

FURTHER OBSERVATIONS ON THE TREATMENT OF UTERINE HÆMORRHAGE FROM PLACENTAL PRESENTATION.

By ROBERT LEE, M.D., F.R.S.

"In Portal's Cases in Midwifery," says Dr. Rigby, (1776,) "there are eight in which he was under the necessity of delivering by art, on account of dangerous hæmorrhages, and in all of them he found the placenta at the mouth of the womb." More than twenty years ago, on perusing Portal's treatise, entitled "*La Pratique des Accouchemens*," &c., (1685,) I was very much surprised to find, that in eight cases he had not merely "found the placenta at the mouth of the womb," but adhering all round to the cervix, and that he had recourse to the operation of turning in all these eight cases, and in several others where the placenta was not found adhering to the whole cervix. This led me to observe, in my work "*On some of the Most Important Diseases of Women*," in 1833, "It was known to Paul Portal, as early as 1685, that the placenta sometimes adhered to the internal orifice of the uterus."

In 1836, Dr. Hamilton, of Edinburgh, in the second volume of his "*Practical Observations*," at p. 238, observed, "The separation of any portion of the placenta previous to the occurrence of labour, may be the effect of accident, or it may be the necessary consequence of its adhering to a part of the cervix uteri. This latter cause was discovered about the middle of the last century. It was particularly noticed, in the year 1752, by Dr. Smellie, who at that time practised and taught midwifery in London with great success. It was afterwards described by Monsieur Levret, of Paris, in 1756. But it does not seem to have attracted the attention of British practitioners till the publication of Dr. Rigby, of Norwich, in 1776, who availed himself of the discoveries both of Smellie and of Monsieur Levret, while he contrived to make the profession believe that his doctrines were original. Dr. Rigby's distinction of these cases, (viz., into accidental and unavoidable,) borrowed without acknowledgment from Levret, (page 343,) is perfectly correct, but his inferences have led to very serious errors in practice."

"An Historical Account of Uterine Hæmorrhage in the Latter Months of Pregnancy," written by me, was published in the *Edinburgh Medical and Surgical Journal* for 1839, in which I observed, "Paul Portal's treatise contains the histories of several cases of uterine hæmorrhage, depending upon attachment of the placenta to the neck of the uterus. In 1664, he was called to a lady in the eighth month of pregnancy, with profuse hæmorrhage, and on introducing the hand into the orifice of the uterus, which was open to the size of a crown-piece, he felt a soft body, which was the after-birth, which he gently separated from the body of the uterus, ruptured the membranes, and turned the child. In 1671, another case occurred, in which the placenta adhered to the lower part of the uterus, and death took place soon after delivery, by turning the child. The following passage (p. 187) proves that Portal knew with certainty that the placenta adhered to the lower part of the uterus:—"*Je glissai mes doigts dans les orifices, où je sentis l'arrière-faix, qui se presentoit, et qui bouchoit l'orifice de la matrice de tous cotéx avec adherence en toutes ses parties excepté par le milieu qui se trouvoit divisé jusques à la membrane, laquelle n'étant pas ouverte, ny les eaux ecoulées j'eus beaucoup de facilité à tourner l'enfant.*"

"Portal relates another case, which happened in 1672, where the placenta also presented, and which he separated very gently from the uterus, because it was glued to the internal orifice. In Case 43 the placenta was adherent to the lower

part of the uterus, and he also passed up his hand between the uterus and placenta, where the partial detachment had taken place, and brought down the feet of the child. The history of a perfectly similar case is related at page 233, and to this is subjoined a correct explanation of the cause of the hæmorrhage, which occurs in the latter months of pregnancy from attachment of the placenta to the lower part of the uterus. Five other cases occurred in 1679; and in the last of these he states that he felt the placenta adhering all round to the internal orifice of the uterus. The treatment employed by Portal in these cases did not differ from that which had previously been had recourse to by Guillemeau and Mauriceau."

It may be observed, that there is reference here distinctly made to ten cases of placental presentation contained in Portal's work.

