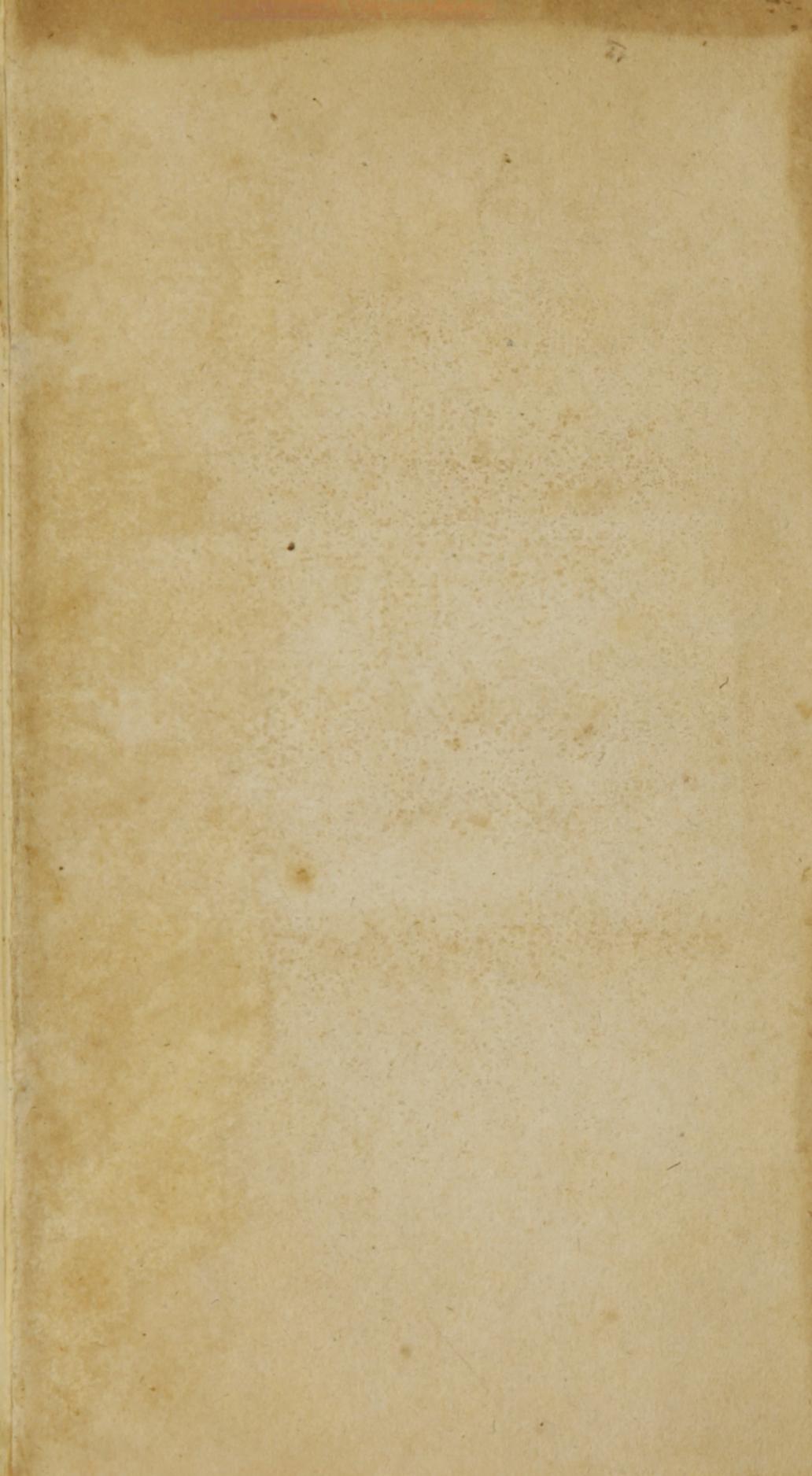


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A *Beautified*

COMPENDIUM

OF THE THEORY AND PRACTICE

OF

MIDWIFERY,

Containing

PRACTICAL INSTRUCTIONS FOR THE MANAGEMENT OF
WOMEN

DURING PREGNANCY, IN LABOUR, AND IN CHILD-BED;

Calculated

To correct the Errors, and to improve the Practice, of

MIDWIVES;

As well as to serve as an Introduction to the

STUDY OF THIS ART,

For

STUDENTS AND YOUNG PRACTITIONERS.

—*—*—*—*—*—*—
By SAMUEL BARD, M. D.

—*—*—*—*—*—*—
NEW-YORK:

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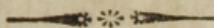
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1807.

District of New-York, ss. **BE IT REMEMBERED**, That on
the thirtieth day of November, in the thirty-second
year of the independence of the United States of
L. s. America, Benjamin Douglas Perkins, and Thomas
Collins, of the said district, have deposited in this
office the title of a book, the right whereof they
claim as proprietors, in the words following, to wit: "A Com-
pendium of the Theory and Practice of Midwifery; containing
" Practical Instructions for the Management of Women during
" Pregnancy, in Labour, and in Child-Bed, calculated to correct
" the Errors and to improve the Practice of Midwives; as well
" as to serve as an Introduction to the Study of this Art, for
" Students and young Practitioners. By Samuel Bard, M. D."

In conformity to the Act of the Congress of the United States,
entitled, "An Act for the encouragement of learning, by securing
" the copies of maps, charts, and books, to the authors and pro-
" prietors of such copies during the times therein mentioned;"
and also to an act entitled, "An act supplementary to an act
" entitled, An act for the encouragement of learning by securing
" the copies of maps, charts, and books, to the authors and pro-
" prietors of such copies during the times therein mentioned, and
" extending the benefits thereof to the arts of designing, en-
" graving, and etching historical and other prints."

EDWARD DUNSCOMB,
Clerk of the District of New-York.

INTRODUCTION.



HAVING frequently in the course of my practice, and particularly since my residence in the country, had occasion to observe how much our midwives stand in need of instruction, and how incapable most of them are, from pecuniary circumstances, as well as from deficiency of education, to derive it from books of science, and systems of midwifery; I have thought that a concise, cheap book, containing a set of plain but correct directions for their practice in natural labours, and for the relief of such complaints, as frequently accompany pregnancy and labour, or which follow after delivery, would in the present state of this country prove an useful work. This I have attempted in the following essay, in which it has been my object to be useful, rather than to appear learned; to say nothing but what is absolutely necessary and easily understood; and to detail such facts and observations, as have been long known, and have received the stamp of time and experience, rather than to offer new opinions.

In a work of this nature, all claim to originality must necessarily be relinquished, and so far from aiming at it, I confess I have not hesitated occasionally to use the language of others, where I have found it sufficiently clear and familiar for my purpose; and

I hope this acknowledgment will be received, in place of frequent references and marks of quotation.

Thus to instruct the ignorant, in what it is confessed the learned are already sufficiently informed, appears to be an humble attempt; but it is one I have not found on the present subject altogether free from difficulty. I have endeavoured to arrange the work in such order, and to clothe my opinions in such language as will be intelligible and instructive to the most ignorant. I have used as few technical terms as was consistent with perspicuity and decency; and such as I have thought myself compelled to introduce, I have endeavoured to explain, either in the progress of the work, or by a short glossary at the end of the volume.

Another difficulty has occurred from the desire to be full and explicit, and yet not to say too much. Convinced that the use of instruments, and the introduction of the hand into the womb, as too frequently employed by the unskilful, is more desperate than the most desperate case of labour left to nature; it has been my wish to avoid, as much as was possible, even mentioning these operations: still I have thought it necessary to describe the treatment of some lingering and difficult labours, and even of some preternatural cases; in all which, although I constantly advise the midwife to call for assistance, yet, (especially in the country) as what is better than her own is not always at hand; and much important time may be lost before it can be procured; the midwife ought to be instructed how to employ the interval to advantage. In attempting this, it has been found necessary to

describe some operations and modes of relief, to which the common midwives of our country, from the great deficiency of their education, or rather from having had no education at all, are confessedly unequal: but is there any mode by which this objection can be removed, better than by endeavouring to spread among them the necessary information? Partial knowledge is, I confess, on many occasions more dangerous than absolute ignorance; but does this observation apply only to the midwives? We must know in part before we can be fully informed; and I cannot help hoping, that the midwife who has read and understands this little work, will be a more useful and safe practitioner, than one who has never read this or any other. If to this argument, another be added, that in proportion as the rules I have given for the conduct of natural labours are observed, the accidents and difficulties which render labour tedious and dangerous will the more seldom occur; any objections to which my work may appear liable, from the apprehension of teaching too much, will, I hope, be removed. An attempt has lately been made in this state to regulate the practice of physic, in which it seems to have been the object of the legislature, by exacting some proof of previous study and learning, to improve the knowledge of future practitioners. Would not a law to provide for the education of common midwives, and to compel them to give some proof of knowledge and ability, before they undertake the practice of their profession, be equally useful? It will not, I believe, be denied, that it is equally necessary. The principles, however, upon which such a law is to be found-

ed, should be well considered, as there is some reason to believe that there is greater safety in this branch of medicine from modest, unassuming ignorance, than from that meddling presumption which frequently accompanies a little learning.

The practice of midwifery is a most important branch of physic and surgery, and like all just practice in either, is founded in a knowledge of the anatomy of the parts concerned; of their structure, situation, and connections; of the manner in which they perform their functions; and of the changes which, under different circumstances, they naturally assume, or which are brought upon them by disease. Although, therefore, it is allowed that a full and accurate account of these subjects would not be very consistent with a popular work, yet some slight description of the pelvis, and the parts concerned in pregnancy and parturition, or affected by circumstances attending those states, appears absolutely necessary, not only to explain the very few technical terms unavoidably made use of, but for the more easy comprehension of the nature of those functions, and of the several complaints connected with them. So much, therefore, being necessary, a little more has been added, with a view to render the work acceptable to students and young practitioners, as an introduction to the theory and practice of their art; and to furnish them in one small volume, and at little expense, with copies of the most useful plates, which are to be procured only by the purchase of many expensive works. This has been the principal motive for the addition of plates, which being rather sketches, than finished de-

signs, and executed on wood, have been done at no great expense. They have been copied from the best works that could be met with, chiefly from Smellie, Hamilton, and Bell, with whom, however, some liberties have been taken, to adapt them as nearly as possible to the same scale and to the same section of the body: to do which, the imagination of the draftsman has necessarily been in some measure indulged. Under such circumstances, it is impossible they can possess the accuracy of portraits, and all that has been aimed at, is to convey a clearer idea of the relative situation, proportion, and connection of the parts, than could be given in words. For this reason, many parts not necessary for the instruction of the practical midwife, have been altogether omitted. For very obvious reasons, I have seldom entered into the rationale of the conduct I recommend, but contenting myself with giving such practical directions, as will apply to most situations incident to pregnancy, labour, and child-bed; and which experience has sanctioned; have explained the reason of them only, when that explanation is not only easy to be understood, but may likewise be made the ground of further advice.

The learned reader will, I apprehend, accuse me of a tedious tautology in many places, and I plead guilty to the charge; but as it consists chiefly in the repetition of important and necessary cautions, intended to correct inveterate errors, and more strongly to impress a better practice; no man acquainted with the ordinary practice of midwifery in this country, will, I am persuaded, think this the least useful part of the work. To such as wish for fuller informa-

tion on this subject, (and all who mean to practice midwifery ought to wish it) I recommend the writings of Mr. White, of Manchester, Doct. R. Bland, Doct. Denman, Mr. John Burns, of Glasgow, and Baudelocque; but particularly those of Mr. White and Dr. Denman. I take pleasure in acknowledging my obligations to those two most excellent writers, to the study of whose valuable works, I have been indebted for much improvement in my former practice, as well as many useful lessons which I have attempted to detail in this performance. By the writings of Bland and Burns, the student will be confirmed in many of the useful cautions and sound practice which he will learn from White and Denman; and in Baudelocque he will find a writer of extensive experience, great humanity, and one who has profited by all the learning of his day, but at the same time, one who abounds in many nice and minute distinctions, not easy to be understood but by a reader of considerable knowledge and experience: and on these are founded a variety of modes of relief, and frequent interpositions of art, which on many occasions may be dispensed with, and which may lead a young and inexperienced practitioner into error.

It may seem singular that in this enumeration of authors, I have not mentioned *Smellie*, whose works are in the hands of almost every practitioner in this country, and more generally read than any other: but although a great improver of the art of midwifery, Smellie certainly was not acquainted with all the resources of nature in their full extent. Having greatly improved the instruments of his day, he has described

their use with great precision; and I own I am apprehensive that many of his readers may thereby be induced to suppose them equally safe in their hands, as they appear to have been in his—and hence be led to a more frequent use of them than modern practice has found necessary or safe. I confess, not without severe regret, that towards the latter end of thirty years practice, I found much less occasion for the use of instruments than I did in the beginning; and I believe we may certainly conclude that the person who, in proportion to the extent of his practice, meets with most occasions for the use of instruments, knows least of the powers of nature; and that he who boasts of his skill in their application, is a very dangerous man.

I mean not, however, to proscribe the interposition of art, or the use of instruments in labour. I know that on some occasions they are absolutely necessary, and have been, in skilful hands, the happy means of preserving both mother and child: but such occasions are confessedly rare; and we have the authority of the best modern authors, in saying, that instruments are not found necessary once in ten times, when the contemporaries and immediate followers of Smellie would have applied them. I have been led into these reflections from a persuasion, grounded on the best information I have been able to procure, that that dreadful, murdering instrument, the crotchet, is among us in the country, too frequently applied in cases in which, if any instrument at all is necessary, the safer forceps may be used with success.

Let, therefore, the student of midwifery study, first,

the symptoms and progress of natural labours, as they are described by White, Clarke, and Denman, whence he will learn the powers and resources of nature; and when he is fully acquainted with these, he will be enabled to form a more just opinion, when he ought to have recourse to art. And let every practitioner, when he supposes himself called upon to put in practice a remedy, by which the life of the infant is necessarily sacrificed, and that of the mother greatly endangered, reflect, that in all such cases we reason only from strong probabilities; that the resources of nature are almost infinite, and that the event frequently disappoints our expectations. No man, therefore, who has been fatigued by several days' and nights' careful attendance—whose sympathy for the sufferings of his patient has been greatly excited, and whose fears for her safety are increased by the fears and distresses of her friends, can be sure he commands that cool and dispassionate judgment, which alone ought to determine so intricate a question. It is his duty, therefore, to call for the counsel of some other, in whose experience and judgment he has confidence, whose mind is free from the embarrassments under which his own labours, and who at all events will share his responsibility and lessen his regrets.

I cannot conclude this introduction without further advising every young person engaging in the study of midwifery, not to trust wholly to the information he may derive from books, in an art, in which so much depends on that which is to be obtained only from practice: but before he takes upon himself so important an office in which all the resources of know-

ledge and experience may be called for in a moment ; to spend at least one or two seasons, under the professor of this branch of medical learning, at one of the colleges of New-York, or some other of the learned institutions, of which our country has good reason to boast ; where he will acquire that preliminary knowledge, without which, he can never fully understand this or any other branch of medicine ; where he may have an opportunity to add experience to theory, and while he is learning the rules, see their application in actual practice : for as is the case in every other mechanical operation, so in those of midwifery ; although the manner of performing them may be described in words, and the principles on which that depends may be acquired by study, practice alone can give that coolness and dexterity which are necessary to ensure success.

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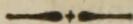
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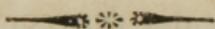
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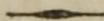
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A COMPENDIUM
OF THE THEORY AND PRACTICE OF
MIDWIFERY.



CHAPTER I.

OF THE FEMALE PELVIS AND ITS CONTENTS.



SECTION I.

Of the Bones and their Connections.

1. OF the skeleton, the knowledge of the bones of the pelvis or basin only is necessary to the practice of midwifery ; but of these the more accurate her knowledge, the better will the midwife understand the causes of most of the difficulties which occur in tedious and dangerous labours ; and will thereby be taught to avoid many errors in practice. She will therefore do well not only to study their form and connections, from plates and descriptions, but, whenever she has an opportunity, to correct and improve her knowledge by examining them on the skeleton. But although it is impossible for a student of mid-

A, the last vertebra of the loins—B B B the sacrum—C C the pubes—D D the thigh bones and their sockets—E E the ilia—F F F F F F the brim of the pelvis—G the coccyx—C 1 the arch of the pubes.

2. The pelvis or basin which is here represented, is that large irregular circle of bone, which supports the body, by its attachment to the back-bone at the bottom of the loins; and by the sockets which it affords to the heads of the thigh bones; and which contains and defends within its cavity, the bladder of urine, the rectum or straight gut, and between them the womb.

3. It is formed behind by the os sacrum or rump-bone B B B: on the sides by the ossa ilia, or hip bones E E: in front by the ossa pubis or share bones C C: and below by the ischia, or the bones on which we sit H H: with a part of the sacrum, and its appendage, the coccyx G, which in brutes ends in the tail. A marks the last vertebra of the loins, and C 1 the arch of the pubes; and above, its juncture, called the symphysis pubis.

4. All the bones of the pelvis are connected by rough surfaces, and an intervening cartilage; this is most conspicuous in infancy, and more or less obliterated by age. That which connects the ilium, ischium, and pubes is soonest obliterated, and before puberty can only be discovered by a rough line crossing the sockets of the thigh bones; so that in the adult those three bones form but one, and are commonly so described under the denomination of os innominatum; but with a view to the practice of midwifery, it is most convenient to consider them as three distinct bones.

5. The cartilaginous connection between the os sacrum and ilium, is seldom quite obliterated until in advanced old age; and in young women during labour sometimes yields so much as to form an imperfect joint, which very much weakens that part, and impairs the manner of walking through life.

7. The connection in front between the bones of the pubes is still looser, and approaches more nearly to the structure of a joint; the anterior extremity of each bone is covered by a cartilage, and connected and bound together by very strong fibres, of a nature between cartilage and ligament, passing in every direction from one to the other, and interspersed with small reddish substances, supposed to be synovial glands. This substance is of the shape of a wedge, thicker before than behind, and forms between the bones of the pubes a species of articulation, seldom or never quite obliterated even in advanced life. Consequently, whether from a natural relaxation and disposition in these junctures to separate during labour, or from the effects of disease, it is most frequently here that such a separation is observed to take place; which, according to the degree of it, or the sudden violence with which it is produced, is followed by inflammation and abscess, excruciating pain, tedious and incurable lameness, and on some occasions even by death.

7. It was formerly supposed, that these symphyses or junctures between the bones of the pelvis, always yielded somewhat during labour; and that in severe labours from contracted pelvis, they yielded so much as considerably to facilitate delivery. This sentiment led at first to the practice of attempting to

promote the relaxation of these parts by baths, poultices, fomentations and liniments; and afterwards to the proposal of an operation to divide the symphysis pubis. But after the most attentive consideration of this subject, by examining the bones on the skeleton, and performing the operation on the dead body, it has been proved, that by the most complete division of the pubes, no enlargement of the pelvis can be obtained, which will compensate for the danger attending, or the ill consequences which must necessarily follow the operation. The same arguments prove, that all other attempts to soften and relax these junctures must be absolutely useless.

8. The articulation between the sacrum and the spine is formed like those between the vertebræ of the back bone by an intervening cartilage, very thick before and very thin behind, by which shape the angle at A, plate 3, between the sacrum and last vertebra of the loins is formed.

9. The coccyx G consists of three or four articulations, diminishing from the top of the first to the extremity of the last; each piece is covered by cartilage, and united to the sacrum and to each other by strong ligaments, so as to allow of considerable motion backwards; most freely in youth, and diminishing insensibly, until by age it is obliterated; which, when it happens early, occasions some inconvenience in labour.

10. It is very manifest, by inspecting the plate, that when a person stands upright, the weight of the body, resting on the heads of the thigh bones, has a tendency to press those parts of the pelvis which form the sockets inwardly towards the sacrum; and conse-

quently, that if at any time the bones should be rendered soft and yielding by disease, the cavity of the pelvis might be contracted and deformed. This actually takes place, sometimes in adults, more frequently in rickety children. Such children, therefore, should never be put on their feet, and taught to walk, until by time and the use of the cold bath, they shall have got the better of the disease; but they should be suffered and encouraged to creep about, until they have acquired so much strength, as to get on their legs of their own accord; this will afford the best chance to preserve the natural shape of the pelvis, a matter of the first importance to girls, and on which, not only their beauty, ease, and comfort, but the safety of their lives, when they come to be mothers, may depend. It is of worse consequence to keep such children constantly sitting, than to make them walk; because, whilst the pressure is nearly the same, they are deprived of that exercise which would contribute to their cure.

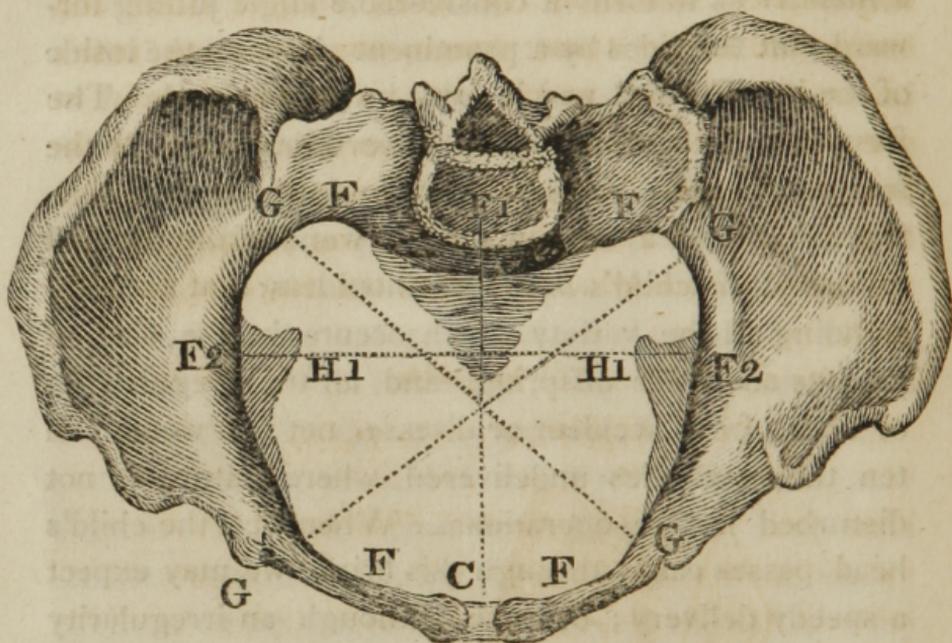
SECTION II.

Of the Openings and Dimensions of the Pelvis.

11. AFTER the fourth month of pregnancy, the womb rises out of the pelvis, and as it increases in size, rests on and is supported by an oval ridge formed by these bones, and projecting a little inwardly, called the *brim* of the pelvis, through which the child must pass at its birth; and upon the form and dimensions of which, as far as the mother is concerned, the ease and difficulty of labour very much depend; it is therefore necessary that the midwife should form as accurate an idea as possible of the *brim* of the pelvis.

12. The *brim* of the pelvis which is marked in the plate by the letters F F F F F F is formed behind by the upper part of the sacrum F 1, and the lower part of the last vertebra of the loins A, which join in such a manner as to form a considerable angle jutting forward : at the sides by a prominent ridge on the inside of the ilia, F 2 F 2, and in front by the pubes C. The form is an irregular oval, narrower from behind to the forepart, from F to C, and wider from side to side, from F 2 to F 2, and in size so wonderfully adapted to that of the child's head and shoulders, that notwithstanding all the variety which occurs in the size of parents and their offspring, and all the irregularities of shape from accident or disease, not one woman in ten thousand dies undelivered where nature is not disturbed in her operations. Whenever the child's head passes easily through this brim, we may expect a speedy delivery ; because, although an irregularity in the shape and contraction of the lower opening of the pelvis (see plate 4) may obstruct the birth, yet that does not so frequently occur as a contraction of the brim ; and whenever the lower opening is deformed, the brim can hardly escape.

PLATE II.

Superior opening of the pelvis.

FFFFF the brim of the pelvis.

F 1 C, direct and shortest diameter.

F 2 F 2, transverse or longest diameter in the skeleton.

G G, diagonal or longest diameter in the living subject.

H 1 H 1, sharp processes of the ischia.

13. This plate exhibits a view of the pelvis, so placed as to look more immediately through the *brim* from above, by which its shape and dimensions, together with the parts of each bone which form it, are more easily and distinctly seen. Its shape is nearly oval, longest from side to side from F 2 to F 2, and narrower from pubes to sacrum from F 1 to C. Its di-

A, the last vertebra of the loins.

F 1, the first vertebra of the sacrum.

B, the sacrum.

C, the pubes.

D, the ilium.

F F, the brim of the pelvis.

G, the coccyx.

H 1, sharp process of the ischium.

H 2, blunt tuber of the ischium.

I, hollow of the sacrum.

K, coccyx when bent back.

14. This plate represents a lateral section of the pelvis, in which the body is supposed to be cleft perpendicularly through the back bone behind, and through the symphysis pubis (or joining of the share bones) before. It is designed, in the first place, to shew again the brim of the pelvis F 1 F F C, and particularly to demonstrate how much the short diameter of the brim depends upon the distance between the projection of the sacrum (formed between the last vertebra of the loins A, and the first of the sacrum F 1) and the pubes or share bone at C, the contraction of which space in ill-formed women, is one principal cause of all the difficulties which occur in tedious and dangerous labours; secondly, it shews the depth of the pelvis behind, that is, from the brim at F, to the coccyx, about five and a half or six inches, when that bone is pushed as far back as it will commonly yield, expressed by the dotted lines ending at K; at the sides, from the brim F to H 1, the sharp process of the ischium; and again from F to H 2, the blunt tuber of the ischium about three and a half inches, and before, where the depth of the pelvis is no

more than that of the pubes C, about one and a half, or at most two inches.

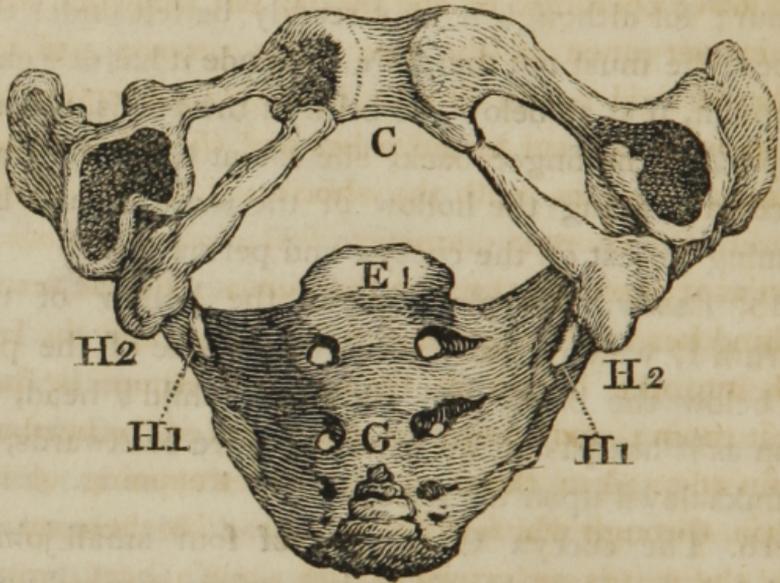
The knowledge of these circumstances will prevent the midwife from being deceived in forming an opinion, how far the child's head has advanced during labour; for although it may readily be felt under the pubes, she must not therefore conclude it has descended much, if at all below the brim of the pelvis, unless, by passing the finger back, she can at the same time discover it filling the hollow of the sacrum, and beginning to rest on the coccyx and perinæum.

15. Lastly, this plate shews the hollow of the sacrum I, which greatly enlarges the size of the pelvis below the brim, and allows the child's head, as soon as it has passed the brim, to retire backwards, as it sinks down upon the coccyx.

16. The coccyx C consists of four small joints, which being movable, it retires when pressed upon by the child's forehead, and increases the distance between this small bone and the pubes about one inch, by which the vertex (or that part of the child's head on which the hair diverges) and which is commonly the presenting part, is allowed more easily to slip from under the pubes.

17. In some subjects a little advanced in life, the coccyx is not only united as one bone to the sacrum, but the small bones of which it is composed, are likewise firmly united with each other, so that it makes some resistance, and increases the difficulty of the first birth. The contractions of the womb, however, will overcome this difficulty, and it has often been known to give way with a crack heard by the midwife and attendants. After this, in subsequent labours, the same difficulty seldom occurs.

PLATE IV.

Inferior Opening of the Pelvis.

C, pubes.

E 1, sacrum.

G, coccyx.

H 2 H 2, blunt tuber of ischium.

H 1 H 1, sharp process of ischium.

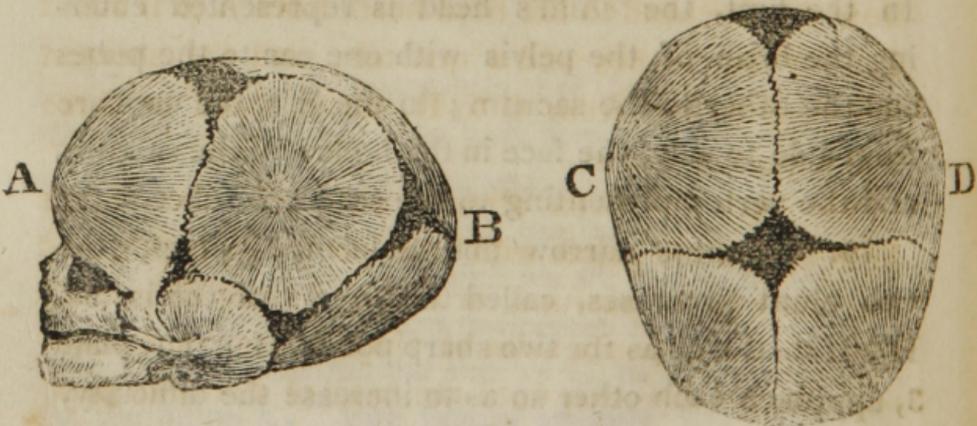
18. This plate represents the lower opening of the pelvis, so placed as to look through it from below, in which the principal circumstance worthy of remark is, that the distance between the tubers or blunt processes of the ischia, on which we sit H 2 H 2, as well as that between the sharp processes H 1 H 1, is narrower than that from the coccyx G, to the lower edge of the pubes C. The lateral opening from tuber to

tuber being from four to four and a quarter inches, whilst the transverse opening from pubes to coccyx, when that small bone is pushed back as far as it will easily yield, is from five to five and a quarter inches. By this change between the diameters of the upper and lower openings of the pelvis, but particularly by the convergence of the two sharp processes of the ischia H 1 H 1, the child's head, which enters the pelvis with one ear to the pubes and the other to the sacrum; that is, with the shortest diameter of the head to the shortest diameter of the brim, is made to turn as it descends through the pelvis, until the vertex or hind head is brought under the pubes, and the face falls into the hollow of the sacrum, where it finds most room; and where the diameters of the head are again adapted to those of the lower opening of the pelvis, through which it has to pass. By these means too, the vertex or crown of the child's head, which is in all respects its smallest part, is brought to present to and first to pass the external orifice; which circumstance lessens as much as possible the necessary distention of the soft parts of the mother, and relieves them in a great measure, as soon as the vertex slips from under the pubes, (see plate 17 and plate 18.) In the first, the child's head is represented entering the brim of the pelvis with one ear to the pubes and the other to the sacrum; in the last, the ears are from side to side, the face in the hollow of the sacrum, and the vertex presenting to the external orifice.

19. In some narrow and deformed pelves, the two blunt processes, called the tubers of the ischia, H 2 H 2, as well as the two sharp points, H 1 H 1, plate 3, approach each other so as to increase the difficulty,

which the bones of the mother oppose to the easy passage of the child's head. As soon as the child's head has passed these, all danger from the labour is generally over; for although, in some labours, with a first child, and in women advanced in life before they bear children, the soft parts being of a firm and rigid texture, make considerable resistance to the birth; yet when that is left to nature from the beginning, and they are not fretted and inflamed by any officious interposition of the midwife, they soften and relax, sometimes in a few minutes, generally in a few hours, so as to permit the child to pass without injury: and as the woman is in no danger all this time, there can be no pretence for interference. Thus we see that upon the size, shape, and proportions, first of the brim, or superior opening, and secondly of the lower opening of the pelvis, almost all the difficulty in natural labour depends, and that when the child's head passes easily through these, we may expect a speedy labour.

PLATE V.

Bones of the Child's Head.

20. This plate shews the shape and proportions of the child's head, and the loose and imperfect manner in which the bones are formed and connected at birth; by which structure it is capable (if time be given) of being moulded into a proper shape, more easily to pass through the brim and lower opening of the pelvis, especially when that is not perfectly well formed. The imperfect edges of these bones and their membranous connections, not only permit them to approach, but when it is necessary, to overlap each other considerably; and, with little or no injury to the child, admit so great a change of shape, that the dimensions of the head are on some occasions completely changed; and the vertex or crown is pushed out into the form of a sugar-loaf, by which the difficulties occasioned by the large size of the head, and by all the lesser degrees of contraction and deformity of the pelvis, are so far diminished as to manifest, that but for this wise and benevolent formation, many children must have perished, or many women have died undelivered. The dimensions of the child's head, are naturally so much less than those of the openings of the pelvis, as to leave sufficient room for the fleshy coverings with which the pelvis is lined. The longest diameter of the head is from the forehead to the hind-head, from A to B about four or four inches and a quarter; and the shortest from ear to ear, from C to D, about three or three and a quarter inches.

21. As has been already observed, the child's head enters the pelvis with one ear to the pubes, and the other to the sacrum, or rather a little diagonally towards the opposite sides of these bones; and continues in that direction until the basis of the skull pass-

es the brim of the pelvis: it then begins to turn where it finds least resistance, the pains forcing it down, whilst the sharp processes of the ischia (see plate 3, H 1 H 1) pressing diagonally on the sides of the head, one towards the crown and the other towards the forehead, on the opposite side, compel it as it descends, to turn with its longest diameter towards the longest diameter of the pelvis; until the face falls into the hollow of the sacrum, the nape of the neck against the pubes, and the vertex or crown to the external orifice. Whilst the head of the child is making these turns, so as constantly to present its longest diameter to the longest diameter of the pelvis, the body of the child makes similar turns; so as to enter the pelvis with the shoulders from side to side: but as they descend, they are likewise by the same powers compelled to turn, by which means, when they arrive at the lower opening of the pelvis, one shoulder presents to the sacrum and the other to the pubes; and this passing through the external orifice a little before the other, lessens the necessary distention of the soft parts. Besides the bones of the head, many others which constitute one bone in the adult, are connected less firmly by cartilages and ligaments in the fœtus; and all the joints of the fœtus are much more flexible and movable than they are in the adult, so as to yield considerably in passing through the pelvis, and render the birth more easy.

The dark spots in the drawings represent the openings between the bones where they are connected by membranes.

PLATE VI.



22. This plate exhibits a child's head passing through a pelvis contracted about one fifth in the short diameter of the brim from sacrum to pubes; which, from the structure just now described, it is enabled to pass by the force of the natural pains, when time is given. It is true, greater deformities than this occur, and once in many thousand cases, the pelvis has been found so distorted and contracted by disease, that a living child could not possibly pass through it. Of the degree of distortion, some opin-

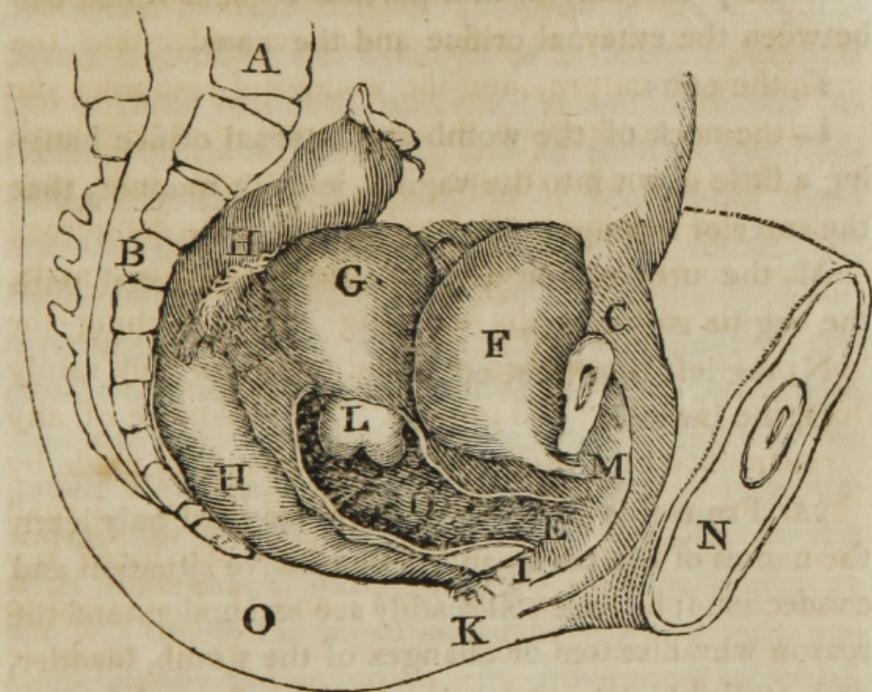
ion may be formed by examining by the vagina: if the projection of the sacrum cannot be felt by the finger, directed backwards and upwards from under the pubes, we may conclude there is no considerable deformity; but if we can reach it, we may judge by the readiness with which we discover it, of the degree of the distortion, and of the consequent obstacles it may present to delivery. Much uncertainty, however, attends forming an accurate opinion on this subject; and conclusions, which have determined the use and application of instruments, have been admitted even by experienced practitioners, which have afterwards been found to be erroneous.

