John Roberts
Craig
Carnarvon, W. Wales
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A Review of Paul Intal's work on Midwifery.

It is not often that one meets among the scientific writings of the past, a work that does not abound in the most unfounded assertions, and wild theories. In these truths are as engulphed in errors as the most difficulty discernible. The work of Paul Intal is a noble exception. Whilst reading it, it would be difficult were it not for a few errors of bygone times, to divest oneself of the idea, that one is reading a work of the 19th Century!

Man has an almost irresistible tendency to believe——even a few facts are established——plausible theories best Historically.

Many cultivators of science are animated more by a desire for distinction, than for the advancement of true knowledge. In order to reach their inner coveted goal, they must advance that which contains, reality, and legitimacy, and that end bold assumptions are made, upon false, and untenable premises. Such being the case, the accurate and sagacious observer is wi
just danger of being disparaged by his contem-
naries— he has often so anticipated his age, as
only to receive justice and admiration, long after
quitting the scenes of his labours.

The above remarks are most applicable to
past times. Here is little danger for such to
happen at the present day.

We must remember that in Pestalozzi's time, the
powers of observation did not receive that
culture which in later times they have received from
the study of natural science in our schools of
medicine. Although Pestalozzi's reports are character-
ized by singleness, sagacity, and accuracy,
still they are far from being full and complete.
Pestalozzi devotes but little space to the consideration
of natural labour, yet what he does give is
pertinent and fitting. No doubt the cause of this
must have been in part, his total ignorance, and
disregard of his Author, of the mechanism of labour.
The enumeration of that brilliant discovery, as
it looked out gradually in most great discoveries, is,
was in store for another.

One regrets that Pestalozzi's genius had not taken that
turn; what a chief president might have prompted
our Author from the darkness and before the
Anatomical arrangement for the passage of the child, and how beautiful the adaptation of the fetal head to the maternal passages!

In contemporary works, much space is devoted to a close description of the organs of generation, but the bony pelvis is wholly disregarded, and the size of the fetal head is never contemplated in relation to it. We are left comparatively in the dark as to Pelvis.

Anatomical knowledge of this part continued, and is unable to judge whether he had stepped the threshold of the mechanism of labour.

In reading his work and that of his contemporaries one is impressed that the progress that midwifery has made is in a great measure owing to the attention of its votaries being called to the mechanism of natural labour—

to draw a companion, it certesuch an influence upon the advancement of midwifery, as its knowledge of disease. The chief.

And when we observe the power of observation of one of the oldest Physicians, we feel that in this depart-

ment they were all lost, owing to their want of free means of research. So we graver that Petals' attention had not been drawn to its importance.

After all we might not suppose so much of the
hand of an author. As all departments of the science of medicine, are so dependent on a thorough acquaintance, not the structure of the body, and the functions of its organs and component parts, that without such an intimate advance could be made in any of them. The advancement of one department must be to a great extent contemporaneous with that of the others. Unfortunately, Pestalitz flourished at a time when Anatomy, and Physiology were in their rude infancy.

The first 28 pages of his book are all that are devoted to subjects treated at all systematically, the remaining 239 being taken up with reports of cases. His work therefore is essentially clinical. Throughout he is careful not to mix opinions but facts. He frequently finds fault with some of his contemporaries, for placing their opinions and not facts, upon the public. In observation 37 we find the following remark, whilst disputing the truth of Favori's observation, that the appearance of the incision is an infallible sign of death: if the child "but as I have frequently experienced the ordinary law of opinion, it accounts this position to the credit of every author, as write much more than they have seen, whereas it would be much
June 6. The benefit of the public, especially in such cases as these, if nothing was published, but what was founded on good and unquestionable credit and experience. It was well that Pasture Caustics were rigidly observed at the present day.

One great peculiarity in this work is the inclusion of "face presentations" under the head of natural labour.

Pascal was the first to affirm that they were perfectly safe, and only differed from ordinary labors, in being more protracted and not in themselves requiring interference.

He was also the first to state that it is not at all necessary in turning to bring both feet down, unless the leg left behind should be across the trunk.

In breech cases, he first lump down the arm, silence them to the natural part, but here Pascal might appear premonstrant, as nearly all the "observations" of breech cases he gives, he brings down the foot.

The man got out of that difficulty by recollecting, that it might have been toward the end of the period over which his cases extend (from 1664 to 1684) that he came to this conclusion. It is highly probable that the first 28 pages were written at the end of that period.
He also seems to have had a clearer insight, by far into the nature and causes of unavoidable and accidental lamenesses, than any of his predecessors or contemporaries.

Such valuable contributions to a science which has the welfare and safety of our race as much at least, as well as under the name of Porta immortal in the Annals of Midwifery.

We shall now consider Porta's work more in detail.

1. Natural Labour. Porta classifies

   is very simple. He divides labour into 2 kinds:

   1. When the delivery is effected by the mere strength of nature, without the help of a midwife
   2. When delivery is accomplished by a midwife

   He says characteristically states the last method favorably treated by all authors; I will advance only what is true not by any other experience.

We must admit that Porta's classification is very imperfect; he does not seem to have made any attempts at generalization. He labours diligently to collect his facts, but leaves the classification of his subject as he found it. As doubt he never had and yet come to generalize with any success.
the most important facts of midwifery were yet involved in the greatest mystery. Although the number of Kansas horses, would have enabled them to generally much better than they did, there is but little doubt that the tendency of the present age is to carry its generalizations too far. To build on untestable premises.

Potter in his whole work avoids entering into minute details of practice. His work entirely was never intended as a complete treatise on midwifery. He merely published a number of cases to elucidate his practice. So in the few pages devoted to “natural labors” our Author merely touches upon some of the most salient points. It would have been well if Potter had treated his subject as minutely as its importance demanded. This is more felt in his “Reported Cases” he too often neglects to mention, circumstances and facts, which would have greatly enhanced their value.

Potter observes (p. 74), when the pains are such as to indicate approaching labour, the woman should be examined. He states that the nipple of the womb hays always downward. When the time of labour is at hand, and if the womb is open, it is a sign of approaching labour.
Evidently Natal states an opinion and not a fact when he observes—sometimes the mouth of the uterus opens itself to discharge some superfluous matter and afterward closes again, which I have observed several times in my practice, whereas the opening of the womb alone is not sufficient evidence to judge of the approaching delivery, unless it be attended with the necessary pains.

Here we are at a loss how Natal's sense of tact and the damage have been conveyed, unless it be that the sensation of the cervix becomes appreciable from congestion and distention of its lumen. He might have been assisted by a theory which was in vogue at his time, viz. that the os uteri was as vascular as the other sphincters. They believed that the mouth of the womb closed spasmodically during labor, and thus received and retained the semen within its cavity.

He goes on to remark—That as the pains and travail increase, the walls of the womb become tender and soft, when you must take care to feel whether its nipple turns forward toward the bladder, or backwards toward the fundament. In a frequent case you may expect an easier and quicker delivery.
because the backward and inward incline of the womb are in a direct line." The evidency here refers to
Anteversion of the uterus, when the uterine points
are much backwards). He does not seem to have
met with cases or at all events noticed these
while the os ateric and the arcus of the pelvis incline
towards forwards causing the fetal head to
bitch against the pubis. The does not refer
to any treatment.