In spite of all this evidence, Dr. Edward Rigby and some other writers continue to maintain that the honour of the discovery was due to Dr. Rigby, of Norwich. This unfounded claim led me to remark as follows in my "Clinical Midwifery, 1842:"—

"Portal's treatise (1685) contains an account of eight cases of uterine hæmorrhage, in which he 'found the placenta not merely at the mouth of the womb,' but adhering to the whole neck of the uterus. In several of these cases he felt the placenta adhering all round to the internal orifice of the uterus. In the account of Case 69, he says,—'Je sentis l'arrière-faix, qui se presentoit, et qui estoit fort adhérent et attaché à l'orifice de la matrice de toutes parts.' In the histories of all the other cases, the same circumstance is expressly stated. In those cases the treatment employed by Portal did not differ from that which had been employed by Paré, Guillemeau, and Mauriceau—the propriety of artificial delivery by turning being then as completely established as at the present time, and the important fact demonstrated, that the hæmorrhage is produced by the placenta adhering to the neck of the uterus. Petit, Giffard, Roderer, Smellie, Levret, and W. Hunter, were all well acquainted with the fact, and deduced from it the correct practical inferences."

It cannot fail to be observed, that it is here stated that "Portal's treatise (1685) contains an account of eight cases of uterine hæmorrhage, in which he found the placenta not merely at the mouth of the womb, but adhering to the whole neck of the uterus." It is not stated that "Portal's work contained an account of eight cases *only* of unavoidable hæmorrhage." After referring to ten in 1839, it must be evident that such an assertion could never have been made by me in 1842.

The same groundless pretensions being still urged in favour of Dr. Rigby by the same parties, I was induced once more to examine Portal's cases, and to assert at still greater length, and in more full detail, the just claims of Portal to this most important discovery. In the lecture "On Labour, complicated with Uterine Hæmorrhage, from Placental Presentation," published in the *Medical Gazette*, July 7th, 1843, I made the following observations:—

"Portal's treatise (1685) contains the histories of eight or more cases of uterine hæmorrhage, in which he found, on introducing the hand to turn the child, that the placenta was not merely at the os uteri, but adhering to the cervix all round; and he states, in the most clear and forcible manner, after relating his first case, that artificial delivery is the only remedy that can preserve the life of women under such circumstances, and that by this means he had saved the lives of several women at the Hotel Dieu. In 1664, Case No. 2 occurred during the eighth month, in which, on passing his hand into the uterus, he felt a soft body, which was the after-birth, which he gently separated from the uterus, then ruptured the membranes, and brought down the feet of the child, and extracted it dead. In Case 29 (1671) the placenta presented, and the head of the child was forced against it so strongly, that it was torn, and the infant expelled dead. Case 39 occurred also in 1671, in the history of which he states that he felt the placenta adhering on all sides to the orifice of the uterus, 'Sur cette assurance, je glissay mes doigts dans les orifices, où je sentis l'arrière-faix, qui se presentoit, et qui bouchoit l'orifice de la matrice de tous costez avec adhérences en toutes ses parties excepté par le milieu, qui se trouvoit divisé jusques à la membrane, laquelle n'étant pas ouverte, ny les eaux écoulées, j'eus beaucoup de facilité à tourner l'enfant.' This woman died from loss of blood, some time after delivery, there being scarcely a drop found in the arteries and veins on dissection; and Portal complains, with justice, that the body was examined in his absence, by a distinguished accoucheur, but in the presence of the wife of the greatest and most illustrious physician of the age, whose