23. By reviewing and reconsidering all this apparatus, we may in some measure understand the œconomy of nature, and the wonderful resources she possesses to accomplish this, her great work, the birth of a child: and particularly we must see, how unavailing and absolutely useless, are all those dangerous but too common efforts which many midwives make to aid the delivery, by scooping and stretching the soft parts of the mother to make room, as they vainly imagine, for the child to pass. All resistance of any consequence in a well conducted labour, is made by the bones, and this the midwife cannot lessen. I shall have gained a great point when I have convinced my reader of this important *truth*; and if I succeed to any general extent, shall have in a great measure accomplished the end and principal object I have in view, in composing this essay—removing from the minds of our midwives in general a prejudice the fruitful source of many dangerous errors in their practice; and which are so common in all countries, that there

is not a writer on midwifery who does not reprobate and complain of them, and attribute to them most of the difficulties and danger which occur in tedious labours. The knowledge of these circumstances is the basis and grammar of all safe and judicious practice in midwifery. They should, therefore, be carefully studied and thoroughly understood by every practitioner.

SECTION III.

PLATE VII.

Contents of the Pelvis.

24. In this lateral section of the pelvis, the bladder of urine, the unimpregnated womb, and the straight gut, are represented pretty nearly in their natural situations.

A, the last vertebra of the loins.

B, the sacrum or rump bone.

C, the pubes or share bones.

D, the vagina, or canal leading from the external orifice to the womb. It is supposed cut through the middle, and the right half removed, to shew its course and connection with the neck of the womb.

E, the external orifice.

F, the bladder of urine, moderately distended before the womb.

G, the unimpregnated womb, lying between the bladder of urine and the straight gut.

H, the straight gut behind and below the womb.

I, the perinæum, or that portion of skin which lies between the external orifice and the anus.

K, the anus.

L, the neck of the womb and internal orifice hanging a little down into the vagina, in such manner, that the anterior is longer than the posterior lip.

M, the urethra, or urinary canal, connected with the vagina and womb.

N, the left thigh cut off.

O, the buttock.

25. From this plate the midwife may not only learn the names of the parts, and their relative situation and connections; but she will readily see and understand the reason why diseases or changes of the womb, bladder, and straight gut constantly affect each other. The enlarged womb must press on the gut and retard the passage of the excrement; the neck of the womb may press on the neck of the bladder and prevent the exit of the urine; or the body of the womb may press

on the fundus of the bladder and prevent its retention. If the womb fall lower down into the vagina than its natural situation, it must drag the neck of the bladder with it ; or if the over-distended bladder rises up above the pubes, it must carry the neck of the womb with it ; and inflammation, tumours, or ulcers of either of these parts must readily be communicated to the others.

26. By attending particularly to the situation and direction of the straight gut, and the urinary canal ; she will be taught more easily and more skilfully to perform two common operations, administering a clyster, and introducing the catheter to draw off the urine. No midwife should be unprovided with the necessary instruments for performing these operations ; a good clyster syringe, or at least a pipe and two or three bladders, and a silver and an elastic catheter ; they cost but little, and as soon as the midwife has obtained the reputation of performing these operations skilfully, she will be amply repaid. It seems hardly necessary to give directions for administering a clyster ; yet if the midwife observes the situation of the anus, and course of the straight gut, she will see that by raising her hands towards the patient's thighs, and directing the pipe a little upwards, but chiefly backwards, she will introduce it with more ease ; and by keeping it in that direction, she will throw the injection further up the gut, and consequently the operation will prove more effectual. It is a common error to choose too small a pipe ; a large pipe is more easily introduced than one that is too small.

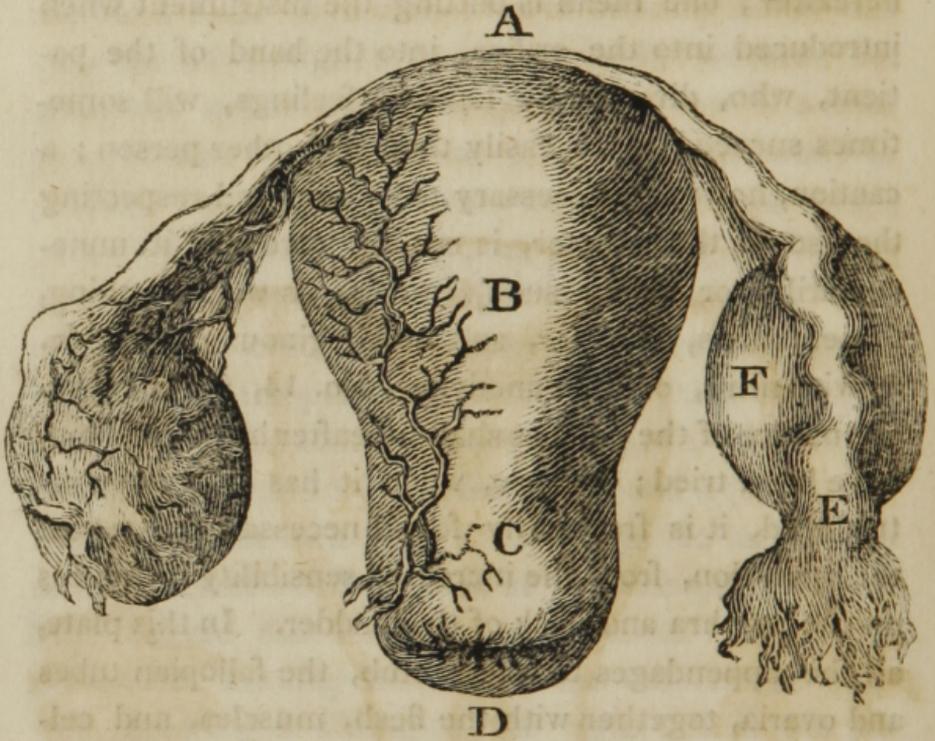
27. Introducing the catheter, in the female, when the midwife is properly acquainted with the

situation of the orifice, and the direction of the urinary canal, is an operation of little more difficulty than administering a clyster; except where certain obstacles occur, which are to be overcome, more by patience and gently repeated attempts, than by any remarkable skill. From motives of delicacy alone, this easy operation ought to be in the hands of women; but what is of much more consequence is, that if a man is to be sent for every time it may be necessary to perform it, it will generally be 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 situate 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 (M); it is not above one inch and a half long, so large as to admit a catheter of the size of a goose-quill, and so little curved that a straight instrument is by some preferred. Having discovered the orifice, the midwife, standing or sitting on the right side of the patient, and holding the instrument in her right hand, with the hollow of the curve towards the patient, is to introduce it, directing the point at first a little downwards and backwards, then gently depressing the hand, raise the point a little upwards and forwards; it will almost immediately enter the bladder, and the urine will flow from its extremity: if, however, 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. The causes of such difficulties, and the manner of removing them, will be explained hereafter ; one mean is putting the instrument when introduced into the orifice, into the hand of the patient, who, directed by her own feelings, will sometimes succeed more easily than any other person ; a caution, however, necessary to be observed respecting the use of the catheter, is not to introduce it unnecessarily, or before such remedies as warm-bathing, fomentations, a clyster, soft mucilaginous drink, No. 2, with nitre, or mild anodynes, No. 14, according to the nature of the case, as shall hereafter be pointed out, have been tried ; because, when it has once been introduced, it is frequently found necessary to repeat the operation, from the increased sensibility it induces on the urethra and neck of the bladder. In this plate, all the appendages to the womb, the fallopian tubes and ovaria, together with the flesh, muscles, and cellular membrane which line and fill up the cavity of the pelvis, and connect the several organs, are omitted, in order to exhibit a more distinct representation of the parts most essential for the information of the midwife.

SECTION IV.

PLATE VIII.

Of the Womb and its Appendages.

28. This plate is intended to represent the womb, the fallopian tubes and ovaria dissected from the surrounding membranes: on the right side as they appear in the unimpregnated state, on the left soon after conception.

A, the uppermost part of the womb called the fundus.

B, the body of the womb.

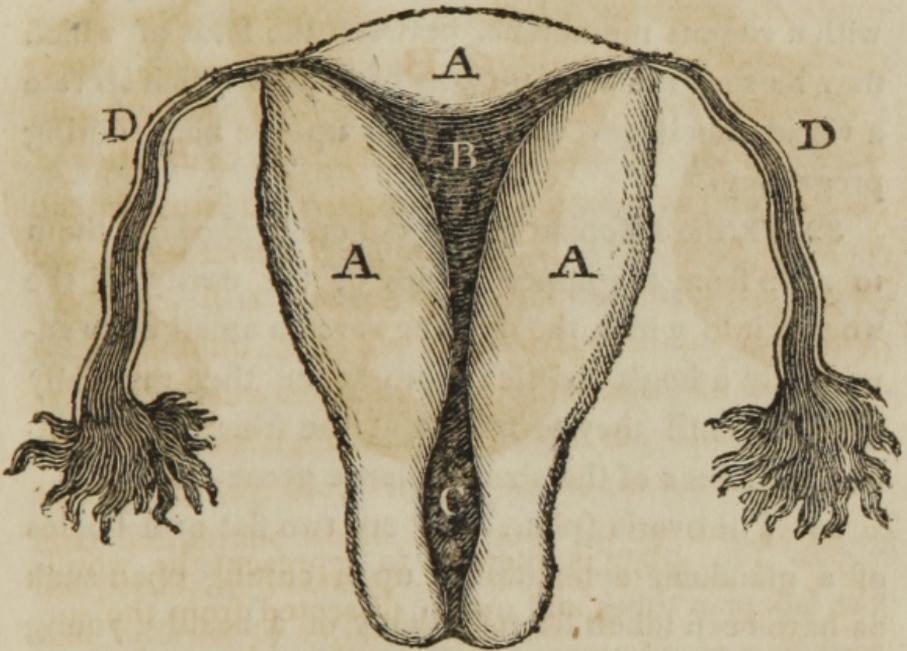
C, the cervix or neck of the womb.

D, the internal orifice, called os tincæ.

E, the fallopian tubes with their fringed extremities.

F, the ovaria or egg-bed, by extirpating which, the animal loses the power of conceiving; they are, therefore, supposed to furnish whatever the female contributes to generation. All these organs are inclosed in a duplicature of the peritonæum, which leaving them forms the broad ligaments of the womb.

PLATE IX.



29. This plate represents the internal structure of the same parts, after making a perpendicular section of the womb and removing its anterior parts.

A, the sides of the womb; they are of very considerable thickness, and consist of fibres running in every direction, leaving between them interstices filled with a mucilaginous fluid.

30. B, the cavity of the womb, of a triangular figure,

lined with a very delicate membrane, and furnished with numerous vessels, which terminating by open mouths in the cavity of the womb, or bursting open from time to time, yield the menstrual blood. This has been frequently proved by the dissection of women who have died during the period of menstruation, in whom these vessels have been found very turgid, and the whole cavity, but particularly that of the fundus, spotted with bloody effusions.

31. C, the canal of the neck of the womb, lined with a rugous membrane, between the folds of which may be seen the open mouths of vessels which secrete a viscid mucilage, which plugs up the neck during pregnancy.

32. D, the fallopian tubes, cut open, showing them to arise from the upper angles of the cavity of the womb, into which the openings are so small as to admit only a hog's bristle; from hence they gradually enlarge, until they terminate at the fringed extremities in orifices of the size of a large goose-quill.

33. The ovaria (plate 8, F) are two flat oval bodies of a glandular appearance: upon cutting open such as have been taken from the body of a healthy young woman, a number of vesicles, from eight or ten to fifteen or twenty, of different sizes, joined to the internal surface by cellular threads, and containing a fluid, are discovered. There is great reason to believe these to be real eggs, and that they contain the rudiments of the future embryo. They are generally found in different states of maturity, some very small and obscure, others more distinct and prominent. (See plate XI, fig. 1.)

Changes in consequence of Conception and Pregnancy.

34. Upon opening the body of a woman who has died within three weeks after impregnation, all the vessels of the womb, the fallopian tubes, and ovaria, appear considerably enlarged; the parts themselves swollen, and the womb in particular more soft and spongy: the fimbriated extremities of one or both the fallopian tubes appear turgid with blood, and turned inwards upon the ovarium of the same side, embracing some parts of it very closely, somewhat as represented on the left side of plate 8.

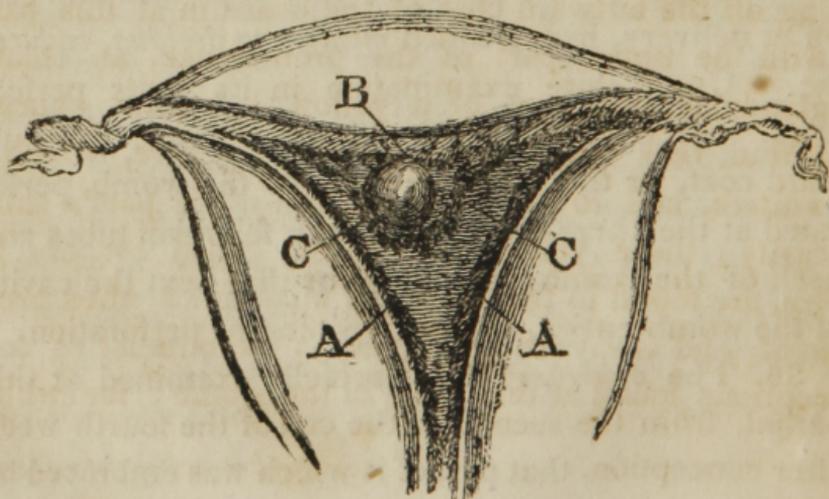
35. Upon making the same perpendicular section of the womb at this time, as represented in plate 9, the cavity is found to be more or less lined with a shaggy coat, consisting of very fine and tender vessels, shooting out from its sides or hanging down from its fundus. (See plate 10.) This coat is first formed at the fundus, neck and orifices of the fallopian tubes, but soon after lines the whole cavity. It is never found in the unimpregnated state, but is decidedly a production of pregnancy, preparing the womb for the reception and attachment of the ovum, and for the nourishment of the embryo; it is separated and cast off at delivery, hence called *membrana decidua, caduca*, &c. Upon close examination in its most perfect state, it is found to be a double membrane; the outward coat, or that next the sides of the womb, perforated at the three openings of the fallopian tubes and neck of the womb; the inner or that next the cavity of the womb entire, without opening or perforation.

36. The *ovarium* being carefully examined at this period, from the second to the end of the fourth week after conception, that part of it which was embraced by

the fallopian tube has been found enlarged, and rising from the surrounding surface, (plate 11, fig. 2) and upon carefully dividing the integuments which cover this prominent part, a small vesicle has been seen to escape from it; at other times this vesicle, of the size of a pea, has been found in the course of the tube towards the womb; and on some rare occasions, having altogether missed the orifice of the fallopian tube, it has fallen into the cavity of the abdomen among the intestines.

37. Some time between the fourth and the eighth week, (the period has never been ascertained and probably is not much limited,) the vesicle is to be found in the cavity of the womb: it enters from the fallopian tube, through the opening in the outward coat of the deciduous membrane, insinuates itself between that and the inner coat, and as it increases in size, pushes the inner coat down before it, makes of it an outward coat to itself, and forms what Doctor Hunter, from this circumstance of its being reflected over the ovum, has called decidua reflexa.

PLATE X.



This plan is intended to illustrate this subject.

A, represents the decidua vera lining the womb, and formed before the ovum enters it.

B, the ovum.

C, the decidua reflexa, beginning to be formed by the growth of the ovum behind it. One end of this æconomy seems to be to secure the attachment of the placenta to the fundus or upper parts of the sides of the womb; for although now and then the placenta is found attached to other parts of the womb, and sometimes even over the very orifice, yet this is an accidental circumstance, probably owing to a want of due resistance in the inner coat of the decidua; and ninety-nine times out of a hundred the attachment of the placenta is found to be near the orifice of the fallopian tube, most frequently towards the fundus.

38. On examining the prominent part of the ovarium soon after the vesicle has escaped from it, a fissure of the integument is observed, which healing after some little time, leaves a cicatrix or scar, (plate 11, fig. 2) and these cicatrices are said always to equal the number of times a woman has conceived. Taking off the outward coat of the ovarium at this part, with the upper part of the prominence, an oblong glandular substance, of a yellowish colour, appears within, very vascular, except at its centre, which is whitish, and in the middle of the white part a small cavity; these yellow substances, called corpora lutea, are found in the ovaria of all animals when pregnant, and always in proportion to the number of conceptions found at that time in the womb: for which

reason they are supposed to be cavities from which the ova had escaped.

PLATE XI.

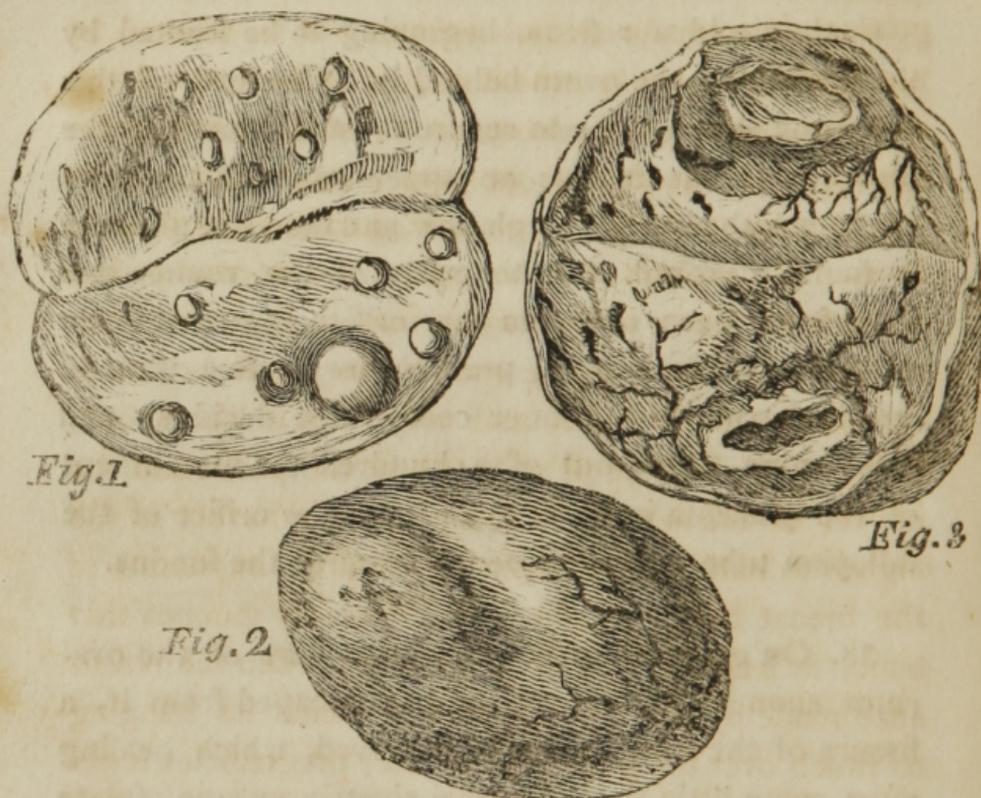
*Fig. 1.**Fig. 3.**Fig. 2.*

Fig. 1, represents the ovarium of a healthy young woman, cut open to shew the vesicles.

Fig. 2, shews the prominent part of the ovarium, and the cicatrix through which the ovum passed.

Fig. 3. The ovarium, cut open after impregnation, shewing the corpus luteum and cavity from which the ovum escaped.

Such are the facts which have induced most modern physiologists to conclude, that the female furnishes the rudiments of the new animal, and that the office of the male is to contribute to its form, and to excite and stimulate it into life.

39. During the early months of pregnancy, the womb receives a very slow and gradual increase of its bulk, nor is it before the end of the third or the beginning of the fourth month, that it can be felt rising above the pubes. Before this period, its increase is confined to the fundus and body, which at first sinks lower down into the pelvis; and the neck so far from being diminished, is from the general turgescence rather lengthened, as well as enlarged in all other dimensions. On examination, therefore, the internal orifice is felt lower down in the vagina than in the unimpregnated state. In the fifth month the womb begins to render the belly tense, and may be felt like a ball, rising to the middle point between the pubes and the navel; in the seventh it reaches to the navel; in the eighth to half way between that and the extremity of the breast bone; in the ninth it nearly touches that bone, at least in the first pregnancy, when the resistance made by the integuments prevents its hanging so much over the pubes, as in after pregnancies it generally does.

40. From the time that the ovum fills the womb, (that is, from about the middle of the fourth month, but not very evidently before the fifth or the beginning of the sixth month) the thick and long neck of the womb begins gradually to develope, and its cavity to become a part of the cavity of the womb, until at length nothing more than a mere ring remains, which forms the internal orifice. As the neck shortens, the orifice recedes from the touch, so that although easily felt until the end of the fifth or sixth month, it can hardly be reached at the end of the ninth: when again

the womb beginning to act, a general subsidence of the whole abdomen takes place, and the internal orifice is brought once more within reach. By comparing this corresponding shortening of the neck, and retirement of the internal orifice of the womb, with the height to which the fundus rises at different periods of pregnancy, an experienced practitioner may at any time form a tolerable judgment how far the woman has advanced.

SECTION V.

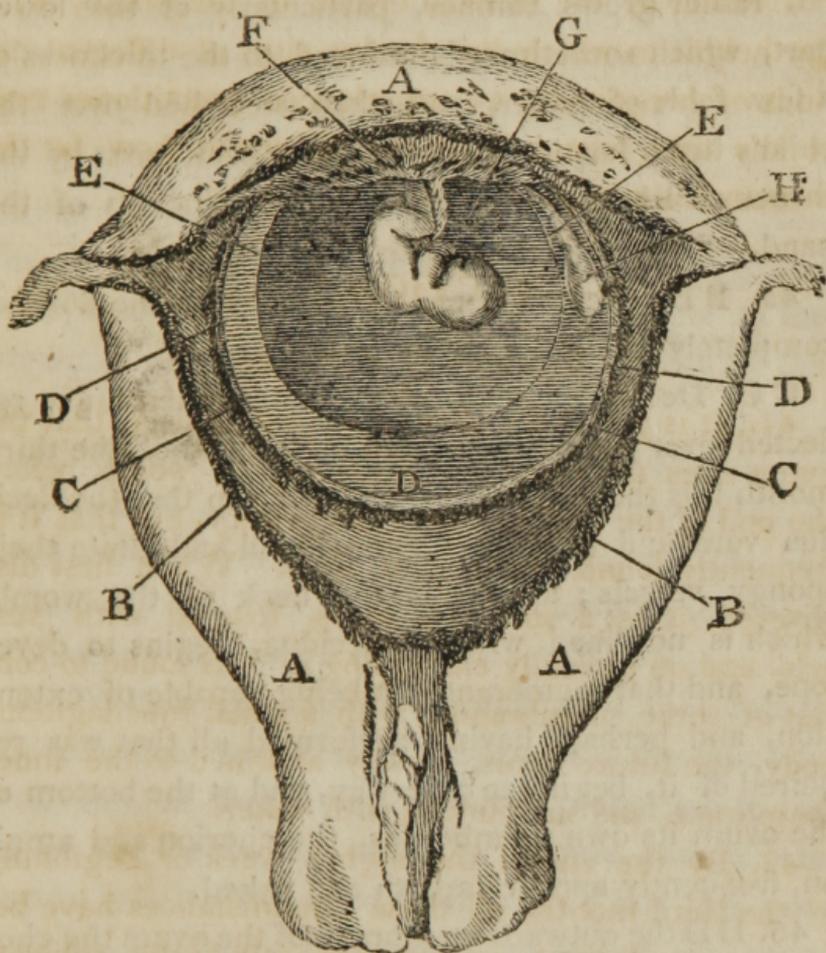
Structure of the Ovum.

41. It is generally allowed by anatomists, that the ovum does not enter the cavity of the womb before the end of the first month of pregnancy, but that it is frequently found there soon after. When first discovered, it is a soft oval mass, fringed with vessels, and on carefully examining it, it is found to consist of three membranes, with a small mucilaginous body, the future fœtus, closely attached to the inner membrane, and surrounded with water.

42. By the end of the eighth week or beginning of the third month, all these circumstances have become more distinct, and consequently better subjects for examination. The ovum now is nearly as large as a hen's egg; the attachment to the womb by the placenta has commenced; the fœtus, about the size of a bee, has receded from the fundus, and hangs in the surrounding fluid suspended by the umbilical cord; as is represented in the following plan, in which the front of the womb and ovum are supposed taken off, whilst at the same time the fluids are supposed not to

escape, but to remain and keep all the membranes and foetus in their natural situation.

PLATE XII.



43. A A, the sides of the womb, no way diminished in thickness, which thickness they retain through the whole period of pregnancy: the increase of size being a power of growth with which the womb is endued, independent of any distending force exerted by its contents, and which is so conducted, as at every period of pregnancy, until the membranes are broken

and discharged, to allow room for the fœtus to move its limbs, and in some measure change its posture.

44. The developement of the neck does not proceed entirely in the same manner; but as it is distended, rather grows thinner, particularly at the lower part, which sometimes is reduced to the thickness of a few folds of paper, and when stretched over the child's head, has in some few cases been burst by the throes of labour, or by the rude introduction of the hand, or by an unskilful use of instruments.

45. B B, decidua vera, the deciduous membrane, completely lining the cavity of the womb.

C C, Decidua reflexa, or deciduous membrane reflected over the ovum, which by the end of the third month fills the cavity of the womb, so that the decidua vera and decidua reflexa blend and unite their spongy vessels; after this the neck of the womb, which is not lined with the decidua, begins to develope, and that membrane not being capable of extension, and perhaps having performed all that was required of it, begins to give way, and at the bottom of the ovum its own membranes, the chorion and amnion, frequently appear smooth and naked.

46. D D the outward membrane of the ovum the chorion, on the inside at all times smooth; on the outside, in the early months, shaggy and vascular. This flocculent surface of the chorion consists of the minute extremities of the vascular system of the ovum, by which it is supposed to absorb what is necessary for its growth, before its attachment to the womb by the placenta is completely organized.

47. E E, the amnion, a fine transparent membrane,

which immediately involves the fœtus ; it is very pellucid and thin in the early stages of pregnancy, but acquires considerable thickness and strength in the latter months.

48. Between the chorion and amnion a gelatinous fluid, as transparent as crystal, is interposed, more plentiful in the early months, and gradually diminishing as the pregnancy advances, so that in the latter months these membranes come in contact with each other. This fluid resembles the white of an egg, and is supposed in the early months to contribute to the support of the fœtus, as the white does to that of the chick.

49. Between these membranes likewise, in the early months of pregnancy, a small vesicle (H) is found containing a white fluid, and thence called vesicula alba ; it is connected with the navel of the fœtus by an artery and vein ; its use is not known.

50. Within the amnion is contained a thin watery fluid in which the fœtus is suspended ; the quantity of this fluid at first is very great in proportion to the size of the fœtus, by which its minute and delicate texture is better defended from injury ; but this proportion is gradually diminished, so that at full time, when the fœtus weighs from six to eight pounds, the quantity of the liquor amnii is seldom more than two pints.

51. F, *the placenta* ; as soon as the ovum passes from the fallopian tube into the womb, through the opening in the outer coat of the decidua, and lodges between that and the reflected portion, the flocculent vessels of the chorion blend and unite with those of the

decidua. From the irritation of this new substance, a greater action is excited, and an increased flow of humours solicited to the part, and most probably the placenta begins immediately to be formed, although neither that nor the cord is very apparent until several weeks thereafter.

52. G, *the fœtus*, suspended by a short cord from the placenta, and hanging freely in the water of the amnion. The cord is attached to the navel of the fœtus, so that the head and upper parts of the trunk are the heaviest, and consequently the head hangs down towards the neck and internal orifice of the womb. This is the natural position of the child, which, except in a few preternatural cases, it invariably preserves from the beginning to the end of pregnancy; and as this is the most favourable presentation, nature has made wonderful provision to secure it. In the part at which the ovum enters the womb, and that to which the placenta is most readily attached, both being near the fundus; in the quantity of water in which the fœtus swims, and in the part of the body of the child to which the cord is attached: so that we no longer wonder at the great regularity which in this respect is observed.

53. About the eighth week, the fœtus, the size of a bee, is still gelatinous, consisting of two oval masses, the head and the trunk; on the largest two dark spots mark the eyes, a small eminence the nose, and a small opening the mouth; the limbs appear just sprouting from the shoulders and hips. After this, the growth of the fœtus, and the developement of the parts very rapidly proceed, so that by the sixth month it is per-

fect in shape and form, except that the hips and lower extremities still bear (as they do even at birth) a less proportion to the head and trunk, so as to give those greatly the preponderance.

54. Between the fourth and fifth month, the motion of the child first becomes sensible to the mother, which sensation is called quickening, at which period women in general suppose themselves half gone.

55. *The cord*, by which the fœtus is suspended from the womb, consists of two arteries and a vein, singularly convoluted and twisted round each other; the arteries arising from the internal iliacs of the fœtus, come out at the navel, and carry the blood from the fœtus to the placenta, into which they plunge and ramify into very minute branches. The vein, (which in size is equal to both arteries) begins by its most minute ramifications in the placenta, and carries the blood from the placenta to the fœtus; entering likewise at the navel, it joins the vena portarum and vena cava, and after sending a portion of the blood to the liver, conveys the remainder directly to the right ventricle of the heart: from hence, a small portion is distributed by the pulmonary artery to the lungs, sufficient to keep them pervious; but as the fœtus does not breathe, and the lungs cannot expand, no more can pass that way: the fœtus is, therefore, supplied with a canal, (called ductus arteriosus) which arising from the trunk of the pulmonary artery, carries a large portion of blood immediately to the aorta; another portion passes through a hole in the septum of the heart immediately from the right into the

Auride
 left ~~ventricle~~, and from thence into the aorta, to be distributed to every part of the body: and again to be returned successively by the internal iliacs, and the arteries of the cord to the placenta.

56. *The placenta* is a spongy cake, consisting of two portions, one manifestly formed by the minute ramifications of the vessels of the cord, connected by a large portion of cellular matter, which is properly called the foetal part of the placenta: the other formed in like manner, by elongated arteries and veins of the womb, and is the maternal part of the placenta: between and connecting these, may be discovered the decidua. Neither the arteries or veins of the maternal part ever inosculate into continued canals with those of the foetal part of the placenta; but the arteries of the one pouring out a certain portion of the blood they carry, into the cells of the spongy substance of the placenta; it is absorbed by the veins of the other part. If, therefore, the vessels of the cord be cut or ruptured, the foetus bleeds to death, whilst the mother does not suffer; and if the placenta be torn from its connection with the womb, so as to rupture the maternal vessels, the mother bleeds to death; after which, the foetus has been taken from the womb alive, or when left, dies only in consequence of the death of the mother.

57. The blood of the mother, after having been duly prepared by her powers of digestion and respiration, is deposited in the cells of the placenta; whence it is absorbed by the veins of the foetus, carried to the heart, and thence distributed to every part of the body for their nourishment and growth: having performed

these offices, a large proportion of the blood is sent by the arteries of the cord to the placenta, thence to be absorbed by the veins of the mother, and carried into her habit to receive fresh supplies of oxygen and nutriment.

Hence we discover the office of the placenta to be to receive from the parent, and convey to the embryo, nourishment and oxygen; or that vivifying principle which all animals derive from the atmosphere.

CHAPTER II.

ON PREGNANCY, ITS SYMPTOMS AND DISEASES.

SECTION I.

Menstruation.

1. EVERY woman believes that her health and capacity of becoming a mother, depends upon the regularity of the monthly discharge. She has great reason for this opinion, at the same time that it must be confessed, there occurs great variety in this respect between different women; and that every deviation from the common standard in the same individual, so far from being justly considered as the cause of the ill health which generally accompanies it, ought more frequently to be considered as the consequence; and that the preceding impaired state of health, is generally the cause of the irregularity in menstruation. All attempts, therefore, to relieve such irregularities ought to be, and by physicians commonly are directed, to alter and change the state of general health; and much harm has been done, particularly in consumptive and other cases of great weakness, by attempts to bring on and force this evacuation, at a time when nature is unequal to it, and when the remedies employed are often very injurious.

2. Mothers, with equal reason, are anxious for their daughters about the period of their first menstruation, as their future health may greatly depend upon the happy establishment of this change in their constitutions: but in this instance also, it should be known, that success depends upon general health; and consequently upon their treatment of their girls in infancy, and during their education from early childhood. According as that has been well or ill conducted, perhaps in exact proportion, as they have been confined to a plain and simple diet; as they have been indulged in constant and free exercise in the open air; as they have been restricted from all weakening habits, sedentary occupations, indolence, soft beds, and late hours in or out of bed; will they pass happily through this critical period of their lives.

3. The only general rules that can be given are, that robust, florid, healthy girls, when about the age of fourteen or fifteen they begin to complain of flushings, head-ach, and general uneasiness; should observe a spare diet, consisting chiefly of vegetables, should keep their bowels open, use moderate exercise, and carefully avoid all that is violent, particularly in crowded and heated rooms. If the symptoms continue or increase, and the evacuation does not take place, the safest and most effectual remedy is periodically to lose three or four ounces of blood, at the end of twenty-eight days, for two or three months; bathing the feet and legs in warm water for a few evenings before, and postponing the bleeding a day or two after each period, to see if the natural evacuation does not take place.

4. On the contrary, relaxed and feeble young wo-

men, who are much more subject to such delay in the first appearance of the menstrual evacuation, should make use of such remedies as tend to strengthen the habit in general, such as bitters (No. 16. a. b. c.) a glass of good wine, constant exercise in the open air, particularly riding on horse-back, or in a common waggon; should use the cold bath, and if in their power, should drink chalybeate waters, at some of the public watering places; and those to whom this may be inconvenient, should take some mild preparation of iron, (No. 16, e.) this remedy should be preceded by a vomit, (No. 11. a. b.) and a cathartic (No. 9. b. c.) to cleanse the first passages; by which means the strengthening remedies will have a better effect. Having by these means strengthened the habit, they may take aloetic medicines, (No. 10. a. b. c.) a dose or two of rhubarb and calomel (No. 9. c.) have sparks drawn from them at an electric machine, or employ warm bathing, by sitting in a warm bath, so that the water may rise above the hips. This last remedy should be made use of a day or two before and after the expiration of twenty-eight days.

5. In temporary and accidental suppression of the menses from cold; the common practice of bathing the feet and legs, or rather sitting in warm water, with a garter tied moderately tight above the knee, taking a mild aloetic purge, (No. 10. b.) and drinking warm catnep tea on going to bed, are very useful remedies. When they do not succeed in the first instance, they should be repeated two or three nights successively, a little before the proper period for the return of the evacuation: if they again fail, the patient should immediately after lose a few ounces of

blood, and if she be a woman of a full and sanguine habit, this should be the first remedy.

6. A sparing and painful menstruation is to some women a very distressing complaint: besides carefully observing all the rules of general health, it is necessary on these occasions, carefully to avoid cold; to be confined for a day or two, and to take freely of tepid drinks through the day, as well as going to bed, so as to preserve an easy moisture on the skin; to use the warm bath by sitting in warm water, and when the pain is very severe to allay it by opium, (No. 14. a.)

7. The natural quantity of this evacuation is so different in different women, that it is by its effects only we can judge of what is scanty or profuse. When a scanty evacuation is followed by general uneasiness, a sense of fullness, flushings, and head-ach, it may be considered morbid, and should be treated as a case of suppression. When a considerable discharge is followed by languor, paleness, and general weakness, it is to be considered as profuse, and proper means should be made use of to restrain it; but these will differ considerably according to the constitution of the patient.

8. When head-ach, an oppressed breathing, increased heat, and a full pulse, precede or accompany a sudden and profuse flow of the menses, the evacuation frequently becomes its own cure; and if the woman be careful to keep her bowels open, to observe a spare diet, to drink only cold water, to observe great moderation in exercise, and to keep her person cool by thin clothing, a hard bed, and a free exposure to air; she may not only moderate the evacuation in future, but probably

derive considerable advantage from its present excess. If, notwithstanding these precautions, the flow should continue or return, she must lose blood from the arm, and after that, may cautiously have recourse to the remedies which are directed in the following paragraph to check a profuse evacuation in women of weak and relaxed habits.

9. In relaxed, feeble constitutions, a profuse flow of the menses is a more frequent and more serious complaint. During the flow, such women should be confined to a horizontal posture, on a hard bed; keep their persons cool; take cold drinks, rendered astringent by an infusion of rose leaves, or oak bark, and acidulated with the acid of vitriol, (No. 3. a. b. c.) at the same time apply to the external parts and to the pubes, cloths wet with cold water or vinegar; and in obstinate cases, take every four or every six hours eight or ten drops of laudanum. Vomits, which have a powerful effect in checking hæmorrhages in all weakened and relaxed habits, are recommended, and may be used in such cases of profuse menstruation, with a good prospect of advantage.