The caution the fo ateric against unnecessary
while examining the state of the os, lest it should
give rise to unnecessary pains, and inflammations.
Though I have observed this a vulgar error among
midwives, little considering that the opening of
the womb may be preceded from the pains and
the succeding natio, for in cases the membranes
or skins are broken before their due time, and
the water comes first before the womb is sufficiently
opened, the womb closes up again, so that the
child, head finding the passage very strict, renders
the delivery much more difficult especially at
the first labur. Total here has given an excellent
caution against to much meddling with the
passage during natural labour, and is impressed.
with the sufficiency of the bag of membranes, to
dilate fully the maternal passage without causing
obstruction. Raynorides in his 'Birth of Man' tells us to rupture the membranes, but only when
they have appeared at the 'oculum vaginae'.
He also cautions against rupturing them too
soon; he thinks the waters expedite labour by
affording humidity to the parts; should they be
ruptured too soon, he recommends the free applica-
tion of liniments.
"The want closes up again" as doubt Portal men-
tions a condensed and tenuous state of the os for
the action of its opening. Page 5 Portal mentions
the variations which occur in the dilatation of the
os when in various cases. "When the membranes
proceeding through the os uteri have reached the
size of a child's head, the membranes rupture
and the water issues forth, and the child pushed
forward by its own and mother's strength, follows
with its head forwards till it quite disengages
itself from the womb." It seems Noah Portal did
not deny this thing, that the child was an active
agent during parturition, he however as earlier
noted, Refert, that he would imagine that he
had his doubts about its correctness.
The disease is chiefly in the management of cases. 

The head being passing out of the vagina, 
the shoulder and body of the child are undelivered. 

The calls these cases very grave, as rupture of the 
membrane and vesical passage has occurred in too many 
cases. The great detriment of the child bearing 
woman in evacuating their inner solution. 

It is strange that such cases were not delivered 
with less force, the head having passed the re-


draining parts might also to have been delivered 
without difficulty. It might have been that some 
traction was immediately had recourse to, after the 
birth of the head, and that without any reference to 
the rotation of the shoulders, or axes of the outlet.

Postal next gives excellent directions for uncan-
ning the placenta when otherwise. He observes— 

"In case you find the placenta stuck close to the 

womb, you must endeavour to loosen the same; 
to effect this, twist the navel string twice or thrice 
about the fingers of your left hand, and with the 
fingers of your right after they have been well 
greased, slide gently along the navel string into 
the womb, taking especial care not to hurt the nipple.

The womb, which is very tender at that time, and at the 
same time to keep very close to the string which leads"
to the after-burthen, when you must endeavor to
reach the undermost part, and with your fingers to
separate it from the womb gently and gradually,
as we do with the pulp of an orange from
the outward rind; and the after-burthen once loosen
will follow without any difficulty by gently pulling
at the navel string. This should be done with all
 dispatch for fear the womb should close up, because
then it will be a difficult task to reach the after-
burthen with your fingers, and consequently to loosen it,
but in case the same separates itself without trouble,
the midwife need only draw it gently by the navel
string twisted round the finger of the left hand."

Potal advocates the early removal of the placenta,
he does not fix any particular time, merely saying
that it should be done with all "possible expedition."
The recommends its separation by the hand as above
described, when slight traction of the fence did not succeed.

He next considers the removal of the membranes
from the uterus "in fear if all or any considerable
part of them should be left behind, it should obstruct
the orifice of the womb. It is probable that they
though, that the presence of these membranes would give
rise to what is and called uterine phlebitis." Potal
however adds, "If only some slender part should be
left behind you and not be very objectionable upon that score, because daily experience has convinced us, that the same are cured off by the purgations, without any further danger."

He next cautions his readers against pulling too strongly at the placental string, lest the uterus should be inverted.

Pascal had come these on the absence of any discharge of blood, after the delivery of the child and placenta. He looked upon it as indicating "natural hemorrhage" and "evacuation of blood in the uterus." Elsewhere frequently mention the desirability of a certain loss of blood, looking at ease, as durance, or Eversine fluidings.

The believed the evacuated blood and vapours to the head which occasioned dizziness. As everything pertaining the circulation of the blood was yet unprobled in obstetric, we can not except Pascal to escape the errors which the state of Physiology in his day unavoidably led him. Although ignorant of the pathological condition he yet knew his head of the diseases the midwife by pass his hand into the uterus and remove the cloth without delay. He remarks—If blood comes in to grasp a quantity the same also frequently over its origin to a mass of coagulated blood.
which being removed in the before mentioned manner the flux ceases. He evidently looks here upon the coagulated blood as the cause of the flooding, he overlooks the real cause of the two existing conditions; the remedy removes the clot, it is true, but does more it stimulates the relaxed uterus to contract.

He gives very good directions how to deal a woman just recovering from the "comming fit"; they are practical derived from experience and not from theory. He insists upon the being kept quiet, and in case the hemorrhage continues he orders clothes dipped in vinegar be applied within the vagina. He insists that the head should be kept low, and that as solid food should be administered.

As a part of the after treatment of all cases, he orders the daily employment of "nurse agenous enemas."

Face Presentations

As we before remarked, what was the first who maintained that they did not require manual interference. The injuries great caution in making the vaginal examination lest the eye of the child be injured or destroyed. The observer. The midwife should interfere only to avoid the passages. Soft dress was laid by the older Authors on the
use of unguents in cases where the passages were at all rigid. Hayneald in his "Books of Materia" tells us that unguents must be freely applied, and immersed into the passages some time before the resumption of labour. It might be that the difficulty attending the following out of this practice prevents its being adopted in the present day. No doubt in first cases and especially in elderly women parturient for the first time, and in all cases indeed where the passages are at all rigid, this practice might be of essential service.

Observations. 27, 28, 32, 60.

Obs. 27. In the first case which Portal has reported, he carries out his principles. I shall quote Portal in word when he makes known to the woman the treatment he means to adopt. I told her, that we must let the child come forward in the same posture it was in, though it would render his labours harder and more tedious, yet that notwithstanding this it was safer (though) to commit the whole to the thought of nature, than to use violence, and to run the risk of hurting the child's face, especially the eyes. The latter fact in all these cases the face is gradually bruised but soon returns to its natural state.
Obs. 32. The turns the Child. The Woman being too anxious to have the Case be the natural process. The child was born dead, the Woman did well.

Obs. 32. Though he does not state any reason for interference, he sets about delivering the Child, he found that he could not the Eye protruding, he endeavored to draw the Child out, but found it to be a difficult task; he then conveyed a hand over its chin, thus making use of the finger, he pulls until his rude instrument breaks, however he had brought the head so low down that it was delivered soon after. It was found the a miscarried Child the head being no larger than a tennis ball. Tolstoy does not inform us of the cause of delay. Speaking of the finger he says that he used it as the child was dead, as he felt looking upon it as a dangerous instrument to use when the child was yet alive.

Obser. 66. Tolstoy arrives when the face was protruding out of the vagina, and here he observes, hat the face was towards the fundament; he pressed the head slightly forward, and pulls out the Child with his hands grasping the head, over the face.

The author here, "I have delivered several Women whose children came with the face forward, and always without any great difficulty. It being always
the understand, that no violence should be used,
but nature the left to its own course; which done
there is no danger either to the mother or child.
We would have expected Dr. Lott to have furnished us
with some typical cases than the 2 numbers 288-32.

