

For the London Medical and Physical Journal.

DR. KINGLAKE, in *Reply to Mr. Wayte and Others, on Obstetric Practice.*

IT is much to be regretted that a philosophical subject, such as all inquiries connected with medical science ought to be regarded, cannot be discussed with becoming mildness and urbanity. It often happens that a zeal for the promotion of truth may not be sufficiently dispassionate to guard and measure its expressions in the most appropriate manner; but when force of language portrays a firm persuasion of correctness, it may be allowable: it strengthens the description intended to be given, and leaves nothing ambiguous or equivocal in the statement of opinion. This apology, however, is not applicable to those who descend from the legitimate ground of abstract argument, to deal in personal invective, to reproach motives, and condemn objects, instead of satisfactorily answering and refuting objections. Dr. Merriman has led the van of inapplicable and indecorous language in the controversy that has originated in some observations which I lately submitted to the public on the pernicious influence of indiscriminate man-midwifery. Ample experience had fully convinced me that my endeavours to correct what I regarded as licentiousness in obstetric practice was at once humane and vindicable. No personal invective, no intemperate expression, no criminal accusations, were authorised, or can at all avail in detaching me from a persuasion that rests on actual observation, not on verbose and groundless declamation.

Mr. Wayte, observing the dignified restraints of gentlemanly politeness in his first remarks on this subject, has been seduced from what appeared to be his better taste and judgment into an imitation of Dr. Merriman's illiberal asperity. Mr. Wayte, before he talks of my speculations exciting the "disgust of the whole medical world," should have reasoned much more conclusively and practically on the subject of his censure than he seems to be either willing or capable of doing.

Mr. Wayte, like Dr. Merriman and others, have, no doubt, their respective convictions on the subject, and they will as certainly retain them in opposition to my experience and reasoning; but they should keep their stand with a decorous and erudite liberality. Vehemence can never be substituted for argument, nor can personal abuse be merited even by erroneous reasoning. My opinions have been grossly mistaken, and as unjustly commented on. I contend only

for the *general* sufficiency of natural power in the parturine function, and fully admit the *occasional* necessity for the interference and aid of art. It is against the *ideal frequency* of unnatural occurrences, and the consequent occasion for uniform attendance, that I have unsparingly protested. I wish not to draw on myself the general opposition of obstetric practitioners, by any thing savouring of an attack on the particular judgment and conduct of individuals. It is no part of my object to be personal,—I have always deprecated such proceeding, as grovelling, and unworthy of scientific controversy. Dr. Merriman, Mr. Wayte, and others, unjustly feel indignant at my suspecting the correctness of the authorised practice of man-midwifery. On their side of the argument, it is not difficult to state cases, the circumstances of which would be imperative on the interference of the accoucheur. I will not, therefore, involve myself in a casuistic dispute, in which it would be almost impossible not to be bewildered without a chance of elucidating the doubt in question.

The occurrence of convulsions, uterine hæmorrhages, placental presentations, those of the face, mal-formation of the pelvis, disproportioned size of the foetal head to the dimensions of the pelvic cavity, rigidity of the os uteri, and other possible instances, may happen, indispensably requiring obstetric aid. It is impossible to deny this obvious truth. It has never, indeed, entered into my imagination to question it; but I have and shall strenuously continue to withhold my assent to the assertion that these accidents are so *frequent* as to render uniform watching for their appearance absolutely requisite. This notion rests on a gratuitous assumption of the inadequacy of nature, *generally* speaking, to accomplish her destined function in the generative system of animal life. All my experience and inquiries on the subject fully satisfy me that the provisions of nature no more fail in insuring a due execution of the parturine office of life, than in performing any other vital function in the animal economy. The brain, the heart, the lungs, the stomach, the liver, &c. have their respective deviations from the natural standard, and their peculiar forms and characters of disease, so have the parturine actions of the uterus; but it cannot be justly contended that because nature is not uniformly perfect in sustaining the exigencies of animal health, that the diseased state is a legitimate order of things, and should be provided against as an inseparable and constant evil. This, indeed, would be to throw over the fair form of natural perfection the uncomely mantle of unsightly defect; it would be, in fact, mis-stating real circumstances, and

substituting the fallacies and incorrectnesses of human reasoning for the steady and salutary ordinances of natural provision.

