mortality amongst the lying-in women of the Dispensary, there are several considerations which naturally offer themselves to our attention. In the first place, we have it not in our power, as is the case in private practice, to interfere opportunely with the labour, in order to render that safe, which when neglected becomes dangerous; on the contrary, our assistance, as I have already observed, is often required too late, and when exhausted nature seems to place the case beyond the reach of art. In the next place, a great many of the patients are in the utmost state of wretchedness and want, so as not to be able to meet the exigencies of their recovery from lying-in; besides being often confined in small, cold, and damp rooms, either in cellars or garrets. Lastly, the Dispensary patient is not so immediately under the controul of the physician as the Hospital patient; nor so much under his vigilant interference as in private practice; so that

very often his advice is neglected—his injunctions over-ruled—and the timely use of medicines rejected.

DIED.	After Active Labours	0
	After Passive Labours	4
	Total	4

General proportion of deaths in the whole number of labours..... 1 in 160

In laying this calculation before the public, I ought to observe, that in one of the forceps cases, which was followed by the demise of the patient, convulsions, with delirium, continued more or less for upwards of a fortnight after the delivery; and in a second case, which was the one attended by my friend Mr. Davies, of Conduit Street, to whom I am deeply indebted for the assiduity with which he has discharged the duties of my office during my temporary absence, the patient had been suffering from confirmed phthisis pulmonalis. A third case of

death, the only patient whom I have lost, from peritonitis, in the course of the twelve months, was that of a woman who had been delivered in the Brownlow-street Hospital, and occurred a few days after her confinement. This will be found in another part of the report.

F. *Age of the Patients.*

The age of the women in a state of pregnancy, who have applied at the Dispensary in the course of the year, forms a curious and interesting object of investigation. If we possessed many records of this kind, we might perhaps, be enabled to ascertain with more precision, than has hitherto been done, the epoch at which women cease to be susceptible of child-bearing—and the age at which they are most prolific. The records of the Westminster General Dispensary for the present year, when they shall have been multiplied by successive observations, will furnish in this respect, some facts worth preserving.

Of 623 pregnant women, whose ages could be ascertained, there were—

Age.	Number.	Proportion.
From 16 to 20	7	1 in 89
—— 20 to 30	325	1 in $1\frac{9}{10}$
—— 30 to 40	244	1 in $2\frac{1}{4}$
—— 40 to 50	46	1 in $13\frac{1}{2}$
At 52 ——	1	1 in 623
Average age 30	Total 623	* ——

The collective age of these 623 women being 18,698 years.

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* During the year 1816, some women were admitted into the *Maternité* as young as 13 years of age, but none had applied who were older than 40. During the revolution, one or two instances occurred of girls at 11, and below that age, being received in a pregnant state into that Hospital.

The number in 1816, stands thus:—

Age.	Number.	Proportion.
From 13 to 18	75	1 in $35\frac{1}{10}$
—— 18 to 30	1905	1 in $1\frac{19}{50}$
—— 30 to 40	653	1 in $4\frac{57}{500}$
Average age $25\frac{3}{5}$	Total 2633	

From this comparative statement, in the drawing up of which I have employed the usual formulæ of arithmetical progression, it will be seen, 1st—that the age at which French women bear most children is between 25 and 26; whereas 30 appears to be the age in England: and 2dly,—that English women are susceptible of bearing children to a much greater age than the French. In comparing, also, the number of women who became pregnant at an equal time of life in both countries, it is curious to observe, that the period between 20 and 30 years of age with us; and that of between 18 and 30 in France, gives, very nearly indeed, the same proportion, namely, 1 in 1 $\frac{9}{10}$.—

The forty-six women whose ages extended from between forty to fifty, were pregnant of their third, fourth, or fifth, and some of them of their ninth, tenth, and eleventh child, and all did well without any assistance. One woman alone, Elizabeth Graham, aged forty-two, pregnant for the *first time*, after seventeen years marriage, was delivered by instruments.

In her case there was some slight malconformation, besides the natural rigidity at such an age, to account for the difficulties that occurred during her confinement. Yet had I been called in sooner, the child might, perhaps, have been saved, and the mother spared much of her sufferings, and subsequent indisposition. She ultimately recovered, however, and is now strong and healthy.

The woman, aged fifty-two, mentioned in the above table, had been the mother of fifteen children, and was then pregnant of her sixteenth, after an interval of eleven years. She seemed in remarkably good health, strong, of a short stature, and not very muscular. The wrinkles of old age contrasted singularly with her situation.

G. *General Observations.*

On a perusal of the preceding, and also, of many of the subsequent observations on the va-

rious circumstances of abortion and parturition; the Governors of the Westminster General Dispensary will, most probably, be struck with the very useful results, which a similar plan of extensive investigation into the thousands of cases that present themselves at this Institution, is likely to produce, when adopted by all its Medical Officers. Should such a plan be recommended, it will be sufficient to enact a few regulations; which, without any encroachment on the full participation of every charitable benefit they are entitled to, might render the patients, admitted at the Dispensary, a source of much valuable and curious information.

The mode I have adopted to obtain that which is contained in the above pages, respecting all the circumstances of Parturition—and the plan I have pursued, since my election, for recording all those facts which are likely to be useful, are as follows:—The patients are entered, in the first place, on a daily Register, of which the annexed is the form:

REGISTER OF ADMISSIONS.

No. of the Letter.	Patient's Name.	Age	Residence.	Date of Admission.	By whom recommended.	Cause of Admission.	By whom attended.	Whether attended at the Dispensary.	Result.	Miscarriages.	Observations.
40	Eliz. Graham	41	10, Queen-st Seven-dials.	Jan. 7.	J. Ray.	Pregnancy.	Dr. Granville	At home.	Boy, 19th April.	0	used perforator
154	M. Thomson	32	11, Pancras-st. Tott. ct. ro.	Mar. 16	J. Hobbs.	Prolap: Uteri of long standing.	ditto.	ditto.	Cured in May, and since pregnant.	0	no pessary employed.
212	M. Grange	25	11, Gt. St. Andrew-st.	Apr. 22	A. Addington.	Threatening miscarriage.	ditto.	ditto.	Miscarried and was ill with peritonitis.	1	Cured.
257	S. Lynch	32	6, Bainbridge st. St. Giles.	May 18	J. Harrison	Pregnancy.	Mrs. Barker.	ditto.	Twin Girls.	0	Active Labour.
284	S. Ghent	28	6, Leg-Alley Long-acre.	June 1	J. P. Newman.	Threatening miscarriage.	Dr. Granville	ditto.	Miscarriage prevented.	0	see her case.
363	S. Brown	22	2, Shelton-court.	July 17	Mrs. Cameron.	Leucorrhoea	H. Davies.	Attended personally.	Discharged cured	0	
426	C. Hubert	30	10, White Lyon-street	Aug. 19	R. Sharpe.	Mastodynia	Dr. Granville	At home.	ditto.	0	
522	A. Ryder	31	23, Hungerford-street.	Oct. 2	J. Perkins.	Hœmorrhagia	ditto.	ditto.	ditto.	0	piles extirpated by Mr. Davies.
605	S. Miller	37	18, Market-st. St. James.	Nov. 13	T. Wishart	Profluvium.	ditto.	ditto.	ditto.	1	

Again, a number of questions are addressed to the patient; the answers to which are written down on the letter the patient brings with her, and which is intended to be left with the Physician-accoucheur, or at the Dispensary. These questions relate to—

1st. The profession of the husband, or that of the patient herself.

2d. The length of time she has been married.

3d. The time when she expects to be confined.

4th. The number of children she has had born alive.

5th. The number of miscarriages, or premature labours, and at what period of the pregnancy these have occurred, and whether she had children before or after the miscarriage.

6th. The probable causes of the miscarriages, &c.

7th. The present state of her children.

8th. The cause of the death of the children she may have lost.

9th. Whether the children have had the small-pox, natural or inoculated; or whether they have been vaccinated.

10th. What has been the nature of her former labours; whether she has had "*good, easy, quick times;*" and whether they have been slow or rapid in "*getting up.*"

These questions are readily, and, for the most part, ingenuously answered; furnishing many interesting data for medical and statistical calculations of the various events which mark the existence of the most useful and numerous class of the community—the industrious poor.

Lastly, whenever any cases of labour or disease offer themselves to the attention of the physician, worthy of being recorded, they are entered into another book, with a reference to the number in the register; and the progress of the disease is noted, as it appears every time the patient is visited or examined.

This second book is entitled,

HISTORIES OF PARTICULAR CASES.

No. of the Letter on the Register.	Date.	Symptomatic Delineation, and Progress of the Disease.	Nosological Denomination. — Prescriptions. — Result.
65 (*)	Jan. 20 1818	Mary Tanner, aged 32, habitually healthy, desired my attendance the fifth day after she was brought to bed of a Boy, who was affected by a slight opthalmia. She was suddenly attacked last night with cold shiverings, accompanied by acute pains in the right groin, and hypochondrium: followed by a severe cough, great nausea, &c.	*Peritonitis Puerperarum.* — Venæs: ad f℥ xviij statim: admoveantur hirudines, &c. latteri dolenti. — Sumat haustum purgantem, &c. — Discharged cured the 31st Jan.

In reference to the third question of the foregoing list, I have remarked, that scarcely three women out of ten are correct in their calculations, as to the period of labour; this taking place one, two, and very often three weeks, either before or after the expected time.

In two instances, the patients have asserted, that they have habitually menstruated during the three and four first months of their pregnancy; and I am sorry that I have had no means of ascertaining how far this may be true. I am

aware that similar cases have been announced before now, on good authority; but while there is no better evidence, than simple assertion, brought forward in their support, I cannot induce myself to believe any such occurrence.

Out of the 640 pregnant women admitted, 250, only, answered to the 2d, 4th, 7th and 8th questions, in consequence of my plan having been put into execution towards the middle of the year; and owing to its not having been followed by the gentleman who was kind enough to attend in my absence, and during my illness. This number of women, however, is sufficient to furnish us with a specimen of what might be obtained by a more extensive and general inquiry, to which I propose to adhere through every successive year. The following are the results of those answers:—

Women who have answered to the above questions	250
Children produced by them before the present pregnancy.....	1088
Of whom there died, previous to 1818 ...	367
Giving the proportion of deaths as	1 in $2\frac{8}{10}$

Average number of years during which the 1088 children were born 10

Average age at which the 367 deaths occurred ..... $3\frac{7}{15}$

From the answers to the eighth question, I collected the causes of death of the 367 children to have been as follow:—

Small Pox	71
Measles	59
Hooping-Cough—Croup	45
Cerebral Inflammation	3
Thoracic ditto	15
Abdominal ditto	17
Hydrocephalus	21
Fever	17
Dentition	30
Convulsions	29
Marasmus—Decline	14
Thrush	3
Worms	1
Accidents	15
Still-born	25
Cow-Pox	2*
	367

* This fact rests simply on the statement of the mothers who lost their children during the progress of vaccination.

SECTION SECOND.

Of Abortion.

It has long been the practice amongst writers on Midwifery to assert, that abortions are more frequent in the highly civilized, perhaps luxurious scenes of life, than in those situations which might be presumed to be most unfavorable to the sex. They have openly stated, and that repeatedly, that amongst the lower ranks of life, abortions, except from violent external accidents, rarely happen—nay, they have gone so far as to believe, upon what reasons it is difficult to say, that women, in a state of nature, would not be more liable to abortion than other creatures. Thus then have the progress of civilization, and the honest enjoyments of the comforts of life, been considered as some of the destructive causes of society! Paradoxical as this idea must appear, I felt anxious that its truth or falsehood should rest upon actual observation

and experiment; and as my public situation at the Dispensary furnishes me with the daily means of watching, and examining these supposed privileged people—"the lower ranks of life," I thought it my duty to collect from them as much authentic information as I could, in reference to this particular object, with a view of laying it before the public, that a judgement may be formed how far the writers in question are correct or justified in their assertions.

It will be seen, then, from what follows, that with regard to abortion, no privileged class exists among women; and that the majority of those causes to which the frequent occurrence of that event must necessarily be ascribed, act equally on the wretched inhabitants of the Seven-dials, and on the more fortunate inmates of a Palace.

A. *Comparative frequency of Abortion.*

One of the facts connected with the subject of midwifery which is most likely to engage the attention of the Physician-accoucheur of a

public charity like the Westminster General Dispensary, is the frequent occurrence of abortion. Though I have been attached to the institution a little more than twelve months only; yet the nature of my enquiries, and the strict investigation I have set on foot, with regard to the miscarriages in particular, have given me a precise idea of the frightful extent to which this lamentable occurrence takes place in London. I have closely examined upwards of 400 married women in the inferior classes of life, as to the number, nature, period and cause of the miscarriages they have had; and I have obtained from their answers, results which comprise an average period of ten years, without including the pregnancy under which they applied to me for assistance at the Dispensary, in the course of the year.

These results it may not be improper to lay before the public.

Number of women who have been questioned as to any miscarriages they have had, during a period of ten years	400

Had miscarried, out of that number, at some period or other of their marriage, within 10 years	128
Proportion of women who had miscarried, and had also borne live children, to those who had borne live children and never miscarried ..	1 in $3\frac{3}{25}$

Large as this proportion may seem, it would probably have been much greater, had I not, by unavoidable absence and illness, lost the opportunity of prosecuting my enquiries, on this subject, with the total number of pregnant women who applied at the Dispensary for relief, during the last year.

The number of miscarriages which occurred during the ten years above mentioned, were as follows:

Women who miscarried	128
Number of miscarriages	305
Giving a proportion for each woman of.....	$2\frac{3}{10}$

But these same women appear to have produced, during the same term of years, 556 live children; therefore the number of abortions was to that of children born at their full time, in the same given period, as 18 : 32

No error can have crept into this calculation, for as it was drawn up for the first time, and as it refers to a given number of women admitted at the Dispensary, during the first twelve months I kept the register of admissions, the same woman cannot have been counted twice; and it may be asserted, that no patient's name has been entered twice on the register for 1818. The same observation however, will not hold good the next and the following years; but if care be taken to separate the women who may have been attended at the Dispensary in 1818, from the rest, and the above plan of extensive enquiry be strictly followed in all its bearings with the whole number of women admitted, a very curious result will be obtained; namely, *the proportion of abortions to that of the children born at the full time; by a given number of women, and during a stated period of years.*

B. *Probable Causes and Classification of Miscarriages.*

To ascertain in a manner beyond a doubt, the immediate cause of abortions, is a point which I think worthy of some attention; and I therefore directed my enquiries towards this desirable end. In the success I have met with, I reckon as a favouring circumstance, the retentive memory of mothers, who generally store up those events of their life to which I am now alluding, with a tenacity that nothing can relax. If the event itself be recollected, the causes which gave rise to it, are also readily brought to memory, and accurately stated. Having found this to be the case, I can have no hesitation in giving the following statement as information which may be relied upon.

No attempt, that I am aware of, has ever been made to establish a methodical classification of miscarriages, and their causes; by which their study might be facilitated, and their treatment rendered more rational and successful. A gratuitous assumption on the part of some wri-

ters, led them to adopt a division, 1st, into *miscarriages*, and 2dly, *premature labours, or births*, according as the abortion takes place, before or after the seventh month, from an idea that the fœtus was susceptible of life at a certain period only. But the best authors have now rejected this distinction, as useless and incorrect. Abortion can mean nothing else than "the exclusion of the *ovum* from the uterus, before the "ninth month." Children have come into the world at five and six months, who have lived. I have had an example in private, and another in my public practice, last year; and a number of such cases are to be found in the older as well as more recent works on midwifery. To apply, therefore, the name of *premature births*, to cases of expulsion of the fœtus after the seventh month, from a supposition that at that period alone the fœtus is susceptible of life, is absurd. The fact is, that the propriety of producing abortion at the seventh and eighth months of pregnancy having been recommended, in some cases, by several very respectable writers and practitioners, it became absolutely necessary, in order not to shock

the ears of the patient, and those of her friends to qualify the act by some plausible appellation; and this is the whole history of the invention of the words "*premature labour.*"

Abortions may be divided, according to their *causes,* into two distinct classes.*

1. Constitutional.
   - *a* Active.
     1. Local or general fulness.
     2. Excessive irritability of the womb.
     3. Increased local action.
   - *b* Passive.
     1. Local or general debility
     2. Certain morbid states of the body.
     3. Defective organization.
     4. Peculiarities of the ovum, and its situation in the womb.
     5. Habit and sympathy.
2. Accidental.
   1. Fright.
   2. Falls.
   3. Violent exercise.
   4. Violent passions.
   5. Blows.
   6. Incautious use of medicines.
   7. Improper physical and moral treatment of pregnant women.

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* A greater developement of the doctrine and classification of miscarriages, will be contained in a work on that subject by the Author of this Report, not yet published.

Referred to these two classes, the 305 miscarriages appear, from the register of the Dispensary, to be thus distributed.

1. Constitutional.	1. Active.	1. Local or general fulness	52	58
		2. Excessive irritability of the womb	6	
		3. Increased local action	0	
	2. Passive	1. Local or general debility	68	98
		2. Certain morbid states of the body.....	11	
		3. Defective organization	9	
		4. Peculiarities of the Ovum	0	
		5. Habit and sympathy ..	10	
			Total	156

2. Accidental.	1.	Fright	64
	2.	Falls.....	19
	3.	Violent exercise	26
	4.	Violent passions.....	12
	5.	Blows	7
	6.	Incautious use of medicines	4
	7.	Improper moral and physical treatment of pregnant women	9
	*	Not ascertained.....	8
		Total	149
		General Total	305

C. *Relative periods of Pregnancy at which abortion takes place, and calculation of the probabilities of a woman miscarrying.*

Next to the causes of miscarriage, I hold it to be an important object to know at what relative period of pregnancy this event generally occurs; and upon this subject I have obtained the information hereafter detailed, with regard to the 305 miscarriages which occurred to the 128 women above mentioned, during a period of *ten years* previous to 1818.

At three months and under	185
From three to six months	65
From six to eight months	55
	305

From which it appears, that if a woman miscarries, the chances are:

10 to 16	That the abortion will take place at the 3d month or under, rather than during the 4th 5th or 6th month of pregnancy.
10 to 28	That it will take place between the 3d and 6th month; rather than at the 7th or 8th.
10 to 31	That it will occur at the 7th or 8th month, rather than at any other period; and lastly,
1 to 3	That she will miscarry at all events.

I do not at this moment recollect whether similar calculations have ever been presented to the public, and in that case, whether mine agree with them in the result. But I have now before me the returns of a considerable number of women who miscarried during a given period of years, while under the care of the physicians of the *Societé Maternelle* in Paris ;* and on applying my formula to them, I have obtained nearly the same proportion with regard to the probabilities of miscarrying at certain given periods of pregnancy ; but by no means the same number of abortions, in reference to a *given* number of pregnancies, and during a determined period of time. The number in this respect, seems to be considerably smaller in Paris.

To what cause this difference is to be ascribed, I will not undertake to state, until I shall

* A full description, with some curious particulars of this Institution, will be found in the Author's Work "On the State of Science in France," now in the press.

have seen more cases of this unfortunate occurrence among that class of people who seem most liable to it, and whom my frequent opportunities, when in the discharge of my duties at the Dispensary, afford me the means of watching and assisting.

In many instances, I do not hesitate to say, this difference must necessarily arise from bad management during labour. It is no less lamentable than true, that in many of the cases included in my calculation respecting those patients who have attended at the Dispensary, the poor women themselves, have assigned the want of either skill or attention on the part of the midwife during labour, as the probable cause of their subsequent miscarriages; and I find, in fact, on inspection of the register, and on considering the cases of those, who have fallen more particularly under my care since, that the miscarriages they have had, subsequent to a previous labour, can readily be traced to such a morbid state of the parts as is likely to have been produced by unskilful management.

Lacerations—prolapsi and discharges of a bad character, announcing a diseased state of the womb, are unfortunately too common among the classes of women I am speaking of in this country. Now in France, *this* cause, among the many others of abortion, can scarcely be taken into consideration, in accounting for the smaller number of miscarriages which occur in that country; for the regulations of the government with regard to females practicing midwifery are so strict, and require such strong proof of preliminary, as well as professional practical education, for the space of two years, at the national establishment of *La Maternité*, that no illiterate, and uneducated woman is allowed ever to meddle with so important a branch of the medical profession, as a resource for failures in other business, or for want of something better to do.

But though abortions are so frequent in London, (I always allude, of course, to the indigent classes,) their consequences are neither so serious, nor so much to be apprehended, as people are generally apt to imagine—provided proper atten-

tion be paid to various circumstances, which it is not the purpose of the present report to detail. Few out of the 128 women whose miscarriages served as a basis for my computations, appeared to have suffered from the effects of such an occurrence, at the time of applying to me; and when they applied, they were all far advanced in pregnancy. Many had miscarried before they bore any children to their full period; while others, on the contrary, suffered one or two abortions, after having brought a family into the world; some of five, others of eight, and some even of twelve living children. The proportion of the latter, however, is inferior to that of the former; but by far the greater number of miscarriages have occurred, alternately, with pregnancies conducted to their full and happy termination.

