









A
PRACTICAL TREATISE

ON DISEASES

PECULIAR TO WOMEN AND GIRLS;

TO WHICH IS ADDED

AN ECLECTIC SYSTEM OF MIDWIFERY.

ALSO

*The treatment of diseases of Children, and the
remedies used in the cure of*

DISEASES;

PARTICULARLY ADAPTED TO THE USE OF
HEADS OF FAMILIES AND MIDWIVES.

BY BUELL EASTMAN, M. D.

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and

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CONNERSVILLE.

1845.

PRACICAL TREATISE

ON DISEASES

PECULIAR TO WOMEN AND CHILDREN

Eastman's Treatise.

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ALSO

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remedies used in the course of

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INTRODUCTION.

Having looked over a thinly settled country, and seen by necessity, a great number of persons obliged to *relieve* themselves, and their families; I was struck with the importance of putting into their hands such a work as would guide them in a plain and prompt manner in the discharge of their duty. I hope to be credited when I declare, that the present work has not been undertaken without due deliberation upon the responsibility attached to such an enterprise, and that my aim most honestly is, to be useful, and supply the public with a plain, accurate, and *practical* work on the science of midwifery; and those diseases which peculiarly affect the female sex, and children. I shall endeavour to proceed as candidly, honestly, and systematically as a work of this kind will admit of. Most of the systems of medicine that have appeared in public, have been written for the learned and scientific, clothed with medical terms such as were not generally understood by those who were labouring under disease, and most needed help; or those who were called upon to practice the art of midwifery in a country thinly inhabited. The question will naturally arise, shall we lock up, and withhold from the *suffering* patient the cause of her malady, the symptoms which spell her disease, the

means of her restoration; and let her pine away in suffering solitude, when there is balm in Gilead, and virtue within her own reach! Enlightened reason would say, no. Let us then instruct the untaught, learn the ignorant, direct the enquiring, and guide the inexperienced in the practical path of safety! But methinks I hear the money-lover say it is not right to put into the hands of families, a practical work on medicine! Why not? From whence comes this objection? Not surely from the *honest* physician! for he is constantly complaining of his untimely call, and ignorant nurse? Not surely from the *suffering* patient, for she too looks, and longs for relief! Not surely from the *heads* of families, or the *practising* midwife, for they too wish to know how to ward off disease, relieve pain, and conduct to a favourable issue the diseases of a parturient wife! We have long *needed* a plain, practical work on midwifery, and the other branches of physics! The time has fully come when we can do with less theory; and we need more practice! Every department of science, needs a thorough renovation and purgation? We have too many complicated systems! We certainly need a simpler application of rules to the laws of nature? Every process of nature is plain and simple; and why not conform to her laws, and reject those complicated theories, and jargon of terms, which bewilder, and misguide from the plain and simple paths of unerring truth! I am not opposed to learning, or theory, but I do reject with dis-

dain "that old notion," because a man or woman has not trodden in the halls of Seminaries and Colleges; and do not know every bone and suture, nerve and muscle which compose the head and pelvis, they therefore, cannot become well skilled in the practice of midwifery! I have become acquainted with the *theoretical* physician, but give me the plain *practical* man, who can apply a remedy to the relief of the suffering patient! There is much learning in the world, and many books, physical and metaphysical, but little is done to make us more practical or useful in society. Theories, tacticks, and fashions, often change, but little for the better. Travel back centuries and ages, and how much wiser, healthier and better is the *present* age? Surely we are not very far removed from the dark ages! Many persons of superior rank and intelligence, for the want of a proper mental training, have fallen dupes to a superstitious delusion; and a belief in the interposition of supernatural powers in the cure, and treatment of diseases! Hence witches, and imposters have been considered as holding a competition with physicians by their magical operations; and some patients have paid more attention to charms, incantations, and dreams, than to their medical prescriptions! This species of delusion is more conspicuous with respect to physic, than to any other affair of common life, both because the nature of diseases, the art of curing them, and the knowledge of the science, are more obscure and least understood. I wish

then to enlighten your minds on the science of medicine, and guard you against the frauds and deceptions of the day? Why should we remain ignorant of ourselves, while we push our researches into the structure and modes of action of that which surrounds us? Do we expect to pass a life without pain and sickness; and be exempt from the laws of mortality? By no means! Each individual has to suffer his *own* pain; and *each* should know how to relieve it! We are exposed to many diseases and calamities in the country, where medical services *cannot* be obtained; where our own lives, and the lives of our friends, hang upon our *own* medical knowledge; where no relief can be obtained only through our *own* hands! I do not expect you to become physicians; this is not the work of a moment! But I wish to collect, and arrange in one mass, all the facts and experience of ages on the subject of which I have written, not to be read once, and thrown aside as a novel, but to be frequently consulted as a directory, or manual. Knowledge, particularly *medical*, is of vital importance to all; that which has so long been in the hands of the *few*, is now considered worthy of the *whole*. Nothing is more useful and necessary than that which will enable us to preserve and maintain our health,—mitigate and cure disease,—prolong life, and save from an untimely grave. Each afflicted son and daughter of Adam ought to have some acquaintance with the medical science. It is a noble and elevated science, a great and useful art!

It is the source of many blessings to man. It is full of intellectual greatness, and of liberal bearing. It has its thousands yet unborn to redeem from disease and death; though it has its rocks and its whirlpools. The object then of the present work will not be to make a *new* system, but *collect* from all other systems that which will be useful in a *practical* point of view—to place in your own hands, a rule, a guide, and a touch-stone, that you may know where there is danger—be wise where there is ignorance—kind where there is suffering—that you may relieve where there is distress—that you may help where there is need—and be useful where there is opportunity.

ECLECTIC TREATISE

OF

Diseases peculiar to women and girls.

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PART I.

CHAPTER I.—SECTION I.

PUBERTY AND MENSTRUATION.

1. PUBERTY is that period of life at which the person assumes its due proportions, and distinguishing beauty of form; the voice becomes more harmonious; the countenance more animated; and the motions more graceful. The sexual organs, which previously lay in a dormant state, are so far matured, as to begin to exercise their functions. The bosom becomes greatly augmented; the breasts are expanded, and the nipple elongated. The womb and cavity of the pelvis are enlarged, and the menses appear. The future vigour of the constitution is greatly improved; and the sexual functions are now capable of full and active exercise, and appear to be intimately connected with the spirits, energy and development of many parts of the œconomy. The oth-

er functions undergo equally remarkable modifications, under the new and instinctive impulse which animates every part of animal life. The external senses attain fresh and peculiar activity; the intellectual faculties become greatly developed, while the moral and social manifestations show themselves in that indescribable feeling of interest, and captivating modesty and affection which characterize the female sex.

2. MENSTRUATION signifies a monthly discharge of coloured fluid resembling blood, happening every lunar month, commencing at puberty, and continuing until the end of child-bearing, unless interrupted by pregnancy, suckling or disease. Before the appearance of the "menses," they almost always announce themselves in the altered appearance of the female. Her mind is replete with changes; puerile amusements now yield to maturer enjoyments, and rational inquiry; capricious attachments give place to sincere, unaffected and permanent friendship; and the best proportions the individual is susceptible of, are now suddenly and successfully developed, *in a word*, a new creature almost seems to be suddenly formed. Besides the physical and moral changes just spoken of, there are other circumstances which mark the pubescent period to be near at hand—such as headache, dulness of the eyes, pains in the pelvic region, lassitude, whimsical appetite, slight whitish or milky mucus discharge from the vagina. The menstous discharge is secreted by

16. PUBERTY AND MENSTRUATION.

the arteries in the womb; and proceeds from its mouth gradually from three to six days, though in some it is finished in a few hours, and there is usually from four to six ounces of fluid discharged.—In this there must necessarily be some variety, depending upon constitution, climate, and modes of life; always being earlier in hot than in cold countries; sooner in cities than in the country. This flowing usually returns with distinguished regularity—so much so, indeed, with some women, as to enable them, not only to indicate the day, but also the hour.

3. In this country women generally commence menstruating from thirteen to sixteen; and continue until between the fortieth and fiftieth years, at which time they cease, never to return. For the most part, as the period of cessation approaches, they fail in their wonted regularity—sometimes the period is protracted to six or seven weeks; and other times it is shortened; sometimes there is more, and at other times less will be discharged. As to the *proximate cause of menstruation* very different opinions have been entertained.—But the latest and most probable opinion is, that it is of the nature of a *secretion*, which by a law of the constitution of the mature female, the uterine vessels are excited to pour out periodically; and for which we can no more give a reason, than we can explain why bile is secreted by the liver,

urine by the kidneys, or tears by the lachrymal glands.

4. The *final cause* of the menses is involved in little doubt; of this, we know at least one incontrovertible fact, and it is by all confessed, that by the healthy performance of this function, the womb and other sexual organs are fitted for, and by its periodical return, preserved in a state capable of conception and pregnancy; as no well-attested instance is upon record, where this has taken place in a female who has never had this discharge, or even when it was not of a *healthy character*, and with a greater or less degree of *regularity*. Hence we learn that with those who begin to menstruate at ten or twelve years of age, their turns will often cease before they arrive at forty; but if the first appearance was protracted to sixteen or eighteen, independently, of disease, such women may continue to menstruate, and bear children till they have passed the fiftieth, or even approach the sixtieth year of their age. By this constitutional regulation of the menses, the propagation of the species is in every country confined to the most vigorous part of life; and had it been otherwise, children might have become parents, and old women might have had children when they were unable to supply them with proper or sufficient nourishment.

SEC. II.

GREEN-SICKNESS.

5. This disease occurs principally in young *unmarried females* who labour under a *retention* or *suppression* of the menses, when about the age of sixteen or seventeen, a young woman who has never menstruated, begins to droop in her general health; and becomes pale, lured, and greenish cast of skin, we apply the term *green-sickness*.

6. SYMPTOMS.—The countenance exhibits a peculiarly pallid appearance, and the lips, especially, appear to be bloodless with a puffiness of the upper and lower eyelids; and a slight appearance of tumidity of the face. The lower eyelids are often encircled with a streak of a dark or leaden hue, and in some instances, the eyelids exhibit a greenish sallow tinge. As it advances in its progress, the whole surface of the body becomes very pale, more especially the hands and the feet are affected with swellings, heaviness, listlessness to motion, fatigue on the least exercise, palpitations of the heart, languor, emaciation, pains in the head, back, and hips, loss of energies of body and mind, drowsy, peevish, and hysterical, pulse is quick, but small; preternatural craving for acids, chalk, or even clay. The menses, if they have ever appeared, become suppressed or painful; and usually terminate in what is called "*the whites*."

7. CAUSES.—A sedentary and confined habit of life, more especially when assisted by impure

or stagnant air, particularly in manufacturing towns where they are doomed to sit from morning till evening, at the lace frame, or engaged in mending, seaming, &c; retained or suppressed menstruation attended with dyspepsy at the period of puberty, are the most common causes; excessive flowings; or an ungratified longing for an object of *desire*, whether for an individual or for a particular circle of society, for home, or for country, pining, eager; ungratified desire for any object whatever; in a particular state of constitution, will often produce this, and even other complaints of a more severe kind. Unwholesome and indigestible diet, particularly where accompanied with indolence, depressing mental affections, long continued and exhausting labour, attended with a torpid and loaded state of the bowels in young females, co-operating with a deranged function of the sexual organs, will rarely fail to give rise to this complaint.

3. TREATMENT.—Little or no benefit can be derived from remedial treatment, so long as the *exciting* causes continue to act on the patient. These, therefore, must be obviated, as early and effectually as possible. If the disease be contracted under the influence of a sedentary habit, impure or confined air, or unwholesome nutriment; then regular exercise in the open air, pure and nourishing diet, will be necessary. Where grief and dispondency have exercised an injurious influence in this respect, efforts must be made to dissipate the mental depression by agreeable com-

pany, proper society, to amuse and quiet the mind by conversation and travelling. In a majority of cases I have said the monthly discharges were interrupted; and the system ematiated, therefore, our attention must be directed to the re-establishment of this function. This is best promoted by keeping up a slow, permanent and regular action on the bowels by *aloetic* purgatives. Two or three operations daily will be sufficient for this purpose. The best preparation for this object, is the *Hiera-Picra*, combined with one fourth] *Rhubarb*; an ounce of this preparation may be put in a pint of spirits, and taken three times daily, in sufficient quantity to keep up this stimulating action on the bowels. At the same time in debilitated cases, other *tonics* may be advantageously administered. The different preparations of iron are valuable. The most important in this case is the *Tartrate of iron*. Fifteen or twenty grains may be given three or four times a day in conjunction with the *Picra* bitters. Warm clothing, pure air, generous diet, frictions on the skin, moderate exercise, and cheerful and agreeable company will greatly aid the recovery.

SECTION III.

RETENTION AND SUPPRESSION OF THE MENSES,

9. In order to health, the *menses* should begin at the pubescent age, continue at regular periods, and be of the proper *quantity* and *quality*; any departure from this may induce disease. When the secretion is obstructed on its accession or first appearance, it is called *retention*, and when it is obstructed in its regular periods of recurrence, it is then called *suppression*. In a practical point of view those species of disease do not essentially differ from each other. Their accompanying symptoms are nearly alike. They arise, as far as we can form a judgment, in a great measure from the same causes, and their treatment is to be conducted on the same principles.

10. THE EXCITING CAUSES are exceedingly various. Every thing which is capable of deranging the general health, has a tendency to excite irregularities, or suppression of the menstrual discharge. Hence chronic diseases of any kind, Consumption, Scrofula, Dyspepsy, or any other depressing or debilitating causes, may induce this disease. Sudden mental emotions, protracted grief and dispondency, unwholesome diet, and improper clothing, give rise to this affection. But by far the most common cause is *cold*, operating on the system either during the interval of the menstrual periods, or immediately before the menses are about to appear, or finally during the actual flow of the

evacuation. When the exciting cause acts during the interval of menstruation, their turns will not generally make their appearance at the next period, and the usual symptoms are not so very severe; a general languor and debility come on, a pale and sickly [expression of the countenance, swellings of the ankles, various nervous affections, loss of appetite, general weakness and emaciation.

