

Face presentations - - - - -	5
Foot or feet presentations - - - - -	3
Shoulder or arm presentations - - - - -	7
Protracted labour from rigidity: three delivered by the forceps, and one by the vectis - - - - -	4
Placental presentations: all premature, and probably dead - - - - -	6
Embryotomy: death during labour - - - - -	1
Prolapsed funis: one certainly died before labour - - - - -	2
Complicated birth: dropsy of the amnion; dead previously to commencement of labour - - - - -	2
Hydrocephalus: one with spina bifida - - - - -	8
Acephaloid - - - - -	2
Premature: before the seventh month - - - - -	19
Do. between the seventh and eighth months - - - - -	20
Do. over the eighth month - - - - -	2
Causes of death not recorded - - - - -	7
Almost all the premature children were dead before the commencement of labour.	
Of the twenty-five twin cases, there were—	
Both males - - - - - cases	6
Both females - - - - - " "	12
A male and a female - - - - - " "	7
In four of the latter, the female was first born.	

STATISTICS OF ONE THOUSAND CASES IN OBSTETRICS.

By I. HARRINSON, Esq., F.R.C.S., Fellow of the Obstetrical Society.

[Read before the Reading Pathological Society, August 17th, 1859.]

In bringing before you the statistics of one thousand cases in obstetrics, my aim is not to confirm or controvert the opinions of others, nor to establish tenets opposed to reputed authorities. I shall reason from the materials, which my own tables supply, and not on arbitrary assumptions or conventional reticences, accept the methods or embrace the conclusions of established writers; nor shall I blindly adopt the formulæ founded on numerical data. My endeavour will be simply to collate and to examine my own cases, adducing occasionally the testimony of my friends; and from them to draw lessons, which may be neither destitute of interest nor barren of utility.

My own engagements only are tabulated; for it is evident that, were I to include cases seen in the practice of others, such introductions would spoil any product as to the mean and relative frequency of any particular class.

I have chosen a thousand cases on account of the numerical facilities which such a number affords.

Perfect accuracy of detail I have endeavoured to obtain; but when it is remembered that information has to be elicited from other and in some cases unwilling witnesses, we must be content with approximations to absolute truth. For example, ascertaining a lady's age is not always an easy matter; again, the duration of labour cannot often be exactly ascertained: when the question is asked, How long it is since labour began? the reply may be, some hours; a few days; or, in some extensive imaginations, "the last three or four weeks".

The poverty of correct obstetric statistics has been deplored by a late writer in the *Psychological Journal*, in an article on Puerperal Insanity. He says: "The medical attendant, in the majority cases, has no interest in keeping the statistics of his practice with any accuracy." If each member, however, of this Society has kept (and I trust he has) a record of his cases, then shall we be enabled to exhibit a combined experience, nearly equal to the entire recorded results of the Dublin Lying-in Hospital, amounting now to rather more than 60,000 cases. Let me express a hope that some heavy instalments from the treasury of this Society, rich in this material, may be speedily forthcoming.

Age. The following were the numbers of labours occurring at certain periods of five years.

Between 15 and 19 years	11	Between 35 and 39 years	192
Between 20 and 24 years	176	Between 40 and 44 years	80
Between 25 and 29 years	263	Between 45 and 49 years	9
Between 30 and 34 years	269		

The greatest proportion (above one-fourth) occurs between 30 and 34 years. The age of the oldest mother was 46; of the oldest father, 68; of the youngest mother, 16; of the youngest father, 16.

Months in the Year. The labours occurred in the following proportions in the several months.

January	93	April	67	July	82	October	89
February	68	May	97	August	76	November	91
March	85	June	78	September	82	December	92

November, December, and January, had more than any other three consecutive months. The smallest number occurred in April, and the largest in May.

Comparing the results of birth with those of conception, we have—

Months of birth.	Months of conception.	Months of birth.	Months of conception.		
January	April	93	July	October	82
February	May	68	August	November	76
March	June	85	September	December	82
April	July	67	October	January	89
May	August	97	November	February	91
June	September	78	December	March	92

Days of the Week. It was the opinion of the late Mr. Hooper of this town, that many more children were born in the early than in the later part of the week. The following table confirms this supposition. No doubt it is correct among certain classes, for reasons too obvious to be further insisted on.

Sunday	. . . 148	Thursday	. . . 155
Monday	. . . 158	Friday	. . . 105
Tuesday	. . . 150	Saturday	. . . 136
Wednesday	. . . 148		

Hours in the Day and Night. Classifying the labours according to the hours in which they occurred, we have the following result.

