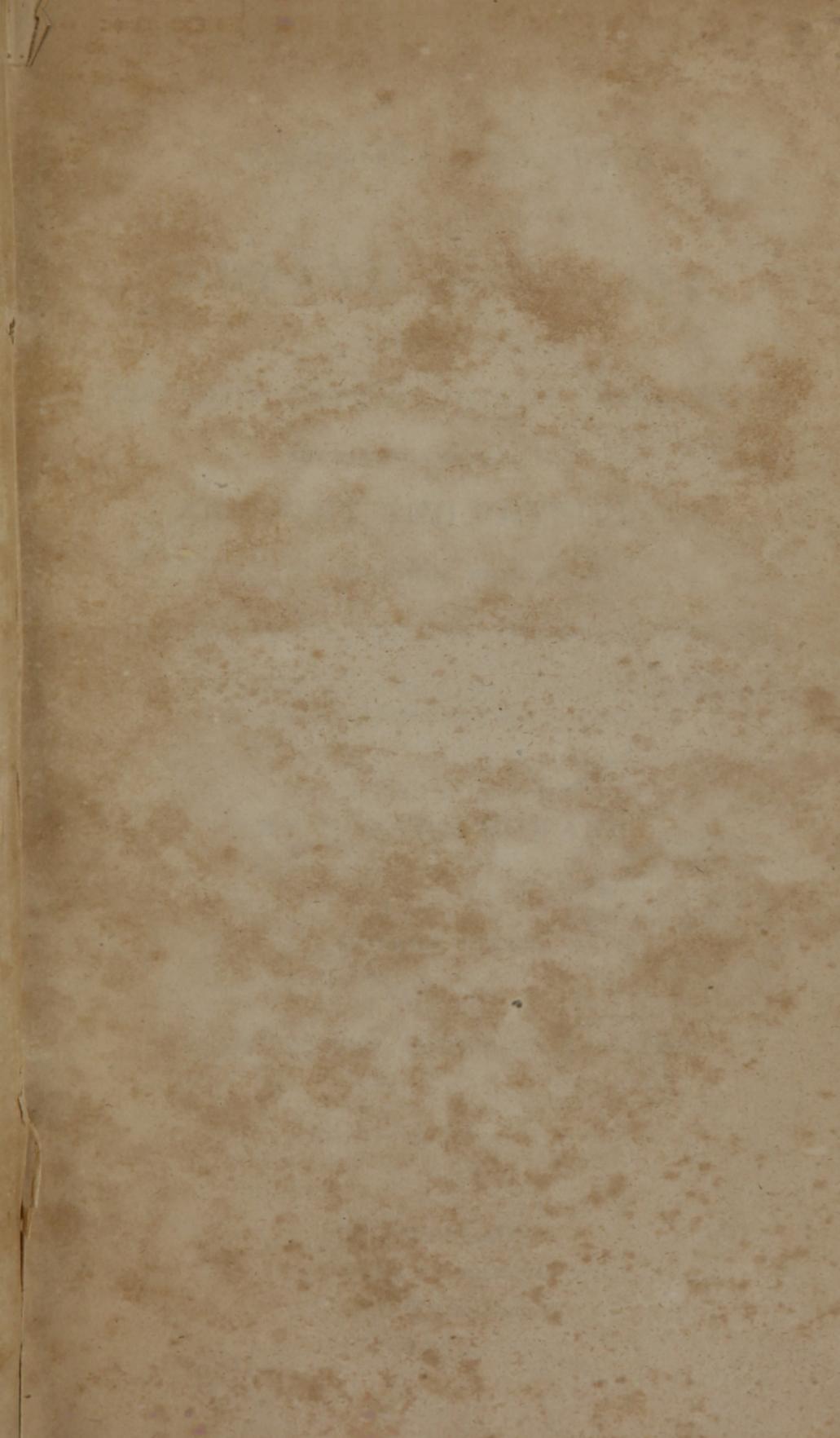
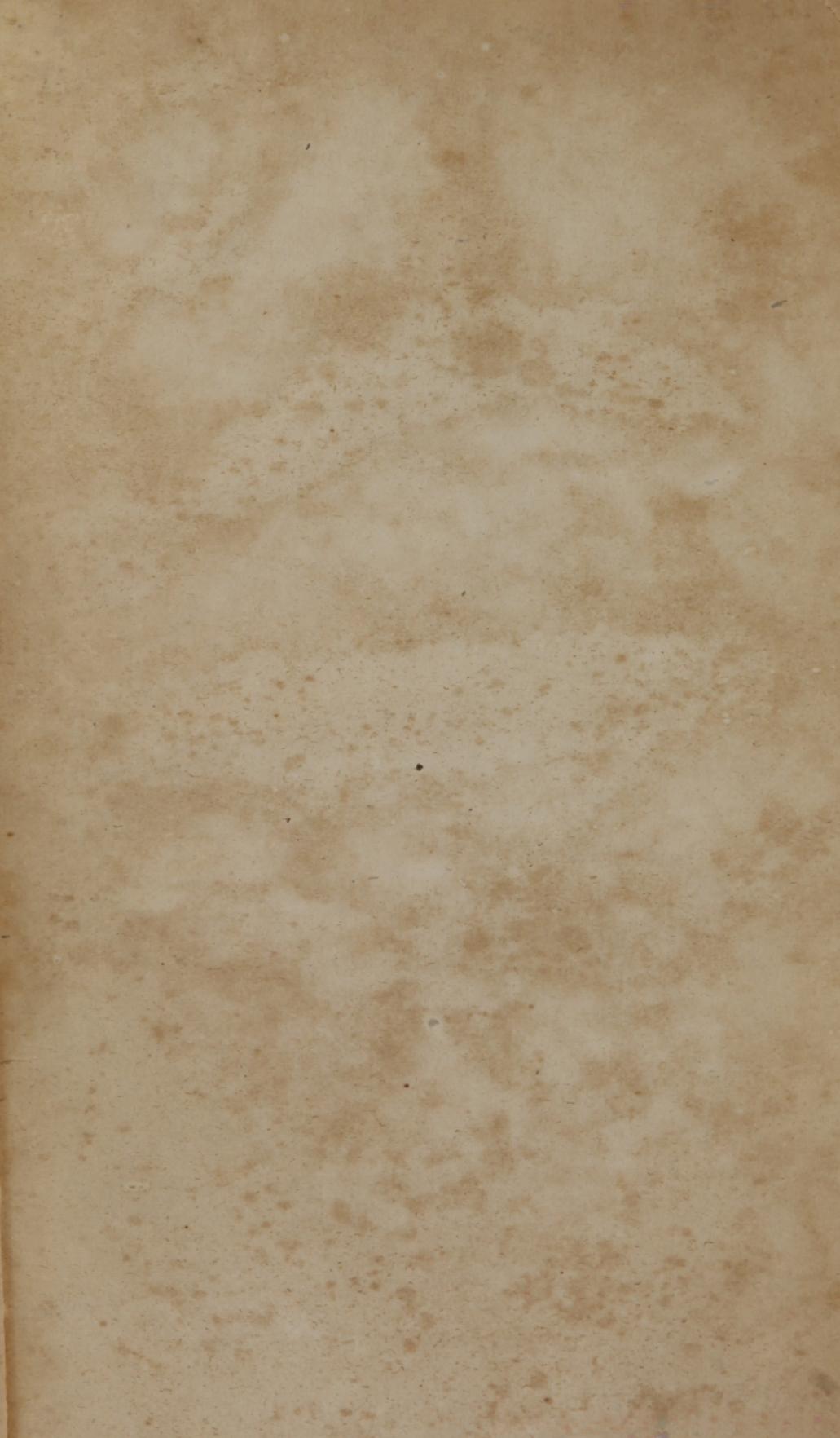




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AN  
IMPROVED SYSTEM  
OF  
BOTANIC MEDICINE,  
FOUNDED UPON  
CORRECT PHYSIOLOGICAL PRINCIPLES;  
EMBRACING A CONCISE VIEW OF  
ANATOMY AND PHYSIOLOGY;  
TOGETHER WITH AN  
ILLUSTRATION OF THE NEW THEORY OF MEDICINE.

TO WHICH IS ADDED, A TREATISE ON FEMALE COMPLAINTS,  
MIDWIFERY, AND THE DISEASES OF CHILDREN.

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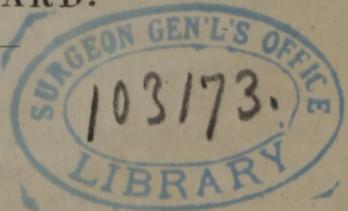
BY HORTON HOWARD.

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IN THREE VOLUMES.

VOL. III.

SECOND EDITION ; REVISED AND CORRECTED.



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## PART V.



### OF FEMALE COMPLAINTS.

#### INTRODUCTION.

IN the following pages we expect to do as most other modern writers who have written upon this subject before us have done, borrow either the ideas or language, or both, whenever it suits our convenience to do so. There is one important point of difference, however, between the short treatise here offered to the public, and all others of the same kind, which is, that our mode of treatment is entirely of another character. This difference of character extends to all diseases peculiar to the female system, under all circumstances, whether pregnant or not, or even in the trying hour of labor.

Those who have perused the two first volumes of the "IMPROVED SYSTEM OF BOTANIC MEDICINE," are aware of the vast difference between our practice and that of the fashionable doctors: they must also be equally well aware of the grand fundamental principle upon which we conceive the curative art to be based, and that medicine must act in unison and harmony with the laws of life, or be inadmissible in practice. These propositions being admitted, there can be no difficulty then in seeing that the same general course of treatment which will cure in one case, will also be applicable in another. The same food, drink and air, which support and preserve one sex, does the same for the other—the same power which operates a whole machine, also operates each particular part—and that medicine which acts in harmony with the laws of life, is universally applicable in all cases of disease, whether of male or female. The same general mode of treatment is, therefore, proper for all the diseases peculiar to females that, under like circumstances of severity, would be proper for those diseases to which males and females are alike liable. This, indeed, is one of the distinguishing characteristics of the new Botanical and Physiological school of medicine, and which is distinguishable of no other.

The foregoing remarks are no less applicable to the often alarming circumstances attending pregnancy and child birth, than to all other cases and situations. If the living power flags or fails, during the painful time of labor, the same principle which stimulates the animal machine at other times, will do it now; and the same kind of medicines are, therefore,

proper to be used. We know of no situation of females, when out of health, that renders it improper to give the best medicines, and use the best means, according to the urgency of the symptoms. And why should any be staggered at these ideas? Does not, as we observed before, the same food, the same drink, and the same air, that sustains the man, also sustain the woman, and keep all their various and diversified organs in the regular and proper performance of their different, and, we might also say, contradictory functions; and why may not the same medicines, when the functions of the organs concerned in pregnancy and child birth fail or become deranged, act upon the same principle, and produce the same happy effect?

We deem it important that these general principles should be known and well understood, especially by females themselves. They are the victims of many peculiar painful maladies, heretofore considered by medical writers, and hence by females themselves, as of a most dangerous character, if not utterly incurable. Hence, in almost all those complaints peculiar to women, and especially at the time of labor, they feel a solicitude and anxiety which but few, perhaps, of the other sex, are sensible of; and this anxiety has been rendered more painful and intense by the mysteries which professional learning and ambiguity have thrown around the causes of it. All know, however, that death, from some cause or other, will take place, sooner or later; it is a consequence dependent upon our peculiar organization, as well as upon that law which proclaims an eternal mutation of matter. But we must confess that we have found the diseases of women quite as much under the control of medicine, as those which are common to both sexes.

How grateful then must be this knowledge to females; and how necessary for their confirmation in, and assurance of it, as well as their properly understanding the important directions contained in this work, that they comprehend the general principles just laid down. This volume is calculated peculiarly for their use; and to them, and to their service, it is dedicated.

We wish them to study it, and understand it. By so doing they will qualify themselves to minister to their own, as well as each other's wants; and thereby avoid the necessity of consulting the other sex, with all its attendant mortification and indelicacy. Our intention, in short, is that this volume shall be a work of private consultation and reference expressly for females. It was on this account that we deemed it proper to print and bind it by itself, detached from the others.

After this exposition of our views, we trust no apology will be necessary for the plain manner in which we shall treat

some subjects. Nothing less than "affectation of feeling can fancy there is indelicacy in understanding what may save from exposure, disease, and death." "Strange perversion! those operations which male doctors are often called upon to perform for the sex, are not to be read of!—are not to be learned, to supersede actual exposure." Such is the language of Dr. EWELL, and our own sentiments fully correspond with his, on this important subject. We are fully satisfied that the more knowledge females possess of themselves and of their complaints, and particularly of the principles of true medical science, the less will they be under the influence of that painful solicitude and anxiety to which their peculiar situation, and the diseases consequent thereon, subjects them.

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## CHAPTER I.

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### OF THE DISEASES PECULIAR TO WOMEN.

WOMEN are not only liable to all the ordinary diseases to which men are exposed, but they are also subject, in consequence of their sexual organization, to diseases peculiar to themselves. Many of these are either of a dangerous or an inveterate character, or both combined. Women are also liable to still more severe diseases from derangements in the functions performed by their peculiar organs, than from the mere circumstance of a different structure. Upon them devolve conception, gestation, delivery, suckling, and all the contingent painful difficulties arising from these functions.

And to what evils do these processes subject them! Yet, before they arrive at maturity and can experience these, they are liable to all such as arise from their sexual organization; and before they can perform one of the ultimate objects of their creation, they are exposed from the same cause, to painful, and sometimes fatal diseases.

To woman, the period of puberty is oftentimes replete with serious ills; she is constantly liable to painful irregularities of her menstrual or monthly purgations, and menaced severely by their present as well as more remote consequences. These purgations may come upon her prematurely, and debilitate by their quantity or frequency; or they may fail so long as to involve her health in ruin. Or she may be either defective or exuberant in some of her organs, and be obliged to submit, if not to a dangerous, yet to an indelicate operation to free her from them. She is likewise liable to most of the diseases of the male, and thus is entailed upon her almost all the ills to which both sexes are subject. How much then is she entitled to the sympathy of the other sex; and how much does it become their duty, by every necessary attention and kind office, to lighten her burthens and smooth her path through life.

The plan which we have adopted in this work may be somewhat new; but it is one which suggested itself to us as the most natural; and as every one has a right to select any arrangement which he may think will best answer his purpose, we have no apology to offer for our own.

## SECTION I.

## PECULIARITIES OF THE FEMALE SYSTEM.

HOWEVER extensive the influence of education and mode of life may be upon the human frame, it is not capable of effecting so great a change upon the female constitution, as to deprive it of its distinctive peculiarities. For, however much may have been effected by the influence of these great agents, in producing a physical and moral similarity in the sexes, yet no changes in the general character of the female have ever been produced by them, so as to leave the slightest doubt to which of the sexes the individual belonged, even independently of the peculiarity of sexual organization.

The anatomical and physiological peculiarities of the female, are both numerous and curious; but we shall in this place, only notice, in a very brief manner, those which principally distinguish her from the male.

One of the most obvious differences between the female and male, is the general inferiority of her stature. Her whole frame, or bony fabric, is more delicate and less extended. The general features, and expression of the countenance, are more soft and delicate; and the face is without that almost universal appendage of the male, the beard.

In the organs of generation, the peculiarities of the female system are still more striking; and the influence which they exercise over the health of the body seems to be commensurate with the important offices which they are destined to perform. No organ of the female system is perhaps so liable to become diseased, or fail to perform its healthy functions, as the uterus; and hence arise some of the most obstinate and painful maladies to which the fair sex is liable.

The female organs of generation consist, in general terms, of the uterus or womb, the ovaries and their appendages, and the vagina, with the structure which surrounds its external orifice or opening. As we shall occasionally have to advert to those parts of the system, we will here, for the purpose of enabling the reader fully to understand all that we say, give a concise description of them: and as these parts must necessarily be distinguished by names which are not common, the reader should endeavor to impress them upon the memory.

In what is denominated the external parts of generation, are included, the *Mons Veneris*, the *Labia Pudendi*, the *Clitoris*, the *Nymphæ*, and the *Hymen*. Intimately connected with the female organs of generation, is also included the *Pelvis*, by which is meant the cavity contained in the circle of bones which surrounds the body at the hips; the front of which bones are termed *os pubis*.

The *mons veneris* or *pubes*, is the fatty elevation immediately in front of the *os pubis*, which, at mature age, as in males, is covered with hair.

The external orifice of the generative organs, commences immediately below the *pubes*; on either side of which are the *labia*. The place of their junction below, is denominated the *furchette*; and the space between their junction and the anus, is called the *perineum*.

The *clitoris* is situated within the *labia*, and immediately below the upper angle of the external orifice, upon the *os pubis*. This organ is a small elevation, bearing some resemblance, in appearance and more so in structure, to the male *penis*, and is the principal seat of sensual pleasure in the sexual intercourse.

The *nymphæ*, are two semi-circular, oblong, thin bodies, situated within the *labia*, and running parallel with them, from the *clitoris*, nearly half their length downward. In some individuals these are so broad as to project beyond or without the *labia*.

The *hymen*, is a membrane, placed at a short distance within the *labia*, and in general partly closing the entrance into the *vagina*. In some instances it is in the shape of a half moon; in others it fills the whole cavity, having a hole in its center; and cases sometimes occur in which it is completely closed, producing, at mature age, the most disagreeable consequences. This membrane is always ruptured or torn during the first sexual intercourse, and hence has been regarded as the test of virginity. Instances, however, are not wanting in which the *hymen* never had an existence, or has been destroyed by disease or accident; indeed, some authors declare that they have never met with one in a single instance. The absence of the *hymen* cannot, therefore, be regarded as an infallible evidence of unchastity.

Immediately below, or rather back of the *clitoris*, is the mouth of the *urethra* or pipe of the bladder, termed *meatus urinarius*, and forms somewhat of an elevation. This position of the *urethra* ought to be well understood, as it often happens that a catheter has to be introduced through it into the bladder, to draw off the urine.

The *vagina* next presents itself to our notice, which is the passage from the external organs to the womb. This passage has the *rectum* adjoining it behind, and the *urethra* and bladder before and above it. It passes backwards and upwards, terminating at the mouth of the womb. The *vagina* is narrower at its beginning than it is further inwards; and is much larger in women who have had children than in those who have not.

At the posterior or back extremity of the vagina, is the mouth of the womb, which is technically called the *Os Tinæ*, and projects or rather falls down, more or less, into the vagina.

The uterus or womb in shape and size is compared to a large pear, with the small end or neck downward, and its large part or body upward. It is, however, not perfectly round, but somewhat flattened. The womb, like the vagina, in women who have lately had children, is larger than in those who have never borne them. It is situated in the pelvis, between the bladder and the rectum. The reader must recollect, however, that we are speaking of the womb in its unimpregnated state.

Connected with the womb are the *Ovaries* and *Fallopian tubes*, parts essential to generation. The ovaries produce the *seed* of the woman as the testicles do that of the man, and are hence often called the female testicles. These are situated one on each side opposite the neck of the womb, and are small roundish shaped bodies, about the size of small nutmegs.

The fallopian tubes have their origin at the upper or large part of the womb, from whence they extend to the right and left nearly in a horizontal direction, for two or three inches, when they suddenly drop down with their ends nearly in contact with the ovaries. The ends of these tubes are terminated by a kind of fringe, which is called the *fimbriæ* of the fallopian tubes. They are hollow throughout; opening into the uterus or womb at one end, and into the abdomen at the other.

We will close this section by a few brief remarks upon the changes which take place in the womb in the progress of pregnancy. The most striking alteration that occurs in this organ, is the very great enlargement of its size. We have already remarked, that, when not impregnated, the womb in shape and size is compared to a large pear, with so small a cavity that its internal surfaces are almost in contact with each other. But towards the conclusion of pregnancy, instead of the small and almost solid body which we have endeavored to describe, it forms an immense sac, which extends from the termination of the vagina in the pelvis, nearly up to the breast bone, and from one side of the abdomen to the other. This enlargement however, is so slow at first, that before the third month, the womb does not extend above the cavity of, the pelvis.

During the first six months the body of the uterus is the part principally enlarged; but after this the neck begins to expand, and gradually loses its distinctive shape, so as to form a portion of the uterine sac.

Considerable changes also take place in the appendages of the uterus. The ovaries appear rather larger and more spongy; the fallopian tubes are also enlarged; and instead of passing off horizontally and making an angle, as the womb expands and mounts upwards, they assume a straight direction downward along its sides.

## CHAPTER II.

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### OF DISEASES PECULIAR TO THE UNIMPREGNATED STATE.

ALMOST every state and stage of female existence is liable to some disease peculiar to itself, as well as to others common to them all. These remarks, however, are more exclusively applicable to females after having arrived at mature age. Previous to this period, they are scarcely subject to any complaint not common to both sexes.

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### SECTION I.

#### IMPERFORATION AND TOO GREAT DENSITY OF THE HYMEN.

WE commence with remarks upon these states of this organ, because if they exist, they must have existed at birth; at least the imperforation must have then existed. By imperforation is to be understood, that there is no passage or communication through it into the vagina. By its too great density is to be understood, that although there may be a passage through it, yet the hymen is so dense and strong as not to be ruptured by the sexual intercourse. Instances are also recorded in which, although this state of the hymen existed, yet it did not so interfere with sexual intercourse as to prevent pregnancy from taking place; but at labor obstructed the birth of the child, until the hymen was divided with a knife. Instances of either of those cases, however, are extremely rare.

No inconvenience is experienced from an imperforated state of the hymen until mature age when menstruation or the monthly purgations have taken place. The menstrual fluid now being regularly secreted by the womb, but not finding an outlet through the hymen, its quantity accumulates until not only the vagina, but also the womb itself becomes distended, sometimes to a great size, before the real cause of the difficulty is discovered. Where the accumulation becomes so great as to distend the abdomen, the poor unfortunate female, in addition to her bodily sufferings, must be harassed by the uncharitable suspicions of her friends and those around her.

When the hymen is imperforate, the patient suffers considerable pain at each return of the menstrual period. These pains resemble the pains of labor and, in cases attended with an enlargement of the abdomen, have often been, as they very naturally would be, mistaken for them. After continuing for a while, the pains cease, and do not recur until another menstrual period arrives.

It is highly probable that an imperforate state of the hymen exists in more instances than may be generally supposed. In those cases which have been relieved by an operation, the hymen has been found to be of different degrees of thickness and density; and it is fairly presumable that in many cases it may be so thin and weak as to be ruptured by the accumulated weight of the menstrual fluid, or, if not by this, finally by the pressure occasioned by the pains which take place at each monthly period. In one instance recorded by Dr. M'CAULY, he actually mistook the protusion of the hymen for the membranes forced down, as he supposed, by the pains of labor. In this case it appears from the account, that the hymen was very dense; had it been of a thin and weak texture, the presumption is that the contractions of the womb were sufficient to have reaptured it.

The only remedy for imperforation of the hymen, appears to be that of making an artificial perforation or opening through it. And considering the indelicacy of the operation, and the great, though by no means reprehensible aversion of females to the exposure consequent upon such operations, we cannot but strongly recommend its performance by some intimate confiding, but discreet, female friend. We have no doubt that the finger of the female sufferer herself would, in many instances, be sufficient to rupture the hymen; or if possessed of sufficient courage and discretion, she might even perforate it with some sharp instrument.\*

Although these hints might be reprobated by the illiberal of the medical faculty, who wish to engross every thing by which they can make a gain, no matter at what expense of female delicacy, yet we are not conscious that by these remarks we shall in the least degree encourage a course calculated in any manner to aggravate the sufferings of the female sex. It

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\* Since the above was in type, in accidentally turning over the pages of Good's Study of Medicine, we met with a case exactly to the point in a young married lady, by whom Dr. Good was consulted. "He explained the nature of the operation to be performed, and added that he had no doubt of a successful issue. The lady was reluctant to submit herself to the hands of a surgeon, and hence with equal courage and judgment became her own operator. The impediment was completely removed, and she has since had several children." Vol. V. p. 85. New York edition, 1829.

does not appear from the operations of this kind which have been performed, that any particular danger is to be apprehended from their performance either immediately or remotely; and should inflammation even arise, it requires no more than the common treatment which is adapted to other cases of like character. The operation is one of the most simple kind; nothing more than passing a knife, lancet, or other sharp instrument, through a thin membrane possessing but little sensibility or sense of feeling.

In order to perform this operation to the best advantage, the external orifice or labia should be well opened and distended, when the knife may be carefully passed through the upper part of the hymen and an incision made down to the lower or back part of the same; being careful not to injure or wound any other part excepting the hymen. This is certainly a most simple process, and might be performed by any discreet female possessing a little resolution, and thus save a modest girl from the rude unblushing interference of some professional hand of the other sex.

When the menstrual fluid has been retained in consequence of the imperforate state of the hymen, it assumes a dark tarry appearance, but is immediately evacuated on opening a passage through the hymen. The quantity will vary, of course, with the length of time which has elapsed since menstruation commenced, as well as with the quantity of fluid secreted at each menstrual period.

The suggestion we believe has by no writer been made, yet we deem it proper to do it here, that infants be examined soon after birth, and if the hymen be found imperforate let an opening through it be immediately made when the child is young. A little lint or a small rag moistened with oil or salve should be introduced to prevent the parts from again uniting. By this trifling attention and simple process might always be saved, the painful exposure and indelicate operation, attendant upon an imperforate state of the hymen when the person is grown up to mature age.

The too great density of the hymen, although it may be perforate, is also productive of serious ills; but is a difficulty, as appears from DEWEES, easily removed. The evils arising from this state of the hymen, notwithstanding it may be an impediment to sexual intercourse, and even in most instances entirely prevent it, yet this is not always the case; for conception has been known to take place when the woman labored under this disadvantage. The great difficulty then occurs at child birth, as the strong hymen prevents the expansion or dilatation of the vagina, and of consequence, interrupts the passage of the child's head.

The method adopted by DEWEES for overcoming a difficulty of this kind, is very simple, and was as follows:—He made a slight incision or cut in the hymen, by passing a probe-pointed *bistoury* between it and the child's head, and then introducing his finger and giving it a slight rotary motion, he ruptured or rather tore the hymen so as to allow the parts to expand, and freely permit the passage of the child. We will just remark, that the probe-pointed *bistoury* is nothing more than a crooked knife with a blunt or dull point somewhat similar to a probe, which prevents the knife from injuring parts which it is not intended to cut or wound. The same thing may be done with any other knife, by taking suitable care.

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## SECTION II.

### ADHESION OF THE LABIA PUDENDI OF CHILDREN.

THE labia of young children are often found adherent; that is, grown together. This situation of the labia seldom occurs, says DEWEES, in children under six months old. It is caused by an inflammation and suppuration of the internal surfaces of these parts, which, in healing, adhere or grow together.—The cause of this inflammation is believed to be the want of proper regard to cleanliness. Mothers and nurses ought to be careful often to examine the labia, paying strict attention to their cleanliness, and if inflammation, canker, or any kind of soreness, appear between them, take immediate measures to cleanse and heal them. They may be washed with warm milk and water, carefully and tenderly dried with a soft cloth, and dusted with finely, powdered hemlock bark or witch hazle leaves, or the fine powder of any old woolen cloth burnt to a cinder. One or the other of these we never knew to fail of effecting a speedy cure in cases of this kind. The same application may be made to chafes in the groins, behind the ears, or any where else, and will always be found useful.

The adhesion of the labia is very readily discoverable by their being inseparable. If an attempt be made to separate or open them, they can only be separated a short distance, when a continuous line of adhesion will be discoverable from near the *meatus urinarius* or mouth of the urethra, down to the lower or back part of the passage.

There appears to be but one remedy for this complaint; and so soon as the difficulty is discovered, it should be attended to, and on no consideration allow the child to grow up in this situation to womanhood. The remedy is, to divide the parts; about the method of doing which there is some disagreement.

Some direct the operation to be performed with a bistoury or knife; whilst DENMAN thinks such an operation neither requisite nor proper. His method of separating the adhering parts, is to make a firm pressure upon each side, and at the same time inclining them from each other, by which means they are *torn* asunder, and yet, as he says, scarcely making the child complain. But in whatever manner it is performed, the operation is very simple, and requires but little skill. After the separation is made, a small quantity of lint with oil or salve, should be introduced between the separated portions; and the wounds will heal without the smallest difficulty, in two or three days.

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### SECTION III.

#### OF MENSTRUATION.

MENSTRUATION is a periodical discharge from the womb of females of the human species alone. The term is derived from *Mensis*, a month; as, in temperate climates, this discharge occurs, with healthy women who are not pregnant nor giving suck, at intervals of a lunar month, that is 28 days.

We have deemed this notice of a *healthy* function proper, not only from the important influence which its regular and suitable performance holds over the system, but also from the certain destruction of health which follow its deviations.

The menstrual discharge, though formerly supposed to be blood, is now admitted to be a regular secretion from it in the internal surface of the womb; and instead of being blood, it is divested of a peculiar characteristic of this important fluid, the power of coagulation or clotting. The cause of this evacuation has not been satisfactorily accounted for by physiologists.

Menstruation commences in hot climates, at the age of eight or ten years; in temperate ones, at fourteen or fifteen, though sometimes protracted to eighteen or twenty; whilst in very high or cold latitudes, it does not commence until the eighteenth or twentieth year of the female's age; and then oftentimes takes place only in the summer. But at whatever time of life this discharge commences, the woman is said to be at puberty, that is maturity; though it is the effect and not the cause of this state of the system. Before menstruation takes place, as well as after the period at which it ceases, the generative organs are incapable of performing their peculiar functions.

The period at which menstruation commences, is influenced by the constitution and mode of life, as well as by climate.—

Those who have a rapid development or growth of body, have an early appearance of the *menses*; and where this process is slower, the menses appear later. And those who live in cities will menstruate earlier than those who dwell in the country in the same portion of the globe. The period during which women are liable to *menstruate*, varies in duration according to the time that has elapsed previous to its commencement; being generally about double this time. Thus, if a female commence menstruating at fourteen or fifteen, she will leave off at about forty-five; those who commence at eighteen, will continue until upwards of fifty; whilst those who commence at the age of eight or nine, as in hot climates, leave off at twenty-five or six.

Although, as has been stated, menstruation announces the period of puberty, it is not the cause but the effect of the complete development of the organs of generation, and seems no otherwise connected with the generative process, than as being a periodical secretion from one of the instruments concerned in generation during the period which the organ is capable of performing its peculiar function, excepting, as before stated, the time of pregnancy and giving suck. It may, however, even take place, and still the woman be incapable of conceiving, probably from some imperfection in some other organ: But instances must be very rare, if any have ever occurred, in which conception took place either before or after the menstrual period.

Menstruation rarely fails to be announced or preceded by a variety of symptoms of greater or less severity; especially in girls who have been delicately brought up, and thus have their nervous systems debilitated and made morbidly sensitive to those causes which produce symptoms of nervous irritation. Hence there is often ringing in the ears; a sense of suffocation, or of hysterics; palpitations of the heart; variable appetite, with loathings and cravings; a disposition to be easily frightened; convulsions, &c. &c.; all of which are immediately relieved by only a trifling discharge of the menstrual fluid.

It also often happens, that other inconveniences than those enumerated occur; such as a sense of weight at the lower part of the belly; pains in the back, or the womb; scalding of the urine; bearing down; with listlessness, &c. &c.; any or all of which may be regarded as symptoms of the approaching discharge.

Very important changes, both physical and moral, take place at this period, which, above all others, perhaps, is replete with consequences of the first magnitude to the inexperienced female. The voice at this time assumes gradually a different tone; the neck and throat increase in size; the breasts swell, and the nipples protrude; the chest expands; the eyes

become more brilliant and expressive of intelligence; in a word, the girl becomes a woman, and almost another being. A corresponding change also takes place in the mind. Childish pursuits and amusements now afford less diversion, whilst the general deportment becomes more graceful, and altogether confer upon the female a perfection of those attractive charms of which she is so eminently susceptible.

The quantity of fluid evacuated at each period of menstruation, is much varied in different individuals, and in different climates. In some, the quantity is very small; whilst in others it is much larger, though this seems to have no connection with the health of the individual. It is only the large quantity compared with what the same person usually discharges, that appears to have any influence upon health. In regard to climate, the quantity is greater in temperate than in either cold or hot regions.

The menstrual purgation usually requires from three to six days for its completion; and commonly returns with great regularity with women who are in good health; rarely overgoing twenty-eight days; though it sometimes, in consequence of ill health, appears once a fortnight, and at other times, disappears for five or six weeks.

As the time approaches at which this evacuation is to cease, it becomes more irregular, both as regards the quantity discharged and the periods of its return. These may be from two to six weeks; and finally, the discharges cease altogether.

The period of the cessation of the menses, is also one of deep interest to the female constitution. It may be fraught with the elements of health and future exemption from previous ills; or it may be the harbinger of some acute disease, or of a painful slow decay.

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## SECTION IV.

### OF THE RETENTION OF THE MENSES.

IN the preceding section, we have shown that the period at which menstruation may be expected, is regulated more by the condition of the system as produced by climate and habits of life, than by the age of the female. Nevertheless, this being the case, each climate or portion of the globe has established general rules as to the age at which this discharge ought to take place; and if long retained beyond this period, the health is apt to suffer; and to this condition of the system has been given the name of retention of the menses.

The period at which menstruation usually takes place in this climate, as has heretofore been observed, is at the age of

fourteen or fifteen. If, however, the menses delay their appearance considerably beyond this period, and the general health is not impaired, we are by no means to regard it as a state of disease. It is only when the common symptoms of the menses make their appearance, without any discharge, and the health evidently is suffering in consequence thereof, that we are to consider it and treat it as a disease. In consequence of the fears and anxieties of those who have the charge of females at this important period of life, they are often subjected unnecessarily to a most rigorous system of doctoring, and frequently with no better effect than serious and lasting injury to the health.

Girls also very often suffer incalculable mischief at this period of life, from the reprehensible, nay, criminal neglect of mothers, or others in whose care they may be placed. They are often suffered to grow up in ignorance of the discharge which all females, sooner or later, are to expect, and of the rules which ought to govern their conduct at this critical period. In consequence of this ignorance, for which the unfortunate girl is not to blame, menstruation comes upon her at unawares, and in the confusion and alarm naturally arising from this unlooked for event, she commits some rash act that perhaps entails upon her a miserable existence for life. Many, under such circumstances, have gone into ponds, rivers, or brooks, or sought other modes of using cold water, for the purpose of washing out the stain, by which means they have taken colds that have often been productive of irreparable injury to the constitution. Convulsion fits, and incurable chronic complaints of various kinds, are the common and frequent results of this species of imprudence, which might, in all probability, have been avoided had the unhappy victim only been apprised of what she should expect, and the rules by which she ought to be governed. We are at a loss to perceive any rational excuse for a mother allowing her daughter to grow up in ignorance of what is so intimately connected with her earthly happiness; and we cannot but advise, most seriously and strenuously, that where mothers have any reason to believe their daughters ignorant, in any degree, of whatever is important for them to know relative to menstruation, that they take seasonable measures to communicate this necessary information to them. If their own delicacy or diffidence, or the delicacy or diffidence of the daughter, be an obstacle to the free and frank communication of suitable instruction, procure some one in the confidence of the daughter, to instruct her. She may also be permitted to read such books as will enlighten her mind on this subject, the rules of which should be occasionally explained or enforced by any discreet individual. There is no palliating excuse for that squeamishness and false delicacy

which many feel and approve, about their daughters being informed, or their reading books containing suitable instruction. They must unavoidably obtain this knowledge by some means or other, and many, by the criminal neglect of mothers or others, have acquired it at the expense of health, and even life.

But we cannot omit observing to those who have charge of females, that the lapse of the ordinary term of years is not all that is requisite to produce menstruation. The womb and ovaries must have arrived at maturity and be in good health, before the menses can show themselves; and this condition of those organs is always indicated by corresponding changes in other parts of the system—there must be evidences of womanhood before these discharges will make their appearance.

After girls have arrived at that age at which the menses commonly appear, and their breasts have become enlarged, with other signs of puberty; and have also the ordinary symptoms which commonly precede this discharge, such as pains in the back, hips, and loins; sensation of weight, fullness, and heat, in the pelvis or lower part of the belly, attended sometimes with a forcing or bearing down, measures should then be taken to facilitate the discharge. There will also often be head-ache, loss of appetite, weakness of the limbs, and a paleness which seems of a peculiar kind, with a sinking of the spirits, loss of vigor, hysterical affections, and other derangements of the general health. These symptoms often occur periodically; though sometimes they soon produce protracted or continued ill health.

Under circumstances such as these, if the patient be not accustomed to laborious exercise, she ought to employ herself in some way best calculated to give all the organs of the system that activity which they require. She ought by no means to keep shut up in a close room during fair weather, nor in her bed; but go into the open air and take exercise by walking, or riding on horseback or in a carriage, or in any other manner she may prefer. But she must by all means avoid being out in the night air, walking in the dew, going barefoot into cold places, as well as all other means of taking cold.

At those times in which nature seems disposed to favor the discharge, she may take madder tea, pennyroyal tea, diaphoretic powders, or cayenne pepper, and use the vapor or steam bath, at discretion. The madder tea, which has obtained much notoriety as well as the pennyroyal for this complaint, is made by steeping an ounce of madder, with a few cloves, in a pint of boiling water for fifteen minutes; then sweeten, and when cool strain off, and give a wine-glassful every three hours.

If the foregoing means fail to produce the discharge, the vegetable cathartic, or Bunnell's pills may be given, two or three of them at night, and if they do not operate, one or two more in the morning; after which a dose of the bitters may be taken three or four times a day. Injections, applied either to the rectum or vagina, will also be very beneficial. The injections for the vagina should be composed of a strong tea of witch-hazle, or red raspberry leaves, or of the anodyne powders, with a very small portion of cayenne, tincture of myrrh, or anodyne drops, added, and repeated two or three times a day, and the pills once or twice a week. A tea of the rattle root is known to produce a decided effect upon the uterus, in obstructions of the menses, and no doubt may be useful in this case. But if after using the means which have been recommended for a reasonable time, the desired evacuation is not produced, we must then resort to a course of medicine, as described in the second volume; which must be repeated according to the urgency of the symptoms, two or three times a week, taking, during the intervals between the courses, the bitters and diaphoretic powders, six or eight times a day, in doses of half or a whole tea-spoonful; or, in addition, the madder, or rattle root tea may also be taken twice a day; and thus continue until a cure is effected.

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## SECTION V.

### OF PAINFUL MENSTRUATION.

THIS disease, says DEWEES, is very common in our climate, and is one not only of great suffering, but also very often of great obstinacy. Single and married women are alike liable to its attacks, and continue so from the commencement to the termination of the menstruating period of life.

The causes of this painful malady have not been satisfactorily accounted for; but those usually assigned are—taking cold, particularly after an abortion or miscarriage, or during the flow of the menses.

The sufferings of women who are subject to this complaint, are often of the severest character; resembling, in point of intensity, the pains of labor. It usually commences with a slight menstrual discharge, which being pretty suddenly stopped, a pain almost instantly ensues, which is described by women as a forcing or bearing down pain, returning at longer or shorter intervals, until either a membranous substance, or small clots of blood, are discharged. After the expulsion of either of those substances, the woman generally enjoys a pe-

riod of ease. Sometimes, however, there is a fresh production of one or the other of those substances, and then there is a return of pain. These pains generally continue, with different degrees of violence during the whole continuance of the discharge.

In some cases of painful menstruation, the breasts appear to sympathize with the womb, and become swelled and very painful; and besides the labor-like pains, of which we have spoken, there is often, if not always, a permanent pain in the hips, and back or loins. There is also very often head ache, sickness at the stomach, vomiting, and many other unpleasant and distressing symptoms.

We have elsewhere remarked, that the menstrual discharge, although it has the appearance of blood, is still a very different fluid, inasmuch as it never coagulates, that is, never clots like blood issuing from a wound. But, as we have just observed, a part of the discharge in painful menstruation, is actually clotted or coagulated blood. And it will be found, that whenever this kind of discharge attends menstruation, it will also be attended with severe pain. Moreover, women who have discharges of clotted blood, will never become pregnant, and bear children.

**TREATMENT.**—We may commence the cure of this painful malady by giving two or three of our vegetable cathartic pills, at bed time, and if necessary one or two in the morning, so as to produce brisk purging. This may be repeated once or twice in the course of the month, preceding the return of the menses, taking care so to manage as to administer a dose either at the time, or a day or two before, the discharge makes its appearance.

After the operation of the first dose of the pills, the patient should take regularly, three or four times a day, a dose of the laxative bitters, and at bed time a dose of the diaphoretic powders. When menstruation actually commences, she should drink, in addition to the bitters, very frequently of strong tansy tea, which appears often to exert a powerful influence in allaying painful menstruation. Injections, as recommended for retention of the menses, should also be occasionally administered.

The unicorn root, which has been highly recommended to prevent abortion, it is very probable might be advantageously employed in painful menstruation, both preceding the return and during the flow of the menses. The partridge berry (*Mitchella repens*) is also recommended for this disease.

After a trial of those means, if they do not afford relief, or effect a cure, in addition thereto, a course of medicine should be occasionally administered, and particularly at each return

of the menstrual period. During the time the menses are flowing, if notwithstanding the use of what we have recommended, the pains should be severe, the patient ought to take freely of cayenne, retire to bed, and have a hot rock or brick placed at her feet and back or bowels. The cayenne may be given either in the tansy tea or a decoction of Dr. WELLS' anodyne powders. His anodyne drops may also be used; and the tincture of myrrh has likewise been found serviceable in some cases of this kind.

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## SECTION VI.

### OF PROFUSE MENSTRUATION.

PROFUSE menstruation can only be ascertained by comparison with the same discharge from the same woman at other times, or by its debilitating effects. No two women, perhaps, discharge the same quantity; and therefore the amount evacuated by one may be far greater than that discharged by another, and yet be productive of no bad consequences. The menses should not be considered profuse, or rather their large quantity ought not to be regarded as a disease, unless they produce debility or other inconvenience.

This complaint may arise from general debility of the body, or a particular weakness of the uterus or womb. It is also supposed to be caused by an attenuate or thin state of the blood; by repeated miscarriages; poor weak diet; and excessive indulgence in sexual pleasures.

Menstruation may be profuse either from the circumstance of its too frequent recurrence, or from its too great quantity when recurring at the proper periods. There is also often attendant upon this disease, a discharge of real blood, which proves very debilitating. These circumstances, however, require no change in the treatment which, in all cases, may be the same.

**TREATMENT.**—In the treatment of this complaint, we should make use of such means as have a tendency to strengthen the whole system, and particularly the womb. For this purpose, birth root, tansy tea, spice bitters, or any of the astringent tonics, particularly the anodyne powders, may be used. Cayenne pepper must also be freely administered if profuse flooding take place, taking it in half or whole tea-spoonful doses, several times a day, according to the urgency of the symptoms. Injections and the vapor bath are also highly serviceable, and should be resorted to if the other means advised fail.

Or if the disease prove obstinate, in addition to these means, a course of medicine must be resorted to, and repeated as the circumstances of the case may appear to require. A tea of the queen of the meadow has often been found useful in weakness of the uterine vessels, and is therefore proper in this case. A tea of the amaranth or prince's feather, is also a very popular remedy for flooding.

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## SECTION VII.

### OF SUPPRESSED MENSTRUATION.

SUPPRESSED or obstructed menstruation is usually caused by exposure to cold; and hence amongst females is usually styled, somewhat significantly, *taking cold*.

This is a complaint to which women are exceedingly liable, and is often productive of the worst of consequences. The bad effects, however, of taking cold do not always show themselves immediately; but generally become manifest after repeated obstructions have occurred; sometimes producing dyspepsy, dropsy, consumption, &c. The menses are suppressed during pregnancy and suckling; and also occasionally by disease; but under such circumstances it is not to be considered as a disease itself. Suppressions from cold are often attended by hysterical affections.