One woman, in particular, *Elizabeth Avis*, had had five miscarriages at seven months, during five successive years. The children were all still-born, and the completion of the labours had always been followed by considerable flood-

ings; yet her health did not appear to be much impaired from it. She was at last fortunate enough, this year, to go her full time, by following certain directions I gave her, and is now the happy mother of a fine healthy boy. Her case, with one or two more of a somewhat similar nature, will be found detailed in a subsequent part of the report.

Amongst the number of miscarriages I have recorded, those of twins have not been of so rare an occurrence, as the unfrequency of complex labours, brought to their full time, would lead us to imagine.

Out of the 128 women, so often alluded to--

6 miscarried of twins once;

1 miscarried of twins twice;

1 miscarried of twins thrice;

there were, therefore, amongst the 305 miscarriages recorded, eleven which were of twins: hence,--

the proportion of miscarriages of twins, to simple miscarriages, is as 1:27.

One of the six who miscarried of twins once, *Susan Bailey,* was in the sixth month of her pregnancy. The children were both females, one of whom is still living.

D. *Number and Nature of Miscarriages, during* 1818, *at the Westminster General Dispensary.*

We now come to the consideration of miscarriages, among the total number of women admitted this year at the Dispensary in a pregnant state; many of them applying to us three and four months before their full time. In this part of the report I feel considerable gratification in having it in my power to state, that however extensive their number still may appear when considered in a political and humane point of view, yet, the proportion it bears to the pregnancies happily terminated, will be found greatly inferior to that which results from the calculations of miscarriages I have already detailed.

In the course of the last twelve months,

twenty-three cases of miscarriages came under my notice. Some were completed before I had it in my power to offer any assistance—others, I was fortunate enough to prevent; while some took place in spite of every care and appropriate medicines. I have always paid considerable attention to cases of abortion; because I think that much may be done to prevent them, when the first threatening symptoms make their appearance; nay, even when the process of abortion has actually begun:—and also, because by watching narrowly, the progressive course of a previous miscarriage, a recurrence of it may be averted. The importance of the subject has led me to keep a detailed account of those cases of abortion, in which I had the means of trying the effect of care and medicines; and where I have failed, as well as where success has attended my attempts, I have noted in the book, mentioned in a former part of the report, each particular case, as well as every circumstance which may lead to any important conclusion.

The following table contains an abstract of the twenty-three cases in question.

Analytical Table of twenty-three Cases of Abortion.

Period of Pregnancy.	Names of the Patients.	No. of threatened M. in which I was called.		No. of M. actually begun when I was sent for.		No. of M. completed before any assistance could be given.	Constitutional.		Accidental
		Prevented	Complete	Prevented	Complete		Active	Passive	
At the third Month and under.	1. Elizabeth Brownsword *				1			1	1
	2. Elizabeth Chapple					1			
	3. Sophia Taylor			1			1		
	4. Mary Grange*				1			1	
	5. Sarah Bouverie					1		1	
	6. Elizabeth Hooler					1	1		
	7. Ditto					1	1		
	8. Sarah Ghent			1			1		
	9. Ann Slater*		1					1	
	10. Cecilia Watson	1					1		
Total	10	1	1	2	2	4	5	4	1
From the third to sixth Month.	1. Mary Sawyer†				1				1
	2. Charlotte Spencer				1			1	
	3. M. M'Ginnon				1				1
	4. M. Listurgeon	1						1	
	5. M. Pearson					1			1
	6. M. Anderson					1			1
	7. M. Scarman					1			1
Total	7	1			3	3		2	5
From the sixth to eighth Month, inclusive.	1. Elizabeth Brownsword	1						1	
	2. Mary Luck			1				1	
	3. Eliza Willy §					1			1
	4. Mary Lunn					1		1	
	5. Charlotte Bradshaw			1					1
	6. Susan Manzel				1				1
Total	6	1		2	1	2		3	3
General Total	23	3	1	4	6	9	5	9	9

* The whole ovum came away in these cases, forming very instructive preparations now in my possession. † The fœtus in this case was about five months, and lived and took food for 24 hours. § I have made a preparation in this case to illustrate the fœtal circulation.

The principal facts we collect from this table are these :—

The proportion of abortions to the number of labours during 1818, was 1 in $26\frac{7}{10}$; and with regard to the time at which they occurred, it appears to have been in the following order.

During the 1st period of pregnancy 1 in $2\frac{3}{10}$
——————-- 2d period of pregnancy 1 in $3\frac{7}{25}$
——————-- 3d period of pregnancy 1 in $3\frac{8}{10}$

If we look to the causes, we find that the number of abortions produced by constitutional causes, and the purely accidental abortions, were as 14 to 9.

It is also satisfactory to observe, that whenever assistance was applied for in time, whether the miscarriage was merely threatening or actually begun, the success obtained, from care, and appropriate treatment, has been considerable. Of fourteen such cases, to which I have been timely called, I have succeeded in

preventing seven, although four of them had actually begun, and the flooding had lasted some time.

It may be confidently asserted, that almost every threatened miscarriage which has a constitutional cause for its origin, especially of the active kind, may be prevented.

I shall conclude the present section with a repetition of the following opinion, advanced however with the utmost diffidence; that every day's experience shews how imperfect is our knowledge of abortions, and how much the doctrine of their causes, nature, and treatment, is susceptible of improvement.

SECTION THIRD.

Diseases of Females.

The maladies to which the female sex is more especially subject, are many. Some are essentially dangerous, and these very fortunately are few in number; while others are more common, yet susceptible of relief from medical treatment. Whether, amongst the inferior classes of society, females be more liable to the peculiar complaints which affect their sex, than in other circumstances of life, is a question admitting of very little hesitation in the answer. Every privation they endure, acts as an immediate cause of disease—and where a constitutional, as well as sexual disposition already exists to favor the developement of peculiar maladies, every adventitious cause will naturally hasten that event, and urge on the progress of each morbid phenomenon.

The practice of the Westminster General Dispensary, in the peculiar department entrusted to my care, has supplied me, during the last twelve months, with a number of examples illustrative of the foregoing observations. But as it is not within the plan of this report to take a philosophical view of the subject, but only to detail facts, I shall not dwell on the comparative frequency of the diseases under consideration, among the poor; neither speak of their origin, causes, and other peculiarities; but proceed at once to the results obtained in this interesting branch of my practice.

In doing this, I shall take the opportunity of introducing a new arrangement and classification of female diseases, which will I trust, meet the approbation of those among my readers, who take an interest in such matters; and which I was induced to adopt, with a view, principally, of rendering the task of conveying instruction to pupils less difficult and more certain of success.

General Table of the different Diseases by which the Female Sex is more especially affected during the

AGE OF PUBERTY.

A. Organic.

Congenital
1. Occlusion of the vagina
2. Imperforation of the hymen
3. Other malformations of the generative parts
4. Deformities of the pelvian cavity

Subsequent
5. Elongation of the nymphæ and clytoris
6. Morbid state of the labia and vagina
7. Imperfect developement of the breasts, and other external sexual organs

B. Constitutional.

Preceding Menstruation
1. Acute fevers
2. Chlorosis
3. Cutaneous eruptions
4. Prurigo vaginalis

Attending Menstruation
5. Inflammatio uteri
6. ——— vaginæ
7. Hysteria
8. Erotomania

C. Secretory.

From Blood Vessels
1. Amenorrhœa
2. Dysmenorrhœa
3. Menorrhagia
4. Aberration of the Menses

From Surfaces
5. Transparent mucous discharge from the vagina
6. Leucorrhœa

AGE OF PROPAGATION.

A. Organic.

Impeding Propagation.
1. Absence of both ovaria
2. Impervious state; or vicious direction of the fallopian tubes
3. Imperforated uterus
4. Defective condition of the uterus
5. Vicious disposition of the ligaments of the uterus
6. Vicious conformation of the vagina

Often consequent on Propagation.
7. Prolapsus uteri
8. Inversio. 9. Antiversio. 10. Retroversio uteri
11. Obliquitas uteri
12. Rupture of the uterus
13. ——— of the peritoneal vessels of the uterus
14. Induration and callous state of the os uteri
15. Adhesion of the fallopian tubes, or the ovaria, to the peritoneum
16. Hernia of the rectum into the vagina
17. Inversion of the vagina
18. Swelled labia pudendi
19. Laceration

B. Constitutional.

During Pregnancy.

1. Affecting the digestive organs.
1. Odontalgia, or tooth-ache
2. Ptyalismus, or excessive salivation
3. Anorexia, or want of appetite
4. Nausea, and vomiting
5. Fastidious taste, and capricious appetite
6. Cardialgia, or heart-burn
7. Disordered bowels
8. Costiveness
9. Affections of the Bladder — Ischuria, Dysuria, Stranguria

2. Affecting the circulation.
10. Plethora—General or local fulness of blood
11. Palpitations of the heart
12. Syncope
13. Varicose veins
14. Piles
15. Infiltration of the lower extremities

3. Affecting the chest.
16. Dyspnœa, or difficulty of breathing
17. Cough
18. Spitting of blood
19. Mastodynia

4. Affecting the nervous system.
20. Head-ache. 21. Ear-ache. 22. Pain in one or both eyes
23. Want of sleep
24. Difficulty, or pain in walking
25. Spasms
26. Cramp

After Pregnancy.
27. Peritonitis
28. Milk fever
29. Ephemeral fever, or the weed
30. Intestinal fever
31. Mania
32. Milliary Eruptions
33. Inflammation of the breasts, and excoriation of the nipples
34. Tympanites

C. Secretory.

From Blood Vessels
1. Hæmorrhagia
2. Abortio
3. Aglactatio
4. Swelled legs

From Surfaces
5. Leucorrhœa
6. Dyslochia
7. Lochiorrhœa
8. Profluvium vaginale
9. Œdopsophia

CRITICAL AGE.

A. Organic.

Attended by Discharges.
1. Schirrus of the uterus and its appendages
2. Carcinoma uteri
3. ——— recti
4. ——— mammarum
5. Polypi uteri vel vaginæ
6. Corroding ulcer of the womb or vagina
7. Various Excrescences

Not essentially attended by Discharge.
8. Fleshy tubercles of the uterus
9. Verrucæ
10. Vascular tumour of the orifice of the meatus urinarius
11. Other tumours
12. Calculi of the uterus
13. Induration and ossification of the uterus, or its neck.

B. Constitutional.

Inflammatory
1. Chronic and acute Metritis
2. Hæmopthysis
3. Hæmatemesis
4. Gastritis
5. Enteritis
6. Hepatitis
7. Apoplexia?

Nervous
7. Epilepsy
8. Palsy

Muscular
9. Rheumatism
10. Gout

Local
11. Biliary calculi
12. Articular swellings

C. Secretory.

From Blood Vessels
1. Anasarca
2. Hæmaturia

From Surfaces
3. Dropsy of the uterus
4. ——— of the ovaria
5. ——— of the fallopian tubes
6. Hydatids

B. *Number, Classification and Result of the Female Diseases admitted at the Westminster General Dispensary.*

A simple inspection of the foregoing table will suffice to give an idea of the number of female complaints, in which medical treatment may prove beneficial. The diseases peculiar to the female sex, which yield to medicine and a skilful application of other means, are indeed numerous; and it may be asserted, without impropriety, that the practice of the Westminster General Dispensary has furnished some substantial proofs of it, during the last year. This will be seen from the following enumeration of those diseases, which fell more particularly under the care of the Physician-accoucheur. His register and daily journal, from whence the information has been derived, will bear testimony, should any of the Governors be anxious to look further into the subject, of the favourable results obtained, in treating the numerous

complaints of the poor females, who have applied for relief at the Dispensary. And it may prove satisfactory to them, at the same time, to know that the objects of their charity, have, by a timely recommendation, been rescued from many sufferings, and restored to the healthy exercise of their domestic duties.

In giving a tabular form to the following account of the female disorders which fell under my review, during the period of time I have been discharging the duties of Physician-accoucheur to the Dispensary, I had two objects in view. The first, to condense in as short a space as possible, all the information which I was anxious that the Governors in general, should have on the subject. The second, to exhibit in a much clearer manner, than I could have done by narration, the number as well as the termination of those complaints, which more particularly called for medical assistance.

Disease.	No. of Cases admitted.	No. of Cases cured.	No. of Cases relieved.	Deaths.	Under Treatment in 1819.	Observations.
Amenorrhœa	1	1				
Dysmenorrhœa	1	1				
Menorrhagia	2	1	1			
Leucorrhœa	11	8	1		2	
Lochiorrhœa	2	2				
Profluvium	2	2				
Mastodynia	1	1				
Dyspepsia during pregnancy	1	1				
Hysteria	2	2				
Peritonitis puerperarum	20	19		1		This is the fever which authors improperly call *puerperal*, and which is generally confounded with *peritonitis puerperarum*.
Gastritis after delivery	1	1			1	
Hæmoptisis, with Amenorrhœa	1	1				
Intestinal Fever after delivery	5	4		1		
Phthisis	1			1		
Cardialgia during pregnancy	1	1				
Dysuria after delivery	2	2				
Obstipatio	1	1				
Tympanites after miscarriage	1					No information — the patient, after the first visit, having left town.
Complaints of pregnancy	3	3				
Swelled leg	1	1				
Debility after delivery	1	1				
——— abortion	4	3	1			
Constitutional plethora	1	1				Two have since become pregnant.
Procidentia uteri	9	5	4			
Prolapsus uteri et ani	2	1	1			
——— ani	1	1				
Induration of the uterius	1		1			Extirpated.
Polypus uteri	1	1				
Ulcus uteri corrodens	1				1	
Dropsy of the ovarium	1				1	
Schirrus of both ovaria	1		1			
Antiversio uteri	2	2				
Complaints attending the cessation of the menses	2	2				
Bleeding excrescence of the vagina	1	1				
Prurigo utero-vaginalis	1	1				Extirpated.
Hæmorrhoides	1	1				
Lacerations	2	2				
Total	92	74	10	3	5	

Mortality, 3 $\frac{3}{5}$ in 100—which is a smaller proportion of deaths, I apprehend, than occurs generally in Hospitals, where female complaints are treated.

C. *Specifications of the principal Diseases mentioned in the preceding table, Result of their Treatment; and Calculation of the Mortality of Lying-in Women, from Diseases following Delivery.*

The diseases which came more frequently under my care, are those of pregnancy, affecting the stomach and head, with greater or less severity, and in two instances the chest, so as to impede respiration, and excite considerable cough, without any expectoration. Many of these yielded to blood-letting, both local and general; some to tonic and stimulating remedies; and all of them were greatly benefited by the free and appropriate use of purgatives.

Next, in succession; but first in importance, come the complaints affecting women in a puer-

peral state, that is, within the first month after their delivery. These, among the classes of people so often alluded to in this report, are very numerous. They invariably require the assistance of the practitioner, and have, therefore, come more immediately within my knowledge; so that their number, as stated in the preceding table, may be assumed as correct. From it we find, that out of 640 pregnant women, 37 have been affected by one or other of the complaints incidental to the puerperal state, after their confinement, giving a proportion of the latter=12, for every 200 puerperal women.

It appears, moreover, from the same table, that of 100 patients actually labouring under acute diseases following delivery, five die :—but as in 200 lying-in women, twelve only are attacked by acute diseases; it follows, that the mortality of five just mentioned, can only take place out of 1,730 women in child-bed—a statement which cannot be made too generally known, as it will tend to alleviate those fears which recent events

have, unfortunately, excited in the bosom of every woman about to be confined.

Of the different febrile complaints, which attack a woman in child-bed, none is more prevalent than that which I have called "*peritonitis puerperarum,*" consisting, as every medical person knows, in a general or partial inflammation of the membrane, lining the cavity of the abdomen, and reflected over some of the viscera contained in that cavity. The disease is common to both sexes; but it more particularly affects the lying-in woman, and likewise, as I have ascertained beyond a doubt, the woman who has miscarried. In both these cases, the inflammation *invariably* begins by attacking that portion of the peritoneum, which is reflected over the uterus; but chiefly over the posterior part of it, and its fundus; from thence it extends, gradually, either to the left or to the right, reaching at the same time, though not always, the peritoneal covering of the bladder; and ultimately pervading the entire membrane, if the disease be not timely checked, or does not end rapidly in the demise of the patient.

In that part of the report which I have destined to the enumeration of some of the most important cases of female complaints, treated during the last twelve months at the Dispensary, I shall enter more fully on the history of this disease, which in some of the public medical Charities of London, has often proved fatal to many patients. Of twenty cases of "peritonitis puerperarum" that have occurred among the patients of the Dispensary in 1818, nineteen have recovered, and one died, giving a proportion of five in one hundred; but, it should be recollected, that the woman who died, out of the twenty, solicited my assistance at a late period of the complaint, when the serous effusion in the cavity of the abdomen had already taken place, and when bleeding, the heroic remedy for this disease, was no longer of service. It will be sufficient in this place to state, that according to the purest and most exact knowledge of the principles of contagion, *I do not consider the disease in question as* CONTAGIOUS. It is often *endemic* in certain hospitals; and the physical constitution of the asmosphere may also render

it *epidemic* — that is to say, more prevalent during certain kinds of weather, and at particular seasons of the year; but contact and simple intercourse between a healthy person, and one labouring under the disease, are insufficient to its propagation. The measures of precaution, which medical men, who are in the habit of seeing this complaint, think proper to adopt, are praise-worthy, and in no case ought they to be neglected. I am myself in the habit of changing my dress after having visited any febrile patients of the Dispensary; but I do not mean to imply, by such a practice, that every disease which I am likely to see, on those occasions, may be communicated through me to my private patients; and that I endeavour to avoid this, by divesting myself of every article of apparel which is likely to spread the supposed contagion.

Of the chronic and organic diseases of females, mentioned in the table, many of very long standing have been cured. Some were only relieved, because cure seemed impossible;

and others remain under treatment; but with little hope of benefit. The *ulcus uteri corrodens* is of this description.

Leucorrhœa, or sexual weakness, as it is more commonly called, has yielded to a variety of treatment, of which local applications and strengthening medicines formed the principal features. Out of eleven cases, eight were completely cured, and one greatly relieved. I observed that, in every instance of this disease, a complication of morbid symptoms, connected with the monthly secretion, appeared to exist.

I have had occasion to mention, in another part of the report, that some cases of *procidentia uteri* had been clearly ascribed to unskilful management during delivery. Of the nine instances of this complaint, which fell under my care, two were evidently of such an origin and ought to serve as a caution to the midwife. Five out of the nine were cured—the pessary having been employed with three of them, in

the first instance, but latterly altogether omitted. The pessary employed, is of a new construction, and of a much easier application. Two of the five became afterwards pregnant, one of whom I have lately attended, during her labour, which proved quicker, and more favourable, than on any preceding occasion.

An interesting account of a bleeding excrescence of the vagina, in the treatment of which I was assisted by my kind and very skilful friend, Mr. Brodie, will be found among the cases in the second part of the report.

Every case of irregular menstruation has yielded to an appropriate treatment.

On the whole, there is room to trust, that the Governors at large will be satisfied with the results, which have been obtained in this branch of the practice of midwifery, at their Dispensary.

SECTION FOURTH.

Of the Diseases of Children.

THE numerous occasions that present themselves to the Physician-accoucheur, of seeing children at various periods of their early existence, have necessarily rendered him the most fit medical practitioner for the treatment of those diseases, to which their peculiar constitution, and the imperfect developement of their natural functions, render them liable. Hence came the prevailing practice of entrusting to his care, those children who present any deviation from health; and happy would it be for society, if this general custom had served to impress the practitioners in Midwifery with the necessity of studying, in a more precise manner, those complaints which essentially afflict the helpless beings whom we are so often called upon to relieve. Too much praise, therefore, cannot be bestowed on those enlightened teachers of Midwifery in

London, who spare no pains, during their courses of lectures, in calling the attention of the pupil to this important branch of the profession, he is about to embrace; for the diseases of the adult are so numerous and complicated, that little hope can be entertained, that the general physician can ever be able to afford the necessary time, and attention, for the successful management of the diseases of children.

A. *Classification of the Diseases of Children.*

To facilitate the study of these diseases, a simple arrangement of them might be of the greatest service, as it would tend to give us a clear and definite idea of each particular complaint, which may affect a child from the birth to the age of puberty. The Governors of the Westminster General Dispensary, therefore, will, I trust, excuse me, if in a publication, which is more particularly addressed to their attention, but which I am also not without hopes of seeing in the hands of the medical practitioner; I venture

to propose a simple classification of the diseases in question, in the absence of what a much better qualified person than myself, may hereafter establish.

The diseases of children may, properly speaking, be considered as belonging to three very distinct epochs; the 1st, beginning at their birth, and ending at the period of the first dentition, which I suppose to be that of weaning, in a large proportion of instances at least; the 2nd, including the time which elapses between the first and second dentition; and the 3rd, embracing both the preceding periods, that is, from the birth to the age of puberty.

The first epoch comprehends, generally, the first twelve months after birth; the second, a space of seven or eight years; and the third, double that number.

The diseases of the first epoch, are the most unmanageable, but not the most dangerous. Those of the second are more readily under-

stood, and not generally fatal; while the complaints of the third epoch are both numerous, and dangerous, although easily treated. It must not be forgotten, that the period at which the number of deaths among children is greatest, is under two years of age.

It has been ascertained, that of one thousand children, 260 die during the first year of their age; 80 during the second; 40 in the course of the third; 24 in the next, &c. so that before the sixth year, scarcely one half of the original number remains.

