

JAMES HAMILTON (1767–1839) OBSTETRICIAN AND CONTROVERSIALIST

by
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JAMES HAMILTON, the subject of this essay, was born in Edinburgh in 1767, the son of Alexander Hamilton (1739–1802) who was fourth Professor of Midwifery in the University of Edinburgh, succeeding Thomas Young in that capacity on the latter's death in 1783, although the Chair had been held jointly by the two men from 1780. Alexander himself was the son of a retired army surgeon who practised at Fouldon, Kincardineshire, so it may be said that James came from a line of doctors. Alexander was a famous obstetrician and was involved in many controversies. His son was a worthy successor—in the dual capacity.

Almost from the beginning, James's education was directed by his father with the view that his son would succeed him as holder of the Chair of Midwifery. Classical and literary studies were pursued with zeal, such studies often commencing at 5 a.m. and lasting until late evening. He attended lectures at the University of St. Andrews for five years, being awarded the degree of M.D. in 1792 on testimonials from Dr. William Wright, F.R.S. and Dr. Charles Stewart, Physicians in Edinburgh. He also studied in London and Paris. He became a Fellow of the Royal College of Surgeons in 1788 and a member of the Royal College of Physicians, Edinburgh, in 1792.

In 1788, he commenced to assist his father in practice and twelve years later succeeded him as Professor of Midwifery on the latter's retirement. Soon after starting in practice he was recognized as a future leading member of the medical profession in Scotland. Professor Duncan in 1792 referred to him as 'ingenious young friend whose industries and abilities are already so well known and have been demonstrated on so many occasions even at his early period of life'. In his later years he was described as 'a short man, little in figure in all respects, very fair in complexion, near sighted but always unbespectacled. He wore a light chestnut brown wig. Short as he was he stooped a little and seemed as if constantly looking at his toes as he advanced with a quiet short noiseless step.' When lecturing his voice was harsh and his intonation Scotch, pure and unsophisticated. His delivery was forcible and easy, his information inexhaustible drawn, as it was, from a vast store of experience as the acknowledged head of obstetrics in Scotland. He had no need to look for any resources in any treasury other than his own—nor did he, except to criticize. His pugnacity was astonishing. As a critic he seemed to be in his favourite element. Everyone who differed from him as to professional opinion or practice, in print or as a lecturer, met in him an uncompromising foe, often unsparing and too often contemptuous. For Dr. Hamilton was always right—dissentients were ever in the wrong—so wrong that no terms were to be kept with them. This attitude towards his colleagues caused many quarrels, some of which as will be shown, ended in

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legal action. Up to 1830, Hamilton used to go about in a sedan chair being the last person in Edinburgh to do so. The chair is preserved in the Scottish National Museum of Antiquities.

Apart from his quarrelsomeness, and during his tenure of the Chair of Midwifery the professoriate was a singularly pugnacious crew, there was much to admire and little to blame in his character. He was a humane individual. He founded in 1793, with his father, the lying-in hospital in Park Place for the relief of the poor of Edinburgh and to assist in the instruction of his students, supporting it at least in part out of his own pocket. His kindly disposition was a great comfort to his patients—rich and poor. But he would not yield to the exactions of the great ladies awaiting confinement in their stately homes. They must come to him, he said. He would not for their sakes leave their poorer sisters in the slums to shift for themselves. Although during the greater part of his career, midwifery was not a compulsory subject for graduation, Hamilton's course of instruction, held three times each year, was always crowded, as were his sessions of teaching in the hospital. In the year 1815, no fewer than 423 students attended. He was kind to examination candidates, even those from other medical schools where doctrines different to the Hamilton creed were taught. Sir Robert Christison related how, when acting as co-examiner with Hamilton, an Irish candidate presented himself with views which ran counter to those of Hamilton and he refused to yield an inch to the Professor. The two examiners conferred and instead of the explosion expected by Christison, Hamilton said

You have heard him. Did you ever hear such ignorance? But he got on very well with you and I see from his paper he has done very well with our colleague. I know he answers correctly as he has been taught at Dublin by a set of idiots. How can I fail him for his faults? I must let him pass. But as for trusting him with the delivery of a woman, I would not trust him to deliver a cat!