11. But when the menses are suddenly suppressed, while they are flowing, or when the remote cause of the obstruction is applied immediately before the impending appearance of the evacuation, the consequences are much more violent and sudden. In such cases, the most alarming symptoms sometimes almost immediately follow the stoppage of the menses. In some cases violent pains in the head, stomach and bowels, occur. At other times obstinate fevers, or inflammations in some of the organs arise.

12. TREATMENT.—When one or more of the violent affections just mentioned comes on, the first object must be to allay the alarming and painful symptoms without any immediate attention to the restoration of the evacuation. The attempt indeed to reinstate the menstrual flux, at the period when it becomes arrested, is almost always abortive; yet the remedies which may be proper to palliate or remove the present symptoms, will occasionally have the effect of bringing back the suppressed evacuation. In young and robust subjects, or where strong determinations of blood take place to the head, breast, lungs, efficient *bleeding* should be promptly resorted.

to; active purgatives, after which, Laudanum and Ether, combined, will be highly serviceable. In moderate cases, in weak and nervous females, it will not be necessary, and often improper, to bleed. Bathing the feet, and giving a strong tea of *Pleurisy root*, to keep up a perspiration on the skin, and allaying the nervous excitement by *assafætida*, will prove valuable. In lingering cases, of some standing, where the system has sunk under the disease, and become emaciated, I am in the habit of using the following *composition*, which I would recommend to be *always* kept in a family.

13. Take one ounce of Aloes, one fourth of an ounce Rhubarb, one ounce Canella Alba bark, one fourth of an ounce Cinnamon bark, one fourth of an ounce Anise seed, and one eighth of an ounce of *assafætida*, grind them fine, and mix together; sufficient quantity of this composition may be given three times daily to keep up an action on the bowels. Two or three passages daily will be sufficient. For more than fifteen years, I have constantly used this mild, permanent and stimulating physic in menstrual, nervous, hysterical, and hypochondrical complaints.

14. In addition to the above composition if I need to produce a stronger action on the genital organs, I am in the habit of using a strong tincture made out of *Biting-Smart-weed*; a tea-spoonful of the tincture should be given three or four times daily. It may also be advantageously used in the form of an extract. This may be made by boiling the weed, and simmering it down gently until it be-

comes hard. From four to six grains of this extract may be given every six hours. When I was attending college I wrote a *Thesis* on this valuable ingredient, introducing it to the medical world; from which professor Eberle afterwards writes. "I can affirm that with no other remedy or mode of treatment have I been so successful as with this."

SECTION IV.

PAINFUL AND IMPERFECT MENSTRUATION.

15. This is common and generally an extremely harrassing and painful affection. It may occur at every period during the menstruating stage of life. But subjects of an irritable and sanguineous temperament are most liable to it. Sometimes four or five hours before the menses commence, severe pains are experienced in the back, loins, and lower part of the abdomen; at other times they begin to flow moderately, with little or no previous pains, but in an hour or two they become suddenly arrested; and an immediate aggravation of the torturing, forcing, or bearing down pain, follows. These pains continue for a period varying from two or three hours, to several days, terminating commonly in the discharge of a membranous substance from the vagina.

16. The mouth of the womb in these cases

is often found very much closed; and the discharges are generally unhealthy. Mental emotions, cold, local injuries from a fall, and above all, a peculiar irritability of the womb itself, are the most common causes. From the extensive sympathy that exists between the womb and other parts of the system, any disturbance in this organ will greatly derange the general health. Hence we find in this disease, besides the intermitting expulsive pains resembling those of labour or abortion, severe headache, or nausea, and paroxysms of violent retching and vomiting, particularly during the first few hours of the complaint.

17. TREATMENT.—This may be divided into *palliative* and *radical*; the former to allay the extreme suffering during the presence of the affection; and the latter, to prevent its recurrence, by means employed during the interval of the attacks. For a palliative eight or ten grains of *camphor* every hour until the pains are in a great degree allayed. *Morphine* or *Opium* is generally used as a palliative. Some have used with great success equal parts of *Balsam of Copaiva*, *sweet spirits of nitre*, and *oil of Juniper*. And where they are feverish in a plethoric habit, bleeding is indicated. Warm bath is also serviceable.

In instituting a course of treatment for a *radical* cure, particular attention must be paid to the general state of the system. The *Tartrate of Iron*, fifteen or twenty grains, three or four times daily, has been highly recommended. Also Seneka snake-root, and the Volatile Tincture of Guaiacum, has

gained some celebrity in the relief of this painful disease.

SECTION V.

WHITES, OR FLUOR ALBUS.

18. This affection consists in a morbid secretion and discharge of a yellowish white mucus from the vagina, and is perhaps, the most common disease to which females are subject. Its most common appearance is between puberty and the final cessation of the menses. **THE CAUSES** of whites are very various. In general, whatever is capable of relaxing and weakening the system, is especially calculated to predispose to the occurrence of this disease. Females of a relaxed and nervous habit of body, are particularly liable to these discharges, whereas those of a rigid fibre, and a robust and muscular structure, are comparatively rarely affected with this disease. **THE PREDISPOSING CAUSES** are a luxurious, indolent and sedentary manner of living. Frequent and profuse floodings, falling down of the womb; a loaded and torpid state of the bowels; tight lacing, or dressing about the waist; depressing mental emotions; local irritations near the vagina, and a retention or suppression of the menses, &c.

19. **SYMPTOMS.**—The disease shows itself by an

irregular discharge from the vagina, of a fluid which, in different women, varies much in colour, being either of a white, green, yellow, or brown hue. In the beginning it is, however, most usually *white* and pellucid, and in the progress of the complaint acquires the various discolorations, and different degrees of acrimony, from whence proceeds a slight degree of smarting in making water. Besides the discharge, the patient is frequently afflicted with severe and constant pains in the back and loins, loss of appetite, failure of appetite, dejection of spirits, paleness of the countenance, chilliness, languor, faintness, and swellings of the lower extremities, &c.

20. TREATMENT.—The cure of whites is almost always attended with great difficulty, especially, in protracted and severe cases. Although a local disease, it seldom fails, ultimately, to derange other organs, and to establish by degrees, a general state of ill health, especially in delicate, irritable, and nervous habits. In prescribing for this disease, the general state of health ought always to be strictly attended to, as an important preliminary step in its remedial management. Should there be a general excitement, and the patient plethoric, *blood-letting* [and other remedies to counteract this feverish and excited state of the system, should be first employed. Having attended to this, our attention should next be directed to local remedies. *The balsam copaiva* is a valuable remedy in this affection. From forty to sixty drops should be given three times dai-

ly, and continued for three or four weeks, if needed. Five grains of *Alum* and ten of *Nitre* given three times daily for a while, has succeeded well in the hands of many. Also the *tincture of cantharides* is an old but a valuable remedy. *Rhatany root* has been much used in the cure of this disease. It is frequently the case that much benefit is derived by a solution of *Alum*, in a decoction of *Oak bark* being injected into the vagina twice daily for a time. This will generally strengthen the parts, and lessen the discharges.

SECTION VI.

COPIOUS AND PROFUSE FLOODINGS.

21. This immoderate discharge of the menses, or unnatural flux of blood from the vagina, occurs under very different states of the constitution; and the treatment is widely different. It may occur in the pregnant, or unimpregnant states; sometimes, though seldom, before the age of puberty, often about the cessation of the menses, and following abortion, during and after pregnancy. In some instances, the menstrual secretion becomes so copious as to cause much debility and exhaustion, and to require remediate interference. In many females the flow of menses is always very large, who, nevertheless, enjoy a state of vigorous health. So long, therefore, as the health of the female contin-

ues unmolested by copious menstruation, it cannot be accounted immoderate; or a proper object of medical attention; but when this evacuation gives rise to debility, exhaustion, and other symptoms of ill health, it amounts to a morbid discharge; and requires remediate measures.

22. Females who are much afflicted with flowings, become pale, sallow, weak and dyspeptic; and in some habits, swelling of the feet, and a dropsical state of the system, pains in the stomach with great muscular prostration, are apt to ensue. The *whites* often occur during the intervals of the floodings, and contribute greatly to the general debility and relaxation. Copious floodings are sometimes preceded by various *premonitory symptoms*; such as pain in the loins, a feeling of fulness and pressing down in the womb, heaviness of the head, slight and creeping chills, and transient flushes. At other times, a sudden gush of blood takes place without any indications of its approach.

23. THE CAUSES which most frequently give rise to floodings, are violent exertions of strength, sudden surprises and frights, violent fits of passion, great uneasiness of mind, uncommon longings during pregnancy, over-fulness of blood, profuse evacuations, general weakness of the system, external injuries, as blows and bruises, and the death of the child in consequence of which, the afterbirth becomes *partially* detached from the womb, leaving the mouths of the vessels perfectly open, tightly laced corsets, and protracted whites, in fact, whatever is capable of relaxing and debilitating the

general, as well as the sexual system, or inducing general plethory.

24. THE TREATMENT must differ according to the particular causes of the disease, and according to the different states of constitution under which it occurs. 1st. remove the predisposing and exciting causes,—2nd. lessen the momentum of the general circulation, if it be not below the natural standard,—3rd. constrict the bleeding vessels. If the female be of a full habit, and pulse quick, and active, *bleeding* will be advisable, and every thing which has a tendency to allay the excitement of the system, should be used. She should keep still and quiet, avoid getting up, or walking about; and take cooling acidulated drinks, and keep the bowels open, with salts, and use cold local applications. Where the floodings are copious, we should also use such remedies as experience has shown to be capable of constricting, or in some way or other, checking the action of the bleeding vessels. Among these the *sugar of lead* holds the first rank; and will seldom disappoint our expectations entirely, in the active variety of the disease. From two to three grains, either alone, or with *opium*, every half hour or hour or two, according to the rapidity of the case, should be given. The *tincture of cinnamon*, is perhaps, more frequently used than most other remedies. From thirty to sixty drops may be given every hour or two. *Alum* also is very good. In profuse and rapid cases much relief may be obtained by applying *cold* applications to the genital parts, or injecting them into the vagina.

25. In weak, nervous, and debilitated states of the system, where this disease is dependent on relaxation and loss of action in the uterine functions; little or no permanent advantage can be obtained from astringent, and cooling remedies. These cases are indeed often extremely obstinate in their course, and require such remedies as tend to invigorate the uterine vessels. Take one drachm of *Prussian blue*, and five grains of *Aloes* and make them into twenty pills. Take one, three times daily. This in conjunction with the tincture of cinnamon will seldom fail. The composition recommended in (*par.* 13,) is very valuable, also the *Hiera Picra*. Where *active* floodings follow abortion, or delivery the best remedy is *Opium* or *Laudanum*, and *Sugar Lead*, given as directed before, at the same time using brisk frictions over the region of the womb, and applying *cold* applications to the parts of generation, or injecting them into the vagina.

SECTION VII.

HYSTERICIS.

26. Hysterics, like most other nervous diseases, show themselves most frequently in irritable temperaments, and particularly during the menstrual period of life, in which irritability is at its highest tide;

as from the age of puberty to the cessation of the menses, seldom appearing earlier or later than those periods, though it is more common to meet with hysterical girls who have not menstruated, than old women who have done menstruating. It is during this period that all the feelings of women are most active, it is then that they are most likely to fall in love, and to experience anxieties and sorrows of all sorts, whether real or imaginary. This, though a corporeal complaint, yet it appears under such various shapes, affecting both body and mind, and intimates so many other diseases, and is attended with such a variety of symptoms, which denote the animal and vital functions to be considerably disordered, that it is difficult to give a just character or definition of it, and it is only by taking an assemblage of all its appearances that we can convey a proper idea of it to others.

27. This affection is very intimately connected with a derangement of the womb, which, more or less, sympathizes with the stomach and bowels; also holds a decided power over the mind. Any woman may have hysteria if she can but have emotions of the mind strong enough, and hence there is no frame that may not become a prey to spasmodic action of some kind or other, especially, those in which the uterine system is in a high state of irritation, and as the sexual organs lose much of their orgasm during the period of conception, we may also see, why the disease should attack barren, rather than breeding women, particularly, young widows who are cut off from the means of exhaustion they formerly enjoyed.

28. For the purpose of fairly understanding this disease, it may be divided into three heads, namely, 1st. CHRONIC OR HABITUAL HYSTERIA;—2nd. CONVULSIVE HYSTERIA, and 3rd. HYSTERIC STUPOR without spasms of the voluntary muscles.—1st. CHRONIC OR HABITUAL HYSTERIA OCCURS in weak, delicate, irritable, and nervous habits, particularly in such as are affected with sexual diseases.

29. THE ACCOMPANYING SYMPTOMS are of every variety. Their temper is variable and fickle, and the mind is as unsteady as the muscles; often fretful and discontented, sometimes animated and talkative, peevish and gloomy, they pass often rapidly from laughing to crying, from gaiety to melancholy, from despondency to hope; they are apt to loathe, dislike, disdain, to be weary of every object. They pine away, void of counsel, often weep and tremble, timorous, fearful, sad, and out of all hopes of better fortunes. They take delight in doing nothing for the time, but love to be alone and solitary, though that does them more harm. While awake, some are troubled with a foolish kind of bashfulness; and during sleep frightful dreams. Thus they are affected for a time, but by and by they are as pleasant and merry as ever they were in their lives; they sing, discourse and laugh, in any good company, upon all occasions.

30. There is another train of symptoms peculiar to the corporeal system, such as unpleasant, or painful sensations in the abdomen, head, or chest, wind on the stomach, and a rumbling noise in the bowels, severe colic pains, a sense of weight and

bearing down in the region of the womb, pain in the neck of the bladder, and a suppression, or difficulty in discharging the urine, variable appetite, eructations, palpitations of the heart, weakness and faintness, a circumscribed pain near the pit of the stomach or back, and the sensation of a ball rising in the throat from the stomach, causing oppressed and hurried breathing, and a feeling of impending choaking. Patients labouring under this form of constitutional hysteria, seldom become affected with *convulsions*.