When a cold has been taken during the interval between the periods, the first notice perhaps, which the woman may have will be the want of a return of the menses at the proper time. With women who are otherwise in good health, there may be little or no pain or other inconvenience experienced, until the menses fail to return for two or three periods: But those whose health is otherwise deranged, and especially such as have had frequent obstructions of their monthly purgations, there is often much pain in the back and bowels, together with head-ache and fever. The countenance now becomes pale; the flesh diminishes, and the strength fails. There may also be palpitations of the heart; a sense of suffocation, and difficulty of breathing, together with fluor albus or whites, and various other symptoms.

When the menses are obstructed by cold taken near the time they are about to appear, or after they have actually commenced, the painful symptoms are often much aggravated. In such cases, the patient may be attacked with pain in the head, back, and bowels: and sometimes with such violence as to create much alarm. Violent hysterics, painful

colics, and even temporary derangements, have sometimes been known to result from this cause.

Women should be careful about exposing themselves to cold at all times, but particularly near the time they expect their monthly evacuations, and especially after these have commenced. Many a good constitution has been ruined, and the happiness of many a female destroyed for life, by carelessness at those periods. Indeed, a very considerable number of the diseases of women arise from this one cause.

**TREATMENT.**—In all recent cases, very simple means will generally restore the discharge. If the difficulty be caused by a cold taken during the flow of the menses, or immediately preceding their expected return, drinking freely of pennyroyal, tansy, or rattle root tea, will almost always bring on the discharge. The rattle root especially may be regarded as one of the most certain remedies for this difficulty. It seems to be so prompt in its operations in cases of this kind, that we have sometimes been fearful that its indiscriminate or frequent use might be attended with danger. But we know of no bad consequences resulting from its administration.—Cayenne pepper is also a valuable remedy in this complaint, and may be given freely, especially if there be much pain or fever. Sitting before a hot fire, with the feet in warm water, and at the same time drinking any of the forementioned teas as warm as can be borne, to promote sweating, is very serviceable; or if the case be severe, steaming will be still better, or even a full course of medicine may be resorted to and repeated if necessary. And in short, any thing warming or heating taken into the stomach, and at the same time applying heat externally, as it relaxes the system, has a tendency to restore the monthly courses, when stopped by a cold; and women, when they find this to be their situation, ought immediately to use some of the means which are here recommended, and persevere in them until their courses are restored. By neglecting this, they may lay the foundation of painful and sometimes incurable maladies.

In cases where colds of this kind have been neglected until the foundations of health have become fairly sapped; when that peculiar paleness and debility consequent thereon, give evidence of the existing evil; when a train of nervous disorders, and hysterical affections are preying upon the unfortunate sufferer, it will then be necessary to adopt more active measures. She should then commence with taking the diaphoretic powders and laxative bitters alternately, five or six times a day, for a few days, and then have a full course of medicine, and occasionally throw an injection into the vagina, made as directed in page 21. The course of medicine should

be repeated two or three times a week, together with the diaphoretic powders and especially the bitter tonic, until the usual symptoms indicating the return of the monthly evacuations take place; when a dose of the vegetable cathartic, or Bunnell's pills ought to be taken.

If there should be much pain, or other apparent disorder, after the pills operate, whether the discharge appears or not, the anodyne powders or anodyne drops, or both, may be employed. If the female have an idea of the time when she may expect her courses, she may commence drinking the rattle root tea a day or two before this time, and continue drinking it until the discharge takes place; when she ought to leave it off. If the discharge be profuse, she may drink freely of a tea of the astringent tonics; or of the birth root or witch hazle leaves, adding to each dose, from half to a whole teaspoonful of cayenne.

Should the menses not be restored by the means recommended, at the first period the organs seem disposed to favor it, the courses of medicine ought to be continued once or twice a week, according as the health of the individual may be, until another period arrives. The use of the bitter tonic may also be persevered in, and if the health appear to require it, the diaphoretic powders should be taken once or twice a day, particularly at night on going to bed, together with the occasional use of injections as before recommended.

About the time that the courses may be expected, or whenever the symptoms thereof occur, the rattle root tea must be employed as heretofore pointed out. And in the manner which we have directed, or as nearly so as the circumstances of the case may require and the judgment dictate, all cases of this kind may be treated, not only until the menses are restored, but until they become regular in every other way, and the general health is fully established. There may be many deviations from the circumstances and symptoms herein detailed, and so there may be variations in the treatment laid down; yet but few, if any, can mistake the disease, and perhaps none misapply the medicines.

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## SECTION VIII.

### OF THE CESSATION OR DECLINE OF THE MENSES.

WE introduce this subject here not because the cessation of the menstrual discharge is a disease, but because this period is one of peculiar interest to women, who view the near approach of the forty-fifth year with great anxiety. This is

the most common age at which menstruation ceases; and it often happens that those women who have enjoyed good health up to this time now become the subjects of some severe disease; whilst others whose health has been bad, may acquire an energy and vigor which, perhaps, they had never before experienced.

It does not, however, necessarily follow as an effect of the suppression of this function, that such a change should take place in the constitution. The cessation is perfectly in accordance with the laws of nature; the organs have become worn out, that is, their procreative powers are exhausted, and their functions of course must cease. These changes, when they do take place, are produced by accidental causes which cannot always be distinguished or accounted for.

Delicate women, and especially those who have lived in idleness, cease to menstruate at an earlier period than those who are robust and have been accustomed to labor. In some few instances, however, the menses cease very early in life without any apparent cause, and without producing any bad effect upon the constitution; and on the other hand, instances are recorded in which this discharge continued to an advanced age.

In some cases, the cessation of the monthly courses produces so little alteration as scarcely to be noticed by the woman herself; in others their decline is so gradual, as not to attract attention until the diminished quantity gives notice that they are about to leave her forever; but sometimes they become so irregular, both in the periods of return, as well as in quantity, as to excite just alarm, as well as produce the most serious consequences. And it is on account of this latter circumstance, that the decline of the menses has here been noticed.

No judgment as to the consequences which may succeed the cessation of the menses, can be drawn from their irregularity either of time or quantity. So long as health continues good, no apprehensions need be entertained as to the result.

At this period of life, nothing will so effectually secure females against injuries which may arise from irregularities of the menstrual discharge, as regularity in eating and drinking; in exercise and rest; and in the proper government of all the passions. Extremes of every kind should be avoided, and the utmost care must be taken to preserve the general health unimpaired.

But in case the health should become poor, the same general plan which we have recommended for other complaints ought to be pursued; such as using the diaphoretic powders, bitters, tincture of myrrh, &c. or if the health suffer much diminution, a course of medicine must be resorted to occasionally; and if the health appear to suffer either from the in-

creased or diminished quantity of the menstrual fluid, the course of treatment advised under the heads of profuse and suppressed menstruation must be adopted, according as either of those conditions may prevail.

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## SECTION IX.

### OF BARRENNESS.

AN unfailing source of unhappiness in the married state, is barrenness, or inability to conceive offspring. It may arise from various causes, such as imbecility or want of tone in the organs of generation, which may be produced by injuries either from violence, or from disease of the parts; abortions; violent floodings or suppressed menstruation; or from excessive indulgence in sexual pleasures.

Barrenness may also be caused by some natural or accidental defect in the organs. The ovaries, or fallopian tubes, or even the womb itself, may be defective; or the vagina may be too narrow, or the hymen may be imperforate, or if perforate, it may be too dense and not yield to the force of the sexual embrace; or the fault may be in the male. It is only, however, with the incapacities of the female that we have any thing to do here. Another source of barrenness, which we have before noticed, is to be found in the same cause that produces painful menstruation, when coagulated or clotted blood is discharged at the menstrual period.

**TREATMENT.**—The best method of treating this misfortune, is to make use of such means as will promote the general health, and establish a proper tone of action in each particular part. Injections both to the vagina and rectum will have a strong tendency to promote an action in the womb and organs connected with it—the ovaries and fallopian tubes.

When irregularities of the menses appear to be the cause of barrenness, the treatment will be found under the heads of those complaints. If it is produced by any natural defect of the organs, a cure cannot then be expected.

Dr. EWELL recommends very highly, the exciting a secretion or flow of milk in the breasts, as a cure for barrenness; and we have no doubt of its being well worth a trial. There is certainly an intimate connection between the womb and the breasts, as we see in the fact that the breasts of a healthy woman always furnish milk after the birth of the child.

“The most natural action,” says EWELL, “for the breasts, is the secretion of milk. They have often been excited to

the discharge without pregnancy. A child losing its mother, and sleeping with a female friend, has been known in the night to get the nipple in its mouth, and to excite milk by morning; the discovery led to the resort, and the child was abundantly nourished at the breast of the maid. Would it be indelicate or disgraceful—nay, would it not be very commendable, as it would be serviceable, for many single women to undertake this office for motherless infants? There are circumstances in which it is surely loudly called for.”

“There can be no question,” continues he, “that any female breast may be excited to the secretion of milk. The means are simple. The woman should drink freely of any kind of liquid, and live freely. The breasts should be handled frequently, rubbed with the softest hand, bathed in sweet oil, and a warm poultice applied over the whole of them for an hour. Then it should be removed, and the breasts still be handled and sucked gently, at repeated intervals throughout the day, for several minutes. Particularly every morning, noon, and night, the operation should be renewed until the milk comes. A young dog has often been used for drawing the breasts. When the action is excited, it should be kept up for months, by daily sucking them. About the time of discontinuance, or sometime after, impregnation may most probably be effected. There can be no doubt of the womb being more acted upon, more roused to natural action, by these means, than any other we know; and they ought long since to have been tried. I repeat the declaration, that I have had it actually done with complete success; the good effects of which, in one instance, exceeded expectation.”

Ewell's Family Physician, p. 205, Georgetown, 2d ed.

## CHAPTER III.

## OF THE DISEASES OF PREGNANCY.

PREGNANCY, although a perfectly natural state, renders the woman liable to the inconvenience of certain diseases which, under other circumstances, she might more frequently escape. The most common complaints attendant upon pregnancy are such as are not dangerous in their character, but which are still very often exceedingly troublesome and annoying. And we can scarcely conceive of any ordinary situation in which a female can be placed, that more urgently calls upon the husband for sympathy and soothing consolation, than that of a female suffering under the complicated ills so often attendant upon pregnancy; nor one in which the husband ought more earnestly to exert himself to lighten her burthens and by the soft blandishments of connubial kindness, assuage those irritable feelings to which her situation often gives rise.

The other sex may, and we have reason to fear that many of them do, look upon the pregnant female with the un pitying eye of cool indifference, whilst to herself it is a period full of painful importance, and not unfrequently of fearful apprehension. She is often harrassed by a train of the most disagreeable symptoms, with the certain prospect that their termination, however anxious she may be for the accomplishment thereof, must be a scene of still more exquisite and indescribable anguish to her mind. But we do not wish to heighten the picture of female wo: such as have borne children can respond to the truth of what we have said; whilst those who have not, need not allow their minds to be depressed. The process of gestation or pregnancy has been passed through by thousands and tens of thousands, without any remarkable difficulty, though not without pain—whilst the consolation of being mothers, the pleasures associated with lovely, endeared offspring, affords a rich reward for all.

Our object in thus enlarging upon this subject is to excite that tender sympathy in the minds of the other sex which the pregnant female so justly deserves, and so much and so imperiously needs. Every husband has it in his power to add immensely to the happiness of his wife; and during the often oppressive and tedious months of pregnancy she is certainly entitled to all that he can bestow. We very well know, however, that some women pass the period of pregnancy, with

experiencing but little more inconvenience than at other times; yet this can be said of but very few.

The increased susceptibility to disease which most females experience on becoming pregnant, is supposed to be owing to a more acute sensibility of the nervous system; and hence they are more liable to be affected by slight impressions.

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## SECTION I.

### NAUSEA AND VOMITING.

SICKNESS at the stomach and vomiting are regarded as amongst the rational signs of pregnancy, and, next to a suppression of the monthly courses, are often the first to give notice of this situation. When vomiting is moderate, it is regarded as fulfilling some wholesome intention upon the system. But, be this as it may, it is very unpleasant and distressing to the woman; and sometimes reduces her to a state of great debility. In general, these symptoms cease with the first few months of pregnancy; though in some instances they continue during the whole period. With some women, nausea and vomiting occur only in the morning on getting out of bed; whilst with others, they continue through the day, and take place whenever they eat or drink.

**TREATMENT.**—As these disagreeable symptoms arise in consequence of the changes produced in the state or condition of the womb, but little benefit, in general, could seem to be expected from medicine. Where the sickness is very harrassing, however, something should be attempted. We may just remark, that the sickness is often aggravated by the peculiar longing for some particular food; which, if it is possible, ought always to be gratified.

If the bowels are costive, they should be relieved by some mild cathartic, or the daily use of injections. As a cathartic, charcoal may be tried, and if found ineffectual, the butternut syrup or pills may be used in its stead.

Repeated small doses of the diaphoretic powders, or of the spice bitters, have also been found very serviceable as a stimulus to the stomach; and when these fail, the cayenne will often answer the purpose. The nervine tincture is likewise a medicine well adapted to allay the irritation of the stomach in the vomiting of pregnancy, or any of the articles found under the head of anti-emetics may be used, particularly the antispasmodic aromatic drops.

When sourness appears to aggravate the complaint, the white ley, or pearlash water, should be employed; and if these fail to check it, vinegar, or lemon juice and water, has been found of vast advantage. The use of the vapor bath or steaming ought also to be resorted to, and will rarely, if ever, fail to produce a good effect.

But if these means fail, and the puking is severe, a vomit of the tincture of lobelia should be taken, together with the whole process or course of medicine. This may be repeated, and any or all of the other means employed, at suitable intervals, whilst the vomiting continues. No fears need be apprehended with regard to the effects of a vomit of the lobelia. Instead of its producing abortion or miscarriage, it is found to be the best means of preventing it.

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## SECTION II.

### OF THE CRAMP.

THIS distressing complaint, is one of the early symptoms of pregnancy with some women, and often continues with unremitting if not increasing severity, during the whole period; whilst with others, it makes its attacks at much later periods. With some too, it is confined to the legs and thighs, whilst others suffer most severely by its attacking the womb.

**TREATMENT.**—Strict attention should be paid to the state of the bowels, to keep them loose and regular, and at the same time avoid exposure to cold and all other circumstances and situations which are found to induce an attack. Rubbing the parts with opodeldoc, or camphor dissolved in oil; or with any kind of bathing drops, will often be found useful. Taking internally a dose of cayenne pepper, or anodyne drops, will sometimes be advantageous. But where it becomes very tedious, either from its severity or frequent occurrence, a course of medicine should be resorted to, as occasion may require. The steam or vapor bath ought often to be employed during pregnancy, by those who are subject to cramp. Or, instead of the trouble of steaming, have some hot water prepared at bed time, and sit before a warm fire, with the feet in the water as hot as can be borne, drinking occasionally of a tea of the diaphoretic powders, or cayenne, and be covered with a blanket. In this way perspiration may in general, readily be produced; which will usually relieve not only cramp, but many other painful or otherwise disagreeable symptoms attending pregnancy.

## SECTION III.

## OF SALIVATION OR SPITTING.

A FREQUENT and sometimes almost constant spitting, is a common, if not general, occurrence in pregnancy.<sup>†</sup> The cause assigned for it, like that of any other unknown phenomena, is unsatisfactory, being attributed to sympathy between the salivary glands and the womb. This frequent spitting is commonly attended by sourness of the stomach and a costive state of the bowels. The quantity of saliva discharged is sometimes very great, producing in a few instances much debility, though more commonly, perhaps, it principally annoys the woman by its very unpleasant and sometimes nauseous taste.

TREATMENT.—“As a general plan of treatment in this complaint,” says DEWEES, “either when moderate or severe, I endeavor to destroy the acidity of the stomach by the various antacids;\* to keep the bowels free, by the frequent use of magnesia; rinsing the mouth frequently with lime water, and the use of solid animal food; together with a strict injunction to the patient to resist the desire to discharge the saliva from the mouth, as much as possible.” There is no doubt that Dr. DEWEES’ plan is judicious; but the principal thing which we have seen used, and proved of much value, was the spice biters, infused in boiling water, a swallow of which is frequently taken through the day.

## SECTION IV.

## PALPITATION OF THE HEART.

THIS is not an unfrequent attendant on pregnancy, especially during the early stages; after which it often ceases, to return again in the latter period of gestation.

TREATMENT.—The powdered roots of lady’s slipper, in doses of a tea-spoonful, repeated as often as the urgency of the symptoms may require, are very good for this complaint. Or the tincture of those roots, the nervine tincture, or the anodyne drops, may be used, and will be found very serviceable. As-safetida, either in pills or tincture, has been found a useful remedy. If these medicines, however, fail, or only produce a

\*White ley, pearlash water, lime water, chalk, or soda water, may be used for this purpose.

partial effect, the patient should be steamed, or sit before the fire with her feet in warm water, to promote profuse perspiration, which will rarely fail to give perfect relief. But if it does not remove the malady, a course of medicine must be resorted to, and if necessary, should be repeated.

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## SECTION V.

### OF HEARTBURN.

**THIS** very distressing symptom is sometimes one of the first the woman experiences after she has become pregnant; but at other times it does not arise until the latter period of gestation. Occasionally it is absent altogether. Whenever it is present, it is difficult to cure.

**TREATMENT.**—A very common remedy is chalk, and in many instances it answers the purpose very well. White ley, pearlash water, soda water, &c. are also useful. Lime water is highly recommended, on the authority of Dr. YOUNG. Magnesia is also very useful, and possesses the advantage of relaxing the bowels, which are so apt to be costive during pregnancy. An emetic should be resorted to if the case proves obstinate; after which the bitters may be used to strengthen the powers of the stomach.

Any of the articles mentioned under the head of anti-emetics, may also be employed.

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## SECTION VI.

### OF HEADACHE.

**HEADACHE**, attended with drowsiness, and sense of fulness of the vessels, with pains in other parts, are very common symptoms during pregnancy, and often become distressing, unless timely relieved by proper means. The common remedy when any of these symptoms occur is bleeding. This practice we have, in the first volume of our Improved System, shown to be unnatural, and therefore we need not go into any argument to show its inconsistency here. Bleeding should no more be resorted to for removing the diseases of pregnancy, than those of any other state or stage of life.

**TREATMENT.**—Any of the common means recommended to promote perspiration may be used, and will be much prefer-

able to letting blood, which, although it may relieve, deprives the body of a portion of its most important fluid. Sitting before the fire with the feet in hot water, or over a steam, taking at the same time warm teas, diaphoretic powders, or cayenne pepper, in general will relieve any of those symptoms arising from what is termed plethora or fulness of the vessels. The bowels ought also to be kept loose; and if these means do not remove the difficulty, a course of medicine must be resorted to, and repeated as often as necessary.

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## SECTION VII.

### OF COSTIVENESS.

THIS difficulty during pregnancy, as at all other times, is one from which many others flow, and, therefore, ought to be specially guarded against. It is sure, when allowed to continue long, to aggravate, if not produce, many of the annoying diseases incident to gestation. Costiveness is almost sure to accompany the first, as well as last, stages of pregnancy; and frequently continues unabated during the whole period. This state of the bowels is produced principally, if not wholly, by the pressure of the womb, with its contents, on the rectum.

**TREATMENT.**—Purgative medicines should by no means be the principal, nor even the common remedies employed, for the removal of costiveness. They may, however, be used occasionally; and for this purpose, the butternut syrup, black root, castor oil, or magnesia, may be taken in doses just sufficient to loosen, but not to purge, the bowels. The laxative bitters will also be found very serviceable, and in addition to their laxative effects, will strengthen and invigorate the stomach, and relieve several other unpleasant symptoms.

Eating bran, as recommended in the second volume, or living upon bread made of unbolted flour, or drinking strong or rich bran tea, or eating parched corn, will be found to relieve costiveness in a very natural and agreeable manner, and ought always to be resorted to in preference to purgative medicines. But in obstinate cases, injections ought to be employed, at least so often as it is necessary to procure a passage from the bowels. If one injection does not answer the purpose, it must be repeated until a sufficient discharge is procured; and where the costiveness is very obstinate, a little of the butternut syrup, or oil, may be added to each injection. The injections may be composed, in general, of warm water, or warm pennyroyal tea, sometimes adding a little cayenne, or the tincture

of myrrh, and administered in large quantity. But if they do not answer the desired purpose, when prepared in this simple manner, they may be made more stimulating by adding more of the cayenne.

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## SECTION VIII.

### OF THE PILES.

THIS complaint is caused principally by costiveness, and is sometimes very troublesome and painful. Women, who at other times are not afflicted with this disease, are very liable to it during pregnancy. The first symptom is a fulness and aching about the anus, which is followed by a slight throbbing. These symptoms are momentarily relieved by pressure on the part; but swelling soon succeeds, to a greater or less extent, attended by various degrees of pain. In general, the pain is in proportion to the size of the swelling and degree of inflammation.

**TREATMENT.**—The means for removing costiveness, recommended in the preceding section, should be faithfully employed, especially the bran bread, and above all, the injections, as a preventive, and if the bowels continue in a costive state after the piles have become troublesome, the same means must be persevered in. It is usual, however, for the bowels to become relaxed just before, or at the same time that the piles come on. Then the woman should drink freely of a tea of the diaphoretic powders, astringent tonics, or anodyne powders, and use injections of any of the astringent preparations, which should be often repeated whether the bowels are loose or costive.

She ought also to keep mostly in bed, and have a hot brick or any other hot substance applied near the part affected, which may also be annointed with an ointment made by mixing the powder of the common puff ball with hogs' lard, fresh butter, or cream.

Steaming should also be freely and frequently employed in all cases of piles, and may be regarded, in conjunction with the injections, as the best means of removing the disease, as well as of preventing its occurrence.

## SECTION IX.

## OF PAINS IN THE OS PUBIS.

In the advanced stages of pregnancy, some women experience a severe pain in or about the front bones of the pelvis, which is very distressing. It appears to be caused by the continual pressure of the womb upon those bones, which becomes the greater as gestation advances.

**TREATMENT.**—The pain may often be relieved by the vapor bath or steaming, or by profuse sweating before the fire.— But the most effectual relief is obtained by supporting the belly with a bandage, over the shoulders and around the lower part of the abdomen. That part of the bandage which supports the belly, should be broad, so as to give an equal support to every part. To apply the bandage, the woman should lie down, and place it so as to be just of a suitable length in that position; and then when on her feet, it will support the belly, and prevent the pressure upon the os pubis or front bones of the pelvis.

## SECTION X.

## OF THE RETENTION OF THE URINE.

A DIFFICULTY of discharging the urine sometimes takes place during pregnancy, in consequence of the pressure of the womb upon the urethra or pipe of the bladder. The consequences of a retention or stoppage of the urine are—a swelling of the bladder, attended with great pain; and if permitted to continue, will produce inflammation of the bladder and urethra, and sometimes terminate in death.

**TREATMENT.**—If the stoppage has been suffered to continue until much pain and inflammation have arisen, warm fomentations, by means of cloths wrung out of hot water, or fomentations of bitter herbs, should be applied to the abdomen, or the steam bath may be employed; taking at the same time some warming teas, or cayenne, to promote sweating. This course not only relaxes the parts, but also prevents or removes inflammation. Injections made of flax seed, or slippery elm tea, or even warm water, may also be thrown into the vagina, from time to time.

But the difficulty and danger attending a stoppage of the urine may be avoided, or if allowed to occur must be removed.



by a *catheter*. This is a very simple instrument, and the method of using it is equally simple. The catheter in common use, is nothing more than a flexible tube made of gum elastic, and may be procured at a trifling expense at most apothecary shops. Or instead of catheter, which may not readily be procured in all places, a goose quill will answer the same purpose.

We have just said that the method of using the catheter is very simple, and so we know it will be found by all who attempt it; but what say medical writers? Why, with but a very few honorable exceptions, they represent it as an operation requiring "professional aid," "chirurgical assistance," &c. &c.

The illiberality of these "professional" attempts to blind the eyes of those upon whom physicians are palming these impositions, will be generally better understood at some future period than they possibly can be at the present time. It will then be seen how little the physicians of this age value the feelings of female modesty and delicacy, by the gross outrages which they so deliberately press upon them! We can look upon their efforts to keep up some peculiar prejudices, in no other light than as "professional" aberrations of a most indelicate and highly censurable character. We hope to be pardoned, if pardon be necessary, for the warmth of our feelings; it is produced by the high value which we place upon female delicacy and the sympathy which we feel for females, in the necessity that they often find imposed upon them of submitting to the unnecessary interference of "professional hands," to perform operations of the most simple kind, which they ought to manage themselves.

When we meet with a writer, insisting that "professional aid" is indispensable in the performance of so simple an operation as drawing off the urine with a catheter, our feelings will not permit us to view him in any other light than as an intruder upon common sense and decency. If he knows any thing, he knows that the woman, if in health, can do it herself; and with this knowledge, if he insists upon the necessity of professional interference, self interest must predominate over moral duty and that refinement of feeling which ought to distinguish civilized from savage life. Even Dr. DEWEES, whom we understand to be in other respects a gentleman, and who is certainly a good author, gives currency to the same brutal prejudices. In an account of a case of *prolapsus uteri*, producing a retention of urine, he says "so permanent was it, and so often repeated, that the husband *learned* the mode of introducing the catheter;" as if it required long and repeated practice to learn to do an act which, if any husband, after a simple description of the operation, could not perform, ought certainly never to possess a wife. And this description, phy-

sicians are undoubtedly capable, and ought certainly, when necessary, always to give; and which, if they place any kind of value upon female modesty, would give, rather than shock her feelings by performing so indelicate an operation himself.

Yet, above every consideration of delicacy and modesty, there should be a stronger impulse—a higher motive, to stimulate physicians to impart to females this necessary—this simple knowledge. If, as has been admitted by medical writers themselves, females, for the want of this “little knowledge” which the faculty have it in their power to give, are liable to “very great injury;” and that “many of them have actually expired, for want of some one to draw off their urine;”—we say, if these are facts, of which none need doubt, how can physicians stand acquitted in the eyes of community, or at the day of final account? Who that knows the simplicity of the process of using the catheter, and reflects upon the sufferings that women have endured, and even death itself, but will feel the keenest indignation towards those whose duty it was and is, to communicate the “little knowledge,” which every woman can, “and ought to understand” and exercise, when necessary, for her own preservation. Do not the serious consequences which arise from the withholding of the knowledge in question, fully justify the warmth of feeling which we have expressed, and the severity of language which we have used in relation to this subject?

What! can any one be found who will not, with us, deal out the severest rebukes to those who, by neglecting to communicate the knowledge of which we are speaking, not only endanger but actually destroy the lives of “many” women! We know that we have used strong language, but we trust that before leaving the subject we shall satisfy the candid reader there is good reason for it. We are also well aware of the respectability of, and the great deference which is paid to, the medical profession; and we are equally sensible how much, as well as how little, the world is indebted to them. As a learned body, they are certainly not excelled by any other class in community; and this, joined to their high respectability, renders the difficulty of correcting the popular prejudice in question, the greater.

The servility with which the faculty of medicine, in some respects, is adhered to, is certainly far behind the intelligence of the age. We wish women and men to think and understand and act for themselves; and be dependent no further than necessary upon others, and especially in matters of so much simplicity as the one under consideration, and which at the same time is so intimately connected with the delicacy, health and happiness of all women.

But we would not dwell upon this one breach of refined feeling, and professional trespass upon female chastity, if it stood alone, an isolated monument of the crafty turpitude of the medical profession. It is only a part, and a small one too, of a most stupendous scheme by which the medical faculty are imposing upon the ignorance and credulity of the multitude, for the purpose of their own pecuniary gain or personal aggrandizement; of which more will be said hereafter.

And what is the operation of introducing the catheter? says Dr. EWELL, whose name we cannot mention but with sentiments of respect. His writings evince that his whole heart and his whole mind, possess the finest feelings of human nature; that he inherits those rare and uncommon qualifications so desirable in physicians, though seldom met with in the present age,—a sense of the proper estimate of female delicacy, modesty, and morality. Dr. EWELL says, speaking of the necessity of using the catheter, “There is no complaint to which females are subject, more manageable among themselves, and consequently which they ought to attend to with more earnestness; and the knowledge of which is of such easy acquisition, and the performance so simple, that much attention is scarcely necessary. Nevertheless,” continues he, “this little knowledge, this little ability to perform, has been so neglected, that not only innumerable females have had to exhibit themselves to men, but many of them have actually expired, from want of some one to draw off their urine, by means of a little tube called a catheter, corresponding nearly in shape to a goose quill, and which has actually sometimes proved a convenient substitute.

“And what is the operation of introducing the catheter to evacuate the urine? The bladder containing the urine, is immediately behind the front bone, called the pubes; the canal to it direct—not three inches long. The instrument, the catheter, is adapted to the size of the canal, and the woman lying on her back, finding the entrance, into which the end of the catheter is introduced and pushing it backwards and upwards, pushing it gently in the direction where least resistance is made, can readily introduce it herself to draw off the urine. If the woman be too sick to *perform the operation on herself, her associate, her nurse, her servant, can do it.*”\*

“From motives of delicacy alone,” says Dr. BARD, “this easy operation ought to be in the hands of women; but what is of much more consequence, if a man is to be sent for every time it may be necessary to perform it, it will generally be

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\* EWELL'S Family Physician, page 163, 2d edition.

neglected too long, particularly in the country; to the very great injury, and in some instances danger, of the patient.—The orifice of the urethra, or urinary canal, is situated under the arch of the pubes or share bones, and the canal, making a slight curve, ascends very little, and enters the bladder almost immediately behind it: it is not above an inch and a half long, so large as to admit a catheter of the size of a goose quill, and so little curved [crooked] that a straight instrument is by some preferred.”\* It was formerly customary to have crooked, metal catheters; though now, gum elastic ones are mostly used.

We have made these quotations in order to show how simple the process was of using the catheter, as well as to give respectable authority for the propriety of confiding it to the hands of females themselves. The opinions of BARD, no medical man will lightly contradict; whilst that of EWELL requires nothing but time to make it equally respectable. What then becomes of all the mystery which most modern writers have endeavored to throw around the “easy operation” of drawing off the urine with a catheter? the performance of which is “so simple that much attention is scarcely necessary,” “and from motives of delicacy alone ought to be in the hands of women.” Oh! professional shame, where is thy blush?

In introducing the catheter, “if some little difficulty should occur, patience, and gently moving the hand from side to side, or upwards and downwards, will overcome it with very little or no force, and with little pain to the patient. At any rate, force is never to be used; it is better to desist, and make a second or a third attempt; for whenever any difficulty presents, it is owing to circumstances not to be overcome by violence, which can never do good, but may do infinite mischief.” Dr. BARD also directs in cases where there may be difficulty in introducing the catheter, that it be put “*into the hand of the patient, who, directed by her own feelings, will sometimes succeed more easily than any other person.*”

We will close these observations, by remarking, that if, for want of a catheter, a goose quill is used, one of the smallest size, with a long barrel, should be preferred. To prepare it for use, cut a hole in the side of the quill near the end, minding not to cut the end off; by doing so we make sharp edges to the quill, which may do an injury in passing through the urethra to the bladder. Next cut another hole at the most extreme part of the hollow where the barrel is attached to the feather part, which must not be cut off. This precaution is necessary, as by cutting the feather from the barrel of the quill it has, in using, slipped from the fingers and passed into

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\* BARD'S Midwifery, page 46; New York edition, 1808.

the bladder, which subjected the patient to a dreadful operation to extract it. By leaving the feather part on the quill, this danger is entirely avoided. To introduce either the catheter or the quill they should be rubbed all over with oil or lard.

“This is the whole secret of using the female catheter, for a want of the knowledge of which thousands of females have been compelled to submit to an exposure of their persons, and thousands more have lost their lives, where assistance could not be obtained. By a little attention to this subject, female friends, or even female servants, could easily give the required assistance;” as well as “always be enabled to relieve themselves, without an indecent and mortifying exposure of their persons to males who act as physicians.”\*

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## SECTION XI.

### OF PAINS IN THE RIGHT SIDE.

A **LITTLE** after, and seldom before, the fifth month, women are frequently attacked with a deep seated dull pain immediately in the region of the liver. Its commencement is with a very trifling pain in the part, which gradually increases as pregnancy advances. The pain is very seldom severe, but is almost constant both day and night; and especially during the latter.

Women are more liable to this complaint during their first pregnancies, than afterwards. The cause is supposed, by **DEWEES**, to be the pressure of the uterus upon the liver as it enlarges in the progress of gestation.

**TREATMENT.**—From the cause which produces this complaint, little can rationally be expected from medicine; yet if it be severe, something should be attempted. Laying on the left side commonly affords some relief. The side should also be bathed with cayenne pepper and vinegar, or any of the bathing drops. A strengthening plaster may also be applied to the part. Placing a hot brick or stone near the part, on going to bed, may likewise afford relief; or promoting perspiration by any other means, will also be found very useful.

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\* **GUNN'S** Domestic Medicine, page 421.

## SECTION XII.

## OF INABILITY TO SLEEP.

TOWARDS the latter period of pregnancy, many women experience much inquietude, with an inability to sleep. This disturbance is sometimes so great as to prevent the possibility of sleeping. The difficulty seems principally to be caused by spasmodic or involuntary contractions of the muscles of the limbs; which take place, sometimes with considerable force, just as the patient appears to be falling into a sweet slumber. The disturbance thus produced, immediately forces the woman from her sleep to which she feels somewhat inclined.

These disagreeable startings of the limbs, continue longer or shorter, but at length yield to the impulse of nature, and the woman falls asleep, though sometimes not till towards morning. Sleep, however, when it does come, appears very refreshing, and she rises in the morning apparently as well as after an undisturbed night's rest.

TREATMENT.—Nervine medicines appear in general to have no great influence over this condition of the system; though they ought to be tried. For this purpose, the tincture of lady's slipper root, or the nervine tincture, is perhaps the best; and Dr. WELLS' anodyne drops might also be tried. Washing the face, hands and feet, at going to bed, is a very good remedy; but nothing, probably, is equal to a good sweat at evening, either by steaming, or sitting before the fire, and drinking a tea of the diaphoretic powders. The partridge berry tea might also be tried, as it is the principal ingredient in a compound highly recommended for this difficulty by Dr. SMITH.

## SECTION XIII.

## OF PRURITIS, OR ITCHING.

PREGNANT women are liable to a most troublesome and distressing itching about the private parts. It is, however, not exclusively peculiar to pregnancy, but is much more common to this state than to any other. The disposition to scratch is sometimes so extremely pressing as to set decency at defiance, or oblige the unfortunate woman to abandon company.

This extremely disagreeable complaint, sometimes makes its attack during the early part of pregnancy; but more commonly not until the sixth or seventh month. If cleanliness be

neglected, says DEWEES, it is sure to be aggravated; though no attentions of this kind are capable of overcoming this disease. No satisfactory cause has, as yet, been assigned for this troublesome disorder.

**TREATMENT.**—The application of cold water to the part, will often afford relief, but does not effect a cure; the relief being only momentary. A solution of borax in water, as much as the water will dissolve, applied as a wash and by injection, has proved highly advantageous, in some instances; whilst in others, the balsam of capaiva has succeeded better. We think, probably, in those cases where the capaiva would answer, the balsam of fir might be equally as good.

We believe, however, that injections prepared as heretofore directed, at page 21, applied to the vagina, and especially if made moderately stimulating with tincture of lobelia, tincture of myrrh, or cayenne pepper, would be far more likely to give permanent relief, than perhaps any thing else. After trying this, or any other means which might be thought advisable, a course or two of medicine should be resorted to, and, if found beneficial, continued until a cure is effected.

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## SECTION XIV.

### OF SWELLING OF THE LEGS.

**THIS** complaint is a very common attendant on pregnancy; towards the close of which, it sometimes produces much inconvenience and pain. There is also, very frequently, a swelling or enlargement of the veins, which is troublesome in pregnancy. Both difficulties appear to arise from one cause, which is a pressure of the womb upon the vessels by which the fluids are returned to the body, from the feet and legs.—Neither of those swellings are dangerous, but disappear at delivery.

**TREATMENT.**—It may often answer a good purpose, to draw on a pair of small tight stockings, to reach to the body: and some swathe the legs with a bandage, to prevent the swelling. The vapor bath or steaming, always affords relief; in addition to which, the bowels ought to be kept loose.

## SECTION XV.

## OF ABORTION.

DURING every period of pregnancy, after the first month, the woman is liable to abortion or miscarriage; but the time at which it most frequently happens, is about the third or fourth month, or from the tenth to the eighteenth week. Some women are very liable to miscarry; and when the habit is once formed, there is difficulty in preventing it. Abortion may be caused by a variety of circumstances; some of which can be guarded against, whilst others are entirely beyond control. It may be produced by violent exertions of strength; by severe exercise; by frights, violent fits of passion, great uneasiness of mind, strong purges, excessive venery, external injuries, as blows and bruises, &c. &c.

The symptoms which usually precede an abortion are, a softness or flaccidity of the breasts; pains in the back, loins, and lower part of the belly; shiverings and palpitations of the heart; a falling or subsiding of the belly; pain in the inside of the thighs, &c. &c. When any or all these symptoms take place in a pregnant female, and are attended by a flooding or flow of blood from the womb, a miscarriage may with much certainty be calculated upon. Miscarriage may be attended by various degrees of suffering and danger, from trifling pains and discharges of blood, to the most exquisite torture and alarming hemorrhages; and not unfrequently death. All these symptoms, however, may be mitigated and divested of their alarming character, as well as abortion itself prevented, by a timely use of suitable medicines.

**TREATMENT.**—When symptoms of abortion make their appearance, the woman should take freely of the diaphoretic powders, or a tea of the anodyne powders, with the anodyne drops, and keep herself as quiet as possible in bed. She may also take of the nervine tincture, and have a hot brick applied near her bowels or back; and if there be much pain or flooding, she should take repeated large doses of cayenne in a strong tea of equal parts of birth root and witch hazle leaves, or either of them alone; or, if neither can be had, make use of almost any other astringent article in their stead. However startling may be the idea of administering large doses of cayenne in cases of flooding, we are satisfied, by repeated experience in the most alarming cases, that it is of great value. The vessels of the womb, from which the flooding takes place, when they act in accordance with health, always close and prevent a discharge of blood; but in a case of hemorrhage they have not the power thus to act. Hence they require a

stimulus to be applied, to enable them to assume a healthy action, and thus prevent the discharge of blood.

We are very sensible that physicians will generally oppose us in these opinions, by referring to the doctrine of *active* and *passive* hemorrhage, the fallacy of which we could easily prove; but as we think the statement which we have made, of the mode or principle by, or upon, which the pepper acts, is sufficient, we will take no further notice of it.

If the symptoms are more violent, the medicines should be given the more frequent; in addition to which, the woman should be steamed. If these means do not moderate the symptoms, a course of medicine must be resorted to, and, if necessary, repeated at intervals until the danger is removed.

We can assure our female readers, that, however contrary our treatment may be from what they have previously been accustomed to, it is nevertheless not only perfectly innocent, but absolutely better than the too common custom of bleeding and using cold substances; which, instead of strengthening nature to do her own work in her own proper way, weakens the living power, and makes the woman a more easy prey to disease. We, therefore, intreat you, if symptoms of abortion make their appearance, not to allow your fears to overpower your judgments, and pursue a course so hostile to life. But keep yourselves quiet and warm; take freely of cayenne and the astringent medicines, particularly the birth root, or witch hazle leaves; make free and frequent use of the steam bath, at all times during pregnancy, but especially when threatened with abortion. Persevere in this course, nothing deterred by the violence of the symptoms; but the more violent they are, the more freely you should use the medicine. If this course does not seem to check the disease, and especially if there be flooding, take a thorough course of medicine, which may be repeated at discretion. This plan of treatment, seasonably adopted and persevered in, would save many from premature death. If costiveness prevail, make use of injections to relieve the bowels. Astringent injections may also be thrown into the vagina, in cases of flooding; or if sudden and profuse flooding takes place, threatening quickly to destroy life, it has been recommended and practiced, to make use of what is termed the *tampon*. This is nothing more than a piece of sponge of suitable size, moistened with vinegar, and crowded into the vagina. "It almost instantly puts a stop to the hemorrhage; and, in some instances," says Dr. DEWEES, "I believe I was entirely indebted to it for the preservation of my patients' lives." When sponge cannot be procured, he recommends rags, tow, or flax, well moistened with oil or lard, to be introduced or confined there until the difficulty can be removed.

## CHAPTER IV.

## OF THE DISEASES CONSEQUENT ON DELIVERY.

PARTURITION or delivery, although it is a natural process, yet it lays the woman under additional liabilities to disease, and even sudden death. Several circumstances conspire in the production of these increased liabilities; such as the exhaustion produced by the labor; the removal of the pressure upon the abdomen, from the expulsion of the child; the opening of the mouths of the blood vessels in the extraction of the placenta or afterbirth, which sometimes causes profuse flooding; the injury which the womb is liable to sustain during the progress of a painful and tedious labor; the liability to take cold, which interrupts the *lochial* discharge, as well as to produce other painful affections, &c. &c.

## SECTION I.

## OF FLOODING AND FAINTING.

WHERE either of those circumstances occur at child birth, they may be regarded as somewhat dangerous. Fainting sometimes takes place apparently from mere exhaustion, whilst at other times it is consequent on flooding. The flooding may either discover itself by a discharge of blood externally from the vagina, or it may be retained in the womb; and in either case it may prove suddenly fatal, if not quickly stopped.

Instances indeed have occurred, in which sudden death followed fainting without any flow of blood, either externally or internally, or any other discoverable cause; but occurrences of this kind are very rare.

TREATMENT.—Whenever fainting or flooding takes place after delivery, we have just cause to be alarmed; and the most active measures should be taken to give relief.

A dose of cayenne, anodyne drops, diaphoretic powders, tincture of myrrh, or almost any warming drink, should, in all cases of flooding or fainting, be administered as soon as possible, and repeated until the urgent symptoms are removed. Measures ought also to be instantly taken to promote perspiration, by the application of hot bricks or stones, or bottles or

jugs filled with hot water, to the feet or legs. If the afterbirth be not expelled, and the bleeding continue in despite of the means recommended, measures must be taken to remove that;\* or if this be thought improper, the tampon, as recommended at page 46, should be employed; still continuing the use of the other means just recommended, until the afterbirth is expelled.

After the expulsion or removal of the afterbirth, or if the afterbirth have been removed before the flooding takes place, the same means must be employed, with friction and pressure upon the abdomen, to assist in the contraction of the womb. This organ, by the growth of the child, having become vastly expanded, now, after delivery, must contract, which will close the mouths of the bleeding vessels. The most usual cause of flooding, is the want of proper tone or action in the womb to enable it readily to contract after the expulsion of its contents. And hence the necessity of giving stimulating medicines to restore that living healthy action to the womb, by which it is enabled to contract, and thus prevent hemorrhage or flooding.

In addition to administering stimulating medicines, the astringent tonics must also be employed. Birth root and witch hazel leaves are amongst the best of this class of medicines for checking hemorrhage; a strong tea of which should be freely used in all dangerous cases. For the want of either of those articles, any of the astringent tonics may be employed in their stead. Injections of the same should also be thrown into the vagina, at proper intervals, until the difficulty is removed.

The erigeron canadense, particularly its oil, is recommended as a most powerful medicine in flooding. Two or three drops of this oil, it is said, will suddenly arrest this dangerous discharge. We would, however, advise those who employ this powerful article, to be cautious in its administration, although we know of no instance in which it has produced any bad effect. Yet we deem this caution necessary, on account of the activity and power which the erigeron appears to possess.

But before leaving the subject of this section, we will add a few remarks upon the method of checking hemorrhage or flooding, by friction and pressure upon the abdomen. We thus enlarge upon this important method, not only because we but slightly mentioned it, but because the practice is supported by the best authority. It is, however, to Dr. DEWEES, alone, that we are indebted for the extracts which follow; and he not only expects friction to promote the contraction of the womb, but also, in some instances, the expulsion of the afterbirth.

