

delivery, or in childbed. Dr. LEE's experience during the last fifteen years has embraced,—

- 55 cases of difficult labour, in which recourse was had to the forceps.
- 100 cases in which delivery was effected by craniotomy.
- 35 cases of the induction of delivery, prematurely.
- 62 arm presentations.
- 36 cases in which the placenta was adherent to the neck of the uterus.
- 38 dangerous hæmorrhages, from detachment of the placenta from the fundus uteri.
- 7 fatal cases of retention of the placenta.
- 10 dangerous cases, from retention of a portion or of the whole placenta.
- 40 labours complicated with convulsions.
- 200 cases of puerperal fever, or inflammation of the uterine organs in the puerperal state.

Making a total of 598 dangerous cases, requiring the most prudent, prompt, and skilful treatment. Dr. LEE enjoys a high reputation as a cautious and judicious practitioner, and there is no just reason to doubt either the fidelity of his account or the propriety of his practice. With this record of the dangers and difficulties of parturition before us, it is consolatory to know that where professional skill is duly resorted to the proportion of deaths becomes comparatively small, and that this branch of practice is progressively perfecting itself. In the British Lying-in Hospital, for instance, of 33,627 women delivered between the years 1749 and 1824, the sum of mortality was 433, and the deaths were in the proportion of—

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|---|----|-----|-----------------------|
| 1 | in | 42 | in the 1st ten years. |
| 1 | .. | 50 | 2nd |
| 1 | .. | 53 | 3rd |
| 1 | .. | 60 | 4th |
| 1 | .. | 288 | 5th |
| 1 | .. | 231 | 6th |
| 1 | .. | 274 | 7th |

Looking at the nature of these cases, at the kind of assistance required, and at the various remedies resorted to, the truth stands prominently forward, that the practitioner of midwifery must be both a physician and a surgeon,—in other words, a “general practitioner;” and the assumed titles “physician-accoucheur” and “surgeon-accoucheur,” if they mean anything, imply not merely useless but suicidal distinctions. In fact, as remarked by MAURICEAU, and quoted by the author reviewed, “There is no department of medicine or surgery superior to “midwifery in dignity and utility.”

If, however, we have enunciated one self-evident proposition, there is yet another, which cannot be too positively insisted upon, viz., that to meet the wants of the community the “general practitioner” of medicine requires to be well versed in the theory and practice of midwifery. The great mass of the women of this empire—all those who are above absolute pauperism—place their lives, and the prospective welfare of themselves and their children, during the difficult period of travail, and under those critical circumstances which precede and follow it, in the hands of the general practitioner. In every village and hamlet—in most of our large towns and cities—the midwifery practice is in his hands exclusively. Even in the metropolis,

ACCOUCHEURS.

SOME statistical reports referred to in the introduction to a work by Dr. LEE, reviewed in this week's LANCET, are well calculated to impress the mind with a sense of the importance of MIDWIFERY, as an integral part of the theory and practice of physic and surgery. In the Prussian states seventy thousand two hundred and fifteen women, between the ages of fourteen and forty-five, are reported to have died, in the course of fifteen years, either immediately in the act of

* The mode of attaching signatures to the Address is explained in the “Notices to Correspondents,” at the end of the present number of THE LANCET.

by far the greater proportion of the poorer classes, all the middling classes, and a great many of the aristocracy, are attended by general practitioners. How shortsighted must that policy be, then, which seeks, even by implication, to degrade the practitioner of midwifery! How utterly absurd! Ought not the man who is both a good physician and a good surgeon, and who is also skilled in this branch of practice—of whom there are many hundreds abroad—to be trebly honoured rather than degraded? Yet the policy of our colleges and of the government, as would appear from the charter recently granted to the College of Surgeons, is to lower him in the sliding scale of professional qualification and respectability. For, let the apologists of the college council say what they please, not only has that council excluded the practitioner of midwifery from a seat at its board, but the act of practising midwifery has been made one of the grounds of objection to the election of members of the college to the fellowship.