name he has not recorded, and whose memory probably perished many years ago. 'C'est ce que me fait dire qu'on a beau faire ou ne fait jamais rien: quelque belle operation qu'on puisse faire, elle ne fait point d'eclat. Mais bien tout le contraire qu'une femme soit si bien accouchée qu'on souhaitera et que malheureusement elle vient à mourir, ce sera toujours la faute de celui ou de celle qui aura accouchée la femme; tant la médisance a de l'empire sur la verité.' Portal's forty-second case happened in 1672, in which there was also a considerable hæmorrhage; and on passing the hand into the orifice of the uterus, he says he felt the placenta presenting, which he gently separated, ('parcequ'il estoit collé à l'orifice interne,') because it was glued to the internal orifice. Portal's forty-third case, which also occurred in 1672, was one of hæmorrhage, with placental presentation during the sixth month of pregnancy; and here he also passed up his hand between the uterus and placenta, where the partial detachment had taken place, and brought down the feet of the child. 'Ensuite je glissay ma main dans l'entrée de la matrice, où je sentis l'arrière-faix qui se presentoit. L'ayant separé afin de me frayer le chemin, je sentis les membranes des eaux, que je perçay,' &c. Another similar case, No. 51, took place in the same year, 1672, and to this history is subjoined a correct explanation of the cause of the hæmorrhage which occurs in the latter month of pregnancy, when the placenta adheres to the neck of the uterus. On introducing the hand into the uterus, he says, 'J'ouvris cet anneau en telle sorte que je n'eus point de peine à porter ma main dans le fond de la matrice, où en la glissant je sentis le placenta, qui environnoit en dedans l'orifice interne; ce qui estoit la cause de la perte de sang, parceque lorsque l'ouverture de cet anneau se faisoit le placenta, qui se trouvoit contigu à cet orifice, a cause de quelque contiguité, qu'il a avec la matrice, à l'endroit où il y est adhérent, cet orifice venant à s'ouvrir, il se divise, et en mesme temps les vaisseaux venant à se diviser, cela fait que le sang de la malade se perd en abondance, et si elle n'est promptement secourue elle meurt bientôt.' He then turned and delivered the child. In concluding the history of this case, he states, that in the year 1683 he had completed the delivery successfully in five similar cases, all the women having recovered. His sixty-ninth case occurred in 1679, in which he likewise found, on passing the hand, that the placenta was everywhere firmly adherent to the neck of the uterus, which was the cause of the great hæmorrhage.

"In Portal's Cases in Midwifery,"—observes Dr. Rigby, in his 'Essay on Uterine Hæmorrhage,' "there are eight in which he was under the necessity of delivering by art, on account of dangerous hæmorrhage; and in all of them he found the placenta at the mouth of the womb." This important fact, that in all these cases the placenta was found, not merely at the mouth of the womb, but adherent to the neck of the uterus, in some all round to it, is suppressed by Dr. Rigby, nor are the practical conclusions which Portal drew from it described by him.

Dr. Edward Rigby asserts, that "in one case only does Portal attempt to make any practical inference whatever, having in all the others contented himself with merely stating the fact of the placenta adhering to the os uteri. The operation of passing the hand between the placenta and uterus, bringing down the feet, and turning the child, which Portal had recourse to so promptly in most of the preceding cases, I think you will be disposed to regard as the best practical inference which could be drawn, or has yet been drawn, by others, from the knowledge of the fact."

It cannot fail to be observed by the reader, that fifteen cases of placental presentation observed by Portal are here referred to or analyzed, and that there is no expression used by me which could possibly lead any person to suppose "that Portal's work contained an account of eight cases *only* of unavoidable hæmorrhage."

In March, 1845, Dr. Simpson, of Edinburgh, published a paper in *Dr. Cormack's Journal*, in which he recommended tearing away the adherent placenta, instead of turning the child in the manner practised by Guillemeau, Portal, Mauriceau, and all the celebrated accoucheurs of the seventeenth, eighteenth, and present centuries. He alleged, without proof, as Dr. Hamilton and some others, who were neither anatomists nor physiologists, had alleged before him hypothetically, that the blood comes from the placenta, and not from the uterus, as all scientific accoucheurs then believed and still believe; and that the placenta being the offending organ, it should be plucked out of the uterus, and the child left within the womb, and thus be doomed to death, and something worse, in the opinion of all Roman Catholics. It was further urged in the same paper, with the greatest confidence and plausibility, as

an undoubted fact, that the hæmorrhage invariably ceased when the placenta was thus violently torn away, or detached with an iron sound. I knew that this general conclusion was wholly erroneous, having myself witnessed several dangerous and fatal cases where the flooding continued profusely after both the placenta and child had been delivered according to the established rules of practice, or where the placenta was expelled before the child.

The first of the following tables was published by Dr. Simpson, to prove that one woman in three dies in whom the placenta presents, and the operation of turning is performed in the ordinary manner:—

TABLES OF MATERNAL MORTALITY IN PLACENTAL PRESENTATIONS.

First Table, 1845.

Reporters.	Number of Cases.	Mothers lost.
Mauriceau	17	3
Portal	0	0
Giffard	24	7
Smellie	17	3
Rigby	42	12
Clarke and Collins	15	3
Busch	13	2
Schweighauser	64	16
Lachapelle	16	10
J. Ramsbotham	19	8
F. Ramsbotham	44	8
Lever	14	2
Lee	38	14
Wilson	26	10
London Maternity Charity..	50	33
Total	399	134

Second Edition, 1847.

