CONTROVERSY BETWEEN DR. SIMPSON AND DR. LEE.

We had some time since briefly to notice the controversy which had arisen between Dr. Simpson, of Edinburgh, and Dr. Radford, of Manchester, with respect to the priority of the discovery of the new plan of treatment in cases of placenta prævia, which the concurrent testimony of a large proportion of the members of the medical profession has shown to be not only available in such cases, but also of pre-eminent utility. A pamphlet, reprinted, from the pages of the *London Medical Gazette*, now lying before us, contains the details of another controversy which has been carried on in that journal between Dr. Simpson and a different antagonist, Dr. Lee, of Saville-row, whose previous engagement with Dr. Paterson, concerning the *corpus luteum*, must still be fresh in the memories of our readers.

It appears that Dr. Simpson published in the *Medical Gazette* for October the 10th, a communication entitled, "Some Remarks on the Treatment of unavoidable Hemorrhage, by Extraction of the Placenta before the Child, with *a few observations on Dr. Lee's Objection to that Practice*." In this paper Dr. Simpson commences by exposing his views as to the origin of the hemorrhage in cases of placenta prævia, which he believes to be produced principally from the open venous orifices of the placenta, in opposition to the opinion generally prevalent in the profession that the hemorrhage is derived directly from the uterus. The reason on which Dr. Simpson bases this opinion is, that the placental orifices are not, like the uterine surrounded by contractile fibres capable of constricting them: they are in free communication with the general vascular system of the mother through the medium of the maternal vascular, or cavernous system of the placenta; and the blood in that cavernous system escapes readily from the exposed venous orifices on the surface of the placenta—that being, in fact, so far, its natural and forward course.

In cases in which the placenta is partially and repeated detached before labour begins (as happens frequently in placental presentations), before each attendant attack of hemorrhage is arrested, the vascular system of the separated portion of placenta seems to require to become blocked up and impervious, with coagulated and infiltrated blood. This obliteration of its vascular cells prevents the further circulation of maternal blood through the detached part of the organ, and hence prevents also the further escape of it from its exposed surface. Each new detachment gives rise to a renewed hemorrhage, which again ceases on the sealing up of the vascular system of the detached part. A few cases of placental presentation are on record in which there was no attendant hemorrhage when labour supervened, the tissue of the placenta having, throughout the whole organ previously become so morbidly changed, obstructed, and impervious, as not to have any quantity of blood circulating in it and ready to escape, when at last its surface was separated from the interior of the cervix uteri under the occurrence of the uterine contractions.

In common cases of unavoidable hemorrhage, the amount of the attendant flooding seems to be as much regulated by the quantity of placental surface still remaining attached to the uterus, as by the quantity already separated from it—the degree of flooding depending as much, or more, upon the extent of the means of supply of blood, as upon the extent of its means of escape. And in proportion as we approach nearer and nearer a *total* separation of the placenta, the number of its *afferent* utero-placental vessels is diminished, till at last we find that when the one organ is once completely separated from the other, the flooding is instantly moderated, or entirely arrested; for the placenta ceases to yield any discharge of maternal blood, as soon as its own supplies from the maternal system are thus cut off by the disseverment of all its organic and vascular attachments with the uterus.

Reasoning on these facts, and supported also by the direct evidence derived from two cases of unavoidable hemorrhage, which had occurred some years ago in his practice, in which the loss of blood moderated or entirely ceased as soon as the whole placenta was completely separated—a spontaneous occurrence—the non-recurrence of hemorrhage after the placenta has been removed having been noticed also in cases where its abstraction had been effected by midwives and others in cases of supposed mismanagement—Dr. Simpson was led to the conviction that, in some complications in unavoidable hemorrhages, the principles of treatment successfully acted upon by nature might be advantageously adopted. He accordingly drew up an account of 141 cases of placental presentation, in which the placenta was expelled or extracted before the child, from an analysis of which he drew the following deductions:—

1. The *complete* separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs seem usually to believe; and it is not by any means so serious and dangerous as (according to the commonly received doctrines of uterine hemorrhage) might *a priori* be expected.

2. In 19 out of 20 cases in which it has happened, the attendant hemorrhage was either at once altogether arrested, or became so much diminished as not to be afterwards alarming.