Hours.	No. of labours.	Hours.	No. of labours.
12 P.M. to 6 A.M.	. . . 270	12 A.M. to 6 P.M.	. . . 214
6 A.M. to 12 A.M.	. . . 268	6 P.M. to 12 P.M.	. . . 248

It is pretty well known that most labours occur in the night; but I was not prepared to find that the next greater number was from 6 to 12 in the morning.

State of the Moon. The following is an arrangement of the labours according to the state of the moon.

	Labours.
New Moon. { Day of change 43	} 236
{ Remaining period 193	
First Quarter. { Day of first quarter 37	} 252
{ Remaining period 215	
Full Moon. { Day of full moon 35	} 253
{ Remaining period 218	
Last Quarter. { Day of last quarter 20	} 259
{ Remaining period 239	

Has the moon anything to do with labours? "It is a prevalent opinion," says Dr. Lardner, "that births occur more frequently in the decline of the moon than in her increase. This opinion has been tested by comparing the number of births with the periods of the lunar phases; but the attention directed to statistics, as well in this country as abroad, will soon lead to the decision of this question."

The circumstance that gave rise in my mind to such an inquiry was, that our esteemed associate Mr. Workman, when in an extensive country practice, discovered that he was not only deprived of his rest, but also of the light of the luminary in question. The table confirms Mr. Workman's experience. I do not mean to decide whether, in my cases, the moon was a mistress or an agent, nor whether the conclusion is legitimate or the coincidences fortuitous. I do not mean to go in with the Greenlanders, "who imagine that the moon visits their wives now and then; that staring long at the full moon will make a maid pregnant." (Dr. Laycock.)

Perhaps there is sufficient in the subject to merit further inquiry; present results it would be equally unwise to build upon, and unjust to doubt.

Theory of Periods: Duration of Pregnancy. With regard to the former of these subjects, it may be well to say here, that I hold with the catamenial method of calculation. Notwithstanding this, however, I have adhered to the old method of counting and expression; viz., by calendar months, as being at present more convenient. A diligent look out has not afforded me one case where I could unmistakably reckon the

duration of pregnancy. The approximations have been towards 280 days.

I have no statistics bearing on Dr. Clay's opinion, that "the younger the parent, the shorter is the term of gestation."

The Number of Pregnancies is shewn in the subjoined table.

Pregnancy.	Labours.	Pregnancy.	Labours.
First	272	Eighth	44
Second	186	Ninth	27
Third	140	Tenth	20
Fourth	102	Eleventh	10
Fifth	82	Twelfth	5
Sixth	56	Thirteenth	5
Seventh	48	Fourteenth	3

The numbers from the first to the fourteenth diminish in a gradual ratio.

The Mean Duration of Labours in hours is shewn in the following table.

Number of Pregnancy.	Whole number.	Males.	Females.
1	11.62	11.10	12.14
2	6.08	6.32	5.88
3	5.88	6.22	5.53
4	4.90	5.02	4.78
5	6.03	6.93	4.94
6	5.15	5.66	4.46
7	6.02	7.54	4.78
8	5.91	6.06	5.64
9	5.46	3.78	6.80
10	6.40	10.75	4.02
11	6.23	5.40	7.06
12	11.40	16.	8.33
13	4.06	5.	3.82
14	4.33	5.	3.
Average ..	7.36	7.55	7.17

The first thing the table shews is what was known to most of us to our cost; viz., that first labours are the longest—as long again as subsequent ones. Twelfth labours are apparently an exception; but this probably in the small number of five cases is quite accidental.

I did not expect to find that in first labours the girls were a little longer about than the boys.

Sex of Children. The 1000 labours produced 1010 children, ten being cases of twins; 504 males and 506 females.

Presentations. The presentations were as follows.

Face to Pubes	15	Arm	1
Face	2	Breech	26
Occiput (and Hand)	1	Feet	9
Head	834	Foot	3
Head and Hand	114	Knee	1
Head and Cord	3	Feet and Cord	2
Head and Foot	1		
Total Head and varieties	968	Total	42

It will be seen in what a majority the head with its varieties presented. I regret not to have noted in my early cases the presentations of the head in the second position. It has been noticed to be more tedious than the first position, for which the reasons are not very obvious. Having ascertained that the head presented, I have been content, and have not attempted that refinement of touch which it appears some possess, in immediately telling its position, when the tip of the finger can scarcely be introduced within the os uteri. I have judged the position of the child by its mode of exit; therefore, I am quite unable to deny or confirm the opinion of Nägele, that the third position merges into the second, and the fourth into the first; and to say whether the face to pubes presentations are the rule or the exception in the third position. I think it may safely be affirmed that the head may come down, in certain cases, in any position.

I cannot agree with Dr. Ramsbotham, when he says, speaking of the third and fourth (his fifth and sixth) positions: "These irregular positions of the head are frequent causes for the necessity of instrumental interference."