No doubt Dr. Lott had come to his conclusions
regarding the treatment of face cases, not from a
knowledge of their mechanism, but from experience.
In the first cases he has given us, as regards time,
he seems the most aware of their not requiring
inteference. He does not seem to have discerned
the importance of the passage out of the child
head in these cases with the clavix under the arch
of the pelvis, but as face cases are not at all
common, and as it is very rare for the clavix to
pass out of the outlet towards the occyge. It is very
probable that he may not with face cases that
rotated at the floor of the pelvis, and as was
related without much trouble.

Laborious Labours

Observations. 25. 30. 50. 57.
When labour was delayed from any cause, its
favourite treatment seems to have been turning
and when that was not applicable, hooks were
had recourse to.
In observation 25 delay seems to have been caused by rigidity of the passages, for he says, "After many arguments, it was concluded that it was best to have patience, though the head of the child was ready for the birth, and the orifice of the mother opened to the likeness of a clean piece, but of an oval figure. But the child would make no further advance towards the delivery, the several parts of the passage being so hardened, that there was no way of stretching them sufficiently to afford an opening for the child." The woman was left alone with the expectation of having an enfeebled child, twice a time, until the 18th, (Postel having been called in on the 12th.) When it was resolved to deliver her. The midwife began by first attempted it with hooks, but was thus engaged for an hour, till the head did not come as was expected. Then Postel began to work, he merely employed his hands; finding the head miserably torn by the hooks, he removed the projecting pieces of bone, the brain followed, he then after incredible pain, managed to push back the child head and legs to feet, and thus, delivered the child." It is difficult from Postel's description to make out the nature of the obstruction, the phrase burned parts. The passage being
to hardened ye "world indicate indication of the vagia
from crystals. The plainly see to, the want that was felt at that time, for such an instrument as the
forceps, while though the body the passed had been
sufficiently reduced in bulk, yet from want of means
enough to the barbarous block to use, to grasp
the forceps and draw it down, Potal had recourse to a
most dangerous alternative under the circumstances
by turning the child.

Observation 30. is rendered tedious by dyspnoe and
monotony of the child. Potal says, he found the
head disintegrated from the body, and the arm broken;
he opened the child's belly with a hook, giving 8 to 9
or 4 points of fluid. He delivered the child; he says
with great difficulty; he does not state by what
means; he here describes the child.

Observation 30. Dying the large size of the child, it
remained fixed at the ostium vaginae, and died from
compression of the cord; it suffocated as Potal design-
nate it; he seems to have believed that the child
died from compression of its neck; in a sense he was
gute right; he itself seems the quite ignorant of the
homology between the lungs and placenta.

In his review of his observations he wrote with a
passage, while he states, that the child begins to breathe.
as soon as the membranes are ruptured, and contained into 12 during its passage through the pelvis. In ob. 12
true was excess of liquor amnii he attributes the death of the child to suffocation by the fluid; the membranes
in this case were not ruptured till towards the end of labour. His views of the respirating and placental
functions must have been very vague.

Observation 57 seems to have been of a very
unpretending character. Portal observes, "Then told
me that several expert men midwives, having been
there to visit her, they refused to meddle in the
matter, except me who had proposed to fetch out the
child with proper instruments." Portal found the
head presenting, and very soft, laying his hand on
the patient's belly, he found two tumours, the biggest
thereof he judged to proceed from the bulk of the child,
the smaller from the distended urinary bladder.

which last condition he observed, had proved the cause
of most of the symptoms." He states, they all agreed
with me, that since there was no way left to turn the
child, it must be brought forth by means of a
hook." He was not allowed to fetch his instruments lest
he should not return as the other midwives, had done!
He punctured the sagittal suture by means of a spatula,

hole up the brain with his fingers, the bulk of the
children's head being thus exposed, the passed a large quantity of urine; this afforded him more space; he removed the head by getting a finger into the mouth but not without separating it from the rest of the body, which remained in the vagina; by bringing down the shoulder successively, this was at last delivered. Most likely this was a case of slight contraction of the brain of the pelvis. The membranes were ruptured early in the labour. At or after, and vagina was probably rendered rigid and swollen. Turning here was out of the question, very likely, as the head had come too low down. She pushed back again; and as circumcision was had recourse to. Natal had recourse to having, frequently, in cases, where circumcision would be had recourse to in the present day.

Breech Presentations

In Chapter 4. Natal births of these cases

Observations: 1. 0. 11. 35. 4. 9. 52. 195. 77.

First of all be observed, "If the feet of the child come foremost you must take care to baptize them immediately. This may be some explanation to the fact, that although Natal eats it down as a rule in breech cases, not to bring down the feet of the child. Yet out of the 12 cases he furnished us, he only
The case is natural (obs. 49, his 5th Birth Case in the order of their occurrence). In the 5 first cases (5th, 6th, 7th, 8th, 9th) he brings down a foot, except the first where he brings down both feet. Being called to his 5th case he observed, "After natural delivery, I judged it best to have patience, and to endeavour to aid nature only by rendering the passage slippery." He further says, "I lay this down for a general rule as a case whether natural or otherwise, all violent measures ought to be avoided, as much as possibly be, and in these cases it is certain, that the child's buttocks will make their way out as well as the head of the Child in a natural birth, though it is not the desired, but that this proves generally more difficult and painful." He goes on to observe "whenever I found the child pressing forward, by its strains and the mother's endeavours, I encircled the same by extending the parts through which it must pass." In the next case (obs. 52), we find that he was obliged to interfere, in account of severe girdling, he brought one on his and the labour was soon terminated.

Observation 52. The first child presented with its back, the pains were powerful, and during the passage of the child through the canal, the femur was ruptured;
Intot succeeded in preserving the parts connected with the child, and as caused its life. The third child if being a case of tisbite had a shorter process than the first.

Observation 77. The last breach case reported by Intot seems to have been just such as should have been left to the natural process. He might have thought that bringing it down in a semi-breach case was just as safe and more speedy than leaving it to nature. He was not aware that Nature was very injurious in these cases, and might have pleasantly inferred that a semi-breach case would dilate the passages sufficiently. In Obser. 52 he observes that child mortality in these cases according to the opinions prevailing among physicians was 20 per cent. Although Intot desired us to leave breach cases alone for reasons for doing so are not very evident, he might have met with cases which had made rapid progress without assistance. He might have inferred also (he saw) that the breach next the head would be much likely to dilate the passages. He does not seem the more aware of the fact that in these cases it is of essential importance not to disturb the real form of the child, and that having recourse to traction was the most essential means of doing so. In most of the cases in which
be interfered. The head had become unfixed in the
laborious cavity, and he was necessitated to remove
the child, by passing the hand along the anterior
aspect, and pressing the chin or gums down. While
the other hand was applied to the shape of the neck,
in fact poisoning the method which is still had
resource to under such circumstances, and when it
is of importance to deliver expeditiously.

Knee and Footling Presentations

Observations 37. 44. 58.