3. The presence or absence of flooding after the complete separation of the placenta, does not seem in any degree to be regulated by the extent of the interval intervening between the detachment of the placenta and the birth of the child.

4. In 10 out of the 141 cases, or in 1 out of 4, the mother died after the complete expulsion or extraction of the placenta before the child; whilst, as we shall see immediately, about one in every 3 of the mothers dies under turning and extraction of the child in unavoidable hemorrhage.

5. In 7 or 8 out of these 10 natural deaths, the fatal result seemed to have no connection with the complete detachment of the placenta, or with consequences arising directly from it; and if we did admit the 3 remaining cases (which are doubtful), as leading by this occurrence to a fatal termination, they would still only constitute a mortality from this complication of 3 in 141—or of about 1 in 47 cases.

Dr. Simpson acted in accordence with this view, and we need scarcely add, after the numerous instances of success we have already recorded in this journal, his patient made a perfect and speedy recovery. As we have already remarked, in the commencement of this article, his claim to the priority of the practice is disputed by Dr. Radford, of Manchester, who indeed brings forward strong evidence to show that the same plan of treatment was adopted many years ago. On this point, however, we will not now dilate; let it suffice that the entire separation and abstraction of the placenta prior to the birth of the child has been found an unfailing remedy in cases of unavoidable hemorrhage by a large number of medical men, who have already recorded the results of their experience in its favour. It was not, however, to be expected that so great an alteration from the old plan of proceeding should be carried into execution, *nemine contradicente*. Accordingly we find in the *Medical Gazette* for September the 19th, that Dr. Lee has entered his dissent against it.

To the remarks offered in that communication Dr. Simpson demurs; in the pamphlet now before us he examines into the objections, and corrects the mistakes committed by Dr. Lee. These we shall notice *seriatim*.

The first objection which is canvassed is, that Dr. Lee sees no reason to depart from the practice which has been followed in placental presentations, from the days of Ambrose Paré to the present time. The usual practice in these cases is well known to all. 'The operation of turning (he observes) is required in all cases of complete placental presentation,' but 'is not necessary in the greater number of cases in which the edge of the placenta passing into the membranes, can be distinctly felt passing through the os uteri.'(Lectures, p. 372) In these last, rupture of the membranes is sometimes sufficient.' This opinion against the new plan of treatment is supported by Dr. Lee adducing a tabular view of eight late cases of placental presentation, in all of which the mothers recovered. In three of these cases turning was practised; three others craniotomy; in one the membranes were ruptured; and in the eighth the placenta was perforated. Only three of these cases were complete presentations; four were partial, and one was uncertain. In opposition to this Dr. Simpson brings forward the result of sixty-one cases, drawn from Dr. Rambotham's reports of the Maternity Charity, and Dr. Lee's previous published cases, in all of which turning and extraction of the feet were had recourse to. Twenty-four out of the sixty-one mothers sank

under this treatment; so that about sixty-five per cent. were saved, and thirty-five per cent. died.

The great mortality resulting from the treatment of turning in placental presentation, may be more strongly shown to some minds if the fact is stated in another form. In order to ascertain the fatality of the Cæsarean section abroad, Dr. Churchill collated with much care the histories, from foreign authorities, of 371 cases of the operation. Out of these 371, 217 mothers recovered, and 154 or nearly 1 in every 2 4.10ths died (Midwifery, p. 318). This is exactly, and to a fraction, the degree of maternal mortality accompanying turning in placental presentations, in the cases reported by Dr. Lee in his Clinical Midwifery. *In other words, the success of turning in unavoidable hemorrhage, in Dr. Lee's private and consultation practice* (as reported in that work) *has not been greater than the reputed success of the Cæsarean section upon the continent of Europe.*

The second objection is referable to a mistake made by Dr. Lee, who appears to suppose that Dr. Simpson recommends the artificial detachment of the placenta in all forms of placental presentations in which turning is at present adopted, whereas Dr. Simpson explicitly mentioned it as to be adopted when rupture of the membranes is insufficient, and turning inapplicable or unusually dangerous. It will be found, for instance, the proper line of practice in severe cases of unavoidable hemorrhage complicated with an os uteri so insufficiently dilated and undilatable as not to allow, with safety of, of turning; in most primiparæ; in many of the cases in which placental presentations are (as very often happens) connected with premature labour and imperfect development of the cervex and os uteri; in labours spervening earlier than the seventh month; when the uterus is too contracted to allow of turning; when the pelvis or passages of the mother are organically contracted; in cases of such extreme exhaustion of the mother as forbid immediate turning or forced delivery; when the child is dead: and when it is premature and not viable.