31. 2nd. THE HYSTERIC PAROXYSM usually comes on suddenly. Sometimes the fit consists in violent and convulsive laughing, alternating with crying and screaming, or attended with mental alienation; rapid and incoherent talking, singing, suffocative spasms of the throat, a wild and furious expression of the countenance, raving, gnashing the teeth, tearing out the hair, beating the breast with the hands, biting, &c. occasionally, these symptoms subside without terminating in convulsions. More commonly, however, convulsions of terrific violence, speedily supervene. The body is rigidly bent backwards and contorted, the breast projected forwards, and the head drawn backwards, the face swollen, the tongue protruded, or the jaws firmly closed, the eyes rolling, the teeth gnashed, the fists clenched, the arms spasmodically thrown about, in short, the whole system is violently thrown into contortions. When these fits cease, the patient is left in an exhausted condition for a short time, but often another comes on, and so one after another, until I have known ten or fif-

teen fits ensue. After an hour or two they pass off, leaving a feeling of soreness, and a slight pain or uneasiness in the head, and pit of the stomach.

32. 3d. IN HYSTERIC STUPOR the patient, without any previous spasmodic affections, sinks into a state of complete insensibility. She lies on her back with the extremities extended and relaxed, the eyes closed, the teeth firmly locked, and the breathing slow, and intermitting, the countenance pallid, the power of swallowing appears to be entirely suspended, occasionally, a deep and long inspiration is made, and when the patient recovers a little, to tear the clothes from her bosom. Sometimes young females will continue in this state for many hours or a whole day. It generally passes off rather suddenly, and the patient awakes as it were from a deep sleep, and looks about with an air of surprise, and speedily recovers the entire possession of her mental and corporeal powers.

33. CAUSES.—*The remote cause* of hysteria seems to be in the generative organs, and some irritation located within the cavity of the back bone. *The predisposing cause* depends sometimes on a peculiar constitutional habit, and in some instances, is manifestly hereditary, and in more it is *acquired*. It is much more commonly encountered in the mansions of the rich and luxurious, than in the hovels of the poor and laborious. Indolence, sedentary habits, a pampered and luxurious mode of living, agitating emotions and depressing passions also have a powerful tendency to predispose to, as well as to excite, hysteric affections.

34. 1. THE EXCITING CAUSES are exceedingly various. Violent anger, jealousy, envy, disappointed ambition, unfortunate love, opposed desires, in short, whatever strongly agitates, or affects the mind, may excite hysteric symptoms. 2. Eating indigestible and irritating articles of food, application of *cold* to the feet while the menses are flowing, or just about making their appearance so as to suppress suddenly the menstrual discharge. 3. Profuse whites, frequent floodings, nursing infants too long at the breast, excited imagination, or voluptuous feelings produced by the improper reading of pathetic novels.

35. DIAGNOSIS.—Hysterics, differ from hypochondriacs in the following particulars, and by paying attention to them, may always, readily be distinguished from them. 1. Hysterics occur chiefly in individuals of nervous, irritable, and plethoric habits of mental and corporeal excitability, quick perception, rapid transitions of disposition and temper. Hypochondriacs on the other hand, very generally attack persons of sluggish, melancholy temperaments, unirritable fibre, added to deep and fixed study, reflection, musing, and revery. 2. Hysteria generally comes on and goes off suddenly, is attended with more painful, spasmodic, and corporeal sufferings, and has its seat in the womb and generative functions, while the reverse happens in hypochondriacs. It approaches slowly, goes off in the same gradual manner, mind palsied—fixed upon some engrossing subject, or looks into futurity with distressing and gloomy forebodings of distant evil, and has its seat in

the liver and digestive functions. 3. The hysteric patient is often agitated by emotions and feelings, she loves, hates, cries, laughs, hopes, fears, in rapid succession, and often apparently without any adequate causes, while on the other hand, the hypochondriac feels himself an insulated, deserted, and doomed being—loses his sympathies for the world—even his natural propensities and passions are absorbed by the ruling idea. He often retires from business, ponders over his losses and crosses, looks upon the dark side of every thing, and finally often slides into melancholy.

36. TREATMENT.—The treatment of *chronic or habitual* hysteria, will differ in some respects from the other two divisions. This is generally dependent on some derangement of the uterine functions, and the digestive organs. This form of the disease is best met by giving the composition recommended in (*par.* 13.) and where the whites or floodings precede the disease, it will be best to give thirty or forty drops of the *tincture of cinnamon* three or four times daily. Also the *tartrate of iron* or prussian blue, or some other mild tonics, such as the cold infusion of *wild cherry bark* &c., in conjunction with a mild, digestible, and nourishing diet, regular exercise in the open air, and agreeable society. And where there is any tenderness along the spine, rub on the Tartar Emetic ointment or apply a blister.

37. 2nd. IN CONVULSIVE HYSTERIA if the general habit of the patient be manifestly plethoric, and the pulse full, and active, *bleeding* should be proposed. Also a warm *bath* for the feet, after which

large mustard *poultice* to them. In prescribing internal remedies, we should always, pay particular attention to the nature of the exciting cause. If it be caused by irritating articles of food, an *emetic* should be administered, and vomiting excited as speedily as possible. If the hysteric fit is excited by mental emotions, *Laudanum* in union with *Assafætida*, or Ether. If the flow of the menses has been suddenly checked, in addition to the above remedies, two or three large spoonfuls of the spirits of turpentine, with a tea spoonful of *Laudanum*, and a small portion of milk, should be freely injected into the bowels until they are well evacuated.

33. 3d. IN HYSTERIC STUPOR the most effectual remedy for dispelling the attack, is an *Emetic*, followed by the mustard poultice applied to the region of the stomach and feet. The fumes of ether, hartshorn, or burned feathers, rarely fail to produce beneficial effects. In general, the *Assafætida* gives more perfect and prompt relief than most other articles, though valerian, and the root of skunk cabbage will occasionally afford much relief. Let it always be remembered, that in these violent cases, our attention should be directed to the *cause* and *state* of the patient, and our prescriptions should be in conformity with these.

SECTION VIII.

PUERPERAL OR CHILD-BED CONVULSIONS.

39. These convulsions occur during pregnancy, in the midst of labour, or immediately afterward, they rarely, however, take place before the seventh month. They appear to be essentially *epileptic*, though when they appear before the period of *quickning*, they are generally, of the *hysteric* variety. They mostly occur just before, or during the active stage of labour. These terrible convulsions are, always, extremely dangerous. CAUSES.—The condition of pregnancy, seems however, in some way or other, very essentially concerned in its causation. The peculiar position, or great distention of the womb pressing upon the large vessels in the lower part of the abdomen, causes a collection, or determination of blood to the brain, hence arises this frightful and dangerous affection.

40. SYMPTOMS.—These convulsions are almost always, preceded by premonitory symptoms, which denote their approach. In some instances, they are experienced for many days previous to the occurrence of the paroxysm, in others, they occur only a few hours before the supervention of the attack. They consist in a sense of fulness, weight, tension, severe and deep-seated pain in the head, giddiness, ringing in the ears, temporary blindness, a fullness of the vessels of the head, and occasionally a severe, dull pain in the stomach. After these symptoms have continued for a longer or shorter pe-

40. PUERPERAL, OR CHILD-BED CONVULSIONS.

riod, the patient is suddenly seized with convulsions. During these convulsions, the face is flushed, livid, the tongue is thrust out between the teeth, the respiration is at first hurried, and towards the conclusion of the fit, a copious discharge of frothy saliva issues from the mouth, with a sputtering noise of the lips. The pulse at first is full, strong, and tense, and cold clammy sweat bedews the whole body, and the fit begins now to decline, but the patient remains for the most part insensible or drowsy, with a loud snoring from which she usually recovers in a few moments, after which, convulsion follows convulsion, without our being able to determine the period, or cause of their return.

41. TREATMENT.—The treatment, in short, differs in no essential point from that which is proper in apoplexy. Blood should be *promptly and copiously* abstracted. This measure may be regarded as absolutely indispensable to any success in the management of this affection. Large mustard poultices should be applied to the feet, and purgative injections should be freely used. An active purge should be given, and cold applications applied to the head by means of a bladder. When the disease occurs near the termination of the period of gestation, labour is almost always brought on, and it should be a rule to deliver as speedily as can be done with propriety, for the delivery often puts a termination to the recurrence of the fits. Finally let it be borne in mind, that a patient in this case, will bear the loss of an incredible quantity of blood, which must be taken from time to time, and the bowels kept freely open.

SECTION IX.

WHITE, OR TUMID LEG.

42. This white, tumid, or as it is called, milk leg, comes on lying-in women, usually from the fifth to the ninth day, after delivery, though sometimes, it does not come on until about the fifteenth. It consists of a tense, elastic, painful, pale, white swelling about the upper part of the thighs, groins, parts of generation, gradually extending down on the inside of the thigh to the knees, or feet; communicating to the touch, a feeling of numerous indurated ridges under the skin, and attended with more or less fever, usually of a hectic character. Women of all descriptions are liable to be attacked by it during, and soon after childbed; but those whose limbs have been pained or swelled during pregnancy, and who do not suckle their offspring, are more especially subject to it. It has rarely occurred oftener than once to the same female.

43. SYMPTOMS.—In general, the first manifestations of the disease are, pain and stiffness in the groin of one side, preceded or accompanied with chills, or strong rigours, followed speedily by the ordinary train of febrile symptoms. The swelling is exquisitely painful, and uneven, and continues to increase until the extremity becomes in some cases, enormously distended. The patient is always, irritable, restless, and tormented by her sufferings. In general, the breasts become flaccid, and the secretion of milk is in part, or wholly suspended. The duration of the

disease is very various. It seldom, however, terminates under two weeks, and it may be prolonged to the fourth or fifth. The CAUSES are not well understood, as it occasionally occurs under all circumstances. The most reasonable conclusion to which we come is, that by the pressure of the child's head, the lymphatic vessels of the affected limb become completely "engorged," and thrown into an irritable and inflamed state.

44. TREATMENT.—From what has been said it is obvious, that the treatment must be decidedly opposed to this inflammatory and excited state of the system and limb. Then *blood-letting*, both general and local, are required during the early stages of the complaint. In some instances, the febrile reaction though not apparently very vehement, yields with great difficulty, and many bleedings are required, before the pulse can be sufficiently reduced. *Purgatives*, such as salts and senna, should be freely used during the active stage of the disease. Thirty five or forty drops of the tincture of *colchicum* or meadow-saffron, given in union with *magnesia* every two hours, have been highly serviceable. A free and gentle perspiration should be kept up by giving a strong decoction of Butterfly-root, Dover's powders, or Antimony, in combination with Nitre. Among the external local remedies employed in this affection, *fomentations* with flannel wrung out of hot vinegar and water, or sugar of Lead, or the application of a strong solution of sal Ammoniac, and after the pain, heat, and swelling begin to abate, moderately stimulating lotions, such as camphorated spirits or bran-

dy,—emollient poultices will then do good. During the febrile state, the diet must be of the simplest and weakest kind. The drink should be slippery-elm or flax-seed tea, and during recovery, the aliment should be digestible and nourishing; and when the patient is left in a weak state, gentle *tonics* may be administered.

SECTION X.

DROPSY OF THE WOMB, AND OVARIES.

45. The womb and female testes, like many other organs, are subject to dropsy. It is true that this disease is rarely found in the cavity of the womb, and when this is the case, the orifice is perfectly closed. It is much more frequently to be found in a cyst, or the walls of a hydatid, or a cluster of sacks between the tunics of the organ.

THE SYMPTOMS are a heavy, circumscribed protuberance in the lower part of the abdomen, with obscure fluctuation, progressively enlarging, without a retention of urine or pregnancy—mouth of the womb thin, and yielding to the touch.

46. THE SYMPTOMS which accompany the dropsy of the ovaries, are a swelling and a sense of weight at the lower part of the belly, and according as the right or left ovarium is affected, the tumour and hardness are perceptible in one or other groin.

When the disease is somewhat more advanced, fluctuation may generally be felt, sometimes nearly as distinct as in common dropsy of the abdomen, but usually more obscure. At first the general health is very little disturbed, the menses still appear at their accustomed time, and the woman may become pregnant, and bear a child at full time while one ovary may be largely distended by dropsy. When the disease has reached a certain point, it produces many very unpleasant symptoms from mere bulk—difficult breathing, costiveness, piles, pain about the groins, thighs and sides of the lower belly, dyspeptic disturbances of the stomach and intestines, retention of urine, swelled legs and feet, with cramps, and the tumour may be felt between the vagina and lower intestine on examination, throwing the mouth of the womb towards the pelvis.

CAUSES,— Often no cause can be assigned, but the general causes are, blows, falls, frights, violent passion, or *cold*. It does not appear that impregnation gives any peculiar disposition to it. It is sometimes found in pregnant women; but far more commonly in the unimpregnated and the barren. It is also met with in the young, and those who regularly menstruate, as well as in those whose term of menstruation has just ceased.

47. TREATMENT.—The general treatment is much the same that it is in all common dropsies. When the constitution is strong and robust, active purging may be advisable. *Jalap and cream of tartar* constitute an excellent purge. Dr. Richmond communicated to me the best remedy I ever gave in gen-

eral and particular dropsies, especially, in dropsy of the abdomen. It possesses a kind of tonic, and very great purgative qualities. It is a strong decoction of *Indian-arrow-root*. This may be given from day to day, in sufficient quantities to produce active operations on the bowels. *Digitalis*, squills, and colchicum have all been used with much benefit. *Iodine* employed both internally and externally, has become the most celebrated remedy in this disease. Internal medicines should be given as long as there is any hope, but where the symptoms are urgent, we must resort to the operation of tapping: but this should be put off as long as possible, for after we once commence, we will generally have to keep it up as long as the patient survives.