Far be it from me to broach or countenance a doctrine that would diminish an *iota* of the care and attention due to impregnated females. They are, above all other claimants, entitled to the unremitting assiduities of a generous and feeling interest in their important situation. But their most needful and friendly aid on these occasions is unshaken confidence in the natural security in which they have been providently placed. No ground for apprehension can ever be reasonably entertained, from the general order of things, respecting their situation. If occasion for assistance should arise, it will be an *exception* to the ordinary course of experience, and, like all other exceptions to *general* rules, it may be remedied when it actually presents; but it can never be justly an object of fearful anticipation and of anxious care. Were human existence to be saddened by groundless dread that the *mere possibility* of an accidental organic derangement of health may be *incessantly* occurring, to what other end could the scheme of rational life have been instituted than to that of hopeless misery? Nature needs not my feeble advocacy to vindicate her from such inadmissible distrust of her competency to fulfil the high and gratifying destinations with which all her provisions are happily fraught.

I am not about to run the gauntlet of every obstetric attack that might be made on me from amongst the vast number of persons practising that art. No volume could be large enough to contain such instances as Mr. Wayte has cited in proof of what he holds to be necessary in midwifery practice. It would not become me to question, in the smallest degree, the correctness of that gentleman's narrative; nor could that liberty be taken with any of the immense mass of authorities which Dr. Merriman and Co. might adduce in support of their pre-conceived and determined views of obstetric practice. It would be also invidious in me to descend to instances calculated to rebut and annul the inferences that might be supposed to flow from such citations of urgent necessity; yet I will, in the simplicity and honesty of truth, state a few examples of cases of an opposite tendency to those of my opponent (Mr. Wayte).

Some years since, I was desired to visit, in consultation, a female suffering under what were regarded as ineffectual labour-pains. The surgeon who was in attendance, and who had assisted on three former occasions at the patient's accouchement, was well versed in the obstetric art, and was, in every respect, an intelligent, moral, and feeling man.

On seeing the patient, I was of opinion that the pains were preparatory only to eventual labour, and that, from their character and force, they were not likely to be efficient; that the patient had better be placed under the influence of thirty drops of laudanum, in the expectation that the real parturient action of the uterus would soon supervene. The object of my being consulted was to justify a practice that had been pursued in three former instances, by the same practitioner, in apparently similar circumstances, that of demolishing the foetal head and delivering artificially. The practitioner referred to, with feelings of unfeigned humanity and known benevolence, that consecrated the purity of his intentions, seemed confident in the correctness of his opinion, that instrumental aid was indispensable, and strongly rested his persuasion on his experience on the three former occasions, in which, after waiting until the patient was enfeebled by protracted and unavailing pain, he was ultimately obliged to resort to that severe remedy. In the course of the consultation, I could not learn that any circumstances more than what existed at the time under consideration, were present in the former instances, so that the warranty of these former cases was equally afforded in that which formed the subject of consultation. The strong impression on the mind of the practitioner was, that the pains were inefficient, and that the strength of the patient would not admit of indefinite delay. The presentation was natural; no hæmorrhage, no convulsion; no fainting; the pulse was somewhat accelerated, but was firm and equal. The resolution was, however, at length taken to administer the opium, and to leave the patient to its soothing effect. The patient slept composedly during several hours after taking it, and then was awakened by increased pain, which soon became frequent, strong, and lasting, insomuch as to expel a full-sized healthy female child, with its appending placenta, without the smallest adventitious or personal aid. Indeed the event occurred before either the surgeon or myself, who were both called, could be in attendance. The sequel of the case was that of natural calmness and ultimate welfare both to the mother and the child. I state this case with undiminished respect for the professional talents and moral integrity of the practitioner concerned, who, instead of being at all disconcerted at the event, candidly and honestly acknowledged the important advantage that had resulted from the consultation.

Another instance of natural presentation recently occurred in which the state of apparent general exhaustion, inferred from the unavailing continuance of labour-pains during up-

wards of forty-eight hours, became an authority for destroying the fœtal head for the purpose of effecting delivery. The surgeon connected with this case is intelligent, humane, and well-intentioned. I had some conversation with him after the event, concerning it, and found him full of candour and honest feeling, not indignant at being questioned, but open to conviction, and discovering an exemplary disposition to profit by experience, and by a patient reliance, in similar circumstances, on the resources and capabilities of nature.