After these preliminary observations, the classification of the diseases, forming the subject of the present section, may be thus arranged.

Synoptical Table of the Diseases of Children.

Morbi Infantiles.			Morbi Pueriles.			Morbi incertæ Ætatis.		
Before, during, and after the 1st Detention.	Medical.	1. Suspended Animation. (immediately after birth.) 2. Apoplexy. (immediately after birth.) 3. Asphyxia. (immediately after birth.) 4. Retention of Urine. 5. ——— of the Meconium. 6. Induration of the Cellular Membrane. 7. Convulsions. 8. Vomiting. 9. Hiccup. 10. Flatulency. 11. Obstipatio. 12. Insomnia.	Before, during, and after the 2d. Dentition.	Medical.	1. Colic. 2. Hydrocephalus. 3. Chorea. 4. Epilepsy. 5. Mumps. 6. Drowsiness. 7. Trismus. 8. Diarrhœa. 9. Cachexia. 10. Tabes mesenterica. 11. ——— Dorsalis. 12. Rachitis. 13. Vermes.	From the birth of the Child to the 16th year of his age.	Acute.	1. Croup. 2. Hooping cough. 3. Catarrhus suffocativus. 4. Slow fever. 5. Intestinal fever. 6. Pneumonia. 7. Hydrocephalus acutus. 8. Peritonitis. 9. Tetanus. 10. Hepatitis. 11. Marasmus. 12. Small-pox. 13. Measles. 14. Scarlatina. 15. Roseola. 16. Chicken-pox.
	Chirurgical.	1. Separation of the bones of the Cranium. 2. Congenital Ophthalmia. 3. Hare-lip. 4. Tongue-tied. 5. Internal and external Malformations. 10. Nævi. 11. Spinabifida. 12. Swellings and excoriations. 13. Umbilical hernia. 14. Aphthæ. 15. Prolapsus recti. 16. Pneumatocele.		Chirurgical.	1. Miliary eruptions. 2. Enlarged tonsils. 3. Excoriation of the tongue. 4. Ulceration of the gums. 5. Discharge behind the Ears. 6. Ringworm. 7. Porrigo larvalis. 8. Herniæ. 9. Calculi. 10. Scab from vermin. 11. Anomalous eruptions.		Chronic.	1. Scrofula. 2. Strophulus. 3. Boils. 4. Indurations. 5. Cancer of the Penis and Scrotum. 6. Herpes. 7. Impetigo. 8. Itch, &c. &c.

B. *Prevalent Diseases among the Children of the Poor.*

Of the diseases enumerated in the preceding table, many are transmitted by the parents to their children. The hereditary nature of certain complaints cannot be denied. Instances proving it occur in all classes of life; but they are more numerous amongst the poor. Certain contagious diseases, and many cutaneous eruptions amongst children, have been brought under my notice during the practice of the last twelve months at the Dispensary, which had, for their evident origin, similar affections in one or both parents of the infant. I shall only mention, more particularly, the case of a child who came into the world covered all over with blotches of a singular description, and of a bad character; some of which I soon after discovered on the mother, although she had, in the first instance, concealed them. This curious case will be found in the second part of my report. Want of cleanliness, and what is still more lamentable, a want of the necessaries of life, are, among the poorer classes, two great sources of disease in

children; while the scanty accommodations they possess, the crowded state in which they live, and not unfrequently, neglect, render those diseases more difficult of treatment, and consequently more dangerous.

To comprehend fully the state of wretchedness in which some of the poorer families live, in this over-grown metropolis—the richest and poorest of all the European capitals—it would be necessary to accompany the Dispensary-Physician or Surgeon, in their daily rounds, to visit those patients who are unable to attend from severe indisposition. No description can reach the frightful realities that occasionally present themselves to our view; and the Governors of every Medical Charity need be proud of the means they contribute towards relieving, in part, the bodily sufferings of some of the wretched beings who claim their benevolence. How often, however, would the additional assistance of either money, or necessaries, render the medical aid more valuable, and less doubtful of success? How would a few shillings cheer the infirm

parent, who, while smarting under the pangs of disease, has often the additional grief of seeing his children perish for want! In a miserable house in one of the Courts of the Strand, I had occasion, last year, to visit a poor woman who had been represented to me, to be suffering from severe loss of blood at the eighth month of her pregnancy. On entering the room, the most distressing scene presented itself. A squalid emaciated female lay upon a low pallet, so weak from hæmorrhage that she could scarcely answer my first question. By her side was an infant, dozing; breathing as if suffocated, and whose face exhibited the full eruption of the measles; his cheeks were flushed with fever. Sitting at the foot of the bed, coughed most violently, a miserable looking girl, about six years of age, with scarcely a rag to cover her. On a wooden chair, by the fire-side, pale and weak, sat the eldest boy, a lad about twelve years old, who had just recovered from the measles; while a fourth child, lying on the floor, his head resting on a stool, was, as the mother stated, sickening of the same disease. Beyond, and by the window,

on two boxes and a table, under a shroud, laid stretched in his death-bed, the father of this wretched family. He had expired but the day before from inveterate consumption, which had for a long while unfitted him for any work, and for the support of his children! My colleague, Dr. Macleod, whose humanity, and zealous assiduity in the discharge of his duties, as one of the physicians of your Institution, are well known to the Governors, had preceded me in this visit, to administer relief to those who more particularly came within his department. These are scenes which ought to be contemplated by those philanthropists, who visit prisons, to cheer and succour the needy culprit under the heavy penance of the law; for while the vicious find many who sympathize with him in his merited punishment, shall the good be let to perish, without one word of comfort, or one attempt to relieve?

In a report, on the medical management of the poor, a digression like the preceding, will, I trust, be excused. Should it meet the eye

of the benevolent, rolling in wealth, it may prove the means of alleviating the sufferings of some poor families, who may be found deserving, and in want of charitable assistance.

C. *Number, Classification, and Result of the Diseases of Children, admitted at the Westminster General Dispensary.*

In presenting a tabular arrangement of those diseases of children, which came under my notice at the Westminster General Dispensary last year, I must not omit to state, that they are not the only cases in that class of diseases, which have been relieved at the Dispensary, during that time. There being no defined regulation as to the particular branch of the medical part of the institution, under which the care of those complaints should be placed; my two colleagues Drs. Nuttall and Macleod, are often called upon to prescribe in such cases; while many more, that are purely surgical, claim the skill of Mess. Hutchison and Harding, the Surgeons to your charity.

Table of the Diseases of Children, treated at the Westminster General Dispensary, during 1818, *by the Physician-Accoucheur.*

Diseases.	No. of Cases admitted.	No. of Cases cured.	No. of Cases relieved.	Deaths.	Under Treatment.	Observations.
Small-pox	1			1	—	Applied the seventh day of the complaint.
Measles	2	2				
Croup	2	1		1		
Hooping-cough	3	2			1	The prussic acid used in two instances.
Hydrocephalus	5	2	1	2		
Pneumonia	2	2				
Organic affection of the Brain	1				1	
Marasmus	3	2			1	Tape-worm of several yds. in length, expelled by the use of the turpentine.
Worms	1	1			—	
Diarrhœa Infantium	1	1				
Curved Spine	1			1		
Convulsions	3	2		1		I include, under this head, that peculiar disease, which has been called Infantile Fever.
Vomiting with Hiccup	1	1				
Mesenteric Debility	2	2			—	
Rachitis, with enlarged Head	1	1				
Curved Spine, with Sores	1			1		
First Dentition	1	1				
Congenital Ophthalmia	2	2				
Tongue-tied	3	3				Died the third day after the operation.
Imperforated Rectum	1			1	—	
Syphilis congenita	2	2				
Scrofula	1				1	
Cutaneous Eruptions	6	6				
Totals	46	33	1	8	4	Propor. of cures, 72 in 100 Propor. of deaths, 17 in 100

The first point with regard to the preceding table, to which I am desirous of calling the attention of the Governors, is that which refers to the acute diseases. Of eighteen cases, which came under my care, four only proved fatal. In two cases of *Hydrocephalus acutus,* I have been successful, by repeated bleeding. The same means saved a patient five years of age, attacked with the croup. I also tried with him the sulphuret of potash, as recommended by Drs. Albers and Jurine, in that complaint. In cases of pneumonia, or inflammation of any other part of the chest, great difficulty exists in ascertaining the real nature, as well as the extent and seat of the disease in very young children. Verbal questions are here of no avail, neither is the pulse likely to serve as a safe guide. The method of percussion, however, which I saw frequently practiced, and with invariable success, for upwards of two years in the French hospitals, and particularly in the one destined for the treatment of the diseases of children, will always offer to the physician the surest indication of the disorder. By following this plan

in two very young infants under my care, I have been enabled to ascertain the nature of the complaint, so as to apply an instantaneous and effective treatment, under which they both recovered. Worms, diarrhœa, marasmus, and mesenteric debility, are the most frequent disorders among the children of the poor. They arise from coarse or scanty food, and from want of cleanliness and of cloathing in winter. The few cases I have seen of these diseases at the Dispensary, have all recovered, under an improved diet, and by better attention being paid to the physical management of the children. I have employed the turpentine with success, in the only case of tænia I have treated, during the last year. There is a case in the table, marked "rachitis with an enlarged head." This arose from unskilful handling of the forceps, by which the scalp was greatly lacerated, and a portion of the bones injured. The child grew up in a sickly state, although from healthy parents. He refused the breast, and was singularly disordered in his bowels. The head, which was considerably depressed from side to side, and consequently elongated

at the time of birth, begun to enlarge transversally near the vertex; and at the time of my seeing it, was considerably beyond the natural size. The pupils were dilated and not perfectly round; the child had cut his teeth imperfectly—and was greatly emaciated. About a twelve-month before my first visit, the mother observed that the child did not grow straight, and on examining the spine, considerable distortion was discovered. This increased to an actual deformity, when at last it was brought to the Dispensary. The means I employed for the treatment of this case were chiefly mechanical, and when the deformity of both the head and spine had yielded entirely to them, the *Hydrargyrum cum creta* and the bark, restored his general health in the most complete manner. I wished to have tried the same mode of treatment in a second case of curved spine; but the complication of sores of a bad character which existed in this instance, prevented its adoption, and ultimately brought the patient to the grave. In the two cases of congenital ophthalmia the disease was of a syphiloid origin, and was con-

tracted by the application of the virus at the time of birth. With regard to the two cases of infantile fever, one of which I have detailed in the second part of this Report, I have nothing to remark, except that the prussic acid, a new and powerful sedative, was employed with success, in reducing the frequency of the pulse.

It is rather singular, that in no instance, among the children of the poor, have I found those complaints, arising from indigestion, and abdominal obstruction, which the physician in private practice has frequent opportunities of observing. The only case occurred at the Dispensary, which can be referred to that class of disease, was the child of a nurse, who had been for some months in the service of a wealthy family, and had been indulged with the permission of retaining her infant with her, during the greater part of that time. I traced to the *nursery* diet the complaint by which he was affected, and which he would have escaped in his humble dwelling. The long continued action of purgatives restored him to health.

The proportion of cures in the diseases of children at the Dispensary, during the last year, was equal to 72 in 100; while that of the deaths amounted only to 17 in 100.

The Governors cannot too often recommend to my attention such cases, in the knowledge and treatment of which I have always taken the most lively interest.

From all that has been said in this section, there is reason to hope that the result of this branch of the practice of Midwifery at the Westminster General Dispensary, will meet with the approbation of the Governors.

Summary Table of the Cases under the care of the Physician Accoucheur, during 1818.

Nature of the Cases.	No. Admitted.	Recovered.	Relieved or under Treatment.	Died
Active Labours	619	619	..	..
Passive Labours.....	21	17	..	4
Retained Placenta	7	7	..	..
Abortions	23	23	..	..
Female Complaints	92	74	15	3
Children's Complaints	46	33	5	8
General Total....	808	773	20	15

END OF THE FIRST PART.

PART II.

SELECT CASES.

SECTION FIRST.

Active Labours.

It has been stated in the first part of this report, that of six hundred and forty labours which took place last year, either under my immediate care, or that of the Midwives of the Westminster General Dispensary, six hundred and nineteen required no professional interference beyond that degree of assistance, which is natural to afford in such occasions. No particular case, therefore, can be recorded of *active* labour, as they present few, if any circumstance worthy of attention. But it may not be improper to observe, in this place, that however small the proportion of manual or instrumental labours may appear, it might have been still less had I been sent for much sooner, in some few of the cases where art became afterwards necessary.

The most prominent symptoms during pregnancies, followed by active labour, which attracted my notice in some of the women included in the above number, were: a pain either in the right or left hypochondrium—a considerable varicose state of the veins of the abdominal extremities—cramp—incessant sickness at the stomach, with an impossibility of retaining the smallest quantity of of food—severe cough—swimmings and oppression of the head—sometimes sycope, and lastly, such constant and violent agitation of the fœtus as would often deprive the mother of sleep. Each of these symptoms, when marked by any degree of severity, required medical treatment, proportioned to the constitution—the temperament, and the situation in life of the patient. Where the muscular system was most predominant, and the pain in the side became very troublesome, bleeding was resorted to with instantaneous relief. The varicose state of the veins in two instances, but particularly in the case of Mary Evans, residing in Queen-street, Golden-square, and only twenty-six years of age, produced so much uneasiness and tension, that

assistance became absolutely necessary. This was effectually afforded by cupping, in the neighbourhood of the great crural vein, and by warm manuluvium. A bandage was also recommended to Mary Evans, on account of the excessive swelling, which occurred every evening, round the ankles, occasioning great soreness. This young woman was seized from the moment of conception, with cramp—but her pregnancy, though uneasy, was passed in tolerable health, owing to proper care; and she was ultimately delivered without much trouble, of a girl at her full time. I have detailed a case of excessive cough, produced by pregnancy, in another work now before the public. The extreme irritability of the nervous system, being quieted by a proper treatment, the cough yielded, and the pregnancy terminated favourably. Of the various complaints which are likely to spring from a lingering, though active labour, I shall only relate the case of one in itself singular, and I should say, rather uncommon. The patient had not been attended during her labour, by any person connected with

the dispensary; but owing to the complaint which ensued, she came under my notice.

Case I. A. Harrod, aged twenty-one, of a fair complexion, healthy, and the mother of several children, residing at No. 12, Gerrard Street, Soho, was attended during her last labour, by a Surgeon-Accoucheur, residing in Piccadilly. She had a safe, but lingering time, during the whole of which, she remained on her left side, in rather a cramped position. On the child's head passing over the left iliac cavity, she felt a sudden and sharp pain, quite distinct from the pains of parturition, and entirely fixed to one spot. Before the labour was quite accomplished, the pain had increased greatly, and ultimately extended along the limb of the same side, down to the toes, which I found to be swelled and inflamed a few days afterwards. No notice, I believe, was taken of the circumstance at the time; but when the pain became intolerable, application was made at the Dispensary, and the gentleman who was

acting before my appointment, afforded great relief. On my visiting the patient, I found her complaining of heat, with alternate intervals of cold shiverings—head-ach—restlessness—severe pain in the left side, which she traced from the superior sacro-lumbar ligament, downwards and outwards, as if following the course of the psoas muscle, into the inside of the thigh, along the leg, and as far as the toes. There was a considerable swelling of the affected parts, accompanied by so much soreness, that it was with great difficulty that I prevailed upon her to allow me to apply my hands upon them. The skin was hot, and the muscles particularly rigid. Whenever she attempted to put the great joint of the thigh bone of that side into action, the most agonizing pain was produced. If she endeavoured to step across the room, there was inability of putting that foot to the ground; and then she was forced to hop. This induced me to compare the two limbs, by laying her flat on her bed, &c. when the one affected appeared to be considerably shorter than the other. I called in my very able friend and colleague, Mr. C. Hutchison, Surgeon

to the Dispensary, and the result of his was perfectly similar to that of my own examination. Was this a case of luxation? a species of lumbago? an instance of acute rheumatism? or rather, as I suspected, a spasmodic affection, accompanied by inflammation, produced originally by the pressure of the child's head over the anterior crural nerve of the left side? At all events, I determined to treat it as such; and as the most pressing symptoms were those of inflammation, with an unfavourable state of the bowels, I began my treatment accordingly. Leeches were applied both to the side, and the toes—cold lotions with acetate of ammonia and alcohol (12) were used, and these were succeeded by gentle frictions with the liniment (13) The purgative draught (3) was administered at the same time, and the powders (6) given and repeated for several nights. The inflammatory symptoms were at first subdued by these means; but having again appeared, a repetition of local and even general bleeding, became necessary. Under this treatment, the patient so far recovered, as to be able to attend in person at the Dispensary for further advice. The complaint

became chronic, and I treated it as such. Health returned gradually, and with it, the strength of the limb. The apparent shortness of it, however, remained for some time longer; and when she was discharged, in April, that is, nearly four months after her confinement, there was still a degree of lameness, which I am not able to state whether it has since disappeared altogether or not; never having seen the patient since. Her general health, however, was quite restored when she last attended at the Dispensary.*

* I have since ascertained, that the affected limb ultimately recovered its former length as well as strength; and that the patient is now perfectly well.

SECTION SECOND.

Passive Labours.

PARTURITION is a problem in mechanics:—a body is to be put in motion; a moving power is given; and there is a resistance to be overcome. Whenever the relation in which each of these three points of the problem stand to one another is in such a ratio, that no movement or motion can be produced—the labour is at a stand.—Nature can do no more; she requires the assistance of art. This constitutes what I have called *passive* labours.

As the problem which is thus presented to the accoucheur for solution, consists of three distinct parts; it follows, that as each of these may prove defective, three distinct orders of passive labours will occur, namely,

1st, When the body to be put in motion, F. (fœtus), is so placed, that the moving power, U. (uterine contraction), applied to it, is insufficient to make it change place;

2dly, When the resistance, P. (pelvis), to be overcome, is greater than the moving power, U;

And 3dly, When the moving power, U, is not equal to displace the body to be put in motion, F.

In the first case, we resolve the problem *manually*, by placing F. so that either U, or our assistance, shall terminate the labour.

In the second case, we resolve the problem *instrumentally*, by overcoming the resistance, P., or by modifying the body to be put in motion, F.; and finally,

In the third case, we can sometimes resolve the problem *medicinally*, by adding to the moving power, U; but are, more commonly, obliged to terminate the labour either manually or instrumentally.

Under these three heads, every species of labour, probable, or improbable, recorded by different authors, is naturally classed without any exception.

There are circumstances occurring during labour which may, at first sight, appear irreconcilable with the above division, such as convulsions, syncope, and hæmorrhage; but these are simple complications of the problem to be resolved. They do not, in the least, alter the problem itself; and merely call for its immediate solution. This is no figurative language; and in the preceding few lines is contained the whole art of midwifery.* Add to it a quick perception of the

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* It was at the moment of writing the above passage, inculcating the necessity of a simple arrangement of labours, and of the adoption of some clear principles in midwifery, that a new book on that branch of the medical profession, written by a surgeon, was put into my hands. What must have been my regret, on reading, amidst much valuable information, a new synopsis of parturition, in which, what was already obscure, is rendered still more so, by a complicated classification? Will authors never bear in mind, that *Greek* names cannot make us better accoucheurs than we are? Let the reader judge of Mr. Power's new names for labours:— *Hilaosis, Oxytocesis, Merergasis, Myopathia, Angiosmus, Apenergesis, &c.* Thus, for instance, if one of the midwives of the Dispensary should apply to me for assistance, for some one of her patients in labour, my question would naturally be: — What sort of labour is it? — Why, Sir, I really cannot tell; but it must be either a *Merergasis*, or an *Apenergesis*."—" Then I'll come to her by-and-by."

nature of the problem presented to us for solution, when we are called upon to give assistance in passive labours; and a cautious, as well as dexterous application of any of the three means we have it in our power to use in such cases, and the qualifications of an accoucheur are fully enumerated. The description and classification of the problems are to be learned in schools, and by attending lectures;—but their quick perception, and dexterous solution, *cannot* be learned at lectures, and are only the effects of *practice*.

Having premised so much, because I wished to avail myself of the first opportunity of publishing my ideas on this subject, I shall proceed, without any further delay, to relate a few cases of passive labours, taken from among those which occurred during my last year's practice at the Westminster General Dispensary. To describe all of them would be superfluous; nor could the details tend in any way to promote the object of the present publication.