10. When these remedies fail, recourse may be had in hot weather to the cold bath, either by immersion or by having a pail of cold water poured over their persons, while sitting in a tub, even during the discharge: of the success of this practice, I have known some very happy instances. During the intervals of the discharge, such patients should use all those means which have been already recommended for improving their general health; and when the flow is almost constant, its presence constitutes no objection to the moderate use of wine, nourishing diet, chalybeates,

(No. 16. c.) or even exercise, which, when moderate, such as riding in a carriage, has often been known to suppress it.

11. At a particular period of life, commonly between the ages of forty and fifty, the menstrual discharge ceases with most women; in some it ceases suddenly, in others it goes off gradually; and when unattended with symptoms of disease, requires no other attention than such a regard to temperance in all things, as will run no risk of interrupting nature in the important change she is about to effect. All circumstances of pain or profusion, to which at this time women are very subject, must be treated as has been already recommended (in 6, 7, 8, 9, 10); to which may be added, this general observation; that every kind of excess, particularly that of spirituous liquors, subjects women at this time of life, to the most serious and distressing complaints: lastly, every deviation from nature in this important evacuation, when obstinate in its kind, or intricate in its cause, is a complaint in which the advice of a respectable physician should be sought, as there are few diseases, the treatment of which require more skill or penetration.

SECTION II.

Diseases.

12. *Conception.*—A cessation of the menstrual discharge, so generally takes place upon conception, that with great propriety it is considered as the first and most essential sign. This is not, however, universally the case, as some few women observe a regular discharge of

blood from the vagina, for a few months after having become pregnant: except, however, in such rare instances, or in the case of a woman becoming pregnant while she suckles; women may, with the greatest probability of being correct, date the commencement of their reckoning, from the middle of the period between their last menstruation, and the time when they should have menstruated again. More accuracy than this is not necessary; the approach of labour will commonly be indicated by unequivocal symptoms, long enough before to be prepared for it; and any considerable error in the reckoning, is always attended with some anxiety and apprehension.

13. There can be no doubt but that woman, as well as every other animal, is endowed by nature with the powers which are necessary to perform all her natural functions; and this observation is so peculiarly applicable to the states of pregnancy and parturition, that we risk little in asserting, that all the danger of these states in a healthy, well-formed woman, arises from some error or mismanagement. Yet such is the constitution, especially of the human body, that most great changes, though natural, are productive of some uneasiness: thus pregnancy is attended with sickness, labour with pain; which, unless excessive, so far from being considered as disease, and therefore to be removed, are either the necessary consequences of greater advantages and enjoyments, or somehow essential to future health and safety, and require only to be regulated. This admirable observation, Dr. Denman has, with great judgment, applied to every symptom, and many of the complaints to which women are liable, from the commencement of pregnancy to their

perfect recovery, after delivery ; many of those, which occur in an earlier stage, are to be considered as preparatory to that which is to follow ; and for this reason we should interfere with them with caution ; and carefully avoid all violent remedies, and every irregularity or excess in diet or regimen ; which may not only interrupt nature in her present delicate and important operations, but may perhaps lay the foundation of some untoward symptom in the succeeding labour, or some disease during child-bed.

14. Among the symptoms of pregnancy, *sickness and vomiting* so generally occur during the first months, as peculiarly to excite a suspicion, that they are somehow designed by nature to contribute to the woman's safety ; they likewise appear to be connected with that of the child : at least, by their presence and degree, to mark its vigour and lively state, and by their sudden disappearance, to indicate its death.

15. When, therefore, the vomiting is moderate, and confined to the early parts of the day, it should be left to nature, at least nothing more should be done, than to direct a simple and light diet, to correct acidity, to keep the bowels open by magnesia, (No. 15) and to strengthen the stomach by a cup of cold chamomile tea, or a light infusion of gentian or columbo, (No. 16. b. d.) by such means, this symptom commonly subsides within the first three or four months.

16. Simply to correct sourness, a tea-spoonful of fine chalk, or half a tumbler of lime-water, (No. 15. c. d.) mixed with milk, are frequently found very effectual ; but as they have no tendency to open the bowels, they are not so proper as magnesia, when sickness is attended with costiveness : on the contrary,

when it is attended with a lax, they are the most proper.

17. In other cases, when this symptom proves more severe, when the stomach continually rejects whatever food is taken, and when the vomiting not only continues through the day, but during the night, and especially when it is attended with a full pulse, some feverish heat, head-ach and dizziness, the loss of five or six ounces of blood becomes necessary, which may be repeated in three or four days, if these symptoms continue to call for it: this is more safe than to take away a large quantity of blood at one time, which is always dangerous in early pregnancy.

18. In these cases, the saline draughts (No. 12. c. a.) are very proper; or a few drops of the elixir of vitriol, (No. 16. f.) or of the essence of pepper-mint, (No. 17. b.) Laudanum or an opium plaster, or a small blister, may be applied externally to the stomach with advantage; but the internal use of laudanum should be avoided as much as possible; as, besides producing costiveness and weakening the stomach, its frequent use has been supposed, by some men of great experience, to have an ill effect upon the infant.

19. In women of weak and delicate habits, bleeding is to be used with caution; and if too much blood be drawn, or it be imprudently repeated, much harm may be done, and a miscarriage will probably be the consequence. In such habits, especially, when attended with great irritability, these symptoms frequently become so excessive, and continue so long, as greatly to reduce the patient's strength, and resist all common efforts to remove them; in such cases, the external application of opium or a blister to the

stomach, are peculiarly proper, and their good effects will be greatly promoted by confining the patient to little or no food or drink, not more than a spoonful or two at a time of new milk or cream, or an equal quantity of weak spirits and water; at the same time, supporting the woman's strength by nutritious clysters of milk, &c. (No. 7. a. b.) adding thirty or forty drops of laudanum to each, to occasion the clyster to be longer retained. In this way, laudanum will likewise contribute to allay the irritable state of the stomach, without any, or at least, with fewer of the ill consequences which follow its introduction by the mouth.

20. If this plan be attempted, it will always be necessary before its commencement, to empty the lower bowels by a common clyster, (No. 5. a. b.) and to continue to do so at least once in two days, as long as it shall be found necessary to persist in it. The nourishing clysters of broth or milk, are always to be repeated within one or two hours after the last has come away; and the laudanum is to be added or omitted, as may be found necessary. Often they will not be rejected at all, but be totally absorbed, in which case they should be repeated two or three times in twenty-four hours. When, by these means, the irritability of the stomach has been relieved, the patient must return to a fuller diet with great caution, both as it respects the quantity and quality of her food.

21. In some cases, when the stomach has become charged with bilious and other depraved fluids, accompanied with an ill taste, a foul tongue, and a fœtid breath; it will be found of use to precede all other remedies by a mild emetic, (No. 11. a.) and if necessary, to repeat it after three or four days; but in

pregnant women, although mild vomiting does no harm, and gentle emetics are safe and sometimes necessary ; the violent straining and cramps which are apt to follow the use of tartar-emetic, should never be hazarded.

22. In cases of *heart-burn*, arising from acidity, magnesia, chalk, and lime-water, (No. 15. a. c. d.) a weak solution of pearl-ash, or of the salt of worm-wood, (No. 15. b.) will be found very useful remedies. In some cases, in which a peculiar sensibility of the upper orifice of the stomach, more than any particular state of its contents, seems to be the cause, a solution of gum-arabic, (No. 2. c.) or the white of an egg beat up with a little sugar and water, will give relief. This symptom is frequently attended with a lax, which, when moderate, should no farther be interfered with, than by correcting those complaints of the stomach on which it generally depends. When severe, mild emetics, (No. 11. a.) bitters, (No. 16. d. a. b.) and laudanum administered in clysters, (No. 6. a.) will check it.

23. When this disorder of the bowels is attended with a tenesmus, or a frequent bearing down, and urging to go to stool, it requires particular attention, or the womb may be brought into action, and a miscarriage be the consequence. In this case, a vomit, (No. 11. a.) after that, rhubarb and magnesia, (No. 8. c.) or rhubarb and ipecacuanha, (No. 8. i.) accompanied or succeeded by clysters of thin starch and laudanum, (No. 6. a.) are principally to be relied on.

24. *Fainting and hysteric fits* depend much on the same cause, as the affections of the stomach ; and are always aggravated by the disorders of that organ ;

relieving that, therefore, has a great tendency to carry off these ; but time alone is frequently the best remedy : and if we add moderate exercise in the open air, such as riding in an easy carriage, little more need in general be attempted. In full habits, moderate bleeding will be of use ; but these symptoms more frequently appear in weak and delicate habits, in which bleeding, especially if repeated, only adds to the weakness, and consequently does harm.

25. *Swelled and painful breasts*, are symptoms of early pregnancy. In full habits this complaint may require moderate bleeding and mild laxatives, (No. 8. g.) anointing the breasts with olive-oil or fresh hog's lard, and covering them with flannel or fur, frequently afford relief. Above all things, a loose dress is absolutely necessary ; and particular care should be taken not to press the nipple into the breast, by which it has been sometimes really obliterated, so as to render it impossible to suckle. When any appearance of this takes place, wearing a thick ring of wax over it, so that the nipple may protrude it, and at the same time be defended from the pressure of the clothes, will tend greatly to form a good nipple : and any woman who has experienced the pain and trouble of a small nipple, buried in the flesh, will not think this attention, to obtain a good one, thrown away. The source of this complaint is often laid, very early, in the improper dress of young women ; and from its very inconvenient and frequently distressing consequences, deserves the attention of mothers, from the time their daughters commence women.

26. *Costiveness*, although mostly a disease of the latter months of pregnancy, sometimes accompanies it from

the beginning : when neglected, it not only becomes a very serious evil in itself, but lays the foundation for others of more consequence. It is a complaint easily prevented by a very moderate degree of attention, and regularity of habit ; but it unfortunately happens, that in this respect, women in general are very inattentive ; indeed it seems to be a part of female education to be so, the ill consequences of which many of them feel through life.

27. When not habitual, costiveness may depend, in early pregnancy, upon the state of the stomach ; and is relieved by the same remedies ; particularly by magnesia, which at the same time that it corrects the acid in the stomach, forms with it a neutral salt, which proves laxative ; when it does not, recourse must be had to mild purgatives, such as castor-oil, lenitive electuary, sulphur, cream of tartar, &c. (No. 8.) but above all, to clysters, (No. 5. a. b.) which are always safe, and generally effectual. At any rate, it must be removed, or it may be the source of greater evils. Strong purgatives should never be used ; repeated clysters seldom or never fail ; but the power of habit, when once established, is the best preventative : it is safe, easy, and certain. It sometimes happens, through extreme neglect, that a large quantity of hardened balls, become so lodged in the intestine, as to be almost immoveable ; whilst at the same time they suffer a small quantity of fluid matter, regularly to pass, and thus deceive the patient. The previous symptoms, and the little relief afforded by such evacuations, point out the disease ; which is sometimes not to be relieved, until the effect of repeated injections, castor-oil, &c. is aided by the introduction of the

handle of a spoon, or some such instrument, into the rectum, to break down the hardened excrements.

29. *Hæmorrhoids.* Among the evils which a costive habit almost necessarily brings with it, are the piles, to which many women are subject, and from which, many of them suffer more than from child-bearing. A free and regular state of the bowels, is almost a certain preventative against this painful disease; and if there was no other motive, this alone would most amply repay all the attention necessary to obtain it. Attention alone is necessary: we are all the creatures of habit; and good habits are, at least in this respect, as easily established as bad ones.

30. The piles are seldom cured completely during pregnancy, and unfortunately, are apt to be much increased by labour. A spare and cooling diet, open bowels, and moderate bleeding, are the best palliatives: if they are attended with a discharge of blood, laxatives only (No. 8. c. e. f.) are necessary; when swelled and painful, a bread and milk poultice, with two or three teaspoonsful of laudanum added to it, and applied cold, or Goulard's cerate should first be applied, and when the inflammation shall be somewhat abated, one prepared with powdered galls, (No. 18. b. d.) will be found useful.

31. All warm and relaxing applications are hurtful; and all kinds of heating food and drinks, particularly spices and spirituous liquors, will infallibly increase the complaint: indeed it cannot be too frequently repeated, that a heating diet, and particularly spirituous liquors, are at all periods of pregnancy and labour so dangerous and prejudicial, that they should never be taken but by the advice of a physician.

32. *Wandering pains, &c.* Wandering pains about the face and teeth frequently occur during the early periods of pregnancy; pains in the back and loins, cramps, numbness, swelled legs, and enlarged veins, more generally towards the latter end. These complaints are free from danger, but often prove so troublesome and inconvenient, as to require, at least, some palliative remedies.

33. They will be relieved in full habits by small bleedings, by keeping the bowels freely open, by a spare diet, a recumbent posture, moderate exercise, and frictions with soft flannel morning and evening. Æther, (No. 19. h.) or volatile oil, (No. 19. a.) applied to the parts, are sometimes of use, and in the case of pains in the back and loins, and cramps, anodyne clysters, (No. 6.) now and then prove effectual remedies; sometimes in the latter months of pregnancy, the enlarged womb pressing on the veins and absorbent vessels, and preventing the return of the fluids into the circulation, occasion these watery swellings to extend to the parts of generation, by which they are often so much swelled, as to prevent the woman from walking, and in some measure even impede delivery. The only remedy in this case, is to puncture or slightly scarify the parts with a fine lancet, which is perfectly safe, and may be repeated, if necessary, even in time of labour; a cloth, wrung out of warm water, and applied to the parts, will promote the easy and perfect evacuation of the water.

34. *Restlessness and want of sleep.* The complaints enumerated in this paragraph, are frequently aggravated in the latter months, by restlessness and want of sleep, attended with some increased heat and

sense of suffocation; these require, in addition to small bleedings and empty bowels, a cooling regimen, a hard bed, and a large airy chamber: in such cases, opium is generally improper, and in its stead a tea-spoonful of the sweet spirits of vitriol, or sweet spirits of nitre, (No. 14. c.) will be found soothing and refreshing.

35. *An incontinence of urine*, is sometimes a troublesome complaint about the third or fourth month of pregnancy, but more frequently during the latter months. In the first instance, it will go off as soon as the womb rises above the brim of the pelvis; in the latter, it admits of no remedy before delivery, when it will cease of course, the pressure of the womb on the bladder being removed.

36. *A strangury or suppression of urine* during pregnancy, occurs at different periods, and is at all times a much more serious and painful complaint; and whenever it does occur, should command immediate attention, because every moment of delay not only adds to the present uneasiness, but likewise increases the difficulty of removing it.

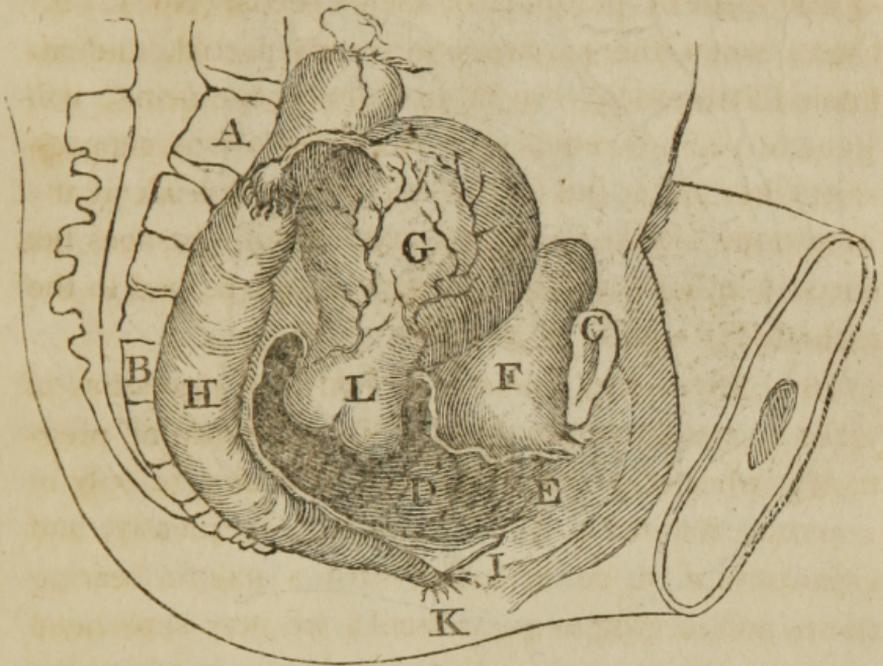
37. Pregnant women, therefore, should on no account place themselves in situations which may lay them under restraint in this respect; and carefully attending to every call is very essential to their safety: when they find any difficulty, their attempts must be continued and repeated in different attitudes: on the back with the hips raised, on the knees resting on the elbows, and on either side; sitting over the steam of warm water, or partly immersed in a bath: the bowels should be opened by a copious injection, (No. 5. a. b.) and if the woman be of a full habit, and

finds herself flushed and heated, she should lose a little blood, and drink, though not in large quantities, barley-water, flaxseed-tea, (No. 2. a. b.) almond milk, or one made of pumpkin or melon seeds, (No. 13. b.) these, when the suppression is only partial, and attended with much heat in discharging the urine, will generally afford relief; but whenever a total suppression takes place, the patient should avoid drink of any kind until she shall be relieved, and if she does not succeed in her attempts, recourse must be had to the catheter, (Chap. I. 27.)

38. *Retroverted womb.* When a suppression of urine occurs about the third or fourth month of pregnancy, when it is remedied with difficulty, or only in a partial manner; when it returns frequently, and especially if it be attended with a painful bearing down, and urging to go to stool; we may apprehend an approach, at least, to this complaint; in which the body and fundus of the womb, instead of rising up through the brim of the pelvis, as at this period it ought to do, is turned backwards and downwards into the hollow of the sacrum.

39. Plate 13 represents the pelvis, with its contents, in their natural situation, about the third or fourth month of pregnancy.

PLATE XIII.



A, the jutting in of the sacrum, and last vertebra of the loins.

B, the hollow of the sacrum.

C, the pubes or share bone.

D, the vagina cut open.

E, the external orifice.

F, the bladder.

G, the womb rising out of the pelvis.

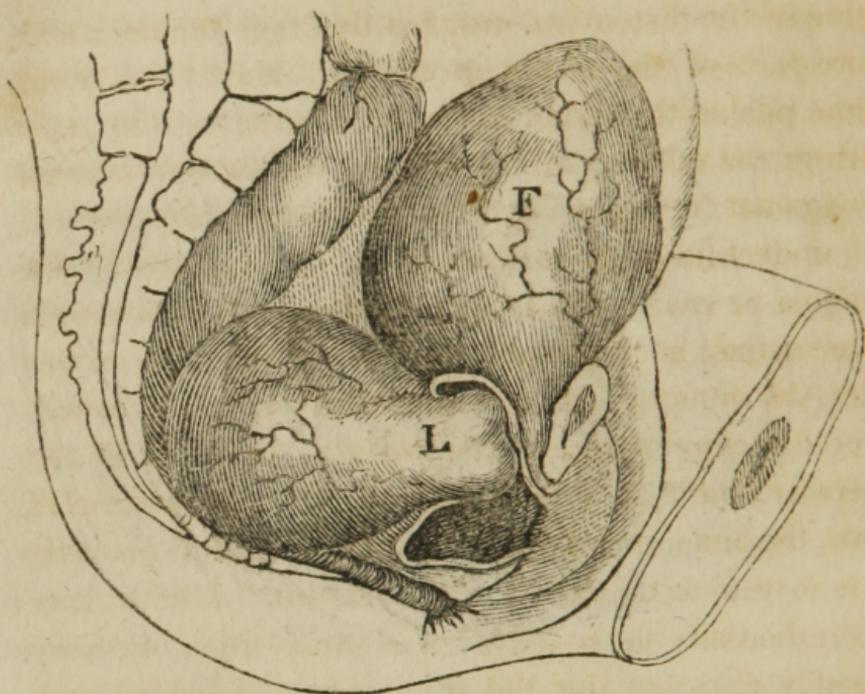
H, the rectum or straight gut.

I, the perinæum.

K, the anus.

L, the neck of the womb hanging far back in the vagina.

PLATE XIV.



40. Plate 14 represents the disease, in which F the distended bladder rising out of the pelvis, draws forward and upward L the neck of the womb, which is naturally connected with it; whilst at the same time the full bladder pushes backwards and downwards the body of the womb into the hollow of the sacrum; by which the neck and internal orifice of the womb is brought to press the neck of the bladder against the pubes, so as to prevent the passage of the urine; and the body of the womb at the same time presses on the rectum, so as to prevent the discharge from the bowels.

41. This view of the subject sufficiently explains the nature of this disease, and the danger to which a woman exposes herself, who at this period of pregnancy, is led from neglect, the forms of society, or

any other cause, to retain her urine until the bladder becomes distended; which, in proportion to the degree of the distention, necessarily drags the neck and fore-part of the womb up with it, and at the same time pushes the fundus back towards the sacrum; and brings the internal orifice to press the bladder strongly against the pubes, by which the urine is suppressed. If, under these circumstances, an examination by the vagina be made, the internal orifice of the womb either cannot be felt at all, or is discovered high up under the pubes; but a large round tumour is discovered occupying the inferior parts of the cavity of the pelvis: and if at the same time a finger be introduced into the anus, the same tumour may be felt, pressing the rectum to the hollow of the sacrum. If both these examinations be made at the same time, we may readily discover that the tumour is confined between the vagina and the rectum.

42. The prevention and cure are equally evident: the first consists in carefully attending to the call of nature, and on no occasion retaining the urine for any length of time; the latter, in emptying the bladder and rectum as soon as possible, which alone will remove all lesser degrees of this disease; and without which, no other remedy can be of use. Repeated injections, (No. 5. b.) generally succeed in emptying the intestines; but to evacuate the bladder is, in this case, sometimes attended with more than common difficulty; if, therefore, the common attempts in different attitudes fail, early recourse must be had to the catheter; and if the introduction of the common silver catheter cannot be easily accomplished, a slender, long and flexible catheter must be procured: this in-

strument will accommodate itself to the confined passage, and be more easily introduced. (See Chap. IV. No. 24, plate 19.) If the midwife do not soon succeed by gentle perseverance, the most skilful assistance must be sought; for as has been already observed, until the bladder shall be empty, no relief can be given; and when it is completely accomplished, the womb will return to its natural situation by its own propensity to rise through the pelvis.

43. The bladder and rectum being empty, by placing the woman so as to rest on her knees and elbows, the fundus of the womb may probably be pushed forwards and upwards, by one or two fingers introduced into the vagina or anus. If success attend these efforts without much difficulty, the disease is at an end; but all violent attempts to replace the womb, are not only dangerous, but unnecessary; because, if the bladder and rectum be kept empty, the mere growth of the womb will restore it to its natural situation. It may, however, require some time before the woman shall be perfectly relieved, or secure from a return of the disease; during which, she must be kept quiet, in an horizontal posture, and the bladder must be emptied at least twice and the rectum once in twenty-four hours, either naturally, or by means of the catheter and injections.

44. It will sometimes happen, however, from neglect, that this disease may have proceeded to a degree not to be relieved by these gentle means: the suppression of the urine is total, the bearing down and calls to stool violent, resembling the throes of labour; the tumour in the vagina is so low and large as to occupy the whole cavity of the pelvis, so as to admit the fin-

ger but a little way into the vagina, and these symptoms are attended with fever and inflammation. In this dangerous situation, the patient must first be plentifully bled; ease must then be procured by the free use of opium, (No. 14. a.) the bladder and rectum must be emptied; after which, the efforts to replace the womb may be steadily but cautiously persisted in, remembering, however, that while the bladder and rectum can be kept empty, there is less danger in delay than in violence; because one of two things must soon happen, either the womb will rise out of the pelvis, or a miscarriage will take place, either of which removes the disease. This complaint never occurs but from the end of the third to the beginning of the fifth month.

45. *Epileptic fits.* To these, women are liable in the early months, towards the middle, and at the latter end of pregnancy, and the danger is, in general, in proportion to the advanced period; except where they are actually attended by labour pains, when a speedy delivery frequently carries them off. They are generally preceded by fulness of the vessels of the head, giddiness, head-ach, throbbing of the temples, and the appearance of motes dancing before the eyes. Such symptoms require plentiful bleeding, low diet, and frequent purging with salts, (No. 9. a.) The same remedies are necessary, if the convulsions have already come on; besides which, let the patient be kept quiet, promote perspiration by tepid drinks, give little or no food, and particularly avoid all kinds of cordials and spirituous liquors; but as this disease is never unattended with danger, these remedies must not be trusted to without the advice of a physician.

46. *Paralytic affections* are more rare, but sometimes occur during pregnancy. In this case they seem to depend solely upon the state of the womb, and are seldom cured before delivery, but then, or very soon after, leave the patient perfectly free. Heating and stimulating remedies increase the complaint; but like all other diseases depending on uterine irritation, they are relieved by moderate bleeding, gentle purging, and a cooling regimen.

47. *Fluor albus* the whites, is a disease to which pregnant women are frequently liable, and when it occurs late, and is not very profuse, it requires no remedy except cleanliness, by washing frequently with cold water. Delivery, which it may contribute to render easy, generally cures it. But when it is profuse, especially at the beginning of pregnancy, it is apt to bring on pains in the back and loins, and to weaken and relax the woman so much, as to endanger a miscarriage. In this case, as well as in the unimpregnated state, it is cured by washing freely with cold water, or by bathing the whole person in cold water, by moderate exercise in the open air, by a plain but nourishing diet, by strengthening remedies, such as the peruvian bark and iron, (No. 16. c. e.) by astringent injections, (No. 20. a. b. c. d. e.) beginning always with such as are weak, and after a little time, changing them for such as are more powerful.

48. When *fluor albus* is attended by feverish heat, bleeding moderately, and purgatives, (No. 9. b. c.) should precede astringents; and when the discharge is of a dark yellow or greenish colour, sharp and acrid, so as to inflame and irritate the neighbouring parts, simple washing and mild alterative medicines, such

as mild mercurials, and the decoction of the woods, (No. 13. c. d.) should be used for one or two weeks, and then succeeded by strengthening and astringent remedies.

SECTION III.

Abortion : miscarriage before the end of the sixth month.

49. This is a subject of great intricacy, and not easily discussed in a popular manner ; at the same time it is very interesting, happens frequently, and deprives women of their health and their happiness. Very strong and very weak women are most prone to it ; but the numbers of the strong bear no proportion to those that are weakly ; the numbers of active country women, to the more indolent and inactive inhabitants of cities ; the number of women of good sense, and calm and steady minds, to the weak, the irritable, and the passionate : and hence a most important lesson, that good health, and a good education are the best preventatives ; and that it in a great degree depends upon mothers, and the care they take in rearing their girls, to lessen this great and common evil.

50. Another observation is, that women who have once miscarried, are apt to miscarry again at the same period, and that if once the habit be acquired, it becomes very difficult to remove it—perpetually disappointing the hopes of parents : hence the importance of great care in a young woman not to miscarry in her first pregnancy ; and in those who have once miscarried, to avoid, if possible, a miscarriage in their next pregnancy.

51. Again, miscarriages are most apt to occur between the eighth and the twelfth week, and from the fifth to the seventh month; these periods, therefore, will require particular attention; though, indeed a prudent care is at all times necessary, because the cause and source of the miscarriage may be, and commonly is, laid at a much earlier period than that at which it occurs; and anxious solicitude may contribute to bring on the evil it is intended to prevent.

52. To be more particular; every thing which tends to excite a violent action of the heart and arteries, and by that to occasion a separation of the after-birth from the womb; an original, weak and feeble attachment between these organs, or any thing which may bring on a premature action of the womb, may occasion miscarriage: hence, all violent passions, particularly sudden anger and surprise; even great joy has been known to occasion abortion in a few hours; all violent and unaccustomed exercise, particularly in heated rooms and crowded assemblies; all awkward postures, and sudden exertions of the body; heating and stimulating food and drink, and a costive habit of body, with the necessary exertion it occasions, may, by exciting the action of the heart and arteries, and forcibly detaching the after-birth from the womb, occasion early miscarriage; and when women more advanced, either from neglect or habit, suffer the large intestines to be filled with hardened excrements, the pressure of the enlarged womb upon them, will still increase the accumulation, and occasion so much irritation, pain, and tenderness, as to excite the contractions of the womb, and bring on miscarriage at any period.

53. On the other hand, all depressing passions, particularly grief and fear, an indolent life, luxurious diet, late hours, both in bed and in company; diarrhœa, fluor albus, or any other debilitating disease, by weakening the already weak attachment of the after-birth, render women liable to miscarriage from slight causes. What gives to the womb its disposition to contract, either at the full period, or at any other particular period of pregnancy, we do not know; but we know it has such disposition naturally at the end of nine months, and that, from disease or accident, or induced habits, it may acquire it at any other period.

54. The signs of approaching miscarriage are, absence of the morning sickness, subsidence of the breasts, a discharge of blood or of water from the vagina, and regular labour pains.

55. The absence of the morning sickness, and the subsidence of the breasts, both denote the death of the fœtus. On these occasions the sickness ceases suddenly, and the fœtus, which is discharged by the miscarriage which follows, generally shows marks of previous disease. The breasts subside gradually, when the constitution is deprived of those energies which the living fœtus excites. A coldness of the abdomen, and a cessation of motion after quickening, are likewise said to denote the death of the fœtus; but both are very equivocal evidence of that event, and many women have produced healthy children, when from these symptoms they have been supposed dead for some time. It is evident, that in case of the actual death of the fœtus, we have only to wait patiently for its expulsion. Yet the woman is not to abandon herself to a careless conduct: in the first

place, because she may be mistaken, and secondly, because the delivery will always be easier and safer when left to nature, than when anyhow precipitated.

56. A discharge of blood from the womb, although a very frequent, and generally the most important symptom, is not necessarily followed by miscarriage. Some women suffer a discharge of blood, both in quantity and in other circumstances, resembling menstruation, for one or two periods after conception, with no interruption to the regular progress of their pregnancy; but such discharge does not come from the cavity of the womb, nor follow after any accident, and is never attended by labour pains; and a small discharge of blood, although the consequence of accident, and probably arising from a partial separation of the after-birth, may cease, the bleeding vessels may be plugged up by  coagula, and the woman may, with great caution, be conducted to her full time.

57. Such hæmorrhages as occur before the expiration of the sixth month, are seldom or never attended with any danger to the mother; but the tender embryo is generally destroyed by them. After the sixth month, the child more frequently escapes, but the mother is brought into more danger. When labour pains precede the discharge, abortion can seldom be prevented; when they follow, it sometimes may; but even when we despair of preventing the abortion, the necessary means to check and restrain the hæmorrhage, should be industriously pursued; by which we may save the patient the loss of much blood, and lessen the weakness and disease which necessarily follow.

58. Whenever hæmorrhage occurs before the fifth or sixth month of pregnancy, the first remedy is blood-letting, which should be as early as possible, and copious in proportion to the strength of the patient; and in this way, will probably save the patient the loss of more blood: as it is unquestionable, that one copious bleeding will do more in stopping hæmorrhage, than taking away double, or three times the quantity of blood at several intervals. The bowels should be immediately opened by salts, (No. 9. a.) and kept open by small doses, repeated daily, (No. 8. e.) and the woman must be confined as much as possible to a horizontal posture, and absolute rest.

59. Every thing that will heat the body and quicken the pulse, must be carefully avoided: for this reason, the bed should be hard and the covering light; cold air should be freely admitted into the chamber; all cordials, spirituous liquors, spices, and stimulating food, must be rejected; the diet must consist wholly of vegetables, fruit, milk, butter-milk, cold water, lemonade, small-beer, ice, and iced creams when they can be procured. The saline draughts, (No. 12. a. c.) may be given every four or six hours, and five or six drops of laudanum may be added to each, but large doses of laudanum should be avoided.

60. Cloths wrung out of cold water or cold vinegar, should be applied to the back, bowels, thighs, and to the external parts. When the heat of the body, as well as the hæmorrhage, are very considerable, the cold of these applications may be increased by ice or snow, which on many occasions have been introduced into the vagina with great advantage. These cold

applications, however, should never be continued so long as to occasion pain, or bring on an uninterrupted chill; but after using them some time, a piece of sponge or lint, dipped in cold port wine, vinegar, or brandy, may be introduced high up into the vagina, and at the same time, a compress applied firmly over the external orifice; or cold astringent liquors, such as a decoction of oak bark, (No. 20. b.) or a solution of alum (No. 20. c.) may be injected into the vagina, and are frequently found effectual, especially in small discharges, which come on in the early months, without any evident cause, or from slight accidents, and which are unattended with pain; which, although not immediately threatening, if neglected, increase as as the womb increases, and if allowed to continue, seldom fail, at length, to bring on miscarriage. The internal use of astringents, which are still recommended by some authors, can have little effect, yet it may not be amiss to comply so far with the prejudices and fears of the patient, as to direct an infusion of rose leaves, or of oak bark, (No. 3. a. b.) acidulated with the vitriolic acid, (No. 16. f.) and agreeably sweetened, to be taken cold; these slacken thirst, agree perfectly well with the stomach, and that of rose leaves in particular, is a very agreeable drink.

61. *Fainting* is not only a common consequence of the loss of much blood; but it is really the remedy which nature makes use of to check it; although, therefore, very alarming to persons unacquainted with its good effects, it should not be interfered with; particularly when it first comes on, no efforts should be made to rouse the patient by volatiles, or to prevent its recur-

rence by cordials; but she should be left in that languid state which accompanies it, during which, the blood moves slowly through the vessels, and an opportunity is afforded for the mouths of the bleeding vessels to contract, and to be plugged up by coagula. At the same time, if labour be already commenced, the contraction of the womb goes on: for the womb acts during faintness, and even after death; and nothing lessens the size of the bleeding vessels so much as this contraction: whenever, therefore, this is observed during uterine hæmorrhage, we may expect, as far as the mother is concerned, a favourable termination. Taking the hint from nature, we sometimes imitate the effects of fainting in hæmorrhage, by such medicines as bring on nausea and sickness: small doses of nitre, but particularly of ipecacuanha, (No. 12. e. f.) are not only safe, but have been found very effectual; and although in this case vomiting is not wished, no danger is to be apprehended from it when moderate. When sufficient time has been allowed for the contraction of the blood vessels, and the formation of coagula, if the fainting still continues, dash cold water on the face, give a glass of wine, or any of the cordials mentioned under (No. 17.) A great degree of restlessness and anxiety, with a heavy deep sighing, are more immediately alarming after hæmorrhage than fainting; but they seldom or never occur in early pregnancy.

62. In some cases of early miscarriage, the discharge of blood will be kept up by the ovum sticking in the neck of the womb, after it has been thrown off from its surface: introducing one or two fingers into

the vagina, and moving it from side to side, will frequently disengage it, and put an end to the complaint. In periods more advanced, from the fourth to the end of the sixth month, the fœtus is generally more easily expelled; but the secundines are apt to be retained: such efforts as have just been described, may here be made; or by irritating the internal orifice a little, the womb may be excited to throw it off by more vigorous contractions, but nothing more should be done; and if these efforts fail, the cure must be left to nature, although, as it frequently does, it may require considerable time: several weeks or a month may pass, before it will come away. The evacuation is sometimes brought on by pressure at stool, and it has been recommended to occasion stools by stimulating saline clysters; but we must be governed by the effects these have in increasing the hæmorrhage. In all these cases, the uterine discharges are apt to become very offensive, which must be remedied as far as possible by great cleanliness, and by antiseptic and astringent injections, (No. 20. a.)

63. It is allowed, that a discharge of water from the womb, occasioned by a rupture of the membranes of the ovum, is necessarily followed, in a short time, by delivery; but every watery discharge from the vagina is not a discharge of the liquor amnii, or that fluid which is contained within the membranes. Sometimes the glands about the neck of the womb secrete so thin a fluid, as to resemble the liquor amnii: this is discharged at short intervals, or oozes continually for several weeks before delivery. In these cases, the neck of the womb is much relaxed, and the mucus by which the orifice is sealed up is dissolved or

discharged. It becomes, therefore, very necessary, that the woman keep herself perfectly quiet, and as much as possible in a recumbent posture, for fear of breaking the membranes. And if the complaint comes on long before the expiration of the reckoning, she should use some astringent injection, (No. 20. a. b. c.) by which the relaxed glands may be strengthened and the discharge checked, so that she may go on to her full time with less danger.

64. *Labour pains.* Whenever, at any period of pregnancy, the womb has really begun to act, and such action is manifested by regular pains in the back and loins, attended with pressing down and relaxation of the internal orifice, it is hardly possible to prevent miscarriage: such action may be suspended, and the miscarriage thereby retarded; but the action of the womb almost surely returns, and expulsion sooner or later takes place. Warning, indeed, is sometimes given by uneasiness in the region of the womb, and pains in the belly, accompanied by some pressing down, from the action of the abdominal muscles; and all hope is centred in preventing those from bringing on true pains: the necessary remedies, therefore, must be applied early, or they will have no effect.