Hamilton had only a small circle of friends and his only recreation was the playing of whist, often for high stakes although, according to one of his friends, he never learned the game properly in spite of the fact that he played all his life.

Hamilton's writings were often the root of his controversies and 1792 saw the beginning. In that year there was published *A Guide for Gentlemen studying Medicine at the University of Edinburgh*. It was written by 'J. Johnson, Esq.' but this was a pseudonym and who he was was never discovered. In this *Guide* almost all the professors came in for some criticism especially Rutherford (Botany) and Playfair (Mathematics). The midwifery class on the other hand, run by the Hamiltons, father and son, was highly praised and details of it given at much greater length than any other subject. Of botany, the writer said 'the time which Dr. R. employs in explaining the terms of his art render it highly disgusting to the general run of his pupils'. The mathematics class met at the same time as the midwifery class, of which arrangement the writer thoroughly disapproved, recommending that students have a private teacher in this subject so as not to neglect midwifery.

Perhaps not surprisingly it was not long before the rumour began to circulate that the Hamiltons were the authors of the pamphlet or at least had a hand in its production. They had no reason to love Rutherford for he had, nine years

before, opposed the election of Alexander Hamilton to the Fellowship of the Royal College of Physicians. Further, the fact that the mathematics class met at the same time as the midwifery class was a sore point with the Hamiltons. James, who seems to have taken charge of the quarrel, his father taking almost no part, wrote to Rutherford denying any association whatsoever with the pamphlet and later to James Gregory, Professor of Medicine, demanding to know if it was true that he, Gregory, was still insisting that the Hamiltons, father or son, were the authors of the offending publication. Gregory replied demanding an enquiry by the University Committee. This committee, meeting on 22 December 1792, was unable to come to a decision, reporting that the circumstances did not 'amount to such evidence as could justify the Senatus Academicus in founding any judicial proceeding upon it or render it necessary to take any further steps in the matter'. Then followed a pamphlet by Gregory entitled *Reply to Dr. James Hamilton Junior** dated 20 April 1793 and another on 30 May 1793 *Remarks on the pamphlet by J. Johnson, Esq.* From these two documents, Gregory strove to build up a case against the Hamiltons. He called the *Guide* a quack bill in Hamilton's favour and alleged that he recognized wording and phraseology often used by the Hamiltons. In his second pamphlet, Gregory suggested that the correct title of the *Guide* should be *A Guide to the Midwifery class and a warning against the Botanical and Mathematical Classes in the University of Edinburgh*.

He went on to say that although 'J. Johnson Esq.' evidently knew all the details of the midwifery class, he was totally wrong in his accounts of other lectures given. He recalled how, when in 1783 the rules and regulations for study for a degree at the University of Edinburgh were published in English newspapers, no mention was made of midwifery lectures. Gregory, who was Dean of the Faculty at the time, denied being responsible stating that such advertising was the responsibility of the Principal. He also stated that he had received a letter from 'J. Johnson Esq.' a few days before the enquiry held on 22 December 1792 stating that the sale of the *Guide* was to be stopped but alleged that the letter had been written in Edinburgh, carried to London and posted there. Hamilton strenuously denied any knowledge of this letter which Gregory produced at the enquiry saying, 'I shall not say there is a Judas Iscariot among us but I say with confidence there is a Judas Iscariot very near us who has early intelligence of what passes among us.' Johnson declared that he was not even remotely connected with the University to which Gregory replied that it would be 'his study to prevent it ever happening'.

A few weeks later there appeared *Reply to Dr. Gregory by Dr. James Hamilton Junior*. In this pamphlet, James declared that he had sent an agent to the publisher of the *Guide*—one James Chalmers of London—to try and find out who was the author. The reply was that

they could not with certainty or propriety name the author but they did not know or believe that Dr. Alexander Hamilton or Dr. James Hamilton had any concern in, connection with, or knowledge of the writing or publishing of the pamphlet in question.

* Often so-called to distinguish him from another James Hamilton (1749–1835) who was Professor of Medicine at this time.