Some years have now elapsed since I was desired to see a female, at the full period of pregnancy, labouring under considerable uterine irritation, which had produced a dilatation of the os uteri of the dimensions of half-a-crown piece; the pains recurred at intervals of about five minutes, inducing increased arterial action, and a most harassing state of painful micturition. These symptoms proceeded but with little variation for several days and nights. Opium, in considerable doses, was given according to circumstances, which induced irregular sleep, from which the patient was always awakened by pain, exclaiming for "help, or she should die." This state continued ten days, no authority having been afforded, in my judgment, for instrumental aid. At that time, the deservedly eminent Dr. Clarke's opinion, of London, was solicited by letter, which he promptly gave by justifying the delay, adding, "that the patient was in safe hands that had so judiciously managed the case; and that he expected the event would be natural delivery." On or about the fourteenth day from the commencement of these pains, the real parturient action of the uterus took place, and the patient was speedily delivered of an healthy child. No untoward symptom ensued, and both the mother and her offspring did perfectly well. This case strongly shows that the provisions of nature are, generally speaking, fully adequate to eventual delivery; and that the hand of art should not be too officious and precise in determining the period when it should be accomplished. The time that might be the natural one in some cases, might be very unseasonable in others; and unless circumstances of imperious necessity should require the interference of art, nature should be left to work her own unperverted course, which, in general, in an immense majority of instances, will be found fully capable of executing most salutarily the function of parturition.

Numerous other instances, resembling the foregoing, might also here be stated, if it could be imagined that a reasonable objection could exist against the comments that I have of-

ferred on the too frequent practice of resorting to instrumental delivery in cases of natural presentation, unaccompanied by any of the indisputable warranties for that mode of assistance. I only require that natural power should be left at full liberty, that its energies should neither be thwarted nor unseasonably assisted, but that ample time should be allowed for a complete and undisturbed exertion of spontaneous effort, in the reasonable presumption that it will be ultimately found sufficient for all the purposes of safe, effectual, and timely delivery.

With this compromise with my opponents on the prevailing extent and mode of obstetric practice, I shall feel abundantly satisfied. It was never my design to effect any other change than that of conceding the point that natural presentations, unattended with either hæmorrhage, convulsions, or faintings, should not be considered as proper objects of instrumental aid, or of artificial delivery. With this admission the practice will always be safe; real occasions alone will demand the assistance of art, and, in these instances, it would be inhumanity and ignorance to withhold it. If my views are correct of the sufficiency of natural provision for its destined object, the solicitude which is naturally felt for the advantage and safety of obstetric practice will be allayed by the assurance that no interference will be unnecessarily made, and that such necessity will be indeed a very rare occurrence. On the vast scale of female impregnation always existing in every country, deviations from the natural order of things must now and then present, like all other exceptions to general rules; but then the exception cannot be made a basis on which to raise an argument for a frequency approaching even to general expectation, for the purpose of authorising an universal and an indiscriminate obstetric practice. If caution be carried the extreme length of attending in every instance of parturition, lest the rare accident of an exception to the general regularity and competency of nature should occur, I will not quarrel with such assiduous vigilance, provided the practitioner should not be betrayed into a disposition to lend assistance where none is really required, by considering that the efforts of nature are too tardy for his notion of artificial expedition. The popular delusion that something is necessary to be accomplished by the attendance of the accoucheur is mutually embarrassing to the patient and practitioner; and it must be allowed to be an awkward appendage, and to present a strong objection to the uniform practice of man-midwifery.

I shall now respectfully take my leave of the general obstetric practitioner on this subject, with an assurance that I

have not meant to give any individual the smallest offence, nor to have inculpated any one for mal-practice even, much less, as Dr. Merriman would have it, for "wilful murder!" The friends of liberal inquiry, and the experienced obstetric practitioner, will perceive the *quo animo* with which I have been actuated in the pending controversy, and will at once approve of my motive and object. With such persons I can have no dispute, no variance in moral estimation, nor shall I lose their future confidence in the justness of my intentions, But, against the speculative austerities of preceptors, the unrelenting irascibility of disturbed prejudices, and the illiberal dogmatism of the unreflecting, I shall continue to wield the opposition of my own persuasion, and that of my unchangeable attachment to undissembled truth.

Taunton;

May 25, 1816.

For the London Medical and Physical Journal.

Reply to Dr. Kinglake on the Obstetric Practice; by J. ATKINSON, Esq.