65. If the woman be of a full habit, let her be immediately bled, and if costive, let her bowels be emptied by an injection, (No. 5. a. b.) after which, give a full dose of laudanum (No. 14. a.) or rather an anodyne clyster, (No. 6.) of eighty or one hundred drops, and let these be repeated, in doses of one quarter or one third, every hour or every half hour, until the pain shall be suppressed, or in case it should return. This treatment is particularly proper when any sudden

passion has contributed to bring on pain: a calm mind and absolute rest, are essential to its efficacy; and when the alarm has been great, the anodynes should even precede the evacuations. This treatment is likewise particularly proper, when slight discharges of blood, brought on by accident, begin to be attended with pain, or even when given with a view to prevent the accession of pain. But after the action of the womb has really begun, opium, except as a palliative to gain time, can be of no use; and it should always be well considered how far we may not protract the cure, when we cannot prevent the miscarriage.

66. *Habitual miscarriage.* It has already been observed, that women may acquire a habit of miscarrying at particular periods of pregnancy. Some few women too, fall into labour as regularly at the end of seven or eight months, as the generality of women do at the end of nine; without our being able to assign any reason for it, except, that in such cases, the child is generally born dead. It would be happy, if we had it in our power to point out the immediate causes of these unfortunate habits, so as to lead to effectual remedies; but all we can do, after directing the patient carefully to avoid those accidents to which the first miscarriage may fairly be attributed, is to endeavour to correct such defects of general health as they seem to be connected with.

67. When, therefore, women of *good health but plethoric constitutions, and subject to copious menstruation*, fall into a habit of miscarrying, let them be confined to a vegetable diet, and drink only water; let them use constant exercise, sleep but little, on a hard

bed; and keep their bowels freely open, by the daily use of Glauber's salts, (No. 8. g.) When, on the contrary, *a copious menstruation is connected with a plethoric but a lax habit*, as is the case with many fat women, the diet should indeed be light, and consist chiefly of vegetables; but some animal food may be allowed, and a little port-wine or claret may be mixed with their drink; the exercise should be gradually increased, but should never go the length of fatigue, and after conception, must be used with caution; sea-bathing and the shower-bath, are both very beneficial; and in case of pains in the back, to which such women are very subject, applying to it cloths wet with cold water, dashing with cold water, and injecting cold water into the vagina, are useful. After conception, the diet should still be sparing, and the cold bath should be persisted in; and if at any time the pulse becomes remarkably full and throbbing, a little blood should be taken from the arm. When *good health is connected with a sparing menstruation*, a vegetable diet moderate exercise, the daily use of the warm bath, and drinking a pint of tepid water morning and evening, may be recommended. And *when a sparing menstruation is connected with a weakly and delicate constitution*, animal food, some wine and bitter purgatives, (No. 10. a. b. or c.) so as to keep the bowels open, are indicated; the warm bath may be occasionally used, but not with so much freedom as under better health; and in its place, warm water with a little salt may be injected into the vagina two or three times a day. In both these last constitutions, the warm bath and aloetic medicines should be discontinued after conception; and in all cases of habitual miscarriage,

women should live separate from their husbands, until their general health shall be restored, as well as for several months after conception.

68. The case of habitual abortion most difficult to be remedied, is that in which *women of good health fall into labour regularly about the seventh or eighth month of pregnancy, and are then delivered of dead children, or such as are manifestly diseased, and in which this disease of the infant cannot be traced to any disease of the parent, communicated to it.* Such women are observed to suffer very little or not at all from the common symptoms of early pregnancy; and from the observation, that the sickness of the mother is somehow connected with the health of the fœtus, it is recommended to weaken the action of the stomach by small doses of tartar-emetic, (No. 12. $\bar{\text{d}}$) taken at such long intervals, as to bring on some nausea and sickness, but not to occasion very active vomiting. This may be repeated occasionally, as long as the natural sickness is generally observed to continue; the diet should be spare, the exercise moderate, the woman should be occasionally bled, and she may use the cold or the warm bath, as the circumstances of her general health may indicate. In some cases of frequent recurrence of miscarriage at particular periods, long confinement to a horizontal posture, and a spare diet, have been found successful. It is hardly necessary to add again, that women should be particularly careful in a succeeding pregnancy, a little before and after the period of a former abortion. On this subject, the student will consult with advantage an essay of Mr. John Burns, of Glasgow.

CHAPTER III.

NATURAL LABOUR.

SECTION I.

The approach of Natural Labour.

I. WE are told, that among the Indian nations of this country, a woman finding her labour approach, retires alone to some secluded spot, and there, without assistance, remains until she is delivered; when, having washed her infant, and bathed herself in the next stream, she returns to her cabin and her usual occupations. The same is said to be the practice of the natives of Abyssinia, and some other parts of Africa, and of those of the West-Indian islands; and that in all those countries, few women are known to suffer any ill consequences from labour, or to die undelivered; and Brydon tells us something very like of the ladies of Sicily. Although, therefore, we make full allowance for some exaggeration in these accounts, and that it must be confessed, women in general, especially in a state of society, endure more pain, are exposed to greater difficulties, and meet with more accidents from labour, than any other animal; yet we have reason to believe, that much of this is owing to misconduct; that beneficent Providence has endued wo-

man as well as other animals with powers, which, when unimpaired, are equal to all her natural functions; and that we may fairly conclude, *that the frequent interference of art, in so essential and natural a process as labour, cannot be necessary.*

2. The first rule, therefore, to be laid down for the guidance of a midwife, is, *that she is never to interfere in the natural progress of labour, unless where some untoward circumstance or obstacle, too frequently the effect of precipitancy and early mismanagement, disturbs and puts nature out of her course; and that the most essential knowledge which a midwife can obtain, is that, of every symptom which marks the progress of a natural labour when unassisted, or rather when undisturbed by art; of the manner in which they succeed each other; and of the uses and effects of those symptoms which precede, in preparing the parts concerned, for those which are to follow.* For “natural labour is, through its whole progress, a single process, in which every preceding symptom is absolutely necessary for the due accomplishment of that which is to follow.”—(Denman.) Hence the great danger and certain mischief of unnecessary and preposterous interference, by which nature cannot be aided, but may most materially be interrupted in her work. Indeed, this observation may justly be extended to the whole period of pregnancy: and perhaps is the only just ground on which we can account for the greater facility and safety, with which the women of rude and unpolished nations in general, pass through pregnancy and labour, than women in civil society; the unnatural forms, restraints, and habits of which, in many ways interfere with this great work.

3. Sometimes a few days, at others, two or three weeks before the accomplishment of her reckoning, a woman begins to feel the symptoms of her approaching labour, she becomes anxious and apprehensive of the event; busies herself for the reception and accommodation of her infant; moves with difficulty, and frequently complains of restlessness and pains in her back and loins. As the period approaches, her belly subsides, and most in the most favourable cases; she is liable sometimes to a strangury or suppression, but more frequently to an incontinence of urine. Sometimes a lax comes on, but generally she is rather costive, and she perceives a discharge of mucus, frequently tinged with blood, from the vagina.

4. The anxiety, restlessness, and uneasiness of this period, prompt many women to wish it over; and some are so imprudent as to attempt to shorten it by rough exercise, such as riding in an uneasy carriage, or some such means, with a view to bring on their labour; but no conduct can be more faulty or absurd; at any rate, they increase the present uneasiness; and should they succeed in their attempts to precipitate their labour before nature is properly prepared for it, they will unquestionably render it more tedious, more painful, and more difficult. On the contrary, let them, according to the indications of nature, and in imitation of all other animals, give themselves more rest than usual, attend carefully to the state of their bowels, keep them freely open; and if the woman be of a strong and full habit, flushed and heated, it will be proper to lose a little blood.

5. The subsidence of the belly is a favourable symp-

tom, and shows that the womb is not only prepared to act, but prepared to act in a proper manner; the discharge from the vagina, shows that the parts are prepared to dilate; the strangury is owing to the pressure of the child's head upon the neck of the bladder; the incontinence of urine to the same pressure on the fundus or body of the bladder, and hence, both are favourable symptoms, and indicate a natural presentation of the child. The incontinence is attended with no pain, and admits of no remedy until the cause is removed by delivery; but the strangury is always painful, and may, by neglect, become dangerous: the woman is, therefore, to be directed frequently to attempt to discharge her urine, to try in various postures, and if she fails, and the suppression becomes complete, she must be relieved by the catheter; ^{Chap. I.} (27.) for by delay, the difficulty of relief will be increased, the pain and distention of the bladder will interfere with labour, and by over distention, the bladder may lose its power of contraction, or even burst. A moderate lax is always favourable, and should not be interfered with; if profuse, a few drops of laudanum (No. 14. a.) will generally check it. But costiveness is not only distressing for the present, increasing heat, restlessness and pain, but may become very inconvenient during labour. If, therefore, a pregnant woman has neglected to pay attention to this circumstance before, she must now take care to remove it by some mild laxative, (No. 8. a. b. c. d.) or rather by repeated injections, (No. 5. a. b.) which is the best mode at this late period, when all active medicines are improper.

6. *False pains* frequently resemble true labour pains so exactly, as to be mistaken for them, particularly by young women with their first child, so as to induce them to send for assistance; but they are carefully to be distinguished from true labour, or the mistake may lead to much mismanagement and error. Let the midwife, therefore, on her arrival, first inquire into the state of the bowels, and in case of costiveness, remove it by an injection, (No. 5. a. b.) if the woman be strong, flushed, with a full pulse and a hot skin, she should lose a little blood; but this evacuation must not needlessly be had recourse to. Let the patient seek rest in a horizontal posture, and promote moisture on her skin by frequent draughts of weak teas: by such means, all false pains will generally be removed.

7. There is, however, no absolute criterion, by which false pains can certainly be distinguished from true labour pains; but by examining the effect which the pains have upon the internal orifice of the womb. Every midwife, every mother knows the nature of this examination: I shall only observe, that it is most conveniently made whilst the patient lies on her left side, with a pillow between her knees; the midwife sitting behind her is to make the examination with the utmost caution and deliberation, carefully avoiding all rudeness, by which the parts may be irritated; and above all things, taking care to run no risk of bursting the membranes, if the internal orifice of the womb should be found more open, and the membranes more advanced through it than she expected.

8. If she finds the internal orifice of the womb soft,

slippery, and pressed down, kept on the stretch, or beginning to dilate during a pain, and at the same time a thick mucus, tinged with blood, oozing from it, she may conclude the woman to be in labour; but if, on the contrary, she discovers no extraordinary pressure during the pain, and that the internal orifice of the womb is not affected by it, she may be almost certain that the present pains are false, that the labour is not yet begun, and cannot be benefited by them.

9. If, therefore, the means already directed, fail to give ease, she may administer a moderate anodyne, (No. 14. a.) which, after the necessary evacuations, will certainly procure relief. After such a call, however, the midwife should always be so far attentive as to let it be known where she may be found, as she may expect, within eight or ten days, to be called to her patient in real labour.

10. The discharge of mucus from the vagina, particularly when tinged with blood, (which generally arises from a partial opening of the internal orifice of the womb) is one of the most certain signs of approaching labour, though it may precede it several days.

SECTION II.

Definition and Division of Natural Labour.

11. Natural labour is defined to be such as is regular in its progress, accomplished by the unassisted efforts of nature, and completed within twenty-four hours. But my plan of giving advice to midwives, makes it necessary to assume a wider range, and to

consider all labours natural in which the head of the child presents, and which are completed, though in a longer time, by the efforts of nature, without the introduction of the hand into the womb, or the use of instruments.

12. It will be convenient to divide the progress of labour into four stages. The first is occupied in opening and dilating the internal orifice of the womb; the second in the passage of the child's head through the bones; the third in dilating the external orifice, and the delivery of the child; and the last in the delivery of the placenta, or the after-birth. The first stage commences with true labour pains, and ends when the internal orifice of the womb is completely dilated; about which time, the membranes commonly break, and the waters are discharged. The second stage continues from the perfect dilatation of the internal orifice of the womb, until the child's head has passed the brim of the pelvis, (plate 1, 2, 3.) and descended so low as to press on, and begin to dilate, the soft parts. The third stage of labour now commences, until the soft parts, being stretched and distended into the form of a large protuberant tumour, the external orifice is so far dilated, as to suffer the head and body of the child to pass through it. The last stage is taken up in the care of the infant, in tying and cutting the navel string, and in receiving or gently aiding the delivery of the after-birth.

13. It is very important, that the midwife should keep this division of labour into four distinct periods, constantly in her mind, and perfectly understand what is going on during each; by which she will avoid all

unnecessary hurry and confusion : she will expect no more at any one period than is intended by nature to be then performed, and will patiently wait for its accomplishment ; and particularly she will see the impropriety, folly and danger of attempting, by any preposterous efforts of her own, to assist or hasten the accomplishment of any one of these periods, by which she can only interrupt nature in her present operations, and will surely render that period which is to follow, more painful, difficult, and dangerous ; for “every regular symptom of labour performs a double office ; it not only accomplishes a present object, but it prepares the parts which are next to be concerned, for the more easy accomplishment of what is to follow.”— (Denman.)

First Stage of Labour.

14. The first stage of natural labour, which is occupied in opening and dilating the internal orifice of the womb, generally commences with pain in the loins and back, stretching from thence across the abdomen to the pubes, or forepart of the belly, and ending on the upper part of the thighs. It soon leaves the woman free, and returns again periodically, at longer or shorter intervals. These pains at first are slight, and return after long intervals ; but soon the interval grows shorter, and the pain becomes exceedingly sharp and cutting, at which time, the mucous discharge from the vagina is generally discoloured by some blood ; after which, the very sharp and cutting sensation of the pains commonly abates ; although, on the whole, the pains grow stronger, return at shorter intervals, and the *nisus* or pressing down increases.

15. If an examination be made at this period, (which must always be done with the greatest caution, and during the remission of the pain, for fear of breaking the membranes) this variety in the sharpness and severity of the pains, will be found to depend upon the state of the internal orifice of the womb; at first its edges are thick and rigid, and the opening small and hardly perceptible; as the pains continue, the edges grow soft, the opening enlarges, and after some time will admit the end of the finger; a small bag is then felt within, which, during the pain, tightens and is distended, but as the pain remits, becomes loose and flaccid; as the internal orifice enlarges, this bag passes through, and assists in dilating it, until the thick edges of the orifice, being entirely obliterated, the membranous bag, no longer supported by them, gives way, and the waters are discharged. Sickness and vomiting are frequent and salutary symptoms of this stage of labour: by the nausea, they contribute to the relaxation of the whole system, and by the retching, add somewhat to the dilating effects of the pains.

16. The duration of this first stage is very different in different women, and in the same woman in different labours; but in general, it requires more time with the first child than with those which follow; and in well-formed women, commonly takes up more time than any other stage of labour; in this respect, however, there is so great variety, that it is in vain to attempt to assign any time to the duration of a natural labour, or of any of its stages. Some women are delivered in their sleep, in the room in which they are first seized, without being able to get to their beds, or whilst on a visit, without having time allowed them

to return home, whilst others require many hours, and some several days, for the safe and happy accomplishment of a labour perfectly natural. And in the same woman, there is now and then almost as great variety in the duration of different labours.

17. The first observation I shall make on this stage of labour is, *that no skill or art of the midwife, no exertion of the woman, can in the least contribute, either to lessen the severity of the pains, or to shorten their duration.* They are intended by nature to accomplish a necessary and important object, the complete dilatation of the internal orifice of the womb; which, from a ring of some thickness, and perfectly close shut, is to be worn away until it is absolutely obliterated, and so astonishingly enlarged as to permit the child to pass through it. Hence we see the cause of the pains being more severe, cutting and grinding at the beginning, than towards the latter end of this first stage; whilst the lips of the internal orifice are thick and rigid, they make great resistance, and are in some measure torn asunder by the force of the pains; but they continually grow thinner, are more and more relaxed and softened, make less resistance, and are more easily distended.

18. But although the midwife, during this stage, can neither lessen her patient's pain, nor shorten its duration; and although she is absolutely forbid interfering in any manner with the progress of the labour, her presence now, so far from being useless, is very necessary. As soon as she arrives, she should again enquire into the state of her patient's bowels, and unless perfectly free, empty them by an injection, (No. 5. a. b.) indeed, whenever there is time for it, it is a

good rule always to do this, as by its emollient as well as evacuating effects, the injection has a tendency, in all respects, to promote and render labour easy, and is particularly necessary and useful in the case of a first child. The midwife must likewise pay attention to the evacuation of urine, direct her patient to discharge it frequently, and if she fails in one to try another posture, sitting over warm water, or lying on either side; on her back with her hips raised; on her knees with her head low; and should all these efforts fail, she may, by introducing a finger under the pubes during the remissions of pain, endeavour to raise the child's head a little from its pressure on the neck of the bladder. If, notwithstanding these efforts, a total suppression should take place, she must be relieved early in the labour by the catheter, (Chap. I. 27.) for as the labour advances, the difficulty of discharging the urine will increase; the pain of the distended bladder may become so great, as to intercept and suspend those of labour; and the bladder being over distended, may lose its power of contracting ever after; it may inflame, and bring on fever, convulsions, and death: such are the evils which may follow a little neglect.

19. After these attentions, the labour is to be suffered to go on without any interference: the pains continuing gradually, open the internal orifice of the womb, and force the membranes through it, in form of a purse, which acting as a soft wedge, contributes in the easiest way to its farther dilatation. Of this the midwife may now and then assure herself by examination, but as seldom as possible, taking special care not to fret and irritate the parts by too frequent

repetition, and always with the greatest gentleness and caution, and during the remission of the pains, lest the membranes should be burst, and the water let out before the internal orifice be fully dilated; an accident which always protracts labour, and renders it more painful and difficult. Another argument against frequent and unnecessary examinations, is that it has a tendency to remove the natural mucus, already secreted, and to inflame the tender lining of the vagina, so as to check the farther secretion of this salutary discharge; which is intended by nature to lubricate and soften all the parts to be distended in the course of the labour.

20. 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 idle, indecent, and dangerous practice too severely: it is always wrong, nor can there be any one period in any labour, 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 labour painful, that which would be short, tedious; and one which, if left to nature, would terminate happily, highly dangerous. I know that I have to combat the prejudices of many of my country-women on this subject; and that, although I may convince the judgment of a sensible midwife, she will not always be suffered to exercise it, unless she has some firmness and self-possession,

to resist the solicitations and importunities of her patient, and her mistaken friends. She will not only be importuned on some occasions of a little delay, 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.

21. Leaving, therefore, nature 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 a 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, (provided no morbid cause prevents) women in general recover better after

a labour rather slow, than after such as are quick and sudden.

22. 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 her strength; by forcing, straining, and bearing down, which inevitably will exhaust and waste her strength now, in the beginning of labour, which may be very necessary for her support at the conclusion of it. Young women, in their first labour, are most apt, from impatience, to be guilty of this error; by which they necessarily 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 labour begins with very strong pains, and which will inevitably protract it.

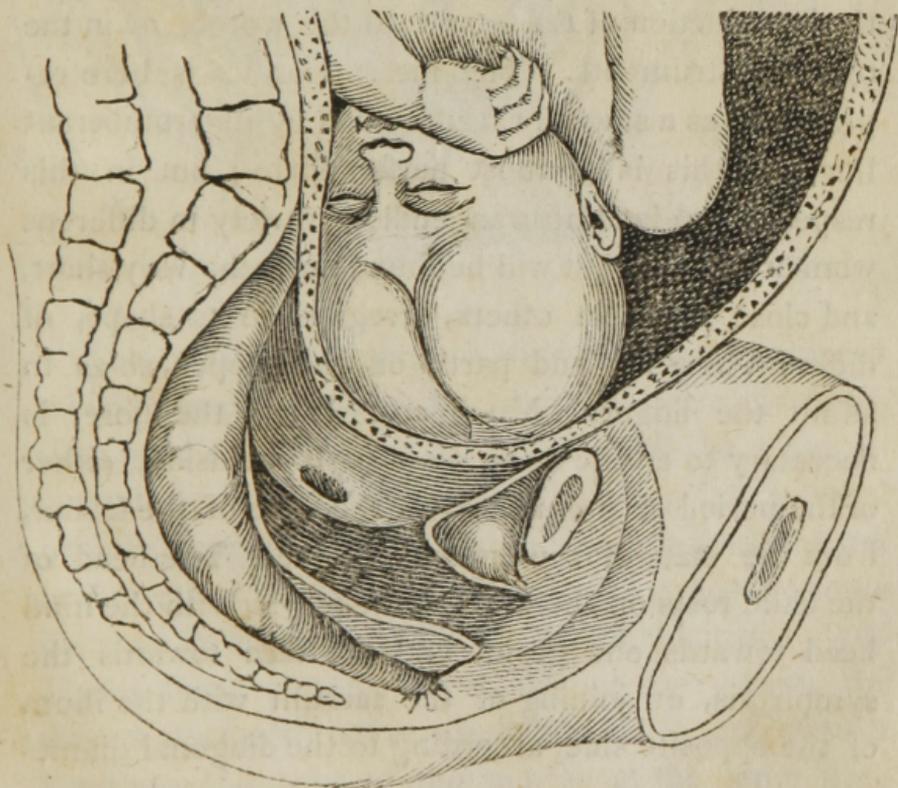
23. Another practice still more dangerous, is that of giving strong, heating aromatic teas, cordials, and spirituous liquors, with a view to strengthen the pains; but which can only increase the resistance to their proper effect, by heating the patient, bringing on fever, and checking the natural secretions. On the contrary, let the patient's food consist of cooling fruits, thin gruel, and weak broths, and her drink of small beer, lemonade, and weak tea. In summer, let her chamber be kept cool by open doors and windows; and in winter, only comfortable by moderate fires.

24. In this manner the first stage of labour is to be passed, now and then cautiously examining its progress, during the absence of the pains; under which circumstance, and when the internal orifice is sufficiently open to admit the finger, the head of the child may easily be felt and distinguished by its regular

shape, smoothness and hardness, within the lax membranes, and may be made another source of consolation and encouragement to the patient, by assuring her of it; but be cautious how you predict a speedy termination of the labour; unless in such cases, as former experience in the same woman may have convinced you that you will not be deceived: for many circumstances which you cannot now discover, may concur to deceive you; and nothing will tend more to render your patient anxious, and to rob you of her confidence, than disappointment in this respect.

25. Plates 15, 16, and 17, are intended to represent these changes, and the situation of the child during the first stage of labour.

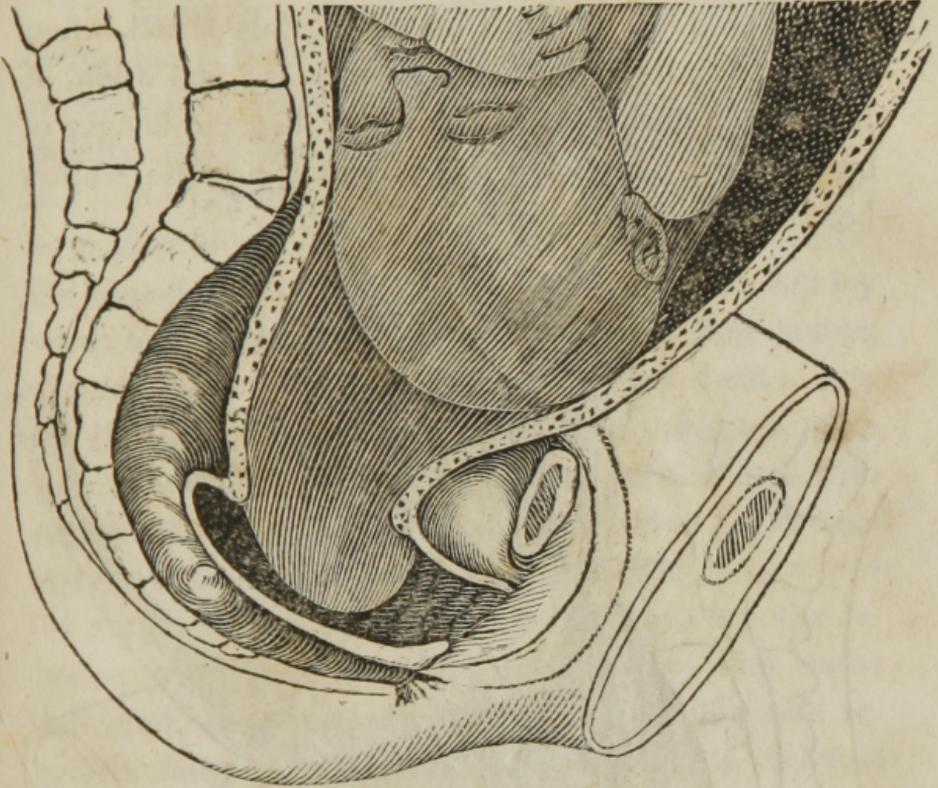
PLATE XV.



This plate shows the neck of the womb, obliterated by its perfect developement during the latter months of pregnancy ; at the end of which, it makes one common cavity with the womb. The developement of the neck, however, is not conducted on the same principles as the enlargement of the womb : the sides of the womb retain, at least, their original thickness through the whole period of pregnancy ; but the neck of the womb grows thinner as it is developed, and at the expiration of the natural period of pregnancy, sometimes become^s so thin, as to be in danger of being ruptured by a very small force ; an accident, which has occasionally happened, when from disease the internal orifice has not yielded ; or from an untoward position, the pressure of the child's head has been made against it ; but more frequently from hurry and want of skill in the introduction of the hand into the womb, or in the use of instruments. The internal orifice is here represented as a smooth ring, formed by its protuberant lips, and this is its most perfect form ; but in this respect there is almost an endless variety in different women : in some, it will be found smooth, very short, and close shut ; in others, irregular in its shape, of different lengths, and partly or wholly open, so as to admit the finger. Much experience, therefore, is necessary to enable us to draw any conclusion, either of the period of pregnancy, or the state of the labour, from the state of the internal orifice. The head of the child rests on the brim of the pelvis, with the hind head towards one groin, and the face towards the symphysis, or joining of the sacrum with the ilium of the opposite side, according to the diagonal diame-

ter of the pelvis, (G. G. plate 2.) this is the most favourable position for its entering the pelvis, and occurs in most cases.

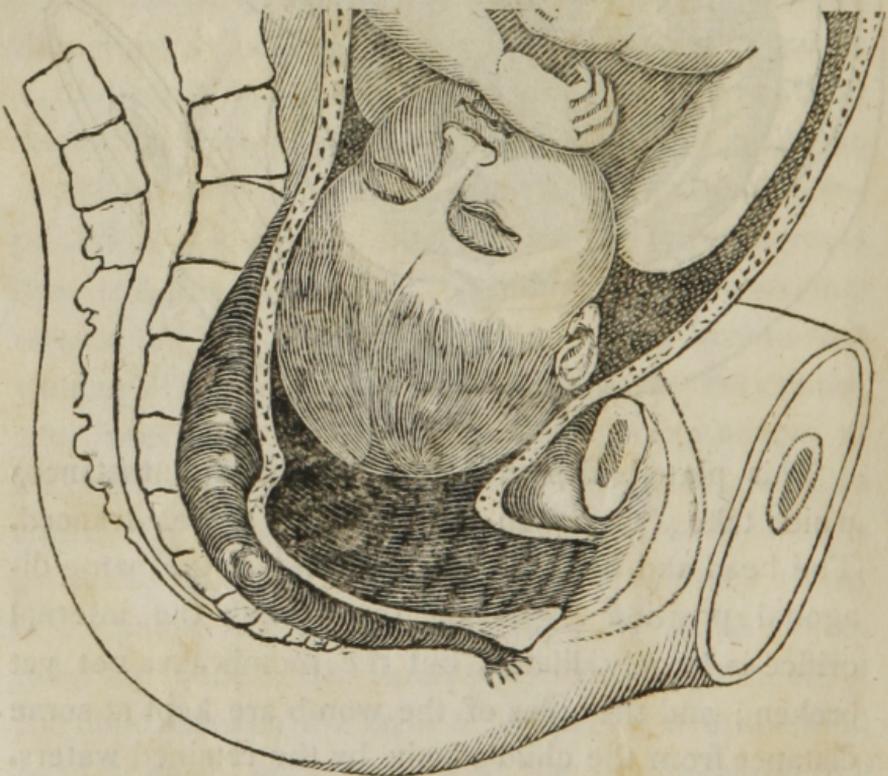
PLATE XVI.



This plate is designed to show the circumstances which take place when the labour is more advanced. The head and body of the child retain the same diagonal position respecting the pelvis; the internal orifice is largely dilated, but the membranes not yet broken; and the sides of the womb are kept at some distance from the child's body by the retained waters. Under these circumstances, during every pain, the waters are forced before the child's head, and raise it up above the brim of the pelvis; at the same time

that the membranous sack is forced through the internal orifice into the ^{vagina} ~~pelvis~~. Upon the cessation of the pain, the membranes become flaccid, the waters recede, and the head of the child falls down again upon the brim of the pelvis; and being pressed with the finger, retires easily from it. Hence we see the inutility of frequent examination during this period, when little or nothing can be learnt from it; and when, if it be made during the pain, there is great danger of bursting the membranes, and letting out the waters before the parts are properly dilated.

PLATE XVII.



This plate shows the child's head engaged in the pelvis, immediately after the membranes have burst,

when the waters being discharged, the sides of the womb closely embrace the body and limbs of the child; and the effect of almost every pain may be discovered forcing the child's head through the pelvis.

26. Sometime during this stage, the sooner the better, the patient's dress and bed should be arranged, which, although matters of lesser moment, are well worthy some attention. A flannel petticoat or two, and a short-gown, with the linen turned up under it, so as to preserve it dry, is the most convenient dress. On that side of the bed on which the patient will lay when on her left side, a blanket, three or four double, should be first laid; over that, the lower sheet; over the sheet, another folded blanket, and over that, another sheet four double, and laid across the bed with one end hanging over, so that the midwife may take it on her lap when necessary. This arrangement will be found very convenient at all times during the labour; and by means of it, the patient, after she is delivered, may be made dry and comfortable with very little fatigue. When a cot is made use of, it should be prepared in the same way; and after delivery, it being moved to the side of the bed, the patient is to be lifted from one to the other, without being suffered to rise up.

Second Stage of Labour.

27. This stage of labour commences with the full and complete dilatation of the internal orifice of the womb, and is ended when the child's head has sunk through the brim of the pelvis, so low as to begin to

rest upon and distend the soft parts of the mother. (See plate 18.) These circumstances can be certainly known only by examination; but there is likewise a remarkable change in the patient's feelings, and in her manner of expressing them. An experienced midwife will form no inaccurate judgment of the progress of the labour, only by observing her patient's manner, and hearing her cries. Whilst the internal orifice of the womb is opening, the pains are cutting, sharp and grinding; the patient is restless, bears them with impatience, and expresses her sense of them by sharp and shrill cries; but when this is accomplished, or nearly so, the pains become more supportable, and the patient finds herself instinctively called upon to make some voluntary exertion; she lies quiet, holds her breath, and expresses her sense of pain in a grave tone of voice, or frequently bears them in silence.

28. We have said, that about the commencement of this stage of labour, the membranes frequently break, and the water is discharged. This, in well-formed women, especially such as have borne several children, is generally a period of some little alarm; as, when the child is small, the head falls, almost by its own gravity, through the pelvis, and the delivery succeeds immediately; for this circumstance, the midwife should always be prepared; and for some time, at least, the patient should be laid on her bed, that, at all events, the necessary assistance may be afforded, and that no accident may happen from hurry, confusion, or mismanagement. But more frequently this stage of labour takes up longer time; and although in a perfectly well-formed woman and a small child, it may end in a few minutes, after the

perfect dilatation of the internal orifice ; in others, it may require many hours, even in a labour which, from first to last, may be accomplished in twenty-four ; and where there is any deformity in the pelvis, or any disproportion between that and the head of the child, this second stage proves the most tedious and difficult.

29. The great point for the midwife to know, is, that the shorter or longer duration of this stage of labour, depends on the proportion which exists between the size of the child's head and the openings of the pelvis, or upon some irregularity in its shape, or some awkwardness in the presentation of the head ; circumstances absolutely out of her power to control : but which nature, when left to herself, most frequently will vary so as wonderfully to adapt one to the other, in every stage and progress of the labour. The imperfect ossification of the bones in the head of the human fœtus, and the loose manner in which they are connected by membranes, (see plate 5.) is the provision which nature has made for overcoming these difficulties ; where the head is large or the pelvis narrow, the bones ride over one another, as the head is forced through the brim, and the shape of the head becomes more oval and pointed, entering the brim of the pelvis with one ear to the sacrum, and one to the pubes, that is, with the narrowest part of the head to the narrowest part of the pelvis ; it turns as it descends, where it finds most room, until the face is brought into the hollow of the sacrum, and the vertex or smallest, most pointed, part of the head, to the external orifice. In like manner, most untoward

presentations will be changed, when time is allowed, and no mismanagement occurs; so that, ultimately, the delivery shall be accomplished by the least possible violence.

30. The principal object, therefore, of the midwife's care in this stage of labour, especially when it proves tedious, is to regulate her patient's conduct, to sooth her sufferings, to calm her fears, and above all things, to avoid fatigue. Although, therefore, the woman feels some disposition to voluntary efforts, she is not to be encouraged to exert herself during the pains, more than she can well avoid; her utmost exertion can add little to the contractile force of the womb, and only tends to fatigue and weaken her.

31. The bursting of the membranes, likewise, is a circumstance of great uncertainty: it most frequently happens at the end of the first, or during the second stage; but it sometimes occurs with the first pain, sometimes many days or even weeks before the commencement of labour; at other times, after having, in the form of a distended sack, contributed to dilate the internal orifice of the womb, they continue in the same manner to dilate the vagina, the perinæum, and external orifice; and now and then are expelled, either in part, covering the child's head, or entire, with the placenta and waters. But this is a circumstance by no means to be wished, as it may be followed by a dangerous flooding, or by an inversion of the womb; whenever, therefore, the bag appears at the external orifice, it should be ruptured, and the waters let out, as they can be of no farther use. During this stage of labour, women are less inclined to move than during the first stage; still they are not to be confined to

one posture, but indulged, and even encouraged occasionally to rise from the bed, to walk about, and to take some pains leaning over the back of a chair, supported by ~~her~~ friends, or kneeling at the side of the bed.

Third Stage of Labour.

32. The third stage of labour begins at the time when the head of the child, having sunk through the pelvis, begins to rest on and to distend the soft parts of the mother; and continues until these, being stretched and distended into the form of a large protuberant tumour, the external orifice is so far dilated, as to suffer the head and body of the child to pass through without injury. The pains during this period, whilst the perinæum and soft parts are undergoing so great distention, become more severe, and at last, when the head of the child is passing the external orifice, are most exquisite. But they are always least, when the labour has been suffered to go on from the first with little or no interference: and much more excruciating and dangerous, when these tender parts have been fretted and inflamed by improper conduct at the beginning.

33. The part which is most apt to suffer during this period, is the perinæum, or that portion of skin which extends from the anus to the external orifice; which, from the extent of one inch or an inch and a half, is stretched to that of four or five inches, and reduced to the thinness of paper. The perinæum and adjoining parts are relaxed, and prepared for so great a change by the secretion of a large quantity of mucus, by which the parts are softened, and a disposi-

tion to yield and stretch is given to them ; at the same time that they are lubricated by it, so as to suffer the child's head to slide easily through them. And whenever there happens to be a deficiency of this mucus, or when, by improper handling, it has been rubbed off, and its secretion checked ; or when a violent and sudden labour does not allow sufficient time for this secretion to take place, and give to those parts a proper disposition to dilate, the perinæum is apt to be torn, always an unfortunate accident, and one which sometimes subjects the woman to great misery and inconvenience during the rest of her life.

34. To prevent this accident, is the principal business of the midwife in a natural labour, and her attention is to be directed towards it, from the very commencement of labour, to the complete delivery of her patient : with this in view, she has been directed to avoid irritating these extremely tender parts, by frequent and unnecessary examination, or any rude and preposterous attempts to stretch and extend them, as well as to avoid heating her patient by improper diet, cordials, and spirituous liquors ; by the use of which fever is brought on, the parts become rigid, and are easily torn. From the commencement of this stage of labour, a woman becomes less inclined and less able to move, and the delivery may be expected to be accomplished in a short time.

35. The woman is now, therefore, to be laid on her bed, in a proper posture for delivery : that is, on her left side, with her hips brought to the edge of the bed, and her knees drawn up, with a pillow between them, and her feet supported against the bed-post, a ~~floor~~-board, or against some person sitting on

foot
7

the bed ; taking care not to draw her thighs too much up towards the belly, nor to separate the knees very wide, both which put the perinæum on the stretch, and increase the danger of its being torn. The bed being in all respects prepared as directed, (26.) the midwife is to seat herself behind on a low chair, taking the end of the sheet, which had been laid across the bed, on her lap ; she will then find herself most conveniently placed to afford every necessary assistance ; still, however, she has nothing to do, and it may require some time before she will perceive the perinæum sufficiently distended, and the external orifice so far dilated, as that the crown of the child's head begins, during each pain, to protrude. She is then to take a soft cloth in her left hand, and placing it over the tumour, with her fingers extended towards the back, and the palm over the perinæum, reaching to the external orifice, make a gentle pressure on the tumour during each pain, so as in some measure to retard the sudden advance of the child's head ; or rather, to be ready to retard it, when a violent pain shall threaten too sudden a delivery. For let it again be recollected, that in a slow labour, well managed from the beginning, where the soft parts are properly prepared to yield, the perinæum never is torn ; and that all the danger of this unfortunate accident arises from a sudden and violent labour, or one which has been mismanaged in the beginning.