Dr. Simpson quotes eleven cases of placental presentation from Dr. Lee's Clinical Midwifery in illustration of the first set of cases, where, with unavoidable hemorrhage, the os uteri was thick, rigid, and undilatable. Of these eleven cases three only of the mothers survived, two of them making a very narrow escape from death. Dr. Simpson, in commenting on these cases, says he doubts "if the most fatal of all human diseases—the plague itself—be found to destroy so large a proportion of those attacked. At all events, the operation of turning and artificial delivery, in unavoidable hemorrhage, with the os uteri imperfectly dilated, would, from these and other cases, appear to be more deadly than any operation that is deemed justifiable in the whole circle of surgery. It is more mortal even than ovariotomy." On the other hand, he believes "that in the above and similar cases, by the introduction of a finger, or of a common sound or bougie (such as Dr. Hamilton employed when the os uteri was still shut, in order to separate the membranes for some inches from the cervix, in order to induce premature labour), the placenta might be readily and completely detached—the attendant bleeding in this way arrested—and the labour subsequently allowed to proceed to a natural and safe termination, if it were a head or pelvic presentation. And if the child were placed transversely, a more safe and proper period could be waited for and selected for the version of it." The separation of the placenta, according to the conjoint testimony of Dr. W. Hunter, and Dr. Lee, may, in the generality of instances, be readily effected.

The third objection made by Dr. Lee, that the practice of extracting the placenta, was not followed by Guillemeau, Mauriceau, Portal, Levret, Giffard, &c., is certainly most futile; for if new plans of treatment are not to be adopted because not sanctioned by ancient authorities, the science of medicine must sink into a mere art, and be governed merely by precedent. Dr. Simpson, however, fully confutes the statement made by Dr. Lee, as far as regards Portal, from whom he quotes the following passage. Portal is describing his 43rd case:—"Je glissai ma main dans l'entrée de la matrice, ou je sentis l'arriere-faix qui se presentoit. L'ayant *separé*, afin de me frayer le chemin, je sentis les membranes des eaux que je perçai, et les eaux s'etant écoulées, *je tirai l'arriere-faix le premier*, afin qu'il ne m'incommodait point à la sortie de l'enfant." Nothing can be clearer; the separation and abstraction of the placenta prior to the birth of the child, is set down in the clearest and most positive language.

The fourth objection made by Dr. Lee is readily disposed of. Dr. Lee refers to the case recorded by Guillemeau of an ignorant impostor, who, attending a lady in childbirth, pulled away *part* of the placenta, the patient dying of hemorrhage. It is consequently not a case in point; the entire separation of the placenta is what Dr. Simpson contends for, as alone capable of arresting the hemorrhage and saving the mother's life.

Dr. Lee's fifth objection is, that the child would inevitably be lost by this mode of practice. This objection is more apparent than real. According to the old plan of proceeding, about sixty-five per cent. of the children were lost; while, according to Dr. Simpson's statement, out of 106 cases in which the placenta was expelled before the child, the infant was born alive in thirty-three instances, that is to say, thirty-one per cent. were saved. He adds that "in most of these cases the child was expelled within a few minutes after the complete separation of the placenta. When the interval is longer, and we require, after the detachment of the placenta, to wait for a length of time, is there no hope of making the child survive by continuing either its placental of pulmonary respiration during the intervening period? Dr. Lee tells us that in some case of pelvic presentation, acting upon the suggestion of Dr. Bigelow and "older accoucheurs," he has, before the head could be extracted, pressed back the material parts "that the air may gain admission into the mouth of the child and the respiration go on, when the circulation in the cord has been arrested. I have seen (he adds) from twenty minutes to half an hour elapse in some cases after the cord had ceased to pulsate. * * If the head be low down, the fingers can alone give the necessary assistance; but if it is high in the pelvis, and reached with difficulty, the assistance of a tube may be required. (Lectures, p. 335.) Is it hopeless to suppose that the same principle, or other means, may yet be successfully employed to keep the child alive, after the placenta has been extracted in unavoidable hemorrhage, and in some cases give it even a greater chance of life than under the continuance of the flooding, or the operation of forced delivery?"