AFTER I had read Dr. Merriman's able defence of the present practice of midwifery, I thought the arguments and documents which he adduced so conclusive, as to render any farther encroachment upon your valuable pages unnecessary; but, as the subject is of the highest importance, as well to society as to those honorable practitioners who are engaged in the profession, I conceive myself warranted in making a few more remarks in order to remove a stigma, which I conceive has been unjustly thrown upon the art. Dr. Merriman has anticipated me in several arguments; but, if the following observations can illustrate and confirm more fully what he has said, as well as answer some of the objections which have escaped his notice, I shall consider myself amply remunerated.

Dr. Kinglake's attempt to prove, that the present practice of midwifery is not only unnecessary, but pernicious, has I think completely failed. He deprecates the custom of "boring the foetal skull after waiting only twelve hours, and when the mother and attendants (forsooth) have had no apprehensions of danger." Now, when the pelvis is distorted, and the diameter from sacrum to pubis is not more than an inch and a half, how, I would ask, can so large a body as the head of a child pass through this cavity? Common sense is sufficient to determine even *à priori*. Nature would here exhaust all her resources in vain, as happened in the case mentioned in my last communication; where then, under these circumstances, would be the impropriety of perforating the head, when we know that such an expedient would ensure a safe delivery? while waiting would only augment the danger and prolong the pain, without any chance of benefit to the patient. I trust, however, and believe, notwithstanding the opprobrious insinuation of Dr. Kinglake, that no practitioner who values his character, would resort to this operation, until he is fully convinced of the inadequacy of all other means. How man-midwifery can be pernicious or dangerous, I am totally at a loss to conceive, for I apprehend that the danger to any patient will be in proportion to the ignorance or inhumanity of the practitioner, whether male or female; the question therefore is, whether a person who is intimately acquainted with the powers of nature, the laws of the animal economy, the aberrations of nature, as well as the most efficient method of obviating those aberrations,

or a person totally destitute of this knowledge, (which is the case with most ordinary midwives), I say, which of these is most likely to do harm? I could bring a long list of facts to solve this question, at which humanity would shudder, (for I have had the opportunity of seeing a good deal of their handy work in a few neighbouring villages), but this appears to me an unnecessary trespass upon your pages. If Dr. K. imagines that women do less than men in natural cases, I can assure him he is most egregiously mistaken; the fact is, that, where nothing ought to be attempted, they do a great deal, as in rupturing the membranes, extracting the placenta, &c. I heard of a midwife a little while ago, who, in order to expedite her patient's labour, shook her, by the assistance of some other persons, so violently that she became quite sore. The only instance wherein I can perceive any disadvantage to the public, resulting from the male practice of midwifery, is the expense attending it, (unless we mention the injury to their own health and comfort, and to the delicacy of the patient); but this I think scarcely deserves notice, if it can be ascertained (which it has most satisfactorily by Dr. Merriman) that many valuable lives are annually saved by it, especially when we consider that about five times as much is expended in the article of tobacco, and about ten times as much in tea; the one highly deleterious, and the other at least useless, not to mention innumerable other articles of luxury. If Dr. Kinglake, however, could succeed in convincing medical men of the superiority of women in ordinary midwifery cases, I am sure he would find no small difficulty in persuading females, and particularly those who have tried both.

If the sagacity of man is not required, in order "to regulate the motion of the celestial bodies, or to modify the universal principle of attraction," both totally out of his province, are we therefore to conclude, that he has no power to influence any operation of nature, not even that of relieving the distresses of his fellow creatures? Man is evidently endued with a considerable portion of that intelligence which seems to be every where exerted in creation for the promotion of happiness and perfection; in many instances his interference is absolutely necessary; and he seems to have been reserved, in the grand scheme of things, as an auxiliary agent, to complete the benevolent design: this is strikingly illustrated in many surgical operations, also in the healing of wounds, as well as in human parturition.

The popular opinion respecting midwifery is undoubtedly erroneous; so it is with regard to medicine,—the public often attribute to the physician that fame which belongs only

to the *vis medicatrix nature*; indeed, where there is much ambiguity, I believe the popular opinion is generally wrong. But, although the good women imagine that in all cases the obstetrician is to afford actual manual assistance, and that he can, under any circumstances, deliver whenever he thinks proper; yet this affords no argument why he should therefore, in order that his practice may coincide with their prejudices, interfere with the salutary operations of nature; neither do I believe those operations, when efficient, ever are intermeddled with, unless by those practitioners who are destitute both of knowledge and humanity.