SECTION XI.

PROLAPSUS, OR FALLING DOWN OF THE WOMB.

48. Notwithstanding the womb has *four* ligaments, purporting to support and sustain it in its situation, yet this is sometimes illy performed, and it sinks very low into the vagina, and occasionally discovers a disposition to escape from the body—this subjects the woman, when excessive, to certain inconveniences, but to none, when moderate, except perhaps, a sensation as if something were escaping from the vagina, when she is in an erect posture, but

46. PROLAPSUS OR FALLING DOWN OF THE WOMB

this is almost instantly relieved, when she disposes herself in a horizontal position. This deranged situation of the womb may take place in its unimpregnated, as well as in its impregnated state—the latter however, is by far the most common, especially between the second, and the fourth months of pregnancy. The disease is most common to women who have had a numerous family, but is occasionally met with in virgins after straining, using violent exercise in dancing, or running, or meeting with falls during menstruation. This organ, in fact, is subject to various changes of position, and its axis with respect to that of the pelvis, may incline backwards, forwards, or to either side. The *retroversion*, where the upper part is thrown backwards between the vagina, and large intestine, is more common than the *anteversion*. This disease shows itself by what is called a bearing down of the womb, which is a descent produced by weakness or debility of the general system, or a relaxed state of its ligaments, and its own weight when in an upright position.

49. SYMPTOMS.—A sensation of bearing down, fullness and tenderness of the parts, weakness in the back, frequent inclination to make water, nervous and irritable feelings; general weakness and prostration of strength, costiveness, and a mucous discharge from the vagina. As general *predisposing* causes may be mentioned, a capacious pelvis, relaxation of the ligaments that support the womb, pressure of the abdominal contents; immoderate distention of the bladder, constipation, and hard straining at stool, tedious labours, and long continued whites.

50. TREATMENT.—In attempting a cure, we must first restore the prolapsed organ to its proper position, and if the general system is in a state of debility, restore it by gentle *tonics*. Injecting into the vagina astringent and strengthening applications, such as a solution of Alum, Oak bark, or green tea, or even cold water, will generally be found useful. New and rough port wine, diluted with an equal quantity of cold water, has proved one of the most valuable injections. The bowels should be kept regular, the bladder empty, and the patient quiet, and free from fatigue. Should these means fail to afford relief, the womb may be supported by Mrs. J. Betts' Uterine Supporter of Philadelphia, which is well calculated for this purpose.

SECION XII.

FEMALE BARRENNESS.

51. This barrenness exists from *functional and Organic causes*. 1st. There is a direct imbecility, or want of tone, rather than a want of desire, and the ordinary causes are, a life of intemperance of any kind, especially of intemperate indulgence in sexual pleasures, chronic gleet, whites, or palsied affection of the generative organs. It has also been occasioned by violent contusions in the loins, and by over exertion in walking. Also in consequence of the

venerial orgasm not occurring simultaneously in both parties, the acme of the female having been too slow, or too fast for that of the male. It may occur from an incongruity, or want of adaptation of the respective seed, to the respective soil, however, sound in itself. The most common cause of sterility, is menses. Sometimes, there is a manifest retention of the menses, at other times, the quantity, or quality is not of the most healthy appearance, indicating a morbid disorder of the conceptive organs. Occasionally, however, the menstrual flux is thrown forth in great profusion, and is attended with violent spasmodic pain, and if during any intermediate term, conception should take place, the very next paroxysm of distressing pain, put a total end to all hope, by separating the germ from the womb.

52. 2nd. *Organic Barrenness* is produced by some structural hindrance or defect, whether natural or accidental. And this may be of various kinds. A rigid and unbroken *hymen* may prohibit all intermission of semen. The *ovaries* or *egg-vessels* may be defective, or even altogether wanting, or not duly developed, or destitute of ovula, or the uterine tubes may be obstructed, impervious or wanting, in all such cases barrenness must necessarily ensue. These, however, are rare instances.

53. Every one must have noticed occasional instances, in which a husband and wife, apparently in sound health and vigour of life, have no increase while together, either of whom, nevertheless, upon the death of the other, has become the parent of a numerous family. Again we have seen husband and

wife live together for years without an offspring, when suddenly one has been called on a voyage for several months; and on the return we have seen them commence the train of an extensive progeny. Having thus pointed out the general causes of barrenness, it will be obvious, that the cure must depend upon a removal of the particular kind of functional or structural derangement that operates at the time, and lay a foundation for the disease. And we have seen by far, the greater number of cases result from a morbid menses. Whatever, then, will tend to invigorate the system, restore a healthy action in the uterine functions, and produce a reciprocity of feeling, will best tend to cure sterility, as a generous diet, exercise, local cold bath, warm stimulant resins and balsams, aloes, guaiacum, copaiva, and the oxydes of iron, &c.

54. Having given a concise and useful treatise on the symptoms, causes, and treatment of a long list of suffering and painful diseases, to which the female is subject, let me say in conclusion to you who are joined in wedlock, for the mutual purpose of promoting each other's interest, happiness, and pleasures, remember (what Paul says, 1. cor. 7. 5.) the obligation you owe to each other; and if you wish to secure, retain, and rivet forever, kind, endearing, and affectionate feelings for each other, then at all reasonable and proper times, freely, willingly, mutually, and affectionately, consummate the marriage vow.

So observes the first didactic poet of ancient Rome, addressing himself to the Generative Power,

FEMALE BARRENNESS.

in the language not of the voluptuary, but of the physiologist:—

“So through the seas, the mountains and the floods,
The verdant meads, and woodlands fill'd with song,
Spurr'd by desire, each palpitating tribe
Hastes, at thy shrine, to plant the future race.”

The cause is clear, and the effect certain, but it is a disease incurable by the healing art, and can only be attacked by a kind, assiduous and winning attention, which, however, slighted at first, will gradually and imperceptibly work into the cold and stony heart, as the drops of rain work into the pavement. It should teach us, however, the folly of forming family connexions, and endeavouring to keep up a family name, where the mutual feelings of affection are not engaged on both sides.

ECLECTIC SYSTEM

OF

MIDWIFERY,

CONTAINING

PRACTICAL INSTRUCTIONS

for the management of women,

DURING PREGNANCY, IN LABOUR,

AND

IN CHILD-BED.

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PART II.

CHAPTER I.—SECTION I.

—
FEMALE PELVIS.

1. That large oval ring or cavity, which is shaped like a basin, and situated below the cavity of the belly, is called the "*Pelvis*." It contains the last portion of the large intestines, urinary bladder, and the internal organs of generation. It is formed or surrounded by *four* bones. The sacrum bone behind, the pubic bone before, the innominatum bones on either side, and the coccygis bone below. The cavity is wide, and expanded at its upper part, and

contracted at its lower aperture. The upper part of the pelvis is bounded by an oval ring, which parts the cavity of the pelvis from the cavity of the abdomen. This circle is called the *brim* of the pelvis. That part above the brim within the haunch bones, is called the superior or upper *cavity* or *strait*, and that part within and below this circle or brim, is called the inferior and lower cavity or outlet of the pelvis. The shape of the pelvis is nearly oval, with its longest diameter from side to side, and the shortest from before to behind. Its dimensions in a well formed woman from side to side, are from five to five and one fourth inches, and from front to the back part, from four to four and a half inches. Below the brim of the pelvis in the lower cavity or strait, the distance is nearly the same, but *reversed*—that is, the greater distance of this cavity runs from before to behind, and the lesser from side to side. From this it will be seen, that the greater distance of the lower cavity traverses the greater distance of the upper cavity at right angles—this should be constantly borne in mind.

2. For the child's head in natural labour, while passing through the pelvis, should always make a *half turn*, so that the larger part of the head will correspond to the larger part of the pelvis. In the living subject this cavity is lined by flesh and membranes on all sides to nearly the thickness of three quarters of an inch in each direction, which will yield considerably to pressure. When we examine the male and female pelvis, we see there is a well marked and peculiar difference. Nature has wisely

arranged and fitted each for their peculiar station in life. For while the male pelvis is large and strong with a small cavity, narrow openings, and bones of greater strength, the female pelvis is light, shallow and wide, with a large cavity, and slender bones, which is the cause of that widening of the hips by which the female form is distinguished from the male, while it adds to the beauty of woman, lessens her strength, but at the same time most wonderfully fits her for the important functions of child-bearing, or conduces to the easy passage of the child.

SECTION II.

INTERNAL ORGANS OF GENERATION.

3. The internal organs of generation, consist of the *vagina*, the *womb*, and its appendages, *Fallopian* or *uterine tubes*, and the *ovaries* or *egg-vessels*. The *vagina* is that canal which leads from the external parts of generation to the womb. It is somewhat of a conical form, with the narrowest part downwards, and is generally five or six inches in length, and about two in diameter. But it would be more proper to say, that it is capable of being extended to those dimensions, and even more, for in its common state, the mouth of the womb is seldom found to be more than three inches from the external orifice, and

the vagina is contracted, as well as shortened. The upper part of the vagina is connected to the circumference of the womb just above the mouth, which is suspended with two protuberent lips in the vagina, usually about one inch, and is permitted to change its position in various ways and directions.

4. The WOMB is a spongy receptacle, resembling a compressed pear, situated in the cavity of the pelvis above the vagina, with its mouth hanging pendulous in it, and is between the bladder and large intestine. The womb is three inches in length, and two in breadth at the upper part, and one inch at the lower where it extends into the cavity of the vagina. It is usually half an inch thick, and the cavity in it is somewhat of a triangular form. There is so great a variety in the size and dimensions of the womb in different women, independent of the states of virginity, marriage or pregnancy, as to prevent any very accurate description. It is susceptible of great distension, and can exert an enormous force, which it is destined to do to relieve itself of the produce of conception.

5. The FALLOPIAN OR UTERINE TUBES are two canals from four to five inches in length, which proceed from the upper angles of the womb, and pass in a transverse direction to some distance from the womb where they form an angle, and take a direction downwards towards the ovaries or female testicles. Their use is to grasp the ovum or egg, and convey the prolific vapour to it, and after, to conduct the fertilized egg into the cavity of the womb.

6. The OVARIES OR EGG-VESSELS, are two flat, oval

bodies, about one inch in length, and rather more than half in breadth and thickness, one of which is situated on each side of the womb, behind, and a little below the Fallopian tubes. In virgins of mature age the ovaries include a number of visicles or eggs, to the amount of fifteen or twenty, of different sizes, filled with transparent, coagulable fluid,—all have agreed that the Ovaries prepare whatever the female supplies towards the formation of an offspring, and this is proved by the operation of spaying which consists in the extirpation of the ovaries, after which, the animal not only loses the power of conceiving, but desire is forever extinguished.

SECTION III.

OF THE CHILD'S HEAD.

7. In order to understand the importance of the preceding description of the *pelvis*, the shape, and distances of the upper and lower openings, as well as the great difference in the depth of the pelvis before, at the sides, and behind, it becomes necessary for the well understanding of labour, that the various dimensions of the child's head be known, as a proper relation must exist between it, and the cavity through which it is to pass, that labour may not be obstructed. The child's head like that of the adult is composed of a number of bony pieces, but they

are not united in the same manner. In the child's head, the principal bones are tied together by a firm ligamentous substance. There are *three* diameters or distances of the head which are worthy of special notice. 1st. The distance from the forehead to the crown which is usually four and a quarter inches. 2nd. From side to side, about three inches and a half. 3d. From the crown to the point of the chin little more than five inches, but from the mobility of the chin, this is of little consequence.

3. Let it also be remembered for practical purposes, that there are *two* apertures or open spaces in the skull. The larger one situated before, and the smaller one, behind, the front one has always four long angles, and the back one has usually but three. The young beginner in the practice of midwifery, should very early accustom himself to touch with the fore finger, and distinguish them—it will lead him to a knowledge of the situation of the head when within the pelvis, and constantly and certainly warn him of any departure from its best position, and thus enable him at a proper time to effect any change that may be necessary with a view to render the labour safer, easier, and of more speedy termination. No midwife can render assistance with any certainty, where the head has departed from its proper route who is incapable of distinguishing this departure by the touch. He will either not distinguish the faulty position, and thus condemn the poor woman to protracted and unnecessary sufferings, or he will blindly and rashly attempt relief, at the hazard of the lives of mother and child.

SECTION IV.

OF CONCEPTION.

9. All animated nature throughout all the varieties of vegetable and animal existence, asserts the necessary co-operation of the male and female in the production of a living being. This is a decree of the great Fiat. This is a universal law of nature, which no man or philosopher of the present day, will venture to contest. But what is the part which each sex performs in this wonderful and mysterious business, and how the semen of the male in some instances, particularly, in the human, arrives at the *Ovaries* or egg-vessels of the female, and impresses its stamp upon the ovum or egg, are questions on which the learned are by no means agreed. However, it is agreed, that the female furnishes the ovum with its membranes, its fluids, and the rudiments of the fœtus complete in all its parts, but inert, and to perish unless stimulated and roused into life and action by the energy of the male semen. Man and the superior animals are excited to a union by the development of the organ of amateness situated in the back part of the brain. This organ is established within us for the preservation of the species, as the organ of alimentiveness is placed within us to excite hunger and thirst for the preservation of the individual. This has been termed desire of reproduction, and for wise purposes its gratification is attended with the most pleasurable feelings which man or animals can experience.

10. Prior to maturity this desire does not exist, but it suddenly makes its appearance at *puberty*, persists vehemently during youth and the adult age, and disappears in advanced life, when procreation becomes again impracticable. Many speculations have been indulged in, in regard to impregnation, but it is agreed on all hands that it becomes necessary in a successful copulation, that the male sperm be ejaculated as high up into the vagina as possible in the direction of the mouth of the womb, unless this is done impregnation is not likely to be accomplished; a fact which it might be of moment to bear in mind in deformities of the pelvis, or where the rapid succession of children, is an evil of magnitude.