As observed 37 illustrates well his management of
these cases. I shall quote it. 1st. 7. 1671. I was called
at a woman at Newington St. at the time of her labor.
This being not quite easy. I reached her, and found
the child's knee forward, pushed it back and got
hold of the foot, which I pulled out and baptized.
I then wrapping a cloth about the leg above the ankle,
pulled towards me, and the other leg resting upon the
tail, I followed with the buttocks, and the whole body
afterwards without much difficulty. I drew the child
towards me, the arm pits, and having lowered the arm
with my fingers, I laid my left hand on the head, and
my right on the neck, and by pulling forward in a direct
line, as completed the delivery. I tied the navel
string (at a distance from the navel, and near the
neck)
Womit came, and as cut it through in the bundle as I told you before, I took particular notice whether any blood issued out of the stomach, and consequently whether these knots were well tied, a thing too often neglected by midwives; which done I thought fitter the after-birth: Notas as we have frequently observed was an excellent observer, and wrote down his cases concisely and accurately. His observations are not complete, he states many particulars which though they might appear trifling are very necessary. The very accurate manner in which he reports his cases, makes their incompleteness not greater prominence. He very rarely gives us the state of the patient, when he was called in, the previous duration of labors, when the membranes were ruptured, what the result of another child was. If this labor had only shortly commenced before Morland arrived it would have been proper to have left the case alone until it had been delivered.

Observation 44. He did not arrive till after the delivery. The pelvis must have been very capacious as the Child was delivered by the first pains. The head having becoming impacted in the cavity, it was delivered by the midwife. The woman died of hemorrhage.
Observation 58. He found the toes directed forwards but does not state whether they were less down or not; he tried to turn the child so that the toes might point to the hollow of the sacrum, but failing he attempted to deliver it in the position in which he found it, but the child he observed, hooted at the puerus, and further progress was impossible; he then introduced his fingers into the child's mouth and thus delivered it. Upon negrying the head he says, the temporal bone was indented in various places, he then states that he had met with another case of the same kind, where there was a hollow on the left parietal bone of 2.5 in. breadth and 1/6 of an inch deep, which he said appeared natural. Though it owed its cause to an accident, the child having a black spot on its lips as if it had been bruised. I asked the mother whether she had received any hurt, a fall on the belly; she answered me, that she did meet with a fall on a cow bar. This child did live no more than lane an hour; no more than the flesh.

These cases were probably instances of contracted pelvis with a projecting promontory. Though not being able to diagnose the position of the head, when in the cavity, thought the chin had hooted upon the puerus, it is far more likely that the head was impacted...
on account of the diminution on the long way out. One is surprised at the condition of不堪艺术ing such a condition of the head, I a blow, while the child was yet in utero. He might have caused the unconscious eyes to be kept on the lip, or it might have been a chance. The mother did tell.

This was an anticipation by nature, and the unconscious adoption by act, of a mode of treatment lately proposed, and carried into practice, having recourse to incision rather than to canning in slight incisions of the neck of the pelvis. If these two cases had presented the head no doubt canunoting would have been practiced.

Transverse Presentations
Observations 6. 5. 7. 19. 19. 21. 31. 48. 54 61. 68. 71 63

Macle has given me chapter and off the 6 which his book contains the consideration of new cases (5.5) the above. If the hand comes first you must endeavour to push it back again; but in case you find the mind is not able of the womb, neither sufficiently opened or soft enough, you must keep the arm of the child as long in the neck of the womb, till you find the opening wide enough to afford a passage for the
land of the man midwife, in order to turn the child." Although Fenton always attempted in these cases to push back the arm of the child, he very rarely succeeded, as in most of the cases, the water had been discharged for some time; in others to the elbows presented out of the abdomen, and easing to the bag he knew not being entirely discharged, he easily pushed it back. In most of the cases he saw he vivisected his hand within the os uteri, remarking, "that it might be done safely, as the arm of both child and operator, were not equal in size to the fœtal head.

Obsevation 19. He seizes a foot and turns the child. He does not give us to understand that he examined for the foot of the opposite side to the presenting arm. When he turns he attempts to bring the child down so that the toes should be turned toward the hollow of the sacrum, but the child should look against the pubis.

Obsevation 21. This scene, I have been a very novel case. He observes, the child being very large. He lifts onto pelvis pass, he then places his left hand on the child's face, and his right on the neck (probably back of) "I pulled with all the strength I had, but could not bring forth the head; when I put my fingers also into the mouth and ears, for to seek broke off and the head.
remained in the wound in spite of all precautions I took to the contrary. This evidently the neck must have been shaken across, before he put his fingers into the child's mouth and ears. He kept his hand in the wound until his instruments were fetched for the purpose he observed "of keeping the os uteri open, which if it had been closed up, it would have been quite impossible to remove the head," which happened not long ago to a man midwife in the same sheets to the destruction of his patient." Pringle says, although the head was nearly as big as that of a year old, she got it out without entire without any rigour occurring to this patient, when 10 days came & that long time at his one knee for the care he had taken for her safety." This child was probably hydrocephalic.

In those times, they did not seem to aware of the practice of perforating the head behind the ears in more natural presentations. They always brought out the head when impacted in the act of turning by sheer force! and as turning was had recourse to in perforated cases indiscriminately, we cannot excuse this practice being carried out, without incurring bad injuries to the mother's part. Pringle knows she not give the slightest hint of the danger.
push it back, he placed his hand into the uterus, and observed, if I could have taken hold of the child's knee I might have delivered it, but I thought it was more safe to go further for the leg. Whether Portal was in the habit of using ligatures and retracting uterine cord, or not, we cannot tell; he has, however, given no indication to that effect, which was very nearly full of practice. He says further, "I must confess that such deliveries, as these require much resolution in any kind of service, which ought not to be undertaken rashly, but only when the mother as well as the child are in danger, of being lost; these instances generally are those arising to the ignorance of the midwives, who often do not require further assistance before the womb becomes quite dry, and the child is settled very low in the womb." These cases might have been an apprehensive indication to the Olden Actitriences, as the only alternative left them was turning. Portal however fore a fastidious keeping back of such cases, and parading only his successful ones, one, not dwell at all on the consequences of such a management of these trying cases.

Observation 63. This was also a difficult one. How the woman employed another woman midwife, who had done all he could towards the delivery, but without
success. Portal having sunk for some instants of
both mother and child, languishing in the vagina;
he found one of the arms with a thing around it, by
which the previous attendant had separated it
from the body; he had also left another thing
in one of the Child, by which Portal says, may
serve as convincing instance, that the use of
things in hard labors is not proper at all times,
but only under certain circumstances." Portal was
reluctant to interfere, he says, I confess I would not
advise a man midwife to meddle with a business
of this nature, left by another, in being certain the
last always bears the blame, though he be ever
so innocent." Whether the man midwife had
ruptured the uterus by attempting to deliverate the
child, it is difficult to say; the same is as rupture
of the uterus is very liable to occur in these neglecting
cases. He might have attempted the delivery by
pulling at the arm to that the arm and head might
pass through the pelvis together, after he had failed
to turn the Child. He might have delivered Woman in
this manner who had very capacious pelvis, doing what
nature sometimes does under the circumstances.
One is greatly struck in reading Portal book, that not
81 cases of wink labour, which he has furnished us,
only two of the women are said to have died, and in the
reports. Of these two cases, he claims, his pains to acquit
himself of all blame. Probably the publication
of fatal cases, was found in those days, much
more than in the present to endanger the lives of
a lucrative practice.