With regard to the successful labours of the Asiatic, the African, and the uncivilized American women, I would observe, in addition to Dr. Merriman's arguments,—First, that as correct tables of lying-in women in those parts have not been produced by any historian that I know of, we cannot form a proper estimate of their danger. Secondly, Mr. White, of Manchester, and Professor Camper, have fully demonstrated, that the structure of the pelvis, as well as that of the bones of the fore-arm and of the head, is very different in these women from that of the European. Mr. White says, (as near as I can recollect,) “that, in consequence of the approximation of the African skull to that of the monkey, not one of this tribe could ever be made to comprehend the problems in geometry. Thirdly, historians relate that many of these women plunge into a river soon after they are delivered, which would probably kill an European lady.*

If these facts are correctly stated, it appears, that the above circumstance can no more affect our arguments in favour of accoucheurs, than the parturition of brutes, which is daily occurring before our eyes.

Dr. Kinglake makes the two following assertions, which, if am not greatly mistaken, I shall be able to invalidate most completely.

1st, He asserts “that medical practitioners in *full midwifery employ* upwards of thirty years, have never met with an unnatural presentation, have never had an occasion for

* The Indians in the Isthmus of America receive no injury from plunging into cold water when in a sweat; and, as the most speedy remedy for intoxication, the women throw their husbands into a river when they are drunk. The minute after delivery, women scruple not to bathe in cold water with their infants, and yet, dangerous as we should consider this practice, these women are rarely known to die in child-bearing.—*Buffon's Nat. Hist.* page 345, vol. 3.

an instrument, and have always found the natural efforts equal to all the exigencies of salutary parturition."

Secondly, He asserts, "that he believes not one practitioner in a thousand in any age has met with a case of placental presentation."—If assertions be considered any proof, however, I assert, and I speak from experience, that the converse is much nearer the truth (viz. that not one practitioner in a thousand, in full midwifery employ, has failed to meet with a case; I have met with three in the course of ten years' practice.

For the following statement, I am indebted to Mr. Hey, jun. who has been so obliging as to give me a brief description of every case here mentioned; they occurred successively in a given and not a long period of that gentleman's practice; it is but just to state, however, that to many of the cases (probably not less than thirty) he was called in consultation with other practitioners. From these documents it appears, that, out of 827 labors, 150 were such as to require manual aid, either with regard to the expulsion of the placenta or child.

- 5 were cases of presentation of the placenta.
- 9 cases of arm or shoulder presentation.
- 3 ——— hydrocephalus.
- 41 ——— breech and feet presentation.
- 3 ——— puerperal convulsions.
- 2 ——— ruptured uterus.
- 2 ——— arm presentation, in which turning was impracticable; but the delivery was effected by art in another manner.

The remainder were, face presentations, floodings, cases that required the extraction of the placenta, &c.

Surely Dr. Kinglake will be more cautious in future how he makes assertions so open to attack; for, were he espousing the cause of truth, and assailing some serious popular error, a recourse to falsehood, either through ignorance or design, would not be very likely to ensure success.

I have seen Dr. Kinglake's last communication in answer to Dr. Merriman, and have to remark, that it is principally an effusion of wit, exerted against the latter gentleman for raising a "hue and cry" about murder; this accusation seems to have stung the doctor so keenly, that it has engrossed his whole attention, insomuch that he has forgotten to attempt a confutation of the demonstrative evidence there brought forward of the superiority of accoucheurs; which evidence rests not upon vain speculation, as in the case of the ancient method of treating the small-pox and yellow fever, but upon the solid basis of fair, extensive, and reite-

rated experiment, which can admit of no ambiguity, and on which the philosopher may as safely rely, as he may upon the demonstrations of Euclid.

I think whoever has candidly examined the present discussion must perceive that the doctor has completely failed in establishing several of his positions, and that we are warranted in concluding—

First, that preternatural cases are much more frequent and dangerous than he has asserted. Secondly, that women, as they are at present educated, are much more mischievous, intermeddling, and inefficient, than accoucheurs. Now, if these propositions are demonstrated, this corollary irresistibly follows, viz. that, although we cannot deny, that many midwifery cases would terminate favorably, if left solely to the operations of nature, yet, in a state of civilization (if not in a savage state) the cases of danger and wrong presentation are so numerous, as to demand the regular attendance of conscientious and well-educated men; that the practice is not one of those instances of pernicious craft, which time has rendered sacred, but a necessary and salutary aid which can do no harm when properly exercised, but which has saved the life of thousands, and which, if not as extensively useful, is as certainly so as vaccination.