If it be said that a class of men should be educated to practise midwifery exclusively, we aver that it would be both impolitic and impracticable. As justly remarked by Dr. MORTIMER, "Midwifery is no longer included within the narrow limits of the old definition which declared it to be only the art of assisting women in labour." The management of cases in ordinary is very easily acquired. Any old woman may fulfil it well, with a little instruction. But let us look to the surgery; that comprises bleeding; catheterism; forceps and craniotomy operations; version; the induction of premature labour; transfusion; incision in occlusion and rigidity of the os uteri; the treatment of local deposits in puerperal fever and phlebitis; the management of abscesses of the breast, &c. To the midwifery practitioner properly belong, also, the Cesarean operation; the abdominal section for the removal of diseased ovarium; the application of the ligature in polypi, or inverted uterus, and the like. Will it be contended that he who practises surgery generally is the less competent to manage these manipulations and operations? Will it not rather be admitted that the best midwifery practice, fortunately for mankind, is insufficient to render a practitioner skilful in that which may be considered difficult or intricate in the surgical part of midwifery? A moderate share of sagacity will, on the other hand, enable the surgeon to deliver with the forceps, or turn, or perform the operation of craniotomy, with as much skill by doing it twice or thrice as after a hundred repetitions. So, also, the practitioner who is thoroughly conversant with fever, in the wide sense of the term, including inflammatory, typhoid, eruptive, remittent, and other fevers, is, *ceteris paribus*, more competent to treat,—not only scarlet fever, for instance, occurring in the lying-in chamber, but also the specific fevers of childbed.

It is not in the operations of midwifery that the difficulty and the responsibility lies. It is in knowing when they ought to be performed. General practice, and an adequate acquaintance with the principles of midwifery,

furnish the practitioner with the largest amount of knowledge upon which to determine those questions. He who extracts a tooth from a delicate female obtains, thereby, a certain amount of practical experience as to the effects of pain and shock upon her constitution. He who has had occasion to detract blood therapeutically may, to a certain extent, predict the effects of spontaneous hæmorrhage. He who has practised during epidemic constitutions of the atmosphere, in catarrhs, influenzas, inflammation, or fevers, knows best the powers and tendencies of the vital system, and can best calculate effects from given causes. He who has watched in patients the consequences of anemia, plethora, hydroæmia, and other general conditions, under ordinary circumstances, and, it may be, remedied these conditions—will judge most correctly as to the effects of certain accidents and abnormal states in parturition. On the other hand, that he who practises midwifery alone, is apt to become too much of an *artiste*, may be confidently affirmed.

But, apart from this view of the case, as a general rule, it is not practicable to establish an order of exclusive practitioners as accoucheurs. Truly, the upper classes in London support a few; we doubt whether wisely. In these instances, as in the case of the Court, we find establishments of medical men—surgeons, physicians, apothecaries, oculists, aurists, chemists, and a host more, to share both the labour and the spoil; nay, in the ordinary routine of practice, to fabricate the material, and cut out work for one another.

A noble marchioness was urged to come to London for the purpose of being attended by a physician-accoucheur. With characteristic good sense, "No," was her reply; "my life, under the same hands, is equally safe with the lives of his lordship's tenants and tradespeople." NAPOLEON conveyed a noble lesson in his answer to the attendant upon MARIA LOUISA, who inquired how he was to act in case of emergency,—“I expect, Sir, you will treat her as you would the wife of a shopkeeper in the Rue St. Martin.” The requisite qualities in an accoucheur are knowledge, patience, prudence, firmness, promptitude, and dexterity, to which must be added character. The accomplished practitioner of medicine generally, performing his duties among all classes, is the more likely to possess these qualities in an adequate degree. In his hands, also, the bulk of the practice of midwifery must rest. It is the interest of the community, therefore, and particularly of the female portion of it, that the general practitioner should, by education and every other possible means, be elevated in the social scale, and that the practice of midwifery should be honoured instead of being degraded.