The conviction that fatal cases did not fairly
represent his practice, detracts much from their value.
Would that he had divulged the facts as well as the
softer side of his professional experience!

Anomalous Presentations

Back Presentations. Observation 59. In this case

Prenatal turns. He passes his hand along the child's
buttock & pulls the leg. He does not contrive against
pulling the leg or legs over the back. This woman had
mopsey. "The peculiar feeling disappeared after delivery"

She does not state whether the child survived.

Observation 72. He turns the child, the extras. The child had no signs of life when I first examined him. Probably he felt the end which was between the legs, and
found no pulsation at it; this must have been then, the only
reliable proof of the child's death (then recent).

Presentation of the belly. Observation 13. He length
the child down by both feet, taking care he was to turn the
two towards the fundament. The child lived.
We have two cases of presentation of the belly and not the child lived. In observation 23, he says, 'The child was delivered without much difficulty.' The pubis in these cases being always very expanded. Presentation of the side in back. Observation 20.

He opened the mother by his fingers, forced into one, which he calls the "speculum maternum."

Observation 64. From the bulk of the presenting part Portal imagined that the child was cephalical, which it turned out to be. When the child was delivered up to the buttocks, Portal says, 'I observed the child to pass, but for fear of mistake I denied the midwife, who was an old experienced dame, to give her consent. The matter, and she agreeing with me in opinion, I told her that it was occasioned by the narrowness of the passage, pressing upon the bladder of the child, which pressed the child, the urine continued to flow for some time as clear as rock water.' He shortly afterwards added whether Portal and the old Dame were right, here, that the water issued at the external genitalia, might be true, but its source was much probably the abdominal cavity and not the urinary bladder.

Observations. C. 9 60. 52. 65. 70. 74. Portal Ob. 62. 80. Portal's men have disposed most of these cases by
accident, such as touching the membranes or some other part of the second child whilst removing the placenta of the first.

Observation 5. The midwife was quite amazed, as we are told, at the size of the woman's belly, and probably the mere palpation attention to it. Finding that the membranes had ruptured, I was thought there must he twins.

Observation 6. Here also be suspected that there were twins, from the large size of the woman's abdomen after the loss of the liquor amnii.

Observation 52. He happened to touch the membranes of the second child, whilst removing the placenta of the first. He observes, "I now began to look for the afterbirth, which I endeavoured to pull out by my right hand, by the navel string, part whereof was wound my left, then instead thereof I touched with my fingers certain membranes, which gave me a shrewd suspicion that there was another child behind."

Observation 60. He does not furnish us with particulars.

Observation 65. He found it be a case of twins in the same manner as in Case 52. Obs. 374. This woman was a nobleman's wife; he would surely have followed all his usual practice the most carefully. He only found it be a case of twins by accident. So also in Obs. 74.
and 62. It observation so be judged that another child was in the womb from the small age of the first.

We can well imagine, Natal, since he did not make it a rule to examine the abdomen after the delivery of the first child falling into the judgment of leaving the woman as delivered, when a child still remained in utero, the extreme the worse of the value of puncturing the membranes of the second child and thus delivering it without unnecessary delay, as the passages are thoroughly dilated by the first child.

In all the cases he notes, whether there was present a single or double placenta, and contradicts Vandes' assertion that unless a woman is delivered of twins of the same sex there is but one after-birth belonging to both; but if they prove of a different sex, there is no less than two after-births and this he alludes as peculiar piece of providence in nature!"

Natal also observes, that each child is always furnished with its own membranes. He says, "The child remains in the water like the yolk of the egg in the white. The egg he observes has its membranes, the first which becomes hard is like the obvious, the external one, like that called the amnion (60)."

The state, that in all these cases the placenta should be tied in two places, but his reason for it is not as very satisfactory, he says, without which the mother and the
child would have been greatly impaired by the loss of blood. Further, as he observes, the last child would be very much weakened in perhaps a week from the loss of blood, and the mother fall into a consuming fit, or be in danger of her life. We see how difficult it is to divest oneself of prejudice, and from the influence of preconceived ideas; as man was ever more practical than Pascal, he must have seen here what he thought might happen rather than his actual experience of such cases. He might have attributed the shock often present in such cases from the sudden overpowering of the distinct arteries, 6 loss of maternal blood, which could easily occur, according to his hypothesis, of the free circulation between the vascular system of the mother and child.

Observation 74. Pascal says she was despondical it would never, when called, "I found her speechless, and unable to pitch her breath; again I felt her pulse, which beating pretty lively, I let her blood, and succeeded so well that she recovered her speech." This woman got 2D of her dyspepsy after her lying in. The reception, shows it to have been an attack of hemie constipation which was benefited materially by the bleeding. The cause was probably pressure of the enlarged uteras on the renal grains of the kidneys, and also the fingers as the
had adenae of the lower limbs. The after-treatment
was the same as that adopted by Portal in natural
labours. The first child was still born but presenting
as sign of perfectation; the second was a fetus which
Portal judged to be of the 4th or 5th month, but very
feebly. He states that there were two after-births
joined together very much chonchet and harder
like the kind of bone. The death of the children
seemed to have been caused by pressure of the placenta
perhaps endative changes the result of a previous
epilepsy. Portal does not mention whether
the portion connected with the un-perfectly child
was undressed as that connected with the other fetus.
Portal seems to have been greatly puzzled; not a
fetus could have remained so long in the uterus
without disintegrating, and yet it might not have
been better preserved than if it had been buried for
the same length of time. He says I look upon the
preservation of the dead child like what we see in
dead bodies under water, which unless they are ex-
posed to the air will remain uncorrupted for a quiet
while, and after this, that the child remains in its own
proper fluid and place it had its beginning in, and substance
and consequently it is not exposed to any thing hetero-
geneous to its nature.
Observation 80. A Case of Triplets. The first child was born naturally and alive, the remaining two were premature, the first being long and nearly decayed, the other short and an only arched hearing.

In fact, the inquisitive mind is again at work, he says, I have delivered small of time, and this last-mentioned ends not but puzzle my thoughts. Take a woman should be delivered of three children, the wheel of events prove perfect and well, the other two dead of as different a size, with but one after another to both, beside, that the least of all was not as much perplexed as the other. I know I shall be told, that it is a supposition, but after all this does not satisfy my understanding.

We have seen the analytical mind must have been, he is always for tracing every absence. As the issue, and when he has finished his researches, as far as his faculties could take him, he leaves the subject forever of its mystery, and not at all willing to clothe his ignorance in a name.

Monsters' Births

Observations 80. 40. 50

Observation 80. The child had written, Stuck he tried to explain thus, "As Child not being able to pass his
39.

"Sure through the annual passage," he is thus led to speculate that part of the benign appearance of the urine of the child. The author notes the lobular character of the kidney, and suspects that the urine was conveyed with the base of the kidney by each of three partitions!

Observation 40 is a case of hepaticus, as suggested by the usual 3 or 4 lbs. of a substance like frog eggs resembling in shape our garden strawberries, in the third month of her living in. She was sent for to a second case of the same kind in account of severe flooding; he made an examination, and removed about 2 lbs. of what he calls a change of substance which appeared full of fillets, and white bladder full of fluid, spitting like crystals, and in shape not unlike our white currants. Observation 50 is that of a child, as far as we can make out normally developed, but of excessive growth, measuring 32 in. long.