11. We have seen that the material furnished in fecundation by the male is the sperm, that afforded by the female is ovum, and that the new being must be stamped instantaneously as by the die. From the very moment of the admixture of the materials at a fecundating copulation, the *embryo* must have within it the power necessary for its own formation, and under impulses communicated by each parent—as regards likeness, complexion, hereditary predispositions, &c. From this moment, the father has no communication with it, yet we know that it will resemble him in its features, and in its predisposition to certain morbid states—while the mother probably exerts but a slight and indirect control over it afterwards, her office being chiefly to furnish a receptacle in which it may work its own formation, and that too, in the course of seven or eight days after fecundation it is in the womb, and with

a microscope, the centre of the heart and brain may be discovered.

12. Conception usually occurs without the slightest consciousness on the part of the female, and hence, the difficulty of reckoning the precise period of gestation. Certain signs, or shiverings, pains about the navel, &c. are said to have occasionally denoted its occurrence, but these are rare exceptions and the indications afforded by one, are often extremely different from those presented by another. In those animals in which generation is only accomplished during a period of generative excitement, the period of conception can be determined with accuracy, for in by far the majority of such cases, a single copulation will fecundate. The existence of the state of heat, indicates that the generative organs are ripe for conception.

13. In the human female where the sexual intercourse can take place at all periods of the year, conception is by no means as likely to follow a single intercourse, for although she may be always susceptible of fecundation, her genital organs are perhaps, at no one time so powerfully excited, as in the animal during the season of love. It would certainly seem more likely to supervene when the venereal orgasm occurs simultaneously in both parties, and when the semen is thrown well forward towards the mouth of the womb. But we have no certain criterion, and therefore, no definite time to reckon from, usually however, we begin to count ten days or two weeks after their last monthly turn. It has been attempted to ascertain what age, season, and consti-

tution, are most prolific, and indeed, something has been determined on this point.

14. From a register kept it would seem, that more women between the ages of twenty six and thirty years, bear children than at any other period, and that the months of August and September are most favourable for conception. As a general principle amongst Quadrupeds, that the largest, and most formidable, bring forth the fewest young, while the lower tribes are usually fruitful, the number produced compensating in some measure for their natural feebleness, which renders them constantly liable to destruction. On the other hand, were the larger species to be as prolific as the smaller, the latter, would soon be blotted from existence. What would have been the condition of animated nature, if the gigantic mastadon, once the inhabitant of our plains could have engendered as frequently and as numerously as the rabbit?

15. For wise purposes it has also been ordained, that the more formidable animals seldom begin the work of reproduction until they have nearly attained their full size, while those that bring forth many commence much earlier. Likewise there is some correspondence between the duration of gestation and the size of the animal. In as much, as the father stamps his impress upon the child, so it has been maintained, that the race of men of genius, may be perpetuated by uniting them to women possessed of the same faculties. Of late also, it has been attempted to be shown that the corporeal vigour of the parents has much to do even with the future sex.

16. It appears that the proportion of males born to the females, is every where pretty nearly the same. The regular ratio according to the census, is generally, twenty one males to nineteen females. Although a greater number of males may be born, they seem more exposed to natural or accidental death, for amongst adults the balance is much less in their favour, and indeed, the number of adult females rather exceeds that of the males. The human female is *uniparous*, or brings forth one at a time as a general principle, many other animals are *multi parous*, or bring forth many at a birth. The law however, on this subject is not fixed. Occasionally the human female will bring forth twins, triplets, or quadruplets. while the multiparous animal is not always delivered of the same number.

17. Menage cites the case of a man whose wife brought him twenty one children in seven deliveries. The largest case now on record, is where one woman had fifty seven children at twenty one births. In four deliveries, she had four children at each, in seven, three, and in six, two. In this country, the average of twin cases, is about one to *seventy-five*.

18. The medical profession has taken some pains to ascertain the cause of twins, and triplet cases. It is a well known fact, that within twenty four hours after impregnation has taken place, the mouth of the womb, is obstructed by a plug of mucous, previous to this time if there are two, or more vesicles or eggs for impregnation, that one ovule being impregnated at one copulation, and another at the next. This also is common among other animals.

19. There is a well known case cited in Charleston where a female was delivered of twins within a very short time of each other. One of these was *black* and the other *white*. The woman confessed that on a particular day, directly after her leaving the embraces of her husband, a negro entered her room, and was connected with her. In mixed communities it is no uncommon thing for servants to have one black, and another mulatto, at one delivery. The fertility of women seems to depend upon various circumstances, partly, perhaps, on the extent or resources of the egg-vessels, partly constitutional warmth of orgasm, and partly the adaptation of the male semen to the respective female. And sometimes the fertility seems to pass from generation to generation in both sexes, though it must be always liable to some variation from the constitution of the family that is married into.

20. As it regards fixing rigidly the precise time of impregnation, we have no certain landmarks, for the sensations of the female are most fallacious guides, but we are usually in the habit of reckoning from ten days after the disappearance of their monthly turns. But it is manifest, that conception might have occurred on the very day after their cessation, or not until a day prior to the subsequent period, so that in this way an error of at least ten days might occur in the estimation, and again, it does not always happen, that the monthly evacuation immediately is arrested. The period of *quickning* which generally happens about the eighteenth week, does not afford us more positive evidence, seeing that it is

liable to vary, being experienced by some females much earlier, and by others, somewhat later. We are, however, justified in stating that the ordinary duration of human pregnancy is *forty weeks*,—*nine* calendar or *ten* lunar months, but I have no less hesitation in affirming, that it may be protracted in particular cases much beyond this.

21. The duration of human pregnancy, and particularly the length of time when children shall be considered legitimate, has given rise to much discussion amongst obstetrical writers, and opinions still fluctuate largely, some supposing nine and a half, ten, and even eleven calendar months. We find in animals where we can determine without difficulty, that the period is protracted, and there is no reason to doubt that the same thing happens occasionally to the human female. At the end of seven months from conception, and even a month earlier, the foetus is capable of an independent existence, provided from any cause, delivery should be hastened.

22. This is not, however, the full period, and is therefore called *premature* labour, but if it should occur too early to be able to maintain an independent existence, it is called an *abortion* or *miscarriage*. The age at which women commence bearing children varies in different climates. It is a general law, that the warmer the climate, the earlier the monthly discharge takes place, which prepares the female for conception. In some climates, it begins at nine years of age, while in northern regions, women may not arrive at puberty until they are seventeen or eighteen years old. In the temperate zone,

the most common period is from thirteen to fifteen years. They cease bearing children in the same zone, at least from forty to fifty years of age.

23. In the northern regions they begin late and continue long. These rules are, however, liable to many exceptions. The menses with powers of fecundity, have continued in particular instances much beyond the ages that have been specified. A relative of Dr. Haller had two sons after her fiftieth year, and children are said to have been born even after the mother had attained the age of sixty, but these are rare cases, and may be said to be exceptions to the general rules.

24. The usual term is between forty and fifty, except when women marry late in life, in which case, from the postponement of the generative organ, they will occasionally breed beyond their fiftieth year. Child-bearing began at an early age, at sixteen or eighteen for example, rarely goes on throughout the whole of what is usually regarded as the natural period for it. The earlier or later termination of child-bearing in any country, therefore, will depend upon the average age of marriage which there obtains.

CHAPTER II.—SECTION I.

SIGNS OF PREGNANCY.

25. It is by all authors confessed, that no part of the human body is possessed of greater irritability than the *womb*, nor any part, the increased irritability of which, is more readily communicated to the system in general. That extensive sympathy which the sexual organs maintain with every other part of the system, is wonderful. With the exception of the *stomach*, which is the grand centre of sympathetic action, there is no organ or set of organs possessed of any thing like so wide an influence.

26. The *breasts* are so connected with the womb by their office, that every affection of the womb is immediately accompanied by some change in them. Next to the breasts, the *stomach* most readily sympathises with the womb, and through the stomach, the head and heart are very soon brought to participate in its changes and complaints.

27. No sooner has a woman conceived, than a much larger flow of blood is carried to the womb and its appendages. The fimbrial ends of the fallopian tubes become turgid, and grasp the ovaries or female testes, an ovum in one or both enlarges and bursts. The ovum escapes, and is carried by the peristaltic motion of the tubes towards the cavity of the womb, which begins to grow, even before the ovum enters it.

28. Such changes cannot take place without

producing great irritation, which is manifested by a variety of symptoms and complaints, some of which have always been enumerated, as the signs of conception.

29. 1st. At the instant of conception the woman feels it is said, a universal tremour continued for some time, accompanied by a voluptuous sensation—the features are discomposed, the eyes lose their brilliancy, the pupils are dilated, the visage pale, &c.

30. 2nd. When a young, healthy, married woman finds that the monthly discharge does not return at its usual period, she may, with great propriety conclude that conception has assuredly taken place.

31. This is considered as the first and most essential sign, and except in the case of a woman becoming pregnant while she suckles, she may with great probability of being correct within a few days, date the commencement of her reckoning from the middle of the period between her last monthly discharge, and the time when she should have menstruated again.

32. 3d. When the breasts enlarge, and the areola or that red or brown circle which surrounds the nipple enlarges, and changes from a light pink to a dark brown colour, and that she soon after begins to complain of languor, nausea, and vomiting in the morning, heartburn through the day, and some degree of restlessness and want of sleep during the night, we run little or no risk in attributing these symptoms to pregnancy.

33. Notwithstanding, these are the accompanying

symptoms, though usually not all present, yet many mothers have never felt them, and reached even the third month of pregnancy without suspecting their situation. While others who have borne children, judge so accurately from their peculiar feelings and former experience, as seldom to be mistaken.

34. At the same time, the wish to have children in those who have been long disappointed, or whose advanced age renders it not very probable, and sometimes from tumours, dropseys, &c. have occasioned many women to deceive themselves, as well as their friends and physicians, and led them into many ridiculous and serious errors.

35. I have in two or three instances, been sent for in great haste to attend to an obstetrical case, supposed to be her full time, when on my arrival I made an examination, (per vaginum,) and found not the slightest symptom of her having been impregnated.

36. It is frequently wished, and sometimes may become legally important to ascertain the pregnant state with more precision, but before the end of the third, or the beginning of the fourth month, this is hardly possible. But after the commencement of the fourth month, the rising of the womb above the brim of the pelvis, compared with the tumour which may then be discovered by examination of the size of a goose-egg, affords more certain evidence.

37. The internal evidence of impregnation discoverable by examination (per vaginum,) is perceivable in the womb. It descends lower in the pelvis, and the mouth of the womb which, in the unimpregnated state, (especially in women who have borne children,) is so open as to admit the end of the

fore finger, now becomes close shut, being plugged or sealed up by a very viscid mucus formed for that purpose.

38. For the first three, and sometimes at the fourth month, the womb is found, in consequence of its weight, rather lower in the vagina than it usually is when not impregnated. The mouth or lips of the womb are shorter, thicker, and more soft. The body of the womb is still below the brim of the pelvis. After the fourth month or at the end of the fifth, the head of the womb can be felt nearly half way between the pubic bone and navel. In the sixth month it rises a little higher, and is more out of the reach of the finger.

39. By the end of the seventh month, the fundus or upper part of the womb reaches the navel, the neck is nearly gone, and little more than the protuberant lips can be discovered,--at the eighth month, the upper part rises to midway between the navel and the pit of the stomach, the neck is completely obliterated, the mouth is almost smooth and as high up as the brim of the pelvis, and before the completion of the ninth month, the upper part reaches the pit of the stomach, at this time no trace of the neck is to be found, nothing remains of this pendulous part, and the orifice of the womb begins to relax. All this really happens in most cases, but to ascertain these changes with precision, and thence to determine the period of pregnancy with accuracy, is by no means an easy task, and requires much experience in touch, which is to be acquired only by long and attentive practice.

40. QUICKNING, another criterion by which women attempt to ascertain the period of their pregnancy, is taken from the time when the mother first feels the movings of the child, which is termed *motion*, and which generally happens about the fourth month or *eighteenth* week, when the womb having acquired that size which can no longer be contained below the brim of the pelvis. Having attended to these external and internal signs of pregnancy, and ascertained the fact, a woman who is predisposed to miscarriage should keep herself quiet and comfortably warm, bowels open, and avoid heavy lifting, running or jumping, and she will be very likely to go her full term of time.

SECTION II.

DEVELOPMENT OF THE FŒTUS.

41. A strong and certainly a laudable curiosity is almost always felt by the enquirer, to ascertain the progress and development of the embryo or fœtus; from the moment of its conception, up to the full term of complete formation or gestation. And though our knowledge upon this subject must necessarily be both limited and uncertain, yet the latest information has furnished us with some general criteria by which we can judge and determine its progress.

72. DEVELOPMENT OF THE FŒTUS.

42. It seems also perfectly clear, that in conception an ovum does really descend from the female testes through the cavity of the uterine tubes into the upper part of the womb within a few days after sexual intercourse has taken place, that a membranous sack surrounds or encloses it at the upper part of the womb, so as to prevent its falling down or escaping from its orifice.

43. For the first fifteen days it appears only as a gelatinous, semitransparent, flocculent mass, and presenting no distinct formation even by the aid of a microscope. At thirty days it has attained the size of a large ant, or of a barley corn. At six or seven weeks it is equal in size to a small bee. At two months the length is about two inches, and its weight nearly two ounces. All the parts are perfectly distinct, and many points of bone are observed in the head, trunk and membranes. At the third month, it is about three and a half inches long, and between two and three ounces in weight. The nose and mouth are formed—the eyes are shut, and the eyelids adhere together—the head is larger and heavier than the rest of the body. At the fourth month, the fœtus is from five to six inches long, and it weighs from four to six ounces—the external parts are all developed, with the exception of the hair and nails.

44. During the fifth month the motions of the fœtus are felt by the mother. The length is from seven to nine inches, and the weight nine or ten ounces. In the sixth month we begin to find some traces of fat under the integuments—the skin is very fine, pliant and thin, the hair on the head is

very thin—the eyelids are closed—the nails are wanting—the weight is one or two pounds, and its length from nine to twelve inches.