Dr. James Hamilton, the Younger.

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Chalmers wrote Gregory to this effect but received no reply. Hamilton dealt successfully with all Gregory's arguments, rebutting all the evidence and concluded

on the whole the evidence which he has brought forward is clearly such as would never have influenced the opinion of any man who had nothing more than the truth in mind. . . . The world will judge what dependence can be placed on a man who has been for several months exercising much ingenuity, sacrificing much time and expending much money for the very benevolent purpose of injuring a young man in the opinion of his Father who has always placed implicit confidence in him or revering him in the eye of that public in whose protection his future comfort must depend; and all this not only without having had even the shadow of truth or probability on his side. . . . I shall pay no regard whatsoever to anything which may in future proceed from Dr. Gregory's pen.

Hamilton's reply angered Gregory beyond endurance. Meeting him in the street, he thrashed him with his walking-stick, an action which cost him £100 in damages when summoned by Hamilton for assault. Gregory is stated to have said that he would willingly pay another equal sum for the privilege of beating Hamilton a second time.

Hamilton's quarrelsomeness led him into trouble on other occasions. He and Thomas Charles Hope, Professor of Chemistry, were old enemies. During a discussion on medical reform at a meeting of the *Senatus Academicus*, Hope became excited and warming up as he went along, said of Hamilton, 'In short I may say, in the words of Samuel Johnson on a like occasion, the fellow lies and he knows that he lies.' Hamilton came to hear of this and immediately commenced an action for damages. There was much conflict of evidence but Hamilton was awarded £500 damages. Hope appealed and a retrial was ordered. On this occasion, all Hamilton received was one farthing which amount Hope was said to have sent him demanding a receipt.

Even Mrs. Hamilton became involved in controversy when the conceited wife of an Edinburgh lawyer objected to her being a member of a subscription ball for the élite of Edinburgh on the grounds that an accoucheur's wife was unfit for such august company. The husbands took up the quarrel which caused much excitement around Edinburgh dinner-tables before it abated.

Sir Robert Christison and Hamilton had a quarrel over the respective merits of the subjects which they taught, neither of which was compulsory for graduation. Sir Robert Christison strove to uphold the importance before the *Senatus Academicus* of medical jurisprudence to the disadvantage of midwifery. Hamilton not only defended his own subject but vilified medical jurisprudence and its teacher too. Christison was highly provoked and at first meditated retaliation through the Courts but on cool reflection, refrained from so doing.

For many years, the Hamiltons, father and son, had tried without success to have midwifery made a compulsory subject for graduation in medicine. In 1815 James submitted to the *Senatus Academicus* his claim to be made a member of the Faculty and requested that midwifery be made a compulsory subject. The opposition led by Gregory and Hope would have none of it. Hope considered that it was unnecessary for a physician to learn how to deliver a woman in

labour and added that Hamilton, in lecturing on diseases of women and children, was encroaching on the privilege of the Professor of the Practice of Medicine. Hamilton pointed out that it had long been the custom in London for students to receive instruction in these subjects from those who taught midwifery, such as Osborne, Denman and Clark.