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\* This will be treated upon more particularly in the second part of this work, under the proper head.

In DEWEES' System of Midwifery, page 459, he describes his method of employing friction; which is "by pretty briskly passing the hand over the region of the uterus, and from time to time attempting, at it were, to grasp the uterus by closing the fingers upon it." This is certainly a very simple process, and may be used with all safety; and "I have never," says DEWEES, "had the misfortune to meet with a uterus that was insensible to this mechanical stimulus, or to *lose a patient from immediate loss of blood.*" And in another place he says, "its influence is as prompt as it is efficacious: indeed, I consider this as indispensable, let whatever other means be employed."

Another very successful practitioner assures us, that after the expulsion or extraction of the afterbirth, he employs nothing but simple pressure; applying both hands, and pressing in such manner as most to favor the contraction of the womb, and its descent into the cavity of the pelvis.

The contractions of the womb may, with certainty, be known by the feeling of a hard tumor on pressing upon the bowels, or by rubbing the ends of the fingers back and forward from the pubes towards the stomach, and vice versa. But if the womb is not contracted, on thus examining the abdomen, it will appear uniformly soft and yielding, without any hardness or tumor.

"But in adopting this method," says DEWEES, "we are to take care we do not abandon it too soon; for it is not sufficient that we procure the contraction of the uterus; but that we maintain it in this condition for some time, by the continuance of the friction. And I would here caution the inexperienced practitioner," continues he, "against alarm, when almost at the instant he feels the uterus hardening and diminishing under his hand, he hears very plainly a considerable discharge of coagula and fluid blood from the vagina; and at the same moment he finds the uterus retiring, as it were, from under its pressure.

"This discharge is but the effect of the contraction induced by the friction upon the external surface of the abdomen, and must be regarded as a favorable omen, as it assures us that the uterus is about to regain its powers. Perseverance is now all important; the frictions are to be continued until there is sufficient evidence of the permanency of the contraction, by noticing that the uterus no longer relaxes itself, as it did probably at the commencement of the operation."

## SECTION II.

## OF AFTER PAINS.

Soon after delivery, every woman is liable to be severely tormented with what are termed after-pains. With a first child, however, these pains are either very slight, or altogether absent. After tedious labors, they are also lighter than when the labor has been short.

After-pains are caused by the contractions of the womb to expel clots of blood which form in it, and are sometimes almost as severe as those of labor. They are also sure to be produced or aggravated, for several days, whenever the child is applied to the breast.

**TREATMENT.**—If the pains are very mild and produce but little inconvenience, it will scarcely be necessary to mitigate them; but if they are violent and distressing, a dose of the diaphoretic powders, cayenne pepper, or anodyne drops, may be frequently given, in a tea of the anodyne powders or the red raspberry leaves. A hot brick, or bottle filled with hot water, should also be applied to the bowels, and replaced when cool. By these means the skin will be kept moist, the blood vessels of the womb stimulated to contract, and thus prevent the formation of clots, and at the same time the blood be diverted away from the womb and internal parts, to the surface. But if the pains should continue severe, notwithstanding the use of these means, an injection must be given, composed of catnip tea or warm water, adding a little tincture of lobelia and tincture of myrrh, or cayenne pepper.

## SECTION III.

## OF THE IRREGULARITIES OF THE LOCHIAL DISCHARGE.

THE discharge which takes place after delivery, is termed *lochia*. It proceeds from the mouths of the vessels which have become exposed by the removal of the after-birth; and the quantity must, therefore, depend upon the size of the after-birth, and the well or ill contraction of the womb. Should the womb not contract at all, or but imperfectly, after the expulsion of the child, a dangerous flooding is the consequence; but if the contraction is more perfect, the discharge is not a flooding, but is termed the lochia.

The lochial discharge may also be entirely suppressed, producing great pain and fever, and if not soon restored will be attended with danger; or it may become offensive.

**TREATMENT.**—If the discharge be profuse and debilitating, the diaphoretic powders and bitter tonic should be liberally employed; taking a dose of one or the other five or six times a day; and occasionally the fourth of a tea-cupful of a tea of the anodyne powders, or raspberry or witch hazle leaves, with half a tea-spoonful of cayenne in it, must be administered.—Strong astringent injections are also to be thrown into the vagina, and common injections into the rectum. Proper care must be observed to keep the skin moist, by the application of hot bricks or rocks; and if these means do not check the discharge, a thorough course of medicine must be added to the treatment, and repeated as the circumstances of the case may require, until the complaint is removed.

The same course may also be pursued in all other deviations or irregularities of the lochial discharge.

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#### SECTION IV.

##### OF COSTIVENESS.

**THIS** is almost sure to take place after confinement, and then, as at all other times, is productive of disagreeable consequences. The consideration of it in this chapter, does not seem perfectly consistent with our arrangement, but its importance we think fully justifies its introduction here.

**TREATMENT.**—The dependence should be almost exclusively placed upon injections. These may be made of warm water, catnip, or pennyroyal tea, adding a little tincture of myrrh, or cayenne; and be repeated until the bowels are relieved. If no bad symptoms arise, the injections need not be used until the second or third day after delivery; and in case the costiveness should be obstinate, a tea or the syrup of the twigs or bark of the butternut should be added to the injections; or castor oil, or a decoction of the black root, may be used for the same purpose.

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#### SECTION V.

##### OF CHILD-BED, OR PUERPERAL FEVER.

**THIS** is by far the most fatal disease to which lying-in women are subject; it having been asserted by some, among whom is Dr. W. M. HUNTER. that three-fourths of those who

take it die; and also that one-half who die in child-bed, are cut off by this one complaint. This fever is peculiar to lying-in women, none others having ever been known to have it. The complaint is apt to be much more prevalent in some seasons than others.

It would seem from a number of facts and circumstances on record, that child-bed fever was contagious; though further proofs are yet wanting to place it beyond doubt.

In the Royal Infirmary at Edinburgh, this fever was unknown for several years; but when a case did occur, "almost every woman, in a short time after delivery, was attacked with it; though prior to delivery, she may have lain even for weeks together, not only in the same ward with the infected, but even in the very next bed." The disease, it is said; "was only eradicated from the hospital in consequence of the wards being entirely emptied, thoroughly ventilated, and new painted;" after which "the hospital remained as free from the disease as formerly."\*

Many instances are related, by which it would seem as if the contagious matter was carried about the persons, or in the clothes of the midwives and nurses. In a late work on females, by Dr. GOOCH, of London, he says: "It is not uncommon for the greater number of cases to occur in the practice of one man, whilst the other practitioners of the neighborhood, who are not more skillful or more busy, meet with few or none.† A woman in the country, who was employed as washerwoman and nurse, washed the linen of one who had died of puerperal fever; the next lying-in patient she nursed, died of the same disease: a third, nursed by her, met with the same fate; till the neighborhood, getting afraid of her, ceased to give her employment.‡

Dr. GORDON, in an account of an epidemic child-bed fever which prevailed between 1789 and 1792, in Aberdeen, says: "This disease seized such women only as were visited or delivered by a practitioner, or taken care of by a nurse who had previously attended patients affected with the disease.§

Dr. GOOCH also relates another singular case:—"A practitioner opened the body of a woman who had died of puerperal fever, and continued to wear the same clothes. A lady whom he delivered a few days afterwards, was attacked with, and died of, a similar disease; two more of his lying-in patients, in rapid succession, met with the same fate. Struck by the thought that he might have carried the contagion in his clothes, he instantly changed them, and met with no more cases of this kind."||

\* Thomas' Practice, article, Puerperal Fever.

† Gooch, on Females, page 19. ‡ Ibid, page 20. § Ibid, pages 27, 28.

|| Ibid, page 19.

Another still more remarkable case is related by the same author:—"A general practitioner in extensive midwifery practice lost so many patients from puerperal fever, that he determined to deliver no more for some time, but that his partner should attend in his place. This plan was pursued for a month, during which not a case of the disease occurred in their practice. The elder physician being then sufficiently recovered, returned to his practice; but the first patient he attended was attacked by the disease, and died. A physician, who met him in consultation soon afterwards, about a case of a different kind, and who knew nothing of his misfortune, asked him whether puerperal fever was at all prevalent in his neighborhood; on which he burst into tears, and related the above circumstances."\*

These statements are selected from among many others of like character, and we do not relate them as proof that child-bed fevers are contagious; but if they are not, the coincidences are certainly very striking and extraordinary—sufficiently so, to put midwives, nurses and women, on their guard, in such cases.

Child-bed fevers generally begin a few days after delivery, with a pain extending over the bowels, with such tenderness of the abdomen as to make the least pressure upon it extremely painful. The patient is often unable to bear the weight of the lightest bed clothes, or to turn herself, or be turned in bed.

The abdomen also becomes swelled, and as the disease advances, the swelling sometimes increases, though the pains grow less severe. Shivering is also a common symptom, and is followed by a very quick, and generally full pulse, vibrating under the finger; hot skin; short anxious breathing; severe pain over the forehead; peculiar wildness of the eyes; sharpness of the features; prostration of the living power; suppression of the lochia and milk, and softness of the breasts; fœtid stools, and diarrhea. When this disease proves fatal, it does so about the fifth day.

**TREATMENT.**—This disease, which, from its fatality, carries terror and dismay wherever it makes its appearance, is as much under the control of medicine, and may be as readily cured, as other fevers.

Various modes of treatment have been proposed and tried, with different degrees of success. Some have recommended tonics; others sudorifics; and others again have advocated depletion, by large bleedings, and purges. The success or failure of either plan, has depended partly upon the state of

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\* Gooch, on Females, page 77.

the system, and partly upon the indolence or activity with which each plan was pursued.

Dr. GOOCH, who is the latest author on this complaint, pursued sometimes a depleting, and at others a stimulating, plan of treatment, according to the apparent nature of the symptoms. When they were obviously inflammatory, he let blood copiously; but when of a contrary type, he made use of stimulants. It would seem, however, to those who are acquainted with the general principles advanced in the first volume of this work, as unnecessary that we should examine the contradictory theories and doctrines of the more fashionable practitioners, as we make one rule and one principle of practice apply to all. We nevertheless, cannot omit, whilst treating upon this most fatal complaint, to offer the little evidence, collected from other sources, in support of our own practice.

Dr. DENMAN appears to have depended principally upon the use of antimonial preparations, which acted sometimes by vomiting, purging, or sweating; the two latter, and especially sweating, appearing to be essentially necessary to the cure. Clysters or injections, he also considers of much advantage, as contributing to the immediate relief of the patient.

The antimonial remedy of Dr. BOER, of Vienna, seems to have produced its good effects by a "profuse sweat" and the free passage of urine; as it appears to have "always effected a cure in one and the same way." "After the adoption of this remedy," says BOER, "the puerperal fever was never fatal."

One part of Dr. GOOCH's treatment, upon which he lays much stress, was the application of hot substances to the bowels, "renewed so often as to keep up heat and moisture."

The foregoing circumstances and facts, drawn from the writings of eminent medical men, are not introduced, by any means, as proof positive of the correctness of the principle of our own practice, but as collateral evidence of the importance of promoting perspiration. Many more authorities to the same effect, might have been adduced; but these must suffice.

Previously, however, to describing our own mode of treatment, we will observe, that we believe child-bed fever might almost always be prevented, by being careful to avoid taking cold, and keep the skin moist by the frequent use, if necessary, of the diaphoretic powders, and by strict attention to the bowels to prevent costiveness.

If, notwithstanding proper care, or by carelessness, or by any other means, the woman takes cold, or gets a fever of any kind, a course of medicine should be the first and immediate resort. Steaming should be thoroughly performed, and the stomach well cleansed by an emetic of lobelia, and the

intestines well emptied by laxative injections. But if the intestines do not seem relieved by these, a dose of castor oil, butternut physic, cathartic pills, or black-root, should be taken, enough to operate freely. The operation should be encouraged by the administration of warm injections, and the strength of the patient sustained by broth, soup, or gruel.—Hot applications externally to the bowels, will also be very beneficial to relieve the pain and soreness. For this purpose, a hot brick or stone, bottles of hot water, bags of scalded bran, or cloths wrung out of hot water, may be used. Much advantage will also arise from the application to the abdomen of the tincture of myrrh, or any preparation of bathing drops.

Before leaving this subject, we cannot too strongly urge the necessity of immediate attention to any of the symptoms of child-bed fever. Promptly pursuing the plan which we have laid down, at the first onset of this fever, we believe would in every instance, at once remove the disease; but neglected, only for a few hours, always renders the cure more difficult, and longer neglect might make it fatal.

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## SECTION VI.

### OF MILK FEVER.

Two or three days after delivery, the breasts become distended with milk, whilst the discharge from the womb is diminished. This is apt to be attended by feverish symptoms, such as headach, thirst, heat, and quickness of pulse; and is known by the name of milk fever.

**TREATMENT.**—By keeping the skin moist, and especially by bathing the breast with some relaxing oils, or with any of the bathing drops, and keeping them covered with a flannel, the unpleasant symptoms may always be prevented, or much mitigated. But if they arise, proper means should be employed to promote perspiration; such as placing warm bricks, stones, or bottles of hot water, at the feet, bowels, or sides, and particularly one near the breasts. The breasts should also be bathed, as aforesaid, and made to perspire freely; and the child be often applied to them. By pursuing this course, nothing need be apprehended from a simple milk fever.

## SECTION VII.

## OF SWELLED LEG.

WE have heretofore, in the preceding chapter, when treating of the disease of pregnancy, spoken of swelling of the leg; but the one now under consideration is an entirely different disease. It only occurs after delivery, as that does before, and is denominated in technical language, *phlegmasia dolens*; and is also often called white leg. Its attacks may commence at any time between the first or second day and the third or fourth week after delivery.

The swelled or white leg, is commonly preceded by general uneasiness, low spirits, slight pains about the womb, attended with discharges from it of a peculiarly offensive character. These symptoms seldom excite much attention, until the patient is seized with a pain on the inside of the limb, commonly about the calf of the leg, which soon extends itself from the heel to the groin.

The limb very soon begins to swell, and a soreness extends all over it, so that it cannot bear the slightest touch, nor be moved without creating exquisite pain. The skin upon the leg becomes pale and glossy; the countenance is expressive of great anguish and dejection; the pulse is quick; the skin hot; the tongue white, and the urine muddy. And if proper measures be not taken, the complaint is commonly tedious, and often times shifts from one leg to the other.

**TREATMENT.**—Whenever symptoms of this complaint make their appearance, the woman should be immediately carried through a course of medicine; previous to which, however, the leg should be bathed, by much friction, with cayenne and vinegar, or any of the bathing drops. And as some authors suppose the disease is caused by some irritating matter in the womb, they have recommended the free use of injections, forcibly thrown into the vagina, with a view of cleansing those parts.

Whether this theory, of the irritating cause being in the womb, be true or false, there is no doubt that strict attention to the cleanliness of those parts, after child-birth, as well as during and after the monthly purgations of women, would be very conducive to health. The injections are directed to be made of warm water, or warm milk and water; and during the intervals between their application, to make use of sweet oil, applied to the same part.

If one course of medicine does not remove the complaint, it should be repeated, at intervals of two or three days; occasionally during the day, bathing the leg, as before directed,

and keeping it wrapped in flannel, and a hot brick or stone at the feet, to promote perspiration.

The woman ought also to take, two or three times a day, a dose of the diaphoretic powders, and about the same number of times of the laxative bitters. A dose of the black root, or of some other kind of physic, may also be taken occasionally; and if costiveness prevail, make frequent use of injections.

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## SECTION VIII.

### OF SWELLED BREASTS AND SORE NIPPLES.

SWELLED, sore, or inflamed breasts, is a source of frequent and excessive misery to mothers, and of inconvenience and deprivation to children.

This difficulty is caused by taking cold, or as some think, by fever produced by want of proper care, after delivery.—But be the cause what it may, it is a most distressing and painful malady; and cannot be too carefully guarded against, nor too perseveringly opposed if it take place.

SORE NIPPLES are also very exceedingly painful, and from their tenderness and irritability, torture and distress the woman very much. This is especially the case when the child is applied to the breast. Sore nipples, like swelling of the breasts, may and ought to be carefully guarded against.

TREATMENT.—In order to prevent the difficulties of which we have been speaking, the same treatment will be necessary as is recommended in the milk fever. The breasts should be bathed with relaxing ointments or oils; such as sweet oil, bear's oil, horse oil, or goose oil. Care must also be taken to prevent exposure to cold, and the skin kept moist by the use of the diaphoretic powders or cayenne pepper. Washing the breasts in cold water has also been highly recommended as a preventive of colds and obstructions.

But should the breast actually become inflamed, swelled, and painful, perspiration must then be freely promoted, by using the cayenne pepper or diaphoretic powders in suitable quantity, and by the application of hot rocks to the feet, and particularly to the breast; which should in this manner, and by bathing with pepper and vinegar, or with bathing drops, be made to sweat freely. If this be attended to early and perseveringly, the complaint may almost always be removed without further bad consequence.

If these means, however, fail, a full course of medicine must be resorted to, by which a more powerful impression is made

upon the system; the vessels are relieved of their morbid contents; the fluids are made to circulate more freely, and the complaint will thus be with greater ease and certainty removed. The local applications to the breast should also be continued; and, to keep it soft and moist, a flannel cloth ought to be worn over it, moistened with rum or the tincture of myrrh.

But if, notwithstanding all this, the swelling should be disposed to go on to suppuration, that is, gather, as is commonly said, we may then apply a poultice, renewing it when necessary, and continue it until the breast is ripe for opening, when it may be left off. After the matter is discharged, a tent moistened with salve must be kept in the opening, over which, for a while, a cloth moistened with rum, or tincture of myrrh, should be placed; or, if there should be pain or inflammation, the poultice may be continued. The abscess may also, every day, be syringed out with a weak soap suds, followed by a strong tea of red raspberry or witch hazle leaves, to which should be added a little of the tincture of lobelia, or compound tincture of myrrh.

For sore nipples, the best method of preventing, is to wash them often with tincture of myrrh, and then with a strong tea of any of the astringent articles; such as hemlock bark, pond lily root, witch hazle or red raspberry leaves, or with a tea of golden seal.

Should the nipples, however, become sore, they must be protected from the irritation of the clothing, by wearing over them nipple glasses, or nipple shells which are made of wood or wax. The wash just recommended, may be continued, and be more often applied, together with the common salve spread on a fine picce of muslin, and laid over the whole nipple.

In all cases of swelled or sore breasts, the child must be permitted to suck, or some one draw them frequently, as by doing so the breasts may not only be prevented from swelling and gathering, but if they do swell and gather, the soreness and pain will thus be much relieved. These directions should be rigidly complied with, not only for the purpose of preventing pain, but also to prevent the milk from drying up, and making the breast useless.

## CHAPTER V.

## OF DISEASES WHICH ARE COMMON BOTH TO THE PREGNANT AND UNPREGNANT STATE.

HAVING heretofore considered the diseases either peculiar or common to particular states of the female system, we now devote a chapter to a few which are common to every state excepting that of childhood, or the time of life previous to puberty or maturity. We do not claim to be exactly systematical in every part of our arrangement; but we are enough so, perhaps, for all practical purposes.

## SECTION I.

## OF INFLAMMATION OF THE EXTERNAL PARTS OF GENERATION.

INFLAMMATION and suppuration of the external parts, may occur, and is sure to take place, more or less, at child-birth.

It has been observed, that these affections of the private parts, when not caused by child-birth, are apt to run hastily into suppuration; and this indeed is no uncommon occurrence after labor.

TREATMENT.—Inflammation of these parts, are to be treated the same as all others. Warm stimulants, such as diaphoretic powders, or cayenne pepper, must be taken internally; and cooling applications, such as cold water, or cold poultices, externally. If ulcers form, they must be treated the same as ulcers of other parts; for which the reader is referred to the second volume, page 189.

## SECTION II.

## OF THE HYSTERICS.

This is a very common form of disease with many women; and is more particularly apt to occur when any important changes are taking place in the organs of generation. Hence

it is very frequent at the period of puberty, when menstruation is about to commence; and also at each menstrual period, especially if this function be in any way disturbed; and is likewise common during pregnancy.

Hysterics appear under a great variety of forms, imitating various other complaints, from some of which it is often difficult to distinguish.

This disease is attended by dejection of spirits, anxiety of mind, difficulty of breathing, weeping, sickness of the stomach, palpitations of the heart, &c. &c. When it amounts to what is termed a hysterical fit, it commonly commences with a pain and sense of fulness in the abdomen, near the naval, towards the left side; but gradually increasing and spreading, a sensation as of a ball is felt passing upward, which appears to stick in the throat, and occasions a sense of suffocation.

The patient now becomes faint, and is sometimes affected with stupor and insensibility; the limbs and body are agitated, and she falls down. Laughing, crying, screaming, and incoherent expressions, often take place alternately, and a temporary delirium frequently arises. But these symptoms at length abate, and a quantity of wind is belched from the stomach, with frequent sighing and sobbing, and sometimes a severe pain in the head, and soreness over the whole body.

In some instances, however, there is little or no agitation of the body and limbs, and the patient lies apparently in a profound sleep, without either sense or motion. Indeed the symptoms are so extremely various, that any ordinary description could not apply to all cases of the disease.

**TREATMENT.**—In cases where this complaint originates from an affection of the womb, the proper measures must be taken to remove this difficulty. And for this purpose, strong tansy tea, or almost any strong bitter, with a free use of cayenne pepper, may be relied upon as a general remedy. At the same time, the patient should sit by the fire, with her feet in hot water, covered with a blanket, quilt, or cloak, to promote perspiration and the operation of the medicine.

Any of the nervine medicines may be given at the same time, proportioning the quantity to the violence of the symptoms. The assafoetida is a valuable remedy in this complaint; and will be found perhaps more beneficial in bad cases, to give it after the other means here recommended have been employed, and perspiration has become free.

In very bad cases, however, or in such as are of long standing, and the health much impaired, with frequent returns of the fits, a course of medicine must be resorted to, and repeated according to the urgency of the symptoms. During the intervals between the courses of medicine, the patient should

take of the laxative bitters, and diaphoretic powders, or cayenne, together with occasional doses of the nervine tincture, or of the assafetida. Particular attention ought also to be paid to the bowels, which should be kept loose, or daily evacuations procured by the use of injections.

In hysterical cases amounting to fits, the antispasmodic tincture must be given; which will soon remove them, especially if enough is administered to produce vomiting. For the want of this, give the tincture of lobelia with cayenne; or either may be given alone, if both cannot be readily procured.

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### SECTION III.

#### OF FLUOR ALBUS, OR WHITES.

THIS is a very common complaint with women, especially such as are of a delicate habit, or have suffered much in child-bearing, or in menstruation, or have these discharges often interrupted by cold, and the like.

The degrees of its violence are extremely various, from that of a most trifling discharge of white mucus from the vagina or the womb, and producing no other indisposition, to much greater discharges, of different colors and offensive smell, and causing much pain and weakness in the back or loins, attended by great prostration and general debility.

Sometimes the discharges are irritating to the parts, as well as being offensive; and occasionally a feeling of heat and itching about the labia, with a sense of weight and relaxation about the lower part of the belly and top of the thighs.

**TREATMENT.**—Cleansing the part from which the discharge issues, by means of injections, is of much advantage in this complaint; though authors disagree as to whether these should be applied warm or cold. Dr. DEWEES strongly recommends lukewarm injections, whilst many others prefer them cold.—But the facts are, that both are useful.

In the first place, the vagina may be washed out two or three times a day, by injecting, in quick succession, two or three syringes full of warm water, in which a little mild soap has been rubbed. After the passage has thus been well cleansed, a cold injection should be thrown in, composed of a strong tea of some of the astringent tonics, of which the birth root is the best, adding a very minute portion of cayenne, and then be carefully strained; or a little of the compound tincture of myrrh may be added, instead of the cayenne. This

mode of treatment will be sufficient to cure all mild cases of whites, if properly attended to.

In worse cases, or such as do not yield to these means, in addition thereto, a free use should be made of the bitters, and occasionally steaming or sweating before the fire; and, if necessary, taking a full course of medicine, which must be repeated as the circumstances of the case may require. A tea of the birth root is also a most valuable internal remedy, in all cases of the whites. It may be taken in doses of a fourth of a tea-cupful three or four times a day, with the addition of two or three tea-spoons full of the compound tincture of myrrh in each dose.

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## SECTION IV.

### OF BEARING DOWN OF THE WOMB.

THERE is a most distressing complaint to which women are liable, known by the above name. Its more common name, however, in the works of medicine, is *prolapsus uteri*, or prolapsus of the womb.

This disease first discovers itself by an uneasy sensation about the loins and the lower part of the belly, whilst standing or walking, attended occasionally with bearing down pains. After a while these symptoms become worse, and the woman will be obliged to confine herself to her bed; and if the complaint goes on increasing, she will suffer the most excruciating pains, with a stoppage of the urine, in consequence of the womb descending into the vagina, and pressing upon the neck of the bladder. If the disease proceed on, without interruption, to its worst stage, the womb will be protruded out through the vagina, and hang as a bag between the thighs. This, however, is a rare occurrence, and is very difficult to cure.

TREATMENT.—The best remedy for this disease, is the application of injections immediately, to the part affected; and at the same time using proper means to promote perspiration. Dr. THOMSON, in his account of the witch hazle, says that an injection made of a strong tea of the leaves of this article, with a little cayenne, “is good for piles and many complaints common to females; and in bearing-down pains it will afford immediate relief, if properly administered.” The ambiguity of the latter part of this quotation, has caused much anxiety in the minds of those who have purchased his books,

By the terms "properly administered," he means nothing more than throwing the injection into the vagina. For the want of the witch hazle leaves, take the birth root, or any other astringent article.

We were once called, in a case of this kind, to a lady who was the mother of several children. She was enduring much pain and anxiety, with some degree of fever. A few doses of the diaphoretic powders were prescribed, and hot bricks placed at her feet, to promote perspiration; after which a witch hazle injection was directed, when we left her. In the course of three or four hours we paid her another visit, and found her easy and composed. She appeared very grateful for the relief obtained by the injection; and remarked it was the greatest and most sudden she had ever experienced. And to convey an idea of her sufferings, she said she had borne eight children; and would prefer the pain of bearing eight more, to enduring the distress which she had experienced in this instance. Her health was very soon restored.

But in cases where the womb is protruded without the vagina, the cure will be much more difficult. In such cases, the part which is protruded should be washed with warm witch hazle tea made strong, after which, with the fingers well smeared with oil or lard, the womb must be gently and gradually pushed back to its proper place in the pelvis, when an injection of strong witch hazle tea should be thrown up after it, cold, and repeated several times a day, so long as necessary.

But in those cases in which the womb falls quite out of the vagina, the parts concerned in retaining it to its place, will scarcely ever recover their tone immediately so as to be safe to trust to them alone; recourse should, therefore, be had to an instrument called the *pessary*, for a representation of which, of both kinds, see plate. This indeed may also be found advantageous in some cases of permanent relaxation of those parts, when the womb has not descended so low, especially when the case is of long standing.

The pessary is a very simple instrument, made of various substances, such as wax, ivory, metal, and latterly of gum elastic. Excepting those made of gum elastic, they are of a circular form, as will be seen by reference to the plate, but flat and a little oval on one side and hollow on the other, with a small hole through the center. This instrument can be obtained for a small sum, at most apothecary stores.

Most writers on the diseases of women, appear to possess the same taste and anxiety for introducing the pessary into the vagina. that they have for drawing off the urine, which certainly if they possessed the feelings of commonly delicacy, they would instruct women to do for themselves or for each other, or entrust it to the hands of the husband, if the woman

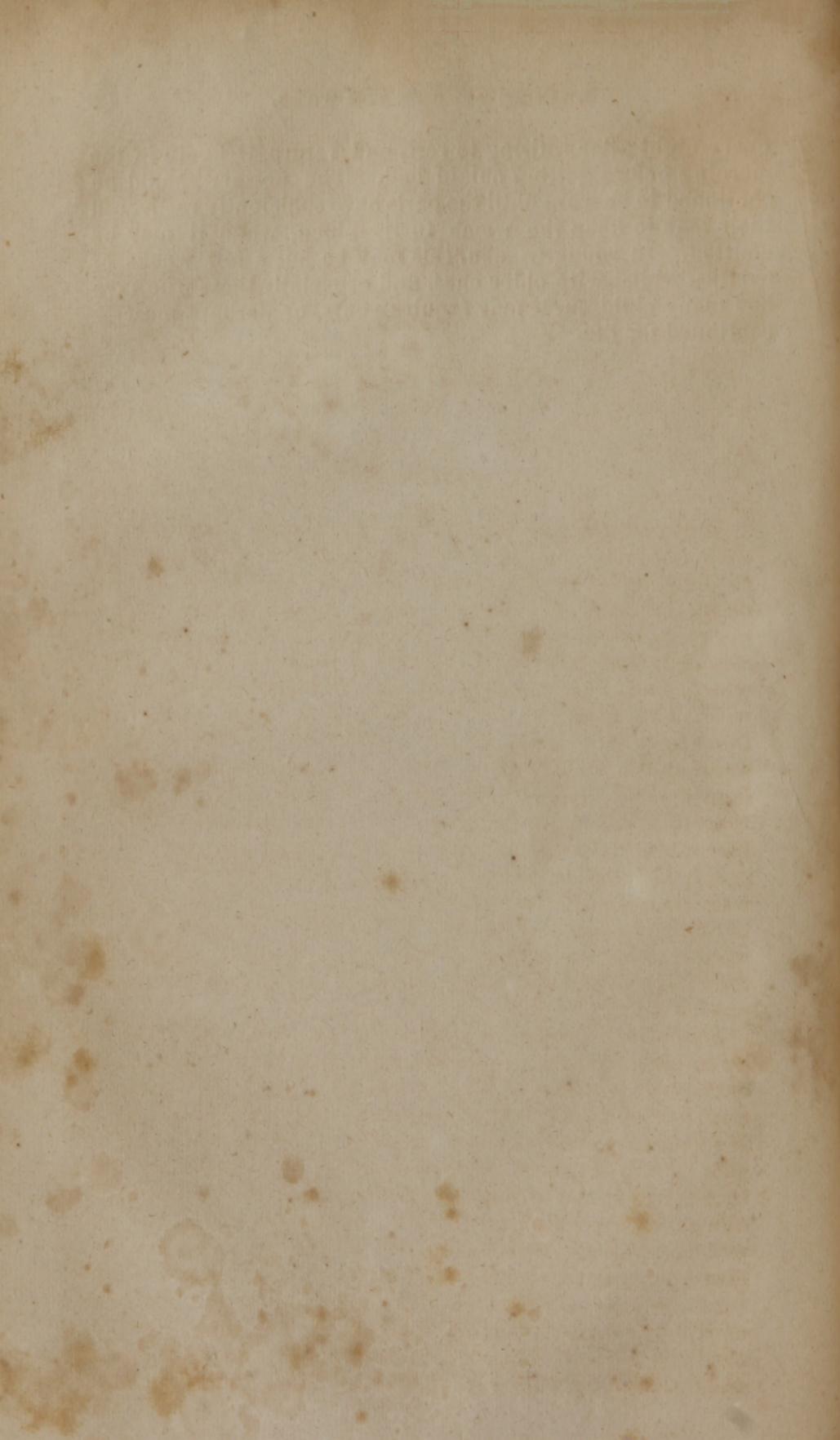
had one. This would certainly be far more decent, far more consistent with delicacy and sound morality, than for a physician to be permitted to do it. The operation is equally simple with drawing off the urine, if not more so; and we cannot contemplate the idea of a physician doing it, without sensations of sickening disgust. In reflecting upon the impositions practised in this respect, upon women of the nicest delicacy of feeling, and endeavor to comprehend the shock which such an operation must give them, we feel no abatement in the warmth of feeling which we expressed when treating of the use of the catheter. We may confess, however, that if we had it to write over again, we might make some alterations in the language, but should not wish to divest it of any of its severity.

We believe every physician who, by his conduct or writings, endeavors to *mystify* any of the operations which are so simple that women may perform them for themselves or for each other, is obnoxious to, and worthy of, the most severe reproach.—How many women have suffered the most exquisite torment, and even death itself, rather than submit to an operation by a professional hand, which could have been as well performed by herself, her husband, or some confiding female associate! The physician who can calmly contemplate female sufferings, under circumstances such as these, as many undoubtedly have, cannot certainly be accused with possessing any excess of sympathy or decency, however much he may profess of either or both!

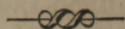
The method of introducing the pessary, which any woman of common sense, and having one in her hand, would at once understand without any description, is as follows:—The pessary is first lubricated or smeared with hog's lard or oil, then separating the labia with the fingers of one hand, with the other the pessary is introduced into the vagina. When it is fairly within this passage, it must be turned with the hollow side upward, so that the mouth of the womb may rest in it.—Previous to its introduction, the urine should be passed, and the bowels emptied by an injection, in order to make all the room possible in the pelvis. If the pessary is too large, it will create pain; and if too small, it will escape when at stool; and therefore the woman should make use of a pot, and not go to the necessary or privy for two or three days, or it might be lost. If it be too large and give pain, it must be removed, and a smaller one put in its place.

The pessary should be taken out once in a while, and cleansed, by washing in soap suds and rubbing with a woolen rag, the woman lying in bed, for fear that the womb fall down and create difficulty; or if she prefer it, she may take it out

every night after retiring to rest, and return it again in the morning before getting out of bed. The pessary should be continued to be worn until the parts have sufficiently recovered their tone to keep the womb to its place, when it may be omitted. In young women, this may be but a few weeks or months, whilst with older ones, and especially those who have had many children, it may require years, or perhaps must continued for life.



## PART VI.



### OF MIDWIFERY.



#### INTRODUCTION.

WE approach this part of our work with seriousness and with diffidence; not because of its anticipated magnitude, or its difficulty of detail, though we look upon these, and especially the latter, as involving much responsibility. But it is the circumstances by which this reputed mysterious art is surrounded, that impress us with a seriousness and diffidence which, in our other medical labors, we had not to contend with. To oppose popular prejudices, or attempt innovations in matters ever so plain, and capable of the clearest demonstration, is certainly no enviable task; it is one from which the human mind involuntarily shrinks, in contemplation of its responsibilities, and its interminable discussions and animosities. But when we attack a custom, the subject of which is purposely kept hidden from the broad gaze of the world, and in which we must have recourse to reason to a great extent, in the first instance, to supply the place of demonstration, the weight of responsibility, and other concomitant consequences, recoil upon the mind with redoubled force, and far more repulsive energy.

From the very nature and indelicacy of midwifery, it seems, by common consent, generally to be little inquired into, especially by men; and hence the too great ignorance respecting a matter of the highest consequence to the whole community. It seems to be one of the great evils of civilized life, that individuals are disposed to devote their time and attention to things which are of small importance; such as acquiring the unmeaning accomplishments of what is styled high life, or of embellishing our persons, our houses, or our furniture, for no other purpose than to please the eye; whilst the more important concerns relative to health and happiness are disregarded as if they were matters of small account. Hence we find in civilized nations, little is generally known respecting health and disease, and still less about the momentous concerns of

pregnancy and child-birth; the very important knowledge of these things being, by common consent, yielded to a select few.

This highly interesting and necessary part of all female education, a correct knowledge of the phenomenon of child-birth, has for many years been passing into the hands of physicians, who appear to hold it with a most tenacious grasp.

We hope, whilst writing upon this subject, to be excused for any plain dealing which we may use. The subject is one of much importance to the world, and particularly to females; and it is to them that we wish to address ourselves. Upon them devolves the office of mothers—the often tedious process of gestation—the more painful one of delivery, and the still more careful and responsible one of watching over and rearing their tender offspring from infancy to mature age. What claims, indeed, has a mother upon the sympathy, the compassion, and the gratitude of the world!

We feel most sensibly the responsibility of the task which we have imposed upon ourselves—that of endeavoring to convince women of their capacity to render to each other all the needful assistance which is generally necessary at child-birth, instead of continuing the present indelicate and immoral habit of calling upon the other sex. The prejudices which sanction this custom of employing men instead of women, to officiate as midwives, are of comparatively modern origin; and are no where to be met with but in civilized life; and no where are the difficulties of labor so severe, and the mortality in child-bed so great, as amongst those nations which claim to be the most refined.

“I have seldom,” says Dr. EWELL, in treating upon this same subject, “felt a more ardent desire to succeed in any undertaking, because I view the present increasing practice of calling upon men in ordinary births, as a source of serious evils to child-bearing—as an imposition upon the credulity of women, and upon the fears of their husbands—as a means of sacrificing delicacy, and consequently virtue—as a robbery of many of the good common women [midwives] of their employment and support. Truly, it shows as extraordinary a revolution in practice, as any afforded by a survey of all the arts.” “Should the strangers to the practice, inquire if our men have large unwieldy hands—great curiosity about women; should they ask if our women have the requisites for useful services—small hands, good sense of touch, and *patience in attendance*—they will absolutely deny this monstrous perversion of the course of nature.”

But so it is, the practice of midwifery, in all our towns and villages, and to a great extent in the country, is now almost exclusively confined to the hands of the physicians, who by

their marvelous tales of the hair-breadth escapes of numerous women to whom they have been called just in time to save life, strike a terror in the mind of the suffering woman, which confirms her in the determination, no matter how repulsive to her delicacy, to employ none but doctors. These tales are told in presence of the attendants of the woman in labor; and most commonly perhaps the individual whom the doctor has so fortunately rescued from such great peril, was at the same time in the hands of a female midwife, who, however skillful, was unable to render the needful assistance. The frequent repetition of these stories in the presence of the same women, with the affected mystery in which the transaction is enveloped, makes a serious impression on their minds, and fills them with the most awful apprehensions; and they, in turn, employ the same individual, feeling themselves safe in the hands of no one else, unless it be some other physician who can tell equally marvelous tales.

We are truly sorry for poor human nature, that professional men are obliged to resort to such miserable shifts and criminal subterfuges, to secure to themselves a lucrative business, for which by nature they were never designed. And we are equally sorry to find ourselves under the necessity of thus exposing them and their artifices, in proper colors; in doing which we beg leave to say, that we are not actuated by malicious motives, but by a sense of the impropriety, impolicy, and immorality of the practice, and by a sense of duty to the female community and to the world. We will take this occasion also to observe, that we wish not by this honest expression of our sentiments, to wound the feelings of any who are not justly obnoxious to reproach. Some physicians who practice midwifery, do it more in compliance with common custom and the prejudices of those amongst whom they reside, than from the desire of retaining the business, or from a belief in the propriety of its being wrested from the hands of women. A few authors too have nobly stepped forth as advocates of the insulted rights of female midwives, amongst whom Dr. EWELL stands pre-eminently above the rest. But how has his devotion been received, and how has his labor been repaid? We have been informed that professional opposition has so retarded the sale of his valuable works, that he remains unremunerated for his expense and toil! By a perusal of his work, we have been largely profited; and from it we will take the liberty of transferring many quotations into these introductory remarks.

We have heretofore alluded to the marvelous tales of physicians to frighten women to a belief in the necessity of employing them at child-birth. The following, from Dr. EWELL, seems to have reference to this circumstance: "A thousand

*times* you are told of *one* irregularity of nature; but seldom hear of her almost undeviating correctness in operating." The truth of this you may all satisfy yourselves of, with only a little reflection. Or even if you hear a long list of unfortunate cases related, with which all books more or less abound, remember that these are gathered from all quarters of the world, and do not constitute, perhaps, one in a thousand. "Provident nature," says Dr. BARD, "is wonderfully kind to pregnant women; and when she is properly consulted, attended to, and obeyed from the beginning—not weakened by excess, nor thwarted by preposterous management, will, nine hundred and ninety-nine times out of a thousand, carry her votary safely through all the wonderful changes of this eventful period."

"A thousand times," says Dr. EWELL, "you dwell upon the miseries of one sufferer, without thinking upon the millions who happily and healthily pass the period of parturition.—Away with your forebodings: Believe the truth, when pregnant, that, in all human probability, you will do perfectly well; that the most ordinary women can render you every needful assistance, without the interference of men midwives. *Their hurry, their spirit for acting, have done the sex more harm than all the injudicious management of midwives, of which they are so fond of talking.* This, Dr. DENMAN, Dr. BUCHAN, and many other really great physicians, have long since remarked."

Why then, let us seriously ask, will you continue the practice of employing physicians, since it is asserted, even by themselves, that they do more injury than midwives of your own sex? You ought certainly to know that "the simple process of child-bearing is performed by yourselves, and not by attendants' hands—by the resources of nature, and not by the powers of art." But of these facts, physicians, as well as too many midwives, have criminally kept you ignorant. They have clothed the operation of child-birth with so much mystery, which is the very ground work of deception, as to make you suppose that midwives always render essential assistance; when, in fact, in almost all cases, it is completely out of their power to do it, or if they are so ignorant or impatient as to attempt it, they are sure to do an injury. Figure to yourselves, for a moment, the condition of child-birth. The head of the child presenting, is driven forward by the contractile force of the womb, in the same manner that the urine is expelled from the bladder, only that the pains of labor are scarcely under the control of the will. The head fills completely the whole passage, and very greatly distends it beyond its natural size.

We would now ask, what can the midwife do to assist the mother in the expulsion of the child? Can she lay hold of the head and drag it forcibly away? By no means: it is impossi-

be; and should she be so ignorant as to attempt it, would certainly repent her folly. Well, what then can the midwife do? Why, at the most, in cases of wrong presentations, she may, by careful and discreet management, assist the powers of nature in turning the head one way or the other, so as to make it present fair to the birth; but beyond this, she can do nothing more than to receive the child when it comes into the world. And what woman could not, what woman would not, nay, ought not, when necessary, to perform this simple office?

In confirmation of these views, we will introduce some sensible remarks from an anonymous publication by a female writer and midwife:—

“What arguments shall I use to convince you that it is out of the power of either midwife or physician, with safety to mother or child, to offer any assistance, even in the last stage of labor. Every woman who has borne children, knows, or might know, that in this stage, nature is so pressing that it would require a great resistance to restrain the child from coming forth, that is if there had been no mismanagement. I have seen this acted out by many, whilst they were waiting with fearful expectation, lest the birth should take place before the physician arrived.

“I am aware that many women may object to this proposition, thinking it was never so with them; but this is for the want of proper information. I recollect very well, that soon after I entered into practice, a certain woman whom I had visited a second time, exclaimed immediately after the birth of her child, ‘I know that I could not have a child born without assistance.’ The fact is, she was not assisted; but because of the custom of the times, I thought best to pacify her by deception, as Dr. DENMAN justifies. I practised in this way for a number of years, till a reproachful conscience bade me advance this light; though not without fears that some inexperienced female may consider this doctrine disheartening.”

Here is the frank and honest confession of one whose well regulated mind and moral sense impelled her to disclose the light of truth, which has been too long kept hidden from the view of the world. And what a melancholy picture does it exhibit of the depravity of those who are insisting upon the propriety of employing practitioners, who have themselves disclosed nearly as much as the lady to whom we are indebted for the foregoing extracts. But we will omit our own remarks, and hasten to another quotation from the same author, which at the same time that it exhibits her very correct knowledge of human nature, also displays her exalted views of Deity, and a rational confidence in his wisdom.

“Therefore,” says she, “when your labor commences, be not afraid with any amazement, though a mother or any kind

friend should insist on sending immediately for help; which we know is frequently done, but generally not without a bad effect, as it produces affright or embarrassment, which only retards the operation of nature: But let such know, at least if you are a child of God, that your trust is in your Creator, and that he who appointed to the female this destiny, has also formed her equal to the task."