Reporters.	Number of Cases.	Mothers lost.
Mauriceau	18	3
Portal	14	1
Giffard	19	5
Smellie	18	7
Rigby	42	10
Clarke and Collins	16	4
Busch	13	2
Schweighauser	65	16
Lachapelle	21	10
J. Ramsbotham	129	41
F. Ramsbotham	189	49
Lever	34	8
Lee	46	14
Wilson	30	10
London Maternity Charity..	0	0
Total	654	180

On examining the first of these tables—viz., that of 1845—I was astonished to find, that of the seventeen cases observed by Mauriceau, three of the mothers were stated to have been lost, though one of them died undelivered, because she would not allow the operation of turning to be performed; and a second died twelve days after, from diarrhœa, which facts were not mentioned. I was still more astonished to find, on examining the same table, that Portal's eighteen cases were wholly omitted. I will not deny that my first impression was, on observing such an omission, which entirely vitiated the whole table, that it had taken place because the mortality was only one in eighteen, instead of one in three, as represented to be the average mortality in such accidents. I had no doubt, and have none now, that Portal's cases would have figured in this table, had the mortality been one in three, and not one in eighteen. In this old table it is also stated that Giffard reported twenty-four cases, seven of which were fatal; whereas, on the most rigorous examination of his work, it appeared that five was the actual number of deaths, and seventeen the number of cases. The amount of Smellie's cases, Dr. Rigby's, of Norwich, and my own, were all incorrectly stated in the table; but the blunder, which equalled, nay, surpassed the whole combined, was that committed respecting the London Maternity Charity, in which it was assumed that fifty cases of placental presentation had occurred, thirty-three being fatal, the still-born children, by some unaccountable mistake by the writer, having been converted into mothers lost. In the *Medical Gazette* for 1845, I called the attention of the profession to these palpable errors, which rendered the table totally useless, and I then observed, that "There can now be no longer any difficulty in determining how much reliance is to be placed on Dr. Simpson's statistics, and whether he has been sufficiently impressed with the importance

of observing the most rigid accuracy, the most scrupulous regard to truth, in forming statistical tables from which it is proposed to adduce evidence in support of an attempt to subvert the established rules of practice in the treatment of cases of such vital importance, and substitute another mode of treatment which is of the most dangerous character, fraught with inevitable destruction to the child, and attended with no benefit to, if not actually increasing the danger of, the mother."

The first of the preceding tables, published by Dr. Simpson in 1845, of maternal mortality in placental presentations, does not contain, as has already been stated, Portal's eighteen cases, one of which only proved fatal. The cause assigned by Dr. Simpson himself for this suspicious omission, is his ignorance of Portal's volume. He had not, it appears, even seen the work, or heard of the controversy, and therefore he could not be blamed for the exclusion of Portal's cases. It is impossible to open Portal's book without discovering that it contains the histories of more than eight cases of placental presentation. When the paper of Dr. Simpson, in *Cormack's Journal*, was written, and which was intended to overthrow and demolish the very foundations of the established mode of treatment in placental presentation, the treatment which had been adopted and recommended by the most distinguished practitioners throughout the civilized world for upwards of two hundred years, the author of this table is not ashamed publicly to acknowledge that he was wholly unacquainted with Portal's work—a state of ignorance most disgraceful, and altogether incredible, in a person holding the office of Professor of Midwifery in the University of Edinburgh. If it be so, *crassa ignorantia, crassa negligentia*, are the only terms applicable to a person thus self-convicted of such shameful ignorance and negligence respecting a subject which so deeply concerns the lives of thousands of women, and involves the scientific character and humanity of a large proportion of the members of the medical profession. Instead of consulting Portal's original work, and the other publications referred to in the table with so much parade of learning and research, it appears that all the slender information Dr. Simpson possessed on the subject, was obtained at second hand, and that he was misled. The author of these contradictory tables does not hesitate to confess the most deplorable want of knowledge, and to state what is absolutely unfounded, for the purpose of convicting me of an error I never committed, and which, from the *extract* already given, it was altogether impossible for me to commit.