INSTRUMENTAL. *Perforator.*

CASE I.—Mary Graham, residing at No. 10, Queen-street, Seven-dials, aged 42, had been married seventeen years to a cabinet maker, upwards of sixty years of age, when she became pregnant of her first child. On the night of the 16th of April, 1818, she first experienced a few passing pains, announcing the approach of labour. Mrs. Finley, the midwife, was summoned forthwith, and she remained for two days with the patient: but no progress appearing to have taken place during that time, I was requested to visit her. On my arrival, I immediately proceeded to ascertain the state of the parts during pain. I found the os uteri undilated, thick and hard. My finger readily reached the projecting angle of the sacrum. The pelvis appeared to be distorted; the os coccygis deviated from the right line, and was considerably bent in; and the pubian arch was low and flattened. I felt with difficulty the presentation. The membranes had broke the night before; but the head was not yet pressing on the *cervix uteri*

which hung still pendulous and undistended. The pains were strong and incessant; but the resistance offered by the near approach of the posterior to the anterior parieties of the pelvian cavity, prevented all motion. The process of labour was at a stand, and the expelling efforts of nature seemed thrown away. The patient, in the mean while, became very much agitated, feverish, and restless. The case required immediate assistance. From the discharge of the meconium, and other symptoms, I conjectured that the child was dead; in which opinion I was confirmed by the result of an examination made by Dr. Merriman, whom I had requested to attend in consultation. He recommended waiting till the morning, and then to use the perforator. After giving a composing draught, I left the patient till four o'clock next morning. During my absence, she passed a great quantity of urine, and the bowels were relieved. I found every thing in the same state in which I had left it the evening before; no progress having been made in the labour during eight hours. The uterus, indeed, was dilated to about the size

of half a crown; but neither thinner nor distended. By the fontenelles I ascertained that the face was applied to the left cotyloid cavity. To have delayed any longer giving assistance, under these circumstances, would have proved highly injurious to the patient, and I therefore proceeded to the application of instruments. Having introduced two fingers of my left hand, and between them the perforator, with some difficulty I succeeded in making a crucial incision into the head; when, having withdrawn the instrument, I used my fingers to extricate portions of the bones of the cranium from the scalp, and brought them away; in doing which, I was sometimes baffled by the projecting angle of the sacrum. The difficulty of reaching as high as the superior brim of the pelvis with two fingers; and the impossibility of passing more than that number at a time, from the undilated state of the soft parts, and the narrowness of the pelvis, rendered the operation tedious. I succeeded however, at last, in diminishing considerably the bulk of the head; and hooking my crotchet firmly within it, I gradually forced the fœtus through

the upper aperture. The weight now lying on the pendulous part of the uterus, it distended it, and the os uteri became more dilated, and its edges thinner. Being greatly fatigued by this time, and my hands cramped and swelled, I requested Dr. Merriman's assistance at nine; which he readily and kindly afforded me. After more than an hour's hard labour in bringing away some other portions of the parietal bone with the hand, he at last employed Dr. Davies's new craniotomy forceps, which he had brought with him for the purpose, as he considered this a favourable case for the trial of that instrument. He laid hold of the parietal bone and scalp with the forceps; but both the hard and soft parts slided through it, on the efforts for pulling being made; nor did he succeed better in a second attempt. At his request, I likewise tried it, applying it in the most favourable manner I could; but failed. The fact is, that this new instrument is wholly inadequate to the purpose, besides being a great deal too bulky. By dint of perseverance, however, the hand accomplished what the instru-

ment could not; and the fœtus came down so low as to put the circumference of the *os uteri* quite on the stretch. Dr. Merriman having now surrendered, a second time, the operation to me, and cautioned me as to the possible laceration of the part, I proceeded with great care to the termination of the labour. I once more hooked the crotchet within the foramen magnum, and round my instrument I gathered the pendulous scalp. With this in my right hand, pulling gently and laterally; while with the fingers of my left, I pushed back the uterine borders all round, sliding them over the apophyses of the cranium, I succeeded in bringing the fœtus into the cavity of the sacrum. The shoulders next presented some difficulty, which however was soon overcome; and the woman was at last safely delivered at half past eleven, that is, seven hours and a half, after I began the operation. The placenta came away in a few minutes, and no hemorrhage followed. The patient bore her sufferings with great fortitude, and expressed herself as having felt but little

pain, during the operation. Dr. Merriman and myself now measured the posterio-anterior diameter of the pelvis, which we found to be little more than $1\frac{3}{4}$ inch in length. The child's sternum had been pressed to the back bone in passing through this narrow aperture, and measured in thickness, including the spine, a little less than the above dimension.

I attended this woman for more than twenty days afterwards, at the end of which time she was perfectly recovered, and returned thanks to the Dispensary. She continues to this day in perfect health.

Elizabeth Masquerier, and Ann Hart, were delivered by me in the course of last year, by the same means—the former in consequence of a case of impaction—the latter on account of malformation of the pelvis, the anterio-posterior diameter measuring only $1\frac{5}{8}$ of an inch. They both did remarkably well. The latter is, unfortunately, again with child.

INSTRUMENTAL. *Forceps.*

CASE II.—On the evening of the 8th of April, 1818, I was hastily summoned by Mrs. Hughes, late one of the Midwives of the Dispensary, to attend Sarah Guenegault, residing in Cowley street, Westminster. On my arrival, I found a tall stout woman lying across the bed, with her lower extremities hanging over it, supported on two chairs, and kept in that situation by two women; while two more endeavoured to do the same, but with little success, with regard to her arms, the patient being violently agitated by convulsions, foaming at the mouth, and with the eyes closed. I immediately plunged a lancet into her right arm, and dashed cold water over her face, while I dispatched a messenger to two neighbouring apothecaries for a pair of forceps. This was immediately sent; and leaving the bleeding vein to itself, I quickly proceeded to the delivery of the child—the head being about to clear the os uteri, and presenting with the face under the pubian symphisis. The contraction which followed the delivery was so violent,

that I felt the uterus rolling upon itself under my left hand applied over the abdomen. That instant calm succeeded to the most extravagant contortions with distressing and loud groans. The breathing also became easier. Immediately after the delivery, which occupied me about two minutes, I desired the woman, who had charge of the bleeding arm, to apply her thumb to the vein. The placenta came away shortly afterwards, and no hemorrhage followed; but by an examination made at this period, I ascertained that a small lateral laceration of the edges of the os uteri had taken place. Might not this, which must have occurred during the passage of the head before my arrival, have occasioned those subsequent convulsions in which I found the patient? Certain it is, that the midwife and the assistants assured me, that the labour was proceeding most favourably, when she was on a sudden seized with convulsions. What also attracted my notice, was the excessive shortness of the umbilical cord, this being little more than 11 inches in length. The child was dead; and no effort could restore her to life. She was

of a full size, and perfectly formed, with the exception of the left arm, which was much shorter than the right. The patient continued insensible, although quiet, after the delivery, and with her mouth firmly shut; but we succeeded at times in pouring a few tea spoonfulls of a cordial mixture down the throat, after which a composing draught was taken. From the 10th to the 17th of April she gradually recovered her senses, and with them her strength and health. Every circumstance consequent on labour assumed a favourable aspect; and I was preparing to take my leave, when on the 18th at night, a hasty summons was brought to me, stating, that the patient was dying. On my arrival, I found her delirious, with considerable fever, and a very hot skin; and I learned from her friends, that after having apparently composed herself to sleep the evening before, she had, towards the middle of the night, awoke in a sudden start, when, after a few incoherent expressions, she proceeded to commit many acts of violence against herself. The pulse beat high and full, with a peculiar throbbing. I

ordered leeches to the temples, and took blood from her arm. Calomel, with the cathartic extract, was ordered at the same time; and a composing draught (8) to be taken occasionally. These measures had the effect of calming her for the night; but all the distressing symptoms of the affection of the brain returned, even more violent, the next day; from which period up to the 24th they continued with more or less intensity, and she ultimately expired in one of the attacks, after repeated and ineffectual attempts on the part of her friends to make her swallow either medicines or food. No permission having been granted to examine her after death, the immediate cause of her dissolution could not be well determined. Although I am aware that puerperal convulsions are known to be generally fatal to the lying-in woman; and in that respect, nothing uncommon could be found in the present case: still the labour had been so quickly and favourably terminated, and at the end of eleven days, the patient appeared to be getting so much better, that the sudden change which soon afterwards put an end to her existence, must

have been wrought by some particular immediate cause, which a farther investigation of the case would probably have rendered manifest.

MANUAL AND INSTRUMENTAL. *Obliquity of the Uterus.*

CASE III.—Mary Scott was taken in labour on the 13th of November, of her third child, and was attended by a midwife residing at Kensington, not belonging to the Dispensary. Her former labours had been difficult, and had required the assistance of art; a circumstance which the patient attributed to her own weak frame, and indifferent state of health. The water had been discharged upwards of forty-eight hours, when I was summoned to attend her; and as some notion of the state of things was conveyed in the message to me, by the midwife, I proceeded to the house properly prepared for the occasion. On an accurate examination being made, I found the head presenting in what the French have called the third position, namely, the occipital region, resting against the right sacro-iliac symphysis. During the passage through the superior aperture,

and while emerging through the dilated os uteri, the integuments of the head had been puckered up into a soft flabby bag, descending low into the vagina, and resting on its posterior part. The pains, which had been strong and incessant before, now occurred at long intervals only, and very faintly. On passing my left hand over the abdomen, I found the tumour to be excessively low, and as if the *fundus uteri* had reclined forward over the pubian ridge, where an excessive relaxation of the abdominal parieties seemed to have allowed this particular action on the part of the womb to take place. This anterior obliquity of the uterus, was furthermore ascertained, on a second examination *per vaginam*, when the os uteri, a segment of which, even in the first instance, I had reached with considerable difficulty, was found to be *facing* the sacral vertebræ, and the head of the child to be propelled towards them, during pain. To correct this unfavourable arrangement of the parts, I tried a change of posture in the patient; but with little effect. The application of the forceps in this state, would have been fruitless, as well as extremely

dangerous. I therefore endeavoured, in the first place, to alter the position of the fœtus, and this I succeeded in doing with my hand, and without disturbing the patient, by gently bringing the occiput under the right cotyloid cavity; which it had no sooner reached, than the abdominal tumour became more equally diffused; the os uteri recovered its natural direction, and the patient experienced considerable relief. In this favourable condition I left her, not only in hopes that nature might do the rest; but also because any further assistance on my part, not being immediately called for, would have unnecessarily added to the sufferings of the patient. At the end of four hours, I returned according to promise, and finding that the progress made during my absence had been but trifling, owing to the want of pains, I resolved on applying the forceps, by means of which she was delivered of a female child, bearing the most decided symptoms of having been dead some time. The patient suffered greatly from intestinal fever, during the first fortnight; but ultimately recovered, and is now in perfect health.

MANUAL. *Face Presentation.*

CASE IV.—Caroline Fox, aged twenty-five years, residing at No. 101, Wardour-street, recommended by S. A. Lynden, desired my attendance late in the night of the 18th March, having been taken ill a few hours before. On my arrival, I found her in labour. The membranes had broken early, and the pains came on quickly. I found the os uteri scarcely dilated; but as it was thin and lax, I dilated it gently during the pains with my finger, and ascertained the presenting part to be the face. Every thing wearing a favourable aspect at the time, I deemed it proper to wait for some time longer the progress of the labour, before I offered any assistance. Towards two o'clock in the morning, I found that the face was fast descending through the superior pelvis, and that the uterus was on the stretch. The forehead resting behind, and on the superior edge of the pubis, I should most probably have had a case of impaction to deal with, had I suffered things to proceed thus,

without effecting a change of position. Having therefore requested the patient to lie on her back; with my right hand I disengaged the forehead and chin, by gently pushing the face upwards and sideways, with the palm of the hand, performing at the same time, a slight rotatory movement to the left. By these means, the vertex was made to descend, and the occiput placed against the right sacro-iliac junction. Thus far having succeeded by my interference in rectifying a vicious presentation, while I consulted the convenience and feelings of the patient, as well as the occurrence of the pains, there being no pressing necessity for haste, I suffered the completion of the labour to take place naturally; and, in less than an hour, I had the satisfaction of seeing my patient safely put to bed, and without having experienced, in the slightest degree, any additional suffering. The child was a girl; and both her and the mother did well.

MANUAL. *Arm Presentation.*

CASE V. — Mary Smith, a strong healthy woman, aged twenty-five years, residing in Little St. James's Street, was suddenly seized with labour pains, on the 19th of May; when the membranes gave way, and one of the arms of the child protruded into the vagina. Immediately after my arrival, having ascertained the nature of the presentation, and found that a portion of the cord obtruded at the same time, I lost not a moment in endeavouring to get at the feet. This I effected gradually, between the intervals of pain, having introduced my left hand for that purpose, and passed around the wrist of the protruding arm of the child a piece of tape, with a view of rendering its final footling extraction much more easy. In about ten minutes she was delivered of a fine boy, without much suffering. The placenta did not come away immediately: a circumstance by no means uncommon when the labour has been naturally quick, or necessarily hastened by art. Having waited more than an hour, and observing some

unpleasant symptoms of hemorrhage to follow every slight pain, I proceeded to the extraction of the after-birth; every other endeavour to bring about sufficient uterine contraction for its expulsion having entirely failed. No hemorrhage followed, and I left the mother and child very comfortable for the night. The former had a very rapid recovery, and was discharged about the middle of June.

MANUAL. *Hemorrhage.*

CASE VI.—Elizabeth Storey, aged forty-one years, living in Heyden Street, being pregnant of her eleventh child, besides having had several miscarriages, was taken ill on the 13th of April, and desired my attendance, in consequence of a considerable flooding which came on immediately after the first pain. She stated herself to be in the seventh month of her pregnancy; but appeared very large. Her constitution seemed weak; and she was greatly emaciated, having suffered considerably, during the whole period of her pregnancy, from sickness, head-ach and a costive habit of body. Her husband being

a shoe-maker by trade, she had lived a very sedentary life, binding shoes as her daily occupation, in which she was frequently obliged to stoop. She expressed herself as having experienced a sensation of bearing down during the last three months, attended with excruciating pains, on the slightest exertion, which were not unfrequently followed by a shew of hemorrhage. The discharge on the present occasion was very considerable, and on my examining the os uteri, I found the placenta implanted over it, a portion of it appearing to have been recently detached. The dilatation was not, however, sufficient to admit the hand; but perseverence and gentle means succeeded in bringing it to that degree, which permitted the hand to pass easily, and without any great increase of hemorrhage. Having so far succeeded, I penetrated beyond the breach made by the partial detachment of a portion of the placenta, which I took care not to separate wholly, and having soon reached the feet, brought them both down at once, terminating the labour, in what the French accoucheurs call the second position of the feet, being the most

favourable. The placenta followed in a few seconds, quite intact, and the uterine contractions which soon succeeded, put an end to the flooding. The patient continued weak for a considerable period of time afterwards, and took a great quantity of bark before any very visible amendment appeared. She was afterwards discharged quite well; her child, a boy, appearing also to be healthy.

Manual. *Convulsions.*

Case VII.—Mrs. Steddy, one of the Midwives attached to the Dispensary, summoned me, on the 31st of May, to attend Ann Button, aged twenty-eight years, residing in Little Mary-le-bone Street, who had been seized with convulsions, while in labour. On examination, I found the os uteri dilated so as to admit the protrusion of the membranes into the vagina. The head presented, and as the convulsions seemed to increase in intensity, so as greatly to interfere with the expelling process of the uterus, I determined on immediately delivering the woman. Having presented the point of

the index to the protruding pouch, during a sharp pain, the membranes broke; I then introduced my hand into the uterus, seized the feet, and brought down the child, which two successive pains expelled very shortly after. On the delivery taking place, the womb instantly contracted; but unfortunately in that irregular manner, which accoucheurs have denominated the hour-glass contraction. The placenta, which seemed to be quickly following the child, was thus seized, if I may so express it, in its way from the *fundus uteri;* hemorrhage succeeded, and the convulsions shewed no symptoms of abatement. No time could be lost to save the patient. Temporising measures would have been of no service. It was probable, that an internal hemorrhage might be going on in the upper portion of the uterus, besides that which was visible, and which appeared to proceed from the vessels of its inferior chamber. Bleeding, or the administration of opiates, in the hope of reducing the contraction, might not prove successful; and in that case, much valuable time would have been lost, and the patient's con-

stitution tampered with to no good purpose. No other resource presented itself, but that of the speedy removal of the placenta, which I proceeded to perform. With this view, after having succeeded in making the patient swallow, through her clenched teeth, some weak brandy and water, I introduced the hand into the inferior cavity of the uterus, and by means of my fingers collected into a conical form, after some steady, persevering, but cautious trials, succeeded in penetrating into the upper chamber, from whence I brought away the placenta. As I was receding with it, I distinctly felt the uterine parietes contract very forcibly behind, and follow my hand, which I retained for some seconds on the spot where the stricture had taken place before, that no similar accident might again occur. When, at length, I felt that the contraction became general, I withdrew my hand, bringing the after-birth away at the same time. The hemorrhage ceased that very instant; as did also the convulsions a few minutes afterwards. The patient remained in a lethargic state and much exhausted;

but proper means were resorted to, with a view of rousing the vital energy; and I had the satisfaction of seeing her in a fair way of recovery a few days afterwards. She was discharged on the 25th of June quite well, together with her child, a girl, to all appearance healthy.

MANUAL.—*Arm Presentation and Descent of the Umbilical Cord.*

CASE VIII.—Catherine White, aged twenty-five years, residing in Lock Yard, Horseferry, was taken in labour of her second child on the 9th of March. After the lapse of several hours, the membranes were ruptured by the midwife during an examination; but the presentation could not be distinctly ascertained. The pains soon after became stronger, and succeeded each other more rapidly. Two hours elapsed in this state, when on a sudden the patient called for assistance from her attendant. On passing her hand into the vagina, the Midwife encountered one of the arms of the fœtus; and knowing my positive orders respecting this species of presen-

tation, the most dangerous for the child, she immediately dispatched a messenger to my house. Being from home at the time, I did not reach the patient's lodgings until two hours after the nature of the case had been ascertained. By examining the relative situation of the hand, with regard to the mother, I found that the *right* arm was the presenting extremity, and that in addition to it, about four inches of the cord had protruded through the *os uteri*. The child was alive, and the mother appeared to suffer much, and her strength to sink fast. I gave her a small quantity of a cordial mixture procured from a neighbouring apothecary, and immediately proceeded to turn the child. Having, however, some well grounded reasons to apprehend that if I introduced my hand through the os uteri, while both the arm of the fœtus and the cord were occupying that position, I might cause irremediable injury to the latter, and thus endanger the child's life; I gently and gradually pushed the cord into the uterus, following it within that organ with my hand in search of the feet, and thus preventing a second escape of the cord by filling the space it had

recently occupied within the circumference of the os uteri. On both feet being brought round, (and in doing this, I met with considerable resistance in consequence of the waters having long escaped) the arm naturally receded, and presented no longer any obstacle to the delivery, which was now safely and readily accomplished. It is singular, that during this operation, which took me about a quarter of an hour, no pain of any consequence occurred—and that although I desired some warm brandy and water to be given twice, there came on such a state of lethargy as to create some uneasiness in the mind of the by-standers. In an hour afterwards, however, the patient recovered; when finding that the placenta was not likely to be expelled naturally, I brought it away, without any hemorrhage following the operation. I found the placenta implanted over the anterior portion of the womb, an unusual place for its insertion; and, not unlikely, the cause of the unnatural presentation of the child. Both the mother and infant daughter were doing well a month after delivery.

SECTION THIRD.

Abortion.

WHENEVER the private practitioner is called upon to provide against the occurrence of abortion, bleeding and confinement to the horizontal posture, are, I may say, the invariable prescriptions with which he begins his treatment. The classification of miscarriages, which I have given in another part of this work, will shew that the indiscriminate and general adoption of those two measures is not likely to produce much good in the way of preventing abortion. I have already mentioned, that of four cases of *threatened* miscarriage which came under my notice last year at the Dispensary, I succeeded in preventing its completion in three cases; and that out of ten miscarriages, which were *actually begun* when I was desired to give my assistance, four were stopped, and the pregnancies carried to their full time. In three instances only, have I had recourse to bleeding, and in

none did I prescribe the sopha! How indeed, could I have done so with women who have no such article of furniture in their dwellings, and whose daily exertions are called for by a labouring husband, and a growing family? By these observations I do not mean to imply, that a confinement to the horizontal posture, in some cases, is either useless or injurious—by no means; but I contend, that considerable abuse has been made of that salutary measure: and that some patients have had the misfortune of miscarrying, after confinement on a sopha, who, if they had been indulged in wholesome exercise, with a proper diet, and medicines, would not have miscarried at all. Some such remarks may likewise be made, with regard to bleeding; for not only is it not always necessary to have recourse to venesection, in order to prevent abortion; but also, in a great many cases, where bleeding has been performed with that view, no such fortunate result has been obtained.

Of the constitutional abortions, there are only those which I have called *active*, where bleeding

is indicated. In any case of *passive* abortion, venous depletion would infallibly hasten the event. Now the former are to the latter as 58 to 98, so that it is rather more than three to two, that bleeding will do harm instead of good, in cases of threatened abortion, from a constitutional cause. As to those miscarriages which are brought on by accident, the apprehension of local inflammation alone should determine us to use the lancet; and, perhaps, also, ought we to bleed, where the shock has been so great that we have reason to fear a revulsion of blood, either from or to the parts most particularly affected on such occasions. Yet, how common the practice of flying to venesection, when fright, falls, or any other accident has induced the pregnant woman to send for her accoucheur? Still the miscarriage takes place,—the flooding which follows is not in the least diminished—and the consequent debility of the patient is considerably augmented.