We will here also beg the privilege of introducing a remark from Dr. EWELL, in confirmation of some of the sentiments contained in the foregoing quotation. In reference to the distress and disgust which husbands feel at the exposure of their wives to doctors, in child-birth, he says:—"But the opposition, the detestation of this practice, cannot be so great in any husband, as amongst some women. The idea has driven some to convulsions and derangement; and every one of the least delicacy, feels deeply humiliated at the exposure. Many of them while in labor, have been so shocked at the entrance of a man in their apartment, as to have all their pains banished. Others, to the very last of their senses, suffering the severest torment, have rejected the assistance of men. There have been many of this description in all ages! Virtuous sainted souls—they preferred dying in all the agonies, the throes, and the convulsions of fatal labors! They did err on the side of delicate feeling, but their errors shall be blotted out forever! To be instrumental in relieving one of this truly interesting cast, will be a heavenly consolation to all who can be alive to the pleasures of serving the virtuous."

Can it be possible that it is a part of the wise plan of Deity, to subject the delicate, the modest, the virtuous feelings of women, to such agonizing emotions as these? No! never! It may be said that the cause of all this distress, is the improper indulgence of a false delicacy—that child-birth is an extraordinary occasion, and it is the duty of women to conquer those feelings. But we must confess that we have no ear for philosophy like this. This sense of delicacy was given them by the all-wise Creator, for a noble and valuable purpose; and as well may we be told that hunger is a false deceptive feeling which should be overcome, as that the delicacy of women should be so far conquered as to admit, without emotion, the interference of physicians at child-birth.

The case then is clear, that none but women, excepting the husband, should in ordinary cases, be permitted to be present, or officiate as a midwife at child-birth. But if nothing will satisfy but male assistance, let the husband be the accoucher—the midwife; there is surely more propriety in this than in employing another, and it is certainly more natural, and, to the wife at least, must be far more agreeable; whilst it wants nothing but custom to make it consistent with

popular sentiment. Let the feelings of none be shocked at the idea of husbands waiting upon their wives in the capacity of accouchers; many have done it with the best success, and no one, that we have heard of, with any misfortune. Some have even declared their own husbands to be superior to any others. And who indeed can have more tenderness of feeling for both mother and child, than an affectionate husband? Indeed, if physicians and midwives would but generally acknowledge the simplicity of most labors, it would be manifest that in ninety-nine cases out of a hundred, the husband would do in every respect as well as the most experienced doctor.

And we cannot well avoid remarking, that if physicians possessed the sympathy which they ought to feel for female suffering, and that nice sense of delicacy which they are certainly not always void of, they would, instead of intruding themselves upon females as midwives, and thus distressing so many modest women—we say, that possessing sentiments of this kind, they would endeavor to instruct and encourage sensible women, and withdraw themselves from so indelicate a practice.

But the idea that none but men can be relied upon in bad cases, has become so fashionable, and physicians are so desirous that it should continue, that if a woman ever consents to trust herself in the hands of a female midwife, and the case appears a little tedious, the assistants become alarmed, which at this day they are prone to, no matter whether with or without a cause, and a doctor must be sent for, whether the midwife approve or not. We have known many cases of this kind, and we know of no surer means for the best of midwives to get out of business, and out of credit, than this.

The doctor comes; makes a great display of affected knowledge; discovers something wrong, which requires all his skill and experience to right; the woman and her attendants acquire confidence, and no matter what real or imaginary difficulties exist or may afterwards occur, the woman is delivered, for which the doctor is praised and the unfortunate midwife slighted; when she would probably have delivered the woman sooner, easier, and better, than the doctor who is thus stealing her reputation and her business, upon which, perhaps, she is dependent for an honest living. In such cases as these, the judgment of the midwife is rarely if ever suffered to have any weight; although she may give assurances that all things are right, and protest against the necessity of sending for a physician, it is too often presumed by surrounding and sympathizing friends, that the midwife does not or may not know; the woman in labor is suffering much distress; she is flattered with the idea that doctor such-a-one can relieve her,

and she consents. The husband is ignorant of the real state of the case, and he is moved by the distress of a tender wife; the wishes of an individual in so much pain for any assistance she may desire, must be complied with, and the husband is obliged to post off for a physician, to violate his own delicacy in the person of his wife! Scenes like this have been acted over again and again, and seem likely, ere long, to secure the whole practice in the hands of the physicians.

And what, let us inquire, will be the effect upon society of employing men instead of women to perform the office of midwives? Who is there that cannot, by a little reflection, perceive the immoral tendencies of such a custom? What is the natural consequence of those familiarities that are and must be taken by men, in the discharge of the duties of a midwife? Is it not to obliterate that delicacy of sentiment, and remove those salutary restraints, by which chastity of feeling is preserved, and immoral familiarities, and undue liberties prevented? Most assuredly these are the natural consequences; and we are not alone in these sentiments.

“Several observing moralists,” says EWELL, “have remarked, that the practice of employing men midwives has increased the corruption among married women. Even among the French, so prone to set aside the ceremonies among the sexes—the immorality of such exposures has been noticed. In an anecdote of VOLTAIRE, it is related, that when a gentleman boasted to him of the birth of his son, he asked who assisted at the delivery; to the answer, a man midwife, he replied—then you are traveling the road to cuckoldom.”

“The acute observing Count BUFFON, (on puberty,) observes, ‘Virginity is a moral being, existing solely in purity of heart. In the submission of women, to the unnecessary examinations of physicians, exposing the secrets of nature, it is forgotten that every indecency of this kind is a violent attack against chastity; that every situation which produces an internal blush, is a real prostitution.’ It is very certain, where these exposures have been most common, as in large cities, there adultery has been most frequent.

“Be it folly, or prejudice, or not, there is a value in the belief that the husband’s hands alone are to have access to his sacred wife. Break through this prejudice, if you please to call it so, but for once, unless powerful reasons command it, the rubicon is passed; and rely upon it, the barriers, on future emergencies, will not be so insuperable. Time and opportunity to press on a grateful heart, for a favor in regions where magnified favors have been conferred, have been used and more frequently desired. To convince you of this, you will not require me to enter into the secret history of adultery. Many of these modest looking doctors, inflamed with the

thoughts of the well-shaped bodies of the women they have delivered, handled, hung over for hours, secretly glorying in the privilege, have to their patients, as priests to their penitents, pressed for accommodation, and driven to adultery and madness, where they were thought more innocently occupied."

Such, reader, is the picture drawn by a physician and a man capable of justly appreciating the subject upon which he writes: And dare any physician of extensive practice deny the correctness of his details? True, it may possibly be thought to exhibit female chastity in no enviable colors: but does it ascribe any more virtue of character to males? And are they not the first to offer the violation. But the whole difficulty grows out of the circumstance of sanctioning an immoral custom. And however few may be the deviations of this kind among women, no one should be considered as above temptation; and therefore every thing having a tendency to inflame the mind, of either men or women, towards each other, and at the same time to weaken moral restraint, must be looked upon as immoral in its character, and should therefore be discouraged.

And we ought not to be satisfied by believing that our own wives are above the temptations, or beyond the dangers of which we speak. The prevalence and increase of the custom of employing men midwives, as it adds to the number of those immoral familiarities, very naturally has an extensive and powerful influence over the prevailing character of the age. "The interest, the affection, the duty, of all, require that every effort should be made to preserve women delicate and virtuous; to keep them out of the way of temptation, as well for the present as for succeeding societies. Nothing," continues Dr. EWELL, "can be more certain, than that in defiance of our wishes and expectations, our own daughters will partake more or less of the prevailing manners of the times—will be pure and refined, or indelicate and unprincipled, according to their associates. It is therefore obvious, that by assisting in the establishment and preservation of good practices in the community, we assist in perpetuating them among those dearest to our hearts."

Many, no doubt, may conclude that the correctness of our remarks on the immorality of employing men midwives, are unsupported by facts. If we are indifferent about the importance of a high-toned moral character in community, we shall probably not give ourselves the trouble to investigate the causes which have a tendency to deprave it; and hence may be ready to conclude, that because a subject is but little spoken of, or but little known, it can have no existence. But many things, although unseen and perhaps unknown, have a secret influence, whose advancement is as certain as the progress of

time, and whose resistless march will sooner or later, perhaps, expose, in glaring colors, certain immoral effects, as well as the secret springs by which they are produced.

But however important may be the consideration of the demoralizing influence upon the community, of employing men midwives, this is not alone the serious object of our present solicitude. "It is," in the language of Dr. EWELL, "to wrest the practice of midwifery from the hands of men, and transfer it to women, as it was in the beginning, and ever should be;" and to this object we most earnestly request the attention of every female in the community. Your good sense, your delicacy, your virtuous feelings, all must approve what we are endeavoring to accomplish. And permit not, we entreat you, any childish affectation of feeling to induce you to say or to think the knowledge of this subject is too indelicate. How inconsistent is such an idea with the exposures which your ignorance and your prejudice makes necessary, by the employment of men to perform a simple office which properly belongs to yourselves.

"Indeed," says Dr. EWELL, "it is on account of your delicacy, that I entreat you to acquire valuable information respecting your own structure. Nature has given you functions to perform, and every body knows that you perform them; and can you seriously think there is as much indelicacy in endeavoring privately to acquire accurate information, as there is in your neglecting to do it rendering it almost indispensable to expose yourselves to the hands and eyes of strangers?"

We do not expect all to become midwives; but we wish all to acquire a correct knowledge of the simple process of childbirth. This knowledge will have a most powerful tendency to dispel those anxious fears and gloomy forebodings so common to pregnant females, and which is a source of more misery, and of more disasters, than the pains of labor itself. But do not think that the idea rests upon our assertion. It is the opinion of observing writers, deliberately formed and candidly expressed, not for selfish purposes, but for the benefit of the world. By acquiring a correct knowledge of the simple process of child-bearing, what consoling influence might you possess and exercise over the minds of many a tender timid woman, in those painful scenes through which the greater part of you have to pass, a consoling influence which perhaps you all need, at times, the exercise of upon yourselves.

"Many times," says the anonymous female author whom we have before quoted, "many times has a house been set in an uproar, without any ground for alarm, and the unhappy patient driven to despair and thrown into fits, when all might have remained in peace, if those present had properly understood the case, and been properly enlightened." How im-

portant it is, on such occasions of alarm, that the husband should be competent to direct the proper measures, and thus prevent premature trouble and unnecessary panic.

We cannot dismiss this part of the subject, without introducing a quotation from Dr. EWELL, which is directly in point. "It requires," says he, "but little understanding of this subject, to enable you frequently to prove of great service in removing the fears and forebodings of many ignorant sufferers, who imagine that only professional skill can afford relief. Many such objects of commiseration have languished day after day, solely for the want of a little information in one of the attendants; all unnecessarily lamenting that physicians cannot be procured."

Indeed, in whatever light we view the subject of midwifery, a branch of knowledge, simple as it is, of the highest importance to the whole community, decency, delicacy, reason, morality, all conspire to sanction the propriety of restoring it back to women, as it was in the beginning. Every woman knows with how much more confidence she can unbosom herself to a female than to a male, and how much more freedom she feels in the presence of a midwife of her own sex, than of the other; and that nothing short of the most exquisite suffering can make the presence of a physican even tolerable.

Most women also know, not only from the general habits and temper of men, but also by experience, the impatience of men in those protracted, by tedious cases which sometimes occur in child-birth; hence the disposition too often indulged in, by physicians, of hurrying on the birth to the great and frequently irreparable injury of both mother and child. On the other hand, how well do the retired occupations of women fit them for that patience of attendance which it is well known they possess; and how well does their own experience in similar circumstances, qualify them to sympathize with the sufferer and extend to her that encouragement and consolation which she so often needs. And are not women qualified—have they not the capacity to perform the common office of midwives? Most assuredly they have.

"Every day," says EWELL, "shows that the practice of midwifery requires no particular skill, no superior knowledge, no slight of hand, nothing beyond the most common sense and observation, to do all that is required with perfect success. Nature has so wisely provided for the birth of the young, that even the extensive practice so highly rated among ladies is not necessary for the discharge of all the duties required from attendants. The male practitioners who in general from accidents have got into great repute, received their first impressions from books, from directions which any one in the country can comprehend."

“At Athens,” observes EWELL, “a law was passed forbidding women to practice; but from perseverance among the delicate, preferring death to exposure, the law was speedily repealed. Since then no government, it is believed, has been so ridiculous as to compel such unnatural interference. In consequence, the practice has been confined to women, until within a few years, in some European countries and their colonies.”

As a contrast to the indelicate spirit of the Athenians, however, we cannot well omit noticing the liberal, elevated, and more refined views of a few nations of more modern date. “The Danish government,” says EWELL, “viewing the employment of men midwives in natural labor, as highly improper, established schools for the instruction of women in the principles of midwifery. Several of the German States have imitated the example.”

But with all the advantages of light and knowledge which it may be supposed the people of the United States possess, there are few countries in which the anxiety, nay the folly, of employing men as midwives exceeds ours. And yet it is an undeniable fact, admitted by BUCHAN, DENMAN, EWELL, &c. that men midwives have done women more harm by their hurry, their spirit for acting, and we will add, curiosity, than all the ignorant and injudicious management of female midwives “about which the doctors are so fond of talking.”

Many cases of the most wretched, inhuman management of midwifery might be detailed in proof of these assertions. Two cases of this character came under our own observation, in which the physician inhumanly introduced his hand to extract the after-birth, without waiting a moment for the powers of nature to do it in the only proper manner.

In one of these cases the woman lingered out a wretched existence for a few months, and died. The other suffered much, and did not long survive. Our recollection is still often haunted by the sensations which the bare recital of one of those cases produced in our mind—the tears, the groans, the shrieks, and the earnest entreaties to be let alone, were such as one might think would ring in the imagination of the guilty practitioner to the end of time! The coloring of this picture is not heightened above the reality; and it would no doubt apply with equal force and propriety to thousands of cases.

A variety of the most shocking cases might be given from various sources; some, of doctors forcing deliveries when in a hurry, and from no other earthly cause; some, of their exhausting all their skill to force a delivery, and after being obliged to desist, nature has done her work in her own way, and in her own time; some, of the mutilation or entire destruction of children, to say nothing of the sudden or lingering

deaths, and many accidents of minor importance. But time would fail us in collecting and rehearsing the sickening catalogue; and moreover, we wish rather to convince the judgment than to excite the fears of our female readers. Truly there has been enough to create alarm; but the greater part of the really bad cases have been made so by art and not by nature—by improper interference, instead of patient acquiescence; and instances of this kind have been full as frequent in the practice of physicians as of the most ignorant but careful women. Nature is, in general, competent to perform her own work, and cannot be meddled with only at immense hazard.

Dr. DENMAN, in enumerating the causes of difficult labor, observes: "There is one much more frequent than the rest, which is the derangement of the order of labor by an officious interposition, or by improper management. Upon this subject," continues he, "it would be unpardonable to make an assertion, which is not supported by experience; but I am now fully convinced, that the far greater number of really difficult labors to which I have been called, (and I must not conceal the truth on this occasion, that many of those which have been originally under my own care,) were not difficult from unavoidable necessity, but were rendered such by improper management, in the commencement or course of labor." There is certainly a great deal of candor in this acknowledgment of DENMAN'S; more, we fear, than often falls to the lot of professional men. Indeed candor and honesty seem to be infused through the whole work of this eminent man; evincing that he wrote for the benefit of the world, rather than the selfishness of the profession.

It is agreed, we believe, by the best authors, that natural cases of midwifery do not come within the scope or purview of the art, which can only be properly applied to those cases which need assistance. The great object, therefore, of the works upon this subject, is to instruct how to manage difficult cases; and hence, the bare contemplation of what these contain, strikes the mind of the inexperienced with alarm and terror. Indeed, but few persons, we presume, excepting those who are accustomed to the practice, could cast their eyes over a ponderous volume, and find it contained little else than details of cases the most desperate, or operations the most painful and horrible; without concluding that child-birth is a scene of hazard from which scarcely one could escape with life.

But should these same books contain registers of all the cases of midwifery practice, with the unnatural cases interspersed as they occur with such as are natural, those deperate ones would be so "few and far between," that child-bearing

would be thus stripped of half its terrors. And when from this number we deduct those cases which are rendered difficult by malformation, or by improper management of either mother or midwife, the simple though painful process of child-birth, would be found to present much less cause of alarm than is commonly attached to it. And why is it, we will ask, that popular opinion has become impressed with such sentiments of terror at the consequences of labor. We answer—in part, because of the mystery which has designedly been thrown about the process of delivery; and partly because of the high colored tales of difficulties and dangers which practitioners of midwifery too often represent themselves as having been the means of dexterously or miraculously relieving.

But to correct the false impression which the affected knowledge and dexterity of those trumpeters of their own fame have so injuriously made upon the public mind, we are happy in having it in our power, from registers or tables, to set the thing in its true light before the reader. These registers are derived from different practitioners, both male and female, and from different countries. The following is a condensed result of them, obtained from a late work on Midwifery, by a French author:\*

MERRIMAN gives 1746 cases of natural or spontaneous labors, out of 1800; and we may add 23 more, which were regarded as unnatural only because there was more than one child; when we shall have 1769, out of 1800.

At the Matternite, at Paris, out of 20,357 labors, 20,153 were natural.

Under the superintence of Dr. BLAND, out of 1897 cases, 1860 were brought to a conclusion by the hand of nature.

“Madame LACHAPELLE, in her new tables, divides the labors that have fallen under her notice into two periods; the first, extending from the 1st Germinal, year IX, to the 31st December, 1811, comprises 15,662 cases; of which 15,380 were spontaneous, and 272 were difficult: the second, which extends from the 1st January, 1812, to the 31st December, 1820, comprises 22,243 labors; of which 21,974 terminated without any artificial assistance, and 269 by the assistance of art.”

In Dr. BOER's statement of cases at the Obstetrical School of Vienna, out of a total of 9,590, only 102 were difficult or unnatural.

It would also seem probable, from a comparison of different presentations, by VELPEAU, that another French lady, Madame BOUVIN, had been equally fortunate with LACHAPELLE. We judge this to be the fact from the number of cases of presentations given, being, in one instance, 20,357, and in ano-

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\*See VELPEAU's Midwifery, p. 283.

ther, 20,517; almost all of which, from the mode of presentation, must have terminated without aid.

The cases which we have selected are, we freely acknowledge, from amongst the most favored practitioners. But as these often very justly accuse those who are less fortunate than themselves, with being in a hurry to act, may we not also suppose that even those most favored might also have the same charge applied in a less extended sense to themselves? There is certainly too much reason to concur in the idea of DENMAN, "that the abuse of art produces evils more numerous and serious than the imperfections of nature."

We can very cheerfully admit, however, that the art of midwifery has, when rationally and judiciously employed even by men, been the means of saving some lives; but when we compare the small amount of good done in this way, with the vast amount of evil which has resulted from the haste, the impatience, the inquisitiveness, and the want of caution, too frequently predominant in men midwives, we shall very probably arrive at the conclusion, that it would have been better for the world had men never interfered with the practice. We wish, in making this suggestion, to be correctly understood. We believe that ninety-nine cases in a hundred will terminate without any assistance from art whatever; leaving but one case in a hundred requiring assistance. Of this number, probably three-fourths could be delivered by the ordinary female midwives; the other fourth—suppose they die, the mortality would be far less than it now is. Hence we infer that the custom of employing men midwives is productive of more harm than good.

We do not wish to be understood as attempting to give the exact proportions of difficult cases occurring in practice, though perhaps it might not be far from the truth. But we are morally certain that with the judicious use of botanic medicines which act in harmony with the laws of life, many of the most alarming difficulties attending the practice of midwifery may be removed and the number of deaths very much lessened.

The dangers attending any incorrect or improper treatment, either of diseases arising during pregnancy, or of difficulties at the time of child-birth, has been justly deplored, and its dreadful effects acknowledged by many writers. These effects are not only more liable to take place, but they are also likely to be far more serious at those times and under those circumstances, than at other times and under other circumstances. And why is this so? Is it not an evidence that the means employed act contrary to the laws of nature, perverting the very order they are intended to restore? We do not doubt that it is.

In the progress of pregnancy, and during the process of child-birth, a greater number of organs are brought into play, which are acting a new part in the grand machine. Hence the machinery is more complicated, and more easily affected by slight causes, and will be more extensively influenced by the same causes, than at other times. Therefore, if any mode of treatment adopted be wrong, the consequences will be more immediate, and more extensive, and the effects more sensible. These we conceive to be the true reasons why more difficulty and more danger attends the administration of medicines at or during those periods of which we have been speaking, than at other times.

But in the employment of innocent botanic remedies, which act as medicine should always have acted, in unison and harmony with the laws of nature, these difficulties are all avoided. The machinery, how much soever complicated, or how extensive soever deranged in its action, may, with such medicines, be restored, if its structure be not too much injured, or its powers exhausted, without the uncertainty and hazard of doing it an injury instead of a benefit. This is the plain and distinguishing difference between the botanic system and the too common practice of bleeding, physicing, refrigerating, and starving, so much relied upon by the medical faculty.

In every point of view then, it is most proper, most rational, most correct, and most agreeable to both husband and wife, to have the practice of midwifery restored back again into the hands of women and of nature. Although we do not expect all women to become midwives, yet we wish them generally to become acquainted with the simplicity of natural births, which, as we have shown, constitute nearly, or perhaps quite, ninety-nine hundredths; and no doubt, with proper management, might exceed that proportion. This knowledge would enable any woman to act on any ordinary occasion, when no professed midwife was at hand, as very frequently happens. And if women possessed this information, and would teach it to their daughters who are about to become mothers, how much painful anxiety would it save? how much distress and anticipated trouble would it remove?

We beg leave, once more, in these introductory remarks, to employ the language of Dr. EWELL. "If the difficulty," says he, "of obtaining doctors at the proper time—if the indelicacy and tendency to immorality of having them in any but the critical and unnatural cases—if the propriety of giving to helpless women proper employment and support—if the salvation of many women, who, shocked at male interference, have their pains vanished and their minds deranged, and who sometimes prefer death to exposure—if the salvation of many children,

born almost without warning—if the prevention of the destructive interference of ignorant attendants, cannot, united, induce you to attend to this subject, the mechanical advantage between a man's and a delicate woman's hand, ought to command your decision in favor of employing and encouraging female assistants. Such is the confined organization of the parts for our birth, and such the large size of men's hands, that I verily believe *as much mischief as good has been done by them*, as has been stated by more extensive observers than myself."

"The rule," continues he, "that I would prescribe for the females for whom I felt the most affection and solicitude, would be that which I now urge—on no account submit to the interference of men in common labor; but do it most readily in the uncommon cases, when a nurse, under the direction of a physician, cannot afford relief. I will venture to add, that there is not a physician, disinterested, of sound sense, who would not approve the rule. The best authors on midwifery decidedly recommend it."

We have already extended this introduction to a great length, hurried on by the high importance of the subject under consideration; but we cannot yet dismiss it without an appeal to every feeling of the female breast which repels the idea of employing male midwives. And you all know that these feelings are strong: They are modesty, delicacy, and a sense of moral and conjugal propriety, over which nothing can, or ever has predominated, but the pains of child-birth, joined to the mystery under which this process is designedly cloaked; together with the thousand changes which have been rung upon the few cases of difficulty and danger which have occasionally occurred in the practice of midwifery. No! nothing else than what we have enumerated, has driven women to the unpleasant—the unnatural dilemma, of calling upon physicians to act as midwives. Away then, with all these false ideas; satisfy yourselves of their absurdity; inform yourselves that nature is simple—her operations simple, and that in almost all cases she is adequate to their complete performance, whilst interference can only be offered at the certain hazard of doing an injury.

And to husbands we beg leave to tender the same advice. Make yourselves acquainted with these things—they are matters of high moment to you, as well as to your wives—they are susceptible of your complete comprehension; and your love for a tender wife, and your duty to her and to your children, alike impel you to the task. Let no false delicacy nor "mock modesty," we anxiously intreat, deter you from it.—Your wives, by your means, bear children—they contribute alike to your happiness as well as hers; and you ought to neglect no opportunity of acquiring every information by which

you might be of service to her during the tedious months of pregnancy, or in the painful hour of labor.

Satisfy yourselves, we beseech you, that the difficulties and dangers of child-birth are very much magnified—that they are scarcely to be dreaded, when compared with the happiness and high duty on the part of wives, of being mothers. Teach them the simplicity of the process so fearfully anticipated, and that whilst one is destroyed by it, hundreds pass safely and without difficulty through it. Nor let that kind of delicacy which forbids men to inquire or understand the art, or the situation of their wives when in labor, deter you from this important duty. If, by this knowledge, you are, as you might on some occasions be, able, by preventing officious interference, to save the life of wife or child, or perhaps both, it would be an ample, a more than equivalent compensation, for any sacrifice of delicacy which you might feel compelled to make. Indeed what has delicacy, false delicacy, to do with a matter of such deep interest to the husband?

Nay, with but little qualification, you might be enabled, in cases of emergency, to act as midwife yourselves; or if you chose so to do, you might, as many already do, perform at all times this office for your wives. There is no immorality, immodesty, nor indecency in it. And how infinitely more natural, more proper, and more consistent with modesty, than to employ a physician at the sacrifice of so much delicacy of feeling on the part both of yourselves and wives? These feelings were not given you to be violated—to be thus wantonly trifled with. They are a part of that law which the Creator has given for the regulation of the creature, and cannot be violated with impunity. There is a punishment annexed to the transgression; and in this case seems doubly severe—it is a tax upon the delicacy of our own and our wives' feelings, with the frequent loss of them and your children.

## CHAPTER I.

### OF CONCEPTION AND PREGNANCY.

WE deviate no less widely from other writers, in the arrangement of this part of our work, than we do in the general method of treating disease. For this deviation we have no apology to make, nor no concessions to ask. We have adopted the plan which we here present to the reader, because we think it most natural, and the most readily understood by the uninformed; which is the only advantage of a systematic arrangement in any science whatever.

It may not be amiss, however, to offer a few remarks in explanation of the reasons which have induced us to deviate from other writers on midwifery. Almost all authors, especially late ones, commence their work with a description of the pelvis; whereas we have deemed it better to begin with whatever is proper to notice with regard to conception and pregnancy. By doing thus we throw the description of the pelvis, the knowledge of which is so necessary to the correct understanding of the mechanism of child-birth, in immediate contact with the chapter on labor. This arrangement seems to us to connect the different parts of the science of midwifery, in the manner in which those who are unacquainted with it would naturally expect to find it. We first treat of conception and pregnancy; then of those parts, both of mother and child, which are principally concerned in child-birth; and close with an account of labor.

We may further observe that we embrace the common privilege of all writers, to borrow the language of others whenever we find it convenient to do so. Indeed, in treating upon midwifery, above all other sciences, there is a difficulty at this day, in making a purely original work. We should not, however, have deemed these remarks necessary, only that we are disposed not to trouble ourselves with too many quotations and references to authors, which can be of little or no use to readers in general.

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### SECTION I.

#### OF CONCEPTION.

CONCEPTION is the process by which, after the sexual intercourse or coition, the womb acquires the means or capacity of fulfilling its ultimate destiny, the production of another

being. Various theories have been suggested by the most penetrating minds, to explain this amazing phenomenon; but nothing has been hitherto elicited that appears every way satisfactory. The theories which have been offered, appear too complicated, as we think, to be entitled to full credit. We do not make this suggestion, however, because we have any thing better to offer; but we ground it upon the well known simplicity of all the operations of nature.

But as all, perhaps, feel a curiosity and an interest in knowing something about the peculiar method by which the species is propagated, we are disposed to offer a few remarks upon this subject. The reader will recollect that we have heretofore described, with some accuracy, the female organs of generation; but in order that our remarks on conception may be more fully understood, we will subjoin a more general description of them here. The vagina and womb may be compared to a small sac or bag with a string tied around it, nearer the bottom than the top; the mouth of which would answer to the external opening of the vagina, and the bottom of the sack below the string, would answer to the womb. It must be remembered, however, that the bottom or closed end of the sac or womb is upward, and the open end or mouth is downward. Now, if we suppose that part of the bag between the string and the mouth to be enclosed within something else, as the vagina is in the cavity of the pelvis, and adhering to all its sides by which it is confined, whilst the bottom or closed end of the sac lays loose above it, we shall have a tolerably correct idea of the situation and shape of the vagina and womb.

The string around the bag, closing its sides together, makes the mouth of the womb, and as the womb lies loose in the pelvis above the open part of the bag or vagina, and is somewhat heavy compared with its bulk, we may easily imagine that it will settle a little into the sac or vagina, as the mouth of the womb actually does.

We will next observe, that just above the mouth of the womb, on either side of its neck, upon the external surface, are situated the ovaries or female testicles; and from the upper part of the womb, on each side, issue the fallopian tubes, which are hollow throughout; one end opening into the womb and the other into the abdomen, where they terminate in a number of elongated portions like fringes. These tubes extend in a horizontal direction a short distance, and then form an elbow, the ends dropping down nearly in contact with the ovaries. (*See plate 2.*)

Although there have been hundreds of hypotheses invented by which conception is said to take place, yet they may all be arranged, says DEWEES, under a few general heads.

1. Those which suppose the male semen or seed to be conveyed

directly to the ovaries, through the womb and fallopian tubes. 2. Those which represent that the semen, after being deposited in the vagina, is absorbed and carried to the ovaries by or in the blood. 3. Those which conclude that the semen makes an impression upon the vagina or uterus, and the ovaries sympathizing with this impression, produces conception. 4. Those which suspect the existence of a set of vessels, whose whole duty it is to take up the semen from the vagina, and carry it to the ovaries.

We cannot pretend to point out the relative merits or absurdities of those different hypotheses; it would be foreign to our object so to do: but the reader will perceive that all refer the ultimate effect of the lodgment of the male seed or seminal fluid in the vagina to the ovaries of the female; and without these organs conception cannot take place. But how the seed of the male, or even its influence, can be conveyed to the ovaries, is a difficulty sufficiently evident from the contradictory theories which have been offered to account for it.

In the further process of conception, however, modern authors are better agreed. The ovaries are supposed to contain minute ovules or eggs; one of which, after a successful intercourse of the sexes, begins to enlarge; but why one should enlarge in preference to another, or all the others, has not been explained. We would suppose, however, that the sexual embrace stimulated the fallopian tubes, and induced them to draw their ends in contact with the ovaries, to which it is admitted they are sooner or later attached by means of the fringes acting as fingers. This attachment, if the end of the tube happen to fix itself upon one of those eggs, it seems probable, so acts upon it as to produce the enlargement; and finally, when it becomes so large as to burst the skin by which it is covered, it is received into the fallopian tube and conveyed into the womb. At any rate, all agree, that the egg, after separating itself from the ovary, passes through this tube, as we have stated, into the womb, where it lays, as it were, the foundation of a new being.

How the ovum or egg is propelled along the tube to the womb, is to be ranked among the many other inexplicable phenomena of the animal machine; but that such is the fact, experiments and dissections have pretty clearly proved.

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## SECTION II.

### ON THE CHANGES PRODUCED BY CONCEPTION.

THE changes which are produced by conception are, perhaps, worthy of a distinct consideration. The first of these,

such as the fecundating of the ovum or egg in the ovaries, its separation therefrom and passage into the womb, seems not to be precisely known. DEWEES says, in summing up all the evidence the subject affords, it would seem to be about twenty days. Others, however, have made the time much shorter.

The changes which take place in the womb, are also as extensive as those in the ovaries and tubes. It has been ascertained, that so soon as the egg in the ovary becomes impregnated by the male semen, the womb forms a thin membrane extending over nearly the whole of the internal surface, which appears to be intended as the connecting organ between the appendages of the child and the mother.

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### SECTION III.

#### OF PREGNANCY.

HITHERTO we have been speaking of what takes place previous to the arrival of the ovum, or egg, in the womb, which we have considered as belonging to the process of conception. But the ovum having arrived within the womb, pregnancy has now commenced. Borrowing the ideas of BUCHAN, nature has now entered upon her grandest work.

Still greater changes now take place, not only in the womb, but also in other parts of the system. The generative organs have to provide the means of sustenance and growth for a new being. Menstruation ceases, and a new order of things now arises; whilst almost every part of the system experiences more or less the effects of these important changes.

In order to supply the embryo, as it is now called,\* new organs are formed either for its nourishment or protection, respecting which it will be necessary for us to speak somewhat particularly. These are the placenta or after-birth, the membranes, and naval-string or umbilical cord.

The placenta or after-birth is attached to some part of the womb, generally the upper part which we have compared to the bottom of a sac, though it may be to any other, even over its mouth; in which case dangerous floodings may take place

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\* "At present," says VELPEAU, "it is generally agreed to give to the germ, when without its membranes, the name of *embryo*, until the third month of pregnancy; or according to some, until its several parts can be distinguished from each other: it is afterwards called *fœtus* as long as it remains in the womb; and the term *child* is not applied to it until after its birth. Although this division is entirely arbitrary and difficult to justify, I feel bound partially to conform to it in this work."  
 --*Velpeau's Midwifery*, page 188.

at the very commencement of labor; though attachments of this kind are extremely rare. The naval-string is fixed at one end to the placenta, commonly in its centre, and the other end to the belly of the child. The membranes are a thin delicate substance, continued from the edges of the placenta, and forming a sac in which is contained the fœtus or child, and a peculiar fluid called the liquor *amni*; and from this circumstance are also often called the bag of waters.

The placenta is of a spongy appearance on that side which is connected with the womb; is about six or eight inches in diameter, flat and round; generally thinner at its edges than in the centre, resembling a cake; whence its name, placenta; often also vulgarly called the cake.

The umbilical cord or naval-string, is of various lengths, but almost always sufficiently long to admit of the birth of the child without pulling upon the placenta. It is composed of two arteries and a vein, which are generally so twisted as to resemble a rope. The blood from the mother, passing through the womb, enters the placenta, whence it passes through the umbilical veins, as they are called, to the child, and after having fulfilled its purposes there, passing the rounds of the circulation, it returns through the umbilical artery to the placenta, and thence again to the mother.

The membranes, as before observed, with the placenta, form a sac within which is included the fœtus or child, the umbilical cord or naval-string, and the liquor *amni* or waters.—Hence it may be understood, that the young being is enclosed not only in the womb, but in another sac or bag, one side of which, the placenta is attached to the womb, by which it is nourished, and its growth supported, until it has acquired sufficient perfection of organs and firmness of structure to bear the vicissitudes of another mode of existence.

As a matter of curiosity to the reader, rather than as being intrinsically valuable, we give a condensed history of the gradual development or growth of the fœtus, from VELPEAU'S Midwifery.

Previously to the end of the first week, it is a curved body, forming nearly a complete circle, of not more than one-sixth or one-fourth of an inch in diameter. One extremity is bulbous and rounded, whilst the other terminates in a point.—This curved body being hollow and semi-transparent, it seems to be filled with a limpid fluid, in the center of which may be seen, even with the naked eye, a white or yellowish line, which represents the back-bone.

Numerous observations made on very young embryos seem to prove that the spine or back-bone is the first production in the formation of the body, existing for a considerable time alone. For twenty days, or a little longer, it remains curved

or crooked, the head and neck constituting at least one half of the whole length; as it continues to grow or increase in size it becomes more straight, the external part of the ring or curve being the back, and the internal part containing or producing the bowels and other vital organs.

The different portions of the body successively make their appearance upon the inside of this ring—first the face, then the limbs and abdominal and thoracic viscera, that is the intestines and liver, lungs and heart, &c. It might, indeed, be called a real vegetation; the lower jaw, the limbs, the mass which is to occupy the abdomen and breast, increase and come forward like buds springing from the branch of a tree.

The circle thus fills up progressively, and as it fills, gradually forces the spine or back-bone more and more straight. The head, however, still remains inclined upon the breast, and is much larger in proportion than the other parts of the system. It even retains this over-large proportion long after birth. As neither the face nor chest exist at first, there is in fact no neck at the commencement of embryo life. At five weeks, the face is very distinct from the cranium or top part of the head, in which most commonly may be seen the general arrangement of the brain.

The mouth is amongst the first organs of sense that can be perceived. "I have found it," says VELPEAU, "in the youngest embryos that have fallen under my notice; consequently, it exists at the twentieth day." At thirty days, the nose is often perceptible by its round openings situated immediately above the mouth, look directly forward, and resemble two dark spots.

The eyes appear about the same time with the mouth.—They have been seen in embryos not exceeding one-third of an inch in length, and may always be found in those which have miscarried during the fourth week. But instead of being directly in front, at this period, they are, as in most animals, turned very much to the sides of the head.

The ears will make their appearance in the form of simple openings, without any trace of the auricula or external ear. The limbs also make their appearance, and between the thirtieth and fortieth day, the fingers begin to show themselves; and at forty-five or fifty days, the heels and knees; and at six or seven weeks, the whole mass is rapidly approaching a completion of its form and organization. It, however, requires the term of forty weeks for the fœtus to acquire such a state of perfection as to be capable of existing without this intimate connection with the mother. At the conclusion of this period, by the action of a law which seems peculiar to itself, the womb commences its contractions for the expulsion of the child, which constitutes what is termed labor. The descrip-

tion of this process would seem naturally to follow this section; but as there are other important circumstances requiring attention, this must be deferred until after the description of the parts principally concerned in child-birth.

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## SECTION IV.

### OF THE SIGNS OF PREGNANCY.

THE certainty of the existence or non-existence of pregnancy, is a matter in which females generally feel much interested; and women in general have little or no difficulty in making a decision, especially after a first pregnancy. The signs are commonly so certain and conclusive that in ninety-nine cases out of a hundred women will not be mistaken.— But still, as many diseases to which women are liable, produce the same symptoms that occur in pregnancy, there is often cause to doubt the certainty of many of the early signs of this state of the system.

In common, the first symptom of pregnancy is a failure in the return of the menses or courses at the proper time, or sickness at the stomach, or perhaps both about the same period, attended sometimes by cramp in the womb. The eyes lose their vivacity, assume an expression of languor, and seem to sink in the sockets; the eyelids turn dark, and are surrounded with a leaden colored circle; the face becomes pale, and the features sharp; though sometimes the countenance grows more bright and expressive of health; but occasionally it appears darker, or assumes a dead whitish-yellow, and often spotted with freckles of a reddish-brown color.

The waist frequently grows slim and lank, continuing so for some time; whilst the neck swells and becomes softer.— The woman is often faint, languid and feeble, unable to go through with her accustomed avocations, and is frequently under the necessity, though much against her inclination, to lie down for rest. Sometimes she has strange and indescribable sensations. With most women, spitting is a very common and disagreeable attendant on pregnancy; and when it occurs, is a pretty sure symptom.

The breasts also enlarge; and the rose colored ring around the nipple becomes dark; this symptom, however, is most observable in a first pregnancy, as after this it never returns to its former color. The appetite is often very capricious; sometimes being entirely lost and at other times voracious, and then again desiring for food the most singular and disgusting

objects. Animal food, however, seems in general less desirable to a pregnant woman than a vegetable diet.

Some women become dull, gloomy, peevish, or fretful; whilst others are more lively, witty, good natured, and agreeable. Tooth-ache, head-ache, palpitations of the heart, colic, heartburn, diarrhea, dizziness of the head, vomiting, sourness of the stomach, frequent disposition to make water, protruding of the navel, and swelling of the belly, are all symptoms of pregnancy; and without some, or all of them, it never does exist. Yet they may any, and even all of them, occur, and still the woman be not pregnant. All the symptoms which we have enumerated are called equivocal symptoms or signs of pregnancy, because they do not indicate to a certainty that this is the fact.

One of the most certain, but not positive signs of pregnancy is, the failure of the monthly courses to appear at the proper time, when the woman has been enjoying good health. Under such circumstances, and especially if there be sickness of stomach and vomiting, capricious appetite, and other common symptoms, there need, in general, to be but little or no doubt of the existence of pregnancy. But the only certain sign of this condition of the female system is, the motion of the child, felt from the exterior surface. About the fourth month, or between the sixteenth and twentieth week, the mother becomes sensible of the motions of the child, which is termed quickening.

The first motion is commonly only a weak kind of fluttering, though sometimes it is a sensation of a strong motion, as of a hand or a foot. These motions become stronger as the *fœtus* or child acquires strength, so much so sometimes, as to be unpleasant to the mother. Previous to the time of quickening the *fœtus* lies in the pelvis; but at this period it has become too large to remain there, and rises into the abdomen which now begins to swell or enlarge, which it continues doing until the birth of the child.

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## SECTION V.

### DISPLACEMENT OF THE WOMB, COMMONLY CALLED RETROVERSION OF THE WOMB.

THIS difficulty, perhaps, should have been treated of in the first part of this volume; but its intimate connection with midwifery induced us to omit it in its proper place there, and give it an introduction here. It is not exclusively a complaint of pregnancy, as it has sometimes happened in the unpregnant state.

By reference to plate 8, the reader will perceive the situation of the womb in contact with the bladder in the pelvis, which will give a more correct idea of it than can be conveyed by writing. A retroversion of the womb consists in its falling backwards, with its upper part resting against the rectum, and its mouth pressing against the neck of the bladder, as represented in plate 10.

If retroversion of the uterus or womb takes place, it occurs between the second and fourth months of pregnancy, after which the bulk of the womb prevents the possibility of its turning down by the want of room in the pelvis. This complaint is caused by whatever has a tendency to upset the womb; such as blows, pressure, sudden exertions, violent efforts in vomiting or coughing, but most commonly, perhaps, a distended bladder. By a reference to the aforesaid plates 8 and 10, it will be readily perceived that a very full bladder has a strong tendency to upset the womb by pushing it backwards, when, if one of the circumstances just enumerated should occur, a retroversion might more readily happen.

The symptoms produced by this unnatural situation of the womb, may be more or less violent, according to the size which the womb has acquired, or as the displacement may have been suddenly or more slowly produced. When suddenly induced, the symptoms are violent and alarming—such as an immediate suppression of the urine, or of the passage of the stools; alternate pains, accompanied with a great forcing and bearing down; a disposition to fainting; and it is sometimes followed by extensive inflammation of the neighboring parts.

Retroversion of the uterus appears to have awakened but little attention until about the middle of the eighteenth century, when a fatal case occurred in London, which excited the special notice of WILLIAM HUNTER. Since then, it has been much written upon, and was for many years, and is even yet by many practitioners, considered as a very fatal disease. But by Dr. GOOCH, who is the latest writer on this subject, it appears to be viewed in a different light. He says: "This disease when first known, was fatal; but now if you are called in early to a case of this description, the death of your patient will perhaps be the death of your reputation."

In all cases of retention of the urine, about the third or fourth month of pregnancy, we will have reason to suspect a retroversion of the womb; though a retention is not always produced by this cause. This may be determined, however, by an examination. If the course of the vagina be found upward and forward, with a tumor or swelling behind it, instead of its being upward and backward, the evidence will be con-

clusive that the womb is retroverted, having its upper part or fundus turned down between the vagina and rectum.

We cannot better describe the method of attempting the reduction of the womb to its proper place, than by copying the following from Dr. Gooch's Lectures on Midwifery:—

“In the treatment of this complaint there are three principal objects: The first is, to restore the displaced uterus, if possible, to its proper position; if this should not be practicable, the second is, to keep the bladder free from distension, by the use of the catheter, as often, and for as long a period, as may be requisite; the third is, to guard against inflammation of the bladder or contiguous parts, by” the proper use of means to promote perspiration, and keep up a healthy action in the circulation, by administering the diaphoretic powders, cayenne, the black root as a cathartic, anodyne drops, and the application of hot bricks, the use of the vapor bath, and if necessary a full course of medicine.

“Before any attempt is made to restore the womb to its place, the bladder should be emptied by the catheter, and the rectum by an injection; then place the patient on her hands and knees, introduce the finger into the rectum, and make a pressure against the womb.” The object in placing the woman on her hands and knees must be obvious. It raises the hips, and the higher they are raised the better, so that by a little pressure against the womb it may the more easily and readily fall back to its natural position.

“The womb is sometimes so low that the finger passes beyond it, and an ill-directed pressure from the rectum may force it down still lower; therefore first push it upwards by introducing a finger into the vagina, and then endeavor to complete the reduction by pressure on the womb from the rectum, not directly upwards, as the curve in the back bone will be an obstacle, but rather to one side or the other of the center where there is the greatest space, and then upwards. The degree of pressure employed may be pretty considerable, and it may be continued for ten minutes; if the womb is once felt to move from its preternatural position, it rises easily into its proper place.