In 1824 Hamilton 'by-passed' the Senatus and made a direct appeal to the Town Council, who had considerable say in these matters. He asked them to put him on an equal footing with the other professors by appointing him Professor of Medicine in addition to Midwifery. He declared that the Medical Faculty of the College 'as now existing cannot communicate necessary information in practical subjects which may enable students obtaining the M.D. to practise even with safety to the public—much less to the benefit and honour of this City and College'. The members of the Senatus were very angry and although the Town Council supported Hamilton, they would, for the time being at least, take no further action without the approval of the Senatus. But these gentlemen were in no conciliatory mood, replying that it was 'their exclusive right to originate and carry into execution all arrangements for the graduation system'. In this they were quite wrong—the Town Council had the last word. They had, conveniently no doubt, forgotten how when in 1809, the Senatus raised the fees for graduation, the students' appeal was upheld by the Town Council and the fees remained unchanged. Hamilton obtained the opinion of the professors of law at the University and they supported the Town Council, a decision which made the members of the Senatus very angry indeed. In an effort to maintain their dignity, the Senatus asked that the decision be postponed for three years and that a Royal Commission be appointed to enquire into the respective powers of the Senatus and Town Council. But the Town Council were not to be thwarted. They announced a 'visitation to the College' to take place on 10 November 1825 and on that date the Lord Provost, supported by his colleagues on the Council in all their panoply of mace, chains and robes arrived in the hall of the Senatus and made a statement that, as from that date, midwifery was to be a compulsory subject for graduation. The members of the Senatus, apparently defeated, were much relieved when it was announced that a Royal Commission was to meet in Edinburgh to investigate the problems of medical education. Hamilton was one of those who gave evidence when the Commission sat in February 1826 and, as well as pressing for his own subject, remarked on the poor standard of general education shown by students. The Commission while making various recommendations, the chief of which was that the Chairs of Anatomy and Surgery should be separate appointments, would not, pending the decision of the Court of Session, make any recommendations as to midwifery being a compulsory subject. In 1827, the Court of Session decided that the Town Council had the right to make regulations for the College at Edinburgh. An appeal against this decision was dismissed and the Senatus was finally compelled to destroy several pages of its Minutes recording a vote of censure on Hamilton. It was all so unnecessary because, as Sir Robert Christison said later, Hamilton's ambitions would have been realized had he

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been on good terms with the Senatus and by 1824, hostile professors had been succeeded by some favourable to Hamilton. But instead Hamilton's tactlessness set the Town Council and the Senatus at loggerheads and not until 1830 was midwifery made a compulsory subject for graduation.

Dr. Andrew Duncan Senior, who was Professor of the Practice of Medicine was especially annoyed with Hamilton who had stated in his *Memorial* to the Town Council that the subjects of Duncan's lectures were fully discussed in the lectures of the other professors and that there was much overlapping of instruction, hinting that Duncan's lectures were almost unnecessary. Duncan, in 1824 distributed a pamphlet in which occurred the accusation 'And he who has ventured to assert in print that from the lectures given at the University of Edinburgh, a student can derive no knowledge which may enable him to cure disease, has proclaimed himself to be either an ignorant Empiricist or an arrogant impostor.' In the quotation the word 'additional' before 'knowledge' was deliberately omitted. Duncan sent a copy to Hamilton adding at the end in his own handwriting

Who would not laugh if such a man there be?
Who would not weep if Hamilton were he?

In a later handbill Duncan brought against Hamilton a charge of having printed 'a false and scandalous libel with regard to his lectures'. He went further and asked the Senatus to order Hamilton to sign an apology for

a flagrant breach of duty to the University when I applied to the Patrons to assume a power of interfering with the law of the University respecting graduation. I also acknowledge that my assertion in my Memorial that the students can derive from that individual professor (meaning Dr. Duncan Senior) no additional knowledge which can enable them to cure diseases, as false and calumnious. I am sincerely sorry for these transgressions and I humbly entreat forgiveness from the Senatus Academicus.

Hamilton refused to have anything to do with such a proposal and commenced legal action against Duncan for defamation of character. He asked for £5,000 damages and although winning his case, had to be content with £50 and costs.

But let us now pass from considering Hamilton's quarrels—at least for the moment—to examine his writings and obstetric opinion.

In 1795, he published a little volume entitled *Select cases in midwifery* extracted from the records of the Edinburgh Lying-in Hospital. To assist respiration in the new born, he devised a bag made of elastic gum having a capacity of three ounces, to which was fixed an ivory pipe. This was inserted into one nostril while the mouth and other nostril was kept closed. He recounted a remarkable case where, after seventy hours in labour, the infant's head burst and the brain was spontaneously discharged. Emphysema of the thorax and abdomen required the assistance of the crochet for delivery. Manual removal of the placenta was required and the patient died from haemorrhage in the seventh day—probably a case of hydrops foetalis and retention of placental tissue. A case of placenta accreta is described. 'In some cases the substance of the placenta is so much blended with the uterus that it cannot be separated, even in the dead body without laceration of that organ.' When performing

manual removal of the placenta, he advised removal of 'all that is yielding' leaving the rest to nature.