Medical reports in Tubid Cases.

Observation 15 22 34 57.

Observation 15. This woman was a midwife. She had not felt the movements of the child for the last 3 months of pregnancy. She attributes the death of the child to the grief at the death of her husband which occurred 3 months previously. Portal seemed to think that the woman would certainly die; be rap
40.

it seemed impossible that these particular parts should remain in the uterus so long without affecting the adjacent parts. He was surprised to find that in three hours after delivery, she rose out of bed and went to assist at the delivery of another.

Prolapse of the Funicus

Intel observe, when the funicus comes first, you must attempt to keep it inwards, the danger in these cases is that unless the child is delivered soon after, it is choked by the thing in its passage." He goes on to say, "in case the child come with the belly foremost and the navell chung appears, you must not lose time to turn the child." He has reported the case in Observation 24. He merely states that the navell chung came present, and that he turned the child; he does not state whether he succeeded in passing the child.

It would seem that in all cases of funicus presentation, this otherwise the case did not require turning, that Postal had been use of turning, only when he had failed to keep the funicus up. Postal here states that the child is choked by the thing in its passage. He would fancy, that in these cases, he would be driven to the conclusion, that choking results from pressure on the funics, and not from pressure on the throat of the child.
Hemorrhage

Robert has reported a good number of bleeding cases (14) he avoids classification here as elsewhere, merely reporting them in the order of their occurrence.

Most of them are cases of unavoidable hemorrhage or unavoidable of accidental and surgical nature.

Robert seems to have had an idea that slight flooding was normal, and grouty to be desired; in other terms, the term for retrovaginal discharge. In obstetrical procedures, indeed, 24 of the suppup of manemhang's mixed with the juice of three, four oranges, and an egg of the oil of sweet almonds, to promote the flooding.

In obstetrical procedures, the midwife gave the vinegar, two drops of sweet oil with sugar, asked the midwife to what purpose, she answered to promote the flooding being a common remedy among the people, and it proceeded very well in this woman. (Note: people here)

In about 10 we have; the flooding appeared beyond expectation and was such splendid results, not in the 8th day after delivery. I found her sitting in the chimney corner and she has been well ever since.

In about 128 she says, "There are two general causes of death in women in childbirth, viz., when the flooding is either too little or too much. Which obtains as well in animals as well as unnatural birth."
The dangerous character of the lochia during the first few days, no doubt led Rostal to attribute it and the flooding to the same common cause.

Placenta Previa

As we have observed in the report of cases we


Observation 2. The woman had had severe flooding
for 8 days, and Rostal being called in, finding the woman
weak, said her life could only be saved, by delivering the
child; this was said before the examination had been made,
and the existence of the placenta discovered.

In observation 2, he lays down the rule, "that whenever
a woman is dazed with a violent flood of blood, and
that there is the least hope of delivery, the same
might not be delayed, but put into practice with
as much promptness, as is generally practised in acute
and uncontrollable diseases." So his treatment of accidental haemorrhage
was always the same. His only recourse then in these
cases was uterine. Although Rostal was the first
understand the nature of placenta previa, his
most astonishingly he reports three cases, as if they had
long become the common practice of the profession.

In observation 2, it is distinctly seen, that he was
aware the placenta was attached to the uterus and
so, and had not dropped down from the fundus.
The observer, thus entering further with my fingers, perceived a sphagnum substance, which at first I mistook for clot of blood, but soon found it to be the placenta rubra, which having separated guiltly from the womb I broke the membranes; he then seized the foot and turned the child which was stillborn.

In observation 29, he was not aware that he was to turn for the baby, I thrust my fingers into the neck of the womb, where the first thing I met with was the after-birth, and the child's head behind it. I assumed them that as the labour advanced he flooding would come, which happened as I had foretold, for a fierce pain and overflowing the head forced its way through the after-birth. The child was born dead. He did ask whether the membranes were ruptured previously to his examining her. Since Pellet elsewhere advocates immediate delivery, or holding out the only chance of life to the mother, it appearing improbable from her case, that she had come to the operation, that their case might he left to nature, if the membranes were already ruptured, and the pains strong, still the change that had not burst the membrane, the rupture, and want to result, before having recourse to turning. This case shows how nature proceeds in these almost hopeless cases.
Observation 39. Also illustrates the natural mode of delivery in these cases. The woman having had violent flooding for 12 days, she wished to be left all attempts at delivering; then Patal arrived. She was speechless, he passed up his hand and found the placenta still up it, middle, and the membranes protruding, he then ruptured the membra, and turned the child which was still born. She died shortly after. The placenta in the above two cases was so firmly attached to the uterus that it was never detached, than parsed from its connections, before its fatal lead.

Observation 41. As preliminary means, Patal seized a clasper, and bled him from the arm. This last measure was, then, gradually vague in these cases. He next separated the placenta and turned the child. The mother rallied.

Observation 43. The woman had flooding in her 5th month. Patal found the placenta protruding, he separated it from the cervix, and removed it from the vagina, he then ruptured the membranes and turned the child. The result of mother & child is not stated.

Observation 51. Patal finds the placenta protruding, the os uteri being open led to a small duct, he employing anterioal dilatation, and achieves
lens of great force, and followed by us ill consequences; he here observes "I thrust it (his hand) to the bottom of the womb, and at its entrance found the after-birth placed just before and quite across the whole inner rhipae, (uterus), which had actually been the occasion of the flux of blood; for by the opening of the rhipae, the said after-birth then being loosened from that point where it adhered before, and the vessels containing the blood tore, and opened pro-
duced this flooding, which sometimes is so excessive as to prove fatal. The woman unless specially induced"

A mere description than the above could not be wished. The membranes being and ruptured, he tent and delivers the child, which after some hails was resuscitated (by a very novel method, viz. placing the placenta in a span of urine over before, and the child kept warm before it!!) Toral remarks that turning is much easier performed in these cases, he says that he tried five that way in the same year without any bad result to the mother. He does not seem to have met with many cases where the cervix was ruptured in turning.

Observation 55. He does not state whether there was much flooding, in this case he turned and delivered the child with torn. He was not state how the mother fared.

Observation 69. The woman had had seven floodings
for 12 successive days, she found the placentæ presenting separately, it from the cervix and turns the child, and delivered it stillborn alive; the mother rallied but was afterwards seized with headache, tœnaiae, about the pelvis and abdomen, and swelling of the abdomen, with intermittent fever, and diarrhoea, in three weeks after her delivery. Natal states, that she lost the sight of one eye, from a Violent Inflammation, which by all the aid that could be devised, could not be removed from the ultimate recovery entirely. Natal attributed it to the use of a兌st and made lemon confined in the urine, which being put in motion by the Violent of the pains, this woman suffocated during her labour and the anxiety of mind she lay under, was carried upwards and settled in the head. "It might have been a rather mild attack of perpetual fever."

Observation 19. Natal was sent for to a lady in account of violent pains (which she called colic) followed by hemorrhage. She had had a similar attack in her 7th month, of which she said she had been cured by Dr. T. Banks, and was 8 times given to purgatives and olcytes! Here I tell you.

The feeling returned again the same afternoon, as I put the patient into a draught. "Natal observes, I breakfast, and finding the urine ripe (or not.)"
opened the ligature of half an hour, I felt within a certain soft substance, which puzed the sac.