“We will, however, suppose that an adequate pressure has been made for a sufficient length of time, but without success; it will then be necessary, in order to prevent distention of the bladder, to draw off the urine with a catheter three times in every twenty-four hours. Thus will be obviated the principal danger; and as pregnancy advances, the womb will rise spontaneously out of the pelvis, in this way accomplishing a natural cure. In addition to the regular employment of the catheter during the state of retroversion of the womb, the bowels which, from the pressure of the womb, would otherwise

suffer from the accumulation of fæces, must be kept constantly relieved by gentle laxatives." We would, however, recommend a close attention to diet, endeavoring by this to keep the bowels loose, which should also be aided by the daily use of injections. The woman should also confine herself mostly to her bed, until the womb has regained its natural position.

"The womb when reduced by pressure, frequently again becomes retroverted. It must be again replaced, and a sponge pessary must be introduced, which will effectually prevent a similar occurrence.\* The uterus, in the unimpregnated state, may become retroverted, perhaps two or three days after delivery, or even in a woman who has never been pregnant. When the uterus is enlarged by disease, it is also liable to this displacement, attended by its usual consequences. I was lately requested, by a young practitioner, to see a woman who had been delivered three days; he said she had retroversion of the uterus. I thought he meant inversion, but on examination I found his designation correct. My finger passed upwards and forwards; there was a tumor at the back of the vagina, between it and the rectum; she had retention of urine, and a difficulty of passing the fæces, together with pain in the pelvis. This, I said, will have a natural cure; the uterus will be daily getting smaller; therefore take care of the bladder, and let the uterus take care of itself. The urine was regularly evacuated by the introduction of the catheter twice or three times a day; in about a week all the symptoms vanished, and on introducing the finger into the vagina no symptoms of the complaint could be discovered."

"The treatment of this complaint is the same in all cases, and may be thus summed up:—Reduce the retroverted uterus if practicable; if you fail in this attempt, draw off the urine twice or three times in every twenty-four hours;" evacuate the bowels every day; and if any degree of inflammation is indicated by tenderness on pressure, employ the proper means to remove it, as heretofore directed. It may, however, be remembered, that this complaint very rarely occurs.

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\*NOTE.—See the preceding remarks on pessaries, page 63; and also see plate I.

## CHAPTER II.

## OF THE PARTS PRINCIPALLY CONCERNED IN CHILD-BIRTH.

IT becomes necessary to have some correct notion of the parts immediately concerned in child-birth, in order to understand its mechanism. Under this head, are included parts of both mother and child. The parts of the mother are the pelvis and womb; of the child, the head and shoulders. We shall, however, devote distinct sections only to the pelvis, womb, and head of the child.

## SECTION I.

## OF THE PELVIS.

THE term pelvis, properly speaking, means the cavity contained within the bones of the pelvis, which form, as it were, a bony girdle around the lower part of the body.

The bones of the pelvis consist, in the adult, of four pieces, all connected together; which are, the *os sacrum* behind, the *ossa innominata* on each side, and joined in front, and the *os coccygis* below. As an anatomical description of these bones can be of little use to the reader, we will content ourselves with merely giving them their awkward and inconvenient names, with whatever may be necessary to convey a correct idea of the cavity of the pelvis.

The shape of the pelvis is very irregular and difficult to describe, though it has been compared to a bason, without a bottom; one side of which, however, the front, is very shallow, and the back part deep, forming a kind of circle, of which the front bone, called the pubes, is the center. This will be the better understood by reference to plates 3, 4, and 5.

The pelvis is divided into two regions, called the superior and inferior straits. This division, however, is only imaginary, but seems necessary in order to describe the cavity with the most ease and accuracy. The superior or upper region is of an oval shape, being longest from hip to hip, and narrowest from pubes to sacrum, that is from front to back. It is in this region that the womb lies when not impregnated, and also during the first months of pregnancy.

The inferior or lower region of the pelvis, on the contrary, affords more room from front to rear, that is from the pubes to the sacrum. This peculiar form of the pelvis is very important to recollect, in order to understand the mechanism of child-birth.

There is also another circumstance connected with the description of the pelvis, which it may be necessary to notice; that is, what is termed the axis of the pelvis, which in the two regions do not correspond with each other. By the axis of the pelvis is meant an imaginary line drawn through its center. Hence the axis of the superior portion of the pelvis is in a direction, in descending from the abdomen, backward; whilst the axis of the inferior portion of the pelvis, is forward. These facts may be more conveniently understood by an examination of the plates, by which it will be seen that the direction of the child's head at birth, is first backward, and then forward, following the axis of the pelvis. (*See plates 13 and 14.*)

The pelvis is sometimes distorted, as it is called; that is, grown out of its natural or proper shape, which gives rise to difficult labors. The pelvis is said to be deformed when it is either above or below the common size, though the difficulties which arise from its deformity are principally caused by its too small size, in which case it does not admit of a free passage of the child's head. In most instances, however, this difficulty is overcome by time and patience. Indeed it is wonderfully surprising how nature is adapted to accommodate herself to every difficulty.\*

The upper strait or region of the pelvis is the part most usually injured, and is caused by a projection of some of the surrounding bones into its cavity, and almost always from the back. (*See plate 7.*) This mostly arises from the rickets softening the bones in infancy, when they get pressed out of shape, and produce a deformity or distortion of the pelvis.

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## SECTION II.

### OF THE WOMB.

It seems scarcely necessary to submit any further description of the womb, although it appears proper to give it a se-

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DEWEES and JAMES, both declare, that they have not met with a single instance in American women of deformity of the pelvis, to such an extent as to render labor "impracticable by the natural powers," though they had in European women.

parate consideration, on account of the important function or office which it performs during labor.

We have before observed that the unpregnant womb was comparable in shape and size to a large pear, the cavity of which would scarcely contain a quail's egg. (*See plate 8.*) When it becomes impregnated, the cavity enlarges, and continues to increase in size until the completion of the term of gestation or pregnancy, (*see plates 9 and 11,*) which has been variously stated by different authors, at from thirty-nine to forty-two weeks; but by a majority of authors, we believe, it is computed at forty weeks. The fetus or child has now become capable of existing in the external world, and the *body* of the womb, from some unknown impulse, begins to contract, whilst the *mouth* expands to make room for the passage of the child. These contractions of one part and expansions of another almost always produce pains, and these are termed labor or travail pains. These contractions are not from the circumference to the center of the womb, but from the fundus or upper part downwards, in the proper direction for forcing the child through the mouth of the womb and vagina.

As these contractions continue, or as it is said, as the labor advances, the child is forced onward until it is finally expelled from the womb through the vagina and external orifice into the world. The womb still continues its contractions, the placenta and membranes, commonly called the after-birth, are expelled, and the womb gradually in a short time returns to its former state, size, and situation in the pelvis.

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### SECTION III.

#### OF THE CHILD'S HEAD.

**THE** shape and structure of the child's head is a matter of more importance, if possible, to understand, than that of the pelvis. It is composed of several bones loosely connected together by seams, or as they are termed sutures. One of these seams passes over the head from front to back, and another crosswise between the forehead and crown, as may be seen in plate 6; the dark spots in the same being the openings in the skull, called the fontanelles, one of which has four and the other three sides. The four-sided one, it must be borne in mind, is towards the forehead, and the three-sided one at the crown or back part of the head.

The seams or sutures are so loosely connected in the child as to admit of easy separation; which is a provision of much consequence, as it admits, in case the head is large or the pel-

vis small, of these bones overshooting each other, by which the size of the head is much lessened and enabled to pass more easily through the pelvis. This overshooting of the bones appears to be attended with no serious difficulty or danger to the child, as they soon recover their proper position. The fontanelles also appear to be calculated to facilitate this beneficial movement of the bones, as without these openings they could scarcely slide over each other so much as is often necessary for the passage of the head.

The understanding of the fontanelles is a matter of importance to the midwife, as by these and the course of the sutures, she can determine the situation and mode of presentation of the head. We will, therefore, give a more minute description of them. The front opening or fontanelle, although not always of the same size, always has four angles or corners, and of course four sides, the edges of which are tipped with a yielding and smooth cartilage, and may be easily distinguished by the point of the finger, but should by no means be borne hard against.

The back opening or fontanelle has but three corners or sides, and is less in size than the front opening. The edges instead of being cartilaginous are bony, and often present to the point of the finger a rough edge, resembling bony teeth; a circumstance which is never met with in the front fontanelle, and by which they may with great certainty be distinguished.

The shape of the head is also a matter of importance, as it appears very nicely adapted to the form of the pelvis through which it must pass. In considering this circumstance, we shall regard the head as presenting three principal diameters.—1st. From the chin to the crown. 2d. From the forehead to the crown. 3d. From one side of the head to the other. Of these diameters, that from the chin to the crown is the longest, and that from side to side the shortest. Hence it will be seen, that in order for the head to accommodate itself to the shape of the pelvis whereby it will meet with the least resistance in its passage, the crown must present to the mouth of the womb, the forehead to one side, and the back of the head to the other side of the pelvis, as in fact it actually does in almost all cases. (See plates 12 and 13.) This presentation of the head is called the natural one, not only because it is the most frequent, but because it is the best mode in which it could present, in order to have its shape correspond in the best manner it can to the form of the pelvis. The longest way of the head is from the crown to the chin; now in order that the crown should present, the chin must rest upon the breast; hence we may see that the longest way of the head is in a line with the *axis* of the upper strait of the pelvis. The next longest way of the head is from the forehead to the crown or

back part of the head; hence to correspond with the shape of the upper portion of the pelvis, which is longest from hip to hip, the forehead must present at one side, either right or left of the mother, whilst the back of the head will be at the other side. This brings one side of the head or the ear to the pubes or front, and the other to the sacrum or back of the mother, which is both the narrowest way of the pelvis and the child's head.

But this description and astonishing adaptation of the parts only extends to the superior strait of the pelvis, for in the lower strait the dimensions are directly reversed; the largest way of the pelvis being from front to rear. And how admirable! how necessary is this! The head, in order to accommodate itself to this reversion of shape in the passage, must turn half round, which fetches the shoulders in the proper position for passing through the upper strait. But in order to have the child in every respect to correspond with the formation of the pelvis, so that all parts may in the best possible manner accommodate each other, and make the birth the most easy to both mother and child, the face must turn to the sacrum or back of the mother, which fetches the crown to the external orifice of the vagina, which, astonishing as it may be, almost always takes place. (*See plate 14.*) Does not all this go to substantiate our remarks in the observations introductory to midwifery? Such is the wonderful provision of a kind Providence for the birth of the human species; and who can view it and believe it the work of chance? Does it not bear the clearest evidence of the wise design of a Superintending Power?

## CHAPTER III.

## OF LABOR.

LABOR is the last process of the womb in performing the function of reproducing the species; and consists in expelling the fetus or child from the organ of generation. This is purely a natural operation, though it rarely takes place so suddenly or silently as not to present a very marked train of symptoms, some of which, at least, appear to be essential to its well performance. Some of these are local, being confined to the organs immediately concerned; and some are general, affecting the whole body.

Labor has been divided, by different writers, into a variety of classes, from three to seven; but we propose no more than two, which we shall denominate *natural* and *preternatural* labors. We design, however, first to devote a section to the symptoms of labor.

## SECTION I.

## OF THE SYMPTOMS OF LABOR.

VARIOUS symptoms precede as well as accompany labor. They are, however, not uniform in different women, nor indeed with the same woman at different times. There is, nevertheless, so much similarity that they are not very often mistaken, though this sometimes happens.

Shiverings or tremblings are often a first symptom of the approach, or they may arise in the progress of labor. In some instances this symptom is violent, so much so as to produce alarm, though no bad result has ever been traced to a connection with it. Shiverings also sometimes occur immediately after delivery; but seem to be as innocent when they take place at this time as before labor commences. They appear to be wholly a nervous sensation, as there is no feeling of coldness attending them.

A disposition frequently to void the urine is another circumstance attending labor, and should always be gratified, thus keeping the bladder as empty as possible. If there be a difficulty in voiding the urine, amounting to a suppression of it,

the catheter should be used, especially in tedious labors. (See *plate 17.*) A disposition also to go to stool is another attendant symptom, which, like the last, ought always to be indulged, and if necessary, should be promoted by an injection, which as a general rule ought always to be administered several times, especially in tedious labors.

A few hours, and sometimes days, before labor actually commences, the belly sinks, and consequently the waist becomes smaller; the woman feels light and active, and hence many females prognosticate their labor a day or two beforehand, from their feeling unusually well. This sinking of the belly is caused by the womb or its contents settling down into the pelvis, and is considered as indicating a healthy state of both the womb and the pelvis.

A secretion and discharge of mucus from the vagina is another common symptom of approaching labor, though sometimes there is little or nothing of it until labor commences, and may even then be in small quantity. This discharge of mucus seems to depend upon the relaxation of the soft parts\* through which the child has to pass, and is hence always in proportion to the relaxation. Therefore, the more there is of this mucus secreted and discharged, the more the parts are relaxed, and the easier in all probability will be the birth.—From this circumstance may be inferred the injury of frequent examinations (called *touching*) of those parts at the time of labor, which produce inflammation and check the secretion of mucus. And hence too, may be estimated the value of the vapor bath in tedious labors, or in cases of unusual dryness of those parts. This fluid also acts as a lubricant to moisten the passages, whereby the head of the child moves with greater ease through them. When this mucus is tinged with blood it is called the *show*, and is regarded as a certain evidence that the woman is in labor.

The signs of labor which we have thus far enumerated may take place without any pain being perceptible: we will now notice this circumstance.

The pains of labor, or rather those which are generally considered as preceding active labor, commence in various ways; but most usually they are in the back, or bowels, and sometimes in the back extending forward round the bowels, and then down the thighs. At other times they extend upward to the stomach, and even to the head. Sometimes the pain is confined to the bowels, and resembles colic; at other times the back is the only part complained of; and some women even affirm that the first sensations of pain are in the head, the teeth, the stomach, the thighs, or the feet.

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\* The muscles or flesh are thus called, in contradistinction to the bones.

The pains, in whatever way or part they may occur, are periodical, that is, they continue only a short time and then go entirely off. The length of time which occurs between the pains is extremely various, but grows shorter and shorter as the labor advances, and generally increases in severity as they do in frequency. These pains are the effects of the contraction of the body and relaxation of the mouth of the womb for the expulsion of the child; and are mild or severe according to the size of the child's head or of the pelvis, or the lesser or greater difficulty in the dilatation of the soft parts. They, therefore, seem almost a necessary consequence of child-birth though not strictly so, children, in a very few instances, have been born without pain.

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## SECTION II.

### OF NATURAL LABOR.

By natural labor, we mean a labor in which nature does all that is necessary, without any interference which is dignified with the name of assistance; and what we say of this will be, therefore, nothing more than simply describing a healthy process of the organs of the female system, and will apply to at least ninety-nine cases in a hundred where nature is left free to act for herself.

By almost all writers, labor is divided into three different stages:—1st. The period during which the mouth of the womb is becoming dilated sufficient for the passage of the child's head. 2d. The period in which the complete expulsion of the child is performed. 3d. The period required for the expulsion of the after-birth. We are, however, not capable of perceiving any advantage in attaching the expulsion of the after-birth to the operation of labor in this manner. The process of labor is conducted by the natural powers of the system, without any obviously distinctive stages; and we, therefore, deem it improper to retain those unnecessary distinctions.

The commencement of labor is marked by pains in the back, and short and slight colicky sensations in the bowels, returning at short intervals. The external parts of generation become moist, and when the colic pains are present, the womb will be found on applying the hand to the abdomen, to harden, become more round, and sink lower in the pelvis.

If an examination be now made, the mouth of the womb will be found to be opening, and its lips or edges growing thinner. By introducing the finger into this opening, the membranes may be felt, endeavoring at the return of each

pain to find a passage through it. But it should be remembered, that these examinations ought seldom or never to be made at this stage of labor. The softest hand, when compared with the delicate texture of those parts, is rough, and hence liable to produce inflammation, which, as we have before stated, dries up the juices and prevents the parts from relaxing. Moreover, there is danger of rupturing the membranes, without great caution, and thus letting the waters discharge—a circumstance always to be deplored at this early stage of labor.

Sometimes, however, on making an examination of this kind, the mouth of the womb will not, at first, be discovered; instead of the opening of the womb, or its hardened lips, there will be nothing perceptible but a large, roundish, uniform mass, the mouth of the womb being turned backward and upward. An occurrence of this kind might be a little embarrassing to an inexperienced practitioner; but the orifice of the womb may generally be reached by a further introduction of the finger. The pains, in this case, will be mostly at the back, and the woman may be afflicted with them and with unpleasant sensations in consequence of this unnatural position of the womb, for many days before labor commences. This difficulty can at any time be removed, by gently turning the mouth back to its natural position; though it is sometimes very troublesome, in consequence of its disposition to return to its unnatural posture. To reduce it to its proper place, nothing more is necessary than to introduce the end of the finger over the edge of the mouth of the womb, and gently draw it down towards the external orifice. If it be out of reach, two fingers of the same hand must be used, by which it may be gradually drawn, first by one and then by the other, by almost imperceptible degrees, until the finger may hook itself into the womb.

At this stage of labor the woman is perhaps distressed with gloomy forebodings, becomes low spirited, loses her courage, is overwhelmed with sadness, and thinks she is going to die. She is often afflicted with hysterical affections—weeps, is much agitated, or perhaps remains silent and motionless. This is a time when women need comforting—need encouraging, if any comfort or encouragement could be given—but this is rarely the case. Those feelings arise from a peculiar sensitiveness of the nervous system, and human consolation is often of little avail. Nevertheless, she must not be allowed to despair: rational means should be employed to rouse and keep up her drooping mind.

The pains gradually increase in strength and severity, and at the same time become longer and more frequent. The mouth of the womb gradually becomes more and more open.

at each returning pain, at which time also the membranes, commonly called the bag of waters, are forced through it into the vagina. As the pain goes off, however, the bag of waters recede; but when the pain returns, the waters are again, by the contraction of the womb, forced through, and fill the membranes in a manner resembling a bladder.

As the pains grow more severe, the woman sometimes becomes cross, touchy, and impatient of control, and is often restless and dissatisfied with every body about her. With very irritable women these symptoms are vastly increased, whilst with many others they fall short perhaps of our description, or may not even be apparent. Sickness of the stomach and vomiting also often take place, but are regarded as favorable symptoms. When the pain goes off, every thing returns, as it were, to its natural position or state; the restlessness ceases; the membranes retire within the womb, the mouth of which, during a pain, is thin, hard, and sharp, now is thick, soft, and round.

Each pain produces the same series of symptoms, and is succeeded by remissions which become more and more complete or free from all pain, and at the same time grow shorter and shorter, as labor advances. The mouth of the womb is more and more dilated or opened by each succeeding pain, until finally it can no longer be distinguished from the vagina, and this passage and the womb become one continuous sack. This terminates, agreeably to most writers on midwifery, the first stage of labor.

But there is no intermission here—no abatement of the pains—they go on still increasing in severity and duration, with intervals becoming shorter and shorter, but of more perfect ease and quietness. The courage has now returned, the sadness dissipated, and the woman only thinks of the accomplishment of her labor. Some women, oppressed with fatigue and want of rest, will often sleep soundly during the intervals of ease, from which they are only aroused by the recurrence of their pains.

As the labor progresses, and the head of the child settles in the pelvis, a sensation is experienced which induces the woman to assist her pains by pressing down, and almost in spite of herself she is compelled to do it. Some writers strongly urge the necessity of the midwife's advising the woman in labor to refrain from this; but in our opinion she might almost as well be advised not to get hungry or thirsty. She does this by instinct and not by reason: it is induced by a sensation created in the parts concerned, over which the woman has no control, and is no doubt designed for a beneficial purpose. It is seen in animals, and is met with in the savages of the forest, alike as in those who are found in the haunts of

civilized life. We think it, therefore, not only idle, but we think it useless and injurious, to advise women in the last stages of labor, when there are no difficulties in the way, to refrain from thus instinctively assisting or bearing down with their pains.

The membranes, or bag of waters as they are usually termed, still continuing to advance, at length, during a violent pain, burst, and the waters gush out. There are cases, however, sometimes occurring, in which the waters are discharged before the labor has progressed thus far, and occasionally they begin to discharge two or three days before labor commences. Under circumstances such as these, the labor is apt to be tedious, although it may in other respects be perfectly natural.

The waters being discharged, there is a longer intermission previous to the succeeding pain; and if an examination be now made, instead of finding the bag of waters, a hard substance first presents itself, which is the child's head. Another pain, however, soon returns with increased energy, and they now succeed each other with greater rapidity. During the intervals between them, however, the woman enjoys perfect ease, and in the hope of speedy relief, she feels a satisfaction in every succeeding pain. Each one is ushered in by a general kind of shiver, and often seems in some sort to be double; first a mild, and then, with only a momentary kind of intermission, a severer one following immediately after it. At other times the pains will alternate with each other, first a strong and then a weak one, at regular intervals. Now, when the pains come on, the woman seizes any thing within her reach; the sides of the bed or bedstead, chairs, or persons around her, and places her feet against the bedstead, presses then down upon the bed, upon chairs, or any thing in her way; she then draws a long breath, and all the fibers of her system being thus prepared, she contracts, with all her powers, the muscles of the belly; whilst the diaphragm, with every muscle of the body, act with the same energy: the neck and face swell, are engorged with blood, and sometimes become purple or livid; the veins of the neck are enlarged, and the arteries beat violently; the eyes sparkle; and at length, when the contraction or pain is about to cease, the woman involuntarily utters rapid sobs, which are soon followed by a most perfect calm.

Very soon, however, another, pain returns, attended by the same round of symptoms. As the head of the child continues to descend towards the external orifice of the vagina, it presses upon the rectum, the exertions of the mother become redoubled, and she bears down with her pains with all her power. The head approaches the external orifice, the coccyx

or lower end of the back-bone is forced backward, the perineum and all the soft parts around the orifice are projected outward, and appear thin; at length a painful effort, which is more severe than any former one, and which is often composed of two pains of unequal violence, for which the womb seems to have rallied all its powers, brings the head almost to the point of passing through the external orifice; but at this moment of anxiety, when but a small degree more of force would seem necessary to finish the labor—when nature has overcome all but the last difficulty—and just as she appears about to attain the object of so many exertions—and in her very last effort she seems likely to fail—to yield to the obstacles by which she is opposed;—but she once more rallies—she only seems to have paused to collect her energies, and with an extraordinary effort, in which every muscle of the body performs its part, the head of the child is forced into the world! The great and sudden relief that is now experienced, produces in the minds of many women an overwhelming sense of gratitude, which is poured forth in an ejaculatory expression of thankfulness to Him who has sustained them thus far through the trying scene. After a few moments or a few minutes, another short, but moderately strong pain, completes the birth of the child.

In the language of *VELPEAU*, the labor is finished. One of the most melting scenes—a scene adapted most vividly to affect the human heart, is now presented to the contemplation of the sympathetic mind. To those painful conflicts and agitations of mind, succeeds a delicious calm, full of charms, says *DESORMEAUX*, interrupted only by the happy idea of being a mother. The new born child cries, and all the sufferings, for its sake so courageously endured, are forgotten; passionate expressions of thankfulness and satisfaction are substituted for those of pain, and sobs of happiness succeed the groans of distress. And this sudden transition from the most extreme dread and frightful anxiety, to the height of joy and most tender affection, in the person of a beloved wife, is a circumstance which, above all others, most endears her to the husband's mind, and entwines an additional coil of his affection around her heart! What sensible husband, we are constrained to ask, can contemplate, unmoved, a scene like this? We think none.

But do not be mistaken: we have not drawn this picture of child-birth to create unnecessary alarm in the minds of such women as have not experienced its faithful realities. Many of those who have borne children know that it is correct; whilst thousands of others have not seen one half its shades. No consideration could induce us, in treating upon this subject, intentionally to add to woman's sufferings a single pang!

No; we know that she will have pains enough to bear, and our most anxious desire is to do all in our power for their prevention and alleviation. This is our object; and whether we succeed well or ill, we shall retain the grateful recollection that we write under feelings of moving sympathy for her in her sufferings, as well as of good will for all mankind. O, woman! woman! tender, delicate, lovely woman—how reluctantly would we add to thy woes a single unpleasant reflection; and how ardently we desire to assuage thy many pains. But, remember, we intreat thee, that child-birth, although a painful process, is not near so perilous as many imagine, or as thy gloomy forebodings may lead thee to suppose. Thousands are continually passing through it without any essential or permanent injury; whilst the number that dies or materially suffers is exceedingly small. Remember that thou art in the care of an Almighty Superintending Power who has an eye upon all His works, of which man is chief, and who is of “more value than many sparrows,” not one of which, it is declared, “is forgotten before God,” or “falls to the ground” without his knowledge. Here is certainly encouragement for thee and for us all; and why wilt thou despair and unnecessarily bemoan and lament thy condition?

But, hurried on by the warmth and anxiety of our feelings, we had nearly forgotten to describe the expulsion of the after-birth; but we hope to be pardoned for the digression, as well as to be believed when we declare, that our great anxiety to serve the cause of humanity led us into it.

After the expulsion of the child, there is a remission of pain for a longer or shorter time, perhaps from five to fifteen minutes in common, but sometimes for several hours, when the pains return again but are far less severe, and the after-birth is expelled, which completes the process.

It may be proper for us to observe, that the general history which we have given of labor is far from being applicable to all women, or to all the labors of the same woman. For most women, perhaps, our account is too highly colored, but still it will be found faithful to the experience of many; whilst others more favored, give birth to their children almost without effort and without pain. The habits and customs of civilized life have a decided influence in this particular. The most refined, that is, those who depart farthest from the simplicity of nature, have the most painful labors, whilst the women amongst savages suffer least, and have the shortest labors. So true indeed is it, that this kind of refinement perverts the course of nature, that even in nations which are civilized, but in which the women are accustomed to labor or exercise themselves much in the open air, they suffer but little at child-birth, compared

with those who are more confined. We must now point out the offices which it is expected the midwife will perform at child-birth; in doing which, we shall of course descend more minutely into the details of labor.

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### SECTION III.

#### OF THE CONDUCT OF THE MIDWIFE DURING LABOR.

The attention of the midwife will be principally directed to the following particulars:—

- 1st. To guard against all officious interference with the natural process of labor.
- 2nd. To the opening of the mouth of the womb.
- 3rd. To the formation of the bag of waters.
- 4th. To the proper presentation of the child's head.
- 5th. To the final expulsion and separation of the child from the mother.
- 6th. To the removal of the after-birth.

I. With regard to improper interference, it would have been unnecessary, in all probability, for any cautions of this kind to be given, had the conduct of midwives and physicians always been open and undisguised. But the false ideas which have been so extensively inculcated into the minds of women, that midwives render essential assistance at child-birth, induces the woman always to expect that something will be done. Hence the midwife or the physician, for there is no difference, to satisfy the woman, must do something, or pretend to do it; and in pretending to do some good, it will be well if she do no harm. The power and instinct of nature is far better to trust to than officious meddling; and in general, those women do best who give birth to their children without the assistance, falsely so called, of a midwife.

The deleterious consequences of interfering with the process of child-birth, are deplored by most authors; and yet, it would seem, if their instructions had any good effect, that this fruitful theme upon which they so much dwell, would have become exhausted, and there would be no necessity for the constant repetition of their precepts upon this subject. But they have failed to bestow their lessons upon the proper students, and have moreover neglected to enforce their precepts by their own examples. Had they taught women in general, instead of confining their instructions to books, that child-birth was a simple unassisted process of nature; in short, that it was performed exclusively by the mother instead

of by the midwife, and that, in the language of DENMAN, "the abuse of art produces evils more numerous and serious than the imperfections of nature," the necessity of so often and so strongly inveighing against officious meddling, would long since have ceased.

But the sentiment has been inculcated, that the assistance of a midwife was absolutely necessary at child-birth, because she helps to bring forth the child! And the better to conceal the deception, all the mystery of Heathen mythology has been drawn around it, in order, if possible, that every clew to the knowledge of its simplicity might be cut off.

From all these circumstances combined, such prejudices have been created even in the minds of common midwives, that they appear to think something must always be done; and as this is almost always unnecessary, they are sure to do harm. And women midwives are not alone to blame in this respect. Men midwives have also been guilty of the same officious and injurious interference; though all have not been so candid, as Dr. DENMAN was, to acknowledge it.

Moreover, women in labor are not satisfied without something being done; as they have been taught to believe that the midwife can assist them, by either moderating their pains or shortening their labor. But for the benefit of the female community, we could wish these false impressions done away. In the progress of labor, and when suffering its pains, you are anxious to obtain relief; but remember that nature performs the work, and not the midwife: therefore recollect, that although in accordance with custom, when your pains become severe, you may anxiously desire the midwife to offer assistance; yet, bear it in mind we entreat you, that she can do no good, but may on the contrary, do harm by attempting to do something unnecessary, and thus increase the very difficulties which she is expected to prevent.

"There is no circumstance," says DEWEES, "that so largely and certainly contributes to divert nature from her proper course, as the persuasion that art can always benefit her—hence, the constant employment of ill-directed measures by an ignorant accoucher, or midwife. And unfortunately for the interest of humanity, it requires more knowledge not to be officious, than falls to the share of many of those who pretend to practice midwifery. It is a vulgar prejudice, that great and constant benefit can be derived from the agency of the accoucher, especially during the active state of pain; and this feeling is but too often encouraged by the *ignorant* and the *designing*, to the injury of the patient and the disgrace of the profession."

Thus we might go on, extracting from authors, until we should prove, what we are almost ready to believe a fact,

that meddling with women in labor *always* does more hurt than good. Indeed it is granted by some of the best authors, that the abuse of the art of midwifery has been productive of more evil than its proper exercise has done good. This is truly a melancholy consideration, and ought to be an inducement to all women to make themselves acquainted with every principle appertaining to it; whereby each individual will be able to know for herself, as well as for others, what constitutes the midwife's duty; and thus have it in her power to prevent those disastrous consequences, which are acknowledged on all hands to have resulted from ignorance, impatience, or unnecessary interference. And you can never become fully sensible of the dangers arising from these sources until you become well acquainted with the real simplicity of nature, her capacity to perform, in almost all cases, her own operations, and the difficulty there is in distinguishing when assistance can properly be afforded. Nature can never be meddled with, but at immense hazard, as reason has taught, and experience ever confirmed, to be a fact.

It is from all these considerations, that we have entered so minutely into many subjects deemed too indelicate or offensive to converse about; and which, it is not improbable, may be offensive to some even to read about. But, although we could not by any means wish to make these things the subject of too common conversation, or that this book should be placed in the hands of children, yet we most earnestly and seriously desire that, at least married women, as well as their husbands, should make themselves acquainted with its contents. Do not, we entreat you, allow your feelings to be disgusted with a transient glance over its pages; it contains principles and instructions of the highest importance to your health and happiness. Recollect that all you may deem most offensive, and a great deal more, is contained in most works on medicine and midwifery, which are in the hands of every student and physician; and how much greater indelicacy is there in your being inspected and handled by them, than in your understanding these things yourselves, and being thereby enabled to avoid such unnatural exposure?

But we know, that with all we are capable of saying; your prejudices may, at least for a time, keep the ascendancy over a better judgment, and some of you, under the influence of a false delicacy, may be liable to reject the advantages herein offered to your acceptance; but do only for once reflect, that so long as this disposition prevails in the female community, hapless woman will be under the necessity of submitting to those mortifying exposures which we know you all so much detest and abhor. Why not renounce then, at once, those unhappy prejudices which prevent you from understanding

your own selves, when you must be satisfied, by a little reflection, that this very ignorance may, and often perhaps has, subjected you to sensations a thousand times more morifying and indelicate than can possibly arise from the perusal of this book. "It is certain," says EWELL, "that the mind, in private, with perfect purity, turns to every point," and contemplates, we may add, every subject upon which we treat; how little reason, then, for the indulgence of that false delicacy which would prevent women from obtaining a correct knowledge of their organization, as well as of their maladies, and thus be prepared to become each other's midwives or physicians, on every necessary occasion.

But we have wandered from the subject of the present section; a digression which we think both the importance of the subject as well as the readers's judgment will fully justify.— We will now return:

We were exposing the impropriety of the frequent examinations or handlings of women in labor; which, under pretence of affording assistance or of guarding against difficulties, have become so fashionable, and are belived, though falsely, to be so necessary, that we shall be inexcusable, perhaps, if we omit taking some notice of it. By *touching*, the midwife is enabled to ascertain whether labor is actually commenced, and in general, whether the head or some other part presents; though in this there is a liability to great mistakes, even with those who have had much experience. In the language of VELPEAU, "in order to practice it with success, to avoid the gross mistakes that it may cause us to commit, to derive from it every possible advantage, it is necessary to practice it for a long time, inasmuch as practice alone can make us skillful in such an operation."

We recollect of seeing somewhere, an anecdote of a celebrated French Professor, who was examining a woman in labor, at one of the hospitals, in the presence of his students, and on withdrawing his hand, said it was a head presentation, "there could be no mistake about it," when at the same time the students were laughing in their sleeves at the evidence which the *meconium* on his fingers presented to them, though unobserved by himself, that it was the *breech*. We mention this fact for no other purpose than to show how easily even experienced *physicians*, with all their boasted superiority of knowledge, may be mistaken. There is, however, little liability to fall into so great and mortifying an error as the one just related, but still this may sometimes occur; and the only positive evidence to be derived from the touch is, whether the woman is actually in labor or not, of which we will presently speak more explicitly.

When an examination is decided upon, the woman may be placed upon the bed, either on her side or back—if on her back, something should be placed under her hips to raise her lower parts a little from the bed: or she may sit on a cushioned chair, with her bottom slipped a little off; or she may stand upon her feet having her knees somewhat separated, and a little bent, leaning upon a chair or an assistant. The woman being placed in one of those ways, or any other that may suit her better, the midwife may proceed, at the time of a pain, in the most gentle manner, to introduce either one or two fingers into the vagina, and search for the mouth of the womb. In doing this, the fingers will be introduced along the front bone, called the *os pubis* or pubes, and then gradually pushed backward until the mouth of the womb is found; and if labor have not commenced, it will be found closed or nearly so, with its lips feeling hard, not altogether dissimilar to cartilage or gristle; and there can be no mistake as to the part, for there is no other that resembles it, in the vagina.

The end of the finger is to be kept near the mouth of the womb until the return of a pain, when if labor be actually commenced, it will be felt to open a little. If the finger be introduced into the opening, the membranes will be found distended and endeavoring to force themselves through the orifice. It must be borne in mind, however, that this description applies only to the early stage of labor. If the labor be further advanced, the mouth of the womb will be found more open and the bag of waters protruded, in proportion to the progress of the labor. During the time of a pain, the mouth of the womb will now become thin, as if stretched, and the membranes and water be forced out into the vagina, forming a kind of bladder or bag in size proportioned to the dilatation of the orifice of the womb; and when the pain goes off, the waters and membranes return, and the edges of the womb become thick, rounded and soft, having somewhat of a spongy feel.

When the mouth of the womb has thus become a little open, by introducing the finger into it, the hard head of the child may be sometimes felt, when that presents, or perhaps some other part of the child; but this is not always the case. We are constrained, however, once more to advise that these examinations be made with the utmost tenderness and caution, to avoid hurting both mother and child, as both may be and have been injured by it. They should also be but rarely made, as inflammation of the parts will be the consequence, from which will be sure to arise tedious and painful labor. After one examination has been made, it will not be necessary to make another until the waters break. Indeed, unless it be an object to ascertain for a certainty that labor has commenced, the first examination may be deferred until this time.

But since examinations have become so fashionable, it is a very rare thing that the suffering woman can be satisfied or persuaded to wait so long, from the too common error of supposing that the midwife can render essential assistance. But we hope all who read this volume will, with a little reflection, become satisfied that no good can be done in this way, whilst much evil may arise from the practice, and will, therefore, have the good sense to set a better example.

Previous to the bursting of the membranes, and after the pains have become pretty severe, is the time at which women are anxious for, and midwives liable, in accordance with popular custom to, offer assistance. "But," says DENMAN, "it is the case, that all artificial interposition contributes to retard the event so impatiently expected, by changing the nature of the irritation thereon depending; or does mischief by inflaming the parts, and rendering them less disposed to dilate; and occasioning either present or future ill. For these reasons we must be firm, and resolved to withstand the entreaties which the distress of the patient may urge her to make, as we must also the dictates of vehemence and ignorance in the bystanders. Others may be impatient, but we must possess ourselves and act upon principle. The event will justify our conduct; and though there may be temporary dislike and blame, if we do what is right, there will be permanent favor and reputation." These remarks of the great DENMAN ought to be treasured up and remembered, not only by every midwife, but by every pregnant woman.

The pains, during the stage of labor of which we are speaking, are often very distressing, and are denominated by women as grinding, rending, or cutting pains, frequently producing great anxiety, depression of spirits, and impatience to obtain relief. It is now, in the language of Dr. GOOCH, that it "becomes a matter of importance to keep up her spirits, and maintain her confidence. This is easily done if the labor is a short one; but if it proceeds slowly, through one night—if the following day advances and still no prospect of a speedy termination, the patient begins to doubt whether she has received proper assistance, and those about her look suspiciously at you: they calculate the number of hours the labor has already lasted; they wonder it is not further advanced; and you are made to feel, both by looks and hints which are sufficiently intelligible, that your competency is thought to be rather questionable. When you find yourselves in this situation, you will not think it a remarkably agreeable one."

From the great danger, whilst the woman is suffering from those cutting, grinding pains, of something being done to her injury, we hope to be pardoned, if we dwell somewhat longer upon it. Had women always been taught that nature or

their own organs expel the child, instead of the midwife, there would then have been no necessity for the many cautions which have been given; but we have prejudices so deep rooted and strong to contend with, that it becomes necessary to oppose them at every step. Nor are these sentiments exclusively our own; we also have the authority of the best writers to sustain our views. "The first observation I shall make," says Dr. BARD, "on this stage of labor is, that no skill or art of the midwife; no exertion of the woman, can in the least contribute to lessen the severity of the pains, or shorten their duration. They are intended by nature to accomplish the necessary and important object, the complete dilatation of the mouth of the womb." "But although the midwife, during this stage, can neither lessen the patient's pain nor shorten its duration; and although she is absolutely forbid interfering in any manner with the progress of labor, her presence is now far from being useless, it is very necessary. She should inquire into the state of her patient's bowels, and unless they are perfectly free, give an injection; indeed whenever there is time for it, it is a good rule always to do this," as well as also by all means to see that the patient evacuates her urine.

After some remarks respecting examinations, Dr. BARD continues:—"But if it be necessary to be thus cautious in respect of a careful and occasional examination, what terms shall I use to condemn, as it deserves, the abominable practice of boring, scooping, and stretching the soft parts of the mother, under the preposterous idea of making room for the child to pass. It is impossible to censure this [wicked] conduct, and dangerous practice, too severely; it is always wrong: nor can there be any one period in any labor, the most easy and natural, the most tedious and difficult, the most regular or preternatural, in which it can be of the least use—in which it will not unavoidably do great mischief: it will render an easy labor painful—one which would be short, tedious—and one which, if left to nature, would terminate happily, highly dangerous.

"I know," continues BARD, "that I have to combat the prejudices of many of my countrywomen on this subject; and that although I may convince the judgment of a sensible midwife, she may not always be permitted to exercise it, unless she has firmness and self-possession to resist the solicitations and importunities of her patient, and mistaken friends. She will not only be importuned on some occasions of a little delay, but she will be reproached with permitting her patient to suffer without assistance, and will even be threatened with application to others, and the loss of her reputation. I speak from experience; still, however, if she values her patient's

safety, and the approbation of her own mind, she must be firm, and the event will justify her conduct and establish her character."

We hope to be excused, if we make further extracts from the excellent work of Dr. BARD. The period of labor of which we are treating, demands, that not only the midwife should be armed with all the reasoning and all the authority which can be brought to her aid; but also that the woman herself should be fortified by every consideration which a correct knowledge of what is proper can bestow. And we write not for a sect—for a profession—not for the midwife alone; we write for the whole female community—for the world!

"Leaving nature, therefore," continues Dr. BARD, "to her own unassisted, undisturbed efforts, the midwife is to encourage her patient by appearing perfectly calm and easy herself, without hurry or assumed importance; by assuring her that as far as can now be discovered, all matters are perfectly natural; by entering into easy conversation with her herself, and encouraging her to do so with her friends. She is to direct her to walk about the chamber, or from room to room; to sit or to lie down as she finds most agreeable to herself, and if she can, to sleep between her pains, which some women are much disposed to do. At the proper season, the apparatus of a meal, or of the tea-table, may serve to while away an hour, and every occasion of this nature should be embraced to lessen impatience, and to protract expectation.

"Indeed to gain time during this painful and irritable period, is an acquisition of no inconsiderable moment; for the time which uninterrupted nature requires to bring about the great changes which are now accomplishing, is always necessary; and unquestionably women in general recover better after a labor rather slow, than after such as are quick and sudden. Hence too we learn the great impropriety of directing the patient at this period to assist her pains, as it is called, by holding her breath, and exerting strength by forcing, straining, or bearing down; which inevitably will exhaust her strength now in the beginning of labor, which may be very necessary for her support at the conclusion of it. Young women in their first labor, are most apt to be guilty of this error; by which they overheat themselves, and may bring on fever; it may likewise occasion the premature bursting of the membranes, an accident too apt to happen without any such effort, when labor begins with very strong pains, and which will inevitably protract it."

Having extended our remarks upon the conduct of midwives during labor, to a length far beyond what we anticipa-

ted, we now turn our attention to the remaining particulars noted at the beginning of this section.

2. Of the opening or dilatation of the mouth of the womb.— This is a most important part of labor, but it is one, as has been already sufficiently indicated, over which human interference can exercise no beneficial control. It is during the period occupied in the opening of the mouth of the womb, that those cutting or grinding pains, of which we have spoken, take place. They appear to depend upon, or are in some way inseparably connected with, this circumstance; which not only every midwife, but every woman should know; and as they must be borne by all women in labor, they should make up their minds to bear them with all the fortitude, composure and resignation of which they are capable.

It is during this period, that most women are assailed by those gloomy forebodings and presentiments of approaching death, and need all the comfort and consolation that the midwife can bestow, and all the encouragement that a well grounded assurance of a happy deliverance can inspire. Here too, is an ample field for the exercise of the endearing blandishments of a husband's love: and whose presence, we ask, can be more acceptable, or conversation more agreeable, or kind offices more consoling, than his, to the desponding wife? To whom can she with so much freedom, and with so much confidence, disclose her thoughts and unbosom her very soul, as she can to an affectionate companion who gives ample evidence of his anxiety to alleviate all her cares? A responsibility, in this particular, rests upon husbands, which we fear is not always faithfully discharged.

But we cannot conceal the fact, which should long ago have been known, that the many fears and forebodings to which hapless woman is liable, at these periods, are vastly magnified in consequence of the ignorance in which she has been unfortunately kept, with regard to the great simplicity of the process of child-birth, or of the little assistance which ever has been, or ever can be given to her at those times. Correct ideas upon this subject, we believe, would relieve women of an immense amount of bitter anxiety and wo, by inspiring them with that confidence which they cannot possibly derive from any other source, or by any other means. It is partly to convey those ideas of the simplicity of nature and of her almost undeviating correctness in operating, and thus to inspire that confidence which women so much need, that we have ventured upon the publication of this work; and if we only succeed in this, to the extent of our desires, we shall feel amply compensated for our toil.

We are very sensible of frequent digressions from the subjects upon which we ostensibly profess to treat; but in this we

must be indulged. Our object is not to present a work purely scientific, but one that will instruct and benefit the world; and, therefore, we not only make digressions, but repetitions, whenever we find it necessary either to instruct, or to make a more forcible impression upon the reader's mind. The peculiar circumstances under which we come before the public renders this doubly necessary. No work of this kind, ever before published, was calculated or expected, so extensively and so generally, to circulate through all ranks of the community, nor of course, to be assailed by so many and so strong prejudices, as this. We must, therefore, appear before the world, armed with every weapon, which the limits of our work will admit us to use, and which not only our own necessity, but the reader's benefit, most imperiously requires.