In 1808, from Hamilton's pen appeared *Hints for the Treatment of the Principal Diseases of Infancy and Childhood adapted for the use of Parents*, a second edition of which appeared four years later. At that time the separation of obstetrics from pediatrics as we know it today had not occurred and the responsibility for the infants and children lay with the accoucheur. While there is much useful information and advice, much of it appears almost too technical for the average parent. Vomiting and purging were the order of the day. The modern generation will shudder at the enormous doses of calomel sometimes given to children, 30 grains in twenty-four hours being not unusual.

The year 1819 saw the publication of *Observations on the Use and Abuse of Mercurial Medicine in Various Diseases*. Hamilton started by warning practitioners against the use of mercury as a panacea for all ills—which it appears to have been in some hands. He explained the dangers of overdosage but considered it the one and only remedy for syphilis. While undergoing such treatment the patient must stay indoors on a plain non-stimulating diet. If of a robust type, he must undergo a venesection of 16–20 ounces, before starting treatment. The course of treatment lasted two to three months after which the patient remained indoors for a further two weeks changing his clothes daily. Regarding the place of mercury in the treatment of other diseases, Hamilton considered it had a small part to play in the treatment of constipation although there is a long chapter on diseases of the stomach and bowels. Mercury was only to be used in cases of dropsy if the urine did not coagulate in boiling, so oedema of renal origin escaped. For infantile croup he stated mercury to be dangerous but related a case where a child of seven was given 133 grains of calomel in sixty hours.

Alexander Hamilton was the author of *A Treatise on the Management of Female Complaints* of which publication James acted as editor for the last two editions, 1804 and 1809, after his father's death.

Hamilton published two other works in midwifery. The first, his *Outlines of Midwifery for the use of students* in 1826, and ten years later his *magnum opus*, *Practical observations on various subjects relating to Midwifery* in two volumes. A second edition appeared in 1840 just after the author's death. It was translated into German in 1838.

The *Outlines* was a small book of which rather less than half was devoted to obstetrics, the remainder being devoted in about equal parts to 'diseases of the unimpregnated state' and to 'diseases to which women are liable in common with the other sex'. He considered that nothing could be more simple than the structure of the placenta. 'It is a sponge.' Conception, he believed, was originally formed in the ovary and regarded the various explanations of the process of generation as highly unsatisfactory but advanced no theories of his own. In his opinion, compression of the brain of the infant as a result of moulding of the head, caused it to be thrown into a profound sleep during labour, thereby avoiding injury to the parent by its struggles. Discussing the duration of pregnancy, he concluded by stating that the Consistorial Court of Scotland held

the opinion that maximum time thereof was ten months and that no child capable of being reared is considered to have been born before the completion of seven calendar months.

Labour he divided into four classes. Natural where completed in twenty-four hours, protracted beyond this time, laborious; preternatural where other than the head presented, and complex where the infant or mother is exposed to hazard from circumstances not included in the former classes. He held the view that when the uterine contractions were regular and strong, the first stage of labour should not be allowed to exceed twelve to fourteen hours. Protraction beyond this time might lead to untoward circumstances. Venesection and the exhibition of opiate glysters were recommended, as was the supporting of the uterus during a pain, according as the cause of the protraction is premature rupture of the membranes, natural toughness of the os uteri, the unexpanded state of a circular band of fibres of the os uteri, or relaxation of all soft parts lining the pelvis.

In conducting manual removal of the placenta, he advised that 'the substance of the after-birth is to be so pressed upon, without insinuating the fingers between its surface and that of the uterus, as to separate all these parts which are separable without laceration of the womb'. The detached portion being extracted by pulling on the cord, the uterus is to be forced into contraction before the right hand be withdrawn from it.

He gave good directions for the use of forceps, advising that in transverse arrest, the blades should be applied to the side of the head which was then rotated into the antero-posterior position. The long forceps he considered 'a very hazardous expedient in the hands of the inexperienced'.