From an attentive examination of several ova expelled at different periods of pregnancy, but

particularly during the early part of it, I have convinced myself that there are, at least, as many modes in which abortion takes place, as there are causes which give rise to it. No one can deny that the ultimate result, after all, is the expulsion of the ovum, whatever may be the manner in which that result has been brought about; but surely if there be a difference in the process, the means to prevent it, or check it when already begun, ought also to be different. Mary Windmill had had ten children, and at the age of forty, miscarried of twins. She was a robust, healthy woman. Three months previous to her miscarriage, a total suppression of urine took place, which required the *daily* assistance of a surgeon for several weeks. The same happened on two other similar occasions; when, at last, she became sensible of a displacement of her womb. From that time, she ceased to bear children; and has continued for many years to wear a pessary for her complaint.—Sarah Philips, a young woman, was suddenly alarmed at the report of a gun, fired close to her. She was three months gone

with her first child at the time, and a miscarriage ensued the next day. Being a second time pregnant, while walking one day, she felt a bearing down, which produced faintness, together with other symptoms similar to those by which her former miscarriage had been attended. She applied to an apothecary, who hearing her history, bled her, gave her some opening medicine, and desired her to use fomentations. She was within a few weeks of her confinement at the time. The next day she missed the usual motion of the child; nor did she feel him ever after. In about three weeks, labour came on. The child had all the appearances of having been dead some time, was wasted, and shrivelled. She applied to me a few weeks after this occurrence, for an irritating yellowish discharge, which produced troublesome excoriations, and for great soreness of the os uteri. —Mary Grange, aged twenty-five years, while pregnant of her first child, now eight years of age, was threatened with abortion, for which bleeding was proposed; but on this operation being delayed, from some mistake as to time, and

the threatening symptoms subsiding in the mean while, the lancet was not used, and Mary Grange was delivered of a fine child at the full period. She has since been five times in the family way, and each time threatened with abortion, to prevent which venesection was had recourse to, and the two last times strict confinement also was observed; notwithstanding which she miscarried each time. The excessive debility brought on by the last miscarriage, induced her to apply to me for advice. I might multiply the examples if necessary—my registers at the Dispensary contain many similar instances reported to me; nor would it be difficult to mention several cases in private practice, where the usual modes adopted to prevent abortion have not succeeded, and thus the hopes of families have been blasted. But the task is by no means a pleasing one, nor is it properly adapted for this publication. The little I have so far said is intended to qualify the few select cases of Abortion I am about to relate, where a different treatment was occasionally pursued with success. Having deemed it necessary, from the view I had for-

med of the subject, to lay before my readers a classification of miscarriages, it was natural that I should also recommend the adoption of appropriate means for their management. These will be found amply developed in a work professedly written on the subject, now preparing for the press, and which is only delayed by my professional avocations. In the mean while, the few cases which follow, may serve as a temporary illustration.

Case I.—Ann Wyatt, aged thirty-two years, residing in Leicester-street, Swallow-street, with no appearance of an unhealthy constitution, after having borne one child, miscarried eleven times at six months, and twice at the third and fourth month of pregnancy, in the course of eight years. She had during that time consulted many practitioners, and followed the various plans which had been recommended to her, without success. On the 6th of April 1818, she applied to me at the Dispensary, when I received from her the preceding particulars. She was then

between her sixth and seventh month of pregnancy; and appeared excessively alarmed at a few symptoms, so unfortunately peculiar to her, which prevailed at the time. She was excessively costive; but feared to take any opening medicine, as she was sure they had done her much harm on former occasions. She felt great weight and oppression in the head, at times, with an occasional shooting pain in the right hypochondrium; but she disliked being bled for it, as she was persuaded bleeding had, more than once before, hastened the period of abortion. The state of the tongue—the feverish thirst and heat present—the pulse—every thing precluded the possibility of administering tonic medicines. Still something was to be done, and she was anxious that it should be done soon. I ordered her some mild mercurial ointment, and desired her to rub in a small quantity of it every evening, first over the right hypochondrium where the pain was most troublesome, and next over the right and left loin alternately. During the day to wear a broad bandage of coarse flannel, and every night to take a single tea spoonful of

cold drawn castor oil at bed-time. This plan was put into practice, and faithfully followed up till the eighth month; at which time I thought her safe, and desired she might discontinue it. On the 14th of June, she was delivered of a girl at the full time and in perfect health. The mouth had not been affected by the mercurial frictions.

Case II.—Mrs. Terry, a very attentive and intelligent midwife belonging to the Dispensary, brought me a young woman named Elizabeth Brownsword, who was then pregnant of her fifth child, and had miscarried four successive times, when in the fourth month of pregnancy. At the time of my seeing her, she complained of being uncomfortable, and was apprehensive of a fresh miscarriage.—There was great uneasiness at the lower part of the stomach—occasional pain — bearing down —a sense of heat in the loins, which became painful towards evening — much head-ach, and morning sickness. The patient seemed very much agitated and alarmed. A trifling red discharge had been perceived the day be-

fore, and many other circumstances seemed to announce an approaching abortion. Indeed both her and the midwife considered it as next to impossible that it could be prevented; particularly as there seemed to exist an habitual disposition to it. Having been assured by Mrs. Terry, and upon her I knew I could depend, that she would herself see to the full execution of my instructions for the treatment of this case, I ordered the mercurial frictions as in the preceding instance—because I found the two cases analogous—and a gentle laxative medicine. This plan having been strictly followed for some weeks, though not every day, Elizabeth Brownsword was ultimately brought to bed of a boy on the 14th of March 1818. What renders this case still more important is, that having again become pregnant some time in October last, she was visited by the same alarming symptoms at the third month, and while hesitating, from a strange caprice, whether or no to follow the same treatment which had so admirably succeeded before, the miscarriage came on, and was completed before any assistance

could be given. The state of the ovum now in my possession, has suggested to me a plausible explanation of this aptitude to abortion in this patient, which it would be out of place now to detail.

The mercurial frictions produced the same happy effects in two other cases in which I ordered them, from a persuasion that they were analogous to those in which I had so happily succeeded in preventing abortion by a similar treatment.

Case III.—Millison Pearson, aged thirty-six years, residing in Grafton-street, Soho-square, had had no children for three years, when she became pregnant in December 1817. On the 24th of June 1818, she applied to me for a considerable hemorrhage which had come on three days before, attended by pain, similar to those of labour, and by a sympathetic affection of the stomach and bowels. The latter in particular was very troublesome; and whenever any attempt was made at evacuation, the rectum

seemed to be thrown into a spasmodic action, which communicated itself to the uterus, producing a very notable irritation in that organ. This poor woman, was, from trade, forced to lead a very sedentary life. She seemed very weak, feeble and emaciated. I made an examination, and found the os uteri partly open, coagula of blood coming away through it at the same time, with much pain. The neck of the womb was so exquisitely tender and irritable, that the patient could with difficulty bear the slightest impression of my finger; it also seemed considerably more swelled than usual. I recommended cold lotions to the loins, and the usual ablutions of cold water with vinegar to the parts. On the hemorrhage diminishing the next day, but the intestinal irritation remaining, I ordered enemas of tepid milk, into which ten grains of opium had been dissolved, and these to be retained some time, while the patient was directed to lay flat on her back in bed. This had the effect of allaying every abdominal irritation. I next directed a mixture of bark and the extract of rhatany root to be taken liberally—and gentle

exercise to be used. An improved bandage for the support of the abdomen was added to her stays;—and lastly, when strength and health seemed fairly restored, I ventured to recommend the use of a gentle opening medicine, to obviate the bad effects of costiveness. The period of pregnancy was thus passed away in comparative comfort, and without any unfortunate occurrence.

Case IV. — Sophia Taylor, an interesting young woman, residing in Little Pulteney-street, tall, of a slender make, fair complexion, and light hair, with a narrow pelvis, miscarried twice in the course of eighteen months, when about three or four months gone with child. The first, and only time in which she reached the full period of pregnancy, instruments had been employed to extract the child. From her statement it appears, that on that occasion she received some lasting injury, which gave her the most excruciating pains at the moment. The child was likewise materially injured in the head by the application of some instrument used

during the delivery, and of this it died a few hours after birth. On the 11th of March 1818, she applied to me for advice, owing to an alarming flooding which had taken place a few days before, and which was still continuing. She was then above four months gone with child, and she thought she had quickened. On examination I found the *os uteri* in a partial state of dilatation—the parts relaxed—and a little blood oozing from them. The pulse was hard, full, and frequent: the face flushed, the eyes sparkling, the tongue of a lively red at the edges. There was, withal, great depression of strength —head-ach—pain in the abdomen, which was increased by pressure—and sickness at the stomach. Every symptom indicating the immediate necessity of depletion, twelve ounces of blood were taken from the arm, and an opening draught (2) was administered at the same time. On the following day no inflammatory symptoms could be discerned, and the hemorrhage seemed to have stopped. Still as there was some difficulty in relieving the bowels, the opening draught was repeated, and the pills (5) ordered

at bed-time. 14th of March—the flooding has not again occurred; but she complains of great weakness in the loins, bearing down, and pain when pressure is made on the umbilical region. The medicines were repeated, and rest was recommended. On the 16th, the hemorrhage re-appeared, for which recourse was had to cold applications, and the internal use of the rhatany root. On the 17th of March, blood was lost, which on examination appeared to consist of two distinct coagula. The one, of a bright scarlet red, had assumed the form of short portions of narrow ribbon, perfectly smooth on both surfaces, and divisible in the direction of the long axis. The other, of a dark blackish red, had no particular form, but offered a mixture of bits of membrane or pellicles. I examined them both attentively. Not the smallest vestige of the ovum could be discovered in either. The patient was lying on her bed in consequence of excessive weakness. On examination, I found the neck of the womb distended, and the os uteri rather relaxed, with an elongated solid body emerging from it, about

an inch and a half in length, soft and yielding in its substance. The finger glided readily over its surface, and all around it, between it and the edges of the os uteri. I pulled gently, but it did not seem to give way, nor did the action of pulling occasion any pain. I deemed it prudent to wait, and left the patient with proper directions. This case being, according to my views of abortion, particularly interesting, I repeated my visits every following day, in the course of which I ascertained, that the extraneous body which I had felt, was a rounded coagulum of blood, of greater firmness than usual. It came away two days after the period above alluded to, and was followed by a trifling hemorrhage. The astringent injection was ordered to be repeated, together with the mixture. At last, on the 31st of March, that is twenty days after the first attack, the patient feeling quite comfortable and strong, without any pain or uneasiness, and the hemorrhage having entirely ceased, I examined the parts, when I found them in a perfectly natural state; the inferior *os uteri* being round and flexible, and

admitting the tip of the fore finger as far as the inner *os*, which was firmly closed. An opening medicine was recommended, to obviate the unpleasant effects of confined bowels, and she was desired to repeat it occasionally. The result of this treatment was a full and safe prolongation of the pregnancy, and the complete restoration of her health.

Case V.—Elizabeth Avis, aged thirty-nine years, residing in Monmouth-street, consulted me on the 25th of February, in consequence of having miscarried five times at seven months, for five successive years. She was then in the eighth month of pregnancy, and in apparent good health; but symptoms, somewhat similar to those which usually preceded and attended all her miscarriages, having made their appearance, she became alarmed at the probable unfavourable result which might follow. Independent of the hemorrhage, which was occasionally great, she complained of a dull permanent pain in the back, extending at times forward and on each side; yet there was no sensation of bearing

down attending it; but whenever she attempted to lie on her right or left side, she felt as if something within her were torn from her loins, increasing considerably the primitive pain. There were present, besides, a great numbness in both the lower limbs—a difficulty of retaining the urine,—much costiveness,—and a degree of heat in the groins, which she described as intolerable. Her face was pale—the tongue white—the pulse slow and feeble. She slept heavily and long; nor had she any relish for food. These symptoms, and the details she had given me respecting her former miscarriages, led me to suspect that if abortion took place on the present occasion, it might be from some interruption in the necessary circulation between the uterine vessels and those of the placenta, owing, most probably, to a state of torpor of the former, by which the ovum, being no longer supplied with the means of growth and assimilation, became an extraneous body within the uterus, and as such, liable to be expelled. If this view of the case was correct, bleeding and rest would have inevitably hastened abortion;

while, on the contrary, that occurrence might be prevented by every means which could promote a better circulation between the mother and the child. Impressed with the truth of this, I directed my patient to take considerable exercise, and to improve her diet, drinking a moderate quantity of spirituous liquor at night. Frictions were ordered to be made on the loins and over the sacral region, with a stimulating liniment—a warm resinous purgative was prescribed to be taken twice a week—and lastly, the patient was desired to take the mixture (9) twice a day, or whenever she felt particularly languid. All the above mentioned symptoms yielded immediately and in succession to this treatment, and Elizabeth Avis was finally brought to bed of a boy, at the full time, on the 20th of the following month, being the first child she had born under such favourable circumstances, after five year's marriage.

If our knowledge of the physiology of generation had made a parallel progress with the

other branches of physical science in recent times, the nature of the process of abortion, its causes, and its probable connection with some peculiar action of the uterus, of which modern accoucheurs are entirely ignorant, would be better understood; and a more effectual mode of prevention discovered. In this respect, I feel no hesitation in saying that the recent inquiries of Sir Everard Home, published in the Philosophical Transactions, and more particularly his late paper on the *Corpora Lutea*, in which a novel and luminous view of the physiological anatomy of the ovarium is laid down, will materially advance us in the right investigation of this very important question.

SECTION FOURTH.

Diseases of Females.

Of the ninety-two cases of female complaints which I treated at the Dispensary in the course of 1818, it cannot be expected that, in a publication like the present, I should give more than a few of them. The following are selected from amongst those which I have thought the most likely to excite my reader's interest; and, with regard to the order in which they are related, I have taken the liberty to follow the methodical arrangement which I have inserted in a former part of this report. No further preliminary observations methinks are necessary.

DISEASES OF THE AGE OF PUBERTY.

A. Organic.

b. Subsequent.

6. *Morbid state of the Labia and Vagina.*

Case I.—Ancilla viginti, circiter, annos nata, formæ integræ—temperamento ut ajunt lympha-

tico, et habitu corporis mediocri, prædita; quum dolore peracuto in vagina laborasset, et frustra varia, pro levando malo, tentasset, ad me, consilium petens, accedit. Crurum ac actuum dolore conquerebatur tensivo, una cum infimi dorsi ventrisque cruciatibus. Post longos moerores et febrem in morbum inciderat suppressæ menstruæ purgationis: inde ventris intensio, spiritus difficilis, et musculorum dolor supervenerant. Parentes, de gnatâ solliciti, medicam petunt opem; et ex medicamentorum farragine (vano conamine!) salutem sperant. Morbi causâ minime notâ quis morbum curaverit? Vocatus quæstiones, circa pudendi incommoda, instituo; muliercula rubore suffusa, se laborare talibus incommodis denegat. In infimo, tamen, abdomine, levi manu contrectato, dolor, præcipue ad regionem sub-pubianam, observatur. Medicamenta, cum varia fortunâ, præscribo; et paucis sic elapsis hæbdomadis, quum omnia symptomata ingravescant atque sævire vehementer, de vera morbi indole quod suspicabar, cum matre et amicâ in colloquio communicabam. Illis suadentibus me ancilla, postremo, pudenda examinare patitur.

Labia externa tumefacta erant, nymphæe vero longissime propendebant, molliores, cristatæ nigrescentes. His sejunctis tumores quidam rubri, quasi sanguine turgescerent, et parvis cerasis non multo dissimiles, apparuere. Nec erant soli; nam digito per vaginam intromisso, alios multos ex convexitate urethræ pendentes, et vaginam pene totam obstruentes, reperii. Summum infligebant dolorem, et compressi facile mittebant sanguinem. Copiosè fluebat leucorrhœa. Me suasore ac duce instanter admittitur operatio; nec sine multis difficultatibus ligamina tumoribus externis appono. Plurimis, hoc modo, in brevi spatio dierum, dissectis, quid agerem de cæteris, qui in vagina interna extabant, diligenter animo tractabam. Erant vero isti exigui, numerosissimique, nec ligaturis se præbebant. Rebus sic stantibus, consilium peto a B. C. Brodie amico meo dilectissimo, et in officiis chirurgicis omninò expertissimo, cujus dexteritatem nec possum quin laudibus hîc extollam. Peracto examine cauterium, ex potassa impura, admovere opinatur, et ipse, semel, instituit operationem, quam egomet,

bis in hæbdomada, per mensem iteravi. Evanescunt hôc methodo tumores; sed ulcus amplum, mirificè dolorosum, saniosum, sanguinolentum, quasi tota vagina una plaga esset, relinquunt; nec consolidandum nisi per aquæ cupri sulphatis injectionèm vaginalem. Hanc strenue commendavi: et sanata est. Tempus circa solstitium vernale MDCCCXVIII.

C. Secretory.

a. From Blood Vessels.

1. *Amenorrhœa.*

Case II.--Eleanor Smith, aged twenty-two years, formerly residing in the Strand, and since at No. 104, John-street, Tottenham-court-road, had for more than two years suffered from leucorrhœa, for which she applied to an empiric, who ordered some astringent injections. These she used without any regard to the period of menstruation, which was consequently suppressed; and at the time of her coming to me at the Dispensary, in January 1818, she had not menstruated for several months. This suppression seemed to have given rise to a multitude of unpleasant symptoms,

many of which were of an alarming nature; for besides the local pain and irritation, which usually accompany this disease, there came on considerable fever, with an appearance of inflammation, and a determination to the head, on account of which she was bled both generally and topically. On my seeing her for the first time, the following symptoms presented themselves. The face was yellow, and a broad trace of a dark hue spread from under each lower eye-lid down the cheeks. There was a considerable difficulty of breathing; and she complained of violent palpitations at the heart, and oppression at the pit of the stomach. The abdomen was larger than in the natural state,—the lower extremities were anasarcous—and whenever she attempted to take the least exercise, as she had been recommended to do, her feet became sore, and she suffered great pain on putting them to the ground. The tongue was furred and thick—the pulse small, fluttering, fugitive; she had no appetite; slept indifferently, and was, at times, sick at the stomach on waking early in the morning. She was a married woman, but had never had any children. Although the primitive cause of her general bad

state of health consisted, no doubt, in the sudden and long cessation of the menses, in consequence of the imprudent and protracted use of astringent medicines; the indications to be followed as to the treatment, were evidently of a complicated nature. We had a considerable derangement of the digestive and assimilating powers to set right, much consequent general debility to provide for—and finally, the original obstruction in the uterine vessels to overcome. My treatment was therefore directed to these three distinct objects, and I had reason to be satisfied with the result. I began by administering an emetic (15), which afforded considerable relief; and this I followed up with slow-acting purgative medicines, directed chiefly to correct the state of the biliary organs. The mildest tonics were next employed, and by means of these a considerable degree of strength was restored to the stomach. The appetite now improved, much of the pain and local uneasiness disappeared, and she slept and performed every other function, much better than she had hitherto done. Still the menses appeared not, and the

patient, although in better health, yet, began to despair of complete recovery. A few days previous to the period at which she usually became unwell, I ordered the warm pediluvium, and the frequent application of the stimulating fumigation (16). Ten ounces of blood were next taken from the foot, and as many by cupping on the loins. The emmenagogue (11) was also administered. A trifling appearance of the menses occurred in about a fortnight after this; and on the same treatment being further pursued, with some few necessary attentions, the regular discharge was completely restored about the latter end of the succeeding month, and has never since suffered any material deviation. She was discharged in May, in the full enjoyment of health.

DISEASES of the AGE of PROPAGATION.

A. Organic.

b. Often consequent on Propagation.

7. *Prolapsus Uteri.*

CASE III.—M. Thomson, No. 11, Pancras Street, Tottenham-court-road, is the mother of

several fine children. She is fair, gentle, and until the age of thirty, enjoyed remarkably good health. During her last confinement, she was attended by a midwife, who finding that the placenta did not immediately follow the child, brought it away. This operation having been done rather unskilfully, the uterus was partially inverted, but instantly returned. Great soreness followed this accident, and for a considerable time she experienced acute pain in her loins and the sacral region, which no remedy could alleviate. A few months elapsed in this manner, when she imagined that the womb descended into the vagina; a conjecture, which on examination, was found to be correct. Forced, by her domestic circumstances, to undergo a great deal of fatigue during the day, she did nor derive much relief from the medicines that were prescribed to her by a physician, whose gratuitous advice she had followed for some time, until, at his recommendation, she applied to me at the Dispensary, on the 16th of March 1818. She appeared to me, on a first inspection, to be as much in need of assistance for her

general health, as for her local complaint, which had invariably been attended by a copious discharge, occasioning great debility and languor. This latter circumstance too, gave rise to much soreness and excoriation of the parts, particularly if she walked much. Her head ached; she had no appetite, and the bowels were habitually costive with a considerable degree of fever every night, was restless, and awoke unrefreshed. The pulse was small and frequent, the tongue furred and the abdomen tense. Heaviness of the eyes—unwillingness to speak—constant yawning, and many other nervous symptoms, constituted the serious complication of her disease. I examined the parts, and replaced the womb, which was afterwards supported by a pessary of a new construction, in the first instance, and next by a small soft napkin. Proper injections were ordered to be used frequently. Her general health was treated according to the most pressing indications, in the doing of which I remarked that the intestines seemed to resist longer than any other part of the system, the action of appropriate medicines. In the course of

two months, she had so far recovered, as to omit every local application, and her health rapidly improved. The discharge yielded at a somewhat later period; when she found herself to be in the family way. As the moment of her confinement approached, she felt great distress lest the process of labour should reproduce, even in a worse degree, her former complaint, and the labour itself be difficult. She therefore exacted a promise that I should attend her myself; and she was brought to bed on the 23d of December, after a very easy labour; from the consequences of which, and the intestinal fever which followed, she completely recovered in less than a fortnight, without the recurrence of her former indisposition.