But to return to the dilatation of the mouth of the womb.— This is sometimes a tedious process; it is indeed the chief impediment to natural labors, as when once this important object is effected, the labor, in general, is soon accomplished. The time occupied in this process varies in different women, and in the same woman in different labors. It may be one, two, or ten or twenty hours, or even two or three days. Some women always have short or expeditious, whilst others have tedious or difficult, labors. Most authors define a labor natural, if it terminate within twenty-four hours; and tedious, if it require a longer time.

The opening of the mouth of the womb is always slow, and often almost imperceptible, at the commencement of labor; but is effected with greater rapidity as it advances. When the mouth of the womb is so much dilated as no longer to be felt, or in other words, when it is so opened as to give the womb and the vagina the character of one continuous sack, the labor generally progresses with far more rapidity, and the child is soon expelled. But tedious delays may even now, or at any succeeding period, take place, and the labor be protracted far beyond the midwife's expectation, at which, however, no alarm need be taken. The mouth of the womb may, even at this stage, seem to contract to such a degree as to produce a belief that the labor is going backward instead of advancing. This is most usually met with in first labors.

3. The formation of the bag of waters. This is one of the almost constant or essential phenomena attending births, though it sometimes fails; as, for instance, when the waters are discharged before labor commences, and occasionally the quantity of water is so small as to be incapable of forming a bag of any considerable size. It is a commonly received opinion that the bag of waters tends very much to open the womb by its passage in advance of the child's head; but it does not seem probable that it has much agency in this operation, as the

mouth of the womb opens, though not equally as well, when the waters do not gather. But whether the bag of waters exercises any influence mechanically, that is by stretching the parts, or not, it is very certain that the too early discharge of the waters always makes the labor more tedious. Hence all examinations should be made with the utmost care not to rupture the membranes and thus produce a premature discharge of the waters.

The reader will recollect that the pains of labor are at first slight; hence the contractions of the womb are also moderate: but as the mouth of the womb opens, the pains and contractions become more severe, and the membranes and waters are forced further and further into the vagina, or in other words the bag of waters grows larger and larger with every pain, where the labor goes on without interruption, until the mouth of the womb becomes completely open; about which time, either a little before or a little after, the membranes are ruptured and the waters are instantly discharged. Though sometimes, as has before been observed, the waters are discharged long before this period of labor; and instances occasionally occur in which the membranes do not break until the labor is nearly completed.

4. The proper presentation of the child's head. When the waters break and discharge, as the parts are now dilated or opened, it is the most proper time to make an examination, in order to ascertain the presentation of the child, whether it be right or wrong. And to do this, the reader must call to mind the description of the child's head, and particularly the openings styled the fontanelles, and the seams or sutures, for a more correct understanding of which the reader should refer to plate 6. It will be recollected that the proper presentation of the head, is the crown; consequently the three-sided fontanelle or opening will be felt; and instead of the four seams or sutures which lead to the front or four-sided opening, there will be only three seams felt leading to it; or instead of the opening being readily found, there may be a soft tumor in place of it, but still the three seams may be felt running to it. If the four-sided opening, or any other part of the head, is felt instead of the three-sided one, at the mouth of the womb, the presentation may be regarded as not being as it ought to be. The only thing to be done in such cases is, to turn the woman in such posture as will most favor the reduction of the child's head to its proper presentation. Thus, if the fontanelle present too high up on the front bones or pubes, the woman must lie on her back; and then during the absence of a pain, the midwife, with one or two fingers, should most gently endeavor to push the head a little back, and fetch it down, by applying the other hand externally on the abdo-

men, until the fontanelle presents at the center of the orifice of the womb. And so, if the fontanelle presents either at the right or left side of the orifice of the womb, the woman should be placed on the opposite side, that the weight of the child's head may assist in bringing it to its proper place.

But it does not follow, however, that because the head may not present exactly right, that it is necessary to offer assistance in the manner we have directed: indeed we are not sure that it is not better in all cases of this kind, not to meddle with the woman at all. Nature is surprisingly active in regulating these things; and it is far better not to offer any interference at all, than to do it at the hazard of doing an injury. Cases of the very worst presentation, have been, according to DENMAN, rectified by the unassisted efforts of nature, even where it was regarded as impossible to offer any assistance, with a rational prospect of doing good. Indeed, if women could only know the wonderful resources of nature in all cases of difficulty, and how much safer and better it almost always is to trust to her than to officious meddlings or human interpositions, they would certainly dismiss the most of their fears about child-birth, as well as discard the too often profered assistance of midwives.

5. The final expulsion and separation of the child from the mother. This is the last act of *child-birth*, though agreeably to authors, not of *labor*. The mouth of the womb being dilated or open, so that the womb and the vagina become one continuous sack, (*see plates 7, 14, and 15,*) the child, propelled by the contractions of the womb, passes slowly down through the pelvis. The pains now, instead of bearing the character of grinding or rending, are forcing, pressing, or bearing down pains. The mournful depression, and gloomy foreboding, so often attendant upon the first stage of labor, now give place to very different feelings. All these distressing sensations vanish, and the woman acquires new courage and energy; and instead of wishing to avoid the returning pains, as she does during the early stages of labor, she is ready to meet them, and with satisfaction embraces their recurrence. A disposition is now felt to bear down with the pains, by which the expulsion of the child is facilitated. Some writers strongly oppose the propriety of these exertions by the mother, and urge midwives to advise their patients against it. But these efforts are instinctive; they are produced by a sensation peculiar to this stage of labor, and if nature is to be consulted, ought not to be discouraged. We have elsewhere said, that we think it not only idle, but useless and even injurious, to object to the gratification of this instinctive feeling, over which the woman has no control.

The midwife should carefully remember that nothing can be done by herself to assist the woman or forward the labor; and, therefore, she must attempt nothing. She may, however, as is customary with many, keep her hand, or rather her finger, to the child's head, in order to watch its progress through the pelvis, but nothing more. It sometimes happens that the head of the child appears to stick in the pelvis or bones, as it is familiarly termed, and the woman will have many apparently unavailing pains, during which the child does not appear to come forward at all. If the woman is in bed, it may sometimes have a good effect to turn over in another position, or if she desires it, as many women do, she may get up and walk the floor. No danger need be apprehended from doing it, unless the child should be born suddenly when the mother is on her feet, and be injured by falling on the floor; which the midwife, of course, will guard against at the time of pain.—When any such difficulty as we are speaking of occurs, nothing should be attempted, because nothing can be done, by the midwife to overcome the difficulty. Nature herself is always competent to the removal of it, by giving her time, and should therefore be trusted to.

Sometimes the pains may also die away, and the woman become easy for some time. This, however discouraging to her or her friends, is by no means a cause of alarm: neither mother nor child will suffer by it, as the powers of the system will be aroused in proper time, and the labor completed. Nature knows her own laws and will execute them, if let alone, in her own way and in her own time; and, therefore, we need not—we ought not to be impatient with her delays.

The crown of the head at length presents at the external orifice of the vagina. The soft parts of the mother are protruded, and consequently, as the head is pushed forward by the pains, are more and more stretched, which, of course, somewhat increases the pain; and the resistance which is now offered is sometimes very great, especially with the first child, but less so afterwards. The labor may even be retarded for some time, which is very necessary, in order that the parts may gradually dilate or become relaxed, so that they need not be torn. The perineum, which is the part between the orifice of the vagina and fundament, is much stretched or carried forward, is very thin, and is sometimes torn. Authors on midwifery almost universally recommend the application of the hand over or around the elongated or protruded perineum at this stage of labor, as a support to prevent its being injured. There are some writers who do not even hesitate to advise, where the labor is rapid, to hold the child back for two or three pains, by the midwife placing her hand against its head. We must confess, however, for ourselves, that we are not pre-

pared fully to believe the first to be useful, or the last proper. There are some who, with ourselves, doubt the utility and propriety of both.

We cannot satisfactorily understand how this support, given by the hand to the perineum, can oppose its being torn. It may, and certainly does, crowd the head more forcibly against the front bones or pubes, and possibly takes off some pressure against the perineum in this way. But then, a few individuals have advised to push the head back, that it may pass under the pubes with greater ease.—Again, it has not been proved but that quite as great a proportion of women who have been delivered of their children without any assistance, have escaped accidents of this kind, as of those who have had the assistance of the best midwives. Even Dr. DENMAN, who has labored the subject of giving assistance, and insists on the propriety of offering it, says: “when women were delivered without assistance, I have not in any case observed any considerable laceration” of the perineum. And he concludes it “reasonable to presume that the frequent occurrence of it in the human species,” “ought to be imputed to some accidental cause, or to error in conduct.”

The anonymous female writer whom we have heretofore quoted, in her remarks upon DENMAN’s recommendation to apply the hand to prevent the difficulty of which we are speaking, says: “I would just observe, that in the course of my practice I have not found any occasion for any such kind of interference, although I have had a large portion of very rapid labors; and in every instance, the patient has been left sound. Nor have I ever known amongst a very large number of children, who have been born within the circle of my acquaintance, before a doctor could arrive, any inconvenience to follow. But I do not,” continues she, “justify my practice on this foundation alone; I consider if nature forces a child forward, and I put forth my hand in opposition, I shall insult her order as much as if I should by violence undertake to hurry its birth.”\*

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\* Since writing the above, in turning over the pages of the pamphlet from which we have made these and former quotations, we have become apprehensive that we possibly may be doing injustice to the compiler, who has, with her judicious extracts from other authors, intermixed many sensible remarks of her own. The pamphlet of which we are speaking, appears, on closer inspection, to be composed of two, stitched together, instead of one, with the title page of the second one torn out; and upon this page, for aught we know, may have been the compiler’s name, which we doubt not was RUTH STEBBINS. We are thus positive, because of a certificate of character and qualification published in one of those pamphlets, which appears to have been given by MASON F. Cogswell, M. D., to the above named individual.

We now consider the subject of the propriety or impropriety of the midwife's interposition to prevent a laceration of the perineum, as fairly before the reader. In favor of its propriety, are arrayed nearly every author who has written on midwifery; and against it, are the arguments and the evidence which we have here adduced. The midwife, therefore, so far as our opinions are concerned, is left free to act as she pleases, though we must confess that we incline against any interference.

When at length, however, the child's head is expelled from the vagina, the woman enjoys a short respite from her pains; but they soon return and the body and lower extremities quickly follow the head. In fact, the woman's sufferings may now be considered as being over. A few pains at most, often times one, will be sufficient to complete the birth.

So soon as the head has come into the world, the midwife should search with her fingers about the neck of the child, to know whether the naval string is not wound around it. If she finds it is, she must gently fetch it over from the back of the head to the face, and then wait for the pains to finish the expulsion of the child. And we wish this particularly to be attended to, as some authors recommend the midwife, as soon as the head is born, to finish the extraction herself. But this is a bad practice, and ought never to be followed nor encouraged, unless the woman is sinking by profuse flowing. Nature is adequate to the performance, and in her own time will finish her work without hazard to child or mother.

The first important thing, after the child is expelled, is the establishment of its breathing. For the most part this takes place immediately after its expulsion from the mother; sometimes, indeed, it cries very forcibly the moment the head is in the world. But should it fail to cry very soon after it is completely expelled, immediate attention must be paid to it. In the first place, the child should be received upon a warm cloth, and be kept sufficiently defended from the air, if the weather be cold. The finger of the midwife should also be introduced into its mouth to clear out whatever may be in it to interrupt the breathing. Its body may also be wet with cold spirits or cold water, by suddenly dashing a small quantity of it on, or the midwife may take a mouthful and spurt it on. In most cases, this will be all that is necessary, as the child will, almost always, immediately cry on applying the cold fluid.

But should those means fail, the mouth must be more carefully cleansed, and the navel-string be stripped repeatedly between the thumb and finger, from the mother to the child; and if this does not produce signs of breathing, the extraction of the after-birth ought to be attempted, by very gently pul-

ling at the navel-string. If it can be obtained, it should be taken to the hearth and placed upon hot embers or coals, and the navel-string stripped, as before directed, from the after-birth to the child. This, perhaps, is the most successful manner of treating children when still-born, as it is termed, but not dead.

Dr. THOMSON, in what he styles a "Supplement to his New Guide to Health," relates his having had an agency in restoring to life, a still-born child, in the way last pointed out; but leaves it to be inferred that the discovery was one of his own. We wish by no means to deprive him of any portion of his well-earned fame; but, in justice, we must say, that the plan was suggested by the mother of the woman just delivered; who was an aged and experienced midwife, and had often employed it with success, in her practice, in similar cases. The truth is, the same means were used by the ancients, agreeably to DENMAN; but, excellent as they are, have been nearly lost to the world.

But if the after-birth cannot be procured, other means must be resorted to. Some recommend blowing into the lungs, and then press out the air and blow again. Others have condemned it as useless. Upon the whole, it seems hardly worthy of much confidence. The mouth of the child should, however, be kept freely exposed to the air, and if the pulsation in the navel-string cannot be felt, it may after a while be cut off and tied, or tied before it is cut, no matter which, and then the child taken to the fire. It should now be gently rubbed with the warm hand, both body and limbs. The smoke of burnt linen or paper, when allowed to come in contact with the nostrils, is also valued by some and might be tried. A warm bath has likewise been used with advantage, and should be made about blood heat, into which the child may be plunged up to its shoulders. The means adopted, whatever they may be, whether any or all that we have recommended, or any other, should be continued for a long time, as children have been known to come to after being some time laid away as dead.

When the child cries either immediately or soon after it is born, it will in all probability need but little attention more than to cut the navel-cord. By some this is directed to be done without further ceremony, but we think it safest, at least it can do no harm, to wait until the pulsation in the cord ceases; which it may do very soon, though sometimes it continues for fifteen or twenty minutes. After the pulsation in the navel-string ceases, there will be no danger in cutting the string before tying it, as no blood could discharge from it, though it is universally customary to tie it before it is cut. Different authors recommend different distances from the belly

at which the cord should be tied; but this is a matter of but little consequence. An inch and a half, or two fingers' breadth, is sufficient, and a common coarse sewing thread will answer to tie with; and after it is tied, the cord should be cut off about three fourths of an inch from the string. It was formerly customary to tie the cord in two places, and cut it between the ties; but this can be of no use unless possibly in some cases of twins; as, if blood is discharged from it, the end may be held in the fingers.

6. Removal of the after-birth. A variety of rules have been given by practitioners with regard to the extraction or removal of the placenta or after-birth. Almost any of them may be adopted, excepting those which recommend the hasty removal of it by force. Unless there is flooding, there is no need of anxiety about it, or of hurrying it away before nature indicates the propriety of its expulsion. It may remain in the womb for one, two, or three hours, or as many days, and has even been known to remain for months, without producing any bad effect. But in most cases, the placenta will be expelled in from ten to thirty minutes.

But as both patient and practitioner are anxious to have the process completed, we will give some general rules to be observed in the artificial extraction of the after-birth; by following which it may be done without injury or hazard.

It must be borne in mind that the placenta during pregnancy, is attached to some part of the inside of the womb, by which a communication is established between the mother and the child. Now, in order to its expulsion from the womb, this attachment must be destroyed, which is almost always done by the contractions of the womb to expel the child. How do the contractions of the womb loosen the after-birth from its attachment? The womb by contracting lessens the surface of the part to which the placenta is attached; but the placenta does not contract, hence the womb tears itself loose, as it were, from the placenta; and in most births, the placenta is probably detached from the womb by the time the child's feet are born. The number must be very few, in which this is not the case.

The navel-cord being cut, and the child given to the nurse or other person to wash and dress, the midwife must apply her hand to the bowels of the mother, and feel if the womb is contracted or contracting. If the womb be not contracted, the belly will feel soft uniformly all over; but if the womb is contracted to the size which the placenta will admit of, a hard ball will be felt just above the pubes, and the probability is that the placenta may be immediately extracted, or perhaps may even now be expelled and lying in the vagina, without the mouth of the womb. The navel-cord must now be

very gently and steadily pulled, and the placenta will most probably be soon extracted. But if it do not come with moderate force, there is danger of breaking the cord, and, therefore, the midwife must desist.

What then is to be done? Wind the cord around one or two fingers of one hand, and introduce two or three fingers of the other along the cord into the vagina to the union of the cord with the placenta, and with the aid of these fingers, and by gently pulling at the cord with the others, the placenta may almost always be extracted, with but little trouble to the midwife and no hazard to the woman. But the midwife must understand the mechanism of the operation, or she may not by this means succeed in immediately extracting the placenta. This we will endeavor to explain in the most familiar manner possible.

We will suppose a bulky substance lies at the bottom of a vessel whose sides are perpendicular, or suppose it may be smallest at the top. To this we will suppose a rope to be attached, by which it is to be drawn from the vessel. Now which way can this substance be drawn from the vessel with least force; by raising it directly perpendicular, with the rope in the center of the mouth of the vessel; or by drawing the rope over its edge, and perhaps at right angles with its side? Doubtless by raising it perpendicular, with the rope in the center. Raised in this manner, the force would be said to be applied along the axis of the vessel; or, in other words, along an imaginary line through the center of the vessel. Now apply these remarks to the placenta in the womb, and the midwife will understand the mechanism, and the reason why the placenta cannot always, though completely detached from the womb, be extracted by simply pulling at the cord.

The axis of the upper stait is from above, backward, and hence it may often happen, especially when the womb is thrown forward, that in order to extract the after-birth, the force must be so applied as to carry it backward instead of forward as it will be in pulling the cord without introducing the fingers into the vagina. The womb may also be turned very much to one side, either to the right or left; and then the force must be given in the direction which will best suit this state of the organ. It is the want of understanding this method of extracting the after-birth, that has in most instances produced the frightful stories about its adhesion or growing fast. It always adheres or is grown fast to the womb during pregnancy, and almost as constantly is separated from it during labor.

But the midwife must be cautioned against using any means for the extraction of the placenta, unless the womb is contracted into a hard ball just above the front bones or pubes; and

even then it is not necessary only to put an end the sooner to the woman's anxieties. If the bowels feel uniformly soft all over, instead of making any attempt to extract the placenta, the midwife should rub the belly briskly, occasionally placing one hand on each side and press the bowels together, and frequently press backwards, or from above downwards, and sometimes grasping the belly with the hand. By pursuing this course, a short time, the womb will contract, which may be known by its hardening under the hand, and the hard space gradually lessening in size until it becomes like a ball at the top of the pelvis. After this has taken place, some time should be allowed to elapse in order to be satisfied that the womb will not again relax; when the placenta may be extracted as before directed.\*

In case of flooding, the directions just given must be closely attended to, as this difficulty is always caused by the womb's not contracting and closing the mouths of the vessels which are left open by the separation of the placenta from the womb. Floodings of an alarming and even fatal character have once in a while occurred without any discharge of blood from the vagina. In this case the placenta closes the mouth of the womb so as to prevent the escape of the blood; and the flooding is only known by the woman's becoming deathly pale and faint. When symptoms of this character take place, or if the blood is discharged, the bowels must be instantly examined, and the rubbing, &c. immediately resorted to, and continued until the womb contracts; when the flooding will cease. The midwife must be cautioned against any alarm if pains and a discharge of blood should immediately follow the rubbing of the bowels; they are to be regarded as the most favorable symptoms of the good effects of the means employed. For more extensive observations respecting the treatment of flooding, see under the head of treatment of flooding and fainting, page 47, of this volume.

The practice of introducing the hand to extract the placenta is, at best, cruel, barbarous, and dangerous to the wo-

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\* The artificial extraction of the after-birth in labors unattended by flooding, seems so much at variance with the fundamental principle which we have so strongly and so often enforced, that we feel almost disposed now, in offering the second edition, to erase the above directions for its performance from our pages. After much reflection, however, we have concluded to let them remain, and subjoin the following:—Rarely, or never, attempt the artificial extraction of the after-birth until a return of pains indicates that the womb is making an effort to expel it, unless these should not occur for an unusual length of time after the child is born. We think this the safest mode of procedure because it can do no harm, and is likewise sanctioned by some of the best authors, as well as being more consistent with nature, which should always be consulted.

man, and we think should rarely or never be attempted. If any circumstance can justify it, it must be a case of flooding which continues after the womb has contracted to the smallest size that the placenta will permit; but cases of this kind, if ever they occur, must be exceeding rare.

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## SECTION IV.

### OF PRETERNATURAL LABORS.

PRETERNATURAL or difficult labors are caused by almost any circumstance out of the usual course of things. Hence they may be produced by flooding, convulsions, fainting, weak contractions of the womb, or by deformity of the pelvis, or unusual or unnatural presentations. The reader who is acquainted, as every one ought to be, with the general principles of the healing art, as we have laid them down, and with the medicine and mode of practice contained in the second volume of our medical works, scarcely need be told what course to pursue as to the medical treatment of all the causes of difficult labor, excepting deformed pelvis and wrong presentations. We shall, therefore, only notice, at present, the difficulties arising from wrong or unnatural presentations; and these so seldom occur, that we deem a brief account of them all that is necessary. The difficulties arising from a deformed pelvis are so rare, that several eminent and extensive practitioners, in the United States, have asserted that they have never met with an instance in American women, in which nature was not entirely sufficient to accomplish the labor without any assistance from art.

“Preternatural presentations,” says Dr. GOOCH, “are those of the feet, breech, and arm: writers on midwifery describe others, as of the shoulder and knees; but these are only modifications of the arm and feet presentations.” Presentations of the back and belly have also been spoken of, but it would seem impossible for this to be the case; though the navel-string does sometimes present. But if we know, says Dr. GOOCH, how to manage the three first deviations from the natural position of the child, we know how to manage all.

Although the midwife may suspect a wrong presentation, yet she cannot with certainty know it until the membranes are ruptured and the waters discharged. When this takes place, by a careful examination, there will be but little difficulty in ascertaining what part presents; and every part which can present has something to distinguish it from every other part; thus the hand has a thumb, and the foot a heel. If the

feet present, endeavor to get both of them, though some think it a matter of little consequence whether one or both are brought down, as the child will be born either way. In this case, the labor may be suffered to progress in the natural way until the navel is expelled, when, if the birth be not gently hurried, the child may die from the navel-cord being so compressed as to stop the circulation between it and the mother.

Before proceeding to describe the method of assisting the expulsion of the shoulder and head, we will remark, that in order to have the head in the right position to pass the upper strait of the pelvis, the toes of the child must be towards either the right or left side of the mother. If, therefore, they are turned to the front or back of the mother, wrap a cloth around the legs and as much of the body as possible, and during the intervals between the pains, very gently turn the body so that the toes are in the right direction; that is, either to the right or left side. This being done, and the expulsion of the child to the navel completed, pull the navel-cord down a little way, and then commence the extraction of the child; and no time is to be lost, for if the child be not born in a few minutes it will certainly be dead; but the midwife should be cool and deliberate, and not be frightened, as she may be in too much haste, and injure the mother and child.

The extraction is to be performed by having a cloth around the breech, and then carefully but quickly working the body from hip to hip. As soon as the shoulders are born, pass the fore finger from the shoulder, which is at the back of the mother, along the arm to the elbow, and fetch the arm and hand down; then proceed to extract the other as soon as possible. When this is done, pass up one finger along the breast of the child, introduce it into the mouth, and press the chin down towards the breast, with the other hand raise the child towards the pubes of the mother, extracting at the same time downwards and forwards, and the delivery will be readily accomplished.

If the breech presents, it will be ascertained after the discharge of the waters, by the peculiarities of its shape, and by the organs of generation, especially if it be a male. The efforts of nature are almost always sufficient to accomplish the delivery in cases of breech presentations; though in many cases the delivery may be tedious. When the breech has advanced low down, some assistance may be given by passing one or two fingers of each hand into either groin, by which the midwife will be enabled, with perfect safety, to use any degree of force which may be necessary. Or when still lower, a handkerchief may be passed over the groins, by which the necessary force may be more easily exerted. The

legs are not to be brought down in this case as the arms are; but it must be borne in mind, if the breach is not towards the back of the mother, that it must be turned in proper season to fetch the face to the back, to favor the passage of the head through the lower strait of the pelvis.

When the feet and body as far as the navel are delivered, it then becomes necessary to use the same caution and expedition in completing the delivery that is used in the presentation of the feet.

When the shoulder or the arm presents, the child lies across the pelvis; and so long as it continues in this position, delivery is impracticable. The arm may readily be distinguished by feeling the hand and fingers; but the shoulder is not as readily known, being liable, from its softness, to be mistaken for the breech. By a careful examination, however, the midwife may be fully satisfied. In extending her finger around, she will be able to distinguish the shoulder-blade, the neck, the arm-pit, or arm. When either the shoulder or arm present, it is almost always considered a sufficient reason for turning the child, and fetching it by the feet.

The time for turning is immediately after the waters are discharged and the mouth of the womb well opened. Though it sometimes happens, that by pushing back the presenting part, and keeping it so, the pains will force the head into the pelvis and make it unnecessary to turn. But should this fail, an attempt must be made to reach the feet, and bring them down. And the first thing is to decide upon which hand the midwife shall employ. If the palm of the child's hand is towards the belly of the mother, then use the right hand, which must be passed up the front part of the womb; but if the back of the child's hand is towards the mother's belly, then use the left hand, which must be passed up the back part of the womb. These precautions are necessary that the midwife may the more readily arrive at the feet, and be enabled to bring them down in the proper manner. But if it be found on introducing one hand, that the other will do better, that must be withdrawn and the other introduced.

When the operation of turning is determined upon, the hand is to be smeared with lard, compressed or contracted into its smallest possible size, and in the most gentle and gradual manner introduced into the womb; and the greater the resistance, the more gentle and slow should be the introduction. During the time of a pain the operation must be stopped, and only be performed during the intervals between the pains. Whenever the womb contracts, the fingers and hand must be made as flat as possible lest the womb should be injured by contracting upon an uneven surface. Having reached the feet, endeavor to bring both down at once; but if this can-

not be done, fetch one at a time, but be sure and get both. Remember also to fetch them down by the face instead of the back, or there will be much danger to both child and mother. When the feet are thus brought down, some authors recommend the immediate extraction by force, whilst others leave it to nature; but in this the midwife must be governed by circumstances. If the woman is not exhausted, and the pains indicate a prospect of delivery, the labor may be suffered to go on, and must be conducted in the same manner as when the feet present; but if the woman has become much exhausted and feeble, the delivery should be hastened by the midwife.

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## SECTION V.

### OF TWINS.

CASES of twins sometimes occur, though they are not very frequent. And although much anxiety is sometimes felt by women to know whether they are pregnant with twins or not, there can be no positive evidence of it previous to the birth of the first child. If the abdomen of the woman is very large and the child small, with only a trifling discharge at the rupturing of the membranes, there is then reason to suspect there may be another child. And if, on applying the hand to the abdomen of the mother, after the birth of one child, it still feels large and hard, there can be but little doubt that there is another. In this case, the navel-cord should be tied in two places, as the two after-births may be so connected that a flooding might take place from the cord of the first child.

Sometimes, after the birth of the first child, the pains cease; whilst at others, they are very soon renewed, and labor goes on, and is to be conducted in every respect as if it were an original labor. There should be no attempt made to extract the placenta after the birth of the first child, in case of twins, but always wait until the second child is born, when both will be expelled, if there be two, at the same time. The same general principles and mode of acting will apply to the removal of the after-birth, when there are twins, that have been recommended when there is but one child.

If, after the first child is born, the pains do not soon return for the expulsion of the second, rubbing of the abdomen should be resorted to in order to stimulate the womb to contract, as recommended for the expulsion of the placenta; and in every other respect the labor may be conducted for each child separately as directed for single births. It may, however, be recollected, that in case of twins, one presents the head, and the

other the feet; so that if the first be born with the head foremost, the other will come with either the feet or head foremost. (*See plate 16.*)

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## SECTION VI.

### MEDICAL TREATMENT OF THE CHILD.

THIS is a subject upon which much has been written, and the necessity of administering something much insisted upon by many writers. GOOCH recommends giving a tea-spoonful of castor oil "nearly as soon as the child is born," for the purpose of purging the meconium; EWELL recommends this on the second day, if other means fail; and DEWEES advises a little melasses and warm water, and on failure of this, to give the castor oil. Others again recommend more drastic and irritating medicines, by which do doubt much evil has been created, and many children destroyed.

We would by no means positively reject the castor oil or some other mild physic, such as the melasses and water, or butterfly root, if absolutely necessary; but if laxative injections are occasionally administered when the bowels do not move naturally, cathartic medicines given by the mouth, will very rarely be necessary.—Introducing the stem of a tobacco leaf smeared with lard, into the rectum, will often answer every purpose of giving physic or administering injections; or instead of a tobacco stem, a piece of paper nicely rolled up and smeared with oil or lard, may be substituted for the tobacco stem, and will do very well.

If the child, however, is applied to its mother's breast, whether there is any milk or not, there will generally be no necessity for physic of any kind.

But if a new-born child appears to be indisposed, evincing by its appearance and actions that it is suffering much inconvenience or loss of health, we should proceed to treat it as we would a grown person; give it a tea of the diaphoretic powder, with cream and sugar; an emetic of the tincture of lobelia; keep it warm and make it sweat; there can be no better way than this; to manage in every respect upon the same principle that we would in case of an older person. We pursue this plan uniformly, having frequently vomited children of but a few days old, with the happiest effects. The quantity of medicine to be given must, to be sure, be very small, proportioned to the age of the infant; but enough should be administered to produce the desired effect.

A stoppage of the urine is an affection that sometimes takes place with infants just born. The common remedy for this difficulty is a tea made of the seeds of water melons or pumpkins, and it almost always answers the purpose. [See also "Diseases of Children."]

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## SECTION VII.

### MEDICAL TREATMENT OF THE MOTHER DURING LABOR.

THE introduction of this important subject at the close of the work may seem, and perhaps is, out of place; but as we have not any where else given directions respecting it, we must do it here.

In the first place we will remark, that every necessary attention ought to be paid to the woman's health previous to the expected time of her confinement, so that she may be in the best possible condition for sustaining herself during labor.

When she begins to experience pains resembling those of labor, she should drink occasionally of a tea of the diaphoretic powders, or anodyne powders, in sufficient quantity to keep the skin moist. This has a tendency to relax the parts concerned in the passage of the child's head, as well as to give strength and energy to the mother. If the pains be untimely, it will aid powerfully in allaying them; or if they are timely and not sufficiently strong, it will increase them, and forward the labor.

Dr. THOMSON recommends the leaves of the red raspberry, as being the best thing he ever used as a medicine for women in labor. He directs it to be made into a strong tea, and given with the addition of a little cayenne, and he says it will regulate the system as it should be. If the pains are premature, it will remove them; and if not, it will stimulate the womb to more vigorous contractions, and facilitate the labor. We have had some experience in the use of this medicine, and find it very good; but it does not appear to merit all the praise that Dr. THOMSON has bestowed upon it.

In most cases of labor, what has already been recommended will be sufficient; but when any untoward symptoms arise, more active measures must be pursued. If the pains are severe but unavailing, the quantity of cayenne must be increased, and the steam bath and injections should be employed. After pursuing this course for a reasonable time, without mitigating or removing the symptoms, a full course of medicine should be resorted to. Most women unaccustomed to our practice, perhaps, may be startled at the idea of a woman in

labor taking an emetic, but it may be done with perfect safety. Emetics of lobelia have frequently at such times been given, not only without any injury, but with the very best effect.

If the parts concerned are slow in dilating, or if they become dry, swelled, or inflamed, the woman should sit over a hot steam, long enough to produce a free perspiration, taking cayenne or some other stimulant article to assist in producing it. If convulsions or fits occur at any time during or after labor, or at any other period, a tea-spoonful, or more, of the anti-spasmodic tincture should be administered, and repeated, if necessary, until the spasms are removed, which we believe will always take place when enough of it is given. This tincture may also be administered in case of any unnatural, uncommon, or alarming symptom suddenly taking place during labor; and will often, when the pains seem dying away, or the woman is faint or exhausted, arouse the drooping energies and restore the powers of nature, when nothing else will.

When floodings take place, a great deal will depend upon the free use of cayenne, and keeping the skin moist. The cayenne may be given in large doses with strong birth-root or witch-hazle leaf tea, and repeated according to the violence or urgency of the symptoms. The other means heretofore recommended in cases of flooding should also be employed.

Dr. SMITH recommends the partridge-berry, above every thing else, as the means of regulating the process of labor; relieving pains when untimely, or increasing them when too feeble. He also advises the use of this article for a week or two previous to the expected time of confinement, as a means of rendering labor safe and easy. He says he learned the use of this valuable medicine from the Indian women, who employ it in this way. He, however, recommends it in combination with another article with which we are acquainted; but says it answers almost as well alone. It may be used in tea, at discretion.

The blue cohush is an article highly recommended by PETER SMITH, for pregnant women at the time of labor; as well as preparatory to this event. If the pains are untimely, a tea of this root will relieve them; but if timely, and the pains insufficient or labor lingering, it will stimulate the womb and hasten, in a safe manner, the delivery. In like manner, if the pains are severe, but ineffectual, it will moderate their severity and make them more efficient. Or if cramps or spasms in any part take place, it will remove them, being, as SMITH says, "the best anti-spasmodic in the compass of medicine."

"But the great benefit," says he, "is the state of safety and of speedy recovery that the mother experiences afterwards."

The root is to be made into a tea, a small handful to half a pint of boiling water, pour off and give the half of it, and then add more hot water until the strength of the root is exhausted; repeating the dose every ten or twenty minutes until the desired effect is produced.

## RECAPITULATION;

GIVING A CONDENSED VIEW OF THE PROCESS OF LABOR, AND OF THE OFFICES TO BE PERFORMED BY THE MIDWIFE.

1. If a pregnant woman feels slight pains in her back, shooting forward to the pubes or front bone, and down the thighs, with intervals of ease between them, and the pains gradually increasing in severity, she will have good reason to suspect that her labor is approaching. If, in addition to these symptoms, there has been a sinking down of the belly, or womb, and a discharge of mucus from the vagina for several days, and especially if all these symptoms occur at or near the period she expects to be confined, she may then with still more certainty suppose that her travail is commenced.

2. If she feels any doubts whether her labor is really approaching, she may take, occasionally, a dose of the anodyne powders, cayenne, or any other article recommended to regulate the pains of labor, sitting by the fire, to promote perspiration. The partridge-berry or winter clover, and blue cohosh, have been highly recommended in these cases, and are probably very useful. But we have generally depended upon the cayenne in a tea of the raspberry leaves, bayberry, or diaphoretic powders. If, by the use of any of these articles, the pains gradually subside, nothing more is necessary; but if they are increased, and become pretty regular and sharp, such help as may be desirable or convenient should be called in.

2. When the midwife arrives, the common custom is to make an examination; though this is by no means necessary. Common custom, however, sanctions this proceeding, and, if the pains are urgent, the woman as well as her friends, may be anxious that it should be done; therefore, if insisted on, it may be carefully performed. To do this, the woman may stand up, lie in bed, or sit in a chair. If she stands on her feet she should have them somewhat separated, leaning a little forward, supported by the back of a chair or an assistant, and her knees a little bent; if she sits on a chair, she must lean back considerably and slip so far over the edge of the seat, that this shall offer no impediment to the examination; or if in bed, she may lie either on her back or side; and if on her side, her knees must be drawn up towards the abdomen with a pillow placed between them to keep them separated; and if she lays on her back, she should have a coverlet, quilt, or

blanket folded narrow so that it may be placed under the hips to elevate the breech a little from the bed. When the woman is properly adjusted in some one of these ways, which, if she does not understand herself, some experienced woman present no doubt will, the midwife may proceed to introduce, in the most gentle manner, the forefinger of the right, or, if she prefers it, of the left hand, into the vagina and there search for the mouth of the womb. On the return of a pain, if labor has actually commenced, the mouth of the womb will be felt to dilate or open a little; or if it does not sensibly dilate, the lips or edges of the opening, when the pain is on, will be felt very sensibly to grow thin, and as soon as the pain ceases, the edges will become thick and rounded, and have a kind of puffy or spongy feel. But if labor is not actually commenced, none of these changes will take place in the mouth of the womb which, in that case, will be hard and unyielding to the touch, and no way affected by the pain. Sometimes, however, the mouth of the womb will not readily be found at the first introducing of the finger; and then it is to be suspected that it is turned backward. In this case the finger must be further introduced, and if the open mouth can be found, introduce the end of the finger a little into it and bring it forward to its proper place. If, however, it cannot be reached without so much violence as to make the woman complain, two fingers may be introduced, and, by using a little dexterity, first with one finger and then with the other, it may be brought forward.

4. The midwife being satisfied that labor has actually commenced, and every thing, so far as the examination enables her to know, is right, the woman may take such moderate exercise as she chooses, or she may sit, lie, or pass away the time in any manner most easy or agreeable. If the labor progresses slowly, she may take some article of medicine, such as tansy, pennyroyal, red raspberry, or bayberry tea, with one-fourth or one half a tea-spoonful of cayenne pepper in each, or she may take the tea without the pepper; or she may take any other article hereinbefore recommended in cases of tedious labor. It should, however, be borne in mind by both woman and midwife as well as by all concerned, that slow labors in general end better than those which are quick, and are less liable to be attended by any bad consequences. The cause of this is very obvious:—In tedious labors the parts which must necessarily be dilated are more gradually subjected to this process, than they are in speedy labors, and hence far less liable to be injured.

5. When the mouth of the womb has become fully dilated or opened, or about this time, either before or after, the membranes are generally ruptured, which is called breaking

of the waters, which are then discharged. This is the proper time to make an examination for the purpose of ascertaining whether the child presents naturally or properly. There is now a longer intermission of pain; the parts are fully dilated, the water out of the way, and the best possible opportunity presents for ascertaining the exact position of the child; and if wrong, now is the proper time to attempt righting it.

6. The position in which the woman is placed for the completion of labor may be left to her own choice, as she will know best what position is most agreeable. "Indeed," says VELPEAU, "a strong and well formed woman may be delivered in any posture, on a chair, on the floor, a bundle of straw, on foot, and on all kinds of beds," to which we will add that some prefer resting upon their knees and elbows on a quilt or carpet. If she becomes restless in, or dissatisfied with, one position, she may take any other that she may choose. But the most common situation is lying on a bed; and most women, if left to their own choice, will, especially during a pain, place themselves on the back, with the knees drawn up.

We cannot suspect so much ignorance, either in the midwife or other women who may be called upon as assistants, as to deem it necessary to describe, in detail, each or any particular method of arranging the bed or other contrivance for the accommodation of women in labor. We will, therefore, only remark, in general terms, that if she prefers lying on her back, a cushion, folded blankets, or something of that kind, should be placed under her hips so that her bottom may be clear from the bed that it may not interfere with the passage of the child. The back should also be supported by passing around it a long towel or sheet folded narrow, an assistant holding and pulling each end during the pain. If the woman prefer laying on her side, an assistant may either sit on the bed in contact with her back, or she may press against it, during the continuance of the pain, with her hands. A folded blanket, or something of that kind, ought also to be placed immediately under the woman's bottom, to receive the discharges, to prevent wetting and soiling the bed; and the better to protect the woman from the disagreeableness arising from her own clothes getting wet and soiled, she may have a sheet, folded to a proper size, either fastened around her waist or spread under her, and after delivery removed. As a further protection, her linen may also be carefully tucked up, minding to observe the utmost decency to avoid any exposure of the woman. The more certainly to protect those parts from observation, which decency constrains all to conceal, a light quilt, blanket, or coverlet, may be spread upon her, which should hang over her knees down to her feet; the

midwife carefully avoiding any hasty or awkward motions by which this might be raised too high.

7. The proper time for the woman to place herself on the *bed of labor*, or in any other posture which she may prefer, to be delivered, must be left to her own choice. Most women, however, will desire the posture previous to the breaking of the waters. But they must be allowed to rise when they please, or to roll from side to side, which almost all women are inclined to do, and many, especially in tedious labors, will even desire it when the child is very far advanced; in which cases they are to be allowed to follow the dictates of their own feelings, as by doing so the labor is frequently accelerated, and brought to a more speedy termination than would have taken place by confining her to a situation which has become irksome and unpleasant. But we must again observe, for the benefit of those who may become impatient or alarmed in consequence of the tediousness of labor, that there is less real danger to apprehend in such cases than in those which are remarkably speedy.

8. The woman having taken to her bed and the waters being discharged, or even sooner if much insisted upon, the midwife may introduce a finger into the vagina, and if the head present properly, nothing more is necessary than to note the progress of the child so as to be ready to give proper care to it when the head comes into the world. So soon as this takes place, the midwife should search with her fingers around the neck of the child for the navel-string, and if she finds it she should gently fetch it over the head from the back to the face, and in no other way must it be attempted to be done. Then wait until the pains expel the body of the child, having a warm cloth to receive it upon, and by no means attempt to take it away by force. When this is accomplished, the next thing is to attend to its breathing. In most cases, however, the child will give ample evidence by its cries, that no attention to this matter is necessary. But if it does not, it must immediately be attended to. If there is a pulsation or beating in the navel-string, but little danger need be apprehended so long as it continues; but if there is no pulsation and the child's body flaccid, or soft and yielding, the event will then be doubtful. In all cases the mouth must be carefully wiped out as far as can be reached, with a piece of rag, or some such thing, on the little finger, and then dashing upon its body a little cold spirits or water. If this does not induce breathing turn the face downward and hold the feet, legs, &c., upward, and at the same time gently shaking it, which may possibly loosen the mucus that interrupts its breathing, and allow it to flow from the mouth; after this again wipe the mouth as before directed. The navel-string may also be stripped between

the thumb and finger from the mother towards the child, or the after-birth may be taken and placed on coals, and the same process repeated, for some time, or until breathing is produced.

Breathing being established, and pulsation in the navel-cord ceased, a string must be firmly tied around this cord, about an inch and a half or two inches from the belly of the child; and if twins are suspected, another tie, about two inches from the first, must be made, and the cord cut with a pair of scissors between them. Some writers recommend two ties in all cases, though this is seldom necessary, but to ensure the greater safety it might always be done.

9. The child being separated from the mother it must be removed from the bed, and attention next given to the extraction of the after-birth. This should almost always be permitted to take place spontaneously, as nature, in her own operations, is the best guide and should, therefore, always be consulted. At least, there is, in general, most safety in allowing the after-birth to remain until the contractile powers of the womb expel it into the vagina, when it may very properly be removed by the midwife into a chamber pot, and deposited behind the fire, or buried in the earth.

If, however, flooding takes place, which may be known by the discharge of blood from the vagina, or by the woman's becoming deathly pale, and fainting, the bowels should then be rubbed briskly with the hands, occasionally grasping the abdomen by closing the fingers, and also by pressing upon the bowels. If the woman complains of pain, it is an evidence that the friction or rubbing, &c. is producing the desired effect, as the pain is caused by the contraction of the womb; and as it contracts, it closes the mouths of the bleeding vessels, and also expels the after-birth. It is recommended by other writers to extract the after-birth, before attempts are made to induce the womb to contract; but we think this should always be the first object. An assistant should also at the same time prepare and administer to the woman a dose, consisting of from half to a whole tea-spoonful of cayenne in a tea of some of the astringent articles, if there be any at hand, if not, in water either warm or cold. This will stimulate the womb to contract and thus arrest the flooding.

10. The woman being delivered, a cloth well dried should be applied to absorb the discharges, and then, if she is not too weak, she may be assisted to rise upon her feet and every thing which is wet or soiled must be removed, the bed prepared, and she placed in it. Tying a bandage around the waist should not be omitted.