Leeds;

June 24, 1816.

Reply to Mr. Atkinson on the Obstetric Practice ; by
Dr. KINGLAKE.

IT certainly was my intention not to have protracted the controversy respecting obstetric practice beyond my last communication, as it appeared to me that the subject was exhausted of all that could either interest the theorist or edify the practitioner. But your unyielding disputant, Mr. Atkinson, knowing that he had but very feebly sustained by

argument the ground which we had gratuitously assumed, for uniform personal attendance during the period of parturition, returns to the charge, first applauding the critical performance of his obstetric co-adjutor, Dr. Merriman, and then resorting to his friend, Mr. Hey, jun. for cases which he vainly imagines must give a *coup de grace* to all further opposition! Nature's powers and resources are not to be thus summarily dealt with. That which has originated in consummate wisdom can neither be deficient in physical aptitude, nor in moral adaptation, to the object meant to be effected. This may be regarded as an axiom bottomed on the very order and necessity of things, the truth of which cannot be controverted by visionary assumption and confident declamation.

Dr. Merriman may be Mr. Atkinson's *demonstrator* of proof, and Mr. Hey, jun. his *reporter* of cases on all obstetric questions; yet the unerring principles of nature will keep their ground, and will administer *in due time* all the aid that may be necessary to the function of parturition, with the utmost *general* precision, so as to preclude all occasion for the assistance of art in natural cases, confining such aid to the rare instances that may present of inseparably mis-shaped *pelves*, and other deviations from the healthy standard, that cannot of necessity frequently occur.

Mr. Atkinson may call on the younger Mr. Hey to report one hundred and fifty unnatural cases out of eight hundred and twenty-seven labours, but the testimony will not weigh a feather in the vast scale of human parturition incessantly obtaining, in which the balance in favour of natural efficiency is struck by *millions* against a numerical proportion that would appear ridiculously dwarfish. Will Mr. Atkinson and his reporter, Mr. Hey, backed by Dr. Merriman, affirm that unnatural cases are occurring in the proportion of *one in five*? *One hundred and fifty in eight hundred and twenty-seven*, is but little short of that proportion!!! Is Mr. Atkinson prepared to propose this *ratio* as the ground of an obstetric corollary for the universal practice of man-midwifery? Into what delusions does the licentiousness of hypothesis betray its zealous votaries! No errors are so inveterate as those which are taught, they are authorized at the out-set, and become sanctioned and even venerated by adoption and practice.

There is no true science but what is founded in nature, but what emanated from that correct and immutable source. All her operations are simple, comprehensive, and efficient, —objects, indeed, for human admiration, and not for censure and distrust. Imaginary science is replete with danger, it

precipitates its fanciful possessor on notions and conclusions that but rarely abide the test of correct inquiry. If due limits be not imposed on the theorist, he will substitute his own *hypothesis* for *realities*, and will go on to state and defend them as so many axiomatic truths. Much of this sort of factitiousness pervades the reasoning and persuasions of the more determined obstetricians of the day. If an objection be made to the popular views of the subject of their art, a *report table* is cited, in which the inadequacies of nature are exhibited in frightful and erying instances, and the opponents of such groundless estimates is contumaciously branded with epithets that savour the reverse of every thing like true science.

Mr. Atkinson authorizes the correctness of his strictures on the objection which I have thought proper to adduce against indiscriminate man-midwifery, by observing that the practice is safe in the hands of men of science and humanity. With due deference to men of *undoubted* science, I feel warranted in averring, that the most reprehensible errors that have been committed within my knowledge in midwifery practice, have been by those who had been the most solicitous candidates for being accredited as persons of superior science; whilst the simple, the modest, and the unassuming practitioner, has had the good fortune to meet with but few or no cases requiring scientific aid, and has deservedly acquired and enjoyed the reputation of being the most successful in midwifery practice. Perhaps Mr. Atkinson may say, that such practitioners did not understand the difficult cases that must have presented to them.—Be it so, but Nature did; and *seasonably* afforded all the relief that was necessary. I have now strongly in my reference several man-midwifery practitioners, not less respectable than aged, who have been, as formerly asserted, in full employ, from thirty to fifty years, and have never had an occasion to use an instrument, and who have merited the confidence and preference of their patients by the distinguished safety and advantage of their practice. There has been, indeed, none of the new-fangled *eclat* attached to the reputation of *bad cases* requiring and receiving scientific and manual aid; but there has been the more solid satisfaction of humanely, patiently, and safely attending the *undisturbed* progress of natural parturition.