After further, I conjectured it to be fastened to the muce. The case being involved in so small difficulties, required the advice of a good Physician (as the nigh did in such cases to save her reputation). He crossed from the excessive loss of blood still going on. Intest alternante it to acrid fepi was rising up to the head.

He adopt'd this theory probably, from the great part which the vapors contained in the arteries (as they thought) was then believed to play in the economy. He always attributes hyperepe not to loss of blood, but to rising upward of those vapors, and in some mysterious way choking the patient. This woman being in a very low state Natal comes near; he says, "I enquired my hand well quies to the surface of the womb, while I found the inner surface of the ligues of a punch piece, and in a endeavours to admit of further dilatation, with my finger, found the after birth fastened quite to the circumference of the muce." He ruptures the membranes and brings the Child which was still born. Natal says, when I reflect upon this case I cannot but pity a great many Women who are lost for want of timely help.

Here he refers to the inconvenience and danger, of waiting for the advice and directions of Physicians in cases,
of which she was by far the best judge.

On the 8th day of confinement her left foot began to
swell, and on the 9th it swell also, about the 12th
the pain wassomething atabout the affected foot
but shifted to the right thigh, leg and foot. "The Doctor
asked me whether there was any ill disposition in the
woman, I told him no. But according to my opinion this
swelling might be due to the rigor of the phlogistic heat
but abounded in the blood "caused by the late great
loss of blood and spirits. This shows her little they
understood of the ultimate nature of Phlegmatic Hollows.

Accidental Haemorrhage

Observation 52. The breech presented. The flooding
was violent. The orthodox treatment my blood letting
was, had to receive it. Mortal zig. In fear of putting her
into a fright she was told, that I wasmy eate to both
her blood, I stop the "cessive flooding." Mortal blid
him and she was allowed to make an examination. I
declared the woman that it was best time for her to be
delivered in fear of losing too much blood, the burned
the child which was born alive. It was a case of twin.

Most treatment of all cases of flooding appeared to
have been 1."Amelioration and then turning

Observation 53. We are nearly 5ts that she had some
flooding, which continues after the delivery of the
Woman until the placenta was removed.
Observation 67. This case looks very like Carcinoma of the uterus.

Post Partum Hemorrhage

Pral's quarter 2 cases 23 observations 23 and 24. The Woman had been delivered by turning and had rested for some time, then she told her mother that she felt very sick. The Mother gave her some broth which she had no sooner taken down, laying her head upon the pillow, she expired immediately; this was occasioned by an excessive bleeding, which the mother being unaware of she pressed the instant cause of her death. The Man gives some vague account of the cause of her death, attributing it to the administration of food in improper quantity and at undue seasons. Pral evidently was quite ignorant of the cause of the hemorrhage in these cases for he does not direct us because the extreme constipation.

Retention of the Placenta

It was Pral's practice to remove the placenta immediately after the delivery of the child; and when he found that it was not done easily by slight tactions of the cord, he introduced his hand into the uterus, and removed it.

Observations 5, 6, 14, 24, 37, 47, 53.
Observation 6. He observes, "While I was getting out the after-burthen, I found some part of it remaining behind close to the womb, which I was found to loosen with my hand, sliding gently along the navel string, and to bring it out. In case any considerable part thereof should remain behind, it would cause dangerous symptoms to the mother, which you may prevent by bringing forth the same by the help of your hand, which may be brought into the womb gently, even if it should close up after the birth, provided you proceed gradually, for your hand being less than the child and the parts slipping, and for the most part bent under, you may perform this task without much difficulty."

In Observation 5 it is observed, "But coming to the after-burthen, I found the same fastened to the womb, so that I was found to separate the same, by bringing up my right hand, along the navel string to the bottom of the womb whilst I held the string with my left. In case the after-burthen is not so closely fixed to the womb, you may draw that thence to the woman; for it will follow, by only pulling the navel string gently and by degrees, for fear of injuring the womb."

Observation 14. Portal was called on after the delivery of the child. The midwife having failed to remove the placenta, she had ruptured the fence during her efforts.
He introduced his hands into the cavity of the womb, and peeled off the placenta, beginning at its lower border, till it dropped into his hand, just as we do lose a pasty crust from a table by hand. You must be careful not to leave pieces of chafe or remnants of the afterbirth in the wound; the same being attended with two dangerous symptoms: rust in inflammation and ulceration of the womb, the second in excessive flux of blood, in case that any part of the afterbirth remains fixed to the womb, the blood issuing through the opening of the vessels mounts into the remaining part of the afterbirth, and never ceasing till that part is removed; it is sufficient alone to prove mortal. The Natal state distinctly contradicts his views regarding the power of accidental and circumcise, he attributes it merely not the uterine surface, nor that portion of it lately covered by a portion of the placenta, but to the vessels of the placenta pouring out the blood they receive from the vascular system of the mother. When Natal does hit upon the truth, he brings it out perfectly freed from error. What can now be added to the above precise and accurate description. Natal had a more correct view of the nature of the hemorrhage, when a portion of placenta still remains.
than true, at the present day.

In observation 34 we have a confirmation of the above statement; he remarks, "with a great deal of trouble I at first thought it (the placenta) was, but by speculations the remaining also a piece of the upper of a gut behind, but being separated before from the wound, the cleaning ceased; so I let the patient take some rest. The urine, however, was reduced to low, that in case it had not been stopped as it was by the separation of the after-birth, she must have infallibly died."

In observation 37 he says "the after-birth is often joined to the womb, but not always, in the same place, sometimes it is quite close or scarcely joined, when it follows with ease by the least part of the travel, being and coming off from the sides and bottom of the womb as dough does from a board well oiled and with flour, but in case it is more closely joined, it is as troublesome to be removed hence, as it is with a piece of dough that has not been thrown before with flour, which must be brought off in pieces, just thus it is with the after-birth."

In observation 53 he says, "The placenta was attached to the fundus of the womb. Talbot means that when the placenta is so situated it is impossible to bring it out whole."

In observation 53, he was called in to remove an adherent
Placenta, which he does in his usual way. Intal attributes all his cases of retained placenta to pre-natural adhesion. He seems to have overlooked altogether the part which the interior plays in its expulsion.

Perpetual Convulsions

Observations 17, 33, 45.

Observation 17. He says that he was called to deliver a woman suffering from epileptic fits, with neither sense nor motion. Intal was requested by the physicians he called on, he says, that "nothing could be done but wait until her death, and then perform the "eclisis" caesarea; another recommended delivery and asked Intal his opinion. When Intal answered, that she was a dead woman unless preserved by an early delivery, I added that in all probability the child being dead, I saw not the least reason for a delay; Intal pricked the examum with his knife, removed the brain, and delivered the child; the woman was instantly cured of her fits." In the same observation he gives us a few remarks on another case, "There an agenent ecliptic and haemorrhage both at the same and fort; was had recourse to without avail; he further observes, "I

must give you this further observation (something of
which has been mentioned before in the 10th abs. 23
that the fullness of the urinary bladder sometimes
occasions most violent pains; he advises, the urine
be removed, as in the case of convulsions, the woman
was cured of them by the removal of her urine (22)
be easy, but the pain ceased with the fits, and she
was delivered within three hours after, though she
died in 5 days after, without ever recovering her
senses: we found an ulcer in the brain and an
infection of the bones." In this case we have
experiences caused by disease, but greatly
aggravated by peripheral irritation.