11. We have now completed a regular connected account of the common management of child-birth, such as will most

usually be necessary on ordinary occasions, as well as given a few hints respecting flooding. We are well aware that our directions are only general, having left many minute parts unnoticed; but as they are mostly such as will readily suggest themselves, or are every where known, we thought it better to omit going into detail for fear of burthening the mind by too much prolixity. Indeed we are not sure that we may not be justly chargeable with this already. We will therefore close this subject by observing that *a little experience in midwifery, as in every thing else, is of more value than much reading, however great may be the advantages of books.*

## CONCLUSION.

IN bringing this volume to a close, we feel, as no doubt all authors feel, a solicitude about the reception and final success of the work. We candidly confess that we have some anxiety on this account; but our concern is mostly that the present undertaking may succeed in disseminating useful instruction, and be the means of removing from women, some portion at least of that wo which they have so long been destined to bear, more in consequence of the ignorance in which they have designedly been kept, than from the absolute dangers to which they are exposed. We wish them to be instructed in the knowledge of every thing which may have a tendency to alleviate their sufferings or lessen their liability to such difficulties as they are peculiarly subject to.

We are satisfied that the ignorance in which they have been kept with regard to themselves, and especially respecting the great simplicity of child-birth, has been the cause of more suffering—of more difficulty, and more accidents, than have arisen from child-birth itself. Tedious labors and difficult cases, to be sure, are now and then unavoidable; but the occurrence of extreme difficulties or serious accidents are very rare; and when they do occur, are more often caused by bad management in attempting to take the business out of the hands of nature, than by any deficiency or failure on the part of nature herself. These facts are acknowledged by the best writers; and their declarations ought long since to have been impressed upon the minds not only of midwives but of women, with imperishable emphasis.

It will not be expected, we trust, that our account of labor will fit every case; there will be found hundreds of trifling deviations from it, but the woman who has become aware of the great simplicity, as well as unerring operations of nature, will be calm and resigned; she will possess a confidence which the delusions and mystery so long and so successfully forced upon the world, cannot shake. And the possession of this confidence is worth a thousand times more than all the little trouble which the acquisition of the knowledge necessary to bestow it, will cost. Let women read, and reason, and understand for themselves; and let midwives and physicians impress the simple truths which we have endeavored to disclose

upon their minds. Let every woman who has acquired this knowledge and this confidence, so consoling and so staying to her own mind, use every means in her power to instruct and undeceive those who are still bound with the chains of deception, and are yet under the veil of this mischievous mystery; and how soon then might a great revolution be accomplished, and hapless woman set free!

The great advantages both moral and physical, of such a state of things, to the female world, are certainly worth an effort; and not only upon women, but also upon men, devolves the task of promoting this great reform. Both the mental and bodily sufferings of women would be thereby much abridged; and the pleasures of existence and enjoyments of life, very much increased. We are very sensible that the task will be an arduous one, but still we hope it will not be shrunk from by those who have it in their power to forward the work. It requires both time and patience, perseverance and resolution, to overcome popular prejudices, and more especially when they are associated with matters of so much importance as health and human life.

We cannot conclude this part of our work without expressing an apprehension that some may think it defective both in matter and design. Our treatise on midwifery, compared with most others, will be considered short; the only apology for which is, that we did not wish to encumber the common reader, and particularly women, with tedious descriptions. The greater number of women necessarily spend the most of their time in the busy cares of a family; and therefore have little time to devote to the acquisition of any other knowledge than is absolutely useful and necessary. We think that enough has been given to convey an accurate idea of every thing essential in almost all cases of midwifery; and we are willing to believe that it will be found adequate to the purpose for which it is designed—a book of private reference and instruction for female midwives and heads of families, both male and female, but particularly married women. We by no means wish it to be a common book in families, exposed to the idle and contemptuous gaze of licentious youth, or more simple and innocent children. But even should it fall into the hands of young men, who, perhaps, more than others, may be disposed to turn into ridicule, and treat with levity, the subjects upon which this work treats, we desire you, we entreat you, to recollect that you either have, or have had mothers—you may have sisters—who might stand in need of all the instruction herein so plainly given, and in the hour of distress and painful anxiety may require all the consolation which this instruction is capable of affording. And above all this, you may yet have wives, liable to all the difficulties and dis-

tress, and all the agony and painful anxieties, which we have been endeavoring to instruct them to alleviate or guard against; and at some such seasons as these, you might be willing most readily to barter a mountain of gold, if you possessed it, for the knowledge of the means which would relieve from difficulty and danger an affectionate wife. But independently of every consideration of this kind, we are willing, for the honor of our own sex, to believe the number of young men to be very small, whose want of dignity, breeding, and correct feeling, would allow them to indulge in such indecent and unbecoming levity, as to sport with the infirmities of women. The world is too much indebted to them—the pleasures of society are too much dependent upon them to allow, with impunity, such unsocial, such undignified privileges. We beseech you, therefore, young men, one and all, if you are favored with a knowledge of the things of which we have been treating, treasure it up in your own minds; and regard that individual who would make it a subject of mirth and ridicule, as an enemy to morality and common decency, and unworthy of being your friend or associate.

We also feel constrained to advise midwives of but little experience, when they do meet with a case of difficulty, which they know to be such, to request the counsel and assistance of one who is more experienced; which she should do so soon as she ascertains that the case is above her own knowledge. But by all means give the preference to a female, instead of a doctor, if you do not wish to lose your reputation. And the suffering woman may also be consoled with the idea, that a good sensible woman, in at least ninety-nine cases in a hundred, will do better than a physician; as experienced and sensible midwives have less of art and more of nature in their management than doctors generally have. This remark is confirmed by the observations of several eminent men. And simply because labor is tedious, does not constitute a case of difficulty; but even this, in some instances, might justify a young midwife in calling counsel. But it should be remembered by all parties concerned, that nature must have her way, and will perform her own work in her own time; and any attempt to hurry, more than to give suitable medicines, as heretofore directed, might be attended by bad consequences. Patience, in tedious labors, is worth almost every thing else.

It is to be hoped that enough, at least, has been said in the foregoing pages, to awaken attention to the important subjects upon which they treat. And if we only succeed in doing this, to the extent of our wishes, we shall regard it as having accomplished much. It is high time the world was aroused from its slumbers, to a sense of the disastrous delusions and

impositions under which it has so long and so unjustly been suffering. We have not heretofore said any thing about the exorbitant charges for services made by physicians, because we thought it interfering with a private concern, in which the parties have a right to make their own bargains. But when we consider the delicacy which people generally feel about objecting to the bills of physicians, and the prerogative which they claim and enforce of fixing a price upon their own services in defiance of public sentiment, we feel an irresistible impulse to notice their extravagance in this particular. And if we only regard this circumstance alone, it will be found a powerful inducement to people not only to become their own physicians, but to encourage the employment of women as midwives.

Every impartial observer, in contemplating the rapid augmentation of the fees of physicians for the last thirty years, must be struck with astonishment at the magnitude of the imposition, and the oppressive amount of their exactions. If they go on for thirty years more at the rate they have for the thirty past, the whole community will be little better than the slave of the medical faculty. To some, no doubt, our language may seem severe, but when they read the following extract from a list of medical fees published in the *New York Medical Inquirer*, they will no doubt admire our forbearance, rather than censure our severity. Indeed, we think the list itself a greater reproach, a more stern rebuke, to the dignity and pretensions of the medical profession, than any thing that we could say possibly can be.

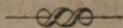
The article to which we allude was published in the 5th No. of the 1st vol. of the *New York Medical Inquirer* for 1830; from which the following is extracted:—

## NEW YORK MEDICAL FEES.

Verbal advice	-	-	From \$00 to	5 00
Letter of advice	-	-	-	10 to 15 00
Ordinary visit	-	-	-	0 to 2 00
Consultation do.	-	-	-	5 00
After visits, each	-	-	-	3 00
Night visit	-	-	-	7 00
Visit at a distance, per mile	-	-	-	1 50
Visits in haste to be charged double.				
Detention, per hour	-	-	-	3 00
Do. per day	-	-	-	25 00
Vaccination	-	-	-	5 to 10 00
Each dressing of wound	-	-	-	1 to 5 00
Bleeding in arm or foot	-	-	-	2 00
Dressing blister	-	-	-	1 00
Introducing catheter	-	-	-	5 00

Each succeeding time	-	-	-	2 00
Do. in females	-	-	-	5 00
Reducing simple fracture, (setting broken bone)	-	-	-	10 to 15 00
Do. dislocations, (joint out of place)				5 to 20 00
Of the hip	-	-	-	30 to 50 00
Opening abscess, or common swelling				1 to 5 00
Amputation (cutting off) of the female breast				50 00
Do. leg	-	-	-	50 00
Do. hip or shoulder	-	-	-	100 to 150 00
Do. finger or toe	-	-	-	10 00
Paracentesis of abdomen, or tapping				15 to 25 00
Common case of midwifery	-	-	-	25 to 35 00
Tedious or difficult labors	-	-	-	36 to 60 00
Preparing and administering enema, or injection				2 00
Extracting tooth at the patient's house				2 00
Do. at surgeon's	-	-	-	1 00

## PART VII.



### OF THE DISEASES OF CHILDREN.

#### INTRODUCTION.

IF children, from birth, were managed, in all respects, agreeably to the wholesome precepts of nature, restraining their excesses, and encouraging correct regular habits, there would be far less necessity than there is for devoting even the little space which we shall occupy, to a consideration of their maladies. But in every attempt to benefit the world, we must take man as he is, and not as he ought to be; indeed, it is a deviation from the right path, or, in other words, a transgression of either the moral or physical laws established by the CREATOR, that generally places mankind in a condition to need assistance and instruction.

Many of the diseases incident to childhood, have been mentioned in the second volume, which, together with the general principles heretofore laid down, upon which diseases are always to be treated, will render only a short account of those that remain to be noticed, necessary here. As it has always been our object, rather to give or inculcate general rules than go into minute detail, when that would answer the purpose, (which, to some extent, in every instance is the case,) we hope the following short treatise will be found to answer the end for which it is designed; and prove valuable to the *mother*, who is almost always qualified to be the best physician for her child. If any thing disqualifies her for this important duty, it will, in general, be found to be an excess of tenderness and sympathy for the little sufferer, which, by interposing themselves betwixt her judgment and duty, may prevent her from rigidly pursuing such a course as the exigencies of the case may sometimes demand.

But we entreat parents not to allow their sympathies for a suffering child to overcome their reason so far as to induce them to omit employing all suitable means, especially in dangerous cases. Do you wish to relieve its sufferings, and save its life? then resort promptly to the use of such means as you

believe are best adapted to answer those ends. It may be unpleasant, nay, extremely trying to your feelings, to force the little creature to swallow some of the more violent medicines which the case may unequivocally require: but in some instances this may be the only alternative soon to remove the malady, or even to save a darling child from premature death!

You may also bear in mind that no medicines will be herein recommended but such as experience has often proved to be both innocent and useful:—Nothing but what we should, upon all necessary occasions, administer, with confidence, to our own tender offspring.

## DISEASES OF CHILDREN.

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PREVIOUS to entering upon the details of the particular diseases herein treated upon, we think it proper to give the following

### GENERAL RULES,

Which we have found to be excellent in all cases of disease in infants, and which we believe may be safely relied upon in all cases:—

1. When a child becomes fretful and peevish, or appears in any manner amiss, either with fever, colic, costiveness, or looseness of the bowels, take half a tea-spoonful or more of the diaphoretic powders and steep them in a half tea-cup full of hot water; then pour off, sweeten, and add cream enough to modify the strength of the medicine to suit the age of the child, which parents will soon learn to distinguish. Of this, give at discretion, according to the age, &c.; but in common, for a child of from one day to four weeks old, from one to three tea-spoons full may be given once in ten to sixty minutes, according to the urgency of the symptoms. Above this age the quantity may be increased at discretion, but much will depend upon the strength of medicine, which, in all cases, should be sufficiently strong to impart a very sensible taste to the mouth. But one thing may be remembered—it will, in any reasonable quantity, do no harm.

2. If the complaint be a little more severe and especially if the bowels are in any way disordered, in addition to the medicine just recommended, injections made of catnip tea must be occasionally administered. In many instances, one injection will be found sufficient to relieve the child of a severe colic or other difficulty; but when it does not, or in any other case which cannot be immediately cured, the injections must be repeated at discretion.

Catnip tea sweetened, and cream added, as recommended for the diaphoretic powders, will also be highly useful, taken into the stomach, especially for infants.

In obstinate looseness of the bowels, or in dysentery, the injections must be made of a strong tea of the astringent tonic, bayberry, birthroot, witch-hazle, or some other astringent article; or any of those articles may be steeped in the catnip

tea, adding to each injection from the fourth to half a tea-spoonful, or even more, of the tincture of lobelia, and occasionally, a tea-spoonful or more of the diaphoretic tea, to make the injection more stimulating. In all bad or alarming cases of either looseness of the bowels or dysentery, injections must be frequently administered; and indeed they are highly useful in almost all cases of sickness of infants and children.

3. In almost all complaints of children, especially after the first two or three months of their age, the *butternut syrup* is a highly useful medicine. Most diseases of children either consist in, or are connected with, a disordered state of the bowels, which this syrup almost always removes in a short time. We consider this article as one of the most valuable common family medicines. It cleanses, by its purgative qualities, all irritating matter from the stomach and intestines, and, by its tonic properties, strengthens and restores them to a healthy tone. It may be given either as a purgative, or in less quantities as a tonic, in all cases of bowel complaints. This syrup is a very valuable medicine for worms, a disease to which children are very liable.

The quantity to be taken at a dose, must necessarily vary with the strength of the syrup, which is seldom prepared twice alike, and also with the age of the child. But of the strength which we usually prepare it, for a child two months old, from half to a whole tea-spoonful will frequently be sufficient to operate as a purgative; but when given with this intention, if it does not produce the desired effect in from one to three hours, another dose must be given. For a child one year old, from half to a whole table-spoonful may be given as a dose. The butternut syrup is also very useful given by injection in bowel complaints, or to facilitate the operation of physic.

4. In violent attacks of infants, the tincture of lobelia should be used, on the same principle that the antispasmodic tincture is employed for grown persons, or for children more advanced. This will be particularly necessary in all cases of spasms, convulsions or fits, croup, &c., where the patient is threatened with sudden death. *Dose*—From half to a whole tea-spoonful.

#### RETENTION OF THE MECONIUM.

THE meconium is the dark green substance which composes the first discharges from the bowels of infants.

If this matter, which accumulates in the intestines during the latter months of pregnancy, is not evacuated within a reasonable time, it becomes a certain cause of irritation and disease. The danger arising from this source is such that many

are in the habit of administering purgatives to new-born infants for the purpose of removing it from the intestines. The bad consequences of irritating the bowels of young infants with such unnatural medicines, have, however, become too generally known to require any expostulation with our reader here.

So soon as the child is washed and dressed, (the mother not being too much exhausted,) it should be applied to the breast. It is very true that there may now be nothing which can be called milk, nor is it necessary for the child that there should be; but there is a substance in them to which the name of *colostrum* has been applied, that nature has provided for the express purpose of purging the bowels of this matter. The child should, therefore, always have the breast very shortly after its birth; and let the mother not be deterred from this indispensable duty because the child gets but little. She must apply it again and again; repeating it as often as it gives evidence of being hungry; and if it does not obtain enough to satisfy its cravings for food, it will in almost all cases get a sufficiency to purge off the meconium in the manner which nature designed. This will also be the best means of preventing the swelling and soreness of the breasts, to which so many are liable; and if it does not satisfy the cravings of the child for food, when the mother or nurse becomes satisfied of the fact, (and not till then,) it should have cow's milk sweetened with melasses or sugar, to which must be added about half as much water as there is of the milk. This is far more natural and proper food for infants, than *pap*, or *panada*, articles of which bread composes a part, and which, instead of having a tendency to loosen the bowels, always clog and constipate them.

But if the mother's milk does not produce stools and cleanse the intestines of the meconium, and the child appears to suffer any inconvenience, an injection of sweetened water, or this with the addition of a very small quantity of the butter-nut syrup, should be administered; repeating it as often as necessary, until suitable evacuations are procured. Melasses and warm water, or a small quantity of the tea of butterfly or pleurisy root may be given as a purgative. This course, we think will always be found to answer the purpose. If it should not, a small quantity of castor oil may be administered, and aided in its operation by injections.

## RETENTION OF URINE.

**THIS** is a frequent complaint with newborn infants; and although in general easily relieved, has, nevertheless, occasionally produced death.

It may often happen that a child will pass its urine soon after birth, and a stoppage afterwards take place, perhaps without being suspected. If it continues long, much distress will be produced, which will be known by the sharp and often incessant cries of the little sufferer. Particular attention should, therefore, be paid by the nurse to know that it not only passes its urine soon after birth, but that it continues to do so at proper intervals afterwards.

In cases of a retention of the urine, the best remedy perhaps is a tea of pumpkin seeds, given in moderate quantity. The seeds of melons are also employed for the same purpose, and perhaps the seeds of other similar fruit might be useful for the same disease.

A tea of parsley roots is likewise a popular remedy in this complaint. It ought to be steeped strong and given in small quantity at a time. Gently rubbing the bowels with the hands will also have a good tendency; and perhaps if bathed at the same time with brandy it might have a better effect.

#### COLIC AND GRIPING.

THESE are among the first and most common complaints of infancy, and are often troublesome by their frequent occurrence and disturbance of the child.

For colic, the reader may see the general directions; and for gripes, which are attended by green stools, in addition to the diaphoretic powders and injections, it may often be proper to give the child a tea-spoonful, (less or more) of magnesia. This should be put into a table-spoon and made fine; then add breast milk or water sufficient to enable the child to swallow it conveniently, and immediately administer it.

A few drops of the essence of peppermint in warm water or milk, is also a very good remedy for gripes and for colic. If the child is very young, one drop may be sufficient; but if older, or it has to be often given, more must be administered.

A tea of ginseng is often employed by some, and with a good effect. Indeed, it may be used with advantage in almost all complaints of children, especially when there are symptoms of nervous irritation.

#### JAUNDICE.

THIS is apparently similar, in every respect, to the complaint bearing the same name in adults. The skin is yellow, the eyes and urine also tinged with the same color, whilst the stools are white or clay colored, and the bowels costive.

There is, however, a yellowness of skin which is often seen in very young children, and which by many is called jaun-

dice, but in reality is not this complaint; nor indeed can it, in general, be called a disease, as there is no other evidence of it than the unnatural color of the skin. True, jaundice may always be known by attending to the color of the eyes, urine, and stools.

For the cure of this obstinate disease, the child must be made to take of the butternut syrup in quantity sufficient to purge freely, or instead of this, the blackroot may be administered in doses of a fourth of a tea-spoonful, or less for a very young child, or enough to produce copious purging. This should be followed by the frequent use of the laxative bitter tonic, or a tea of poplar bark, made very sweet. The next day after taking the physic, the child should be made to sweat freely, and then administer a puke of the tincture of lobelia; giving enough to cause free vomiting. To produce perspiration, it should be made to take freely of the diaphoretic powders as heretofore recommended, and be steamed in the manner directed in the second volume, page 344, or have warm bricks placed around it in its cradle.

After the emetic has operated, it should have the bitters continued as just directed, with occasional injections, which, if the costiveness continue, should have a little butternut syrup added to give them a laxative quality.

If the cathartic and emetic do not afford so much relief as to give reasonable grounds to hope for a cure from the use of the bitters, the same course must be pursued again in the course of two or three days; and afterwards, if necessary, at discretion.

#### THRUSH OR SORE MOUTH.

THE complaint to which we here allude, is commonly, by way of distinction, called baby's sore mouth. It consists of a number of white pustules or pimples seated in the inside of the mouth, and, from a small number at first, often increase so as to fill the mouth, pass down the throat, and, as said by some, extend through the intestines.

The common remedies for this complaint are, any of the astringent articles, and especially the bayberry, birthroot, pond-lily, beech-drops, golden seal, &c. These articles may be employed either separately or combined, in a strong tea sweetened with honey, or a pinch of the fine powder may be placed on the tongue, which will be soon conveyed to all parts of the mouth. If the tea is employed, a tea-spoonful may be put into the child's mouth occasionally; and the child in all cases must be made to swallow some of it or of the diaphoretic tea herein before mentioned.

In bad cases the bowels are always disordered, when magnesia, butternut syrup, injections, and emetics, must be used, which may more properly be left to the discretion of parents or nurses, than attempt to give specific rules here.

In the "*Maternal Physician*," we find highly recommended, not only for thrush, but for all cases of canker, the common wild turnip. The dried root is to be pulverized and applied to the tongue either dry or mixed with honey.

#### ERUPTIONS OF THE SKIN.

THESE need no description. The common remedy is a tea of saffron, which will almost always effect a cure; or at least keep the eruption on the surface until nature overpowers the disease. The diaphoretic tea, will be found an excellent substitute for the saffron, and in its absence may be used. If the child manifest symptoms of much ill health, and especially if the eruption has disappeared, suitable means should be employed to promote perspiration, both by giving more freely the diaphoretic tea and injections made a little stimulating by the addition of the fourth or half a tea-spoonful of the tincture of myrrh to each injection; the little patient at the same time being kept warm.

#### TEETHING.

THE cutting of teeth, as it is familiarly called, although a natural function of the living healthy system, is, nevertheless, often attended with severe suffering, and not unfrequently much danger. Some children, however, cut their teeth without much apparent difficulty, and need, of course, no particular attention.

The most common symptoms attendant upon difficult or painful teething are, pains and gripings of the bowels, with looseness attended by stools of various colors, such as green, pale yellow, dark brown or black. When teething is more difficult, there may be twitching or spasms, startings during sleep; cough and difficulty of breathing; fever, and even convulsions.

Children generally commence cutting their teeth at the age of six or seven months. The common symptoms attending teething are, slavering from the mouth; a disposition to thrust the fingers or other substance into the mouth; and a swelling of the gums.

For all irregularities of the bowels, the diaphoretic tea and catnip injections should be resorted to; and if there is evidence of griping, and especially if there are green stools, the

magnesia, or butternut syrup, may be administered. If spasms occur, a tea of the nervine powder, in table-spoonful doses, or tea-spoonful doses of the nervine tincture, must be occasionally given; and if convulsions arise, the antispasmodic tincture may be administered in half tea-spoonful doses, and repeated, if necessary, according to circumstances, at discretion.

Most of the extreme difficulties attending teething may, however, be avoided by cutting the gums immediately over the tooth so soon as they become visibly swelled, especially if any of the usual bad symptoms occur. This is a very simple process and should never be deferred for fear of hurting the child as is often said by some, as experience has abundantly proved that the operation is attended with but very little pain—none in comparison with that arising from the irritation caused by the bursting of the blunt head of a tooth through the gum. The relief which is usually obtained by this operation is so great that parents should not hesitate for a moment about the performance of it, in all cases where the gums have become swelled, and the child is afflicted with the usual bad symptoms which often attend the cutting of teeth. We do not advise that when children cut their teeth without any bad symptoms, as is sometimes the case, that the gums shall always be cut, although this is recommended by some. But we seriously advise in all cases of difficult teething that this operation be performed.

To cut the gums, let some person hold the child upright, if it be an under tooth, but lying down, if an upper one; the operator, with a sharp pen knife in his right hand, introduces a thumb or finger of the left into the child's mouth, which he thus holds open, and then with the point of the knife proceeds to cut directly over the head of the tooth into the gum; minding to cut quite down to the tooth. The child may cry and struggle much during the operation, but if the gum has been badly swelled and painful all this will cease as soon as the operation is performed, and very generally the health will immediately improve. If there is more than one tooth the same operation must be performed upon all; and the good effects which will follow, we think, must satisfy all parents of its utility and value. This operation, too, is in perfect unison with the great principles which we have so earnestly advocated and insisted upon, assisting nature when she is either incapable or slow in the performance of her offices; and, therefore, we most seriously entreat parents to attend to the instruction which we have laid down, and there is no doubt that by so doing much pain may be avoided and even life saved.

## SORE EARS AND CHAFES.

CHILDREN are sometimes afflicted with bad ulcers behind the ears, which is most apt to be the case a little previous to, and during the time of, teething, and is more especially liable to attack very fat children.

The origin of these sores appears to be nothing more, in many instances at least, than a simple chafe or excoriation of the skin, which, by being neglected, frequently degenerates into bad ulcers, that are often difficult to heal. Whenever any thing of this kind happens to a child, measures should be immediately taken to heal them up. All chafes, on whatever part occurring, ought to receive attention as soon as known.

A very good remedy for chafes is burnt woolen rags. Take a small piece of old flannel, hold it in the tongs and set it on fire, let it burn until the flame ceases; then pulverize it very fine, and sprinkle the powder plentifully on the chafed part, having first washed it clean with cold milk and water, or water alone, and dried it with a soft rag. This dressing should be renewed once or twice a day.

Instead of the burnt flannel, finely powdered hemlock bark used in the same manner is very excellent; and no doubt many other astringent articles would be very useful. Dr. Beach recommends slippery elm bark for the same purpose.

When ulcers exist about the ears, if very bad, the child may be purged with the butternut syrup or magnesia, and the sores kept cleanly washed either with mild soap suds, or cold milk and water, and after each washing bathed with a tea of the wild lettuce. We have seen remarkable cures performed by no other means than bathing with this tea. But we think it best, in general, frequently to administer the diaphoretic tea as heretofore described, or in more violent cases, the bowels should be purged as just recommended.

If the external applications which we have recommended should fail, (which, however, we have never known,) and there is heat and inflammation in the part, a poultice might be applied, cold, to the ulcer, occasionally taking it off and replacing it with another cold one. When the inflammation is subdued, the wild lettuce wash, or the healing salve must be applied and continued until a cure is effected.

## HYDROCELE.

THIS is a collection of water in the scrotum of male children, resembling the same disease in adults. It is commonly discovered a few days after birth, the scrotum being swelled in a round, uniform manner, though generally confined to one side only, and is of a half transparent appearance.

Dr. DEWEES says he has never seen this disease resist the application of cold water, though he has occasionally found it obstinate. The best mode, he says, to use it is to pour it from the spout of a tea-kettle, (a tea or coffee pot we think would be more convenient,) two quarts at least, morning and evening, upon the part.

## TONGUE-TIED.

THIS difficulty, now and then met with amongst children, consists in a transparent, whitish membrane, attached to the under side of the tongue, often extending to, or near to the end of it, which prevents the child from elevating the tongue, or from protruding it beyond his lips. In this case the child sucks with difficulty and does it imperfectly, it being attended with a kind of clucking noise. This membrane is easily discovered by provoking the child to cry, or by raising the end of the tongue with the finger.

To remedy this defect, let the child be laid across one's lap, with its face to the light; then let the person holding it, force open the mouth, when the operator raises the tongue with the fingers of the left hand, by which the membrane is not only brought to view, but is placed upon the stretch; the operator, now with a sharp knife or a sharp pair of scissors, cuts this membrane along the under side of the tongue back to the *frænum* (bridle) of the tongue. The true bridle of the tongue will be readily distinguished from the membrane that requires dividing, and care must be taken to avoid cutting further than is necessary. When this is properly attended to, no bleeding of any consequence will take place; whereas, if the cut be continued further than is requisite, considerable blood may be discharged. When this occurs, the powder of witch-hazle leaves, or of birth-root, may be sprinkled on the part, and repeated occasionally until the bleeding stops.

We have seen one instance in which cutting the membrane, in a case of tongue-tie, was neglected until the child was over two years old, when the membranous fetter had assumed the appearance of the true bridle, and in the division of it more judgment was necessary than would have been requisite had it been attended to at an early age. In this case, the child had discovered no disposition to talk, and was perfectly mute, which was the only thing that induced the parents to consent to have the membrane cut. Soon after this operation was performed the child began to talk, and soon acquired the power of making known his wants with as much

facility as most children of his age. We may also remark, in this case, although the fetter which confined the tongue had acquired very nearly the same appearance with the true *frænum* or bridle, the dividing of it was not attended by much bleeding.

## CHOLERA INFANTUM.

THIS is a kind of cholera morbus of infants, being attended with vomiting and purging, which in some instances may continue for a considerable time, whilst in others it destroys life in a few days, or even hours.

Cholera infantum, in some cases, comes on with a simple looseness of the bowels, attended with a slight sickness of the stomach; but when the attacks are more violent there is both vomiting and purging, and often-times spasmodic irritation, similar to the cholera morbus of adult age. Fever generally soon follows, which is of a rather irregular intermittent character, attended with an insatiable thirst. There is also often stupor and delirium, sometimes ending in frenzy. When the patient sleeps it is with the eyes half open; and when awake, they have either a fierce or a languid expression. Whatever is taken into the stomach, is, in general, immediately rejected by vomiting.

The stools are of various appearances, from being natural, to slimy, yellow, white, tinged with blood, thin and watery or thick, inoderous or very offensive; though the smell is generally sour or putrid. Sometimes the food passes through the intestines almost unaltered.

An attack of this disease is followed by rapid emaciation; the flesh becomes soft and flabby and the skin hangs in folds. "The skin on the forehead is tight, as if bound to the bone; the eyes are sunk; the cheeks fall in; the nose is sharp; and the lips shriveled. Even under such circumstances, which would seem to denote immediate dissolution, life will be in some cases preserved for weeks, and a recovery finally take place."—[*Dewees.*]

The same author says that a common and fatal symptom in the last stages of this complaint, "is thrusting the fingers, nay almost the whole hand, into the back part of the mouth, as if desirous of removing something from the throat." He also further observes that "just before its fatal termination, the eye sometimes has its brilliancy and vivacity renewed, after it had been a long time nearly extinct; the general symptoms seem to abate; the child receives food, even greedily; and manifests an intelligence that truly astonishes. But the *practised* eye sees nothing in these changes, but the immediate forerunners of death."

In the treatment of this disease, attention must be directed to the stomach and bowels. Injections may first be employed, with a view to evacuate the intestines, and if one does not do it pretty thoroughly, they must be repeated until this object is accomplished. This will frequently settle the stomach, when the diaphoretic tea must be administered in repeated small doses, which will often effect a cure. If it does not, however, or if the common catnip or other injections, do not check the vomiting, the tincture or tea of lobelia must be added to the injections, and these repeated until they produce vomiting and cleanse the stomach. Then follow with the diaphoretic tea; and if the complaint does not seem likely to be cured in this way, the child should be purged either with the butternut syrup or the black root. After this operates, give the diaphoretic tea frequently, or occasionally the bitter tonic at discretion; and in cases where great prostration of strength and emaciation of the body have taken place, and even in cases more mild, the tonic cordial should be administered, in one, two, or three tea-spoonful doses, three or four times a day. For the spasms or nervous symptoms, the nervine powder or its tincture, must be often given in small doses, frequently repeated.

A strong tea of mint is a highly valuable article to stop vomiting, and may, therefore, be liberally employed in all cases of this nature.

The neutralizing mixture, which will be found in the second volume, page 299, is very highly recommended by Dr. BEACH, and we have no doubt that it is a safe and valuable medicine in this disease, as well as all cases of either vomiting or purging. We will make the suggestion here, however, which we ought to have made where the above mixture is introduced; viz: that for want of the salarætus, common pearlash may be used; and will answer nearly as well.

## RICKETS.

THIS disease comes on slowly, the first symptoms being a flaccidity or softness and looseness of the flesh, emaciation of the body, pale complexion, and slight swelling of the face. The head at the same time becomes enlarged, compared with other parts of the body, and the *sutures* and *fontanelle* are opened or separated apart. The head continuing to increase in size, the forehead becomes at length unusually prominent, and the neck appears very slender in proportion to the head.

Cutting the teeth is very slow, and much later than is usual, and the teeth that do appear soon spoil and are apt to fall out. The ribs become mis-shapen, the breast-bone protrudes forward in the form of a ridge, the back-bone becomes crook-

ed, the joints are swelled, whilst the limbs between the joints seem to be more slender than before, and finally become distorted or crooked.

With these symptoms there is a great diminution of strength, the child is averse to making the least exertion, and is unable to walk. Its appetite is not often much impaired, but its stools are usually frequent and loose, whilst the abdomen appears uncommonly full and swelled.

Children laboring under the rickets, often possess a precocity or maturity of intellect, far beyond their years; though occasionally stupidity, and sometimes fatuity or complete destruction of mind takes place.

In some instances the disease proceeds no further, and the child gradually recovers its health and strength; but the limbs are apt to be left, however, in a crooked state. In others it continues to increase, till at last every function of the animal economy becomes affected, and the tragic scene is closed in death.

Rickets seldom appear before the ninth month of the child's age, and very rarely shows itself after the completion of two years. It is more frequently met with amongst the children of the poor than those of higher rank, and is almost solely confined to cold climates where much moisture prevails.

In some cases rickets are supposed to be a hereditary disease, but it is oftener found in connection with a cold, damp residence, impure air, inattention to cleanliness, bad nursing, want of sufficient exercise, deficiency of food and debility.

The proximate cause of this complaint is supposed to be a deficiency of phosphate of lime or bone-earth, which deprives the bones of their necessary strength and solidity, in consequence of which they become soft and then crooked.

The rickets, although attended, in the worst cases, with much distortion of the bones, and various other unpleasant symptoms, very seldom proves fatal, unless where the distortion becomes so great as to interfere with the office of the lungs, or some other vital organ; or where the digestive powers become too weak to digest the food, when it passes unchanged through the intestines. Children at the breast are said to be more exposed to peril than those that have reached the age of three or four years.

**TREATMENT.**—In the cure of rickets we should proceed on the plan of stimulating the vessels to greater activity, by the use of cayenne, &c., and bracing and strengthening the system by the use of tonics, both bitter and astringent.

We may commence by carrying the child through a regular course of medicine, for which directions will be found in the second volume of this work, under the proper head, by looking

in the index of that volume. After this we may give it from half to a whole table-spoonful of the wine-bitters, three or four times a day, and about the same quantity of a tea of the diaphoretic powders, made sweet and enough cream added to make it pleasant. This course must be rigidly pursued and if it does not appear to be mending, another course of medicine should be resorted to, and repeated, if necessary, at proper intervals, until the symptoms become better. Injections should likewise be often used.

The cure will also be much hastened by the daily use of the vapor and cold bath, or even by the cold bath alone; tempering the water according to the age and strength of the child. Previous, however, to putting it into the bath, or pouring the water on it, which is the best way of using the bath, the child must have a dose of some warming medicine, and immediately after the water is poured on, wipe it dry with a warm towel, and lay it in its cradle, or bed, and cover it warm, where it may lay from fifteen minutes to half an hour, or until it has recovered from the shock and fatigue of the bath. It should then be taken up and dressed.

The child ought also to be warmly clothed, even the feet, as we have seen one case in which occasional inattention to them evidently retarded the cure.

It should likewise have proper exercise, by being taken in fair and warm weather, into the open air, endeavoring to carry it in such a way as will not be likely to increase the deformity of its bones.

The diet should be nourishing, of easy digestion, and adapted to the age of the child.

#### WHOOPIING COUGH.

THIS disease is mostly confined to children, being usually propagated by contagion, and is attended with a suffocative, convulsive cough, and a deep shrill sound termed a whoop, from which it takes its name.

Whooping cough commonly comes on with some little difficulty of breathing, thirst, and a gentle quickening of the pulse. Next succeeds a hoarseness, and cough, with difficult expectoration. These symptoms continuing for a while, they become more marked, and the disease assumes its characteristic form.

Expectoration at first is very moderate, but gradually becomes more copious, though it is always viscid or tough. The peculiar difficulty and great exertions in coughing, bloat the face which turns purple, and the eyes swell and become prominent. Vomiting often attends the fits of coughing, which is

a good symptom, and is frequently succeeded by a craving for food.

The duration of whooping cough is very uncertain, lasting from a few weeks to as many months, or even a whole year, going off gradually, and often, imperceptibly. And however tedious or distressing it may be, it seldom proves fatal, excepting to very young infants, or such as are debilitated by other diseases.

**TREATMENT.**—Attention in this case must be given to the means of loosening the cough, and allaying the spasmodic irritation. For either of those purposes, and especially for the first, emetics have always been found the most serviceable; to accomplish which, a tea-spoonful, or more, of the tincture of lobelia may be administered towards bed-time, and previous to retiring to bed, half a tea-spoonful, or more, of the tincture of lady's slipper should be given. During the day, if the cough be troublesome, the child ought to drink frequently of a tea of the diaphoretic powder, made very sweet, to which plenty of cream should be added to make it palatable.

The skunk-cabbage root pulverized, is also a valuable remedy in whooping cough. It is both loosening to the cough and quieting to the nerves, and may be given in doses of a fourth or half tea-spoonful, once or twice a day.

If, however, the symptoms become violent, or attended with much debility, we may administer a course of medicine, and repeat it as the circumstances of the case may seem to require; and in the latter stages, the bitters should be resorted to, as a means of giving tone to the whole system; for which purpose the cold bath has also been highly recommended.—When costiveness attends, in any stage, it should be removed by injections; physic having been found to afford no alleviation to the most urgent symptoms. In general, when there is little or no looseness of the bowels, the best injections for children are made of catnip tea, with the addition of a little tincture of myrrh.

## A P P E N D I X.

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We give here, at the close of this volume, a few cases, in illustration of the subject treated upon in its pages. The number of these is very much abridged, in consequence of many being published in the second volume of our Improved System, which are cases of females, and with much propriety might have been introduced here. Cases of midwifery are generally so uniform, that we have deemed it necessary to introduce but a few from the many which have been treated with botanic medicines.

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### CASE I.

Mrs. Keever, of Warren county, was delivered of a child, and seemed quite comfortable for a few days; her milk came plentifully, and all seemed well with her. In a few days, however, she was attacked with a violent fever, and an almost incessant discharge of blood from the bowels; the lochia was intirely suppressed, and she suffered greatly from pain. Her milk dried away, and she was continually getting worse, when I was called to visit her. Upon examination, I found that the uterus was swollen to an enormous size, and had fallen down low in the vagina; the rectum and the lower intestines were much inflamed from their neighboring parts; the mouth of the womb was contracted and retained the lochia, the blood vessels in the adjacent parts were gorged, and some of them had probably broken; and from the appearance and smell of the blood which passed from the anus, I was convinced that mortification was approaching. I began by giving bayberry root bark, hemlock bark, and pond lily root, all pulverized, and made into a strong tea, adding a sufficiency of capsicum to make it very hot, together with the umbil and No. 6. Of this I gave freely, placing hot stones wrapped in wet cloths, about her lower extremities; and when a free perspiration had taken place, and the parts were well relaxed, I proceeded to examine, by touching, and placed the uterus up in the pelvis in its proper situation; which, from its preter-

natural size, caused the appearance of a large swelling above the os pubis. I then gave frequent injections of strong tea, as above mentioned, and also of the witch hazle leaves. During the discharge of the injections, the uterus came down again; I replaced it, and would not suffer her to be taken out of bed on any occasion. While replacing the womb, I gently pressed the os uteri; and it yielding to the pressure, gave vent to the lochia. By keeping her in a constant perspiration, and repeating the injections every hour until the disease was checked, in three days' time she was free from danger, and in a short time was perfectly recovered.

WILSON THOMPSON.

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CASE II.

On the 12th of October 1830, at 9 o'clock, P. M. I was called on by Jesse Adams to see his wife, who was attacked with puerperal convulsions. She had been in hard labor about fourteen hours, with very little progress. A midwife was called in at first, but when she was attacked with convulsions Dr. Ramsay was called, who was then President of the Medical College of Ohio. When Dr. R. arrived, she lay in a state of total insensibility, and could not be aroused. The doctor, after an examination, said his engagements were such that he could not undertake her case, as it might detain him a longer time than he could spare, and advised that another doctor should be sent for immediately, and left her. I arrived about two hours after he left; but there was no material change in her condition, excepting that she could be roused a little, and she swallowed some medicine, viz: a tea of raspberry leaf and valerian, and a little of the third preparation of Dr. Thomson; after which she soon revived, and labor came on. On examination, I found the *os tinæ* (mouth of the womb) dilated, and the child's head at the inferior strait of the pelvis. The pains were regular, with regular intervals, effectual but not severe. She was in this condition when I had been there about twenty minutes, and Dr. Ramsay came in again. He inquired of me how long I had been there; I told him about twenty minutes: he then inquired of the midwife how she had been in his absence; and on being informed, he asked me what I thought was the prospect. I told him I thought it favorable, and I did not apprehend any difficulty. He staid by while she had several pains, and then advised to give the ergot tea. I told him I thought we could do without it. He then took his leave; but as he went out, several woman who were present went out with him to learn

what was his opinion of the case. He answered them freely, that he thought it a very bad case, and very dangerous; and said he was much mistaken if she got through safely. However, the child was born within about fifteen minutes after his departure, and the woman had a very comfortable night; and she and the child are both well at this time, it being the 9th of February, 1832.

WILLIAM RIPLEY.

For the correctness of the above, the certificate of the woman and her husband has been obtained, and is as follows:

We hereby certify that the above account is strictly correct so far as we know; we both having heard Dr. Ramsay's opinion related by the women who conversed with him when he went out.

J. M. ADAMS.

R. B. ADAMS.

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CASE III.

B— H—, was taken in labor with slight pains in the back, extending forward and down the thighs. This happened in the fore part of the day, and the pains continued at intervals through the day and succeeding night with but little increase; the patient taking at intervals, a tea of the diaphoretic powders, and occasionally half a tea-spoonful of cayenne in four or five great spoons full of warm water. Towards morning, however, her pains increased a little, and so continued through the day, excepting that they sometimes worked upward, as she styled it, instead of downward, producing faintness and other disagreeable symptoms. Two or three spoons full of the antispasmodic tincture were finally administered, which completely removed this difficulty. The mouth of the womb, as appeared by two or three examinations, during this time was slowly opening. The same medicines which had been given through the first day and night, were continued, with the addition of two or three injections, during the second day and night. The cayenne was, however, given with more freedom, than during the first day.

On the morning of the third day, the pains were somewhat increased, and gradually continued increasing until late in the afternoon, when the mouth of the womb was fully dilated. A little previous to this, however, the woman had been placed on her left side in bed, her knees drawn up and kept apart with a pillow. Soon after this, the waters broke, and the head of the child was felt properly presenting to the birth.

The head very soon descended to the lower strait of the pelvis, but here it seemed to stop; and the labor, notwithstanding the pains were severe, was for some time retarded. Her situation at length becoming irksome, she wished to get up and walk the floor; which she was permitted to do, and had one or two pains whilst up. She then went to bed; the child advanced rapidly, and the head was soon born. Search was instantly made to know whether the navel cord was around the child's neck, which was found not to be the case. The pains soon returned and the child was born, apparently dead. Its face was exposed freely to the air, and on feeling the navel string it was found to pulsate, by which it was known that the child was not really dead. In a very short time the child gasped, and soon cried with a pretty strong voice. The navel cord was now tied with a coarse thread, about two fingers' breadth from the child's belly, and then cut off with a pair of shears, about three-fourths of an inch from the tie, and the child taken away to be washed and dressed. The abdomen of the woman was now examined by placing the hand upon her belly, and a hard ball was felt just above the pubes, by which it was known that the womb had contracted. The end of the navel cord was now taken in the right hand, whilst the fingers of the left were passed into the vagina along the cord to, or near to, where it was united with the placenta, and then by gently pulling the cord with the right hand, and pressing downward and backward with the left, the after-birth was soon extracted with very little trouble or pain. The woman was now placed comfortably in bed, and although the labor had been so long and tedious, she soon recovered her health and strength.

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CASE IV.

I was called to see a lady about ten o'clock, P. M. who had been in labour twenty-four hours, and was then supposed to be dying. She had lost all action, was cold and quite insensible. I gave her one table-spoonful of tincture of lobelia in half a tea-cup full of raspberry tea; ordered a warm stone wrapped in a wet cloth, to be applied to each foot. After an interval of ten minutes, I gave the same quantity of tincture and tea; and in ten more, gave one tea-spoonful of a compound preparation; (as a substitute for which, Howard's antispasmodic tincture, or Thomson's 3d preparation, may be used,) which brought on her *pains*; and in about twenty minutes the child was born. The tincture and preparation

puke'd her freely; and in six days she was up, and remarked that she had never felt so well in ten preceding births.