9. *Anteversio Uteri.*

Case IV.—Elizabeth Stedman, aged twenty-eight years, possessed of an eminently nervous temperament, has been married several years without having any children. She miscarried three times at eight and ten weeks—became weakly in consequence of it—and exquisitely

irritable, owing to some complaint in the uterine system. She had been for several years under the care of various practitioners, without deriving any relief. On her applying to me at the Dispensary for advice in December last, I found her affected by hysteria, impaired digestion, and suspended menstrual secretion. These pressing symptoms were first got rid of, by appropriate medicines; and for some time, I contented myself with having succeeded so far, without directing my attention, in an earnest manner, to the complaint, the bare mentioning of which, seemed strongly to affect the mind of the patient. Her general health being at last considerably improved, I proposed an examination, to ascertain the cause of the following symptoms. She suffered excruciating pains in her loins and the small of the back. Great heat and irritation of the parts distressed her at times, beyond all description—indeed she seemed distracted on those occasions. She moreover felt a great weight immediately behind the pubis, with a bearing down; and experienced great difficulty in retaining the urine. These

symptoms were accompanied by a thin serous discharge, which excoriated the parts, caused them to swell occasionally, and increased the pre-existing irritability. I found the vagina relaxed; the urinary bladder weighed down, and pressed against the concave portion of the pubis; and the os uteri turned upwards and backwards, while its fundus had fallen forward, and rested upon the bladder. I endeavoured to correct this mal-position of the parts, and succeeded also in giving strength to the parietes of the vagina, and in checking the discharge, by the cold bath and the lotion (14). But what contributed most in forwarding her recovery, was an improved bandage in the shape of stays, which I devised for her, and by the help of which, the abdominal muscles being greatly supported, all the viscera, are thereby retained *in situ*. Mrs. Stedman may now be considered as enjoying good health, and she has reason to believe herself once more in a pregnant state.

B. Constitutional.

a. During Pregnancy.

16, & 19. *Dyspnæa and Mastodynia.*

Case V.—Elizabeth Fitzmorris, aged forty-one years, residing in one of the unfinished houses at the top of Portland Place, being pregnant of her first child, was attacked with cough and difficulty of breathing, which, after some weeks, assumed a more regular type, and came on at stated intervals in paroxysms. These were often so severe, that after coughing for nearly half an hour, without any expectoration, the patient would lie on her bed spent and exhausted for several hours. During these attacks, the head ached, and the shock being communicated to every part of the system, invariably occasioned a sort of trembling, which was still stronger in the abdomen. Having had occasion to see her in one of these paroxysms, I found her pulse quick and irregular, with considerable anxiety of the præcordia, and difficulty of breathing, approaching very near indeed to that which characterizes asthma. Great apprehen-

sions were entertained, lest in one of these attacks she should miscarry. About this time, too, tension and pain of the mammæ occurred, which were very distressing. The bowels were rather relaxed, and she became daily more emaciated. To relieve these symptoms, I had recourse to blood-letting, which seemed also to influence considerably the cough and difficulty of respiration; but this measure could not be carried to any extent, as the debility of the patient was already great. I next administered the hyosciamus and other sedatives, without any effect; even opium could not procure a good night's rest. Under these circumstances, I deemed it necessary to give the prussic acid, by which means she was considerably relieved from her cough, and became more composed at night. I also directed frictions to be made on the breasts, with a solution of extract of poppies in sweet oil of almonds, which had the pleasing effect of removing the tension, and with it, the pain of those parts. The two last months of her pregnancy were thus passed in comparative comfort; but she had a very difficult and lingering labour, as

might indeed have been expected at such an age, and with such a constitution.

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b. After Pregnancy.

27. *Peritonitis post partum.*

Two errors have crept into the practice of physic, with regard to the disease which attacks women during the first month after gestation, called *peritonitis puerperarum,* or more commonly, puerperal fever. In the first place, it has been improperly asserted, and the same has been recently repeated, that this fever occurs about twenty-four or thirty hours, and seldom later than four days after delivery;* although the case is not so, for instances of attack, even so late as on the 15th and 20th day after delivery, have often occurred, and occur daily. In the second place, this very identical complaint has been generally confounded with another, though a very distinct one in its

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* See Armstrong on the Puerperal Fever, second edition, and others. Hamilton however admits, that it may take place later.

nature, to which lying-in women are also not unfrequently subject, and which should be called the *intestinal fever*. Indeed, the author to whom I have just alluded, does not even hint at the possibility of lying-in women being attacked by such a fever; for in the enumeration of the febrile complaints, which he supposes likely to be mistaken for the puerperal fever, no mention whatever is made of the former.* Other writers have been guilty of the same omission; and indeed, with the exception of Burns, who has slightly touched upon it in his Principles of Midwifery, I am not aware that any reputable author has ever made a distinction between these two fevers. Yet nothing is more necessary. It is in consequence of this oversight, that bleeding, the heroic remedy for the former of these two complaints, has been employed where no symptom seemed to require it—and *vice versa*, that it has been neglected, when bleeding alone could

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* Idem, pages 18 and 19, where the puerperal fever is said to be particularly distinguished from milk fever, after-pains, inflammation of the uterus, and the ephemera.

have saved the patient. In the course of a pretty extensive practice, during two years, at one of the largest and best conducted Lying-in Hospitals in Europe, and while following some of the first practical accoucheurs in this metropolis and in Paris; and subsequently among the patients of the Westminster General Dispensary, as well as among my own private patients, I have been taught to distinguish these two complaints from each other, so as not to misapply, I hope, the means which experience and medical reasoning suggest for their respective treatment. The medical profession are aware, that in some hospitals, great mortality has occurred from febrile complaints, which have been indiscriminately considered as puerperal fever; — and a very recent example might be quoted, were it necessary, in illustration of this assertion; but the aim of this work is not to record what has *not* been done, but what *ought* to be done, to establish a clear diagnosis of the two complaints, and to adopt a correct and effectual method of cure. I shall endeavour to do this in the clearest manner I can; and according to the observations I have had occa-

sion to make in the several cases which fell under my notice.

Both complaints begin with highly threatening symptoms; and both can destroy the patient in a short period of time, if not quickly checked. Head-ach,—sickness at the stomach, or nausea —cold shivering fits, succeeded by heat—tumefaction and pain of the abdomen, particularly when acted upon by pressure—suppressed or diminished secretions, are the broad features by which both diseases are pourtrayed; and which if consulted singly, or even conjointly, but without reference to any other circumstance, will often lead us into error in forming our diagnosis. Nor would the error be of any material importance, were the treatment alike in both disorders: unfortunately, however, the case is not so; for that which will suffice to conquer the intestinal fever, will fail in overcoming the puerperal *peritonitis;* and the energetic means by which the latter is invariably disarmed of all its horrors, would be excessive and uncalled for in the other complaint. It is therefore of the

utmost importance to the very existence of the patient, that we should seize upon even the most trifling characteristic symptoms, by which the two diseases are made distinct from each other, if we wish to avoid error.

The puerperal *peritonitis* commonly seizes the patient suddenly—whereas in the intestinal fever, it will be found, that the patient has been complaining for a day or two previous to the attack. In the former, the tumefaction of the abdomen follows the developement of the pain—in the latter, exactly the reverse obtains. The lochial discharge is generally suppressed or diminished in the one—but no such change takes place in the other. Costiveness does not necessarily follow an attack of puerperal fever—it invariably attends the intestinal fever. The pulse is harder and fuller in the peritonœal inflammation—but the tongue, the aspect of the eyes and face, and the secretion of urine, present exactly the same phenomena in both diseases. One however is eminently inflammatory—the other not so. Bleeding will cure the one—purgatives the other. It will be found,

moreover, on inquiry, that the patient suffering from intestinal fever, has neglected her bowels during the last week of her pregnancy—or that she has not been sufficiently purged before her confinement.

Case VI.—Mrs. Wood, young and weakly, by trade an artificial flower manufacturer, residing at No. 16, Rupert-street, was brought to bed on the 27th of December, 1817, under every favourable circumstance, and she continued well until the 6th of January following, when she was suddenly taken ill with sickness at the stomach—shivering fits, succeeded by excessive heat—and great soreness of the whole surface of the abdomen. My attendance was not desired until all these symptoms had existed for more than two days. On my first visit, I found her in bed, lying on her back, supported by pillows, breathing with difficulty—her eyes deeply sunk into their orbits—the tongue parched and furred—the breath ardent and offensive. There was a preternatural heat of the skin, and the pulse beat hard, full, tense, vibrating. No

head-ach was present in this case; but the pain and soreness of the abdomen were such, that it was only after many pressing intreaties on my part, and that of her husband, that she allowed me to pass my hand over it. Vomiting came on, while I was thus engaged, and the matter ejected was of a dark colour, and had a strong acid smell. With all these symptoms, there was so much constitutional as well as adventitious debility present, and the parents considered her as drawing so near to her end, that it was with considerable hesitation, and to their great amazement, I proposed she should lose blood. The operation, however, was performed immediately, and repeated in the evening, as well as on the following day, to the quantity of 48 ounces. The blood exhibited, each time, a thick buffy coat. Strong active purgatives were administered after each bleeding, and the powder (7) was recommended to be taken at night. From the third day of pursuing this treatment, the pulse declined in frequency—the vomiting ceased—the bowels acted naturally—the pain abated, and ultimately disappeared—she had com-

fortable nights, and her recovery proceeded without interruption, to the full enjoyment of health, after having taken a considerable quantity of bark for more than a fortnight. In this case, the breasts ceased to secrete any milk from the very outset of the disease.

Case VII.—On the 20th of January 1818, I was desired to see immediately Mary Tanner, residing in Henry-street, New-road, who had been delivered of a boy, affected by a slight ophthalmia, five days before. On the night of the 19th, after having been up a considerable part of the day in apparent health, she had been suddenly seized with cold shiverings, accompanied by acute pain in the right groin and hypochondrium, extending to the linea alba. I found the part hot, dry, and tense, the pulse 120, hard and full. She dreaded the approach of my hand, and even the bed clothes seemed too great a weight for her to support. Her head ached incessantly; the tongue was furred and white; while its edges and apex were red and swelled. There was considerable nausea,

amounting occasionally to vomiting, with cough and difficulty of breathing. The eyes were dull and glassy, the carotids beat high and irregularly. She complained that she could not lie on her left side, and stated that the abdominal pain extended, at times, to the corresponding loin. She had been subject to inflammatory diseases. Fifteen ounces of blood were abstracted, and fifteen leeches were applied over the painful surface. A strong opening medicine (3) was administered at the same time. These measures afforded relief, and the pain, as well as the fever, seemed to remit. The secretion of milk, and the lochia, however, continued to be very scanty; and although considerable amendment could be observed in every symptom when I visited her the next morning, still it was evident, that the disease itself remained unsubdued, for the pulse continued hard and full, and the tension and soreness of the abdomen had only partially diminished. The patient's spirits, however, became more elated, even at this temporary amelioration. Under all these circumstances I deemed it necessary to pursue my treatment farther. Sixteen ounces of

blood were again taken from the arm, and the purgative draught was repeated. On the third day, I found the patient going on in every respect favourably. The head-ach had ceased—the respiration was free—no sickness had occurred during the preceding day and night—she had perspired a little—the tongue was clear, and throughout of a smooth pale colour—the pulse soft and 85. The bowels had been relieved eight times by the draught. At this period of the disease, I remarked that the patient could lie indifferently on either side, although a considerable degree of soreness of the abdomen, without any tension, was still present. Frictions, with a solution of purified opium in strong vinegar, succeeded, however, in removing this remaining symptom of the complaint, and Mary Tanner was discharged cured on the 28th of January.

Case VIII.—Helena Chapple, aged twenty-one years, was taken ill on the 25th of February, a few days after her delivery, with cold shiverings, sickness, and general debility, which

symptoms she disregarded until the 27th, when finding that they augmented rapidly, she kept her bed and requested my attendance late at night. I found her with a considerable degree of fever, and a violent pain in the right hypochondrium, extending to the pubis and back. Her pulse was perfectly abdominal, hard, oppressed, sunk. The looks and manner of breathing, coupled with the knowledge of the preceding symptoms, did not allow me a moment's hesitation, as to the nature of the disease. My test being put into practice, it proved, as in every other such case, correct. She *dreaded the approach of my hand, and actually screamed before I had touched her.* Thirty-six hours had elapsed, and notwithstanding the yet prevailing symptoms of inflammatory action, I greatly feared that the process of effusion had already begun. I however lost no time in ordering a copious bleeding, which was repeated a few hours afterwards; and in applying ten leeches to the painful part. A strong purgative (3) was administered at the same time.—28th of February, I was sent for in great haste this morning. She had passed a

restless night. The pains had greatly abated after the bleeding, and the application of the leeches. The blood exhibited the buffy coat and ragged edges. The inflammation seems to have gained the peritonœal covering beneath the diaphragm, and a considerable oppression and difficulty of breathing is come on. The pulse is small and fluttering—the countenance unfavourable. The milky secretion had stopped, the moment the rigors had seized her, at the outset of the complaint. The bowels are very much open. She has still some strength, and raises herself in bed without assistance. *Admoveatur emplastrum Lyttæ fortius scrobiculo cordis statim;* and the powders (6) to be taken directly. I called again in the evening, and found her much worse—the blister had acted but partially —the pain had twice recurred though for a very short while—the oppression at the chest had become intense—the pulse is small and wiry—the skin cold and clammy—the face drawn. The blister, with additional epispatic matter was re-applied—a hot bath ordered, and the legs and feet were wrapt up in rubefacient fomentations. I did

not conceal from her relations, that I entertained no hope of her recovery. 29th, on being put into the warm bath, she expressed great satisfaction at the relief she experienced, and wished she might remain in it all night. A profuse perspiration ensued after having again been put to bed. She fell asleep, and a glow of red spread over her cheeks. The surrounding friends hailed this as the dawn of amendment. At seven in the morning, she faintly opened her eyes for one instant, and closed them again for ever.*

Case IX.—Mary Todd, aged thirty-one years, living in Portland-street, Berwick-street, was seized, thirty-six hours after her delivery, with a cold fit, succeeded by head-ach, giddiness, throbbing, and noise about the ears, oppressed

* I avail myself of this opportunity to correct an error which has crept in at page 28, line 4, of this Report. It is there stated, that Mrs. Chapple had been delivered in the Brownlow-street Hospital, whereas it should have been a Mrs. Davies, residing at No. 5, Tower-street, Seven-dials, who was also under my care for the same complaint; and recovered.

breathing, sickness at the stomach, and acute pain in the lower part of the belly. Her pulse was hard and full—the tongue white and moist. The lochial discharge scanty—the secretion of milk suppressed. The patient complained, moreover, of an uneasy heat in her stomach and bowels, attended with flatulency. Cough came on a few hours after the attack. Fifteen ounces of blood were abstracted immediately, and the same quantity taken away at two successive bleedings in the course of the night. Fomentations were applied over the abdomen, and strong mercurial purgative medicines employed. By these means, the complaint was subdued. The pain and tumefaction of the abdomen disappeared—the sickness at the stomach ceased, the tongue assumed a more natural colour—the countenance improved—the pulse became soft and regular — the alvine evacuations and the urine were abundant and healthy — and finally, the febrile paroxysms ceased to recur. She was discharged cured, on the 10th of January, a week after the first attack of the fever.

Peritonitis post Abortum.

Case X.—Elizabeth Horler, living at No. 26, Market-lane, St. James's, miscarried early in May 1818, when about three months gone with child. On the 13th I was requested to see her. The discharge which followed in the first instance, had suddenly stopped, when head-ach and sickness came on, together with fever and acute pains in the lower part of the abdomen. The pulse was hard and full—the face flushed—the skin hot and dry; yet she had for some hours before complained of being very cold. The bowels had been very regular until the day of the attack; but there was tumefaction of the abdomen, and she could not bear the slightest pressure upon it. I ordered fifteen ounces of blood to be taken away from the arm, and as the pain did not seem to abate, I desired that twelve leeches might be applied to the part. Calomel and antimonials, with alternate doses of an aperient mixture, were also given. These measures had the effect of removing every alarming symptom by the next day; when the calomel

was omitted, in consequence of its having severely affected the mouth, although given but once, and in the dose of five grains only. The bleeding was repeated, owing to a recurrence of the pain—and with this, and the continuation of gentle opening medicines, the disease was finally subdued. The womb during all this time, did not seem to partake of the inflammatory action which pervaded the peritonæal lining of the right side of the abdomen. Elizabeth Horler was discharged, cured, on the 22d of May.

29. *Ephemeral Fever.*

Case XI.—Elizabeth Malone was seized with cold shiverings and nausea, eight days after delivery, in consequence of having eat heartily of animal food and drunk porter. She experienced great lassitude and soreness all over the body, but particularly in the limbs. Her head ached, and her tongue was thick and dry. The skin hot, and shewing a disposition to moisture. The pulse quick, soft, and rather full. She had passed no water for twenty-four hours. Ordered

a hot bath; and a large dose of calomel and antimonials to be taken at night. To provide against the sickness at the stomach, saline draughts were given. A profuse perspiration broke out soon after this, which put an end to the fever; yet there remained behind a considerable weakness, and great restlessness at night, with want of appetite. The decoction of bark, with the sulphuric acid, however, soon restored her to perfect health.

Case XII.—Mary Thomas, delivered of her thirteenth child on the 25th of November last, exhibited, ten days after her confinement, the same symptoms, enumerated in the preceding case, accompanied, moreover, with diarrhœa and cough. She had also committed some excess as to her diet; and had exposed herself to the chilly air of the night, by standing for several minutes at an open window. The pulse in this case was very small, and much quicker than in the former. She felt a very acute pain over the eye-brows, which was greatly increased by the effort of

coughing. A strong decoction of rhubarb was ordered to be taken in the quantity of two fluid ounces every eight hours, the bath recommended, and the diaphoretic saline draughts (18) to succeed it. The disease terminated in forty hours, by a very profuse perspiration, which lasted for some time unabated. The bark, in substance, in the dose of ten grains every four hours, taken for the space of eight days, completed the patient's recovery.

30. *Intestinal Fever.*

Case XIII.—The French accoucheurs consider this fever as only a variety of the puerperal fever: in which they are mistaken. There is no inflammation of any part of the peritonæum in the intestinal fever; and in those cases which terminate fatally, the mucous membrane alone of the larger intestines is found injected with blood. Ann Gillett, was delivered, after a very easy labour, of a boy, on the 14th of July. On the 20th, she felt a pain in the lowest part of her back, and experienced much fulness about

the abdomen;—cold shiverings came on, which lasted but a short while, when heat succeeded, with a flushed face, and a frequent hard pulse; —she had a head-ach, particularly over the eye-brows and at the top of the head—the tongue was thick, furred, and yellow—a slight pain was excited by pressure on the abdomen, which felt distended and hot. The matter which she brought up by vomit was excessively bitter, and of a dark colour; she was restless, exceedingly nervous, and loathed all sort of food. The absence of every symptom by which peritonitis is characterized, convinced me that the present was not a case of that disease. The patient had had no alvine evacuation for some days previous to her confinement, and had been but indifferently acted upon by medicines, since that period. I made an examination, *per vaginam*, as high up as I could, and found the rectum distended by scybalous fœces. I immediately ordered the opening mixture (1) to be given twice a day, and the pills (5) to be taken at bed time, and repeated next morning. A large quantity of fœtid and dark stools came away, upon which

the abdominal parietes, before hot, sore, and distended, now became soft, cool, and free from pain. The emetic, which I had exhibited early in the commencement of the disease, had also the happiest effect; still the fever continued, with two daily exacerbations, and in about three days, considerable griping, with a tendency to purging, distressed the patient greatly. The irritation being at the same time very great, and tenesmus following each evacuation, I directed glysters of linseed oil with opium to be thrown up, and retained for some time. Camphor julap, with tincture of ginger, and the carbonate of potash, were also prescribed for her at the same time, and a very light diet recommended. This continued for five days, at the end of which my patient was convalescent; and by the assistance of the draught (19), was soon afterwards completely restored.

C. Secretory.

a. From Blood Vessels.

4. *Swelled Leg (phlegmatia dolens.)*

Case XIV.—Mary Clyne, residing in Hungerford Market, was delivered of her third child on the 5th of March; and was seized, ten days afterwards, with cramp in the calf of the left leg; her milk ceased to flow nearly at the same time. During the night which followed the attack, a severe pain in the left groin manifested itself, and next morning much febrile action occurred. Opening medicines had been recommended; but the disease did not seem to be arrested by their effect. The pain extended from the groin to the sole of the foot—the limb began to swell—became infiltrated, hard, sore to the touch, and of a full, fatty yellow colour—there was inability to move it. The pulse beat 110, the tongue was white and moist, the countenance pale, with a darkish hue about the eyes and the *alæ nasi,* the stools loose and fœtid, the urine muddy, and the lochial discharge had a putrid

smell. On putting the infant to the breast, no milk could be obtained; and the mammæ were flaccid. I examined the affected part, and found the inguinal glands much swelled, and exquisitely painful to the touch. The patient experienced, also, much pain in the hip and loin of the affected side, especially at the insertion of the sacro-iliac ligament. The limb was nearly double the natural size, and very heavy, nor could it be bent at the knee joint. When narrowly examined, several hard lumps, of an irregular shape, were found here and there in various parts under the skin. The patient complained of excessive thirst, and of a short harrassing cough. I observed that at the external ankle, where the cicatrix of an old ulcer had left a deep purple mark, that colour had not been changed by the disease, neither had the process of infiltration acted upon that part of the leg, so as to raise it to the level of the rest of the limb. Having been sent for when the acute symptoms had nearly subsided, I had it not in my power to use very active means. I, however, employed both leeches and blisters, and purged very freely; at night I gave

opiates to procure sleep, and to allay irritation. When at last nothing but the dull swelling of the limb remained, I succeeded in reducing it greatly by means of friction, and stimulating liniments; but the complete recovery was the work of much time and patience. She was discharged cured on the 20th of April.