"In the table, as originally published," Dr. Simpson says, "I erroneously omitted Paul Portal, because I inconsiderately relied on Dr. Lee's accuracy, when, in his 'Clinical Midwifery,' he stated that Portal's work contained an account of eight cases ONLY of unavoidable hæmorrhage." This assertion, I repeat again, is false, and betrays gross ignorance. Never, either in my 'Clinical Midwifery' or elsewhere, did I state that Portal's work contained an account of eight cases ONLY of unavoidable hæmorrhage. The use of the word "only," which is an interpolation, and thrice repeated by Dr. Simpson, was never employed by me—its employment was an attempt to attribute to me what I never said, and which it was impossible I could ever have uttered.

The *gigantic* errors laid to my charge about Portal's cases are thus set forth in battle array by Dr. Simpson:—

"Errors of Dr. Lee regarding Portal's Cases of Unavoidable Hæmorrhage."

"Dr. Lee published in 1842, 1844, and 1845, the three following accounts of the cases of placental presentation recorded by Paul Portal:—

"1842.—'Portal's Treatise (1685) contains an account of eight cases of uterine hæmorrhage, in which he found the placenta not merely at the mouth of the womb, but adhering to the whole neck of the uterus.'—See Dr. Lee's 'Clinical Midwifery,' p. 140.

"1844.—'Portal's Treatise (1685) contains the histories of eight or more cases of uterine hæmorrhage, in which he found, on introducing the hand to turn the child, that the placenta was not merely at the os uteri, but adhering to the cervix all round.'—See Dr. Lee's 'Lectures on Midwifery,' p. 365.

"1845.—'Eighteen cases of placental presentation were observed by Portal.'—See Dr. Lee's letter in the *Medical Gazette* for 1845, p. 1022.

"I give these quotations at length," says Dr. Simpson, "for a reason which will be evident immediately.

"In speaking, in a late number of *THE LANCET*, of the care required in obtaining perfect accuracy in our statistical returns of placental presentations, I observed—'This instance shows the difficulty of obtaining all the desirable accuracy

regarding the cases even of an individual author; for while, in 1842, Dr. Lee publicly declared Portal's treatise to contain an account of "eight" cases only of placental presentation, in 1844 he declared it to contain "eight or more" cases; and latterly, in 1846, he declared it to contain "eighteen cases of placental presentation."

"Dr. Lee accuses me of totally misrepresenting his statements in this paragraph. But I appeal to the words that I have quoted from Dr. Lee's own works for the truth of my remarks. In relation to my observation, that Dr. Lee, in his 'Clinical Midwifery,' stated that Portal's work contained an account of eight cases only of unavoidable hæmorrhage, Dr. Lee now asseverates: 'This assertion is false, and betrays gross ignorance;' and he avows, that from the first he knew Portal had reported in his work eighteen cases of unavoidable hæmorrhage; but he (Dr. Lee) had not mentioned or adverted to ten of the eighteen cases, because in these ten 'the placenta did not adhere to the whole neck of the uterus; they were examples of partial presentation.'"

The word *only*, which is here twice repeated, being an interpolation, the above statement and inference are of no value, except to show Dr. Simpson's disregard for truth.

Another of the *gigantic* errors I am said to have committed is thus stated in the same publication:—

"Errors of Dr. Lee regarding Mauriceau's Cases."

"In his 'History of Uterine Hæmorrhage,' in the *Edinburgh Medical Journal* for 1839, Dr. Lee states that Mauriceau has recorded seventeen cases of placental presentation. Dr. Lee has given a table of these seventeen cases, with the *dates* of their occurrence. The number, however, of Mauriceau's recorded cases of placental presentation is eighteen, and the case which Dr. Lee omits from his table occurred to Mauriceau on the 15th July, 1696."

The case here alluded to is contained in a small collection of cases at the end of the second volume, after the "Table des Principales Matières," &c., and after the conclusion of the work, with the "Reflexion Générale sur la Matière du présent Livre." This case (No. 57) affords a most striking illustration of the happy effects of immediate delivery where there is great flooding, with placental presentation. It is one of the most important cases related by Mauriceau, and could not have escaped my observation if it had been recorded in the body of the work, with the seventeen cases. The history is as follows, and I shall feel the greatest satisfaction in adding it to my table:—