45. At the seventh month, all the parts both external and internal are still more developed. The eyelids are no longer united—the hair on the head is longer, and takes a deeper hue—the nails acquire more firmness—weight from two to three pounds—length from twelve to fourteen inches. At the eighth month, the skin is dense and firm—the nails are firmer—the hair of the head longer—the weight at this time is from three to four, and sometimes five pounds—length sixteen inches or more. At the ninth month the bones are more complete, and the head is large and firm—the length varies from nineteen to twenty inches, and the average weight from five to eight pounds. Male children also generally weigh more than female ones.

46. Healthy females residing in the country, or engaged in active occupations, have generally the largest children, and the quickest and easiest deliveries. We have on record several cases where women have been delivered of living children which weighed fifteen pounds. It is evident, that the signs drawn from the structure, weight and dimensions of the child, are liable to some variety; and this depends on various circumstances, such as the age and vigour of the mother, her mode of life, the diseases to which she may have been subject, and probably, the climate in which she lives.

CAUSE OF LABOUR.

47. After having given some facts on the progression of the fœtus from conception to maturity, it becomes me in a work of this kind to say something on the action of the womb, and the causes of labour. Avicena centuries ago declared that labour was a law of God, and that it came on at the appointed time. I would ask, has any hypothesis since that period enlightened us more upon this subject than the humble confession of this honest, old man. Ingenuity has attempted much upon this subject, but each suggestion has been displaced to give room to another, which like its predecessor, was to be crowded out by some new speculation.

48. Therefore, as I wish to give you a practical work, avoiding speculations and false theories, I can say I know no reason why it takes place any more than I do why mandrakes ripen in September and grapes in November, but it always comes on spontaneously at the appointed time.

49. The appointed time having come, and the womb having been distended during gestation—the spasmodic or painful contraction of the womb commences, in order to expel the fœtus in labour, during abortion, or in the form of after pains, to expel coagula, or any other foreign substance. All foreign substances having been expelled, the tonic action of the womb is exerted to reduce itself to its original size. This power often continues after visable life has ceased, and however much this circumstance may excite our surprise or challenge our belief, it is nev-

ertheless, authenticated by various testimonies.

50. Hours and even days after the death of parturients, children have been expelled from the womb. Thus we see these contractions are entirely independent of the *will*—their intervals can neither be accelerated nor retarded by any exertion of it—nor can their force be either augmented or diminished by its influence, but passions and emotions of the mind when strong, oftentimes exert a powerful influence over uterine action—they may suspend it after it has been strongly excited.

SECTION III.

SYMPTOMS OF LABOUR.

51. Whatever uncertainty may exist as to the efficient cause of labour, we are taught by long experience, that about the *fortieth week* of gestation there is for the most part, a painful effort made by the womb to expel its contents, and this effort is called labour. This event rarely takes place so suddenly, or so silently as not to present a very regular series of changes, which, from their universality, must be considered as constituting a part of this process, and some of them perhaps must be looked upon as essential to its well performance. That Beneficent Providence has endued women as well as other animals with powers, which, when unimpaired

are equal to all her natural functions; and for the guidance of the practitioner of midwifery, has given us certain *premonitory* symptoms of the approach of labour. Sometimes, a few days or longer before the accomplishment of her *reckoning*, a woman begins to feel the symptoms of approaching labour. She becomes anxious and apprehensive for the event, and like every other animal busies herself for the reception and accommodation of her infant. She moves with difficulty, and frequently complains of restlessness and pain in her back and loins.

52. 1st. As the period begins to approach, a glary secretion and discharge of mucus, almost always takes place from the vagina, sometimes it is slightly tinged with blood. She perceives some enlargement, relaxation, and a degree of protrusion of the external parts. The formation of this mucus fluid answers *two* important ends. It lubricates the vagina which permits the fœtus to pass more easily; and it acts as topical depletion for the neck of the womb and vagina, and thus facilitates the relaxation.

2nd. It is a very usual thing, especially with nervous women to be seized with *rigours* of more or less severity in the very commencement of the silent preparations for, or during the more evident progress of the labour. These *shiverings* or rather *tremblings* are not the symptoms of the ushering in of fever, but are connected in some manner with the dilatation of the mouth of the womb; and occur most certainly when this is rapidly going on, or has taken place. They sometimes occur immediately after labour, but are not attended by the sensation of cold,

nor are they productive of the slightest injury, though the patient and her friends are often times so much alarmed as to commit an error by giving stimulating or heating drinks, *in a word*, they require no attention. Besides these *rigors* just mentioned, we sometimes see a number of nervous or hysterical symptoms attend the progress of labour, especially with the first child, if the process be rather slow—such as a disposition to cry, a sense of suffocation or choking, palpitation of the heart, &c. All of which, however, are most sure to disappear so soon as the labour becomes active, and the pains succeed each other quickly. Under such circumstances we should give the patient every reasonable assurance of a happy termination of her sufferings; and that there is nothing uncommon in her situation. 3rd. As the period progresses her belly subsides, and the womb sinks into the cavity of the pelvis, and most in the most favourable cases—it would seem to declare a healthy condition of the womb itself, and a regular conformation of the pelvis. This *subsiding* of the abdominal tumour is of much more importance than some others—as it indicates a speedy relaxation of the mouth of the womb.

53. 4th. Frequent inclination to make water, and a continued desire to go to stool without a discharge, are consequent upon the pressure of the womb upon the neck of the bladder and large intestines. Under such circumstances, the urine is frequently retained or driven from the bladder in small quantities by every contraction of the womb. This *retention* seldom takes place but in protracted labours;

and especially, in such as may require artificial means of relief. It should ever be a rule to enquire frequently into the state of the bladder in all cases of tedious labour; and should the patient have been several hours without passing urine, the catheter should be employed, and particularly if there be no prospect that the labour will terminate speedily. A *lax* sometimes comes on, but generally she is rather costive. If a frequent straining at stool should take place after the labour is advanced from the mechanical pressure, and should there appear to be sufficient time to permit its operation, a full dose of *castor oil* will be sufficient to remove it—should there not be time, five and twenty drops of *laudanum* will speedily quiet this inclination. If she be costive, an emolient *injection* will almost always procure immediate relief.

54. 5th. As labour advances, the regular periodical pains or contractions of the womb begin. At first, the bearing down pains are slow and long between, as labour progresses, they become faster, longer and harder. The longitudinal fibres running from the head to the mouth, silently, and effectually contracting and shortening, while the circular fibres which surround the mouth of the womb, suddenly and extensively relaxing and yielding—the mouth of the womb dilates or opens at each alternate pain or contraction of the longitudinal fibres, as it shortens it widens, and the membranes which contain the waters gradually protruding through the mouth of the womb serving as a wedge more effectually to open the internal orifice.

55. Thus the expulsive action is continued, the mouth becoming thinner, softer and shorter, the opening enlarges during the pressing down pain, a thick, slippery mucous with or without some tinge of blood, begins to ooze from it—we then conclude that labour has actually begun. But if on the contrary, we discover no extraordinary pressure, and the internal orifice be neither dilated so as to admit the point of the finger during pain, nor relaxed again as the pain goes off, we may conclude at once that the present pains are false, that labour has not yet begun, and that it cannot be promoted by them.

CHAPTER III.—SECTION I.

CONDUCT DURING LABOUR.

56. In the management of labours much judgment and caution are required, that a simple and natural case may not be converted into a laborious and dangerous one. Ill directed measures will, always, have penalties attached to them, and it is only by taking a proper view of the nature of the labour, that it can be conducted to a happy issue. Let it be remembered that nature should never be diverted from her proper course by the interference of art, and unfortunately for the interest of humanity, it requires more knowledge not to be *officious and meddling* than falls to the share of many of those who

pretend to practice midwifery. When all things are doing well, the active duties of the midwife are limited indeed. To conduct a labour with safety, the practitioner should be well acquainted with its process—the order of events—be able to decide when certain of them are *wanting*, or when others are in *excess*, to estimate the force or effects of each pain—the necessity of preserving or of wasting the waters—the certainty of the presentation—the mode of rectifying any error of presentation in proper time with the greatest advantage to the patient and child.

57. He should be able to pursue a firm, candid and feeling conduct throughout the whole scene. He should not let the *overweening* anxiety of the friends or patient, divert him from his duty, or deprive him from the power of acting. That a kind, feeling and sympathetic conduct has great influence upon his suffering patient I need not tell you—and to deprive her of it, is withholding a right from which nothing can compensate. “She is justly entitled to all the consolation, a well-grounded assurance of a happy termination of her sufferings can afford, and this must be afforded to her from time to time, that she may profit by its encouraging influence, yet she must not be betrayed into false hopes by an ill-judged promise of a speedy issue, when the period from the very nature of the case, must be remote—nothing perhaps is so destructive to confidence, as ill-requited promises of this kind, nothing so sickening to the heart as “hope deferred.”

58. Should you judge it necessary to ascertain

the situation of your patient, let the proposition be made by a *third* person, as the nurse or elderly friend—let her declare the circumstances which led you to believe it would be important, such as the length of time the patient has been in pain, the force and frequency of the pains, the evacuation of the waters if they have taken place, and above all, the necessity of ascertaining the progress of the labour, and the nature of the presentation. If after you have made your examination, you should be importuned for your opinion of the nature of the presentation, and the duration of the labour, do not commit yourself by any positive declaration, unless you are certain of the first, and pretty sure of the latter.

59. Before you proceed to the examination, let your patient be placed with the most scrupulous regard to delicacy, as the slightest exposure is never necessary, let the light be excluded from the room, closing the shutters if it be day, and by the concealment of it, if it be night." Before proceeding farther, it will be important to lay down some general rules by which he and the patient should be governed during the progress of the labour. 1st. The patient should keep cool and as quiet as possible. Her bowels open, and the urine freely discharged. 2nd. Her dress should be such as to require little or no alteration after delivery, therefore, her linen should be so placed as to be out of danger of becoming wet from the discharges; her petticoat should be without shoulder-straps that it may be easily removed, and a bed gown should protect the upper part of her body

or in the absence of these, a folded sheet may be drawn up under her clothes, and slightly fastened at her waist. 3rd. The bed should be so arranged as to preserve it with certainty from the discharges, for this purpose, a blanket should be folded several times and placed on the part of the bed on which the woman will permanently lie after delivery.

60. 4th. The women who have borne children will generally choose their own position in spite of all we may *write or theorize* on this subject. It is customary in many parts, for the woman to place herself in the lap of some strong person, placing her feet on the rounds of a chair on each side. In that case the midwife should be seated on a low chair or stool in front, always remembering not to keep the patient so long in that position as to tire down the holder. 5th. If the woman will consent for you to make the choice, place her upon her left side at the foot of the bed in such a manner as will enable her to fix her feet firmly against the bed-post, her hips within ten or twelve inches of the edge of the bed, her knees bent, her body well flexed upon the thighs—this position will bring the head and shoulders near the centre of the bed, and pillows may be placed to raise them to a comfortable height. She should be covered entirely except her head, if in winter, by a blanket, if in summer, a sheet will be sufficient. In this case, the chair on which the midwife is about to sit, should be so placed that the right arm should be next to the patient; if this be not attended to, her position will be both inconvenient and fatiguing.

61. 6th. Having seated yourself at the bed-side, choose the time of a pain for the purpose of making an examination; and proceed to it with the most rigid observance of tenderness and delicacy. First, the fore finger of the right hand should be anointed with a little soft lard or oil; and is to be carried up along the back of the thighs to the internal orifice, and cautiously introduced into the vagina, carefully avoiding all hurry and rudeness. The finger will probably first reach the neck of the womb, now perfectly developed, covering the head of the child, and pressing somewhat down into the vagina. Passing over that towards the back part, the mouth of the womb will generally be found (in the beginning of labour) pretty far back, and high up. If it should not be well advanced, time should be given for its further progress, but from time to time it would be well to ascertain its condition.

62. 7th. Should the pains be efficient and the mouth of the womb well dilated or open—the waters well pressed down during pain, let the membranes containing the waters be ruptured by the pressure of the finger against them during a pain; or by cutting them with the nail of the introduced finger. When the head is passing through the soft parts of generation, it is of the highest importance to place the palm of the left hand against the vagina and anus, carefully *supporting* it, that there be no rupture; and when the head has fairly passed through, no effort should be made to withdraw the body of the child; its delivery should be trusted

84. DUTIES TOWARDS THE MOTHER.

to the subsequent contractions of the womb, that this organ be not too suddenly emptied, and by this means give rise to *flooding*.

63. Should you deliver the woman while in the lap of another person, or on a straw bed placed on three chairs tied together, which is far better in slow or lingering cases, before you sit down it will be necessary for you to spread a folded sheet in your lap to keep you dry, and receive the child on delivery. Having passed through the conduct of active duties of the midwife during natural or unassisted labour, let me say in conclusion, never be too *officious* or *meddlesome* when all things go well, comfort, cheer, and encourage your patient with all that is kind and lovely, remembering that it is a time of trial and suffering of no small magnitude.

SECTION II.

DUTIES TOWARDS THE MOTHER.

64. Having conducted the labour to the delivery of the child, new duties immediately commence. The first great object is to see that respiration is established—for the most part this takes place the instant it is in the world; indeed it very often cries so soon as the head is protruded through the exter-

nal parts. But if it fail to cry soon after delivery, attention should be immediately paid that respiration may be produced. In cases in which the cord still pulsates there is but little risk, so long as this action continues; and for the most part all that is necessary, is to remove all impediments from the mouth of the child which may interrupt the passage of air to the lungs, or by dashing upon its body some camphorated spirits or brandy. But should there be no pulsation in the cord, the body limber, and especially, if upon dividing the cord—only a drop or two of black blood issues from the cut, the case is desperate, but not always absolutely hopeless.