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b. From Surfaces.

9. *Œdopsophia.*

Case XV.—*Flatuum ex utero, per vaginam, emissio.* I have now under my care a decided case of this rare disease, on which I have been enabled to make some interesting remarks. From all that I can collect, I am strongly tempted to believe, that the extricated air in this case is a combination of sulphur and azote, from a decomposition of the albumen of the blood, in consequence of inflammation of the womb. This fact I was the first to notice, in a communication written professedly on the subject, and read before the Royal Society in May, 1818,*

* See the Journal of the Royal Institution for July, 1818.

giving an account of a new compound gas, produced by peritonæal inflammation. In both cases, the albumen is separated from the blood by the process of inflammation, and is ultimately decomposed by some other process yet unknown, giving rise to carbonic acid gas on the one hand, and to sulphuretted azote on the other; producing, as in the former case, *œdopsophia*, the disease here mentioned—and in the second, abdominal tympanites.

DISEASES OF THE CRITICAL AGE.

A. Organic.

b. Not essentially attended by discharge.

13. *Induration of the Cervix and Os Uteri with Prurigo, &c.*

Case XVI.—Rosannah Handy, ætat. 57, residing at No. 2, Monmouth Street, applied to me on the 1st of April, for an accumulation of distressing symptoms, under which she had been labouring for more than three years. In her youth she had enjoyed perfect health. She had been the mother of several children, and had

never suffered from any irregularity in the monthly secretion, nor from any discharge. She complained of great heat pervading the internal parts, with pain and bearing down; and shrunk from pressure when applied forcibly to either side of the abdomen. The irritation and prurigo were said to be quite intolerable. I made an examination, and found the os and cervix of the uterus hardened; its borders being thick, rounded, projecting, and deeply furrowed. On each side of it the arteries throbbed strongly. The vagina was hot, dry, and excessively rugose. Her general health was but indifferent: she slept little; eat less; had constant thirst, head-ach, and occasional nausea. The pulse was small and quick, the skin hot, dry and tense; the tongue of a dark purple colour, and her bowels costive. I ordered six leeches to be applied on the perinæum, and the hip bath to be used frequently. In about a week afterwards, cupping on the loins was resorted to, and ten ounces of blood were taken away; active purgative medicines were given at the same time, and continued for several days. These means served to restore her general health,

and to diminish considerably the irritation and heat of the parts; but the induration and prurigo continuing, I prescribed the extract of cicuta in the dose of from three to twelve grains, in the course of twenty-four hours, and applied locally a decoction of its leaves, with alternate ablutions of vinegar and opium. I thus succeeded in removing, entirely, the only and most distressing symptoms of her complaint; and she was discharged three months after her admission at the Dispensary, perfectly recovered.

SECTION FIFTH.

Diseases of Children.

The three following cases are selected out of forty-six which I had under my care, not because they have terminated favourably, nor on account of any particular and new feature they present; but in consequence of finding in my journal every circumstance that has attended them, marked down with minuteness and regularity, from which I am better enabled to draw up the history of their progress and treatment.

The cases are arranged according to the synoptical table given in another part of the Report.

MORBI PUERILES.

A. Before, during, and after the 2d Dentition.

a. Medical.

B. *Vermes (Lumbrici.)*

Case I.—The mother of Elizabeth Pearce, a girl aged four years, residing at No. 48, Dean Street, applied to me in great agony on the

28th of May, 1818, in consequence of her child being so ill, that a neighbouring apothecary had given no hopes of her living beyond a few days. On receiving this distressing intelligence, she applied for a letter to have the attendance of one of the Medical Officers of the Dispensary. The poor sufferer was emaciated to a degree; she had a slow burning fever, with a dry and hot skin, parched lips, white tongue, sunken eyes, and a short difficult cough without any or much expectoration. She had been lying in this state for several weeks, taking a good deal of medicine to no purpose. The account which the mother gave me was, that the child had always been remarkably healthy before; that she usually eat a good deal and heartily; that no particular infantile complaint had ever affected her much; and finally, that she seemed to thrive in a very satisfactory manner until a few days before her illness, when on a sudden she became languid, morose, peevish, and lost her appetite:—the bowels became irregular:—she complained of head-ach—was often sick at the stomach—and rapidly lost flesh. All these

symptoms could lead me but imperfectly to the formation of a proper opinion with respect to her complaint. I examined into the case a little further. I found the belly enlarged, yet flaccid; a swelling of the lips and nostrils; the breath offensive, the eye dull, and the hand frequently applied either to the forehead or to the nose. The tip of the fingers of both hands were of a vermillion red, hot and pulsating; and on being asked a question about them, the young patient answered that she felt an incessant creeping in them. I could no longer mistake the complaint; particularly when I took into consideration two other symptoms: a sudden waking at night, with screaming; and a frequent grinding of the teeth during sleep. I ordered the electuarium (21) to be given immediately, and to be followed up with the infusion (22) the following morning. The body was directed to be sponged with tepid vinegar and water on going to bed. Several fœtid black stools, of curdled and broken matter, were passed the next morning, and the fever seemed to abate in the course of that day. Still the cause of the complaint was not expelled;

the electuary was therefore repeated in the evening of the two following days, producing the same effect as before, until at last, on the morning of the fourth day of using the medicines, amongst the copious matter which had come away, a lumbricus was discovered, measuring upwards of eleven inches in length, and a tenth of an inch in the widest part of its circumference. The medicine was continued for two days longer; but no more worms were observed, and the evacuations kept gradually improving. This is a solitary worm, and no doubt but the presence of a single individual of this species, in our present case, had produced all those symptoms which seemed to threaten the girl's existence. When I observed that she became more lively, and that the colour of her skin improved, the fever having already left her, I administered the bark and steel wine as is usual in such cases, by the assistance of which she ultimately recovered her health, and was discharged on the 19th of June, 1818.

b. Chirurgical.

11. *Anomalous Eruptions.*

Case II.—Martha Todd was born on the 11th of March, after an easy labour, and at the full time, with several blotches of irregular size spread on different parts of the body, but chiefly under the arm, round the neck, at the bottom and on each side of the belly, in the groin and on the inside of the thigh; at a somewhat later period, a similar eruption appeared on some of the toes. On examining farther, several of these blotches were discovered around the anus, some of them seeming even to penetrate the gut, and two of them were seated on the most prominent part of the glutei muscles. The scrotum also partook of the disease. Neither in the work of Dr. Willan, nor in the more recent one of Dr. Bateman, could I find a definition according to which this eruption might be named; unless indeed, I assume it to be what these writers have called *Ecthyma syphiliticum*, consisting of a pustule, denominated *phlyzacium*, having a hard circular base, succeeded by a thick, hard, dark-coloured scab. The latter feature, however, not

being present, such an assumption would have been incorrect; besides, these writers do not mention that such a disease has been known to be congenital. The eruption to which it approach nearest in similarity, is that which Dr. C. Smith has called the scaly copper blotch, partaking of the syphiloid character; of which latter circumstance I soon had an opportunity of intimately convincing myself. This remarkable disease consisted in pustules of an irregular figure, but generally round, oval, or long and narrow, particularly over creases of the skin. The cuticle was raised the tenth of an inch above the surface, of a dirty copper colour, shining and smooth: round the edges of the base of the pustule there was considerable induration, and within them, a sloping cavity could be easily felt. The pustule itself was filled with a sanious, thin, copper-coloured fluid, which, when evacuated by puncture, or by the bursting of the cuticle, allowed the latter to dry. During this process, the cuticle was of course depressed: it became white, and broke into small pellicular fragments, which might be easily blown off from

the part, leaving a fresh cuticle behind, with an irregular surface, and transmitting the same colour, as if the latter existed in the *rete mucosum*. Things went on this way for some days, when the spots became gradually smoother, narrower in their circumference, and paler, until they at last altogether disappeared. If my suspicions were right, the mother must have been affected by the same complaint. To her, therefore, I addressed myself for an explanation of an appearance so singular in a new-born babe; and after some hesitation, I received the avowal on her part, that blotches of the same description had broke out upon her a month or six weeks before her confinement, owing to a peculiar malady under which she was suffering. I examined some of these, and coupling their aspect, seat, and nature, with some other symptoms present, I resolved upon treating her as a syphilitic patient, and through her to cure also the infant, a practice usually pursued at the Hospital of the Capucins, at Paris, where for a number of years it has never failed of success. The medicine used on this occasion, was a

decoction of linseed, with the oxymuriate of mercury, in the proportion of one grain of the latter to eight fluid ounces of the former, a small wine-glass full of it to be taken every day before breakfast. Occasional opening draughts were also administered. In about five weeks from the time of beginning this treatment, both the mother and child were quite free from the general disease, and its eruptive symptoms; but the blotches have left behind many livid, and I apprehend, indelible marks on the skin. The mother had, besides the eruption and blennorrhagic discharge, all the other characteristic symptoms of confirmed lues.

MORBI INCERTÆ ÆTATIS.

C. From the birth of the child to the 16th year of his age.

a. Acute.

5. *Intestinal Fever (infantile remittent.)*

Parents are for ever asking, whether this be not a *new* disease, of which physicians knew little or nothing till within the last thirty years;

the traditionary records of the nursery being silent on the subject of this complaint. The answer to this is a plain one:—diseases of children have been, until lately, either neglected, or entirely confided to a class of medical men, from whose professional education, much could not be expected. Whenever a child was taken ill, it was duly settled between them and the nurse, to what sort of complaint his sufferings were to be ascribed, and remedies were applied accordingly; while to the inquirers, the general answer was, "the child is teething"—"the child has the *seven days* or the *three weeks* fever." Dr. Butter was the first physician who opened the eyes of the profession and the public on this important matter; and his admirable Treatise on the Infantile Remittent Fever, published in 1782, gave the complaint its present appropriate name, suggested a better diagnosis, and a more successful treatment. Next to him, we are indebted to Dr. Pemberton, for continuing to direct our attention to this disease, which the present fashion of physical education of children, and their diet, has doubtless rendered more

prevalent. The description given of this complaint by the last mentioned writer, is at once simple, accurate, and satisfactory: his distinctive symptomatology, to avoid mistaking it for hydrocephalus, to which the disease in question bears some resemblance, deserves great attention; and it will be found, in practice, that very little, if any thing, can be added to the treatment he has proposed.

In giving the following case of this complaint, I do not pretend to set forth any thing new; but as it presents a very complete history of the disease, of its mode of attack, progress, and favorable termination, when properly treated, I think it will not be deemed uninteresting.

Case III.—George Fowler, between 6 and 7 years of age, 41, Broad Street, Golden Square, retired to bed in perfect health, blooming and gay, on the 13th of January, 1818; towards the middle of the night, he awoke suddenly from his sleep, started up as if frightened, and vomited repeatedly. He complained of being chilly, shook with cold, and became exceedingly pale. In less than an hour afterwards, considerable heat came on, the skin was dry and burning, par-

ticularly around the neck, on the forehead, and at the palms of the hands. He complained of head-ach and thirst; closed his eyes quickly when a lighted candle was approached to his bed, and seemed very feverish. On the following morning I visited him. He was drowsy; the cheeks were flushed—the lips swelled and cracked; the tongue white and specked all over—the breath hot—the pupil natural and contractile. The pulse beat 130 with a smart stroke—the abdomen was tense and very hot—one of the feet was cold, with a clammy sweat upon it; while the other was warm. He had had no evacuation since the preceding day, and what little urine had been passed, was high coloured and muddy. I ordered five grains of calomel and ten of jalap to be given immediately, and the draught (2) to follow in a couple of hours: and the hot bath to be used at night, if another chilly fit occurred. The next day I found him less drowsy, and comparatively cool; the bolus and draught had operated copiously, and what they brought away was fœtid black, ill concocted, and resembling a mixture of minute portions of different substances, variously coloured and variously formed.

The evening exacerbation had not been very intense. In the night he had moaned very much; but on waking in the morning he seemed brisk, anxious to get up, and have his breakfast. Another dose of calomel was administered, and the draught repeated, with precisely the same effect that the medicines of the preceding day had produced, as if no previous alvine evacuation had taken place. The fever occurred again that night and the next morning; when the body was sponged with vinegar and water during the hot fit, to the great relief of the patient. It should be recorded, that during the interval of remission from fever, the pulse continued to beat upwards of 100 in a minute, although the child seemed at that period perfectly comfortable. In this manner things proceeded for seven or eight days, when cough and difficulty of breathing supervened. The child had by this time lost flesh, and was very weak. The attacks of fever were as numerous as at first; but gradually changed the hour at which they came on, so that one exacerbation occurred in the middle of the night. The purgative medicines were persisted in for some time longer, until the tongue,

which in the progress of the complaint had become excessively foul, thick, and *pateuse* to the very edges and tip of it, now appeared of an uniform white only. At this period of the disease I began the use of tonics, employing first the calumbo root, next the bark in powder, and ultimately steel wine. On the tenth day, the exacerbations had become shorter and milder, and the nocturnal paroxysms had disappeared; the patient had began to sleep better and longer, he awoke refreshed and with appetite; a copious moisture was occasionally perceived on the skin, which became soft; the urine was clearer and more abundant; the stools assumed a natural appearance; and, finally, the patient acquired his usual health and strength. Every case, however, does not terminate so happily. Many are of a much longer duration, and in some, the debility arising from the repeated paroxysms of fever rapidly succeeding each other, as well as from the operation of medicines, ultimately destroys the patient; or should he survive, a complaint of the head succeeds, highly distressing, and generally incurable.

EXTEMPORANEOUS PRESCRIPTIONS,

Referred to in the Select Cases detailed in the Second Part of this Report.

1.

Mistura purgans; vulgo *Black dose.*

℞. Jalapæ radicis pulv: gr. xxiv
Scammoneæ gummi-resinæ pulv: gr. viii
Pulveris zingiberis gr. xv
Confectionis rosæ q: s:
F. massa mollis. Superfundito.
Infusi sennæ colati f ℥ jv cum
Magnesiæ sulphatis ʒ jv, et
Olei caryophyllorum gtt: ij ad suave olentiam

F. M: per cochlearia ampla ij vel iij, pro re nata, propinanda

2.

Haustus laxativus.

℞. Infusi rhei f ℥ j
Potassæ tartratis ʒ iij
Aquæ pimentæ f ℥ ss
Syrupi zingiberis f ʒ ss

F. haustus, primó mane, sumendus.

3.

Potio purgans.

℞. Infusi sennæ colati f ʒ x
Tincturæ jalapæ
——— sennæ singul: f ʒ jss
Sodæ tartarizatæ ʒ iij
Olei pimentæ min: ij

F. potio, pro re nata, sumenda.

4.

Pilulæ aperientes. ℞. Extracti colocynthidis com: gr. jv
Sulphuris sublimati gr. iij
Potassæ sulphatis gr. v.

F. Pilulæ iii cum s: q: syrupi rhammi cathartici, paulo ante horam cubitus, sumendæ.

5.

Pilulæ ex Calomelano. ℞. Hydrargyri submuriatis gr. jv
Rhei pulv: gr. v.
Saponis hispanici q: s: ut ft. pilulæ ii hora somni sumendæ.

6.

Pilulæ ex Calomelano et pulvere antimoniali. ℞. Pulveris antimonialis londinensis gr. vi
Hydrargyri submuriatis gr. iij
Extracti rhei q: s: ut ft. pil: ij vespere, vel pro re nata sumendæ.

7.

Pulvis in decremento Febris. ℞. Potassæ nitratis ℥ ij
Camphoræ ʒ j
Cacti cocci gr. jv.
Croci ℈ j

F. Pulvis in pixide usui servandus; et sit dosis ab gr. x ad gr. xv

8.

Haustus Diaphoretico-sedativus. ℞. Aquæ flor: aurantiorum f ʒ x
Pulveris ipecacuanæ comp: gr. iij
Extract: conii gr. ijss
Spirit: ætheris nitrici f ʒ j

F. haustus vespere, vel post longas vigilias, in incremento morbi, sumendus.

9.

Mistura cascarillæ. ℞. Infusi cascarillæ f℥ jv
———Artemisiæ
———Caryophyllorum singul: f℥ ij
M. cola. Liquori colato adde
Succi limonis f℥ ij
Alcoholi f ℥ jss
Syrupi papaverum f ʒ iij
F. M. Bibitur ad fluidunciam unam bis vel ter quotidie.

10.

Pilulæ cum Ferro. ℞. Ferri ammoniati gr. xxx
Sagapeni, Galbanique gummi resinæ singulorum gr. lx
Aloës spicatæ gr. xx.
Confectionis aromaticæ q: s: ut fiant pilulæ sexaginta in pixide bene obturato, nè deliquescat sal ferri, servandæ. Sumantur ij vel iij manè et meridiè.

11.

Pilulæ in Amenorrhœa. ℞. Ammoniaci gr. lxxv
Sabinæ fol: pulv: ʒ ij
Pilul: hydragyri ʒ jss
F. Pilulæ pondere gr: v. quarum ij semel, vel bis quotidie, sumat ægra.

12.

Mistura Frigorifica externe applicanda; vulgo *Cold Lotion.* ℞. Ammoniæ muriatis
Potassæ nitratis singul: ℥ j
Alcoholi f℥ j
Aquæ stillatæ octarium
Solutione peracta, a mistura madida, parti dolenti, linteola sæpe admoveantur.

13.

Linimentum alcalino-sedativum. ℞. Olei amygdalarum dulcium f ℥ ij
Liquoris ammoniæ min. xv
Extracti opii aquosi ℈j
Olei rosæ min ij

Opium primò cum oleo amygdalarum diligenter tere; deinde ammoniæ liquorem guttatim adde, et agita donec misceantur.

14.

Injectio vaginalis. ℞. Decocti quercus f ℥ x
——— fructus rosæ caninæ f ℥ vj
Zinci sulphatis ʒ j
Alumin: super-sulphatis ʒ jss

Solve adde
Alcoholi fʒ ij
Infusi opii aquosi fʒ ss

Coletur. In Leuchorrhœa, præcipue, pro lavacro communi usurpatur.

15.

Pulvis Emeticus Vegeto-mineralis. ℞. Antimonii tartarizati gr. ijss
Ipecacuanæ pulv: gr. xij
Sacch: albi gr. x

F. pulvis emeticus primo mane ex syrupo sumendus—superbibenda aqua hordeacea tepida post singulas vomitiones.

16.

Fumigatio stimulans. ℞. Acidi Benzoici
Camphoræ singul: ʒ ij
Alcoholi fʒ iij
Ol: rutæ min: x Solve.

Super ferrum incandescentem, dum opus sit, pauxillum solutionis hujus injicitur ad vaporem excitandum.

17.

Fumigatio sedativa. ℞. Decocti capit: papaverum, cum
Sum: et fol: cicutæ recentioris octaria vj
Extracti papav: ʒ ij
Solve et coque usque ad ebullitionem
donec fit evaporatio.

18.

Haustus Salinus diaphoreticus. ℞. Potassæ carbonatis gr. xij
Pulveris ipecacuanæ comp: gr. iij
Aquæ stillatæ f℥ x
Sp: lavendulæ comp: min. xv.
Syrupi tolutani f℥ j
F. haustus cum succi limonis cochlearia duo ampla in impetu ipso effervescentiæ h: s: sumendus.

19.

Mistura roborans cum Ferri carbonate. ℞. Myrrhæ gummi-resinæ gr. xvj.
Mucilag: gum: astragali traganthæ f℥ iv
terantur simul, addanturque
Misturæ camphoræ comp: f℥ vj
Ferri sulphatis gr. vj
Acidi sulphurici min. xx
Syrupi croci f℥ ij F. M.
Bibitur ad fluiduncias ii additis potassæ carb: gr. x. pro re nata, ut effervescat.

20.

Mistura in Menorhagia vel profluvio. ℞. Infusi rosæ f℥ viij
Acidi sulphurici dil: min. xl
Extracti rhataniæ ʒ ij
Syrupi mori f℥ ij
Mistura hæc cujus usus, et vis è nomine patent, per cochlearia ii ampla, semel vel crebrius, quotidie propinatur.

21.

Electuarium anthelminticum.

℞. Dolichi prurientis gr. v
Limaturæ stanni gr. viij
Hydrargyri submur: gr. iij
Confect: rosæ q: vis ut ft. Electuarium.

Infantibus, pro una dose, exhibetur.

22.

Post Electuarium nthelminticum.