"Le 15 Juillet, 1696, j'ai accouché une dame d'une petite fille de huit mois ou environ qui se portoit assez bien, quoique la mere eut eu depuis trois semaines unes tres grande parte de sang par plusieurs récidives, qui devint enfin si surabondante, que je crois que cette dame seroit indubitablement morte, si je ne l'eusse promptement accouchée comme je fis, en perçant ses eaux et tiraot incontinent après son enfant par les pieds. A quoi je fus obligé par la grandeur de cette perti de sang, qui venoit du detachment d'une partie de l'arrière-faix qui se presentoit au passage la mere et l'enfant quoiqu'il ne fut de huit mois seulement, se porterent bien dans la suite, nonobstant la grandeur de l'accident qui les auroit faix perir tous deux si je ne les eusse ainsi secourus."

By the prompt, bold, and skilful interference of Mauriceau, not only was the mother's life in this case preserved, but the child was also born alive, and lived. Had the placenta been torn away in this instance, instead of the child being turned and delivered, the life of the infant would inevitably have been destroyed, and, probably, that of the mother too.

This very important case, now adduced as a serious omission in my paper, so far from weakening the doctrine I have endeavoured to support, affords additional evidence in its favour, and proves conclusively the great value and utility of the treatment recommended by Mauriceau and Portal in placental presentations, and that it ought not to be lightly abandoned for another mode founded on ignorance and misstatement.

The following are the observations which I made, in the *Edinburgh Med. and Surgical Journal*, in 1839, on M. Mauriceau's Treatment of Uterine Hæmorrhage from Placental Presentation:—"The twenty-eighth chapter of Mauriceau's Treatise (1668) is entitled, 'De l'Accouchement auquel l'arrière-faix se presente le premier, ou est tout-à-fait sorti devant l'enfant.' The symptoms and treatment of cases of placental presentation are here accurately described; and in all cases of hæmorrhage from this cause, he recommends immediate delivery. If the placenta has not entirely escaped; and the membranes are not ruptured, he advises the part of the placenta which presents to be put aside with the hand, which is to be passed up into the uterus, the membranes ruptured, and the delivery

completed by turning. The rules for the treatment of these cases are laid down with the greatest precision. When the placenta was entirely separated, then only did he consider it as a foreign body, and recommend its extraction before the child; but to this practice, he states, as an obvious objection, that the placenta is strongly attached to the membranes which surround it, and that it cannot be drawn out without the membranes enveloping the body of the child being drawn out also. Mauriceau has related seventeen cases of uterine hæmorrhage in the latter months of pregnancy, from presentation of the placenta, and in sixteen delivery was accomplished artificially, by passing the hand through the opening formed by the separation of the placenta from the uterus, rupturing the membranes, and turning. Two women died after the operation, and one, who would not consent to turning, died undelivered.

In the history of Case 423, related at page 350, the following observation occurs, and may be adduced as a proof that Mauriceau was aware of the fact, that the placenta had not been wholly detached from the uterus:—*Mais quoique j'aye dit que l'arrière-faix de cette femme presentoit le premier au passage, dans le temps que je l'accouché et que l'excessive perte de sang qu'elle avoit, vrit de ce detachment, il ne faut pas croire que cet arrière-faix fut ainsi, entièrement détaché de la matrice, depuis tout le temps que cette perte de sang avoit commencé à paroître en cette femme; car si cela eut été, l'enfant seroit mort en tres peu de temps, ne pouvant pas être vivifié que par la communication du sang de la mère, dont il est privé aussitôt que l'arrière-faix est entièrement détaché de la matrice; mais comme il n'y avoit dans le commencement de cette perte de sang que quelque petite partie de l'arrière-faix qui s'en étoit un peu détachée, cela n'auroit pas empêché l'enfant d'être nourri du sang de tout le reste de l'arrière-faix qui n'auroit pas été entièrement séparé de la matrice."*

A Tabular View of Seventeen Cases of Placental Presentation recorded by Mauriceau.