Division of Labours. The classification adopted is—

1. *Natural*: including all the varieties of head presentation and also premature labours.
2. *Lingering*. This probably would be better called one of the varieties of natural labour, from which it differs only in duration. I cannot class it among the difficult labours, as in the Dublin division; because tedious labours may not be difficult, nor difficult tedious.
3. *Preternatural*: Presentations of the breech and upper and lower extremities.
4. *Complicated*: Twins; presentation of funis; hæmorrhage; convulsions; etc.
5. *Instrumental*: Forceps; perforation; and induced labour.

The tables afford—

Natural	907	Preternatural	30
Lingering	15	Complicated	31
Instrumental	17		

Natural Labour. It might reasonably be supposed that in so very common an occurrence as natural labour there could be little difference of opinion either in the principles of the practice, or the practice of its peculiarities; yet how marvellous is the diversity, scarcely two practitioners agreeing in its management. I mean, not only in the management of those small matters which are—though these are by no means defined—usually considered necessary, but of others of more weighty import, which are either—if not unknown—unpractised, unheeded, or ignored. The great deficiency is in preliminary treatment. I fully agree with Dr. Tyler Smith, when he says: "Nothing will contribute more to the reduction of the dangers and mortality of obstetric practice than a careful attention to the disorders of pregnancy."

It would be foreign to my present purpose to enlarge on this subject now. On a future occasion, I hope to bring it before you in all its detail.

Lingering Labour.—Fifteen cases.

Number.	Age of mother.	No. of pregnancy.	Duration in hours.	Sex.	Presentation.
1	40	1	36	M.	Natural.
2	39	1	40	F.	Do.
3	32	9	26	F.	Do.
4	30	1	31	F.	Do.
5	25	3	26	M.	Do.
6	40	5	58	M.	Do.
7	39	8	35	M.	Do.
8	21	1	27	F.	Do.
9	41	12	29	M.	Do.
10	34	3	25	F.	Do.
11	34	1	28	F.	Do.
12	19	1	48	M.	Do.
13	21	2	30	M.	Do.
14	19	1	25	F.	Do.
15	25	1	36	F.	Do.

Arranging these lingering labours according to the number of pregnancies, we have—

With first child	8	With eighth child	1
With second child	1	With ninth child	1
With third child	2	With twelfth child	1
With fifth child	1		

According to the ages of the mothers, there were—

Age of mother.	No. of cases.
15 to 20	2
20 to 30	4
30 to 40	6
40 to 50	3

The mean age was 30½ years; the mean duration of labour, 33 hours; and of first labours, not quite 34 hours. There were seven males and eight females. The mean duration of labour with the males was 38 hours; with the females, 30 hours. The presentations were all natural.

The tables shew that more than half were first labours, late in life, having a range of duration of from 25 to 58, and a mean of 33 hours. All the children were born alive. One mother died from causes in nowise connected with prolonged labour, but from erysipelas, unfortunately conveyed by myself.

The table does not bear out Dr. Simpson's axiom, "that labour is dangerous according to its duration." I shall have to recur to this subject presently.

Preternatural Labours.—Thirty cases.

No.	Age.	No. of child.	Duration of labour.	Sex.	Part presenting.	Child dead or alive.
			Hours.			
1	37	1	5	F.	Right hand and cord.	Dead.
2	37	2	5	F.	Breech.	Alive.
3	36	4	2½	M.	Footling.	Dead.
4	35	10	6	F.	Left knee.	Alive.
5	30	8	10	M.	Feet.	7 months; dead.
6	36	6	2½	M.	Breech.	Dead some days.
7	25	1	13½	M.	Breech.	Died in birth.
8	33	9	5	F.	Feet.	Died in birth.
9	28	1	21	F.	Breech.	Alive.
10	31	1	7	M.	Breech.	Alive.
11	26	2	6	M.	Breech.	Alive.
12	31	4	4	F.	Breech.	7 months; dead.
13	38	1	50	M.	Breech.	Dead some days.
14	27	3	24	M.	Breech.	Alive.
15	22	1	9	F.	Breech.	Alive.
16	31	5	12	M.	Foot.	Alive.
17	24	1	6	M.	Breech.	Alive.
18	27	5	13	M.	Breech.	7 months; dead.
19	32	5	5	F.	Breech and foot.	7 months; dead.
20	30	2	2	F.	Feet.	Alive.
21	19	2	6	F.	Feet and head.	7 months; dead.
22	33	3	6	M.	Breech.	8 months; dead.
23	28	1	30	M.	Breech.	Alive.
24	22	2	6	M.	Breech.	7 months; dead.
25	28	1	32	M.	Breech.	Alive.
26	39	5	12	F.	Breech.	Alive.
27	37	3	2	F.	Breech and feet.	Alive.
28	33	5	2½	F.	Breech.	Dead; no scalp.
29	26	1	10½	F.	Breech.	Alive.
30	26	4	4	F.	Breech.	7 months; dead.