36. It is seldom necessary to make any considerable resistance : but as the child's head passes through the external orifice, it is always proper, whilst the left hand is kept in the position just now described, to place the fingers and thumb of the right hand, collect-

ed together, upon the protruding part of the child's head; in this position, the midwife has it in her power to make such resistance with her right hand, as the rapidity with which it advances, may require; and to make it on the head itself rather than on the perinæum; the dilatation of which, by too great pressure, will be prevented, and the perinæum itself severely bruised. Experience alone can teach the degree of resistance required; and until the midwife has acquired that experience, she must be cautious not to make more than is necessary; by which, as much mischief may be done as by any kind of interference. And where the labour has been well conducted from the beginning, much is seldom required. Even where, from early mismanagement or from any other cause, the parts are not properly prepared to dilate, and there is a dryness and rigidity of the parts, the natural mucus may and often does, during a few of the last pains, become so considerable as to save the perinæum.

37. In cases in which this does not take place, we are directed to anoint and lubricate the parts with pomatum, hog's lard, or oil; and to a certain degree this has its use; but if it is to occasion much handling of the parts, it may even be prejudicial. I have, therefore, commonly preferred to anoint the parts once or twice, and over that to apply a soft flannel, wrung out of warm water; the woman finds this very relieving, and, on some occasions, I have continued it for several hours, as I have thought with real advantage.

38. The sufferings of our patient at this moment, are at the highest, extremely severe, and sometimes almost beyond endurance; and in the hope of short-

ening their continuance, she is often inclined, and too frequently called on to exert her utmost strength. Still, however, her present safety and future comfort, may very much depend upon submission, patience, and gaining a little time: and all extraordinary exertion beyond what she is in some measure compelled to make, is hazardous.

39. Just before the birth, the head is often found to advance during the pains, and to retire again as they remit: and this alternate advance and retiring, is frequently of infinite consequence to the safety of the perinæum. This has been thought by some unnecessarily to protract the sufferings of the woman; and we have been directed even by Smellie, to prevent it by introducing one or two fingers into the anus, and pressing strongly against the brows of the child as the pain remits; but this kind of interference is highly dangerous both to the mother and child. Nature seldom does any thing in vain, and this successive advance and retirement of the child's head is generally of infinite consequence, perhaps absolutely necessary to the safety of the perinæum; which, after some little time, will thereby become perfectly relaxed, and easily distended; if, at ~~last~~, it should hitch on the child's chin, by introducing a finger within, during the remission of the pain, it may be slipped over it, and with the next pain the head is generally delivered; but even this must not be attempted before the perinæum is perfectly dilated.

40. After the delivery of the head, a short respite ensues; but the pains soon returning, the shoulders of the child are perceived, as they descend, to make the same turns as the head had done just before, and

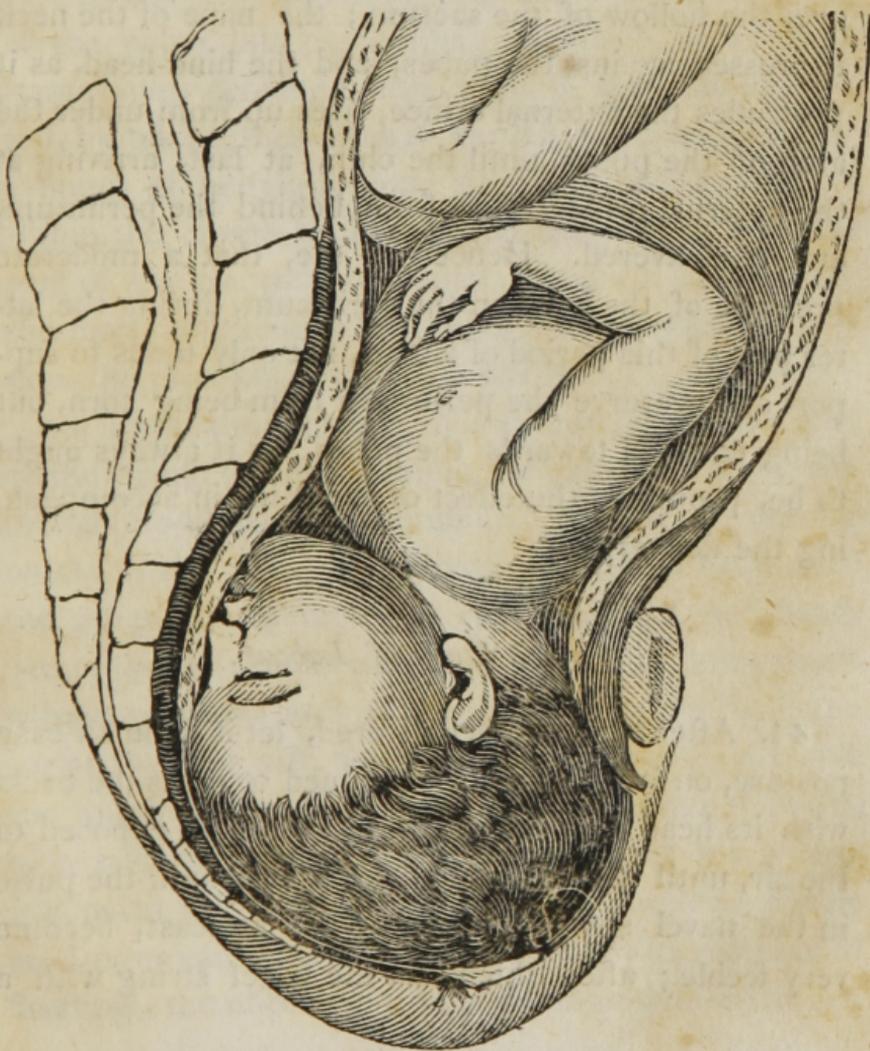
after a pain or two, are delivered, one to the belly and the other to the back of the mother; the next pain advances it to the hips, so that the arms of the child are delivered without any, or at least, with very little assistance. Another short respite now takes place, whilst the hips of the child advance, and with one or two pains, are protruded, and the delivery of the child is accomplished.

41. Upon this slow, gradual, and successive delivery of the different parts of the child, and the contractions of the womb, which severally take place after the delivery of the head, the shoulders, and the hips, depends in a great measure the safe and easy delivery of the after-birth, and the woman's security against a flooding; for in this way, time is allowed for the regular contraction of the womb from the fundus, pressing down the after-birth before it: whereas, in a more sudden delivery, when the head, shoulders, and body of the child are delivered by a single pain, the womb may and frequently does contract from its sides, protruding the child, but retaining the placenta high up in the fundus. A midwife, therefore, should never, as is too frequently done, take hold of the child's head, and immediately drag it forth; a very common but a most dangerous practice, generally the cause of severe after-pains, and frequently of much worse consequences: a ruptured perinæum, retained after-birth, and flooding, or an inverted womb, by which the lives of many women have been lost.

42. The birth of the child is always followed by the discharge of what water had been retained in the womb; frequently by some clots of blood, and generally by some fresh blood flowing from those parts of

the womb, from which the after-birth has been wholly or in part detached. This generally continues until the womb has so far contracted as to press on and confine the after-birth: and is the most important reason for suffering the body of the child to be gradually and slowly delivered by successive pains: by which means, when at least it is completely delivered, the womb is already so far contracted, as to secure the patient against a flooding, the most, if not the only dangerous circumstance attendant on a natural labour.

PLATE XVIII.



43. This plate is intended to represent the situation of the child at the end of the second and the commencement of the third stage of labour, when the head has descended through the pelvis, and begins to rest on the perinæum, the ears stand across the pelvis, the face is in the hollow of the sacrum, and the vertex or crown offers to the external orifice. When the head has descended thus low, the effect of the pains is to force the child's chin, which before rested on the breast, more and more from that position; and as the breast and shoulders descend through the brim, the chin, constantly receding from the breast, passes over the hollow of the sacrum; the nape of the neck is pressed against the pubes, and the hind-head, as it protrudes the external orifice, rises up from under the arch of the pubes, until the chin, at last, arriving at the external orifice, slips from behind the perinæum, and is delivered. Hence we see, that a moderate pressure of the hand on the perinæum, during the latter part of this period of labour, not only tends to support and preserve the perinæum from being torn, but being directed towards the pubes, as it always ought to be, promotes the effect of the pains in accomplishing the delivery.

Fourth Stage of Labour.

44. After the child is delivered, let it lie in an easy posture, on its side, a little reclined towards the back, with its head covered, but with its mouth exposed to the air, until it breathes and cries, and until the pulse in the navel string has ceased, or at least, become very feeble; after which, tie the navel string with a

thread four double, (that it may not endanger cutting the string) in two places, one about two inches from the child's body, the other about two inches above, and take care to cut it between the knots; an error on either side might be fatal: if below the first knot, to the child already born; if above the second, in case of twins, to that in the womb.

45. The child being removed, a soft cloth is to be applied to the mother. In a little time, from ten to thirty minutes, the pains, which generally ~~close~~ ^{cease} for a short time after the birth of the child, will probably return, and push the after-birth down below the brim of the pelvis into the vagina; of which, if it is not immediately delivered, the midwife may satisfy herself, by taking the string in her left hand, and passing a finger of her right along it up into the vagina; if within the length of her finger, she can reach that part of the placenta to which the cord is attached, she may rest satisfied that all is safe, because, at any rate, the placenta is within her reach.

46. If, on the contrary, she cannot reach the root of the string, let her examine the patient's belly; she probably will find the womb soft and flaccid, resting on the lower side, or perhaps hanging a little over the pubes; by taking it in the hollow of her hand, compressing it moderately, raising it up towards its natural position, and at the same time rubbing the surface briskly with the hand, she will soon perceive the womb to contract in size, and to assume the form of a ball of considerable firmness; after this, a very few pains will probably deliver the placenta; and as no danger can arise from delay, except in the case of flooding, the effect of the pains should be relied on

for at least another hour. The defect of pains is the most common cause of delay in the delivery of the placenta, and this inaction of the womb is a very common consequence of fatigue, after a severe or tedious labour, especially if mismanaged; but this weakness, so far from being a reason for haste and precipitance, is a most powerful argument for waiting, and making no attempts to separate and extract the placenta; a hasty delivery of which, before the womb has begun to contract with some degree of vigour, will expose the patient to the great danger of a flooding, or inversion of the womb. Under such circumstances, therefore, our efforts must be directed to compose the patient's mind, to cool her when overheated, and to recruit her strength by mild cordials, (No. 17. a. b. c.) and good nourishment: whilst at the same time we attempt to excite the action of the womb as directed above.

47. But if, notwithstanding a due action of the womb, manifested by pain, and a round contracted ball under the pubes, the delivery of the placenta is protracted beyond one or two hours, and the woman and her friends become impatient, there can be no danger, under these circumstances, cautiously to give some assistance. Let the midwife, therefore, twisting the cord round her finger, or wrapping it in a dry cloth, draw it as far back as possible, and put it just so much on the stretch as to prevent the placenta retiring as the patient expires; for while the cord is on the stretch, the placenta will be found to descend at every inspiration, and to ascend during expiration. Whilst she thus holds the cord in her left hand, she may give a better direction to the small force applied to it, by introducing two fingers of the

right hand under the pubes as high as possible towards the root of the cord, and with them press it back towards the sacrum, and at the same time draw the string over the fingers as over a pulley. Whilst introducing the fingers for this purpose, she will frequently find an edge of the placenta hanging through the internal orifice, and by pressing against that instead of the cord, or by taking hold of it between the fingers and thumb, and attempting to carry it into the hollow of the sacrum, she will greatly promote the delivery.

48. But the midwife must always be very careful how she exerts any considerable force on the string, which in some instances is small, in others inserted by several branches into the placenta, and easily torn from it: at all times an inconvenient, and on some occasions a very serious accident. Or if the string should be so strong as to endure much force, more terrible accidents may follow: the placenta may be torn from its attachment to the womb, of which a violent flooding must be the consequence; or the womb may be in part or wholly inverted, (turned inside out) and actually brought out of the body, which has frequently been the unhappy consequence of imprudent force applied to the cord. This terrible accident is most likely to happen after great fatigue, when the woman is much exhausted; no pains ensue after the birth of the child; and the womb, instead of contracting, remains large and flaccid. Let it, therefore, be an invariable rule, not even to tighten the cord, or put it the least on the stretch, until the womb can be felt, by the hand applied to the woman's belly,

contracted and reduced to a kind of globe of considerable firmness.

49. The placenta being delivered, unless in cases in which the womb appears to act with considerable vigour, it will be of advantage that the midwife or an assistant continues for some little time to rub the abdomen over the womb, by which its contraction will be excited, the danger of a flooding lessened, and the expulsion of any clots it may contain will be promoted, which will lessen those severe after-pains which arise from the future efforts of the womb to expel them, when by delay they have acquired greater tenacity and adhesion.

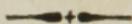
50. Let then a soft cloth be applied to the parts of the mother, and a broad bandage round her waist, so low as to take in the belly, and afford some support to its loose and relaxed sides, but not so tight as to give the least uneasiness. The use of such a bandage has been contested; and no doubt, when a twisted handkerchief, ~~is~~ applied in the form of a cord, and drawn very tight, as is too frequently done, it may do much mischief; but when a broad bandage is skilfully applied, as above directed, it will be found very agreeable and comfortable to the woman, and in addition to friction, has a tendency to prevent and relieve that faintness, which is sometimes very alarming to newly delivered women.

51. Remove the pillow from between the patient's knees, and the wet clothes from under her, and give her a little thin gruel, with a spoonful or two of wine; but avoid brandy, spirits, gin, and all kinds of cordials.

52. If she has been delivered on a cot, let it be taken to the side of the bed, and let her be removed from one to the other without rising at all to an upright posture, which is always dangerous immediately after delivery. It is still better, if she can be made tolerably comfortable, to let her lie for an hour or two upon the cot; she may, however, turn from one side to the other, and extend and move her limbs, so as to obtain an easy posture.

53. By such prudent management, in at least ninety-nine cases out of a hundred, nature will be found perfectly equal to a safe and happy delivery; and it will be accomplished with as little pain, and in as short a space of time, as is consistent with the woman's safety; and of the few cases which may not proceed with such uninterrupted regularity, the greater number will be brought to a happy conclusion, only by exerting a little more patience in the conduct of the labour.

CHAPTER IV.

ON THE CAUSES AND REMEDIES OF TEDIOUS AND
DIFFICULT LABOURS.

SECTION I.

Tedious and Difficult Labours.

1. Such is the progress of natural labour, which should be studied most particularly by every person undertaking the profession of a midwife; and to which, if it were possible, they ought for a long time to confine their practice; for they only, who are conversant in natural labours, and thoroughly understand, in all their minutia, the process and resources of nature, can be qualified to give assistance in such labours as are difficult or preternatural.

2. When labour is terminated within twenty-four hours, it may be considered as sufficiently speedy; when protracted beyond forty-eight hours, tedious; and when beyond three days, very difficult; but still may be perfectly natural, and when not protracted by preposterous attempts to hasten it, will not probably be more tedious than is necessary for the safety of the woman.

3. It cannot, therefore, be too frequently repeated, or too strongly impressed upon a midwife, that in a natural labour, she has nothing to do but to calm her

patient's spirits, and fortify her with patience; to regulate her conduct, her diet, and evacuations; to check all violent efforts; to prevent the accidents of premature and hasty delivery; to receive the child, tie the navel string, and deliver the after-birth in the cautious manner directed, (Chap. II. 44, &c.) There are, however, many circumstances, some of natural occurrence, and others of erroneous conduct in the beginning of labour, which may greatly distress the patient, precipitate labour, or render it unnaturally tedious and difficult; we will, therefore, now consider such complaints and causes of slow and difficult labours, as may probably be relieved without manual assistance or the use of instruments.

Obstacles from the State of the Parts, and the Form of the Mother.

4. *First child.* In the first place, the midwife is to recollect, that it is so common, that in some measure it may be said to be natural, and therefore necessary, for women with their first child, although young, well formed, and healthy, to have much more tedious labours than with those which follow. The same delay happens more certainly, and in a greater degree, when women are advanced beyond thirty years of age before they have a child.

5. On the part of the womb, this may perhaps arise in some measure from want of habit, whence it contracts either feebly or irregularly: we perform all actions, the involuntary as well as such as are voluntary, more easily and readily, and with greater effect, after than before we have been accustomed to them. Very fat women are observed to be subject to slow

labours, from a remarkably feeble action of the womb, with which their labours frequently begin, and in some cases of twins, and some in which the womb is over-distended by a very large collection of water, a slow labour follows from the same cause. In all such, as well as in many others in which the pains were supposed to be weak and ineffectual, it was formerly the practice to endeavour to excite the action of the womb by hot and stimulating medicines: prescriptions for this purpose (the *pulvis ad partum*) are to be found in *Pharmacopœias* of no very early date; and it is still too frequently the practice to give hot spicy drinks, gin, and other spirituous liquors, with intention to strengthen the pains. But in truth, we know no remedies by which we can immediately act on the womb and promote its contractions; and all such as are given with this intention do much mischief, by overheating the patient, exciting fever, and wasting her strength. Time, patience, leaving the patient at liberty, and giving her confidence by proper encouragement, are, in such cases, our only remedies, and seldom or never fail. Repeated emollient clysters, (No. 4. a. b.) in the beginning of labour, are always of use; and now and then one that is stimulating, (No. 5, a. b. c.) after the labour has somewhat advanced, may be admissible.

6. With regard to the other soft parts, the internal orifice of the womb, the vagina, perinæum, and external orifice, slow labours certainly do frequently arise, particularly in the case of a first child, from greater rigidity and resistance; whence they are less disposed to yield and dilate; and longer time is necessary to

overcome this resistance, and to give to them the proper disposition.

7. It becomes, therefore, more necessary for the midwife, in all such labours, to be very careful of all improper interference, either by frequent examination or rude handling ; by heating food or drink, particularly by the use of cordials, or spirituous liquors of any kind ; by which fever or inflammation may be excited, the soft parts become dry, and their natural rigidity may be increased.

8. She must be more attentive to avoid all extraordinary and unnecessary exertion on the part of the patient, by which she may be fatigued, and that strength exhausted in the beginning of her labour, which will be required to support her at the end ; and she must arm her with more patience, by candidly informing her of the absolute necessity there is, in her case, for longer time than usual to accomplish her delivery with safety. Above all things, she must take care not to be hurried herself ; but by a calm and composed manner, to give her patient confidence in her skill, and by gentleness and humanity, to soothe her sufferings.

9. It sometimes happens, that the internal orifice of the womb is found remarkably thick and rigid, especially in women advanced in life ; in such cases, all the advice already given respecting patience, quiet, dilution, and cool regimen ; and all the cautions respecting improper interference of the midwife, in attempts to stretch and dilate the parts, are more particularly necessary : on account of the importance of the part itself, its extreme sensibility, and the great danger of inflaming it. It may be requisite to have

recourse to bleeding, frequent and copious clysters of warm water, and external fomentations, either by sitting over warm water, or by large flannels wrung out of warm water, and externally applied.

10. Sometimes, when women have been ill-treated in the beginning of labour, the external parts become so swollen and inflamed, as actually to protract delivery; in this case, bleeding, clysters, and cool regimen; rest, with emollient fomentations and poultices, (No. 18. g.) are useful.

11. The same causes may occur in women who have already had children: the womb may act, at first, feebly or irregularly, and the other soft parts may be naturally, or from some accidental cause, more rigid than is commonly the case; the pains may have been interrupted or rendered irregular, and the soft parts irritated, and in some measure inflamed, and the secretion of the natural mucus prevented by improper diet, and ungovernable conduct on the part of the patient, or by improper and unskilful interference on the part of the midwife in the beginning of labour. In all the cases of this paragraph, the most tedious and distressing periods of labour are the first stage, whilst the internal orifice of the womb is dilating, or the third, when the perinæum and other external parts are undergoing the necessary distention. In all, gentleness, patience, and time, are our best remedies.

12. Premature labours, which come on before the complete term of pregnancy, and consequently, before the soft parts of the mother are properly prepared for it, require, for that reason, longer time to be accomplished; for nothing is more just than that admirable

observation of Dr. Denman, and which cannot be too often recollected: "That the whole period, from conception to recovery after child-birth, is a progressive process, in which from first to last, one period is constantly preparing the parts concerned for those changes which they are to undergo in that which is to follow; and that if nature be interfered with, or precipitated in either, there must be some increased difficulty or danger to be overcome in the next."

13. Every thing which tends to render a woman weak and irritable; (among which all the debilitating practices of a luxurious life may be reckoned,) render her liable, from slight causes, to be thrown prematurely into labour. Nature, however, will not be hurried, or put out of her course with impunity; and a labour of two or three days, which might have been finished in a few hours, is the penalty women frequently pay for a few trifling indulgences.

14. Whenever, therefore, we have good reason to suppose the access of labour premature, it should be suppressed; bleeding in proportion to the strength of the patient, emptying the bowels by an injection, (No. 5. a.) rest in an horizontal posture, and opiates, so as to procure ease, (No. 14. a.) are the means; but to be successful, they must be early commenced, and particularly rest and quiet must be persisted in.

15. Among the causes which frequently bring on premature labour, is the early breaking of the membranes, and the discharge or dribbling of the waters. This sometimes happens several weeks before the full time; and I think I have observed, from its repeated recurrence in the same woman, that some are parti-

cularly liable to this accident ; which is almost sure to be succeeded by a labour more tedious and painful, than when the membranes remain entire until after the full accomplishment of the first stage of labour. This accident may likewise occasion the death of the infant, which, if alive at the commencement of labour, is sure of being so until after the breaking of the membranes ; but when that happens early in labour, the child is sometimes born dead, probably from the continued pressure of the womb on some part of the cord, by which the circulation is interrupted and the child strangled : a very strong argument against the early rupture of the membranes.

16. *Narrow pelvis, or large head.* When the second stage of labour is most tedious ; when, after the complete dilatation of the internal orifice, the child's head remains a long time high and almost out of reach ; when its entrance into, and its descent through the pelvis are observed to be remarkably slow ; and when the bones of the child's head, in coming down, are observed to overlap each other, and the presenting part becomes sharp and prominent, the difficulty may arise, either from a narrow and distorted pelvis, or from the child's head being remarkably large. In most of these cases, more care and longer time only are necessary. When left to time, the repetition of the pains will, at last, mould and shape the head to the form and dimensions of the pelvis ; and in general, it will pass with more ease and safety, both to the child and mother, than can be effected by any other means. The child's head being too firmly ossified, by which it is less disposed to yield to pressure, is

another cause of delay at this period of labour, but which time will generally overcome.

17. The same observation may be extended to most of those cases in which the child's head presents untowardly: offering with the fontanelle or opening, the forehead, face, chin, or ear; in most of which, time and patience, with good management in the beginning of labour, will effect the delivery; for in these cases, unembarrassed nature is fruitful in resources, and will either squeeze the child's head into a more convenient form, or turn and alter its position, so as to adapt it to the passage.

18. Even Smellie asserts, that not above six women out of a thousand require the use of instruments to accomplish their delivery; but it is well ascertained, that Smellie too frequently had recourse to instruments; and later and more accurate calculations make the number not above four or five out of two thousand; and that even in England, where great numbers of children employed in unhealthy manufactures, added to all those educated in her great cities, compared with the very opposite treatment of children in our happy country, must increase, in a tenfold degree, the number of crooked and distorted women.

19. Every crooked woman has not necessarily a distorted pelvis, and consequently a difficult labour; and where the curvature is confined to the spine, and the lower extremities do not partake of the distortion, it often happens that crooked women have large and capacious pelves, and consequently, easy labours. In every such case, however, there is sufficient reason for apprehension, to put us on our guard: and every wo-

man who, from this cause, has once had a tedious and difficult labour, must necessarily be exposed to the same difficulties in a future one. The midwife, therefore, should be prepared for it; and by carefully avoiding every thing in diet or conduct, which may heat, inflame, or fatigue her patient, will preserve her strength, and render the labour as easy and safe, as the nature of the case will permit.

20. Women who have been rickety during childhood, and are crooked from that cause, are most apt to have distorted pelves; mothers, therefore, knowing the beginning of such distortion to be commonly laid in infancy and childhood, should be particularly careful, by attending to the first appearance of rickets in their daughters, by strengthening their constitutions, by exercise in the open air, and cold bathing during infancy, and by carefully avoiding much confinement to a sitting posture during childhood; but on the contrary, by indulging their natural dispositions to playfulness and exercise, preserve their health and vigour, as well as the regularity and beauty of their form, and thereby fit them for safe and easy labours. Nor is it only by injuring the shape of the bones, that mismanagement in childhood unfits women for easy child-bearing, but by preventing firmness and vigour in general, and occasioning a weak, feeble, and irritable habit. A sedentary life and luxurious education, are the chief causes of all the evils which women suffer during pregnancy and labour. Keep children, therefore, out of doors, in constant exercise; allow them a full but plain and simple diet; and when grown up to be young women, let them live more agreeably to na-

ture; let them avoid late hours and crowded rooms, indulgence in soft beds, and luxurious diet; let them walk, ride, and dance. Then let them extend something like the same discipline to their minds and tempers; avoid all irritability of disposition, all affected delicacy and timidity; and in their place, cultivate calm and steady minds, and they will probably insure to themselves safe and easy labours.

Obstacles from the State of the Mother's Health.

21. In nervous and low-spirited women, and in cases of great weakness, either from mere delicacy of constitution, or the consequence of disease, every thing depends upon calm and steady management. The patient is not to be put on her labour too early; her strength is to be supported by proper diet of good broths and gruel, with some wine; but carefully avoid spirituous liquors, and every thing that will heat or fatigue; necessary rest is to be procured, and time gained by moderate opiates, (No. 14. a.) by these means, nature will generally be found equal to the accomplishment of a safe and happy delivery. For in all such cases, even where women have been reduced to great weakness by consumptive and other diseases; the resistance is generally proportioned to the strength of the patient. The contractile power of the womb, which is not a voluntary action, is less impaired than such as depend on the will and the power of the muscles; and although such patients frequently suffer from the consequences of delivery, their labours are commonly short and easy.

22. In cases of an opposite nature, in strong and healthy women, of rigid fibres and full habits, with

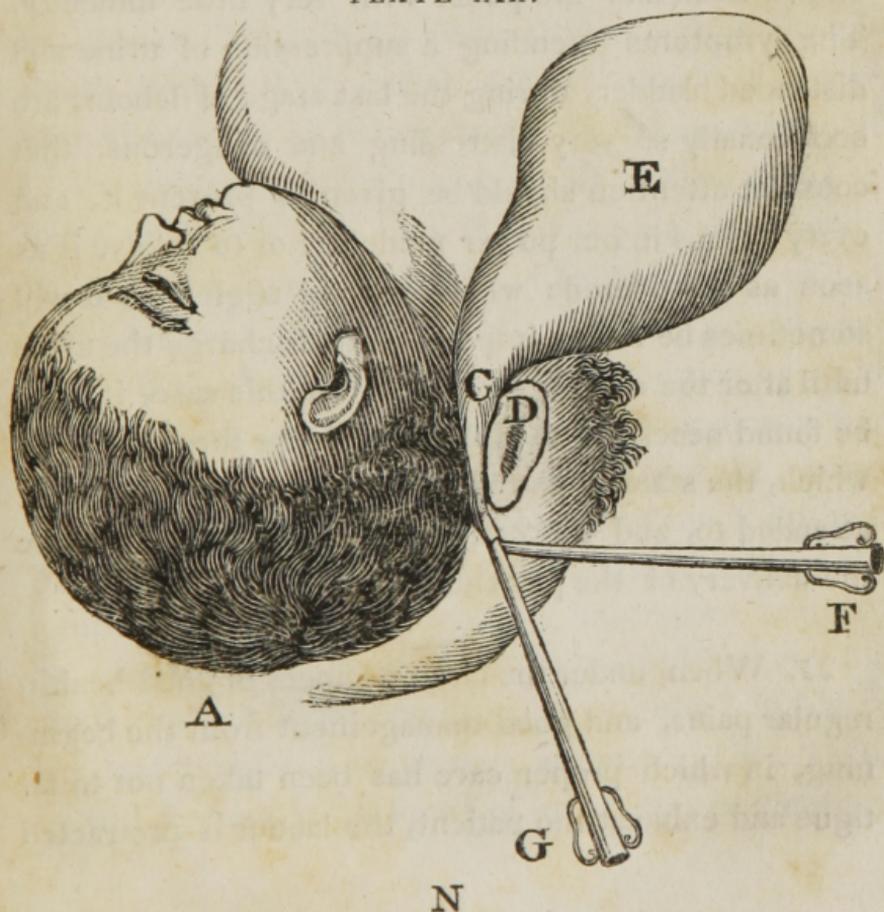
strong pulses, and more heat than natural, bleeding, open bowels, and cool regimen, are necessary. An easy moisture may be brought on the skin by tepid drinks; and repeated clysters of warm water should be administered, not only to keep the bowels free, but that they may act as a partial bath, and relax the parts.

23. When, in either case, the natural pains have been interrupted, and the labour protracted by mismanagement in the beginning, it must be remedied by an opposite treatment: the patient must be supported by proper diet, consisting of broth and gruel, with a little wine, and rest must be procured by moderate anodynes, (No. 14. a.) the natural pains will at length return; the woman will acquire resolution and strength, and the labour will probably end happily. In these cases it sometimes happens, that the woman is worn out with irregular, tedious, and ineffectual pains: in such cases, a larger anodyne of fifty or sixty drops, aided by an anodyne clyster, so as to suppress those irregular pains, and procure a few hours sleep, is frequently attended with the most happy effects. This is a case, however, which requires some judgment; and large anodynes must not hastily be had recourse to on every occasion of impatience, lest we interrupt those pains which are essential to the labour.

24. *A distended bladder.* When, from neglect, the urine has been suffered to collect in considerable quantity, it will sometimes occasion a cessation of the pains, and protract the labour. This circumstance becomes peculiarly distressing and difficult to relieve, when it occurs towards the end of labour, when the child's

head has descended so low as to press on the perinæum, and at the same time press the urethra and neck of the bladder strongly against the pubes. Under these circumstances, the discharge of the urine is absolutely necessary; and when the child's head continues long in this situation, and when it occurs with a full bladder, the collection of urine is often so great as to endanger the bursting of the bladder; whilst, at the same time, the introduction of the catheter, to draw off the urine, is attended with great difficulty, unless particular attention is paid to the change which, under these circumstances, takes place in the length and direction of the urethra.

PLATE XIX.



This plate, taken from Bell's anatomy, is intended to explain these circumstances: A, the child's head sunk low in the pelvis; C, the neck of the bladder pressed between that and the pubes D; in consequence of which, the urethra is greatly elongated; and the bladder E, distended with urine above the brim of the pelvis, is sometimes so greatly enlarged, as to reach to the pit of the stomach. If, under these circumstances, the catheter be introduced in the usual way, as at F, the operator will find great difficulty, and probably be foiled in the attempt; but if, after introducing the point of the instrument, the handle is inclined very much back towards the perinæum, as in the position G, the point will glide up between the child's head and the pubes with very little difficulty. The symptoms attending a suppression of urine and distended bladder, during the last stage of labour, are occasionally so very distressing and dangerous, that constant attention should be given to prevent it, and every means in our power made use of to relieve it as soon as discovered: when too long neglected, it will sometimes be found impossible to discharge the urine until after the child is delivered. In this case, it may be found necessary to deliver with the forceps; after which, the state of the bladder should be immediately attended to, and the catheter introduced even before the delivery of the placenta.

25. When, under the circumstances of good health, regular pains, and good management from the beginning, in which proper care has been taken not to fatigue and exhaust the patient, the labour is protracted

to a tedious length, the patient's strength begins to decline, her pulse grows weak, and the external parts begin to swell, danger is to be apprehended, and the best advice and assistance should be procured; because it is in such cases, when the child presents with the head, that the interposition of art, and the use of instruments may become necessary; whereas, in cases of great weakness, with trifling pains and feeble exertions from the beginning, it is best to rely on time, rest, and nourishment.

26. *Convulsions*, occurring at the beginning or during the continuance of labour, are always to be considered dangerous, and the best advice and assistance should be procured as soon as possible. In the mean time, let the midwife empty the bowels by a stimulating clyster, (No. 5. b. c.) even, although from the patient's having lately had stools, that may not appear very necessary. Let her attend to the evacuation of urine, and not trusting to any report of the patient or her attendants, assure herself that the bladder is empty, by examining, with her hand applied to the region of the bladder, over the pubes. Let her keep her patient quiet and cool, and promote perspiration by tepid drinks; let her be bled plentifully in proportion to her general health and strength; and where the symptoms are violent, and the countenance much flushed, if the blood be drawn from the jugular vein or the temporal artery, it will probably have more immediate effect. Let a large blister be applied between the shoulders. After having emptied the vessels by bleeding, and the bowels by clyster, an emetic, (No. 11. b. c.) will frequently be found of great use, particularly

if the stomach is distended, or it should appear that the patient had eaten freely not long before the access of the fit. After proper evacuations by bleeding and purging, the emetic is peculiarly beneficial, in cases of giddiness, some defect in vision, and head-ach, which frequently precede convulsions, and will often prevent the more severe disease. Hysterics and slight convulsions, out of which the woman awakes in her senses, are seldom dangerous; and if the child is observed to advance with each fit, nothing more than the general evacuations above recommended, which will not interfere with the progress of the labour, will be necessary. But when the fits are attended with frothing at the mouth and laborious breathing, and when, between them, the patient lies in an insensible, lethargic state, they become extremely dangerous. Delivery, then, is the only remedy; and if an experienced operator is at hand, and the orifice of the womb be sufficiently dilated, introducing the hand into the womb, and delivering the child by the feet, may very properly be attempted. But all attempts to distend and open the internal orifice, are highly dangerous, and most probably will increase the convulsions: where, therefore, such difficulties oppose the introduction of the hand, we must rely upon the evacuations already recommended, and stimulating clysters, (No. 5. b. c.) and after these, solid opium, to the quantity of a grain every hour, or thirty drops of laudanum, as far as three doses, or powerful anodyne clysters, (No. 6. a.) consisting each of one hundred drops of laudanum, may be repeated at like intervals, until the convulsions are suspended. As soon as it can be procured, the warm-bath, which is always safe and frequently effi-

cacious, should be tried. The patient will sometimes remain free from the convulsions as long as she remains in the bath; when this proves to be the case, leave her there for a considerable time; let her take her pains in the bath, until the labour is so far advanced, that probably a very few pains may terminate it; and should the fits return upon taking her out, let her be returned to it, and delivered in it. Dr. Denman mentions dashing cold water on the face, at the approach of the fits, and continually repeating it as often as they were indicated, as an effectual remedy to keep them off, whilst at the same time the labour may be going on to a happy termination; or, at least, may advance so far as to render the interposition of art more safe and easy. Whether the delivery of the child be accomplished by nature or art on these occasions, that of the placenta is never to be forced, or even hastened, unless a flooding should make it necessary.

27. *Cramps* in the thighs are very common during labour, but seldom continue beyond the first stage, whilst the internal orifice is opening: frictions with warm spirits, with the addition of one half laudanum, the volatile liniment, (No. 19. a.) or the application of æther, (No. 19. h.) will generally relieve them. When they occur in the side and belly, they are sometimes very distressing, and interrupt the pains of labour; in such cases, it may be necessary to remove them by the internal use of laudanum, which may be given in doses of twenty or thirty drops, and repeated every half hour until it produces a proper effect.

Obstacles on the part of the Child and Secundines.

28. *Dead child.* It was formerly a received opinion, and even still some are apprehensive, that the child being dead, may occasion the labour to be more tedious and difficult; but the truth is, that the child is absolutely passive as to its birth, and that dead children are delivered after a labour, as perfectly natural and easy in every stage, as those that are alive and healthy.

29. A small child is certainly (all other circumstances being the same) delivered after a more easy labour, than one that is very large; and the size of the infant alone may occasion labour to be very tedious; but this circumstance can only be conjectured before birth; nor is it of much consequence, as time and prudence, in such cases, will accomplish the delivery; and the only caution necessary, is carefully to avoid fatiguing the patient, or breaking the membranes too early.

30. The membranes giving way very early in labour, or some time before its commencement, has been already mentioned (15) as a frequent cause of premature, and consequently, of tedious and difficult labour. On the contrary, it sometimes happens, that in consequence of the membranes being remarkably strong, the labour will be protracted, until, from that circumstance alone, it becomes alarming. In such cases, the membranes remain a long time pushed down, during every pain, into the vagina, yet neither breaking nor advancing, although the internal orifice of the womb be *fully dilated*; breaking the membranes, in such cases, has been found to promote immediate delivery.