No. of Case.	Date.	History and Treatment.	Result.
8	1669	Placenta partially expelled, a foot and knee presenting; the placenta pressed back and the child extracted.	Recovered.
55	1672	Hæmorrhage in the seventh month; faintness; delivery by turning the child. He states that he had successfully treated many women with flooding in the same manner.	Recovered.
59	1672	Flooding for six hours at the sixth and a half month of pregnancy; frequent syncope; os uteri gently dilated; head of the fetus and placenta pushed aside, and the feet brought down; masses of coagula afterwards expelled; child alive.	Recovered.
68	1672	Flooding for a month; labour pain; child turned, cord twice round the neck; child alive.	Recovered.
106	1674	Seventh month; entire ovum extracted or expelled.	Recovered.
170	1676	Seventh month; os uteri hard, thick, and little dilated; she would not consent to any interference, and died undelivered.	Recovered.
175	1676	Flooding in the eighth month, preceded by a fall. Delivered by turning; the child dead.	Recovered.
210	1678	Seventh month; great flooding; prolapsus of funis.	Recovered.
	1678	The circumstances similar, and delivery by turning the child performed.	Recovered.
423	1686	Flooding at the eighth and a half month, of four weeks' duration. Delivery by turning the child. He states that the placenta was not entirely separated from the uterus.	Recovered.
428	1686	Dangerous flooding in the ninth month, of four weeks' continuance; immediate delivery by turning the child.	Recovered.
438	1686	Flooding and convulsions; os uteri thick and hard; death two hours after delivery.	Died.
454	1686	Flooding in the seventh month; placenta presenting, as in all the former cases.	Recovered.
484	1687	Great hæmorrhage at the eighth and a half month; placenta presenting, and entirely detached; delivery by turning; died twelve days after, from diarrhoea.	Died.
502	1687	Eighth month; placenta entirely separated from the uterus; delivery by turning; great head-ach followed.	Recovered.
507	1690	Great flooding in the seventh month, caused by detachment of the placenta, which presented; arm presentation: turning; child alive.	Recovered.
651	1692	Flooding in the sixth month, caused by the entire detachment of the placenta; child dead. He remarks, that we must never trust to Nature in such cases, for without assistance the child cannot be expelled, and that the flooding will not cease till the uterus is emptied.	Recovered.
Ivii.	1696	Postscript containing the case at the end of Mauriceau's work:—Great and repeated discharges of blood in the eighth month, when threatened with death, promptly delivered by turning, and the life of both mother and child preserved.	Recovered.

Of Mauriceau's eighteen cases, according to the above table, three proved fatal: one died undelivered because she would not allow any treatment to be adopted; another (484) died twelve days after delivery, from diarrhoea. These two cases have been used to swell the fatal list of maternal mortality in placental presentation, where the established mode of treatment was employed.

From the above statement it appears that Portal also observed eighteen cases of placental presentation, only one of which likewise proved fatal, and this result arose from the operation of turning not being performed sufficiently early. It was not the operation for turning that destroyed the mother, but the want of it, and yet this case appears in Dr. Simpson's new statistical table of the Mortality of Placental Presentations as a case of death where the established mode of practice was duly adopted.

In the second edition of the statistical table, Mauriceau and Portal's cases are thus stated—

Reporters.	Number of cases.	Mothers lost.
Mauriceau	18	3
Portal	14	1

These four cases of "mothers lost" are added to forty-one mothers said to have been lost in the practice of Dr. J. Ramsbotham, and forty-nine in that of Dr. F. Ramsbotham and other reporters, and the following remarkable conclusion is drawn:—According, then, to the evidence of this table, out of 654 cases of unavoidable hæmorrhage, this complication [was fatal to the mother in 180 instances, or one in every three or four of the mothers (1 in $3\frac{1}{2}$)] perished in connexion with it."

A third edition of this famous statistical table, it is obvious, must soon appear, to upset the present edition, which is full of omissions and errors. I would propose, among the corrections, that the following be made at the commencement of the forthcoming table, to show truly the number of mothers lost in the practice of Mauriceau and Portal, from turning in placental presentation:

Reporters.	Number of cases.	Mothers lost.
Mauriceau	18	1
Portal	18	0
Sum total	36	1