I know nothing of Mr. Atkinson's science, nor to what length, or under what circumstances, his zeal for the obstetric art would induce him to interpose his erudite skill, but the following sentence makes it obvious that he does not superabound with the sensibilities worthy of a cultivated and a correct mind. Emboldened by what he calls Mr. Hey's

statement, he says, "surely Dr. Kinglake will be more cautious in future how he makes assertions so open to attack, for, were he espousing the cause of truth, and asserting some serious popular error, a recourse to falsehood, either through ignorance or design, would not be very likely to insure success." What does this intemperate vilifying opponent of all reform in obstetric practice rest his insinuation on of my having had "recourse to falsehood?" Is this the language of decorous debate? Is it at all like what a liberal enquirer after truth would have employed? "Falsehood" it may be hoped will never intrude its baneful dastardly machinations into philosophical researches, and it is but just to admit, that the person who suspects the crime, cannot be fairly regarded as a *credible* controversialist.

What I have asserted respecting man-midwifery practitioners in full employ during thirty years, having not met with an unnatural presentation, or at least with any case requiring instrumental aid, is extensively in my power to prove, nay, the period in some instances may be lengthened to forty and even to fifty years. If this assertion should excite Mr. Atkinson's astonishment, it ought not to move his anger, and force from him reflections equally unworthy of the scholar and the gentleman. I have not objected to the fidelity of Mr. Hey's statement, nor to that of Mr. Atkinson's cases, but I might justly suspect the accuracy of their observations and the correctness of their conclusions. If the whole conclave of obstetric practitioners were to affirm that about *one* in *five* cases of human parturition would be *unnatural*, I would strenuously attempt the vindication of Nature's competency from so unjust an imputation on her powers, and would fearlessly avow my persuasion that it could not be, that the notion is monstrous, and at irreconcilable variance with the established and immutable order of things. Human nature is universally the same; certain local modifications and influences may vary the external aspect of circumstances, but vitally and essentially the same fundamental principles exist. Mr. Atkinson's speculations, as well as those of others who may coincide in opinion with him on the subject of the obstetric art, may interpret nature very differently from what she really is; but this is no authority for concluding, that the difference insisted on is a reality, and not a mere fiction of an incorrect imagination. Does Mr. Atkinson think, after he has been baffled in his attempt to establish the indispensable necessity of midwifery practice by the undeniable facts of the African, Asiatic, and American women, safely relying on spontaneous parturition, that the opinion of Camper and White, respecting the configura-

tion of the African skull resembling so much that of the monkey as not to be "capable of solving a geometrical problem," at all decisive or even bearing on the point? The formation of the human skull must be in all situations, for the most part, similar; slight deviations may occur between the inhabitants of different latitudes, as they actually do between those of the same geographical parallels, but not in a degree to influence either the parturine or intellectual function. I have no doubt, that the brain of the African skull (regarding it as the source of intellect) is fully as susceptible, with suitable instruction, of comprehending and "solving a geometrical problem," as that of Mr. White, of Mr. Atkinson, or of any other European, could possibly be. Conclusions built on such untenable grounds are worse than fallacious, they are laughably absurd.

Disdaining all further controversy with a person like Mr. Atkinson, who imputed "falsehood" where his own prejudices and crude notions on one of the most important functions of human life, incapacitates him for comprehending positive truths, I shall here close the discussion with that opponent, assuring others of my readiness to resume it, provided it be entered into for the liberal and humane purpose of investigating and determining what ought to be considered as the legitimate and vindicable scope of the obstetric art.

Taunton; Aug. 10, 1816.

Observations on some Communications of Dr. Kinglake and Mr. Atkinson, lately published in the Journal; by INTERROGATOR.

“Truth is, or ought to be, the object of every man's research.”