31. At other times, where the internal orifice of the womb has been largely open for a considerable time, and the head of the child is found to make no advance ; and at the same time, upon examining during the intervals of the pains, the head is found to recede from the finger, and give the sensation of floating back into the womb, we may conclude there to be a very large quantity of water, and that the womb, contracting on this, has little effect upon the body of the child. Breaking the membranes, by discharging the water, and bringing the womb to act immediately upon the body of the child, may promote the delivery.

32. In other cases, in which the membranes are very strong, the head of the child may be forced, by the pains, low down, with the membranes stretched smooth over it, and no water between them. In this case, likewise, when they are found to retard the labour, scratching with the nail will cause them to separate, and suffer the head to pass through them.

33. I mention this remedy, however, with some apprehension, because it may, and actually has happened, that the neck of the womb, stretched very thin over the child's head, has been mistaken for the membranes, and great injury has been done in consequence of the mistake. Let, therefore, every case in which it may be thought necessary to break the membranes, be well considered. Their breaking too early, is much more frequently the cause of delay ; and a case can hardly be supposed, in which uninterrupted nature will not at length overcome this obstacle. Considerable experience, therefore, ought to concur with

mature deliberation, in forming the determination to break the membranes.

34. *Navel-string.* A short navel-string, or one twisted round the neck of the child, is said sometimes to protract delivery; and this is supposed particularly to be the cause, when the child's head, advancing with effectual pains, is observed to retire again during their intermission; but it is not very probable, that either of these circumstances do ever retard delivery, because the fundus of the womb must descend as fast as the child advances. In the case of a short navel-string, which can never be discovered until after delivery, nothing can be done; and where it is twisted round the child's neck, it is not easy, nor is it necessary, to make any attempts to relieve it, until after the delivery of the head: when it should be untwisted by turning it over the head, or, which is generally more easy, it may be slipped over the shoulders as they advance; otherwise it may occasion a separation of the placenta and a flooding, or possibly an inversion of the womb. Sometimes the navel-string is protruded along the side of, or before the child's head; and when this is discovered, an attempt may be made, during the intermission of the pains, to put it with the finger beyond the brim of the pelvis, and retaining it there until a pain forces the child's head before it; the finger may then be cautiously withdrawn, and the navel-string will sometimes remain above, but more frequently it will follow the finger; and if it continues down so long as to become cold, and lose its pulsation, the child may be lost. In this case, let it be carefully kept within the vagina,

which is the best way of preserving its natural heat and pulsation as long as possible. It may be kept there by cloths wrung out of warm water, pressed against the external parts. Nothing more within the power of the midwife can be done, and the only remedy beyond these, is a recourse to instruments, or turning the child, and delivering by the feet; both which have been recommended. But long experience and great dexterity only can justify either of those means; because, we can never say positively the child will be lost if we omit them, or that it will be saved by them; and the mother is always exposed to some danger by either.

35. *Twins* are generally delivered after a labour more slow than that of a single child. The case is to be suspected, from the unusually large size of the woman from the very beginning of pregnancy, and is easily ascertained by laying the hand on the abdomen of the woman, immediately after the birth of the first child. It should be a rule never to inform the mother of it; and the first caution necessary, is never to make the least attempt to deliver the after-burthen, but to tie the end of the navel-string, if that was not done before cutting it. The delivery of the second child is to be conducted by the same rules as that of the first, leaving it in all cases, except that of a cross-birth, to nature. It is generally, from the small size of the child, accomplished with more ease, and in less time than that of a single child; yet in the case of a cross-birth, when good and experienced assistance can be procured, it should not be left to nature. The delivery of the placenta, after the birth of the second child,

is not to be hurried, except in the case of flooding ; but, in all respects, conducted by the same rules as after one child.

36. *Flooding.* It was said, (Chap. II. 57.) that floodings before the seventh month, are almost always free from danger, and never admit of manual assistance. Those, on the contrary, which occur during the three last months of pregnancy, are never free from danger ; the woman's safety depends upon delivery, and "it is a practice established by high and multiplied authority, and sanctioned by success, to deliver a woman by art, in all cases of dangerous hæmorrhage, without confiding in the resources of the constitution."—(Denman.)

But the introduction of the hand into the womb, especially under circumstances of such alarm and terror as frequently accompany these cases, is an operation which requires great skill, joined to calm reflection, and steady resolution ; and should never be attempted but by persons whose knowledge, experience, and fortitude, qualify them for so arduous a task. Presuming, therefore, that on every occasion of flooding after the sixth month, the best advice that can be procured will immediately be applied to, we will consider such palliative remedies, as in all cases which will admit of delay, are first to be tried, and which may gain time until proper assistance can be procured.

37. The immediate cause of hæmorrhage in these cases, may always be referred to a separation of the placenta from its attachment to the womb, which is either accidental or necessary : accidental, when from

external violence, great fatigue, or bodily exertion, such as violent straining at stool, lifting heavy bodies, or some such imprudence, the large vessels, which necessarily pass between the womb and placenta, are torn asunder; or necessary, when the placenta, being wholly or in part attached over the internal orifice of the womb, when in the last months the neck is nearly obliterated, and the orifice begins to give way, a separation between the womb and placenta must necessarily take place. But this is a distinction which cannot be made with certainty, until the orifice of the womb be so far relaxed as to admit the finger; and when discovered, it has no influence upon the palliative treatment, can only serve to excite greater vigilance, and to enforce the necessity of delivery by art, as soon as the state of the parts will admit the operation.

38. A small show of blood is not uncommon at the commencement of labour, or during its progress, and if moderate, may be disregarded, except in so far as to keep the woman tranquil and cool; confining her to a horizontal posture; laying her on a matrass or straw bed; strictly forbidding all kinds of hot drinks, animal food, spirituous liquors and cordials; and being very careful that the bladder and bowels are kept empty. The progress of the labour generally suspends the hæmorrhage, and delivery cures it. But no woman who suffers a discharge of blood, at any period during the three last months of pregnancy, can be considered free from danger until she be delivered; because the hæmorrhage is very apt to return, and generally with increasing violence as the period advances.

39. *Blood-letting* is generally the first remedy thought of in all cases of uterine hæmorrhage; and when they are accompanied by increased heat, a strong pulse, and a flushed countenance, and particularly after violent injury, is unquestionably proper; but in advanced pregnancy, it frequently requires some consideration; because at these periods, the hæmorrhage is often so profuse, that the loss of a pound or even half a pound of blood, in addition to what the patient is necessarily losing, may turn the scale against her.

40. *Absolute rest*, in a horizontal posture, is the most essential requisite in restraining uterine hæmorrhage; it must be strictly observed while the flow continues, and persevered in for a considerable time after it has subsided; nor can we, with any prudence, remit a watchful attention until the woman, by delivery, is placed out of danger.

41. *The application of cold*, is another remedy of essential efficacy in restraining hæmorrhage. At the commencement and during the active stage, it may be applied with great freedom, with intention to reduce the general heat, and to calm and lessen the force of the circulation, as directed (Chap. II. 60.) but cold must not be used with such freedom after the first stage of hæmorrhage, and when the discharge, either from its violence or continuance, has gone so far as to reduce the natural heat and strength of the patient, the general and vigorous application of cold must be discontinued. Pale lips, a feeble pulse, and cold extremities, not only forbid the farther use of cold, but may even require warm applications, to preserve what remains of life, until other remedies may prove

effectual. But cold not only possesses the power to lessen the heat of the body, and to reduce the force of the circulation; but its topical application likewise promotes the coagulation of the blood by which the mouths of the bleeding vessels are plugged up, and stimulates the womb to contraction, by which their diameters are diminished. With this intention, therefore, even where its general application may be thought unadvisable, cloths, wrung out of cold water or vinegar, may be applied to the external parts, and cold water may be injected, or ice or snow may be introduced into the vagina.

42. *Stuffing the vagina.* Some authors, particularly Baudelocque and Burns, both teachers of eminence, and practitioners of great experience, recommend stuffing the vagina with soft linen, with intention to stop the flow of blood, and promote the formation of coagula. I confess I have no experience of this remedy, and from the slight manner in which Dr. Denman mentions it, I suspect he was not quite satisfied of its safety and utility; still, however, it stands upon so good authority, that I do not think I should be justified to pass it over in silence. It is particularly recommended in cases of considerable discharge, which have resisted the first remedies, bleeding, rest, and cold, and where the internal orifice of the womb is still so firm, as to render manual interference improper. Under these circumstances, Mr. Burns asserts its advantages to be great and speedy, and that he knows no method more safe or effectual for restraining the hæmorrhage; nor can there be a case in which it is more advisable, than when a midwife wishes to

gain time, until such assistance as she can rely on can be procured. The method of performing it, is to moisten soft old linen with cold water, vinegar, or spirits, and introducing first one corner high up into the vagina, gradually press in more and more, until the vagina is well filled with it; then laying a thick compress over the external parts, confine it by the hand or bandage. The principal objection to this remedy seems to be, that it may only conceal instead of checking the hæmorrhage, and as sometimes happens from other causes, the woman may continue to bleed internally, although that is not manifested by any external discharge: increasing weakness, a fluttering pulse, paleness and languor, particularly if accompanied by an increased distention of the belly, point out this most dangerous state; and when they occur, they seldom admit of any palliative remedy; delivery is the only sure resource, and must be promptly decided on.

43. By the means here recommended, (39, 40, 41, 42,) we shall most probably succeed in restraining the hæmorrhage, at least so long as may be requisite to prepare the parts for delivery, when that shall ultimately become necessary; but the calm obtained is too often deceitful, and the hæmorrhage will frequently return, either spontaneously or upon the slightest error. Sometimes after a considerable discharge, even in the seventh or eighth month, the woman may go on to her full time; but still, let the intermission have been ever so long or ever so complete, we are never to remit a watchful attention to our patient until she be delivered. She must be more

than commonly careful of motion, or any thing that will excite the circulation; her bowels must be kept constantly open by small doses of salts, (No. 8. g.) her diet must be cooling, and consist chiefly of vegetables, and taken in small quantities at a time. It is too common a practice under circumstances of weakness, after hæmorrhage, to give nourishing diet, and in full quantity, to recruit the strength; and a good appetite frequently tempts to indulgence; but no error is more dangerous, or tends more certainly to a renewal of the hæmorrhage.

44. When flooding occurs at the commencement of labour, or when labour pains accompany it, and the internal orifice is so far dilated as to admit the finger, it may easily be discovered by the feel of the presenting part of the ovum, whether that be the placenta or not. The placenta presents a rough, soft, thick, and spongy substance; the membranes, one that is smooth and thin; sometimes a small edge of the placenta may be felt on one side of the orifice, and the membranes over the remainder. The probability of restraining the hæmorrhage, is much greater when no part of the placenta can be discovered: and the mode of relief is somewhat different. When it is clearly ascertained that the membranes, and not the placenta, present, breaking the membranes and discharging the water, will bring the womb to clasp firmly round the body of the child; by which the size of the bleeding vessels will be diminished, and the hæmorrhage checked; at the same time, the strength of the pains will probably increase, and the delivery will soon be accomplished. But when the placenta is attached over the mouth of the womb, then as the labour ad-

vances, more and more of the placenta must be torn from its attachment to the womb, and the hæmorrhage is necessarily increased: the introduction of the hand and turning the child, is the only remedy. This operation is most easily performed before the waters are discharged from the womb; the membranes, therefore, in this case, must not be broken, until it is determined to proceed to immediate delivery.

45. *Introduction of the hand.* Whenever this operation is determined on, let the hand be lubricated with good oil, or fresh hog's lard, and gently passing it into the vagina, introduce first one finger into the internal orifice, gently dilate it until it will admit two, and go on with slow and gentle attempts until it will admit the hand: remembering always, that by the natural contractions of the womb, the orifice will be more safely and easily dilated than by the finger. Whenever, therefore, pains occur, our efforts to dilate are to be suspended, and the pains are to be permitted to produce their effect on the hand. When the pains cease, a gentle distention is again to be made, which will probably soon occasion another pain, which is again to be permitted to produce its natural effect; in this way we are to proceed, until the orifice is so far dilated as to admit the hand without violence. This being accomplished, if the hand can be easily passed over that part of the placenta which is already separated, until it reaches the membranes, that is to be done; and breaking the membranes, it is to be passed into the womb until it arrives at the feet; if not, or if the flooding is profuse, it may be passed through the placenta; by which, indeed, the life of the child may be endangered, but under such circumstances,

there can be no doubt, whether the child is to be put to some hazard, or the mother's danger to be greatly increased. The hand being introduced into the womb, the operation is to be finished as directed, (53, 54, 55, 56.)

46. There cannot be an occasion in which more caution, tenderness, and steadiness on the part of the operator, or more resolution and submission on the part of the patient, are required. It frequently happens, that the first introduction of the hand into the womb, even into the vagina, exciting the contractions of the womb, checks the hæmorrhage, and then, although we are never to desist, we may act with deliberation: on other occasions, the flooding is so severe and profuse, that no time is to be lost, but the delivery is to be accomplished as soon as can be, without so much violence as will add to the danger.

Preternatural Labours.

47. Preternatural labours, are all those in which the body of the child is delivered before the head; in which the feet, knees, or breech of the child presents; or in which the child, lying across, presents with the arm, shoulder, thigh, back, or belly. It is hardly necessary to say, that all these, as soon as discovered, should be put into the hands of the most skilful and experienced practitioner. But still as in some, particularly of the first set, in which the feet, knees, and breech of the child present, nature, unassisted, or with very little assistance, is frequently equal to the delivery, in well-formed women; it is necessary to give such directions as may instruct the midwife how she

is to act, either before better assistance can arrive, or in case it cannot be procured.

48. Although a cautious examination, after the internal orifice of the womb is fully dilated, may frequently discover that the presentation is preternatural; yet it is not easy to distinguish any one case from any other, before the breaking of the membranes, and discharge of the waters: after which, the presenting part, falling down into the vagina, may be known: the feet from the hand, by the shortness of the toes compared with the length of the fingers; by the longer great toe and the shorter thumb; by the heel compared with the wrists. The breech is known by the softness of the feel, by the chink between the buttocks, by the anus or privates of the child, and by the discharge of the black stools accompanying the other signs; for alone, this is no proof of a preternatural presentation. The back, belly, or breast, by the broad flat surface, presenting neither the roundness nor hardness of the head, nor the other circumstances which attend the presentation of the breech. The principal caution in forming an opinion on the parts presenting, is not to mistake a hand for a foot, because the smallest attempt to extract by the arm, must inevitably do mischief, and increase the difficulty of the delivery; which in the case of an arm presentation, is always to be performed by turning and delivering by the feet.

49. In either of these cases, the best assistance should be immediately sought; because, when it becomes necessary to force the delivery, not a moment should be lost: it is much more easily accomplished before than after the discharge of the waters. If,

therefore, the midwife should discover, or have good reason to suspect the unnatural presentation, (and she may always suspect it, even before the breaking of the membranes, if after the full dilatation of the internal orifice, she can discover no part of the child) she should not conceal it from the friends of the patient, that they may procure such advice and assistance as they may wish, in time.

50. In the mean time, she is to conduct herself as in a natural labour, except as it regards the posture of the woman; which, in preternatural cases, will be found most convenient on her back, with her hips down to the edge of the bed, her feet in the laps of an assistant on each side, and the midwife between, with a double sheet spread under the woman, and on her own and on the laps of the assistants, which will defend her patient from the access of cold air. Above all things, the midwife is to take care not to break the membranes, nor to fatigue her patient; because, in all these cases, the most perfect relaxation of the parts, and all the woman's strength, may be required; in none of them should the midwife give any assistance, except in the cases of the breech, knees, and feet; nor in either of these, before the soft parts of the mother are perfectly dilated, and the presenting part of the child either protrudes, or is advanced quite to the external orifice.

51. In presentations of the breech, knees, and feet, the labour will proceed (though particularly in the first) more slowly than in natural presentations, until the child is advanced as far as the arm-pits; and the midwife will find it necessary to give no other assistance, than to wrap a soft cloth round that part which

is already delivered, and cautiously and slowly extract during each pain : or in cases of the breech, which sometimes advances very slowly indeed, she may, when the external parts of the mother begin to be distended, introduce a finger into each of the child's groins, and by that means afford some assistance during each pain.

52. As soon as the child has advanced as far as the hips, the midwife is to consider, whether it presents with its belly to the belly or to the back of the mother, or to either side ; and if it presents otherwise than with the belly to the back of the mother, she is then to turn the child into that position. To do this, having the legs and thighs wrapped in a soft cloth, she is to take a firm but not a rude hold of them in both hands, and during each pain, gradually turn the body until the belly of the child is fully to the back of the mother, taking care to turn towards that side which will soonest and with least force bring it into that position. In performing this part of the operation, great care and deliberation are to be practised ; repeated and moderate efforts, during the pains, will always succeed ; neither the child nor the mother are in any danger from a little delay, and both may be greatly injured by hurry and violence.

53. The midwife is next to examine the navel-string, and if she finds it stretched tight, she is to introduce a finger between it and the child's belly, and pull it so far down, as to take it off the stretch ; and this is to be repeated from time to time, until the delivery is accomplished, lest, by the tight cord, the circulation between the mother and the child should be intercepted, and the child lost.

54. With this caution, the midwife is to persist in moderate efforts to promote delivery, by cautiously extracting during the pains, from side to side, and from pubes to sacrum; and if the head is found to follow with no great force, the delivery will, in this manner, be accomplished; but if the head does not follow with moderate assistance, the arms of the child must next be brought down: to do this, let a finger of either hand (that which may be found most easy) be introduced under the pubes, and passing it over the back and shoulder of the child, carry it along the arm to the elbow, and along the fore-arm to the wrist, making no effort to draw down the arm until the finger reaches the elbow of the child; after which, as it passes on to the wrist, a very moderate force will turn it out under the child's breast. Having delivered one arm, the other will probably be delivered with more ease; but it must always be remembered, that caution and dexterity are more necessary than force, by which, unskilfully applied, there will be great danger of breaking the child's arm.

55. The midwife is, in the next place, to lay the body of the child on her left arm, and passing two fingers of that hand into the vagina, she is to introduce them into the child's mouth, and draw the lower jaw a little down, so that, if possible, she may extend her fingers a little above the upper jaw along the child's nose; then placing the fingers of her right hand across the nape of the child's neck, she may cautiously extract during the pains, sometimes pulling towards the sacrum, at others up towards the pubes, and again from side to side, (but always being very careful, if her fingers are in the child's mouth, not to

use any force on the jaw, lest she dislocate it) until the chin is brought down to the external orifice ; then standing up, and raising the body of the child up towards the belly of the mother, the child's face will turn out from the perinæum, and the head be delivered.

56. In all these cases, there is more danger of lacerating the perinæum than in natural labours ; the operation, therefore, is to be finished with the utmost caution and deliberation, and an assistant may be directed to support the perinæum, by applying one hand to it during the operation.

57. In giving the description of the manner in which the delivery is to be accomplished in breech, knee, and footling cases, let it not be supposed that I advise any midwife or inexperienced person to undertake it, when the advice and assistance of any more experienced person can be procured. In every well-formed woman, and where the child is not above the common size, the labour will generally be accomplished by the natural efforts, or with very little assistance ; but where the pelvis is in the smallest degree contracted, or the child but little above the common size, it is more frequently attended with great difficulty and danger, particularly to the child, which may often be lost by a little delay, occasioned by want of that composure and regularity of proceeding, which experience alone can give. In all cross-births, that is, where one arm, the breast, back, or belly of the child presents, there is a necessity for turning the child, and bringing it by the feet ; an operation of little hazard and no great difficulty, in the hands of a person of experience, when attempted before the waters have flowed off ; but of

very great difficulty and proportionate hazard, when they have been discharged so long as that the womb contracts close about the body of the child. In every such case, therefore, not a moment should be lost in applying for the best assistance.

58. The *presentation of the navel-string* is, by some authors, considered as a preternatural case; and from the imminent danger to which the child is exposed from this accident, we are directed by some to introduce the hand into the womb, turn the child, and deliver by the feet. But this requires much consideration, or we may frequently expose the mother to great danger, when we cannot possibly save the child. When the cord presents, it always falls down into the vagina as soon as the membranes break; and this is one strong argument against early breaking the membranes, because, until they do break, the child is in no danger, and its life commonly depends upon the most speedy delivery afterwards. Some women are observed to be particularly liable to this accident; in such, every precaution should be recollected, and practised from the beginning. If the pulsation has already ceased in the cord, the child is certainly dead, and therefore the case must be left to nature; or if the cord descends early in the labour, before the os tinæ be dilated, it must likewise be left to nature, because the child will probably die before time can be allowed for a delivery, in which the safety of the mother is duly appreciated; but if the internal orifice be fully dilated, and the case is discovered before the waters have drained off, and the child be living, the hand may be introduced, and the child be delivered by the feet. In performing the operation, take care to carry up

the navel-string between the fingers of the hand which is introduced, and then, as there will be no danger from its compression, the operation may be performed with due care and deliberation.

59. Some writers mention an *oblique womb*, (by which is understood, the womb ascending into the abdomen, with its fundus more inclined to one side than to the other, or hanging over the pubes) as a frequent cause of difficult labours, but in reality, the distended womb always hangs forward over the pubes, or inclines to one or the other side, generally to the right; and never is so placed, as that a section of the body through the back-bone, would divide the womb into two equal parts; nor unless the obliquity is very considerable indeed, is it ever observed to occasion any difficulty in labour. When the belly is very pendulous over the pubes, it should be suspended long before labour, by a broad belt, which will take in the bottom of the belly, which is to be hung by straps over the shoulders; and during labour, the woman should lie chiefly on her back, and be delivered in that posture. When the obliquity is on either side in a considerable degree, the woman should be laid, during labour, on the opposite side; and when the internal orifice of the womb is found very far in the opposite direction, and in a great measure out of reach of the finger, if the pains do not bring it more into the centre of the vagina, and the child's head be observed to descend, covered with the distended neck of the womb, it may be proper to introduce a finger into the internal orifice, and cautiously but steadily bring it towards the centre of the vagina during each pain, until it is observed to remain in that situation, and there to dilate.

SECTION III.

A retained Placenta.

60. In all the cases here mentioned, and also in the most natural labour, when the child has been most happily delivered, it will sometimes happen, that the delivery of the after-birth does not follow; the pains and the contraction of the womb ceasing altogether; or the womb, contracting irregularly, from its sides instead of the fundus, in the form of an hour-glass, locks up the after-birth within its upper chamber, or the after-birth may be unnaturally attached to the womb.

61. Having, under these circumstances, waited a due time; and having, ineffectually, put in practice all the means recommended, (Chap. III. 46) for recruiting the patient's strength, and exciting the action of the womb, it may at length become necessary to deliver the patient by art; for although, on many occasions, the placenta has been naturally and safely delivered after several days, yet it has so frequently happened, that the woman has lost her life, either by a flooding, or by a malignant fever in consequence of its retention, that it has become an invariable rule, not to leave the patient until the delivery shall be accomplished. But in giving this opinion, or in describing the manner of performing the operation, I hope I shall give no encouragement to rashness or impatience: let it ever be remembered, that the introduction of the hand into the womb, is always attended with some hazard, and that it is only justifiable when it becomes the lesser evil. No consideration, therefore, of mere

expedience, either to gratify the impatience of the patient or her friends, or to relieve the midwife from a tedious attendance, can justify it. Our patient's safety must be the sole consideration; and except in cases of flooding, that is never put to immediate hazard.

62. Fortunately, the introduction of the hand in these cases, often proves the most powerful stimulus to the womb, and immediately excites its contractions, and frequently, nothing more is necessary than using the cord as a conductor, carefully and slowly to pass the hand into the vagina, and thence into the womb, as directed, (45); the hand being introduced, if the placenta be still attached, press with the back of the hand against it; or, passing the fingers along the cord to the root where the large vessels divide and enter the placenta, press and endeavour to gather it up between the fingers, which probably will excite the contraction of the womb to throw it off; or if the placenta already lies loose in the cavity of the womb, move the fingers gently against the sides of the womb, to excite its contractions; but never withdraw the hand until the womb is felt to contract upon it, then grasping the loosened placenta, slowly bring it forward.

63. Whenever the womb is discovered to be contracted in any part, so as to form two chambers like an hour-glass, nothing more is necessary than slowly and steadily to dilate the contracted ring, by introducing first one finger, then two, and so on, as directed (45) until it will admit the hand easily: for if the hand is forced through this ring, before the contrac-

tion is overcome, it may cling so closely round the wrist as to impede the operation.

64. When it happens that any part of the placenta adheres so firmly, that the contractions of the womb, excited even by the introduction of the hand, will not separate it, it may become necessary, beginning at any part already separated, slowly and gently to insinuate the fingers between the womb and the placenta, so as to detach the remainder; but in doing this, let it ever be remembered, that there is no danger in being deliberate, but that every thing is to be apprehended from hurry, confusion, and violence. Even in cases of violent flooding, where it may be necessary immediately to introduce the hand, it must not be suddenly withdrawn, but must be kept in the womb for some time, moving it gently about to excite its contractions; and until they take place, should not be withdrawn. Whilst these attempts are making, the womb must be supported, and its fundus kept steady by an assistant, or by the hand of the operator, which is at liberty; and as soon as the placenta is delivered, the farther contraction of the womb is to be excited by frictions and moderate pressure.

65. *Flooding after the birth of the child.* Every woman loses some blood after delivery, in general from half a pound to one pound: how much beyond this is to be deemed excessive, is a question not to be answered with precision; we can only judge from its effects, and the midwife's experience must, in a great measure, be her guide. At any rate, a discharge of blood soon after the birth of the child, though it be considerable, is no argument for immediately, and without consideration, hastening the delivery of the

placenta. Such cases generally arise from an atony (or total inactivity) of the womb, which suffers the large vessels, opening on the placenta, to pour out their contents, for want of that contraction which should close their orifices.

66. Our efforts, therefore, should first be directed to cool the patient when over-heated, by lightening the bed-clothes, letting fresh air into the chamber, and to excite the contraction of the womb by a proper support, and brisk frictions on the abdomen; and by the liberal application of cold, by wet cloths applied to the belly, thighs, and external parts; by dashing cold water smartly on the abdomen, or by throwing it forcibly into the vagina by means of a clyster syringe, or by the introduction of a piece of sponge, wet with cold water, vinegar, or spirits, or a piece of ice or snow into the vagina. In the greater number of cases, such efforts will succeed to bring on the contraction of the womb, by which the placenta will be safely delivered, and the flooding suppressed. But the midwife is, on no account whatever, under the circumstance of a flooding, to attempt to bring away the placenta by pulling at the navel-string; by which she will, infallibly, either increase the flooding or invert the womb. It is much safer, when it becomes necessary by the continuance or violence of the flooding, to introduce the hand, and accomplish the delivery, as directed, (45, 62.)

67. It now and then happens, that although there is but little appearance of external hæmorrhage, the woman may still be losing so much blood, as to bring her life into great danger. In such cases, the placenta

may commonly be felt at the internal orifice, which it closes so perfectly as to prevent the discharge. An increasing weakness and faintness, with a pale countenance, a feeble pulse, and at the same time, *an increasing distention of the belly*, mark this dangerous state; which is to be relieved only by speedy delivery.

68. In other cases, a violent hæmorrhage may continue or come on, after the complete and perfect delivery of the placenta. In this most dangerous case, the womb never contracts with much effect, and until it shall, the flooding will continue. All the means, therefore, directed to excite the contractions of the womb, (66) particularly the free application of cold, must be put in practice without hesitation; with this caution, however, that it is in cases of sudden and violent hæmorrhage, cold applications may be used with the greatest freedom; but that, where the hæmorrhage has continued for a long time, and the patient has already been greatly weakened by it, we must be more sparing in their use, and confine their application to the vagina, by the introduction of a sponge, wet with cold water, vinegar, port wine or spirits; or if they can be had, a piece of ice or snow, covering the external orifice with a cloth wet with cold water or vinegar; whilst at the same time, the patient's strength is supported by some moderate cordial, a glass of wine, a bit of toasted bread soaked in wine, a little gruel with wine, or any of the cordials mentioned, (No. 17.)

69. *Inverted womb.* In this terrible disease, the womb is turned inside out, and the fundus is brought through the internal and external orifices like a purse

or bag, of which the bottom is pressed through the mouth. The following cases, which have fallen within my knowledge, will afford some useful observations on this subject.

70. Case 1. A lady, very tall, after a labour rather tedious and severe, was at last, by one long and severe pain, delivered of her second child. On tying the navel-string, I observed it to be remarkably thick and very short, and on taking hold of it between my thumb and finger, (for I could not twist it round my finger) I perceived, as I thought, the placenta to be descending; not, however, by successive pains, but by one continued uninterrupted descent, until it was thrown out of the vagina; and, to my very great astonishment, with it came the whole volume of the womb. It is not easy to express my feelings at that moment; still, however, I commanded so much presence of mind, as neither to lose my time nor alarm my patient. The placenta, which was already in part separated, was immediately detached, and my fingers being applied to the fundus of the womb, it was immediately and completely reverted, the hand and arm being introduced as high as the elbow, then slowly withdrawn. No flooding or other ill consequence ensued, and the patient speedily recovered. It was seven years before this lady became again pregnant; her labour was then natural and happy; she has since had a fourth child, and now enjoys good health.

71. Case 2. The gentleman who communicates to me this case, found the patient in the very last stage of labour; standing, supported by her friends, in a very awkward posture, between upright and recumbent. The child was born in this posture, immediately after

he entered the room; the navel-string was wound round the neck, and the greater part of the placenta protruded the external orifice, slightly adhering to the fundus of the womb, which was found very low down in the vagina: no flooding ensued. The case being perfectly new to the physician, he contented himself with gently pushing up the fundus as high as he could with his fingers; and ordering himself to be sent for in case of flooding or any unusual occurrence, he went home to reflect upon it. In about eight or ten hours, the husband called on him in great agitation, and informed him, that a substance as large as an ox's bladder blown up, had come out of the vagina. In this situation he found his patient, with very little hæmorrhage, but very faint, and a pulse not to be felt at the wrists. He immediately grasped the womb with both hands, and compressed it until he could grasp it with one, then with the fingers of the other, he pushed the fundus through the external and internal orifices, pursuing it until he had restored it to its natural situation; and letting his hand remain until the womb contracted about it, then gently withdrew it. The faintness immediately went off, the pulse returned, and the patient had a quick and good getting up. It is now nine years since this happened, the woman has since enjoyed good health, her menstruation has been regular and moderate, but she has never since been pregnant.

72. Case 3. A lady, after a labour rather severe, was delivered of her first child; the placenta did not follow in less than two hours, and was then delivered with so much pain, that from that circumstance, as well as from what followed, there is reason to believe

much mismanagement occurred. From some time before the delivery, a suppression of urine took place, which continued unrelieved above three days, during all which time, in addition to much pain, she complained of a continual nisus, as if something was to come away. On the fourth day, while sitting on the pan, and endeavouring to pass her urine, the whole womb was suddenly thrown out of the vagina. It was eight or ten hours before medical assistance could be procured; but in the mean time, the nurse, a prudent and experienced woman, grasped the womb and endeavoured to replace it; and actually saved her patient's life, by preventing the midwife from rudely attempting to bring it away, which she insisted on doing, asserting it to be a part of the placenta left behind. By the time the physician arrived, the nurse had so far succeeded, as to replace the womb within the vagina; the urine was immediately drawn off by the catheter, but it was then found to be impossible to revert the womb. For upwards of thirty years, this lady remained subject to profuse hæmorrhages, and consequently endured a very feeble state of health, but has survived until the menses have ceased, and now enjoys a perfect state of health.

73. Case 4. A lady, after a labour in all respects perfectly natural, was delivered of her fourth child on Sunday. The gentleman who attended, has assured me that no force was applied to the navel-string, but that the placenta was delivered by the natural pains: on examining after the deliverance, he discovered a tumour in the vagina, the nature of which did not immediately occur to him; a slight convulsion and a considerable hæmorrhage ensued, but soon ceased.

Apprehensive of renewing the hæmorrhage, no farther examination was made, and the lady was put to bed, apparently as well as she usually had been. The usual after-pains followed; in addition to which, on Tuesday night she complained of much uneasiness, and a feeling, as she expressed, as if something wanted to come away; and on Wednesday morning, after a throe a little more severe, the womb was protruded from the vagina, as large as a pint decanter, and resisted every attempt that was made to replace it. I saw the patient at noon of the same day, after which, such attempts as were thought justifiable, were again made to revert the womb, and persisted in, above an hour, in all the variety that could be devised, but without any sensible effect. An emollient fomentation was then directed, and the protruded womb was ordered to be covered with a piece of fine linen, spread with simple ointment, and to be suspended by a T bandage; the bowels to be kept open, the bladder empty, and every means to avoid inflammation, to be strictly pursued. After this, two women, who both professed to have seen and relieved similar cases, were successively applied to, and both appeared to have treated the complaint very properly, with soft emollient applications; and the last particularly, to have persevered with great attention and tenderness. Under this management, the protruded womb gradually diminished in size, and after seven or eight days, that is, on the Tuesday or Wednesday following, with very little assistance, was suddenly retracted from the hand into the vagina.

74. From these cases, we may deduce some very

useful lessons. It is evident, that in the first case I mistook the inverting womb for the natural descent of the placenta. Doctor Denman remarks upon a similar case, that the accoucheur ought to have known better; and perhaps, had I examined the abdomen over the pubes, I might have suspected what was going on, by the absence of the round tumour which is usually felt there, and by discovering, in place of it, an evident hollow. In that case, instead of promoting the delivery of the placenta, I ought to have desisted; to have examined by the vagina, which would have ascertained the case, and the womb might then have been reverted before the inversion was completed; which unquestionably would have been an easier and a safer operation, than what I was afterwards obliged to perform. The same observation may be made on the second and third cases: had the nature of the tumours, discovered in the vagina, been understood, both wombs might have been immediately reverted. But a still more important lesson may be learned from these cases: which is, that if a spontaneous inversion of the womb cannot (as Dr. Denman seems to believe) happen without undue force applied to the cord; yet it may commence from other causes, such as a very short navel-string, or one twisted round the child's neck; and that a very slight additional force, especially when aided by an improper posture; or even a distended bladder, may complete the inversion. Hence we derive an additional argument for always delivering a woman in an horizontal posture, and never applying any force at all to the navel-string, until we are satisfied of the due and

natural contraction of the womb, by feeling it, in the form of a firm ball, above the pubes. From the second, third, and fourth cases, we learn, that a partial inversion of the womb having taken place, if it be not immediately reverted, a total inversion will probably ensue, partly, perhaps, from the continued action of the womb, but most probably from that of the abdominal muscles, brought on by the pain and uneasiness the patient suffers: hence the great importance of the rule, immediately to revert the womb, and restore it to its natural situation, as soon as the complaint is discovered. It is hardly possible to mistake any other tumour existing in the vagina, for a reverted womb; nor can any danger arise from such mistake; but the most unhappy consequences, even immediate death, have followed, from having mistaken an inverted womb for a tumour of another kind, and endeavouring to extract it. Dr. Denman informs us, that he never was able to revert and replace the womb, when it had been inverted above four hours; and he adds the testimony of Dr. Hunter and Dr. Ford, to the same fact; but in the second case here enumerated, we have a happy instance of the reversion being accomplished after eight hours, that too, in a case of total inversion. We are not, therefore, to despair; but in all cases, carefully to attempt to replace the womb; still, however, these attempts are to be made with great caution and much tenderness, lest by rude efforts, we bring on inflammation, increase the present danger, or add greatly to the future misery of the patient, by preventing that spontaneous contraction of the womb, which, from the third and fourth cases, we have rea-

son to expect, and by which, after several days, we find the womb may be replaced within the vagina. Lastly, we learn that even a total inversion may be easily reduced, when immediately attempted; and that the parts, though greatly injured, will at length recover a healthy state, so that the woman may again become a mother; that a violent hæmorrhage, so far from being a necessary consequence of a total inversion, most probably, according to a remark of Dr. Hamilton, is not very likely to happen; and, therefore, that we may take time to act with coolness and composure, so as to accomplish the reduction safely and perfectly. We are likewise led to question the propriety of the rule hitherto given, not to separate the placenta before having reverted the womb. The only reason for this maxim, is the apprehension of a flooding; but if a flooding is not likely to ensue after a complete inversion, as most of the cases seem to prove, then the placenta should be first separated, which will facilitate the replacement of the womb. Partial inversions, however, seem generally to be attended by flooding; in such, therefore, the womb should be reverted before the placenta is separated.

75. The means by which these alarming, and too frequently fatal accidents, may very generally be prevented, have been already more than once pointed out; but they cannot be too frequently repeated. Keep your patient's mind calm, and her person cool, from the beginning of labour; carefully avoid all unnecessary fatigue, and every kind of heating food and drink; suffer the labour to proceed with as little *interference* as possible; check all impatience in your

patient, and most carefully guard against any in yourself: and when, at last, the delivery comes on, so far from hastening it, if the pains are strong and the advance of the child rapid, prudently retard it. In a labour so conducted, nature will conquer most difficulties, and after it, these untoward accidents seldom or never occur.

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CHAPTER V.

OF THE DISEASES OF WOMEN IN CHILD-BED, AND OF
INFANTS DURING THE MONTH.



SECTION I.

Child-Bed.