It is further alleged that I have committed "errors regarding Dr. J. Ramsbotham's cases." The following extract from a letter of Dr. F. Ramsbotham to me, dated Oct. 9th, 1847, will satisfactorily show how little truth there is in the assertion. "Again," says Dr. F. Ramsbotham, "the cases which my late father published in his 'Practical Observations' were all selected cases; and most of them, under every complication, as well as that of placental presentation, were chosen for their danger or difficulty: the average of the maternal mortality, therefore, appears from these cases to be very much greater than occurred to him in the generality of similar cases. It is consequently very *unfair*, as well as erroneous, to add such cases to any general table from which to adduce or calculate an average of deaths. I believe you are aware that I put the subject in this light when Dr. Churchill published his 'Statistics.' I also stated the same to Dr. Simpson, and he, seeing such a mode of proceeding would altogether destroy the value of statistical reports, asked me to send him a tabular account of all my father's cases of placental presentations, as well as a similar table of my own." It is of no consequence whether Dr. Simpson borrowed from Dr. Churchill's "Midwifery" or from his "Statistics;" that he did borrow, and largely too, the errors of Dr. Churchill, there can be no doubt. Portal's cases were omitted in Dr. Churchill's table; and I verily believe, if the truth were known, that Dr. Simpson inconsiderately trusted to Dr. Churchill's accuracy instead of mine, which would not have misled him, when he excluded Portal's cases from his table, and was not ashamed to profess openly that he was wholly unacquainted at the time with Portal's work, which it is utterly impossible to believe. Dr. Churchill having candidly acknowledged that his table, which was composed by a pupil, and not by himself, contains errors, it must be wholly unnecessary for me to notice those which it is said I have fallen into respecting Dr. Churchill's table. This table I have already stated must be set aside, put out of the way as wholly useless, like Dr. Simpson's old rickety table.

I regret extremely to say, that in spite of all the labour bestowed by Dr. Simpson on cases recorded of placental presentation in my "Clinical Midwifery," and elsewhere, I cannot discover any of the errors respecting my own cases which he has attempted to point out; but in the second edition of my "Clinical Midwifery," now in the press, if any such errors exist, I shall feel the greatest pleasure in correcting them.

I now beg leave to quit this subject, which, after all, is not the one really at issue. The question under discussion is, not whether I have omitted one of Mauriceau's cases, or have left out another in my table of cases, circumstances which could not possibly affect the practical results;—but the point in dispute is—Did Dr. Simpson write a statistical table containing numerous gross blunders and misrepresentations—a table which he imposed upon the profession as containing a true account of the mortality in unavoidable uterine hæmorrhage, where the established practice was adopted, and on the strength of which table he endeavoured to introduce another mode of practice, the result of which could only be of the most deplorable character? The utter worthlessness of Dr. Simpson's statistics, and the danger of the plan he recommends to tear away the adherent placenta from the neck of the uterus, and to leave the child to its fate, have now been most triumphantly demonstrated, and therefore they require no further notice from me.

Savile-row, October, 1847.

Postscript.—The following important communication has just been received from Dr. F. Ramsbotham, from which it appears most clearly that the great mortality in placental presentation does not depend upon the injury inflicted by the operation of turning, but because the operation is not performed in due time. In twenty-six of the seventy-four fatal cases of turning by Dr. Ramsbotham and his father, it will be seen that the patients were moribund before the operation had commenced.

"14, New Broad-street, Oct. 19th, 1847.

"MY DEAR SIR,—I have looked over the tables of my father's and my own placental presentations, and the following is a synopsis of the two together. The whole number is 318; of these, 134 were entire presentations, and 184 partial. In 184 cases where the child presented, either with the head or transversely, 'turning' was resorted to; of these, sixteen were transverse presentations, one being a second of twins. Of the 184 cases in which turning was performed, seventy-four women died, and 110 recovered; one of those that recovered died suddenly in a month. I should say that at least twenty-five or twenty-six were moribund when the operation was undertaken, many of them, indeed, being marked so, and others dying within a quarter or half an hour, and two besides died undelivered. In twenty-one cases the breech or feet presented; in all these delivery was more or less accelerated by traction at the feet. There were six cases of twins. In three, craniotomy was performed, the head presenting; besides those in which the base of the skull was perforated, after the breech and shoulders were brought down; and five were delivered by the forceps. The proportion of twins is rather more than the ordinary average—almost double; but that can easily be accounted for by the double placenta occupying more space in the uterus than a single one, and the consequent greater chance of some part of it being situated over or near to the mouth. But a principal feature that this list displays, is the amazing comparative number of transverse and breech, or footling cases, as I remarked before. This would indicate that when one irregularity in regard to the uterine contents exists, another is likely to be superadded.

"Believe me, my dear Sir, very truly yours,
"To Dr. Lee." "FRANCIS H. RAMSBOTHAM.