Discussing Caesarean section, which he says he performed twice (although Radford in his lists up to 1857 mentions only one) with fatal results, he makes a remarkable observation—'it might be useful to pass a stitch through the wound of the uterus'. Such a procedure might well have altered the outlook in these cases. At this time only one woman in England had recovered from Caesarean section (1792). Not until 1834 was there another.

He approved the induction of labour from seven and a half months under certain circumstances but gave no directions. The membranes were not to be ruptured until full dilation. In regard to antepartum haemorrhage, he did not distinguish accurately between placenta praevia and accidental haemorrhage. Version was the treatment recommended and he warned against leaving this too long.

He does not use the word 'eclampsia' in the *Outlines* but did so in his later book and was the first British writer to do so. He emphasized the necessity of recognizing the pre-convulsive symptoms which were always present before the fit. His treatment was heroic—venesection of 50 ounces of blood to be repeated in an hour if the symptoms did not abate. Shaving of the head and the application of blisters was the next step. Opiates he considered dangerous and went so far as to say that, from 1800, any case to which he had been called, and to whom an opiate had been administered, died.

Discussing puerperal fever, he says 'There is scarcely an acute disease for which a greater variety of alleged infallible remedies has been published.' He

went on, 'no doubt that the disease is infectious in particular conditions of the atmosphere'.

In the same section of the book devoted to diseases in the unimpregnated state, he mentions four cases of hysterectomy performed in Edinburgh during the past three years. Two recovered and two lived a short time. Ovarian tumours he treated by firm compression, baths in warm sea water, percussion and the administration of muriate of lime and conium maculatum. Tapping he avoided if possible.

There is good advice on the diseases related to pregnancy. He pointed out that oedema of the later months which did not subside overnight and especially if the face was involved, might indicate the danger of eclampsia. When there were retained products of conception, he recommended an airing in a carriage over rough ground.

In his *Practical Observations* he considered at length a number of points connected with practical midwifery. His preface gives an indication of what is to come. He states that he has set out to record 'those deviations from the established mode of practice which experience of nearly half a century has led him to adopt and recommend and publish his opinions while still actively engaged in the duties of his profession'. The opinions expressed were destined to involve him in a furious controversy, especially with his Irish colleagues, a controversy which, commencing as a difference of opinion, descended the scale until it became little more than a 'slanging match'.

The first two chapters dealt with ovarian tumours and prolapse of the uterus. This latter he thought was due to injury to the pelvic muscles rather than stretching of the uterine ligaments. He disliked the use of pessaries and styptic irritating vaginal douches preferring the use of a T-bandage and exercises. The treatment of ovarian tumours we have already seen.

He believed that the breast signs were useful in the diagnosis of pregnancy but strangely enough refused to consider foetal heart sounds as of any use whatsoever either in pregnancy or during labour. He repeated at length his views about the permissible duration of the first stage of labour. He supported the perineum during labour for several hours if necessary and in the absence of bleeding, would not undertake manual removal of the placenta until one hour had passed. He believed that women who led 'a life of industry' made a quicker and better recovery after confinement than those 'accustomed to idleness and luxurious living'.

Labour he divided into three classes, natural, arrested and impossible. He believed that swelling of the soft parts often hindered delivery and stressed the necessity of watching the mother's condition. Ergot he thought of no value in stimulating uterine contractions but recognized that 'passions of the mind' could interrupt the progress of labour. The second class of labour included cases with poor uterine contractions but no disproportion. These he treated with forceps but only to be used when 'the head has cleared the uterus'. In minor degrees of disproportion, the uterine action should be given a fair trial but labour must not be allowed to go on too long. He discussed at length the size of

the pelvis through which a child could be extracted after perforation of the head. He found it difficult to believe Osborne's claim that he had extracted after craniotomy, a foetus from a woman whose pelvis measured 'only $1\frac{3}{4}$ inch at the utmost and that in its widest and that only on one side of the projecting sacrum which the space between it and the symphysis on the other side amounted to $\frac{3}{4}$ of an inch'.