1. AMONG savages and half-civilized nations, women make little or no change in their general conduct, in consequence of child-birth; but return to their usual occupations, almost immediately after delivery. Even among us, the more hardy individuals of the labouring women, submit to a very short confinement: nor is it now so general among the higher classes of society, to be confined for eight or ten days, and to be restricted to a particular regimen for a much longer time, as it formerly was. I believe, in so doing, they are approaching to a wiser and more natural conduct. But, nevertheless, women are not to lay aside all attention to their situation, at this time. During labour, they undergo great changes, generally suffer much pain and fatigue, as well as great evacuations: by which their strength must necessarily be reduced, and their frames become more irritable and susceptible of disease: consequently, there must be more hazard from every kind of exposure and error. Whilst the womb, too, is returning to the unimpregnated state,

they are exposed to some complaints which require attention ; and this attention must always be in proportion to the former habits of the woman, as well as to her general health and strength, and to the fatigue and distress she has undergone.

2. The first requisite is to change the woman's posture, and to regulate her bed, which, when she has been greatly exhausted, should not be attempted for some hours ; at least, no more should immediately be done, than to put dry clothes under her, extend her limbs, and perhaps turn her on her back, or on the other side ; give her some mild cordial nourishment, such as gruel or panada, with a little wine, and if she complains of much pain, twenty-five or thirty drops of laudanum. As soon as she is properly recruited, the opposite side of the bed being prepared, she may be removed to it ; or if she had been delivered on a cot, that being brought to the side of the bed, she may be carefully removed from one to the other ; taking care not to suffer her to rise to an erect posture immediately after even the most favourable labour ; by which she may be exposed to some troublesome complaints, and from which circumstance alone, many women have fainted, and some have lost their lives. If the bed has been properly prepared before, and proper care has been taken during labour, it will be no difficult matter to keep the woman clean and dry, which are circumstances very necessary to be attended to throughout her confinement.

3. A very strict, though a very different regimen, has been directed by different authors, for child-bed women. Some, under the idea of the weakened state of their patients, have ordered a warm cordial, stimu-

lating diet; whilst others, from apprehension of fever, have restricted them to one that is very low and abstemious. But all general rules on this subject, except that the diet should be temperate, are liable to error. In ordinary cases, common food, avoiding gross meats and spirituous liquors, may be indulged in; to such as are much reduced, some wine and light animal food should be allowed; while such as are more robust and of inflammatory habits, should avoid animal food, and cordials of all kinds, and restrict themselves, for some days at least, to tea, gruel, &c. Whenever it can be procured, good ripe fruit may be taken freely; heated rooms, a load of bed-clothes, and close confined air, are always prejudicial.

4. *Evacuations.* Upon the supposition that the advice already given, with regard to the state of the bowels, before and during labour, has been attended to, it is most probable that, in this respect, there will be no occasion for the interposition of art, at least for one or two days; but the state of the bladder must always be attended to from the first; and unless the woman passes her urine at least twice in twenty-four hours, it must be promoted by injections of warm water, and by fomentations externally applied, which are most conveniently made by an ox's bladder, half filled with warm water. If these means should not succeed, and the bladder becomes distended and painful, recourse must be had to the catheter, (Chap. I. 27.) These attentions become most necessary, in those cases in which women have not been able to discharge their urine for some hours before delivery; and if, within twenty-four or thirty-six hours, they have no evacuation from the bowels, a few stools

should be procured by castor-oil, (No. 8. f.) or magnesia, (No. 8. a. b. c.)

5. *After-pains.* These are always least after a slow labour, that has been well conducted, in which the delivery of the head, shoulders, and hips of the child, have succeeded each other after short intervals; and that of the placenta has not been hurried, but left to the natural pains. When moderate, they should not be interfered with, as they arise from the natural contractions of the womb, expelling small clots of blood which remain in its cavity, or in the orifices of the enlarged veins, that terminate on that part of its surface to which the after-birth had been attached. When severe, they will be mitigated by a bladder of warm water applied to the abdomen, or by an anodyne of thirty or forty drops of laudanum, or the sudorific draught, (No. 12. b.) promoting its effects by tepid drinks, such as balm or weak catnep tea. The too common practice of giving, on this occasion, spirituous liquors, hot spices, and strong infusions of sage and pennyroyal, is not only unnecessary, but really dangerous.

6. After one or two days, women should rise from their beds, and sit up for a longer or a shorter time, every day, according to their strength and inclination. This change of situation will promote the natural discharges, and, at the same time, greatly refresh the woman; but it is not prudent to indulge in walking about, until the womb and its ligaments have in some measure resumed their natural size and situation. It is impossible to fix any period when this will be accomplished; but unquestionably, weakly women must submit to a longer confinement to a horizontal

posture, than the more robust: and even these should not stand upright for any length of time, nor walk about for several days.

7. The natural discharges which flow from the womb after delivery, require no other attention, than sitting up a short time every day, to promote their evacuation and cleanliness. They commonly suffer a check during the second or third day, when the breasts begin to be distended with milk; but this is a natural occurrence, which need excite no alarm, and they will again flow in a proper quantity, as soon as the slight fever, with which the coming of the milk is generally attended, subsides. They flow in a greater or less quantity, according to circumstances of strength and constitution in the patient; and when profuse or obstructed, are symptoms of general health, or particular disease; and as such, will be remedied by the treatment necessary to remove the complaints, of which their profusion or obstruction is the necessary consequence.

8. It has been already remarked that, in consequence of severe labours, or of previous disease, the junctures of the bones of the pelvis, sometimes so far give way, as to occasion very painful and obstinate lameness after delivery. Rest, for a long time in an horizontal posture, frictions with warm liniments, (No. 19.) and after the danger of inflammation has subsided, such remedies as strengthen the constitution, such as the peruvian bark, and chalybeates, (No. 16. c. e.) and cold bathing, are the proper remedies: during the use of which, the support obtained by the proper application of a bandage, will ever be found a very useful auxiliary. On other occasions, inflamma-

tion may take place on those parts, and may be followed by suppuration, a most dangerous and distressing complaint. Whenever, therefore, a patient, after delivery, complains of pain in those regions, the cause should be carefully enquired into, and immediately attended to: that, by early bleeding and blistering, suppuration and all its dreadful consequences may, if possible, be prevented.

9. After severe labours, especially when badly managed and rudely treated, the external parts are sometimes abraded, swollen, and inflamed; frequent washing and bathing with warm milk and water, and anointing with a little very fresh hog's lard, in which a small quantity of fresh mutton suet has been melted, or with the simple cerate, (No. 18. a.) are in general the best remedies. When the injury has been very great, fomentations and poultices may be necessary. Lacerations of the perinæum seldom require any thing more than these at first; after the inflammation and swelling have subsided, the simple cerate, (No. 18. a.) spread on lint, should be applied. Whenever laceration extends into the vagina, besides these applications, a dossil of lint, dipped into melted grease, should be introduced pretty high up the vagina, to prevent the sides adhering. Some attention is necessary to keep the knees together, whilst the wound is uniting; but stitches, in general, do more harm than good.

10. *Prolapsus or falling down of the womb*, though not always a disease depending on pregnancy, may be a consequence of mismanagement in a former labour, and is always increased during the first month of a

succeeding pregnancy. General weakness predisposes to this disease, may be the principal source, and always increases it, from whatever other cause it is derived. Great voluntary exertions, and preposterous efforts in the beginning of labour, before the internal orifice of the womb is sufficiently open, may subject any woman to this troublesome complaint; but are most apt to bring it on in such as are of weak and relaxed habits, or in such as have been subject to it before; and therefore, although always wrong, should more carefully be avoided in such cases. In such women as are subject to this complaint, it is always increased during the first three or four months of pregnancy; but as soon as the womb rises out of the pelvis, (that is, after the fourth month) it grows better, and generally disappears by the seventh or eighth month; but after that, may return again in a slight degree. Careful attention, during the succeeding labour, to keep the woman in a horizontal posture, to avoid all voluntary efforts, and unnecessary straining, and to support the internal orifice, by one or two fingers introduced into the vagina, during every pain, will prevent any increase of the complaint at that time; and longer confinement than usual to a horizontal posture, after child-birth, will sometimes entirely remove it. Cleanliness, and washing out the vagina by means of a syringe, at first with milk and water, then with an astringent infusion of green tea, or of oak bark, (No. 20. b.) with the addition of a small quantity of vinegar or spirits, will contribute to the cure; at first, the injections should be tepid, but after eight or ten days, when the irritability of the

woman's habit is diminished, when the flow of milk is fully established, and the disposition to chill and fever has subsided, they should be used cold. When the disease is considerable, or proves obstinate, these milder astringents may be changed for the solution of lead, (No. 20. d.) or of white vitriol, (No. 20. e.) which are more powerful. When women begin to rise out of bed, the womb should be supported by a sponge, squeezed out of some of these astringent liquors, introduced into the vagina, and kept there by means of a T bandage and compress; the sponge must be withdrawn, and cleansed two or three times a day. Such means, persisted in with due care, will generally prove effectual; but it sometimes happens, particularly in labouring women, who are compelled to return to their ordinary occupations too soon after delivery, that this complaint, by neglect, acquires a considerable magnitude, and a tendency to inflammation, which, in the first instance, require only cooling purges, (No. 9. a.) and a spare diet, with emollient fomentations and poultices, until the swelling, pain and inflammation shall be removed, before the womb can be replaced; and after that, besides astringent injections, the use of an instrument called a pessary, to support it in its natural situation. Pessaries are of different kinds, but in the choice of the most proper, as well as in the mode of their application, recourse must be had to the advice of an experienced practitioner. In very weakly women, remedies, strengthening to the constitution in general, such as the peruvian bark, and preparations of iron, (No. 16.

e. c.) and the cold bath, either partial or general, must accompany the local applications.

11. *Milk fever.* About the third day after delivery, the breasts become turgid from the milk secreted in them, and at the same time, the uterine discharges commonly diminish. This period is generally attended with some heat, thirst, head-ach, and fever; all which, however, may in general be prevented, or, at least, very much diminished, by putting the child early to the breast, emptying the bowels by an emollient injection, (No. 5. a. b.) restricting the patient to a low diet, keeping up an easy moisture on the skin, by means of tepid drinks, aided by the spiritus mindereri, (No. 12. a.) generally put an end to this complaint within twenty-four hours; but if the symptoms are preceded by an ague, and after that run high, in robust and full-habited women, it may likewise be necessary to lose a little blood. Rubbing the breast all over, except the nipple, with a little fresh lard, or butter from the churn, or simple cerate, (No. 18. a.) softened with a little good oil, allows them to distend with more ease; it is likewise common with some nurses, to cover them with cabbage leaves, softened in warm vinegar, by which they are sweated and relaxed: this is a useful practice; but when they can be procured, any other broad leaf, particularly those of the button-wood or burdock, are to be preferred, as they are not so apt to become offensive.

12. When a lump appears in the breast, it is common to have recourse to fomentations and poultices; but as these have a tendency to promote imposthumation, and as an imposthumated breast is always a pain-

ful, and sometimes a very severe disease, it is best, if possible, to disperse it. To this end, if the woman be strong, let her lose a little blood; let her be purged daily by (No. 8. ^g) let her breast be frequently bathed with a mixture of one part vinegar and three parts water, applied milk warm, and keep it covered with a linen cloth, constantly wet with (No. 19. c.) observe rather a low diet, and keep a little moisture on the skin, by (No. 12. a. or b.) by these means, in a few days, the tumour will probably disappear; or if the discussion should not be effected, the imposthumation will be less, which is gaining no inconsiderable advantage. When it is found that it will come forward, a milk and bread poultice, (No. 18. g.) may then be applied, and repeated two or three times in twenty-four hours, until the imposthumation shall burst, or at least, until the skin shall become very thin, when a small opening may be made in the most depending part. Should any hardness remain after the discharge of the matter, let the part be anointed twice or three times a day with camphorated oil, (No. 19. b.) and cover it with soft flannel; if the hardness should not soon yield to this treatment, let a plaster of common diachylon, or a mercurial plaster be worn over it.

13. *Sore nipples* are a very painful, and sometimes a very obstinate disease; the simple cerate, (No. 18. a.) by supplying, in some measure, the place of the natural mucus, with which the nipple is defended, will mitigate the pain; and using a ring of wax, just sufficient to let the nipple through, by defending it from the friction of the clothes, contributes to their healing. When they become ulcerated, washing, at first with a

solution of lead, (No. 20. d.) and after a few days, with spirits, with a solution of alum in brandy, of white vitriol, (No. 20. e.) or of borax (No. 20. f.) in water, and dressing with cerate, made by mixing finely powdered red precipitate with common cerate, (No. 18. a.) are all recommended; but simply keeping a linen cloth, constantly wet with rum, over the nipple, will frequently do more than either; but then it must be kept constantly wet; and as this is one of the easiest remedies, it should be first tried: the great variety of remedies recommended, proves the obstinacy of this complaint; and I confess I have frequently failed to give much relief until, by time, the nipple has become accustomed to the friction of the child's mouth; and in a few instances, I have been compelled to advise weaning or procuring a nurse for the child.

14. *Puerperal or child-bed fever.* The puerperal fever begins with cold chills, succeeded by great heat, and accompanied by its characteristic symptom, a remarkable soreness of the belly, which in no respect resembles after-pains, never remits as they do, and is always increased by pressure. The patient often complains of the slightest touch, and sometimes even of the weight of the bed-clothes. This soreness is generally confined, at first, to the parts over the womb, just below the navel; at other times, it extends more generally over the abdomen, and sometimes affects the bladder, so as to occasion a frequent and painful discharge of the urine; and the rectum, bringing on a frequent and painful urging to stool.

15. When the symptoms of inflammation, and the fever, end soon in a copious perspiration, diminishing

the heat, and lessening the pain ; the disease is frequently carried off by this natural crisis, within one or two days ; but when the attack is violent, when the cold chill is severe, and the succeeding heat very great, and especially, if that is imprudently increased by hot, spicy, and spirituous liquors, too frequently given to put an end to the chill ; or by a load of bed-clothes and hot drinks, continued after it has subsided. The soreness and pain increase, the belly swells, the secretion of the milk, and the natural discharges are checked or suppressed, and the patient dies of a sudden mortification, or the disease runs rapidly into a putrid state.

16. In this, the patient complains of a loathing and offensive taste, nausea and vomiting, a belly uncommonly distended ; a purging, and profuse clammy sweats come on ; the discharges from the bowels and womb become highly offensive ; the pulse, although at first strong and full, soon sinks ; red and purple spots appear on the skin ; the patient's strength fails ; her countenance is expressive of great languor and extreme anxiety, and she commonly dies within a few days.

17. This combination, or rather this sudden succession of putrid to inflammatory symptoms, is what constitutes the intricate nature and fatal tendency of this disease : and is that which has introduced much confusion and some contradiction into the writings of physicians, respecting it. In cold climates and seasons, in robust constitutions, in the country, and after severe or mismanaged labours, the inflammatory symptoms run high, and constitute the danger : these are to be cured only by the free use of the lancet. In

feeble women, in some confined districts of large cities, in small, close apartments, and in the wards of an hospital, the putrid symptoms are apt to succeed so rapidly, as to demand the attention of the physician very early, and to render the evacuation of blood-letting a doubtful, if not a dangerous remedy.

18. And again, at particular seasons, and in confined districts, particularly in the atmosphere of a crowded hospital, this disease has appeared simply as a putrid and malignant fever, with no decided symptom of inflammation, or if any, so transient as to command no notice, and to require but little attention. And on some occasions, the air of a district, or the wards of a lying-in hospital, have become contaminated and pestilential, so that every child-bed woman, within the influence of that atmosphere, has been infected, and not one in ten or twenty has recovered.

19. This short history of puerperal fever will, I hope, enable us to lay down the most simple and efficacious mode of treatment; and one, which any intelligent nurse may understand: so far, at least, as to prevent her committing some gross errors, which are too common, and which may render the best medical advice afterwards ineffectual. Whenever, therefore, a child-bed woman is attacked with chills, let it be remembered, that it may end in a very severe disease; and that the woman's safety very much depends upon good management in the beginning.

20. This consists in putting an end to the chill as soon as possible, but in such a way as will not increase the fever which is to follow. Let some additional bed-clothes be put on the patient; let a bottle or blad-

der filled with warm water, or a hot brick, quenched with vinegar and wrapped in flannel, be put to her feet; and let her limbs be rubbed with warm flannel, which has the best effects in restoring an equable circulation of the blood; give her frequent draughts of warm catnep, balm, or weak sage tea; but avoid all kinds of cordials, spiced wines, gin, and other spirituous liquors, as you would the most fatal poison. As soon as the cold chill has ceased, and the patient grows warm, remove the warm applications, and lighten the bed-clothes; but do it gradually, for fear of bringing back the chill; with the same caution, draw open the bed-curtains, and admit fresh air into the room; give cool drinks, acidulated with lemon-juice, currant-juice, tamarinds, or a little good vinegar, sweetened with brown sugar or molasses. If the patient is very hot, take off more bed-clothes, admit more air, particularly in summer, and give the drinks actually cold. Continue this treatment until the heat of the body is reduced nearly to the natural standard; or until the patient breaks out into a free, easy perspiration, which generally takes place as soon as she is sufficiently cooled. Nothing so much interferes with natural perspiration, as a very hot skin; and hence, nothing is so dangerous as to attempt, in the beginning of fevers, to get the better of the chill by cordials and spirituous liquors; the heating effects of which remain after the chill has gone off; or of attempting to force a sweat, after the chill has subsided, by a great load of bed-clothes, in a confined air, and heated room; and by hot drinks, by which the heat of the body is increased, and the intention of promoting a kindly perspiration most effectually counteracted.

Any tendency, likewise, which the succeeding fever may have to assume a putrid form, is, by these means, greatly increased: all child-bed fevers have this tendency in a considerable degree, and when erroneously treated by a hot regimen, very soon become putrid. On the contrary, it generally happens, that as soon as the heat of the patient is reduced nearly to a natural standard, an easy relieving moisture breaks out, and that paroxysm of the fever, at least, is terminated: hence the salutary tendency of washing the body, in the hot stage of malignant fevers, with cold vinegar or cold water, with intention to shorten the hot fit, and bring on the sweating stage: a practice which, although inadmissible in the case of child-bed women, may serve to explain the reason of the cool treatment I have recommended. As soon as the hot stage goes off, and the skin becomes moist, the cold drinks must again be changed for such as are at least tepid or milk warm; and by taking frequently of such, and lying quiet under a moderate weight of bed-clothes, the perspiration is to be encouraged and kept up for several hours, until the fulness, quickness, and hardness of the pulse have subsided. But here again let it be remembered, that profuse sweating, long continued in a close confined air, greatly weakens the patient, postpones the complete crisis of the fever, and above all other things, increases its putrid tendency. All that is necessary and salutary is an easy moisture, which lessens the heat, and relieves the anxiety of the patient; this should be promoted and kept up, under the use of cool, or at most, tepid drinks, light covering, and the air of the chamber kept so cool and refreshed, as to give no offence to a person entering it.

from the open air, until all anxiety and restlessness are removed, and the pulse has returned nearly to a natural standard. I have been thus particular in describing the conduct which the nurse is to observe in the treatment of child-bed women, or indeed of any other person, on the first attack of fever, because I fear it is not generally well understood, and because I am convinced, that if attentively pursued, it will, on many occasions, put an end to a serious disease in the first stage, and save the patient from a dangerous illness.

21. I have chosen, for the same reasons, not to interrupt it by directions for the medical treatment; which, however, is very important, and particularly so at the commencement of puerperal fever. If, therefore, the cold chill be succeeded by a high degree of fever; if the pulse be strong and full, and the patient robust; or if she has suffered any violence during labour, and particularly if she complains of much pain and soreness in the belly, she should be immediately, and in proportion to her strength, copiously bled; and if these symptoms are not mitigated, this evacuation should be repeated within twelve or twenty-four hours; the bowels should be emptied by mild purgatives, (No. 8. b. f. g.) (No. 9. b.) or rather by emollient clysters, (No. 5. a. b.) frequently injected, not only as evacuants, but as a fomentation to the whole abdomen. The effect of tepid drinks, in promoting perspiration, is to be aided by the draughts, (No. 12. a. or c.) or the antimonial solution, (No. 12. d.) which, if it should excite so much sickness as to empty the stomach by gentle vomiting, it would be so much the better. A

fomentation, by means of a flannel wrung out of warm water, with the addition of a quarter part vinegar, should be applied over the whole abdomen, and a large blister upon that part which is particularly sore.

22. A putrid tendency is indicated by nausea, vomiting, and purging, with a belly much distended, putrid and offensive discharges both from the bowels and womb, and clammy unrelieving sweats; a pulse fallen in strength, but increased in quickness, and a countenance expressive of great languor and inexpressible distress.

23. The first approach of these symptoms should not only be carefully watched, but so far anticipated, as to excite great caution in the use of the lancet, under circumstances favouring or increasing putrefaction, such as a hot season of the year, in a large city, and confined district; in a hospital or small confined room; and absolutely to forbid it on the approach of the second stage of the disease; cool air, light covering, cool acescent drinks, mild antimonials, (No. 12. d.) or rather the draughts, (No. 12. a. or c.) given in the act of effervescence, are now to be persisted in; and in addition to those, almost daily vomits of ipecacuanha, in doses of five or six grains. By these remedies, the stomach and bowels are cleansed, and a gentle perspiration kept up, at the same time that the diarrhœa and other putrid symptoms are either prevented or checked. If necessary, the bowels must be kept open by small doses of rhubarb and vitriolated tartar, or rhubarb and calomel, (No. 9. b. c.) When purging is profuse, it may be farther checked by the addition of five or six drops of laudanum to

two grains of ipecacuanha, given every four or every six hours, or by the clyster, (No. 6. a.) of twenty or thirty drops of laudanum, and repeated twice or three times in twenty-four hours; but it is not safe, absolutely to suppress the diarrhœa, which always gives some relief. All drinks are to be cool and acidulated, and the nausea may be checked by the draughts (No. 12. c.) given during the effervescence; fresh air is to be admitted into the chamber, and the most perfect cleanliness observed, by frequent change of linen, and carrying out every offensive or excrementitious matter as soon as possible. When the putrid symptoms resist these remedies, wine, colomba root, and the peruvian bark, (No. 16. c. d.) must be substituted in their stead; but from the inflammatory symptoms with which puerperal fever generally commences, it does not bear those remedies early; and the cool regimen, acescent drinks, and neutral draughts, vomits, and mild evacuations by the bowels, are generally sufficient without them. For a more particular description of the symptoms and treatment of this disease, than is consistent with my design, I must refer my reader to the admirable writings of Mr. White of Manchester, and Dr. Denman.

24. *Swelled leg.* Child-bed women are liable to a very peculiar disease, of which a swelling of the lower extremities, preceded and accompanied by great pain, and an inability to move, are the most conspicuous symptoms. It seems no way connected with any preceding complaint, or peculiarity of constitution; nor to depend on the kind of labour which precedes it, or on the treatment before or after child-birth. It

occurs at any period from the first or second day, to two or three weeks after delivery ; it is preceded by general uneasiness, lowness of spirits, slight pains about the womb, and a lochial discharge, peculiarly offensive ; but these symptoms seldom command much attention, until the patient is seized with pain on the inside of the limb, commonly about the calf of the leg, which soon extends from the heel to the groin, along the course of the absorbent lymphatics ; the limb soon after begins to swell ; the soreness extends all over it, so that it cannot bear the slightest touch, and every attempt to move, gives exquisite pain ; the skin becomes glossy and pale ; the countenance is expressive of great anguish and dejection ; the pulse is quick ; the heat of the skin increased ; the tongue white, and the urine turbid and muddy.

25. These symptoms strongly mark the absorption of some morbid and poisonous matter, which, although irritating and inflaming to the obstructed vessels, is depressive of the powers of life, and weakening to the constitution in general.

26. Hence all free and copious evacuations, by bleeding or purging, have been found not only useless, but prejudicial in this complaint ; and gently aperient and sudorific medicines, (No. 12. a. c.) with a diet rendered cordial by the moderate use of wine from the beginning, most useful. The limb may be embrocated with camphorated oil, with or without the addition of opium, (No. 19. a. b.) and slightly covered with soft flannel. The severity of the pain may be allayed, and necessary rest procured, by sudorific anodynes, (No. 12. b.) Under this treatment alone, properly persisted in, the patient generally recovers ;

for although very tedious and distressing, this complaint has seldom proved fatal, and there is great reason to believe, that the very few cases in which it has, have been aggravated by mismanagement. My friend, Dr. David Hosack, of New-York, informs me, that he has found squills and calomel (No. 13. a.) peculiarly beneficial in this disease. I have had no experience in the use of this remedy; but independent of the reliance I have in his assurance, I think it promises so well, both as an alterative and diuretic, that I am much inclined to recommend it.

Mania.

27. *Mania* is a disease to which pregnant, and particularly child-bed women, seem to be peculiarly disposed; and this predisposition very probably originates in that very irritable state, which the whole habit assumes in consequence of pregnancy and labour. It is often seen to come on from very slight, or rather from no evident cause, during those states, in women who are at all other times free from any disposition of that nature, and generally subsides again in a few weeks after delivery, without any efforts made to remove it; it sometimes returns, after successive labours, in the same woman. It has been supposed connected with the secretion of the milk, and several cases which have fallen under my observation, have so far confirmed this opinion, as to have been attended with a sudden and total suppression of the secretion of that fluid; but that may as probably have been the effect, as the cause of the mania, which, in most cases, interferes with all the natural secretions. We are perfectly ig-

norant of the cause of mania ; our practice, therefore, is purely palliative and empirical, and we often see the disease subside, after having, in vain, exhausted all known remedies.

28. These considerations should make us cautious in the use of very active remedies, such as copious bleeding, powerful purges, blisters, absolute restraint, and harsh treatment, which have unquestionably been too incautiously and indiscriminately applied in common cases of mania ; but in women weakened by the complaints of pregnancy and child-bed, they must be peculiarly improper, and can only tend to fix and render that disease permanent, which would probably subside in a little time, under a more gentle and soothing, but at the same time a firm and steady treatment.

29. All the restraint, therefore, that such unhappy women should be subjected to, should be such as is necessary to prevent their doing mischief to themselves or others ; and under such, their harmless wishes will be gratified with advantage ; unnecessary contradiction can only serve to bring on a furious fit, the very violence of which must exhaust and weaken, and consequently increase that irritability, on which we have great reason to believe, the complaint in a great measure depends.

30. In the first stage of the mania, of pregnant or puerperal women, some degree of fever is not uncommon ; at this period, therefore, some mild evacuations, such as gentle purging, (No. 8. g. or No. 9. a. b. c.) or by clysters, and the sudorific draughts, (No. 12. a. d.) are very proper ; an occasional emetic has been found peculiarly useful, and on some few occasions of

extraordinary vigour, small bleedings, particularly by cupping about the temples or neck, have proved successful. The patient should be kept perfectly quiet; the room as much darkened as she will permit, unless in cases of great melancholy and dejection; as few objects as possible should be offered to her attention; and every circumstance that can alarm, irritate, or depress her spirits, most carefully avoided. Opium, in large doses, has been recommended; but the weakness and increased irritability which succeed their use, seem to forbid large doses, particularly during the existence of fever; but small doses, united to sudorifics, (No. 12. b.) may then be found to calm irritation, as well as to excite perspiration. Camphor has likewise been recommended, and by some, in very large doses; but we know too little of the operation of large doses of camphor, to recommend them: in small quantities, combined with asafœtida and ammoniac, (No. 14. d.) it may be tried with some probability of advantage. Blisters have been generally found prejudicial, but have been supposed useful when applied to the head, and repeated, so as to bring on a purulent discharge, which end is better procured by caustic, by which a more permanent discharge is obtained, and repeated irritation avoided. After the first stage, a brisk vomit, (No. 11. b. c.) has appeared more evidently useful than any other very active remedy, and now and then has been immediately succeeded by a perfect cure. When, in this way, it has failed, a repetition of vomiting, to a moderate degree, has been found very beneficial. This remedy, therefore, should not be neglected: it tends to rouse all the healthy actions of the organs, and in a particular manner to improve

the appetite and digestion ; on some occasions, it requires a large quantity of tartar-*emetic*, given in divided doses, before it will operate. The state of the bowels must be constantly attended to, and regulated by *clysters* or mild *cathartics*, (No. 8. No. 9.)

31. The diet should be neither abstemious nor stimulating, but consist chiefly of vegetables, milk, eggs, and light meats, with such a use of wine, as under all circumstances of health and strength, would be considered at least moderate. Country air and moderate exercise, will be found, in due time, very conducive to recovery, both from the general salubrity of the country, as well as the greater proportion of liberty and amusement, consistent with quiet and retirement, in which the patient may be there indulged. It is absolutely necessary to command and controul maniacal patients, and this is one reason for separating them from their friends and very near connections, whom they are less inclined to obey than strangers, and against whom they are apt to entertain violent antipathies and resentment.

Child.

52. As soon as the child is separated from the mother, let it be carefully covered from the cold, by wrapping it in warm, soft flannel, leaving such an opening only, as is sufficient to admit the air necessary for its breathing ; place it in an easy posture, and a warm situation, where it may lie until the mother shall be safely put to bed. In washing the child, make use of soft warm water only, or milk and water, and be not over anxious to rub the skin perfectly clean ; by which it is

often fretted and inflamed, which is more frequently the case in that galling, to which new-born infants are liable, in the creases of the skin, than any small portion of the natural mucus which may be left adhering to it; let it be dried perfectly with soft old linen, and as soon as can be done with proper care, let it be defended from the access of cold air by soft, warm, and loose clothing. Begin with the head, which may be washed and warmly covered before the body is exposed. As soon as the body and limbs are washed, examine the navel-string, to see if it be properly secured; then wrapping it in a piece of old linen, double it up against the child's belly in such manner, as will not put the attachment at the navel on the stretch, and secure it by a bandage pinned round the child's body, but by no means tight. In doing this, ever remember that nothing is more tender and delicate than a new-born infant, nor any thing more sudden than the great changes to which it is exposed: from a kind of vegetable life, it now breathes and cries; from being at absolute rest, it is handled and turned in various postures; and from being totally immersed in warm water, it is exposed to the access and irritation of the cold air. If, therefore, we were to make use of no more caution than we should think necessary for an adult, under similar circumstances, we ought to take care to handle it with great gentleness, to lay it in an easy posture, and carefully to defend it from the cold.

33. Hitherto the child has been supported by absorption, more like a plant than an animal; as yet it has taken nothing into the stomach; we ought, therefore, to be very careful what we introduce. Nature

has provided the milk of the mother as its most proper nourishment, and there cannot be a doubt, but that the more it depends on that only, during the early months, the better. Let it, therefore, be put to the breast as soon as the mother has recovered a little from her fatigue, and in the interim, give it nothing; the mother's breasts being flaccid, with no appearance of milk, is no argument against this salutary practice: the suction of the child will bring a flow of milk into them, sooner and more safely than it will come without it; and the very first flow of milk is peculiarly fitted for the infant, as, from its purgative quality, it tends to carry off the black excrementitious matter, which has been collecting in the child's bowels during the whole period of pregnancy. If, therefore, the child should not, by this means, obtain a free and plentiful evacuation from its bowels within twenty-four hours, it will be necessary to promote stools by a teaspoonful of castor-oil; or if that is not to be had, a little molasses and water, or a simple injection.

34. After difficult labours, when the head of the child has been long locked between the bones of the pelvis, it will frequently be moulded into a conical shape, with the bones in some measure overlapping each other. In these cases, none, or at least, very slight attempts are to be made to replace them; but they should chiefly be left to nature, which, in a few days, will restore it to its natural form; when the scalp is much bruised and swollen, a cloth, wet with vinegar or spirits, should be laid over it. In breech presentations, the private parts of the child are apt to suffer, and sometimes appear much swollen and per-

fectly black; but little is, likewise, to be apprehended from this injury, which is soon relieved by fomentations, with the addition of vinegar and spirits, or cloths wet with camphorated spirits or vinegar.

35. Children are frequently born apparently dead, whose lives, by a little care, may be restored. In such cases, carefully avoid all rude handling, or sudden motion; let the infant be laid in an easy posture, with its mouth exposed to the air, and its head so supported, as neither to be bent back nor forward; if a feeble child, and pale, leave it attached to the placenta as long as there is any pulsation in the navel-string; but if the child appears to have been healthy and strong, and the face purple and livid, cut the cord, and let it bleed one or two tablespoonsful before tying; be careful, however, to keep the end between the thumb and finger, so as to command the flow of blood, and take care to tie it securely. After it has been separated from the mother, let it be laid, with the same care and attention, on the lap of an assistant, near the fire, and wrapped in warm flannel; let its bowels, breast, and limbs, be continually but gently rubbed with flannel wet with warm spirits; brush the soles, palms, and back, briskly with a soft brush; with a finger clear the child's mouth and throat of any mucus that may clog them; apply an onion or hartshorn to the skin and nose, and by means of the finger, rub a little of either on the inside of the mouth, now and then close the nostrils, and blow forcibly into the mouth; then removing your own mouth, press the chest gently down, so as to force out the air, and in this way imitate breathing; administer a warm, stimulating clyster, (No. 5. b.) immerse the

child in a bath, made stimulating by the addition of a little spirits, and so warm as to be rather hot to a tender hand, and continue gentle frictions while in the bath; persevere in these endeavours for at least one or two hours; even after a longer time, many happy instances have occurred of success. A faint sighing, or a feeble pulsation of the heart, are the first signs of returning life, which are to be encouraged by gentle perseverance; but carefully avoid all sudden and rude motion, by which it may be extinguished as easily as a candle just beginning to flame.

Blue Child.

36. Some children, soon after birth, are observed to change colour; the face, neck, and extremities become livid, the lips and nails perfectly blue, the pulse irregular, and the extremities cold; at the same time the lungs are not fully expanded, the child breathes with difficulty, and in an interrupted manner, and, in some instances, the respiration is, for a short time, totally suspended. Whilst this is the case, the discolouration increases, and the pulse frequently stops; in a few moments respiration is renewed, the colour changes to a more lively tint, the pulse beats with more freedom and regularity, and the natural heat returns. These symptoms subside, and return at irregular periods, and are frequently brought on by motion; and even when the child lies perfectly quiet, are apt to continue and increase until they put an end to the child's life, generally within a few days; yet some instances have occurred, in which they have come on later, and a few in which they have continued for several years. The causes have been traced

by dissection, in several instances, to a continuance of that state of circulation, by which the fœtus exists in the womb; in which the blood, passing by the ductus arteriosus and foramen ovale, the lungs are not expanded, and the oxygenation of the fœtal blood is derived from the mother. If, therefore, after birth, the same circumstances continue, or if from mal-conformation, the blood finds any other passage from the right to the left ventricle of the heart, only a part of the blood can pass through the lungs, and consequently, the whole mass will receive but a partial oxygenation.

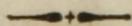
Thus it is attempted to account for the symptoms, and generally fatal termination of this complaint; yet it must be confessed, that such symptoms may arise from other and less incurable sources; and lesser degrees of the complaint, even upon this supposition, may yield to time and good management; the fœtal passages may gradually close up, and the blood, after some time, may assume a course more natural to a breathing animal; proper remedies, therefore, to remove all lesser sources of interrupted respiration, as well as to palliate the symptoms of this complaint, should never be omitted. In all such cases, therefore, empty the child's bowels by a clyster of warm catnep tea, with the addition of a small teaspoonful of common salt; let it be immersed in a warm bath, made stimulant by the addition of one sixth part brandy or spirits; while in the bath, be careful to keep it in an easy posture, and gently rub its limbs with a soft hand; at the same time, feed it moderately with some cordial nourishment, such as wine whey, which

is peculiarly proper when, as commonly happens, the subject is a delicate and feeble infant. These remedies must be persisted in, until the symptoms remit, and repeated as often as they recur. Two very happy instances of their success, with a minute description of the disease as it occurred in those, are related by Dr. David Hosack, in the first volume of the Medical Repository, page 507.

37. New-born children are particularly subject to three diseases: a red eruption, called the red gum, a jaundice, and apthœ or the sprue; against these, early purging is the best preventative, as well as the best cure; molasses and castor-oil answer well at first, but after some time, these complaints are generally combined with griping; for relief of which, magnesia or prepared chalk, with a little rhubarb and aniseed-water, (No. 15.) are better adapted; when a diarrhœa accompanies these complaints, the rhubarb and magnesia should be omitted, and the chalk, combined with gum-arabic (No. 15. a. e.) substituted in their place; and when the pain and griping are severe, laudanum may be added, (No. 14. b.) Be careful, however, never to give laudanum to new-born infants but in this way, combined with so much water, as to divide the dose very minutely. I once knew a child of several weeks old, killed by ten drops of laudanum, and another brought into great danger by less than two drops. In apthœ, *the sprue*, it is too common a practice to rub the crust from the child's tongue; this not only puts the infant in pain, but the crust is sure to return in a greater degree: a small quantity of molasses, frequently put into the child's mouth, or a little finely powdered bo-

rax, mixed with sugar, (No. 20. f.) are the best topical applications.