THE controversy on midwifery practice, which has of late occupied so many of your valuable pages, appears not likely soon to terminate. Controversy is, perhaps, of all other things, the most likely means of eliciting truth. The

human mind, in its own passions and propensities, if undisturbed, becomes fixed and inveterate; and the hand of time has no other effect than to render prejudice more rooted; our own opinions are at least regarded as infallible; and, if the veil is attempted to be withdrawn, or even opposed to a stronger light, jealousy is awakened—becomes alarmed, and grasps with more tenacious firmness the cover by which it has unconsciously hidden its defects from public, and even from its own, inspection. But, by well conducted controversy, the mind feels the necessity of fixing its own positions, and is brought into opposition with other minds, whose ideas are jarring and discordant from its own; it is smoothed and softened by the concussion; error is convinced of its mistake; prejudice ridiculed into liberality; the steady, but unobtruding rays of truth emerge from the mass which had clouded its beauties, and receive the unconditional homage of men, who till then were unconscious of its beauties.

Both your controversialists (for I mean only to speak of Dr. Kinglake and Mr. Atkinson) seem to have run into extremes. The statement of Mr. A. on the authority of Mr. Hey, jun., gives a higher proportion of difficult cases than will be found to occur in general practice. The average of one in five, or one in seven, as far as my experience goes, is far too great. Dr. Bland's tables, quoted by Dr. Merriman, probably come pretty near mine. And as Dr. Kinglake seems decidedly of opinion that the fewer difficult cases occur in proportion as the attendant possesses less science, he must necessarily conclude this table to be rather in his favour than otherwise; the practice having occurred in the hands of midwives who would probably never think of the "new-fangled eclat attached to the reputation of bad cases." It would be an unjust aspersion on Dr. K.'s humanity to suppose for an instant, if one case in eighteen, or in double or treble that number, were proved to require the assistance of the surgeon, and that without his aid, the life or future happiness of the patient would be hazarded; that he would place the practice in the hands of the present race of midwives for advantages merely visionary—to suppose, I say, that such a doctrine should hold a place in his mind, would be an imputation equally discreditable to him as a man and as a practitioner.

The undisputed fact of parturition taking place with so much ease amongst females living according to nature, and upon which the doctor has rung so many and such varied chimes, is an argument scarcely applicable to the subject. That they require no aid from the accoucheur, we are not disposed to dispute, nor are we disposed to claim the privilege

of troubling them with our assistance. But, to the fair females who so eminently adorn and beautify society in these islands, we shall continue to give that help which the hand of science only, in many instances, is capable of affording.

Dr. K. will find his cause (if a good one, which I have no doubt he believes it to be) much more effectually advocated by a clear and simple statement of facts, than by his luxuriant periods about Nature's all-sufficiency, and "Nature's simple, comprehensive, and efficient operations." If he would only furnish us with the number of cases which his thirty, forty, and fifty years old friends have had subjected to their observation, we might, perhaps, feel inclined to join in the doctor's offerings at Nature's shrine.

No one will dispute Dr. K.'s position, that "human nature is universally the same; certain local modifications and influences may vary the external aspect of circumstances, but vitally and essentially the same fundamental principles exist." If this means, human nature is the same, but by certain local modifications and influences she is rendered not the same, it must be agreed to, *nem. dis.* But, sir, permit me to caution you, lest the violence of debate from the different conclusions formed upon our heads, should fire some of our gunpowder spirits and set them a *mangling* the outside of each other's *noddles*. If the doctor but knew the especial care and regard which we bestow on this important part of our bodies, and as he professes such a horrid antipathy to boring foetal skulls, I doubt not he would have mercy on the more important heads of adults. The benefit too would be mutual, as easing the doctor as well as ourselves. His mercy would be truly

"Twice blessed,

"It blesseth him that gives, and him that takes."

I must now beg pardon for obtruding myself again so soon upon your notice, and encroaching so far upon your pages. I have gone further than I intended, but hope you will deem the importance of the subject a sufficient apology.

Rochdale; October 6, 1816.

We are much obliged to our humorous correspondent for these effusions of wit, and still more for reminding us of the danger lest a most interesting controversy should become diffuse and unconnected; most of all lest it should degenerate into personality. While, therefore, we return sincere thanks to the numerous correspondents who have honoured us with their communications, we are obliged to advertise them that we can no longer spare room for any thing but records or facts, well-authenticated, and with the signature of the parties.—EDIT.