Further classifying these, we find the following results—

No. of pregnancy.	No. of cases.	No. of pregnancy.	No. of cases.
First	10	Sixth	1
Second	5	Eighth	1
Third	3	Ninth	1
Fourth	3	Tenth	1
Fifth	5		

There were 15 males, and 15 females.

The mean duration of labour was 10·3 hours: with the males, 14 hours; with the females, 6·6 hours.

Of the presentations, 22 were breech (two with feet): of these, 12 were alive and 10 dead; of the dead, two had been dead some days. Six were premature; five at seven, and one at eight months. Two died in the birth (one before I arrived).

There was one hand and cord presentation—child dead; and one knee—child alive. There were six footlings—two children alive, and four dead. Of the dead, two were premature (seven months), and two died in the birth.

The table does not include one dead breech presentation in “induced” instrumental cases.

One-third were first labours. The short mean duration of the labours, little more than ten hours, is worthy of notice. To lose a few children in these presentations by over much care for the mother, where there is such opportunity for rashness and for mischief, is pardonable. Only one case of arm-presentation in a thousand labours is a remarkably small proportion.

[To be continued.]

Introductory Lecture

DELIVERED AT THE

GROSVENOR PLACE SCHOOL OF MEDICINE,

OCTOBER 3RD, 1859.

By JOHN COCKLE, M.D., F.L.S., Licentiate of the Royal College of Physicians; Physician to the Royal Free Hospital; Lecturer on the Principles and Practice of Medicine at the above School; etc.

GENTLEMEN,—In undertaking the duty so kindly delegated to me by my colleagues, of delivering the introductory lecture of the present session, the first and main difficulty consists in the selection of a subject. I would address you in a manner befitting the time and the occasion, and so acquit myself, that your first impressions of medical life should be not only lasting, but useful and directing. I know that for a lecture like this, the latitude for the subject is so wide, and the choice so extensive, that I ought to incur no risk of vexing your ear “with a tale twice told.” These very contingencies, however, become occasion of embarrassment by not sufficiently restricting the subject-matter. The permissible discursiveness in these annual orations appears to me frequently to entail obscurity by impairing that sharpness of outline which any discourse directed to the neophytes of our science should possess. As students, then, I address myself exclusively to your comprehension, caring far less for my language than my material.

To bestow upon a complex subject connectiveness and intelligibility, is all that, in the allotted time, I dare aspire to. And, even for this end, I must entreat your sustained attention; for medicine, beyond most other philosophical pursuits, is barred by difficulties. Its oracles yield no response to our surface questioning. No key of common temper will force the intricacies of the lock that guards the knowledge we desire. Constant reflection and untiring perseverance are the powers we must employ; powers, by the intermediation of which, science wrests from nature the “living truth.”

With these views before me, I select for the subject of the lecture “The present and past Phases of Physic.” Such an intention involves the consideration of the science of to-day, and the attempt to ascertain in what particulars it differs from that of the past. From our survey of these periods we may, perchance, obtain *data* to indicate the future phase of medicine—the phase to be presented to you when the day of your professional maturity shall have arrived.

Let us then, standing on the broad platform of our science, steadily contemplate the actual phases of medicine opening around: and ascertain their relative weight and value in the scientific balance. We shall find minds of unquestioned greatness vying with each other in the common object of extending the boundaries of our knowledge, and, though travelling by different routes, each hoping to bring medicine, more or less nearly, to its desired goal—positive science. Now, looking at these labourers in their respective positions, we find them dividing our science into five grand sections, passing by insensible degrees into each other, but all having distinct centres of inquiry.

The *first* of these divisions is working on the basis of a refined and elaborate *physiological pathology*. Its proposed object is, to solve the higher problems of organic life, and, by virtue of such solution, to deduce a general theory of disease, sufficient in extent and comprehension to embrace in the category each particular still requiring classification, and to infer, from such theory, a susceptibility of the system to given agents. In this sense, the school of physiological pathology considers its science the sole rational basis of therapeutic.

The *second division* includes those who, exercising their reason as to the *modus operandi* of morbid agents, superadd the use of such remedies as experience has affirmed to be fitting for the cure of diseases, whether general or particular. The doctrine upheld by this section may be styled *rational empiricism*.

The *third division* comprises those who, endeavouring to investigate the general laws of the causation of disease, irrespective of symptoms or particular treatment, aim at the removal of such causes by the strict enforcement of sanitary regulations; in other words, removing the community from the sphere of disease-producing influences. This sect is called *hygienic*.