38. *Convulsions* are a very terrible and alarming complaint in new-born infants; they commonly arise from the state of the stomach and bowels; and emptying these by castor-oil, clysters, and a mild emetic, (No. 11. a.) together with bathing the child up to the chin, every time they come on, in warm water, with the addition of a little spirits, are the principal remedies. After having done this, recourse may be had to the moderate use of opium, in the manner above directed; and a very small blister may be applied between the shoulders, which should be removed after one or two hours, and the part covered with a piece of linen, spread with fresh mutton or veal suet, or a little simple cerate, (No. 17. a.) Blisters, left long applied to young infants, are very apt to ulcerate and become, not only exquisitely painful, but truly dangerous; for which reason it is always best, in the first place, to try the effect of some other stimulating application, such as the juice of an onion, or a piece of flannel, moistened with the common volatile liniment, (No. 19. a.) applied to the spine.



CONCLUSION.

Convinced that a general knowledge of the nature of pregnancy and labour, and of the symptoms and complaints which attend them, will frequently prevent much unnecessary alarm; will, on many occasions, point out safe and easy remedies, and on all, enable women to act with self-possession, steadiness,

and composure, the author has attempted to explain them in easy and intelligible language. His principal objects have been, to check the too frequent interposition of art, and to restore nature to her just authority; to accomplish which, he believes it necessary, not only to improve the knowledge and correct the errors of midwives, but likewise to remove many prejudices and groundless apprehensions from the minds of their patients. He has, therefore, endeavoured to divest his subject of all mystery, with a view to adapt his work to the comprehension of women in general, as well as to professional characters; not, however, without some apprehension, that so long a catalogue of ills, to which woman is exposed, may, in some weak minds, excite more fears, than the knowledge of their remedies may give confidence. Let them not, however, be discouraged: few women suffer materially from them; and the probability that any one individual shall escape all that are serious, is greatly in her favour. Provident nature is wonderfully kind to pregnant women; and when she is properly consulted, attended to, and obeyed from the beginning; not weakened by excess of any kind; nor thwarted and put out of her course by preposterous mismanagement in her progress, will, nine hundred and ninety-nine times out of a thousand, carry her votary safely through all the wonderful changes of this eventful period.

APPENDIX.

IN this appendix are given, not only all the remedies referred to in the foregoing essay, but receipts for their preparation, their proper doses, and directions for their general use. Some few, likewise, are added with a view to render it more complete, as a domestic pharmacopœia, for the use of families at a distance from medical advice; or on slight occasions, when it may not be necessary to call in a physician. A variety are given under each particular head, that in the country, when one is not to be had, its place may readily be supplied by another; and they are generally arranged in the order of their activity, that they may the more easily be adapted to particular cases.

The doses here prescribed, are all intended for adults. Whenever it is desired to adapt them to young persons or children, the following proportions may be taken: for a youth of fifteen years, three-fourths; for a child of ten years, one half; and for one of five, one quarter of the dose directed: varying the dose a little as the patient's years vary, or as the constitution is more or less robust or weakly. More precision than this is unnecessary, as (except in the instance of laudanum, respecting which, the directions are very particular) no remedy here mentioned, is of so active or dangerous a nature, as to render a slight variation of much consequence; and a very lit-

the experience will enable any intelligent person to adapt them to particular subjects, with as much accuracy as can be required.

No. 1. *Sudorific drinks.*

Warm water, balm, catnep, or weak sage tea. Of these, warm water, although the least pleasant, is the most efficacious; it excites some nausea, and thereby, powerfully promotes perspiration. They may be all rendered more agreeable, and quench thirst more effectually, by the addition of any of the following acids, with a little sugar: *lemon-juice, currant-juice, tamarinds, cream of tartar, acid of vitriol, or good vinegar,* in such quantities as shall be most agreeable to the patient.

No. 2. *Mucilaginous Drinks.*

a. *Flax-seed tea, marsh-mallow tea,* or one made of *quince seeds.*

b. *Barley water,* is made by boiling two table-spoonsful of pearl barley, first washed in cold water, in three pints of water, until one third is wasted; a handful of stoned raisins or of sliced figs, may be added towards the end of the boiling.

c. *Solution of gum-arabic,* is made by boiling one ounce of picked gum arabic in little more than a quart of water, until it is dissolved. All these are useful to sheathe and defend very sensible parts from the irritation of acrid humours, as is the case in a tickling cough and common lax, or bloody-flux, heat of urine, &c. in all which, the natural mucus of the parts is defective.

No. 3. *Astringent Drinks.*

a. *Infusion of roses.* Upon a large handful of dried red rose-leaves, pour a pint of boiling water; let them infuse half an hour.

b. *Infusion of oak bark.* Upon a handful of white-oak bark, shred fine, pour a quart of boiling water; let it stand one hour, then boil a few minutes.

c. *Infusion of galls.* Upon a quarter of an ounce of galls, bruised, pour a quart of boiling water; let them infuse one hour, then boil for a few minutes. A small quantity of cinnamon adds greatly to the flavour of b. or c. and acidulating any of them with the acid of vitriol, (No. 16. f.) renders it more efficacious; they should be taken cold, to the quantity of half a gill, or a wineglassful, every hour or two.

CLYSTERS.

No. 4. *Simple and Emollient.*

a. Warm water.

b. Milk and water in equal parts.

c. Flax-seed tea.

d. Mallow tea.

e. Infusion of quince seeds.

f. Barley water.

g. Solution of gum-arabic.

h. Very thin starch, made by boiling fine wheat flour with water.

From half a pint to a pint, to be administered a little more than milk-warm. They are all useful and efficacious where mere relaxing and emollient effects are required; the addition of the mucilaginous sub-

stances will occasion them to be longer retained than simple water would be, and are particularly proper, when any irritation, or remarkable tenderness of the intestine exists: with the same intention, a table-spoonful of good sweet-oil, fresh hog's lard, or fresh butter from the churn, may be added; but unless perfectly fresh, should be omitted, as the least rancidity will irritate and injure.

No. 5. *Purgative and Stimulating Clysters.*

Any of the above, No. 4, with the addition of

a. Two table-spoonfuls of molasses or of brown sugar.

b. Two or three teaspoonsful of common salt.

c. Half a table-spoonful of common soap.

d. Where clysters are required to be simply stimulating, increase the quantity of common salt by one or two teaspoonsful.

e. And towards the end of fevers, when an antiseptic is desired, the clyster may consist of a strong infusion of chamomile flowers, with one or two table-spoonfuls of vinegar.

No. 6. *Anodyne Clysters.*

a. A gill or common teacup full of new milk, or of any of the mucilaginous substances mentioned, (No. 4.) with the addition of laudanum, in such quantity as directed. In general, a patient will bear three times the quantity of laudanum, administered in this way, that would be a proper dose when taken into the stomach; so that, if to procure rest, twenty-five drops would be given in a draught, seventy-five may be administered in a clyster; and the sickness and other

ill consequences, which some persons complain of after laudanum taken into the stomach, seldom follow, not, at least, in the same degree when it is administered by clyster.

No. 7. *Nourishing Clysters.*

a. From half a pint to a pint of good strong soup, made of fresh meat, without salt, pepper, or any vegetable.

b. The same quantity of new milk, with or without two or three teaspoonsful of brandy.

Should these be too soon discharged, laudanum may be added, in quantity from twenty to forty drops, but no more than shall be found necessary.

No. 8. *Mild Laxatives.*

a. *Magnesia.* One or two large teaspoonsful.

b. *Magnesia and cream of tartar*, ground to an impalpable powder in equal parts: one or two teaspoonsful of the mixture at a dose.

c. *Magnesia.* One teaspoonful with three or four grains of rhubarb in fine powder.

Magnesia is always proper when the patient complains of a sour stomach; the cream of tartar adds to its purgative effects where that is not the case; the addition of rhubarb is useful in weak stomachs and bowels; calcined, or Glass's magnesia, is less apt to distend the stomach with air, but is too expensive for ordinary use. New milk, except when cream of tartar is added, is the best vehicle.

d. *Cream of tartar.* One ounce in very fine powder, in a pint of common water, or of barley water,

(No. 2. b.) sweetened with molasses or brown sugar, and taken in the quantity of a small tea-cup-ful, two or three times a day, is a very agreeable and certain laxative; the vessel must be shook whenever it is taken.

e. *Cream of tartar and flowers of brimstone*, in equal quantities; a teaspoonful of the mixture, two or three times a day, in molasses. This is supposed to be possessed of peculiarly good qualities in cases of piles and eruptions.

f. *Castor-oil*. One large tablespoonful to a dose; a very small quantity of spirits in the bowl of the spoon, occasions this viscid oil to be taken and retained with more ease. No medicine is more effectual in finding its way through the bowels, and, therefore, should precede all others in cases of obstinate costiveness; but, in such cases, should be accompanied or followed by more active purgatives.

g. *Glauber's salts*. One ounce dissolved in a quart of water, of which, a tea-cup-ful, taken once, twice, or three times a day, sits well on the stomach, and will be found, in most cases, an useful, cooling, and convenient laxative.

h. *Lenitive electuary*. Take lenitive electuary of the shops, or molasses, or the syrup of any preserved fruit, two ounces; of the flowers of brimstone and cream of tartar, each half an ounce; of salt-petre one quarter of an ounce; let the salts be finely powdered, and mix the whole well together. This makes an agreeable laxative, supposed to be possessed of peculiar advantages in cases of piles: a large teaspoonful may be taken two or three times a day, according to its effects.

i. *Rhubarb and ipecacuanha*. In the quantity of

four grains of rhubarb to two of ipecacuanha, is a most useful medicine in all cases of disordered bowels, attended with griping and fever; less doses, of one half or one quarter of this quantity, will be found a very effectual remedy in the common lax to which children and infants are liable in hot weather; the dose may be repeated every eight or twelve hours, or given only going to bed, according to the urgency of the symptoms.

No. 9. *Active Purges.*

a. *Glauber's salts*, in doses of one ounce, one ounce and a quarter, or one ounce and an half, dissolved in a pint of water. This is a most safe and active purge, particularly in the beginning of fevers; it is offensive to the palate, and for that reason, some persons wish to dissolve it in less water, and to take the whole at one dose; but in this way it is more apt to offend the stomach, and be rejected.

b. *Rhubarb and vitriolated tartar*, in equal quantities, ground very well together; fifteen grains, taken going to rest, and repeated in the morning, will be found an efficacious remedy, whenever it is required to cleanse the stomach and bowels of bilious and other offensive matter; as is the case in common intermitting and remitting fevers; the recurrence of which, a prudent use of this remedy will very frequently prevent; it is very easily made into pills with a little molasses, in which form it keeps perfectly well, and is always ready.

c. *Rhubarb and calomel*. About thirty grains of rhubarb and six or eight of calomel. This is an ac-

tive purge, very proper to destroy and evacuate worms, and is frequently given with good effect in the beginning of dysenteries. When a certain but moderate effect is required, give one quarter part of the above dose every six or eight hours; it should always be taken mixed in molasses or syrup, on account of the weight of the calomel, which, in a thinner vehicle, would be lost.

d. *Jalap.* This active purgative should always be ground very fine, with one half or an equal quantity of some hard neutral salt, (vitriolated tartar or cream of tartar) and one quarter part or one third as much ginger or cloves; in this it acts in a less quantity, and gripes much less than when given alone. Thirty, forty, or fifty grains of this mixture is an active purge, particularly useful in carrying off cold, watery humours; thin gruel or weak broth, should be drunk freely during the operation of a purge, except in the last instance, when it is best to drink but little.

No. 10. *Aloetics.*

a. *Anderson's pills.* All aloetic medicines are found to irritate the lower intestines, and consequently, the womb in a particular manner; and for that reason, they are generally forbid during pregnancy, and in cases of piles; but many persons, from the small dose in which these pills operate, and the convenience of keeping them, are habituated to their use, and in such cases, they may be continued even during pregnancy, but they should never be chosen at that period.

b. *Tincture of myrrh and aloes,* called elixir propri-etatis. Infuse, of bruised myrrh, two ounces in a quart of good brandy or spirits of the highest proof,

for three or four days, keeping it in the sun or near a fire, and shaking it frequently ; then add, of socotorine aloes, three ounces ; after it has stood three or four days longer, still occasionally shaking the vessel, pour off the clear liquor ; add half a pint more spirits to the residuum, and after standing three or four days longer, decant and mix them together : it is absolutely necessary the brandy and spirits should be of the highest proof. This is a convenient, safe, and agreeable domestic medicine ; useful in all cases in which aloes are directed, and particularly so for children with weak stomachs and bowels, and distended bellies ; who, from that cause, are subject to indigestion and worms. From a very small to a very large teaspoonful, according to their ages, is a proper dose for children from one to eight years old ; a grown person may take two large teaspoonsful ; it should be mixed first with brown sugar, and then diluted with a tablespoonful or two of hot water, or common, or what is better, tansy tea, and taken fasting. This dose, in the cases above mentioned, should be repeated for three or four mornings, and then omitted for some time ; when desired to act immediately as a purgative, it may be repeated in three or four hours, until it produces a proper effect.

c. Aloetic pills. Take socotorine aloes 1-4 ounce, of gum-guaiacum thirty grains, tartar-emetic twelve grains ; let the tartar-emetic be first ground with the gum-guaiacum ; then add the aloes in small quantities, until they are intimately mixed, with as much syrup as is necessary ; form the whole into fifty pills ; one, two, or three, to be taken at bed time, as a substitute for Anderson's pills.

No. 11. *Emetics.*

a. *Ipecacuanha.* This, when good, is sufficiently active in most cases, and certainly the safest emetic we are possessed of; from twenty to thirty grains is a full dose; from three to ten, taken at the distance of ten or fifteen minutes, for two or three doses, is a safer mode in cases of pregnancy, and proves equally efficacious. When it is wished that it may operate on the bowels, or particularly in cases of dysentery, small and repeated doses are most certain; in this way, too, it powerfully promotes perspiration, which renders it very useful in the beginning of all fevers.

b. *Tartar-emetic.* Six grains, dissolved in ten or twelve tablespoonsful of hot water; of which, two may be taken at first, and one repeated every ten minutes, until it operates sufficiently. In this way, tartar-emetic is most safely given in all cases in which it is proper, as in the beginning of intermitting and bilious fevers, but should never be given to pregnant women.

c. *Ipecacuanha fifteen grains, tartar-emetic from one to three grains.* This is a very effectual emetic, whenever a sudden operation is required. Warm water, or chamomile tea should be drank during the operation of an emetic; but the stomach is not to be overloaded with them: half a pint, or at most, a pint, is sufficient, at one time, on the stomach.

No. 12. *Sudorifics.*

a. *Mindererus's spirits.* Take a quarter of an ounce of volatile alkali, (salt of hartshorn) pour on it good vinegar, by small quantities at a time, until it shall be

neutralised, (that is, as long as it shall continue to effervesce or rise in foam, and until neither the sourness of the vinegar, nor the ley-like taste of the salt prevails.) This is a very useful medicine in all fevers; a tablespoonful may be given every hour, in any warm drink, until the patient shall break out in a free perspiration, and then be continued every three hours.

b. *Sudorific anodyne.* To a large tablespoonful of the above, (a.) add twenty-five or thirty drops of laudanum. This is one of the best forms in which laudanum can be given, whenever it shall be proper in fevers.

c. *Effervescing draught.* Take fifteen grains of pearl-ash, salt of wormwood, or salt of hartshorn, dissolved in a tablespoonful of water, in one cup; in another, two large teaspoonsful of lime-juice or lemon-juice, or one tablespoonful of very good vinegar, with one or two tablespoonsful of water, sweetened; pour one to the other, and let the patient drink them immediately, while they effervesce. When made with fresh lime or lemon-juice, this is an elegant, pleasant, and useful medicine in all fevers, and peculiarly effectual in removing nausea and vomiting; it may be repeated every two or three hours.

d. *Tartar-emetica.* Dissolve two grains of tartar-emetica in eight tablespoonsful of hot water; give one tablespoonful every two or three hours.

e. *Ipecacuanha*, in doses of one or two grains, of the powder, every two or three hours; given in molasses or syrup.

f. *Salt-petre*, in doses of ten, fifteen, or twenty grains, mixed with a little hard sugar or syrup, or molasses, every two or three hours.

These three (d. e. f.) by the nausea they excite, powerfully lessen the force of the circulation, and promote perspiration. They are particularly proper in the beginning of fevers, attended with symptoms of inflammation; and are likewise used in the active stage of hæmorrhages, attended with a strong pulse and increased heat; but are improper towards the end, when the patient has been much weakened by the previous disease.

No. 13. *Diuretics and Alteratives.*

a. Take dried squills, in fine powder, twenty grains, prepared calomel, thirty grains, mucilage of gum-arabic, or thick starch, as much as is sufficient to make into twenty pills; two of which are to be taken going to rest. These pills powerfully promote urine, and are very efficacious in carrying off cold, phlegmatic humours, in all dropsical swellings.

b. Pound a handful of the kernels of pumpkin seeds or melon seeds, or blanched sweet almonds, with a small quantity of hard white sugar, to a smooth paste; then add a quart of boiling water, and a quarter of an ounce of salt-petre, or half an ounce of sweet spirits of nitre, and rub them well together. This is a pleasant and mild diuretic, particularly useful where the discharge of urine is attended with heat and pain; a tea-cup-ful may be taken every two or three hours.

c. *Calomel*, in doses of one or two grains, given every night or every other night, drinking with it the following diet drink (d.) These together, make a powerful alterative for blotches on the skin, foul eruptions, and all other cases, in which the object is to remove obstructions, and sweeten the humours. An

occasional warm bath greatly promotes their good effects, whilst at the same time it contributes to prevent the mercury attacking the mouth, and bringing on salivation, which, during the use of calomel, must be carefully watched and guarded against, by avoiding cold, and suspending the medicine, from time to time, for a few days.

d. *Alterative diet drink.* Boil one ounce of the borings of lignum vitæ, and two ounces of split sarsaparilla, in three pints of water, until it comes to a quart; then strain it through linen; to be drunk in one or two days, by divided doses. The sarsaparilla, which is the least efficacious, is by far the most expensive article in this diet drink; it may, therefore, be omitted, adding in its place half an ounce more of lignum vitæ, or two ounces of parsley roots. In either case, a small handful of stoned raisins, or two or three sliced figs, or half an ounce of liquorice root, will render it more agreeable.

No. 14. *Anodynes and Antispasmodics.*

a. *Laudanum.* This medicine should be purchased from a good apothecary, who makes it according to the established receipts. To a grown person, unaccustomed to laudanum, twenty-five or thirty drops is a common, forty or fifty drops is a full dose, in cases of great pain; but this must be increased to a larger dose for such persons as are accustomed to its use; or in cases of severe and obstinate pain; or, which is a safer mode, give at first a common dose, and repeat ten or fifteen drops every twenty or thirty minutes, until the pain shall subside.

b. N. B. In giving laudanum to infants, (which should be avoided as much as possible) always drop eight or ten drops of laudanum into a tea-cup, then add as many teaspoonsful of water. Of this, give the child, if under two months old, half a teaspoonful; if above three months, one teaspoonful; and although that dose should not relieve, do not repeat it in less time than half an hour: indeed, to all young children, laudanum should be given only in this way, increasing the dose one drop for every year.

c. *Sweet spirit of vitriol, or sweet spirit of nitre.* These lessen heat, slake thirst, and calm uneasy feelings; and are, therefore, very proper in feverish complaints, during pregnancy, and on other occasions; one small teaspoonful in a cup of cold water, is a common dose, and may be repeated every four, six, or eight hours.

d. *Gum pills.* Take asafœtida three parts, gum-ammoniac two parts, camphor one part; beat them very well together, and with as much syrup as is necessary, make into pills of the size of a common pea; from three to five may be taken at a dose, and repeated as often as shall be found necessary; not, however, exceeding three or four doses in a day. This is a powerful antispasmodic, and very useful in all nervous and hysterical complaints. When it is wished to render the mass purgative, add as much socotorine aloes as of camphor.

No. 15. *Absorbents, and Correctors of Acidity.*

a. *Magnesia.* One or two teaspoonsful to be taken occasionally, mixed in milk.

b. *Pearl-ashes, salt of wormwood, fossil alkali.* Of either, ten or fifteen grains, dissolved in a glass of cold water, may be taken occasionally; either of these, or magnesia, are proper in all cases of sour stomach, attended with costiveness.

c. *Fine washed chalk,* or what is purchased under the name of prepared *crab's eyes*; from half a teaspoonful to one or two teaspoonsful, mixed in milk or water, to be taken occasionally.

d. *Lime-water.* This is made by pouring a small quantity of boiling water upon quick-lime, leaving it to slake; then adding more boiling water, to the quantity of two gallons of water to half a pound of lime; let it stand, now and then stirring it, until cold; then let it subside, pour off the clear water, and keep it in bottles, close stopped; a gill, with about half as much, or an equal quantity of new milk, may be taken once or twice a day. Either of these, but particularly the lime-water, will be found an useful corrector of acidity, in all cases of weak stomachs and bowels, attended with purging.

e. Take magnesia one drachm, powdered rhubarb ten grains, powdered gum-arabic two drachms, common water half a gill; from a teaspoonful to a dessert-spoonful, according to the child's age. This makes a useful medicine to correct green stools and griping in infants. After it has properly cleansed the bowels, half a teaspoonful or a teaspoonful of the anodyne mixture, (No. 14. b.) may be occasionally added; and in cases of lax, fine chalk or crab's eyes may be substituted for magnesia.

No. 16. *Bitters and strengthening Remedies.*

a. *Chamomile tea*, made strong and drunk cold, in the quantity of a tea-cup-ful, three or four times a day.

b. *Gentian and orange peel*, of each a quarter of an ounce, bruised, to be infused in a pint of cold water for twelve hours, then decanted or strained; when used in hot weather, add half a gill of brandy. A wine-glass-ful may be taken three times a day. Bitters are properly considered strengthening remedies; when not continued too long, they improve the appetite and strengthen the stomach and bowels; but a constant and long continued use of them is generally prejudicial.

c. *Peruvian bark* is one of the best strengthening remedies; it may be taken in powder, to the quantity of a teaspoonful, three times a day. When taken to stop the return of intermittents, one ounce, at least, must be taken between the fits; when it purges, four or five drops of laudanum may be added to a few of the first doses; but whenever it is wished that it may prove purgative, add five grains of rhubarb to each dose; and in quartan or other obstinate intermittents, some aromatic, such as cloves or ginger, in the quantity of one sixth or one eighth part, will increase its efficacy; new milk, a little spirits and water, or wine, particularly port wine, are its proper vehicles. When the doses are to be frequently repeated, as soon as one is taken, put another, with a small quantity of wine or water, into a glass, by which means it will become equally and universally moist, and may be mixed more easily and more smoothly. Children, and such persons as cannot be induced to take the

bark in sufficient quantities to cure intermittents, may be relieved by administering it in the form of a clyster: in this way the dose should equal, at least, four common doses; it must be mixed very smoothly with a small quantity of new milk, and a proper quantity of laudanum; for a grown person, from twenty to thirty drops may be added to each portion, to occasion it to be retained; a second portion must not be administered until the prior dose has come away, unless that be retained above four or six hours, and then the laudanum should be omitted until after the bowels are again cleared of the bark.

d. *Columba*. Of this root, twenty grains, in fine powder, may be taken two or three times a day, mixed in water; or boil one quarter of an ounce, bruised, in little more than half a pint of water, for six or eight minutes, so as to strain off half a pint; of this decoction, two table-spoonsful are to be taken three or four times a day: this bitter is supposed to be peculiarly serviceable in cases of weak stomachs and bowels, attended with lax, and abounding in bilious crudities.

e. *Iron filings*, if made with a fine file, will require no other preparation; the dose is five or six grains, or about as much as a common pinch of snuff, with an equal quantity of powdered ginger, to be mixed in syrup or molasses, and taken two or three times in a day. In this simple form, iron acts as well as in any more laborious preparation. It is a most useful tonic in all pale and relaxed habits, subject to watery swellings; particularly for children of this description, with pale faces and distended bellies, whose complaints are frequently accompanied by worms. The dose for young or old (provided the filings are made

with a fine file) may be much the same, as no more acts than what is dissolved.

f. *Vitriolic acid*. Add one part of common oil of vitriol, as it is bought from the shops, to six times the quantity of water, by weight; from ten to twenty or thirty drops may be taken at a dose, in a glass of cold water, sweetened agreeably; or it may be added to any bitter or astringent infusion, (No. 16. No. 3.) When it is desired to give a large dose, as is sometimes recommended, in hæmorrhage, combined with astringents, mixing it first with a large quantity of sugar, so far softens or neutralizes the taste, as to enable the patient to swallow it more readily: in a small quantity it very speedily quickens the appetite.

No. 17. *Cordials*.

a. Glass of wine, or a little brandy toddy.

b. *Essence of pepper-mint*. From four or five to eight or ten drops, dropped on sugar, or mixed with water.

c. *Compound spirits of lavender*. A teaspoonful on a lump of sugar, is to be suffered to dissolve in the mouth, and gradually swallowed.

d. Two or three drops of the *oil of cinnamon*, on powdered sugar, and so swallowed, washing it down with a little wine and water, is a most powerful cordial in cases of great languor, and faintness from loss of blood.

LOCAL APPLICATIONS.

No. 18. *Cerates and Poultices.*

a. *Simple cerate.* Take yellow wax two parts, fresh olive oil five parts; or take yellow wax two parts, fresh hog's lard eight parts; melt them slowly together. Some variety must be made in these proportions, as they are to be used in summer or winter.

b. *Saturnine cerate*: lead ointment. Take simple cerate eight parts, white lead one part, rub them together until they shall be intimately mixed, and become perfectly smooth.

d. *Cerate with galls.* Take galls, finely powdered, one quarter of an ounce, camphor thirty grains, fresh hog's lard one ounce; first mix the camphor, finely powdered, intimately with the lard; then add the powdered galls. This ointment is very useful in piles, especially after the inflammation has somewhat abated.

f. *White mercurial ointment.* Mix one part of the white precipitate of mercury with eight parts of hog's lard. This is a very valuable ointment for an obstinate itching eruption, to which many persons are subject, about the groin and neighbouring parts. Even when it does not cure the disease, which it sometimes, as well as all other remedies, fails to do, its use, joined with frequent washing with cold water, will keep the patient much at ease. A very small quantity is to be rubbed on the part affected, after washing at night, until the itching subsides; the ointment should then be omitted, until the complaint, being renewed, demands it to be repeated.

g. *Bread and milk poultice.* Boil the crumb of stale wheat bread in new milk, for a short time; then take it from the fire, and beat it fine; after which, boil it again until it is perfectly smooth and of a proper consistence, taking care that it does not burn. It is of more consequence than is commonly imagined, that a poultice should be thus carefully made, so that it may lay perfectly smooth on an inflamed part; it should never be applied so hot as to give any pain.

No. 19. *Warm and discutient Liniments.*

a. *Volatile liniment* is made by mixing one part of strong spirits of hartshorn, with two or three parts of good sweet oil, good hog's lard, or fresh butter from the churn; they should unite into an uniform, white, soapy mixture; and if they do not, it is owing to the spirits of hartshorn not being sufficiently caustic. When lard or butter are made use of, they should be first melted; they may then, like the oil, be mixed with the spirit of hartshorn, by shaking them together in a vial.

b. *Camphor*, dissolved in oil or strong spirits, in the proportion of one ounce to a pint; they will unite, by first warming the oil or spirits in a vial, then adding the camphor, and shaking them well together.

c. *Opodeldoc.* Take of the best hard soap two ounces, camphor one ounce, very strong spirits one pint; mix the soap with the spirits, and let them stand in a moderate heat until the soap is dissolved, occasionally shaking the vial; then add the camphor, and continue to shake the vessel frequently, until the whole is dissolved.

These are very useful in sprains, bruises, and rheumatic affections, and wherever the object is to disperse swellings, tumours, and internal inflammations. The last answers all the purposes of Steers's opodeldoc.

d. *Mindereri's spirits*, (No. 12. a.) applied milk-warm, by means of a soft flannel, very powerfully tends to discuss an incipient tumour or other inflammatory swellings.

g. *Warm plaster*. Take of the gum plaster one ounce, of blistering plaster one quarter of an ounce; melt them and mix them together. This is a most useful application, wherever it is required to keep up a constant perspiration, and gentle irritation of the skin, over any particular part affected with rheumatism or any internal pain, unattended with external inflammation.

h. *Æther*. The method of applying æther, is to pour about a teaspoonful into the hollow of the hand, and immediately apply it over the part affected, keeping the hand on the part until the æther is evaporated, or as long as the patient can bear the heat it excites. No remedy so suddenly and effectually removes cramps and all spasmodic pains.

No. 20. *Astringent and Antiseptic Lotions and Injections.*

a. Vinegar or spirits, with water or chamomile tea, in the proportion of one eighth or one sixth; an infusion of red rose-leaves or green tea.

b. Take oak bark one ounce, or galls half an ounce; boil either in three half pints of water, until one third

is evaporated; one sixth or one eighth of vinegar or spirits, may be added to these when cold.

c. *Alum*: one quarter of an ounce, dissolved in a pint of water by boiling them together.

d. *Sugar of lead*. Dissolve thirty grains in half a pint of rain water.

e. *White vitriol*. Dissolve sixteen grains of white vitriol in half a pint of rain or brook water.

f. *Borax*. Mix one part of fine powdered borax with two parts of powdered loaf sugar.

CONTENTS OF THE APPENDIX.



- No. 1. Sudorific drinks.
2. Mucilaginous drinks.
3. Astringent drinks.
4. Simple and emollient clysters.
5. Purgative and stimulating clysters.
6. Anodyne clysters.
7. Nutritious clysters.
8. Mild laxatives.
9. Active purges.
10. Aloetics.
11. Emetics.
12. Sudorifics.
13. Diuretics and alteratives.
14. Anodynes and antispasmodics.
15. Absorbents or correctors of acidity.
16. Bitters and strengthening remedies.
17. Cordials.

LOCAL APPLICATIONS.

18. Cerates and poultices.
19. Warm and discutient liniments.
20. Astringent and antiseptic lotions and injections.

GLOSSARY.

- ABDOMEN, the belly.
Articulation, joint.
Abortion, miscarriage.
Amnion, inner membrane of the ovum.
Atony, want of strength.
Cartilage, smooth substance covering ends of bones.
Catheter, instrument to draw off urine.
Cervix, neck of womb or bladder.
Coccyx, termination of rump bone.
Chorion, outer membrane of ovum.
Decidua vera, *decidua reflexa*, membrane lining the womb and covering the ovum.
Developement, unfolding.
Embryo, first rudiments of child in the womb.
Fallopian tubes, canals leading into the womb.
Fætus, child in the womb.
Fimbriated, fringed.
Fluor albus, the whites.
Fontanelle, opening on the top of the child's head.
Fundus, upper part of the womb or bladder.
Hæmorrhage, bleeding.
Ilium, hip bone.
Inverted, turned inside out.

Ischium, bone on which we sit.

Ligament, strong membrane connecting bones.

Lochial, discharges from the womb, after delivery.

Menstruation, monthly discharge.

Morbid, diseased.

Os tinæ, internal orifice of the womb.

Ossa, bones.

Ossification, becoming bone.

Ovum, egg; the child with the membranes and waters entire.

Ovaria, two oval substances connected with the womb.

Parturition, child-birth.

Pelvis, basin, or that circle of bone which forms the base of the trunk.

Peritonæum, membrane which covers the intestines.

Perinæum, portion of skin between the anus and external orifice.

Placenta, after-birth.

Presentation, manner in which the child offers.

Premature, too early, unripe.

Prognostic, prediction.

Puberty, about fifteen or sixteen years of age.

Puerperal, belonging to child-birth.

Regimen, whatever relates to diet, exercise, or manner of life.

Rectum, straight gut.

Retroverted, turned backwards.

Rugous, in folds.

Sacrum, rump bone.

Spine, back bone.

Secundines, after-birth, &c.

Symphysis, connection of certain bones.

Synovial, mucus of the joints.

Vertebra, a joint of the back bone.

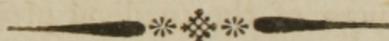
Vesicle, a very small bladder.

Vagina, passage leading to the womb.

Urethra, passage leading to the bladder.

Uterus, the womb.

Umbilical, belonging to the navel.



ERRATA.

This Book being printed during the absence of the Author, the following errors, which were chiefly in the *manuscript*, have necessarily crept into the print.

- | | | | |
|------|------|------------|---|
| Page | 90, | line 17, | erase <i>a</i> before <i>coagula</i> . |
| | 91, | 12, | in the reference read <i>g</i> for <i>e</i> . |
| | 98, | 16, | for <i>11 b</i> , read <i>12 d</i> . |
| | 102, | 16, | insert <i>Chap. I.</i> before (27.) |
| | 107, | 23, | for <i>women</i> read <i>woman</i> . |
| | 114, | 11, | for <i>become</i> read <i>becomes</i> . |
| | 116, | 2, | for <i>pelvis</i> read <i>vagina</i> . |
| | 121, | 4, | for <i>her</i> read <i>their</i> . |
| | 122, | last line, | for <i>floor-board</i> read <i>foot-board</i> . |
| | 125, | 24, | for <i>least</i> read <i>last</i> . |
| | 127, | 7, | for <i>least</i> read <i>last</i> . |
| | 129, | 10, | for <i>close</i> read <i>cease</i> . |
| | 132, | 20, | for <i>as</i> read <i>is</i> . |
| | 191, | 4, | for <i>e</i> read <i>g</i> . |
| | 191, | 9, | for <i>b</i> read <i>b. c.</i> |

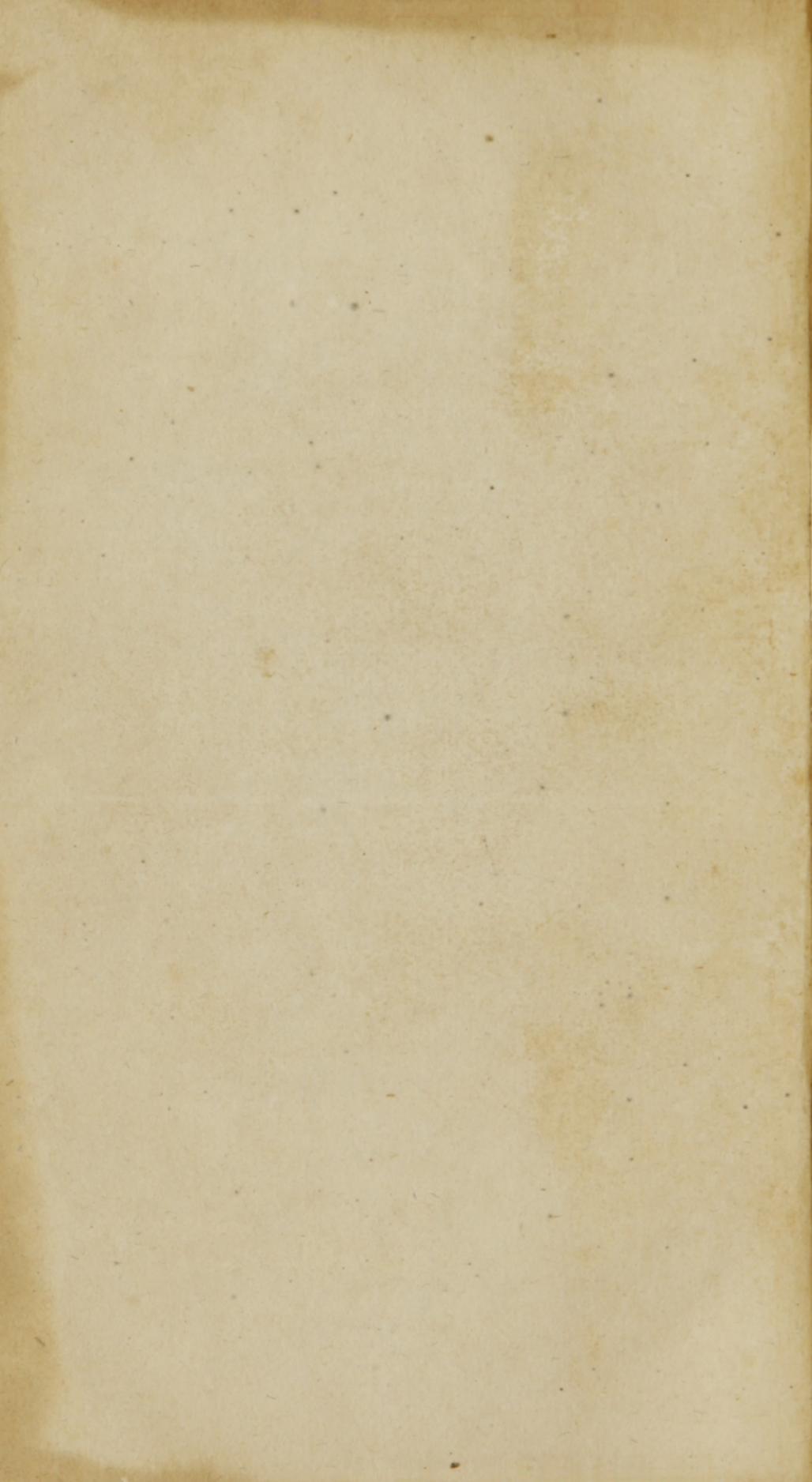
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