C. WADDLE.

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CASE V.

The subject of this case, was a female, aged thirty-six years, who had been laboring under confirmed obstruction, for a number of years. For a period of nine years, she had been in the habit of throwing up her food, almost immediately after its reception into the stomach. When I was first called to her, she was a living skeleton. My first prescription was pills, made in the following proportions, viz:

Gum myrrh, one fourth lb.; cayenne, ditto; bayberry, half a lb. Two of these pills were administered, once in two hours, for three days; which had the effect to stop the ejection of the food from the stomach. I then ordered a preparation composed of equal parts of compound tincture of myrrh and tincture of lobelia, in doses of half a tea-spoonful every two hours during the day, for eight days; with the \*antibilious pill, one at a dose. The feet were bathed each night during the same period, in warm hemlock ooze.

This treatment effected a complete cure in eight weeks time; and the patient has been healthy and able to attend to her usual employments. My charge in the above case, was *five* dollars; her father had previously expended upwards of *three hundred* dollars, without obtaining for her any relief.

C. WADDLE.

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CASE VI.

Mrs. Pamela Jeffries, aged 28, was of strong constitution, but had been much exposed in the early part of life. At about the age of sixteen, she was attacked with spasmodic fits from menstrual derangement, which lasted about two years, and were succeeded by extremely painful menstruation, attended by headache, pains throughout the body, and a chill, followed by violent vomiting, when ever those periods returned. In 1826, she had a severe attack of billious fever, said

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\**Note by the Author.*—Our vegetable cathartic pill, or Bunnell's antibilious female pill, may be efficiently used as a substitute, in similar cases; for a description of which, see Howard's Improved System of Botanic Medicine, Vol. II. page 312, second edition.

to be of strong typhoid type. During the continuance of this fever, a large amount of calomel was thrown into the system, said by the doctor to have been given *beyond portion*; (I suppose without weight or measure;) which, together with the disease, produced an abortion.

Shortly after this, she felt an unusual knot or tumor in her left side, which was accompanied with pain and stiffness in the hip, and down the whole limb on that side, into the foot. This knot commenced rising internally and discharging purulent matter through the vagina, regularly once in from two to four weeks. But she still bore children. In the latter part of 1831, she was taken with an excessive menstrual discharge, which lasted about a month, without any cessation; which, when it was checked, was followed by burning pains in the breast, violent head ache; pains in her shoulders, worst in the left, and was much swelled through her body, and appeared like one in the last stage of the dropsy, (anasarka.) She was partially relieved by the fashionable practice; but the general symptoms continued to grow worse until the 21st of May, 1832. At this date I was called to see her. I found her swelled till her skin seemed ready to burst, and pained beyond all power of language to describe. I gave her a course of medicine as soon as it could be administered. The emetic brought off a large amount of yellow billious matter, and she was much relieved; but for the want of a nurse, I did not give her another course of medicine until the 9th of June, at which time she had obtained one, though quite an inefficient one. At this time, for the first, she also told me of the tumour in her side.

I now gave her a course of medicine every other day, until I had given her five; but was obliged to discontinue them for the want of a good nurse. Between the courses of medicine she had taken diaphoretic powders, tincture of lobelia, and bitters composed of equal parts of poplar bark, goldenseal, and bitter root, three or four times a day. I now changed the above for the following preparation: 1 oz. mace, 1 oz. cinnamon bark, 1 oz. aloes,  $\frac{1}{2}$  oz. nutmeg, and 3 pints good whisky; the solids were finely pulverized, and added to the whisky in a bottle large enough to contain the whole, the bottle put into an oven of water, and kept there until the water had been boiled ten or fifteen minutes. After letting it remain three or four days, the liquid was poured off, and for each gill of it,  $\frac{1}{2}$  oz. capsicum,  $\frac{1}{2}$  oz. pulverized seeds of lobelia, and  $\frac{1}{2}$  oz. of lady's slipper were added. Of this she took from one to four teaspoons full, three or four times in the day, or as much as would keep her bowels open; with a suitable proportion of diaphoretic powders. I also directed her to apply a plaster of the dregs of Thomson's third preparation of lobelia

to the tumour in the side. (The dregs of the antispasmodic tincture may be used instead of this.) She said it drew powerfully from above and below, but she continued to apply the plaster and keep it moist. When the tumor began to rise inwardly and be very painful, I directed an injection into the vagina composed of half a tea-cup full of red raspberry tea and a table-spoonful of tincture of myrrh, to be administered twice in the day, which was to be preceded by an injection to move the bowels. Notwithstanding these administrations, the tumor rose inwardly, (though it was soon drawn to a head,) and discharged matter through the vagina. But after this it rose no more, and she has felt no further inconvenience from it.

From the 21st of June, I gave her but two courses of medicine until the 1st of August. She then obtained a nurse who was able to attend to her. I again commenced and gave her a course of medicine every day until I had given her three. I then found that the matter collected so fast on her stomach that I must repeat the courses of medicine oftener; for no purgatives nor bitters (which I could direct) would keep the bile from accumulating on the stomach. I then gave her a course of medicine every day for four days, and she seemed to be gaining fast on the disease; but I was then called from home, and it was the 18th of September before I could attend her again. She was then in a worse condition than she was on the 1st of August; though several courses had been given her in my absence by other hands. I then began and gave her eleven courses of medicine in eleven days. She then rested four days, and I gave her three more in three days, with the last of which a perspirable state was superinduced, which lasted nearly a week, with nothing more than taking bitters and diaphoretics to help it on. In the above operations, after the emetic had taken great effect on the stomach and system in general, and the stomach seemed to be cleansed, it seized on the womb and produced pains not inferior to labor pains, for two courses; it then moved down to the *os pubis*, (she had received a hurt in that part, in bearing her first child, having had those bones separated according to the practice of some woman butchers,) and during the operations of two courses it produced such pains as threw her out of her senses. It was afterwards difficult to produce vomiting; but I persisted until no phlegm could be brought from her stomach.

That you may know still further the extremity of the case and the extent to which the operations were carried, I assure you, that in the eleven courses, given in eleven days, there was about an average of an ounce of emetic seeds used at each course, besides tincture, and Thomson's third preparation, more or less, in nearly every one of them. I knew there

was no danger, and nothing less would reach her case. She now appeared to be entirely relieved and made sound in every part; but menstruation had not yet been brought on; and when the time in the month arrived that it should flow, she was severely pained in the left hip, and swelled in the hip and leg down to the foot. I now directed tobacco to be applied over the part that was most painful. It completely removed the pains and swelling in twelve hours; but I directed it to be continued for three or four days. She then gained flesh and strength fast, until the time of her monthly period come round again, when the pains and swelling returned. The tobacco was resorted to as before, with equal success. On the completion of her next month, I directed the use of the rattle weed freely, and the tobacco if the pains returned. The pains and swelling were dissipated by the lobelia, and the rattle weed superinduced the menstrual evacuations. All the powers of nature are fully restored to their proper functions, and health is now so completely renewed, that she says labor is easy and delightful. Her complexion is changed from an African and Indian hue blended, to the fairness and ruddiness of the lily combined with the rose.

The tobacco was tried from Dr. Gunn's recommendation and prepared as directed by him.\* As I have introduced it here I will mention a case in which it was used with the most unparalleled success. A lady, aged 52, was taken with a pain in her leg between the knee and ankle. In its advancement it spread through all the bones and joints of the body, and finally moved up and settled in the hip, and extended along the *os pubis*. A fever came on, which was worst at night; and as the pains raged in the joints the stomach seemed inflated and ready to burst with inflammation and anguish. The pains were worst some times in the head, and at other times in the lower extremities, and then again it was impossible to tell where they were worst; always, however, having the hip as a kind of center from which they moved, and when abated elsewhere were but little abated there. Her paroxysms were so extreme at night, that it was frequently impossible to keep her in bed. She had gradually grown worse for ten days, and it seemed impossible for her to live. I was sent for; but, being from home, did not get to see her until late in the evening of the third day after. I first directed an application of tobacco to be made to the hip, and for it to extend as the pain did; and gave her capsicum and lady's slipper in warm water. In half an hour after, a warm stone wrapped in wet cloths was put to her feet, and the capsicum and lady's slipper repeated in sassafras tea. I continued to increase the number

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\*Steeped in vinegar.

of rocks around her, and giving the capsicum and valerian in sassafras tea, until profuse perspiration was produced. I then gave a tea-spoonful of emetic seeds, and in ten minutes gave two more; and in ten minutes two more were given. I now began to give an infusion of the leaves and pods of lobelia, which had been previously prepared by putting about 3 ounces of the powders to a pint of hot water and sassafras tea; the whole of which I gave her at three times. When she could bear the tobacco no longer, I directed it to be taken off. The whole operated very finely. The perspiration was of a very rancid smell, and the matter ejected from the stomach very bitter, black, and foetid. In ten minutes after her last puke, she called for a piece of ham and bread, which was eaten and retained. Her pains were now all gone; and from a state of agony and death, she had been wholly relieved in less than three hours. Bitters, diaphoretic powders, and antispasmodic tincture, taken two or three times in the day, restored her not only to usual health, but better than she had enjoyed for months.

H. W. HODGES.

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CASE VII.

A young woman about sixteen years of age, had been under the care of physicians at different times, one of whom had attended her for more than twelve months, with but little benefit, and that little, if any, of short duration. When I became acquainted with her case, which was a considerable time after the doctor had ceased to attend her, her skin was of a yellowish green color, and she was much afflicted with head-ache, sickness at the stomach, shortness of breath, palpitation of the heart, &c.; the menstrual discharge had not yet appeared, and her mother informed me that she had never had a day of health in her whole life. I prepared her some pills of lobelia, cayenne, the astringent tonic, and golden-seal; and occasionally the bitter root to obviate costiveness. The pills were taken on going to bed, in sufficient quantities to nauseate, and sometimes nearly so as to puke; at the same time using freely of bayberry tea through the day. In a few months her appetite became good, her strength increased, and her skin became clear. She has now continued the above regularly for about eighteen months; and from a poor, distressed being, has become a sprightly young woman. Every obstruction appears removed, and all the functions of the system completely developed.

ISRAEL FRENCH.

10th month, 22d, 1832.



PLATES,  
WITH THEIR EXPLANATIONS.

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☞ THE reader should bear it particularly in mind, that as figures on paper always represent the object, no matter what its shape may be, upon a flat surface, some effort of the imagination is often necessary in order to obtain a correct idea of what is intended to be represented.

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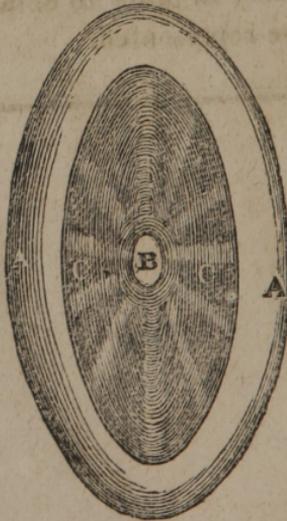
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## PLATE I.

Fig. 1.



Fig. 2.



## PLATE I.

PESSARIES.—SEE PAGES 63, 64.

Fig. 1, represents a round Pessary, of a middle size.

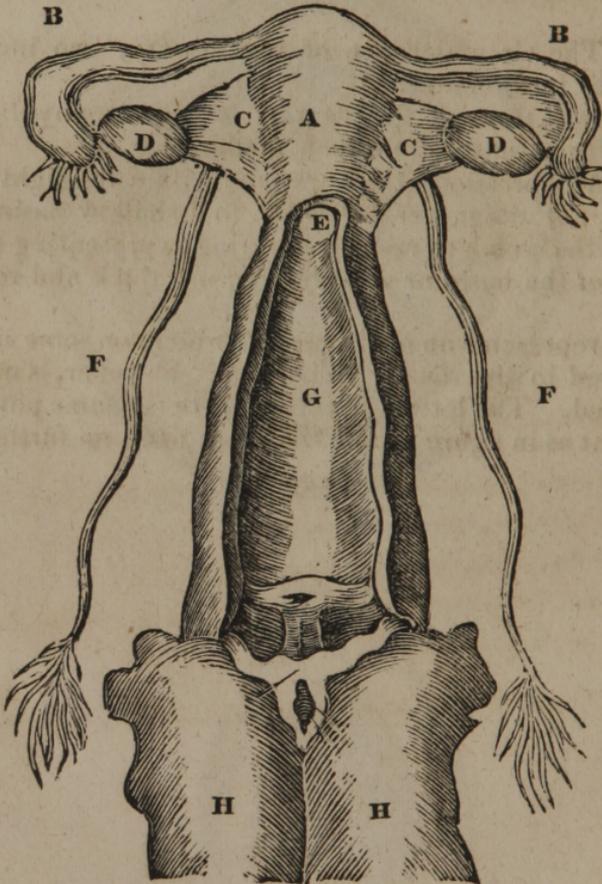
A A The circumference of the pessary, two inches and four-tenths in diameter.

B A hole through the center, to permit any discharges to pass, three-tenths of an inch in diameter.

C C A depression; the dark part within the light ring being sunk, not altogether dissimilar to a shallow basin, for the mouth of the womb to rest in; the ring representing the sides or edges of the basin or pessary, and are thick and rounded.

Fig 2, represents an oval pessary, which, on some accounts, is preferred to the round. The round, however, is most commonly used. The letters in this refer to the same parts of the instrument as in figure 1, and therefore need no further explanation.

## PLATE II.

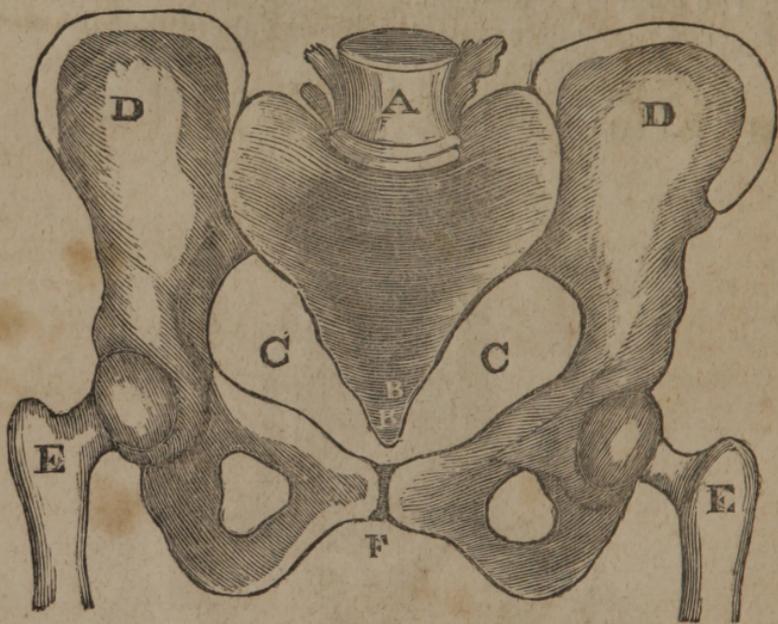


## PLATE II.

FEMALE ORGANS OF GENERATION.—SEE PAGES 10, 86.

- A The uterus or womb.  
B B The fallopian tubes.  
C C The ligaments which connect the womb to the pelvis.  
D D The ovaries.  
E The mouth of the womb.  
F F The round ligaments which pass out of the belly, and  
are fixed to the labia.  
G The inside of the vagina, which is cut open.  
H H The labia.

## PLATE III.

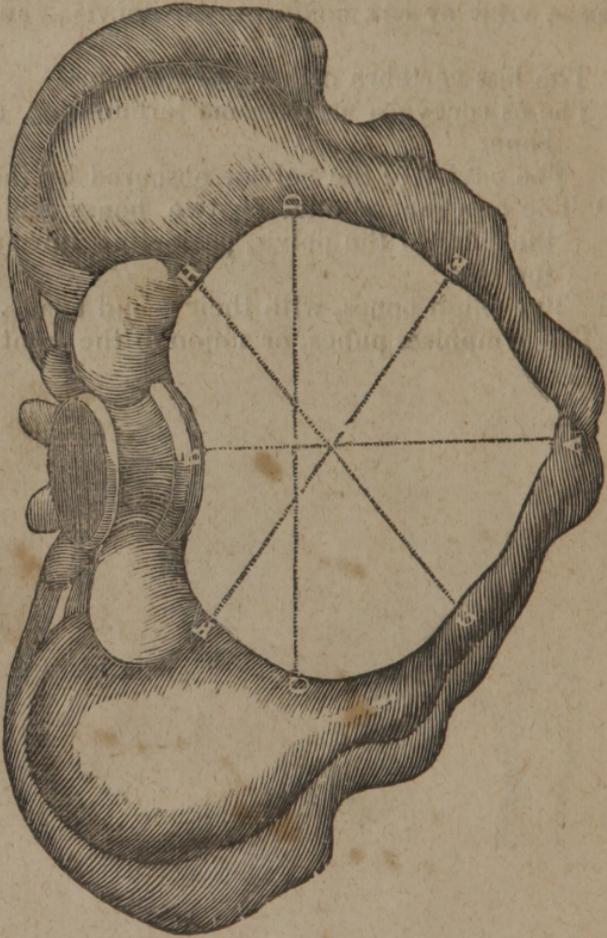


## PLATE III.

GENERAL VIEW OF THE BONES OF THE PELVIS.—SEE PAGE 96.

- A The last vertebra or bone of the loins.
- B The os coccygis, or extreme termination of the back bone.
- CC The cavity of the pelvis; obscured by the coccygis.
- DD The ossa innominata, or two bones which compose the sides of the pelvis, projecting upwards towards the ribs.
- EE The thigh bones, with their round heads.
- F The symphises pubes, or union of the front bones.

## PLATE IV.

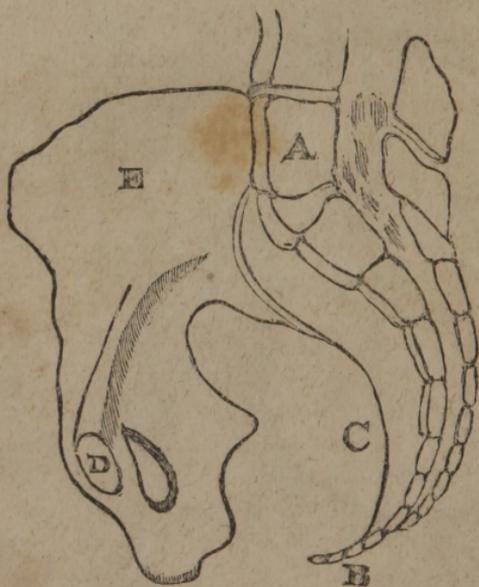


## PLATE IV.

VIEW OF THE SUPERIOR OPENING OF THE PELVIS.—SEE P. 96.

- A B Shortest diameter of the pelvis.
- CD Longest diameter, from hip to hip.
- E F, G H Diagonal diameters.

## PLATE V.



## PLATE V.

SIDE VIEW OF THE PELVIS, DIVIDED THROUGH THE CENTER  
FROM FRONT TO BACK.—SEE PAGE 96.

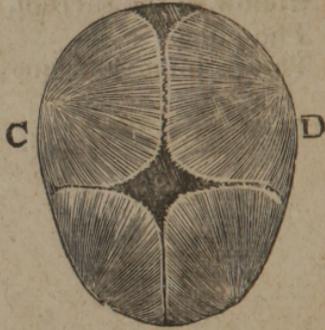
- A The last vertebra, or bone of the loins.
- B The coccygis.
- C Hollow of the sacrum.
- D The pubes.
- E The os innominatum, or side bone of the pelvis.

PLATE VI.

*Fig. 1.*



*Fig. 2.*



## PLATE VI.

BONES OF CHILD'S HEAD.—See page 119.

- A The forehead.
- B The hindhead.
- CD The diameter from ear to ear.

PLATE VII.

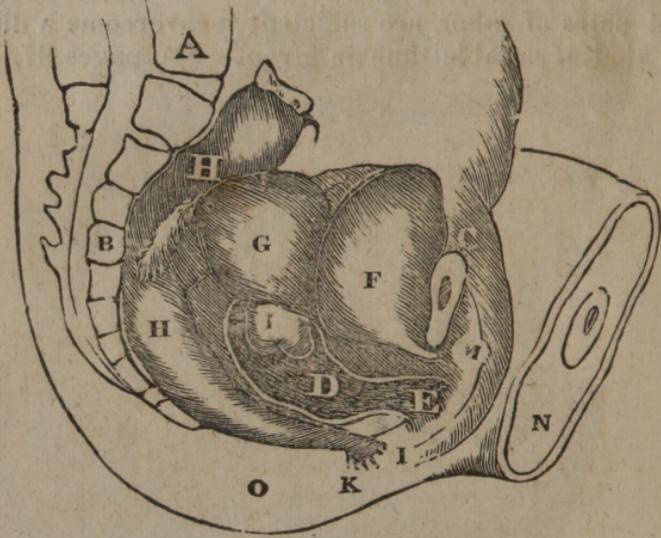


## PLATE VII.

This plate represents the child's head as passing the upper strait of the pelvis; the passage contracted about one-fifth of its diameter, by the jutting inwards of the back bone. The natural pains of labor are sufficient to overcome a difficulty of this kind, if suitable time be given.—See pages 97, 120.



## PLATE VIII.



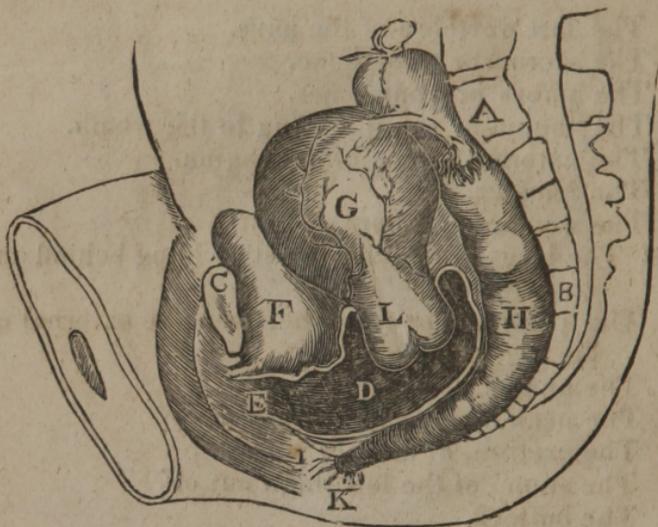
## PLATE VIII.

VIEW OF THE NATURAL POSITION OF THE BLADDER AND WOMB.

See pages 93, 98.

- A The last vertebra of the loins.
- B The sacrum or rump bone.
- C The pubes or front bones.
- D The vagina or canal leading to the womb.
- E The external orifice of the vagina.
- F The bladder.
- G The womb, not impregnated.
- H H The large or straight intestine lying behind and under the womb.
- I The perenium or space between the external orifice of the vagina and anus.
- K The anus.
- L The neck and mouth of the womb.
- M The urethra, or urinary canal.
- N The stump of the left thigh cut off.
- O The buttock.

## PLATE IX.

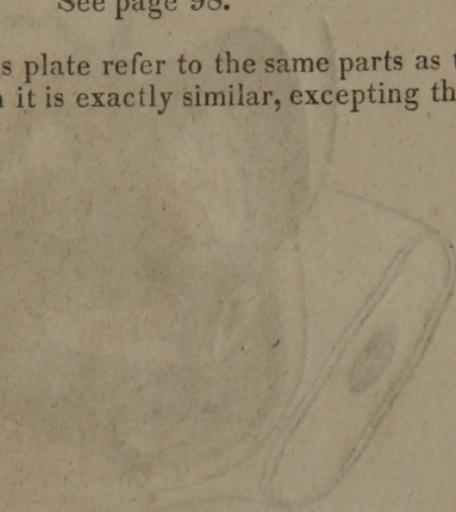


## PLATE IX.

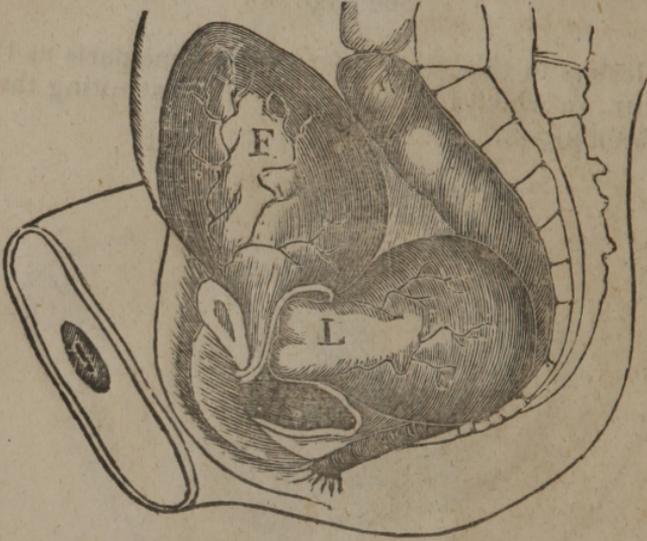
VIEW OF THE NATURAL CONDITION OF THE CONTENTS OF THE  
PELVIS AT THE THIRD OR FOURTH MONTH OF PREGNANCY.

See page 98.

The letters in this plate refer to the same parts as those in  
Plate VIII., to which it is exactly similar, excepting the womb  
which is enlarged.



## PLATE X.



## PLATE X.

VIEW OF A RETROVERTED WOMB.—See page 93.

- F** The distended bladder.  
**L** The neck of the womb.

## PLATE XI.

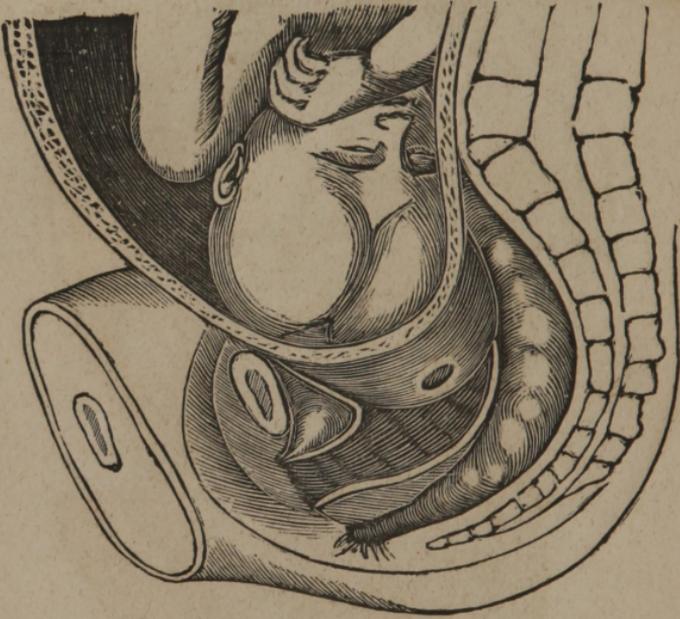


PLATE XI.

FRONT VIEW OF A CHILD IN THE WOMB AT THE FULL PERIOD  
OF PREGNANCY.—See page 98.

A A The os innominata, or side bones of the pelvis.

PLATE XII.



## PLATE XII.

VIEW OF A NATURAL PRESENTATION OF THE CHILD'S HEAD AT  
THE COMMENCEMENT OF LABOR.—See page 99.

PLATE XIII.

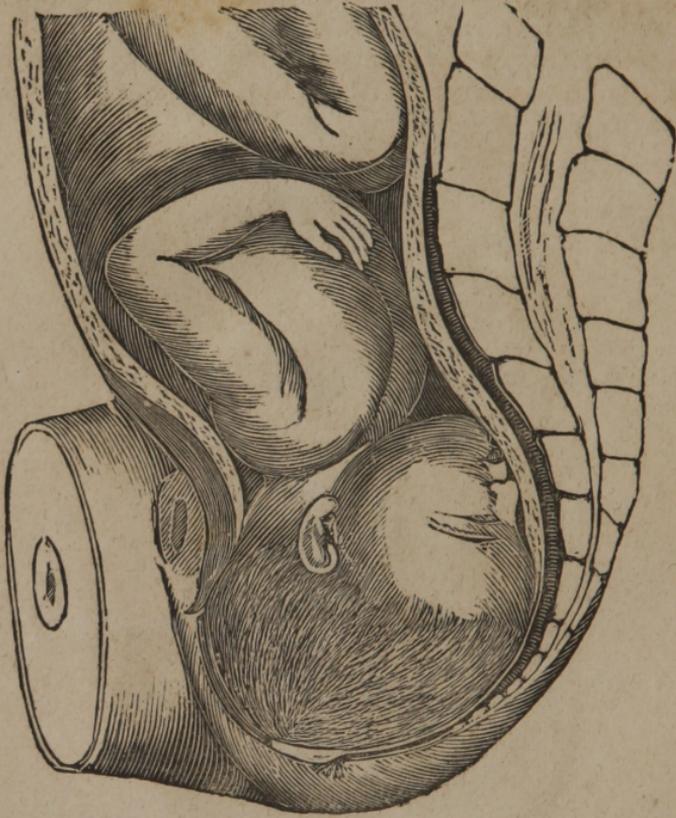


## PLATE XIII.

Representation of the child's head entering the upper strait of the pelvis; the mouth of the womb considerably opened.—  
See pages 97, 99.



## PLATE XIV.



## PLATE XIV.

This plate represents the head much further advanced than Plate XIII, passing the lower strait of the pelvis, with the crown presenting at the external orifice of the vagina, and the face in the hollow of the scrotum.—See pages 97, 100, 120.

## PLATE XV.



## PLATE XV.

A representation of the head in a position reversed from Plate xiv. By comparing this plate with the last, it will readily be seen that this position of the head must be far more inconvenient for child-birth than that: Nevertheless, children are often born in this manner, though labor is much more tedious and painful.—See page 120.

- A The anus.
- B The external orifice of the vagina.
- C The nymphæ.
- D The labia pudenda of the left side.

## PLATE XVI.



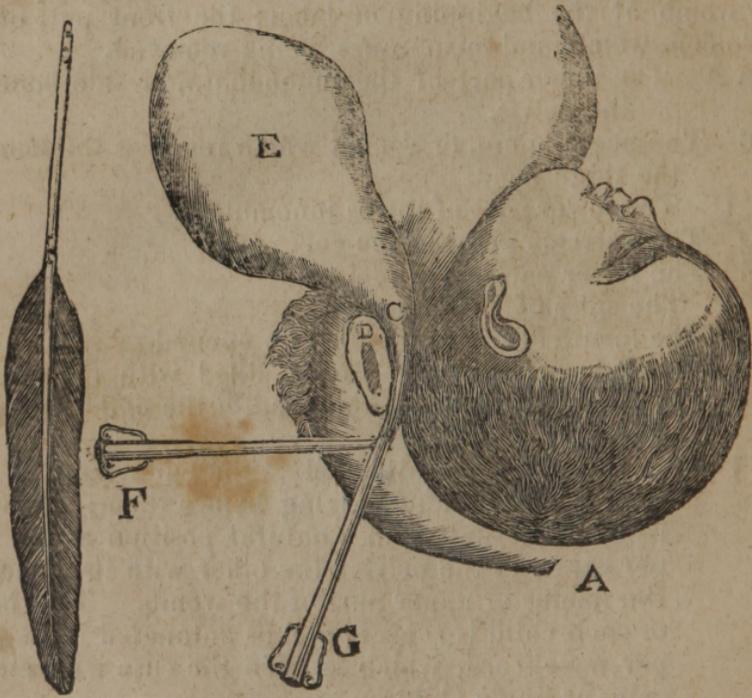
## PLATE XVI.

TWINS.—See pages 131, 132.

This plate exhibits a front view of twins as they appear in the womb at the beginning of labor; the front part of the abdomen, womb, and membranes, being removed.

- A A The upper part of the innominata, or side bones of the pelvis.
- B The acetabulum, or socket which receives the head of the thigh bone.
- CC The lower part of the os innominata.
- D The extreme point of the coccygis.
- E The lower part of the rectum.
- FF The sides of the vagina.
- G The mouth of the womb, a little opened.
- H The lower part of the womb, filled with the waters which descend below the head of the child that presents.
- II The two placentas attached to the back part of the womb, the two fetuses lying before them; one with its head presenting in a natural position at the upper strait of the pelvis; the other with its head at the fundus or upper part of the womb. The body of each child is represented as entangled in its proper navel-cord, which is often the case with either twins or single children.
- K A part of the membranes of one of the children.

## PLATE XVII.



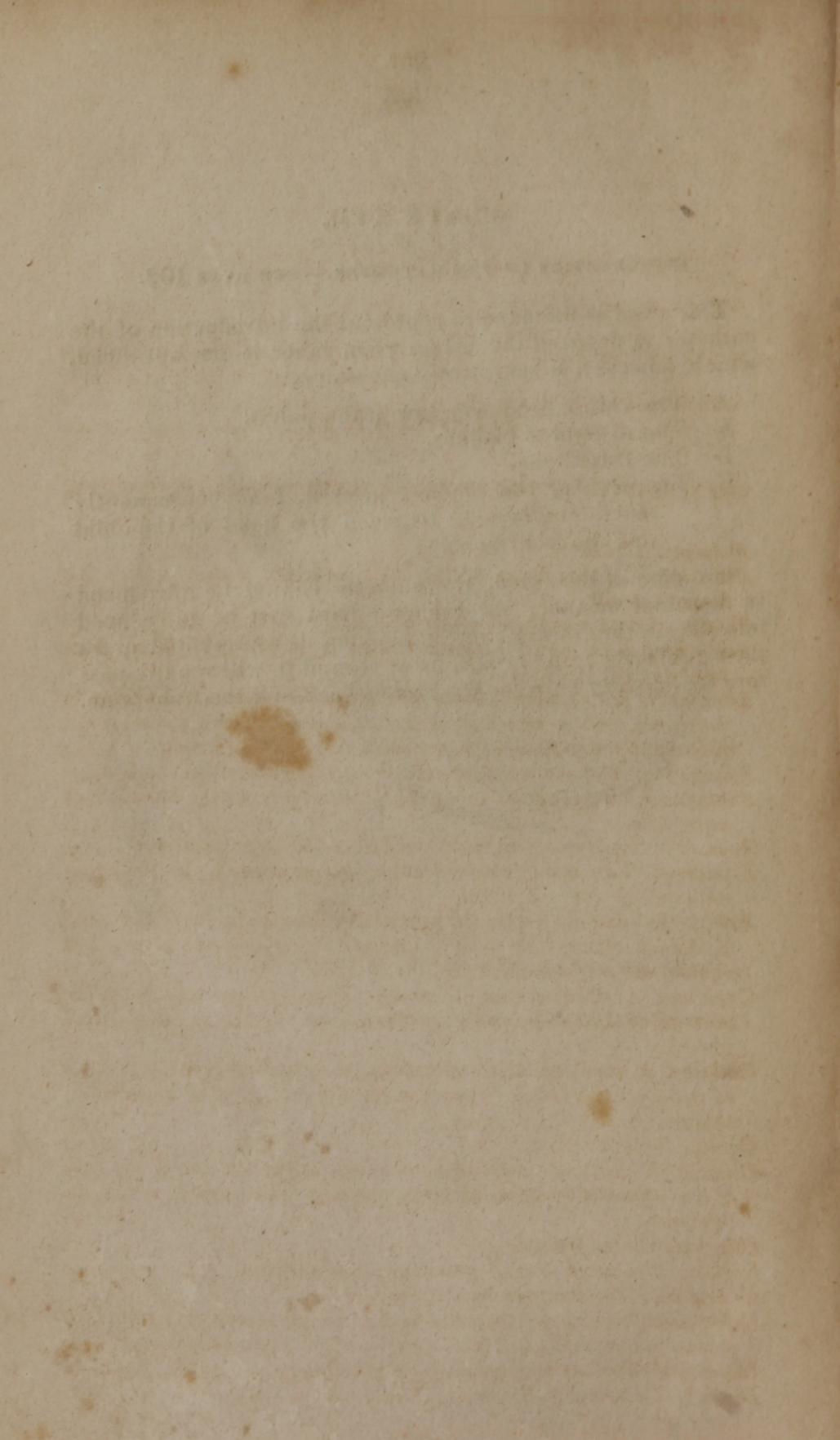
## PLATE XVII.

INTRODUCTION OF THE CATHETER.—SEE PAGE 102.

This plate is intended to represent the introduction of the catheter to draw off the urine when labor is far advanced, which, however, is very rarely necessary.

- A The child's head seen low in the pelvis.
- E The distended bladder.
- D The front bone.
- C The neck of the bladder pressed, (and consequently much lengthened,) between the head of the child and the front bone.

In a case of this kind, the catheter cannot be introduced in the usual manner; but the end must first be introduced into the urethra or neck of the bladder, as represented at F; then gradually turn it back, as at G, and it will readily pass into the bladder between the child's head and the front bone.



## GLOSSARY,

OR EXPLANATION OF THE PRINCIPAL TERMS USED IN THIS VOLUME.

- Abdomen*, The belly.
- Abortion*, The expulsion of the fetus from the womb, before the seventh month.
- Abscess*, A tumor containing pus, as a boil, or other swelling.
- Accoucher*, A person who assists women in child-birth; more commonly called Midwife.
- After-birth*, A soft, round, fleshy substance, that connects the fetus to the womb, and by which the circulation is carried on between the parent and the fetus. It is frequently called the placenta.
- Amputation*, The act of cutting off a limb, or some part of the body.
- Anatomical*, Relating to the parts of the body when dissected or separated.
- Anus*, The fundament; or third and last of the large intestines.
- Astringent*. That which corrects looseness and debility, by rendering the solids denser and firmer.
- Axis*, 1. In anatomy means the second vertebra, or joint, of the neck, 2. An imaginary line passing through the center of a place, and equally distant from the sides.
- Cartilage*. A white elastic substance, which serves to facilitate the motions of the bones, and to connect them together; often called gristle.
- Catheter*, A small tubular instrument, to introduce into the bladder to draw off the water, when the natural discharge is impeded or suppressed.
- Cavity*, A hollow place.
- Clitoris*, A small elevated organ, situated within the labia, or lips, of the organs of generation, being the seat of pleasure in sexual intercourse.
- Coagula*, Clots of blood.
- Coition*, The act of veneral intercourse of the sexes.
- Conception*, The impregnation of the womb.
- Contagious*, Catching; that which may be communicated from one person to another by contact; or by a subtil excreted matter.
- Dilatation*, The act of expanding, or enlarging.
- Distend*, To stretch.—To enlarge.—To spread apart.

- Embryo*, In physiology, means the first germ of an animal in the womb, before the several members are distinctly formed.
- Enema*, An injection or clyster; a liquid substance injected into the rectum.
- Ergot*, A morbid excrescence in grain, particularly rye. It is a powerful and deleterious substance, sometimes used to induce forcible pains in child-birth. Its improper administration has frequently produced much mischief to both mother and child.
- Fallopian tubes*, are small fleshy tubes, two in number, attached to the two opposite sides of the womb.
- Fetus*, The child enclosed in the uterus of its mother is called a *fetus*, from the time its parts are distinctly formed, to its birth.
- Flooding*, Any preternatural discharge of blood from the uterus.
- Fontanelle*, A vacancy in the cranium, or skull, of infants.
- Friction*, The act of rubbing the surface of one body against that of another.
- Function*, The office which any particular part of the human body is intended to perform.
- Generation*, The act of begetting or propagating a being.
- Gestation*, The state of pregnancy, from conception to delivery.
- Hymen*, The virginal membrane, generally partly closing the entrance to the vagina.
- Incontinency*, Unchastity, want of restraint to the sexual appetite; free or illegal indulgence of lust; lewdness.
- Labia pudendi*, The lips of the external parts of the organs of generation.
- Labor*,  
*Labor pains*, } The pangs and efforts of child-birth.
- Local*, Belonging to a part, not to the whole.
- Lochia*, Evacuations from the womb, which follow child-birth.
- Lochial*, Appertaining to the lochia.
- Lubricant*, Any substance that makes the part to which it is applied smooth or slippery.
- Meatus urinarius*, The external orifice of the urethra; situated in women just beneath the os pubis, within the labia.
- Mechanism*, Action in any process according to the laws by which such action or process is governed.
- Meconium*, The green excrementitious substance that is found in the large intestines of the fetus.
- Menses*, The monthly discharge peculiar to women.
- Menstrual*, Pertaining to the menses.
- Menstruate*, To discharge the menstrual fluid.
- Menstruation*, The act of discharging the menstrual fluid.
- Membrane*, A thin, delicate, flexible skin.
- Nausea*, An inclination to vomit, without effecting it; also, a disgust of food, approaching to vomiting.
- Navel-string*, A cord-like substance, that proceeds from the navel of the fetus to the center of the placenta. It is frequently called the umbilical cord.
- Nymphæ*, Two semi-circular, oblong, thin bodies, situated within the labia.

- Organ**, A part of the body capable of performing some perfect act, or operation.
- Organization**, Structure; form; suitable disposition of parts which are to act together in a compound body.
- Orifice**, The opening or mouth of a tube, or other cavity.
- Os coccygis**, The extreme end or lower termination of the sacrum, or back-bone.
- Os pubis**, The front bones of the pelvis.
- Os sacrum**, That part of the lower termination of the back bone, situated between the last joint of the latter bone, and the os coccygis.
- Os tinæ**, The mouth of the uterus, or womb.
- Ossa innominata**, The two large bones forming the sides and front of the pelvis; the front being called the os pubis.
- Ovaries**, Two small bodies of a flattened and oval form; one of which is situated on each side of the uterus. They were formerly called the female testicles.
- Pains**, (See under head of "*Labor pains*.")
- Paracentesis**, The operation of tapping, as for dropsy.
- Parturition**, The act of bringing forth or being delivered of young.
- Pelvis**, The cavity below the belly, containing the internal organs of generation, &c.
- Perineum**. The space between the anus and the parts of generation.
- Penis**, One of the male organs of generation.
- Pessary**, An instrument that is introduced into the vagina, to support the uterus.
- Physical**, Pertaining to material things, as opposed to things *imaginary*, or *immaterial*.
- Physiological**, Pertaining to the science which treats of the phenomena proper to *living* bodies.
- Placenta**, (See under head of "*After-birth*.")
- Pregnancy**, The state of being with child.
- Presentation**, The manner in which the fetus presents itself to the orifice of the womb, in child-birth.
- Preternatural**, A state, or manner, different from the common order of nature.
- Puberty**, The age at which persons are capable of procreating and bearing children.
- Puerperal**, Appertaining to child-bearing; as puerperal fever, &c.
- Pulsation**, The beating or throbbing of the heart, or of an artery.
- Rectum**, The lower portion of the intestines.
- Secreted**, Substances produced, or separated from the blood, different from the blood itself, are said to be secreted.
- Semen**, The seed, or prolific fluid secreted in the testicles, which is essential to generation.
- Seminal**, Pertaining to semen.
- Sensual**, In the sense here used, means, the indulgence of a lustful appetite or passion.
- Sexual**, Denoting the distinction and office of male and female.
- Still-born**, Dead at the birth.
- Structure**, Manner of organization of animals, &c.

*Stupor*, Insensibility; numbness.

*Sutures*, The seams or joints which unite the bones of the skull.

*Testicles*, Two small oval bodies, forming a part of the male organs of generation.

*Touching*, The introduction of one or two fingers into the vagina, for the purpose of ascertaining the situation of parts, or the existence of labor.

*Umbilical*, Pertaining to the navel.

*Urethra*, The membranous canal leading to the bladder, through which the urine is discharged.

*Uterus*, The womb.

*Vaccination*, The act of inoculating persons with the cow pox.

*Vagina*, The canal which leads to the womb.

*Vibrating*, Moving or swinging backwards and forwards, as a clock pendulum.

*Vice versa*, Two Latin words, which mean "The terms being exchanged," as for example, The wise are prudent; and *vice versa*, the prudent are wise.

*Virginity*, The state of having had no sexual intercourse with man.

*Waters*, A fluid contained in a membranous sack, which envelops the fetus.

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