℞. Decocti flor: anthem: nob: colati f ʒ x
Vini aloës f ʒ iss.
Syrupi artem: absinth: f ʒ ij

F. Haustus primo mane sumendus.

23.

Gargarysma in Aphtis vel Cynanche ulcerosa.

℞. Sodæ sub-boratis ʒ ij
Decocti rosæ caninæ f ℥ x
Syrupi mori f ℥ ss.

F. Gargarysma sæpe utendum.

24.

Haustus post Partum.

℞. Solutionis cetacei f ʒ ss
Pulveris contrayervæ comp: gr. xij
Aquæ sillatæ f ℥ jss
Tincturæ opii min. x
Syrupi papav: f ʒ j

M. probe et fiat haustus

Addendis Sp: Ætheris nitrosi comp: min. xxx.

Sumatur statim ac repetetur sexta vel 8va, quaque hora sine tinctura opii.

Midwives.

I CANNOT help availing myself of the opportunity which the present Report affords me, of saying a few words on the subject of Midwives. In this respect, the obstetrical art in this country is yet susceptible of great improvement. This has already taken place in Dublin; and in Scotland, also, owing to the exertions of Dr. Young. Dr. Hamilton, speaking of the injuries following delivery, says, "that the conviction of the horrible blunders committed by the Midwives resident in Edinburgh, wrought upon the public by the intrepid conduct of Dr. Young, was such, that there is scarcely a parish of Scotland, the midwife of which has not been regularly taught." Would that this were the case in England, and that we might say the same of the Midwives resident in London. That the converse, however, is true, I need only appeal to those numerous unfortunate beings, who daily apply to Hospitals and Dispensaries, with some of the most loathsome complaints, resulting from

meddling ignorance and unskilfulness. Any woman of intrepidity and address who choses to practice midwifery finds employment. Some have come to me to ask for an appointment as Midwives to the Dispensary, who the year before, had not dreamed of such an occupation; and to back their demand, they would shew me a certificate, stating, "that they had attended *one* course of lectures, and that they were considered capable of managing every sort of labour"! Few of them can write their own name. Some have the most vague notions of the nature of those duties, which as Midwives they are to perform; while others, again, are full of the most absurd prejudices and long exploded ideas. A poor woman told me that, in all cases of first pregnancy, the Midwife who attended her, was in the habit of holding her patient's head between her own knees, during the strongest labour pains. A Mrs. Pritchard, of White Lion-street, informed me, that the Matron of a Lying-in Hospital, on her being taken ill, tried her pains, and assured her she was not in labour, and had yet long to go. Mrs. Pritchard having

had a pressing occasion, immediately after, to retire to the closet, the child was born, and slipt unperceived into the stool, by which the head was considerably injured. A Midwife who has practised in London upwards of fifteen years, being questioned by me as to the mode of proceeding, with respect to the placenta, observed, "that she endeavoured never to let her patient suffer long on those occasions; for the moment the child was born, she took care to pull at the after-birth until it came away"!

In this respect, however, there is much reason to be satisfied with the greater number of the Midwives belonging to the Westminster General Dispensary. Some are old and experienced in the profession, and others have received the benefit of much instruction from some of my predecessors, who took pains to qualify them for their task. It is a gratifying duty I have to perform, in assuring the Governors, that with scarcely any exception, I have had reason to be satisfied with the conduct, zeal, and activity of the Midwives attached to this Institution.

When I was first appointed Physician-Accoucheur to your Dispensary, I found that the Midwives were not bound by any regulation, which should define their duties, and point out to them the way of avoiding errors. On consulting some of the Members of your House Committee, they agreed with me, that some such measures were essentially necessary. In consequence of which, I had the honor of submitting the following regulations to a General Meeting of the Governors, by whom they were approved, and ordered to be printed for the future guidance of the Midwives.

WESTMINSTER GENERAL DISPENSARY.

INSTRUCTIONS TO THE MIDWIVES.

DR. GRANVILLE having had occasion to observe, during the first twelve months of his attendance at the Dispensary, that several mistakes have occurred with regard to the *Conduct* and *specific Duties* of the Midwives, has thought it necessary to define both in such a manner, that there may be no further room for complaint. He has therefore been induced to draw up the following Instructions:—

1. On the presentation of the usual letters signed by Dr. Granville, or any other person authorized to sign the same during his absence, the Midwife is forthwith to attend the patient in whose favour the letter has been granted; and on no account to decline to do so, or transfer the patient to another midwife, without very substantial reasons. It was owing to a conduct of this kind, that in some instances patients, after having sent to the house of all the Midwives, have actually been brought to bed without any assistance, but what came too late.

2. If on obeying the first summons from a patient, the Midwife should find the labour so far advanced as to render it a matter of doubt at what period it may ultimately take place, she is on no account to quit the house, but wait for its conclusion.

3. The Midwife is never to interfere in any but perfectly *natural presentations;* and even should such cases linger beyond 48 hours, Dr. Granville is to be informed of it: as it has happened that the Physician has been summoned too late to save the child.

4. When any difficulty arises, or danger occurs, the Midwives are to send for Dr. Granville *by a message in writing*; such message, in every instance, describing *the nature of the case*, and *what has been done*, that the Physician may always go provided with proper means of assistance to the patient.

5. In *arm-presentations* the Physician is to be summoned immediately: and no attempt is to be made for their reduction by the Midwife; for it has twice occurred to Dr. Granville to find the part swollen and greatly injured, from ineffectual and clumsy attempts at reduction.

6. In all cases of retained placenta, the Physician is to be sent for.

7. The earliest intimation is to be given to Dr. Granville in cases of Hemorrhage, Syncope, or Convulsions, during labour.

8. He is also invariably to be made acquainted, as early as possible, with any expected, or actual mis-carriage and premature labour, to which the Midwives may be summoned by the patients.

9. When pain in ANY part of the abdomen occurs within the first fortnight after delivery, so acute as to occasion a *dread* of the slightest pressure on the parts, accompanied by shivering fits, and nausea, or vomiting, and difficult respiration, Dr. Granville is to be summoned forthwith.

10. Flooding, when occurring during the seventh, eighth, or ninth month of pregnancy, or even sooner, must necessarily become an object of immediate attention from the Physician. Dr. Granville, therefore, expects that the Midwives will inform him, without any loss of time, of any and every such case coming within their knowledge.

11. It is needless to observe, that the Midwife is on no account to ask for any, even the slightest remuneration, whether in money or kind, from the Patients of the West-

minster General Dispensary addressed to them; and Dr. Granville is confident that the utmost kindness and humanity will be displayed by the Midwives on such occasions.

12. The Midwife is to continue to visit the patient for three or four days at least, after the delivery, however favourably she may be going on—and longer, when any unfavourable symptoms arise.

13. On no consideration whatever will Dr. Granville allow a Midwife to transfer cases of lying-in women entrusted to her care, to that of any pupil or other person practicing or studying midwifery, unless she has been properly authorized to do so.

14. As it is important, for various reasons, to have an accurate return of the results of labours amongst the patients admitted at the Dispensary; the Midwives are to use every endeavour to ascertain whether the woman confided to her care recovers within the first month after her confinement—and where any thing particular occurs, the same is to be reported to the Physician.

15. Patients, on their recovery, are to be reminded that unless they return thanks at the Dispensary, they will not again be allowed the benefit of the Institution; they ought also to be urged to have their infants Vaccinated as soon as possible.

16. Dr. Granville expects that the Midwives will regularly attend to the filling up of the printed form he has supplied them with, for the quarterly report of their practice, to be sent in with their letters.

17. The letters sent in for payment are to be arranged according to their numbers, and not mixed, for the convenience of readily checking them on the Register.

18. In noticing the sex of the new-born, and whether it be still-born or not, Midwives have often been in opposition, from mere neglect, and from not taking an immediate memo-

randum, with the statement of the mothers themselves; thus rendering all Registers useless. Dr. Granville expects that such occurrences will not again take place; and he suggests that the Midwife should write down on her letter the particulars of the labour before quitting the patient, with a pencil, which might be easily carried in her pocket.

In the event of non-compliance to, or neglect of any of the above regulations, Dr. Granville will think himself authorized to suspend from her office the Midwife so transgressing,—a determination to which he will strictly adhere. And as it is his intention to present an Annual Report of his practice to the Committees of the Dispensary, in which the conduct of the Midwives, and any complaint that may be brought forward against them by the Patients, will be duly noticed; he earnestly hopes that their behaviour will be such as to furnish him with ground for praise and commendation only.

(Signed) A. B. GRANVILLE,

Physician-Accoucheur to the Westminster General Dispensary; Member of the Royal College of Physicians, and Physician in Ordinary to His Royal Highness the Duke of Clarence, &c. &c.

8, *Saville Row, January* 1819.

Approved by a General Meeting
of Governors, 4th March, 1819.

(Signed) GEO. BROOKES, Chairman.

ALPHABETICAL LIST OF THE WOMEN

Admitted by the Physician-Accoucheur, of the Westminster General Dispensary.

IN 1818.

Addison, Mrs.	Aughty, M.	Brown, E.
Andrews, A.	Anderson, M.	Bucklow, E.
Anthony, A.	Armstrong, E.	Brande, J.
Arran, R.	Agon, M.	Button, A.
Avis, E.		Birdseye, J.
Atherhead, E.	Biglein, M.	Brown, C.
Angle, M.	Boynes, M.	Barker, H.
Amandale, E.	Bicknell, S.	Blunt, S.
Askew, E.	Bannister, J.	Brown, A.
Abercrombie, S.	Bottrill, M.	Bull, M.
Arundel, M.	Bridle, S.	Buffy, C.
Adams, C.	Butler, S.	Bass, A.
Arnold, M.	Busknill, A.	Bascon, M.
Alsop, A.	Boulton, M.	Bates, M.
Adams, (2) M.	Barlow, M.	Berry, M.
Allen, M.	Brinkler, M.	Button, M.
Appleby, M.	Beardman, S.	Barlow, F.
Armstrong, C.	Bestwick, E.	Brown, S.
Appleyard, M.	Bouverie, S.	Bradley, S.
Arnott, S.	Bridge, C.	Brazier, S.
Antis, M.	Boone, J.	Brown, M.
Aggerzbub, S.	Barnett, S.	Bailey, S.

Berwick, J.
Bigden, L.
Bristow, M.
Berry, E.
Bains, R.
Butler, M.
Bowles, M.
Bryant, M.
Browning, M.
Burryham.
Bamber, C.
Burn, J.
Burgess, M.
Bumsted, E.
Bentham, S.
Butcher.
Brooks, S.
Bainsford, E.
Barker, M.
Barnes, M.
Butlin, M.
Barrow, E.
Bowley, M.
Bewshaw, E.
Bradfield, A.
Bolton, M.
Brown, M.
Barlow, A.
Berrel, A.
Beales, A.
Bowland, E.
Bray, L.
Bratt, M.
Broad, H.

Brown, A.
Bowdler, M.
Bowyer, M.
Bird, M.
Bird, C.
Brown, M.

Clarke, E.
Cooke, M.
Calf, R.
Carley, M.
Cuff, S.
Cole, S.
Chapple, H.
Clements, E.
Casham, S.
Cooper, C.
Clarke, M.
Chapman, M.
Coleman, E.
Clarke, F.
Cross, S.
Cox, H.
Chillingworth, H.
Carey, E.
Chesney, E.
Cashmore, S.
Coleman, M.
Chapple, E.
Cooper, M.
Cowdell, M.
Curtis, E.
Clarke, E.
Chappery, A.

Cragg, H.
Crawley, A.
Coop, E.
Cowey, S.
Corbett, S.
Corsell, M.
Connor, M.
Clark, I.
Conway, M.
Clark, S.
Carli, S.
Cox, S.
Cox, A.
Cooper, M.
Clipperton, D.
Cahfield.
Cutler, S.
Cusgrove, M.
Cherry, M.
Christie, M.
Crane, M.
Carter, S.
Cathy, S.
Crate, E.
Coote, A.
Coote, J.
Cockran, J.
Chillon, M.
Connell, M.
Culmore, M.
Coombs, A.
Curtis, H.
Creed, K.
Crouch, S.

Chapman M.
Collins, B.
Count, M.
Canson, M.
Calwell, E.
Cheschire, S.
Clifton, E.
Cooper, H.
Crouse.
Couler, J.
Cole, S. (2)

Donklin, M.
Dunnage, N.
Devon, F.
Dudbridge, E.
Dutton, M.
Dexter, S.
Duck, M.
Dacre, M.
Downes, S.
Durand, C.
Dixon, S.
Donnerley, E.
Dicken, S.
Duggan, M.
Driskall, A.
Dawkins, E.
Duper, S.
Davies, A.
Durant, S.
Downing, E.
Duff, M.
Dove, M.

Defrenner, J.
Doggerty, A.
Dorset, A.
Davis, A.
Davis, M.
Decton, M.
Daley, M.
Deven, M.
Davies, M.

Evans, M.
Everson, M.
Evans, E.
Edge, E.
Everett, J.
Edwards, M.
Ewett, F.
Ellis, S.
Elbel, M.
Evans, E. (2)
Evans, M.
Elliott, M.
Edwards, A.
Elwins, H.
Edwards, E.
Ellan, A.

Fore, C.
Flinn, M.
Friend, E.
Fairbrother, E.
Farnell, M.
Fener, A.
Fergusson, M.

Franklin, S.
Frances, E.
French, E.
Fitzmorris, E.
Furness, N.
Faxford, J.
Furley, S.
Finland, M.
Faulkener, A.
Field, S.
Fowler, G.

Gummer, M.
Girlingham, M.
Gassard, C.
Gilmour, R.
Green, M.
Graham, E.
Galloway, E.
Guenelgaut, S.
Giffin, C.
Gregory, A.
Gillett, A.
Green, J.
Gadling, E.
Godsell, E.
George, E.
Groux, A.
Grange, M.
Gornall, M.
Gibbs, M.
Green, M.
Ghent, S.
Grove, E.

Green, E.
Gilbert, M.
Giles, S.
Girling, L.
Gibbon, E.
George, A.
Gibson, M.
Grabb, S.
Glover, A.
Giles, R.
Grives, E.
Galeney, S.
Grand, S.
Green, S.

Howard, E.
Hollis, S.
Hooper, M.
Hatch, M.
Hailey, E.
Habisley, E.
Holmes, E.
Hailey, M.
Hogg, H.
Head, F.
Holder, S.
Hull, S.
How, R.
Harrison, S.
Haigo, M.
Hopkins, S.
Hogan, A.
Handy, R.
Holloway, S.

Hulbert, A.
Hulston, H.
Hasting, M.
Hartwell, E.
Hetch, M.
Hubert, C.
Haynes, M.
Horler, E.
Hill, E.
Hunt, E.
Hinde, A.
Hewworth, E.
Henton, A.
Herbert, E.
Hatchman, M.
Harry, H.
Hickman, E.
Hallelee, E.
Horler, G.
Hubert, C.
Heroston, E.
Hooper, E.
Hickey, M.
Holland, E.
Hart, A.
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Traph, S.
Thomson, M. (2)
Turner, A.
Turner, E.
Tomlinson, E.
Taylor, E.
Tapper, E.
Thomson, M. (3)
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Trotter, M.
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Wilson, M.
Williams, M.
Williams, J.
Warner.
Ware, S.
Westbrook.
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Windmill, M.
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Whilly, E.
Williams, A.
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Warren, A.
Wyatt, A.
Wallis, A.
Waller, C.

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Whitney, H.	Whetnel, E.	Walker, E.
Welsh, M.	Woodyer, C.	
Walling, D.	Valentine, N.	Yarworth, M.
Westbrook, M.	White, J.	Yavington, J.
Wilmot, A.	Wilson, S.	Yates, E.

N. B. In the above List are not included the Female Patients transferred to the Physician Accoucheur, by the other Medical Officers of the Dispensary; nor the Children admitted by him.

ALPHABETICAL LIST

OF THE

GOVERNORS,

At whose recommendation the preceding Female Patients were admitted.

The figures against some of the Governors names, denote the number of Patients whom they have recommended in the course of the twelve months.

Aldous, J. 4.
Aldous, Miss, 3.
Alnut, H.
Addington, A.
Ashburner, Dr.
Archer, R. 3
Austin, J. L. 2
Awbrey, R. 2
Allan, R.
Abraham, G. F.

Bushby, R. 3
Bower, H. 7
Blake, F.
Banks, Sir J.
Boffe, De 3
Browning, W. 4
Bell, J. 2
Blew, W.
Bell, Sir T.
Babington, G. C. 3
Barclay, W.
Batty, Dr. 3
Bartram, J. 7
Bradley, J.
Branwell, R. 3
Beckett, W. 2
Bonnet, H.
Browman, Mr.
Butcher, G.
Brown, W. R.
Bayley, J. 3
Bloye, J.
Brownley, Mr.
Barrett and Beaumont, 3
Boice, H.
Bailey, W. 2
Bray, D. 2

Cooper, S. M. 4
Criswell, W. 6
Cantwell, M.
Clarke, J. 3
Campbell, D. 5
Chambers, A.
Copland, J.
Const, F. 2
Cary, Mr. 3
Caterer, J.
Cooper, H. 5
Collingridge, J.
Cameron, M. 2
Cooper, Mrs. 2

Cobb, Mr.
Carter, J. 2
Cast, H.
Currie, M.
Clarke, H.
Carden, B.
Camener, J.
Campbell, W.
Calbrow, J. 2
Catherall, J. 3
Candler & Butter.
Castleden, J.
Copeland, A.
Chapman, J. H.
Christie, J.

Delafield and Co.
Messrs. 13
Dolan, J. 6
Dry, A. M. 3
Dawson, S.
Dwerrehouse, J. 2
Davies, J.
Drown, J.
Day, W. 2
Davies, H. 2
Dawson, J.

Enoe, Mrs. 8
Elam, B.
Egerton, Mrs.

Fynmore, Mrs. 5
Fuller, J.

Fletcher, J.
Fernandez, P.
Farquhar, Miss 2

George, M. S.
Garrard, R. 6
Garrard, J. 2
Garrard, S.
Garrard, Miss
Gunnell, Miss
Grindle, J.
Gunter, R.
Gowan, Mc. Miss 2
Gowan, Mc. J.
Gibbs, J.
Griffith, S. 2
Gee, W. 3
Gee, J. 4
Griffin, R.
Green, R.
Graham, G. 2
Graham, J.
Gibson, H.
Glindon, W.
Granville, Dr. 4

Halfhide, Mrs. 4
Halfhide, G. 4
Harriss, J. 8
Howis, E. T.
Hudson, Mrs. 2
Hudson, W. B.
Haines, P. 2
Haughter, W.

Hickey, J.
Harrison, J. 2
Harman, W. 5
Hunter, M.
Hopkins, T.
Hopkins, W.
Hedges, H.
Hitcher, J.
Hains, J.
Hall, H.
Hall, G. 2
Hall, W.
Hibbert, C.
How, G. 2
Headcocke, E.
Hutchison, C.

Julin, R.
Jackson, J. 3
Jackson, S. 2
Junne, J.
Joseph, J. 2
Justin, R.
Japie, W.
John, M.

Kell, M. 2
Kerr, J.

Lumley, Mrs. 3
Lumley, G. 11
Ley, Dr.
Lamb, G. 2
Laurie, P. 3

Lyndon, S. A.
Lines, Mrs.
Laing, R.
Long, J.
Lambert, J. 2
Lenn, M.

Murray, J. 7
Marshall, J. 7
Morrill, J. 2
Mathison, J. 12
Mathison, G. 2
Mathison, Mrs. 2
Mayaffee, Miss 2
Monchet, A.
Manby, R.
Morby, R. 4
Manton, J.
Montrose, Duchess of, 4
Mowman, J. P.
Macleod, Rd. Dr.
Merriman, Mrs. 2
Mitford, J.

Neatherby, J.
Newton, Miss
Nuttall, Dr. 4
Newton, J.
Newman, J. 5
Naylor, H.
Northam, J.

Otley, H. 3

Oxenham, S. 2
Orchard, J.

Perkins, Mary, 7
Perkins, C.
Perkins, J.
Parkins, M.
Palmer, T. 4
Palmer, P. H. 2
Palmer, P. 4
Palmer, V. P. 2
Pountney, T.
Plowman, J. B.
Payne, E. 2
Payne, J.
Payne, T.
Percival, P.
Plaistow, J.
Patten, S.
Parker, R. 2
Price and Wood.

Richardson, W. 3
Ray, J. 4
Ray, Mrs.
Rochford, Mrs. 2
Richards.
Reid, W. G.
Robins, H.
Routhwaite, M.
Robarts, J.
Richardson, C.

Suton, J. 2

Stubbs, F.
Sandys, A.
Spencer, H. 3
Shackleton, C.
Slater, J. 4
Starkey, H. 2
Sharpe, J.
Slaughter, W.
Seymour, Hon. Mrs. 3
Smart, A. W. 4
Stead, Mrs.
Shorman, J.
Setchell, J.

Tucker, R. 2
Taylor, J. 7
Turner, J.
Thomson, J. 4
Tomlins, G.
Taylor, G.
Taylor and Duffen.

Varney, W.
Valle, A. B.
Vaux, S.
Vincent, H. D.

Wright, F. 2
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Woodburn, W.
White, W. 3
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Wagner, G.

Whyatt, W.

Winter and Shee.	Waller, T.	White, J.
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