Observation 38. This case seems to have been a very
severe one, and here we have a good illustration of the
line of practice usually followed. They first bled
her in the first, the fits ceased for a few moments, but
returned again; they then administered a laxative
cholce, but the disease failing delivery, was left
without remedy. Natal is reluctant to deliver her, unless
they promise to clear him of all suspicions that might
be cast upon him should the case terminate fatally.
He introduced his hand, dilated the os, and turned the child,
which died on the brink of delivery, during a most severe
fit. The patient remained conscious for 12 hours after
her delivery. She recovered well, this was her first labour.
Observation 46. This was a first labour. The pains had been severe. Patal turned the child. The fits, beard, and circumstances returned immediately the child was born. He did well afterwards, the only effect of the fit, being a bitter tongue.

Patal observes I leave the investigation of the true reason of these fits to the Physicians, since there was neither any protrusion in the womb, nor a dead child that could be the cause of them. Some of opinion that the retention of the urine in the bladder may be the occasion of this evil, for I have seen divers women in labour, who were afflicted with intolerable pains by the distension of the bladder. The bladder is a membranous tender substance, having a chief communication with the brain and stomach by its nerves. Patal seems to have been unprepared that these convulsive attacks were caused by perineal irritation, though he confined it to irritation of the urinary bladder.

Inversion of the Uterus

Patal has reported a case, Observation 46. The patient had died before he was called in; they told him that an after-birth had followed without the least violence, which Patal greatly doubted; he adds, 'tis here they showed me the after-birth.
entire; but notwithstanding this, it is certain that it did stick to the womb, which followed the afterbirth as the midwife pulled by the navel string, and thus reasoned this inversion before the afterbirth was loosened. The woman expired even after the accident. Postal attributing her death, the sudden and shght manner in which her former attendant stated her danger. Postal makes a post mortem examination; he finds, a slight rupture of the perineum, and states that it is not at all uncommon in such cases; he then directs not the uterine, and observes, "But to observe the站着 the true cause of the death of this woman, and by what means she might have been preserved, I thought my finger into the entrance of the neck of the womb, there in the midst I found a solid round substance, of the size of a white loaf of two cts., representing the bone of a hat turned the inside outward; Indeed this mounted bottom of the womb into its natural position with the adjacent parts, and then showed the natural position of the interior rifle of the womb." Postal it seems thought that pulling at the funis was the only cause of inversion of the womb. If he had been on attendance upon this, and similar cases as must he would come to acknowledge, the existence
and investigate the nature of other causes.

This case shows that he knew how to treat labour. In others, as well as in some others he mentions, the midwife has pulled out the child at the end, then the placenta is in the least adherent; for fear, he says, of
inverting the woman, which following the after-birth would prove fatal to the woman." Whether this would indicate that he was not then acquainted with its management or doubtful, he might mean that it would prove fatal if left alone.

Laceration of the Cervix and Rupture
of the Uterus. Ob. 16. 63.

Observation 16: The midwife being inexperienced mistook the os uteri for the placenta, and kept dragging at it. Natal found the os uteri torn by her nails. Natal says she went abroad in less than a month, but had no children after. It might have been that the os uteri became obliterated from the subsequent inflammation, but as Natal does not state whether or not the uterus returned, we can do no more than conjecture.

Observation 63. In this case the same midwife from his ignorance ruptured the uterus, in his attempt to deliver a cross birth, probably by laceration. The woman died.
Cancer of the Uterus.

Obvs. 18. The woman had severe haemorrhage; metal introduced to ease labour, it being a bony presentation; he touched a tumour on the left side of the uterus, which he judged the cancerous; he saved the child; and thinks the haemorrhage results from the cancerous tumour; she returned in three months a mere skeleton, suffering greatly from pain and loss of blood; she died shortly after.

Small pre during labour. Obvs. 3. 38.

The woman had severe lumbar pains, but no other symptoms of labour; however one day she was delivered of a male child, alive, on the 4th day after her delivery, she was seized with severe lumbar pain of which she died. She calculated herself to be at the beginning of the 3rd month of her pregnancy. She does not mention whether the child was seized with the lumbar pain.

Observation 38. How the lumbar pain was well marked; although rag in her 7th month labour came on and she was delivered of a still born child. She died.

Eclampsia of liquor Amnii. Obvs. 12.

He says the uterine liquor was very large, and thus was dropped. The membranes ruptured when she united about 8 lbs. of water, and in much agony after the birth.
of the child. The child being weakly, from suffocation or death imagined, died soon after. Most probably the child was weakly from diseased placenta, resulting from previous inflammation. Enditions of the placenta as well as of the amnion giving rise to the "hydrops.

Abortion obi 146. 81.

In observation 81 we have the following, (alouding to the menhane, being the cavity of the aborted woman, its walls being corporated blood) this bladder, which in all respects resembled an egg without its hard shell might afford some speculation, Whether mankend are propagated in eggs like the birds, but this being beyond my compass, I have the consideration of other persons than myself, as then they took this tendon skin entire with its water and fat and preserved it in spring water, for fear spirits of wine should consume the skin, which was very tender and thin.

Prolapso of the uterus.

This would have come in better order, but from inadvertence, it has been overlooked, and it is now too late to remedied.

Observation 10. The midwife was so intelligent as to diagnose the case. They found the os uteri in the form of a slit, at its most depending part, with few hairs
around it!!! The woman was liable to labor during the pregnancy. Infact the doctors adopted artificial dilatation of the os, which they determined to adopt; he says, consequently, it was thought fit to introduce a silver probe, with a round knot at the end of it, into the opening, whence as we told you issued the dilating figure; thereby to attempt the dilatation of it, until it would admit of one finger, and so gently aid by degrees a second, and at last a third, whereby to endeavor its further dilatation, by forming with the fingers a kind of speculum malleus, being much more natural than the iron serru — I represented the safety of this, undulating at once with the true rules of nature, when by the pains the water enclosed in the membranes being pressed down into the internal orifice of the womb, the passage is opened for the most easy delivery of the head, and consequently of the body of the child. He went 6 weeks in earnest but could not enlarge the opening beyond the size of a lime piece. They then allowed her to rest for some hours, and as far from the previous attempts producing bad results, such as inflammation and rigidity, Infact remark, I began above the dilatation of the internal orifice of the womb, with my fingers, one of each hand on opposite sides of the opening she had made before, which
Being thus related, I showed Dr. Burnett what advances I had made, telling him that unless whether the membranous was on the head, the child could open the passage, my fingers were the only remedy we must rely upon. Very shortly the membranes ruptured, and she was delivered of a girl; she removed the placenta, replaced the uterus, and directed her to the bow. In this action be direct, a lead to be put over the uterus through the part warm and free from the flouting.

Dr. B. speaks very highly of artificial dilatation of the os; it would be well if all midwives, if the present day would sanction its restricted use.

The high opinion we have formed of Dr. B. is sustained by every page of his book.

It would be well if his example in reporting cases was more followed at the present, not in a single sketch of number of cases in a small compass, but full and complete reports. These would be valuable in all our reading times when the fluctuating theory of mine in which they were written, had been ensnared to oblivion.

John Roberts.

Carnarvon, N. the Waik.

(Corrigenda)