65. We should in this case carefully remove any mucus that may be in the mouth or upper part of the wind-pipe, wiping it out with the little finger armed with a piece of fine dry rag, or by holding the body and hips higher than the head, and gently shaking the child. In the second place we should endeavour to inflate the lungs of the child by forcing into them by applying our *own* mouth to that of the child and forcibly expiring; or we should endeavour to imitate natural respiration by placing a napkin over the mouth and pressing out the air from the chest afterwards. The child should always be kept warm by the frequent application of heated cloths. Still-born children have been resuscitated under very discouraging circumstances; therefore this should never be neglected, nor should it be too soon relinquished, but persevered in until the last moment of hope. Some children have been re-

86. DUTIES TOWARDS THE MOTHER.

covered after they had been born twenty-five or thirty minutes. The child from being long delayed in the passage, or from having its neck tightly begirt or wrapped with the cord, may be still-born.—In this case its face will be black or livid and swollen—the arteries may have ceased to beat or they may beat vigorously—in such cases nothing can save the child from immediate death but the instant abstraction of blood by cutting the cord, and should the pulsation have ceased, we may sometimes still succeed in drawing some blood by forcing it from the cord.

66. Whenever respiration is established, either naturally or artificially, we should apply a *string* or *ligature* to the cord, provided the *beating* in it has ceased, but not until then. It should be applied an *inch or more* from the navel, and it should be drawn sufficiently tight to make it sure, and then with a pair of *shears* or sharp knife, the cord may be cut about an inch and a half from the navel; and the child handed over to some experienced person to be washed and dressed. Having performed this duty, the next is to deliver the AFTER-BIRTH. This is done by taking hold of the cord with the left hand and gently tightening it while the right forefinger is carried along the cord until it reaches the after-birth, which is to be hooked with the introduced finger, and gently drawn by the cord with the other hand until it passes through the external parts—we should then grasp it with both hands, and give it several twirls to twist the membranes that they may be entirely withdrawn from the womb. It

is then carefully to be placed in a basin or pot, and removed, or if there is a good bed of coals it can be easily despatched by burying it up in them.

67. If the womb does not readily contract, (which is easily determined by its hardness and size) before or after the delivery of the after-birth, we should use brisk frictions with the open hand over the region of the abdomen until the womb becomes very hard, and appears to be disposed to retire within the cavity of the pelvis. So soon as the woman is delivered of the after-birth she should be put to bed, carefully removing all wet things that may be about her, and applying a good *bandage* over the abdomen, pinned as tightly as she can bear with comfort. This should be attended to immediately, unless she should be very much exhausted, fatigued or sweaty; in that case it is better to wait awhile. *After pains* torment almost every woman, with the exception, perhaps, of those with their first child.—These pains by the old women have been considered useful because they are almost always accompanied by the discharge of coagula, which they say must come away; and on this account they oftentimes refuse to give any thing for their relief.

68. But this subjects the patient to most unnecessary tortures, sometimes for many days together, therefore, they should be relieved as quickly as possible. Eight or ten grains of camphor every hour or two, mixed in a little syrup of any kind, will generally afford relief. Should this fail, it would

83. DUTIES TOWARDS THE MOTHER.

be best to combine *laudanum* or *opium* with it. The *regimen* of the woman should be strictly attended to for the first four or five days; indeed the midwife should most *imperatively* charge the nurse that she does not inflame her constitution by giving too many nourishing or stimulating things; as ardent spirits, wine, cordial, spices, animal food, broths, &c.—These should not be used for the first four or five days, or until the milk has been freely secreted and is easily extracted, and very sparingly until after the ninth or tenth day. The *diet* during this time should consist of gruel, mash, or rice and milk, tea, coffee or chocolate, seasoned with sugar and a little nutmeg or lemon juice.

69. The child should be put to the breast as soon as the mother is well rested; this is an important direction, and should not, without strong reasons, be neglected. First, the child's mouth will, by its gentle action upon the nipple, gradually stretch it, and accustom it to extension before the breasts become tender and swelled with milk: secondly, by the nipple being stimulated by the child sucking; an earlier secretion of milk takes place, and the milk will be drawn off nearly as soon as formed, which will prevent the pain so constantly arising from its accumulation, as well as the swelling, which is almost sure to follow its formation. Thirdly, the child keeps the faculty of sucking with which it was born, which in a few days it will lose, and much trouble will be given to recall it: and Fourthly, the early secreted milk possesses a *purgative* quality by which the infant profits by its assisting in carrying off the *meconium*.

70. On the third day, if the bowels have not been previously opened, the woman should take some mild purgative. *Castor oil* is the best, but where this is disgusting or should disagree, *Rhubarb* or *Senna* tea will answer extremely well. Also a strict attention should be paid to the state of the bladder. If there is a *retention* of urine, the *sweet spirits of nitre*, in tea-spoonful doses, repeated every two hours, will generally afford relief in a very short time.

DUTIES TOWARDS THE CHILD.

71. Having spoken of the duties towards the mother, it becomes necessary to turn our attention to the necessary duties of the child. 1st. The child's body when first born is almost always covered with a tenacious, unctuous substance, which is rather troublesome to remove. It is, however, ascertained that *hog's-lard* answers better than any thing else that we know of to detach this substance from the skin. This, then, can be removed by strong warm soap suds and a piece of flannel. After this let the child be daily washed with water, and after completely drying the skin with a soft cloth, rub the child for a minute gently with the hand. The washing, clothing and dressing of the child and navel, is not strictly the midwife's province; nevertheless, as it may be required of her, she must not be ignorant of the place she is called to occupy.

72. 2d. All that is necessary in dressing the navel, is to pass the remaining cord through a hole

made in the centre of a linen rag six or eight inches in length, and about two and a half broad. This may be folded back so as to envelope the cord, and over this is pinned round the child's body, a *bandage* or *belly-band*. After this the child is dressed as fancy directs or as circumstances may force. 3d. For the purpose of purging off the *Meconium* it is found that a little molasses and warm water is generally sufficient. Two or three tea-spoonsfull are to be given at once, and repeated from time to time if the previous quantity be not sufficient—this rarely fails, especially, when aided by the early secretion of the mother's milk. If it should, a tea-spoonfull of *castor oil* will be found the best among the list of purgatives.

73. It is not right to throw into the child's tender stomach harsh ingredients, or drench it with a variety of nostrums. The nurses should be instructed in regard to their *officiousness* in this matter—they should remember that it is better to give too little than too much. 4th. The food for the child should consist of milk, and milk alone, provided the mother has it; and it should be borne in mind that nature provides milk as early as circumstances will permit; and on our part the nearer we imitate nature the nearer we approach to what is right.

74. There can be no objection to nourishment from time to time, meted in proper quantities and composed of proper materials. But it appears that the kind nurse has but one rule by which she regulates the feeding of a newly born child, which

is to pour food down its throat until its stomach can hold no more, it is then permitted to rest a short time until the poor babe cries; it is now imagined to be again hungry; it is crammed again until its stomach, stretched to overflowing, uses more discretion by throwing up its food than the nurse, who, without discrimination, taxed it to regurgitation. This is a horrible practice, and cannot be too severely reprobated.

75. Well, say you, what is the proper food for a child when it has to be fed? *New milk*, or what is called *strippings*, or what is far better, as it does not coagulate, a little fresh *cream* sweetened. This is best administered by means of a sucking bottle, as in this way the saliva is greatly promoted by the action of sucking, is duly mixed and swallowed with the food. But, says the nurse, it throws up its milk, and I think it is too strong for its stomach, therefore, it must be *watered*.

76. Yes, I have seen these milk and water children with their bowels deranged, their limbs emaciated, and their mouth nearly as big as a cat-fishes, crying for a little good sweetened *cream*. It is an established law of the Medes and Persians, that the nearer we can imitate its mother's milk, the better for the child; and this can be better done with strippings and cream than any thing else.— I have thus travelled over the first part of this work connected with parturition, carefully avoiding speculations and abstruse matter, giving important items and facts, which will be useful to

the heads of families, and instructive to those engaged in the practice of midwifery.

CHAPTER IV.—SECTION I.

ON NATURAL LABOURS.

77. We are told that among the Indians of this country, the natives of Abyssinia, and the West India Islands, and, also, the ladies of Sicily, on finding their labours approaching, retire alone to some secluded spot, and there, without assistance, remain until they be delivered, when having washed their infants, and bathed themselves in the next stream, they return to their cabins and their occupations. It is said, amongst these, few women are known to suffer any ill consequences from labour, or to die undelivered. At any rate it must be confessed women in general, especially in a state of society and refinement, endure more pain, are exposed to greater difficulties and dangers, and meet with more accidents from labour than the savages, or any other animals, yet we have reason to believe that much of this is owing to misconduct.

78. I have long been convinced of one important truth that the mismanagement, pride, and extravagance of this age, cause more labour, anxiety, pain and disease than all other things put together; and yet how few will *retract* their course, and *conform* to

the simple laws of nature and propriety. We may fairly conclude that Benificent Providence has endued women as well as other animals with powers which, when unimpaired, are equal to all her natural functions and relations.

79. The classification of labour is altogether *arbitrary*, scarcely two writers agreeing upon the same arrangement. There cannot be any one employed which may not be liable, some to more and others to fewer exceptions. I shall, therefore, divide them into three classes. 1st. NATURAL, 2nd. MANUAL, and 3d. INSTRUMENTAL. 1st. NATURAL LABOUR includes those which most frequently occur. They consist of 1st. those cases in which the child presents the HEAD; 2nd. those in which the BREECH OFFERS; 3d. those in which the FEET OFFER; 4th. those in which the KNEES OFFER.

FIRST STAGE OF HEAD PRESENTATIONS.

80. Although labour is in reality one continued process from beginning to end, and there is naturally no intermediate state or suspension between any one period and another, yet for the sake of precision in treating of it, it will be convenient to divide its progress into *four stages*. 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 duration of this first stage of labour is very different in different women, and in the same woman at differ-

ent labours, but in general it requires more time with the first child than those which follow; and in well formed women it generally takes up more time than any other stage of labour. But during this stage, if all things are right, we should leave 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, assuring her that as far as can now be discovered, all matters are perfectly natural, always, however, remembering that she can neither lessen her patient's pain nor shorten its duration.

81. She is to direct her to walk about her chamber or from room to room, to sit or lie down as she finds most agreeable to herself, and if she can, to sleep between her pains. It is not uncommon to find the parts dilating slowly while the woman is in a horizontal posture, and for labour to advance with rapidity upon the woman walking about or being seated upon a chair, in which posture, the weight of the ovum making a greater resistance to the contractions of the womb, assists in dilating the internal orifice. This is far better than to be following that abominable practice, of *bo-
ring, scooping, and stretching* the soft parts of the mother, under the preposterous idea of making room for the child to pass. Much speculation has been indulged in, to account for the frequency of "*head presentations.*" Undoubtedly this is for the greater security of the animal to be born, expelled or liberated, and is not peculiar to the

human race, for it is the same in the inferior animals, reptiles, and the oviparous products.

82. Thus, Virey found, in the multiparent animals, that the snouts or noses were turned, in the horns of the uterus, towards the vulva; in the viper, the mouths of the young were found placed towards the external parts; so in the egg, the head of the chick is always directed towards the big end.—The same obtains in the ova of fishes; so, also, in the larvæ of insects, the head always escapes first; the chrysalis eats through its shell, and the caterpillar through its silky covering. The frequency with which the head presents, compared with any other part of the body, renders its various positions better known, and also entitles them to be considered as the most natural. Yet even *head* presentations have essential differences, as they are not all equally advantageous. Sometimes the *posterior* fontanelle or opening of the head, can be discovered towards or rather before the centre of the pelvis, and tracing the longitudinal suture we can discover the anterior opening of the head backwards and a little to one side; and the ear can be felt under and a little to one side of the pelvis, we may then be certain that the presentation is perfectly natural.

83. Sometimes it is the reverse of this, and sometimes it is so that the *large* diameter of the head enters the superior strait or brim of the pelvis parallel to the *small* diameter of the upper strait. This renders it less favourable than either of the other positions. Some writers have made *six* or

more presentations of the head in the superior strait of the pelvis. I have carefully considered them all—some I would reject for their learned parade, others for being perplexing to the memory, and this without conveying any essential *practical* information. In order to understand the different presentations of the head, we only have to determine the position of the openings of the head, and the direction of the sutures.

84. The *crown*, therefore, will be distinguished from any other part by its roundness, its firmness, its sutures, and its openings. The most favourable position is when the head of the child rests on the brim of the pelvis with the hind part towards one groin, and the face turned near the joining of the pubic bone of the opposite side, according to the diagonal diameter of the pelvis. Though the midwife should not make herself uneasy, as there are few or no presentations of the head which nature, left to her own efforts in a well formed pelvis, will not rectify or overcome.

SECOND STAGE OF LABOUR.

85. This stage of labour commences with a 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. In the first stage of labour 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 in the second stage 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 bears them in silence.

86. It is during this stage of labour that the child's head, which enters the pelvis diagonally with one ear towards the pubis and the other towards the back part, that is, 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 behind, and the crown, the smallest or most pointed part of the head to the external orifice. If the head is large and 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. In a perfectly well formed pelvis and a small child, this stage may end in a few minutes, but if there be a disproportion between the head of the child and the opening of the pelvis, it may require hours.

87. Should this stage be long, the woman should not be confined to one posture, but indulged and even encouraged occasionally, to rise from the bed, to walk about, &c. This is a period when the impatience and apprehensions of the patient are frequently much excited. In tedious cases the pain returns at short intervals, and are strong and bearing, she longs, and hopes, and strives for a speedy termination, and it

93. THIRD STAGE OF LABOUR.

requires much prudence and no little management to check her impatience, and regulate her conduct. You should, therefore, sooth her sufferings, calm her fears, excite her hopes by all the encouragements her case is justly entitled to.

THIRD STAGE OF LABOUR.

88. 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 distend the soft parts of the mother, at which time, the crown presents at the external orifice, and the forehead and face occupy the hollow behind; and it continues until the soft parts being 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. This stage is generally accomplished in a short time, however, the woman should be placed in some permanent position as directed before.