The sixth and last objection raised by Dr. Lee is, that one of Dr. Simpson's tables gives an erroneous view of the common degree of maternal danger attendant on placental presentations, when it shows that one out of three mothers perishes under this obstetric complication. While admitting the occurrence of some inadvertent errors in his statements, arising from the pressure of his occupation, Dr Simpson, in his answer, shows from the statements made by Dr. Churchill, and by Dr. Lee himself, that he has not overrated the danger in these instances.

This special objection made by Dr. Lee, led to a correspondence between Dr. Simpson, Dr. Ramsbotham, and Dr. Lee, which we shall next proceed to examine.

The letters which passed between Dr. Simpson and Dr. Ramsbotham have reference to some arithmetical inaccuracies, which both frankly acknowledge, Dr. Simpson excusing his error on the plea of the almost insuperable difficulty of securing perfect accuracy in tabular returns, and Dr. Ramsbotham referring his mistake to an error of transcription.

The succeeding correspondence between Dr. Simpson and Dr. Lee, which, *Hibernice*, may be said to open in the concluding letter from the Edinburgh professor to Dr. Ramsbotham, is one upon which we scarcely care to dwell, as it has not been conducted as medical controversies connected with matters of science should be—a marked degree of ill feeling having been exhibited on both sides, and matters totally irrelevant to the subject in debate having been introduced—the sole effect of which—we will not say the intent—must be to depreciate the scientific character and standing of one of the disputants. The absolute matter in dispute between these gentlemen is, whether Portal has described more than eight cases of complete placental presentation, and further, whether he has detailed any cases of partial presentation of the placenta. Dr. Lee asserts, that in Portal's work, as stated by him in his "Clinical Midwifery," there are described eight cases in which the placenta was not merely at the os uteri, but adhering to the cervix all round, and that the remaining cases were instances of partial presentation. To this Dr. Simpson demurs; he admits fully the eight complete cases, but regards the others described by Portal as equally complete. He says, "I have procured here a sight of Portal's work, lest my memory should have possibly deceived me, and find that the other cases (six in number) are as follows. After relating Case 29, in which the head of the child, in its exit through the os uteri, actually perforated *through* the placenta itself (the placental presentation being hence complete), Portal adds, that not long afterwards he 'delivered a gentleman in St. Dennis Street, under the *same* circumstances in the presence of Dr. Linkard,' &c. In Case 51, Portal tells us, that the placenta was 'placed just before, and quite

across the whole inner orifice of the uterus,' and 'in concluding the history of this (51), he states, that in the year 1683 he had completed the delivery successfully in five *similar* cases, all the women having recovered.' (Dr. Lee's Lectures, p. 366). 'In the year 1683,' observes Portal, in his own account, 'I delivered five women under the *same* circumstances,' &c.

"We regret to observe that, in closing his correspondence with Dr. Lee, he challenges this as a misstatement on the part of Dr. Lee, instead of a misapprehension, as it might have been, and as he (Dr. Simpson) might have been expected to interpret it, after remarking in a previous letter addressed to Dr. Lee, that 'the investigation is of such a kind that two persons, with every anxiety for truth and accuracy, may read and interpret differently the very data upon which we have to work.'" We feel still more regret that such a charge should have been made, as it elicited a note from Dr. Lee, which we are sure, on due deliberation, he must deeply regret ever having penned.

It is a source of great vexation and of humiliation, that members of the medical profession, educated as gentlemen, holding rank and station as such, and being received and treated in society as such, can, when they enter into controversy with each other, whether it be on questions of theory or points of practice, so far forget their high calling, as to descend to personalities and rude attacks on each other, instead of devoting their time and attention to the investigation of the matters in doubt between them. *Mais patience, le bon temps viendra*, and, although the idea may seem Utopian, we yet entertain a confident hope that ere long the members of our profession will remember on all occasions that they are gentlemen.—*Medical Times.*