

references in contemporary accounts of the case, has come to the conclusion that the death of the Princess in nine hours was due to profuse internal hæmorrhage caused by the rupture of an extra-uterine pregnancy in the first or second month. He drew attention to the complete agreement of the classical symptoms of this condition with those which were observed in the Princess's illness. He said that the absence of vomiting was fatal to the hypotheses of poisoning or peritonitis. As the lower part of the abdomen was not examined at the necropsy out of respect for the rank of the deceased, it was not surprising that pelvic hæmorrhage was overlooked.

A Great Midwife.

MADAME LA CHAPELLE'S PRACTICE.

At the end of the first and second volumes of Madame la Chapelle's Memoirs, which were recently reviewed in these columns, are remarkable tables giving statistics of 37,895 deliveries. It is impossible to give these in detail, but there are certain facts therein which give a key to the successful, and in many respects admirable, practice of this great woman. The most striking, perhaps, is the number of natural labours.

	Natural.	Artificial.	Total.
1st table, 1803-1811	15,380	272	15,652
2nd table, 1812-1820	21,974	269	22,243
	37,354	541	37,895

The fact of labour being a natural process is thus borne home with great force, when it is seen that artificial delivery was only necessary in 1.4 per cent. of the cases. This is all the more significant in hospital practice, because naturally difficult cases are received there, and many are brought in from outside. One may sum up the cardinal points of Madame la Chapelle's teaching thus:

1. Wherever possible, leave the course of labour to nature. She writes, "*C'est toujours dans les procédés naturels, que nous devons puiser nos règles de conduite.*"

2. Interfere wisely, where Nature indicates interference is necessary at such a time that both mother and child may be saved.

The following is the analysis of the artificial deliveries:—Forceps 170, Version 329, Craniotomy 26, Hysterotomy (after death of mother) 4 (2 living, 2 dead), Cæsarian Section 1 (fatal), Symphysiotomy 2 (1 true conjug. 2½, mother did well, (2) true conjug. 2, both died, Brow converted to face 9, Total 541.

The patient was placed in the lithotomy position for application of forceps; the head was frequently left on the perineum, and the delivery finished naturally. It was Madame la Chapelle's practice to show the patients the instruments, to explain their use and advantages; she always

found it tranquillised them, and in the event of their return for subsequent confinements they pleaded for similar assistance.

The application of high forceps at this time was an operation of considerable difficulty; axis traction forceps were not then invented. Madame la Chapelle maintained that lamentable accidents frequently arose from faulty application and traction, and where the head was above the brim she advocated version.

Version was performed in 329 cases: Vertex 98, Face 27, Breech 8, Feet 4, Transverse 166, Hæmorrhage 13, Prolapse of cord 13, Total 329.

The omission from these tables of the mortality of the mothers during childbirth and the puerperium much detracts from their value. These were, of course, pre-antiseptic days; we find epidemics of peritonitis mentioned, but in most of the normal cases cited in the Memoirs it is recorded that the mother left the Hospital in good health.

During her thirty years' practice Madame la Chapelle met with 22 varieties of presentation. Baudelocque, in his book, gives 94! Never once did she find back, abdomen, or neck presenting; she attributes the cases cited by other authorities as such, to the fact that obstetricians regarded the part as presenting if felt during vaginal examination. The vast majority, of course, were vertex, the first vertex being far away the commonest variety.

Subjoined is a condensed summary:

	1st table.	2nd table.
Vertex	14,520	20,698
Face	41	103
Buttocks	333	492
Feet	237	303
Shoulder	8	118
Knee	2	9
Undiagnosed ...	239	520
	15,380	22,243
Artificial	272	
	15,652	

The diagnoses were apparently made chiefly by vaginal examination. Abdominal palpation seems to have been little used, and it was only in 1818 that Professor Laennec discovered that foetal heart sounds were to be heard through the abdominal wall. The rule for normal labours was to wait for full dilation of the os before rupture of the membranes. The perineum was supported at the end of the second stage, and the too rapid advance of the head delayed; special care was taken to avoid lacerations in the delivery of the shoulders. It does not seem to have been the routine practice to suture tears, and in three cases of complete rupture of the perineum cited by Madame la Chapelle the treatment was to tie the legs so that both edges of the wound were in contact, and to keep it clean. These all did well, though the writer admits there were others which did very much the reverse. In describing the efforts to save a bad rupture, she writes, "In spite of the care of three people whose

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