Hamilton stressed the importance of considering the safety of any operation as well as its practicability—such safety he believed depended on the resistance being confined to one part of the passage only, brim or outlet or at any intervening point as in the case of a tumour. If the resistance extended throughout the whole of the maternal passages, then the operation was fraught with danger. After perforation he always advised waiting until the patient had regained her strength and for the swelling of the soft parts to subside before proceeding with the delivery. Symphysiotomy he condemned.

From 1795, he employed the method of 'sweeping the membranes' to induce labour. He claimed to be the first to do so but kept his method a secret, at least for some time. He offered, however, to describe it 'to any gentleman who wishes to know the particulars'. He favoured 'high' rupture of the membrane by means of a rubber catheter stiffened with silver wire.

In breech presentation he stressed the necessity of extracting the head with the infant's face turned towards the maternal sacrum and criticized Denman who had suggested that the head could be extracted with the ears towards the pubis and sacrum. Many cases said Hamilton he had been called to where 'violent efforts had been made for hours and exerted in vain to extract a head that way'. If the baby was large or the pelvis small, a leg should be brought down. He disapproved of the blunt hook but if all else failed, forceps might be tried. In shoulder presentation, he warned against the policy of waiting to see if spontaneous evolution would occur, a line of treatment recommended by Denman. The majority of such cases he treated by version after administration of an opiate, evisceration being rarely required.

On the subject of placenta praevia, Hamilton made the same mistake as Sir James Young Simpson when he believed that the bleeding came from the placenta but unlike Simpson did not advocate removal of the placenta. At pregnancy of seven months, he advised a policy of wait and see, meantime employing styptic vaginal douches followed by a starch and opium enema. He disapproved of vaginal packs. For urgent cases he performed version and brought down a leg as he did for accidental haemorrhage in which he disagreed with Rigby's advice to rupture the membranes. Blood transfusion he considered of no value.

A series of plates showing various types of deformed pelvis concluded the book.

While there is much excellent advice in these two volumes of Hamilton's, a great deal of space was taken up in criticism of his fellow-obstetricians, especially Thomas Denman and Daniel D. Davies, both of London, and Robert Collins, lately Master of the Dublin Lying-in Hospital. Denman was dead and Davies did not trouble to answer Hamilton. But not so Robert Collins. In a long letter addressed to the Editor of the *Dublin Journal of Medical Science*, he replied to

Hamilton's criticisms. He strongly disagreed with Hamilton's assertion that the first stage of labour should not be allowed to exceed twelve to fifteen hours, adding that much premature interference must result. Collins was an enthusiast in the employment and utility of the foetal stethoscope, an instrument in which Hamilton had no faith whatsoever. Collins pointed out that with this instrument it was possible to tell if the foetus was alive or dead, thereby regulating treatment. Hamilton's view was that he would deliver the mother immediately, if the symptoms were urgent, without regard to the condition of the infant, a view to which Collins took strong exception. Perhaps religious principles were involved here. Hamilton asked Collins if he would 'propose to apply the stethoscope to the naked belly of a woman?' If so, 'he may be assured that in this part of the world at least, such a proposal would be indignantly rejected by every young or old practitioner of reputed respectability'. A lengthy correspondence ensued in the Dublin journal, the editor of which refused further letters from Hamilton after a while, and in the *London Medical Gazette*. At the beginning of 1838, Hamilton declared he could have no further correspondence with Collins. By such a statement he evidently hoped to put an end to the controversy. Early in 1838 Fleetwood Churchill, a colleague of Collins, joined in the fray as did E. W. Murphy, also of Dublin. During the arguments, the language became more intemperate as time went on. Collins described Hamilton's doctrines as 'mere dogmatic assertions without a semblance of proof' adding later that 'thinking was very far from knowing and hard argument is much better than being deceived by your own vain opinions as self-conceit always makes opinion obstinate'. Hamilton replied in like vein. Collins's final remark was to describe Hamilton as 'an aged Professor who should certainly not instruct his pupils in scurrility'.

Hamilton died on 14 November 1839 at the age of seventy-one, having resigned his Chair a few months before, 'in consequence of a febrile attack induced by a violent degree of exertion and consequent fatigue in the course of his attendance upon a case of laborious labour'. His successor was James Young Simpson, later to be the first member of the profession in Scotland to become a baronet.

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