89. The pains during this period, while the soft parts are undergoing so great distension, become more severe, and at last when the child's head is passing the external orifice, are most exquisite. The part which is most apt to suffer during this period, is that portion of the *perinæum* which extends from the anus to the external orifice which for the extent of one inch or an inch and a half, and the thickness of the hand, is stretched to that of four or five inches, and reduced to the thickness of paper, so that

in the most natural and well conducted labour, it will sometimes give way at this extremely thin edge.

90. Let it be remembered, that this part should *always* be supported by placing the palm of the left hand against it firmly, until the head and shoulders have fairly passed through, that there be no rupture. There is little danger of the perinæum being torn when the child's head passes slowly through the soft parts, therefore, in very rapid cases it should be kept back by placing the right hand upon the protruding part of the child's head. Just before the birth, the head is often found to advance during the pains, and to retire again as they remit, and this alternate advancing and retiring is frequently of infinite consequence to the safety of the perinæum; at this time the sufferings of the patient are extremely severe, at the highest, but after the delivery of the head, a short respite ensues, but the pains soon returning, the shoulders are perceived as they descend to make the same turns as the head had done just before. The next pain or two advances it to the hips, and another short respite now takes place while the hips advance, and with one or two pains more the delivery of the child is accomplished.

FOURTH STAGE OF LABOUR.

91. 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 placenta and membranes. After the child is de-

100. FOURTH STAGE OF LABOUR.

livered, let it lie in an easy posture close to the mother, so as not to put the cord too much on the stretch, with its head and body covered, and its face and 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 cord in *two* places with a strong thread, one about two inches from the child's body, the other about two inches above that, and take care to cut it between the knots, as errors 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.

92. After the child is delivered a short respite ensues, but the pains soon return: then take hold of the cord and gently tightening when the pain is on, the after-birth will soon come away. I seldom ever have had to wait more than ten or fifteen minutes, but sometimes it may happen that you may have to wait an hour or more. After the woman is completely delivered she should be immediately put to bed; the *broad bandage* having been put around her, and a soft cloth well wet in camphor spirits the temperature of blood heat, or well greased with hog's lard, applied to her.

93. The dangerous practice of making the mother rise to her feet or walk to the bed, cannot be too highly censured. Perfect quietude, silence and sleep for some hours are useful if not necessary to every woman after delivery, in order to recover from fatigue, and allow the womb to resume its natural situation. 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 the best interest of her dearest friends.

SECTION II.

PRESENTATIONS OF THE BREECH.*

94. The presentation next in frequency is that of the *breech*, and it is a good rule to treat of labours in the order of their frequency. The breech may, with great propriety, be considered as a variety of natural labour, since the woman most frequently is able to relieve herself, if we except, perhaps, a first child, though the process may be longer and more painful than when the *crown* presents in one of its best manners. This presentation is more favourable for the child than either the feet or knees, especially, in first labours, though the operation generally speaking is slower, and perhaps more fatiguing to the mother. It is in the latter part of this kind of labour while the head is passing, that the hips of the child are brought into most danger, and this arises from the delay in the delivery of the head, and the

*Out of 20,517 births, 373 presented the breech.

102. PRESENTATIONS OF THE BREECH.

compression of the cord. This delay more especially depends upon the bad position of the head, as regards the pelvis, or from the rigidity of the external parts.

95. The presence of the breech at the orifice of the womb, can not be very well ascertained or distinguished before the membranes are ruptured, and the womb pretty well dilated. Under proper circumstances it may be known by its forming a large, softish tumour in the pelvis, which wants the characters of the head, with which it is alone liable to be confounded, for it has neither the sutures, nor the hardness of this part, nor the roughness of the hairy scalp. A deep groove is observed in the centre of this part, which, when traced, leads to the detection of the anus and the parts of generation. A discharge of *meconium* after the membranes have given way, tends to corroborate and confirm the presence of the breech.

96. It must, however, be confessed that there is sometimes a great deal of difficulty in deciding whether the presentation be the head or the breech, particularly when the head is very tumid or swollen.— There are several varieties of this presentation, as well as of the head, and it so happens that the greatest diameter of the head traverses the smallest diameter of the superior and inferior strait. These labours are necessarily slow and tedious, and in many cases where the child is large in comparison with the pelvis, the child's life will be lost. When the breech has passed a sufficient distance through the external parts, the legs of the child fall down, and the remaining portion of the body, by the excessive contrac-

tion of the womb, descends to the armpits where there is a momentary interruption (at the superior strait) to the farther descent of the body of the child, occasioned by the size of the shoulders and position of the arms; but from the pliant disposition of these parts it is but temporary, for they are made to accommodate themselves to the shape of the pelvis by the repeated contraction of the womb.

97. When the body has passed on to the external parts it is entirely from under the direct control of the action of the womb; the voluntary powers *alone* have an influence on it at this period of labour, and though the external force may, and almost always does become necessary to terminate the labour, it must always be made to co-operate with those powers by soliciting the woman to exert them as amply as may be in her power. It must be remembered, that the *perinæum* in these cases is more apt to be torn or ruptured, and therefore, must be well *supported* by the hand.

SECTION III.

PRESENTATION OF THE FEET.*

98. The presentation next in order of frequency is that of the *feet*; these are with propriety ranked among the natural labours, because the woman is

*In 20,517 there were 234 feet presentations.

enabled to deliver herself. These cases are generally easy and safe to the mother but *dangerous* to the child; and that danger arises from the *compression* of the cord, which cannot happen until the hips and body be delivered. Very little assistance is necessary in these cases until after the child be delivered as far as the hips. The presentations of the feet are readily distinguished from all others, by there being no other parts of the child which resemble them; the hands alone bear any analogy, but from the hands they are easily told by the projecting heels, the short toes, and especially by the absence of the thumb. It is worthy of remark here, that the midwife be particularly careful before she makes use of any force in extracting, to distinguish the *feet* from the *hands*, as she might inevitably do mischief, and render the case more difficult.

99. The feet being small will frequently descend through the internal and external orifice before there be much dilitation or relaxation of the parts. When the child shall have advanced as far as the hips, we are then to consider how it lies in the womb, and this is to be discovered by the position of the toes. If they point obliquely backwards towards the mother, the position is then the most favourable; if not, it will then be necessary to begin during every pain to turn it a little, or rather to suffer it to turn spontaneously, so that the fore-part of the child shall be to the back of the mother, by the time the arms and head come to be delivered. At the same time be careful to attend to the navel-string; relax it by

drawing it down a little so as to save it from as much *pressure* as possible.

100. It may, perhaps, be proper to remark that in these presentations the feet and legs do not hang loose or dangle in the pelvis, but on the contrary, the thighs are flexed against the abdomen, the legs forced against the thighs, while the heels are almost, always, placed against the breech, or are in its immediate vicinity. It will be readily perceived that one foot cannot well descend without the other. Should more than two feet be found in the passage, as in twin cases, (this rarely occurs, or it seldom happens, that the membranes of both give way at the same time, or before one of the children is delivered,) we must be careful to select those which belong to the same child. This sometimes creates more difficulty than would at first be imagined, for simply selecting a right and left foot by no means proves that they belong to the same body, and if they should not, much inconvenience may be experienced. It would be well in these presentations to apprise the friends of the patient of the risk the child must, inevitably, run in its delivery, that no blame be attached to the midwife.

SECTION IV.

PRESENTATIONS OF THE KNEES.*

101. The presentations of the *knees* are very rare indeed, and I might, perhaps, have passed them over in silence, without incurring much censure for the omission. Until the membranes be ruptured, and the mouth of the womb properly dilated, it cannot well be ascertained that the knees offer. They may be distinguished when together by their similarity, and the roundness of the long angles they form. When but one presents, which is most commonly the case, it is not so easy, but we may trace the leg and find by this means the feet which puts the matter out of doubt.

102. The mechanism of these labours is precisely the same as those of the feet, for the latter must be quickly developed if the labour proceed, and they are reduced to footling cases. It is generally the case as the child advances that the breech will descend in proportion to the advancement of the knees, and if it does, the knees will almost certainly be arrested against some portion of the pelvis, in which case, the contractions of the womb, and the efforts of the woman are almost sure to be unavailing, though continued for hours. I think it always best to bring down the feet and knees by pushing up the breech, unless the mouth of the womb is sufficiently dilated, and the feet are found to unfold,

*Of 20,517 births there were only 4 of the knees.

or the knees to advance, in this case we may trust the labour to nature.

103. I have now finished what I have to say on *natural* labours with the exception of *twin cases*. I have carefully and regularly considered them all, and arranged them in such a manner that they can be easily comprehended and understood by every capacity who will think, reason, and judge. And I hope to be credited when I declare, that more mischief is done, more pain and misery occasioned, and more broken and shattered constitutions are produced by the untimely interfrance of art, by handling, boring, and stretching the parts, than by all other things put together. And could I persuade the parturient patient of this one fact, she would not be soliciting, teasing, and crying to the midwife for so much *help*. She should remember, that Beneficent Providence has so ordained and decreed, that for her to become a mother, she *alone* must suffer, bear and endure her *own* pain, while her dearest and most intimate friends and neighbors can only sympathize, cheer and encourage her in the most desponding, trying and painful states in which she can be placed. Therefore, though most labours are perfectly natural, and require but little to be done, you should nevertheless, *procure* good, experienced, and efficient help, that it may be upon the *spot* in case of some unforeseen accident, that your life be not jeopardised or trifled away, when proper and timely help might have been afforded for your relief.

SECTION V.
OF TWINS.

104. Under this head I shall consider pregnancies composed of two or more children. *Twins* are of rare occurrence, so much so as to render it difficult to establish the proportion between them and single births. But in this country, according to the best account, the average is about one in *seventy-five*.—The climate, or the state of civilization, seems to exert an influence upon the multiplication of the human species, and that where the means of life are more abundant, or more easily procured, the proportion is probably increased. Women who are more than ordinarily large are apt to suspect themselves pregnant with twins, but the extraordinary size of the abdomen—the division of the abdomen into tumours upon its anterior surface—the swelling of the inferior extremities after the third or fourth month—the numerous places at which the woman feels motions or stirrings, are not *positive* signs or indications, but may only be considered as strong presumptive evidences of twins, as the whole of these signs have been known to exist without the woman being pregnant of twins.

105. The uncertainty whether the woman be pregnant of one or more children, fortunately, is of no consequence until the labour has positively commenced, for previous to this time our conduct in every respect should be the same as if there were but one child. But at this period it would in many in-

stances be extremely useful when the children were offering untowardly, as the cause of difficulty would then be ascertained, and the indications fairly declared. It is worthy of remark here, that each child generally is enveloped in its own *membranes*, and has its *waters* and its *after-birth*, though sometimes they may be enclosed in one common covering of membrane, and inhabit the same nidus, and float in the same waters, at other times they adhere together, or are connected by interposing membranes, and should be delivered together. After the expulsion of the first child, the rules of practice in twin cases are to proceed to the delivery of the second in the same way, governed by the same rules. It generally happens that after the birth of one, that the pains will pretty quickly ensue and deliver the other, if its position be natural, or there will be a suspension of pain for a short time, and then they will come on more rapid than before, and expel the second child much sooner than the first, as the tonic and spasmodic contractions are more powerful, because this alternate action is concentrated upon one instead of two children, the parts having been previously dilated, there will be less resistance to overcome.

106. One thing should be constantly borne in mind, that *speedy* deliveries are attended with more danger than *lingering* ones. 1st. Because the womb has not had time to contract and lessen itself down to that small sphere that will close the mouths of the bleeding vessels, from whence arises this unusual *flooding*. 2nd. Because the parts were rapidly put

upon the *stretch* before they were properly prepared, and hence they will not so readily return to their healthy state. Then as the womb has been more distended in case of twins, it must have more time to contract, therefore, nature, the best and wisest physician, orders that these twin cases should have longer time to accomplish their work. And in all cases where there is much *flooding*, you should reasonably conclude that the womb has not contracted down so as to close the mouths of the bleeding vessels, therefore, *brisk friction* should be made over the region of the abdomen; also *two strings* should always be applied to the cord (as directed par. 91) in all cases where you suspect twins.

407. You should not make any attempt to deliver the first after-birth, (unless it is loose in the vagina,) until after the birth of the second child, and then you should take hold of the cord, pulling gently but pretty firmly by the cords, but not with equal force on each—if you do, you tend to bring both placentæ at the same time to the mouth of the womb, and their united bulks will not readily pass it—you should, therefore, act more firmly upon the cord FIRST out, as it is more than probable that its placenta is nearest the orifice and will more easily descend, and at the same time bring the other with it.

PART III.

2ndly. MANUAL LABOUR:

Under this head I shall include PRETERNATURAL or DIFFICULT cases which require the HAND or ART to deliver them, and also, the mode of operating in such cases.

CHAPTER I.—SECTION I.

PRETERNATURAL OR DIFFICULT LABORS.

108. Many causes may render a *natural* labour, a *preternatural* or *difficult* one, or it may be essentially bad from the beginning, owing to the untoward situation of the child. This may, therefore, be both accidental and unavoidable, or they may be rendered so by mismanagement. A labour may commence with every prospect of being speedily and successfully terminated, but after a continuance for a longer or a shorter time with the fairest promise, the patient may be assailed by some accident which puts in jeopardy her life or that of the child, or both, and from which nothing can save them but the well directed and timely interference of *art*. Let me say to the midwife, that it is in tedious and laborious cases of midwifery, that her knowledge, her patience, her humanity, her fortitude, and her integrity, will be put to the severest trial; her knowledge in forming a

cool and deliberate judgment of the case before her, her patience, in yielding a long and painful attendance on a case which she will be too apt to imagine, may, by a little interference, be speedily despatched;—her humanity and fortitude in bearing and resisting the distressing complaints and apprehensions of her suffering patient—and her integrity in permitting no consideration, whatever, to interfere with her present duty, to which she must be prepared to sacrifice her time, her pleasure, her ease, her interest, and even her reputation; or she is unfit for this profession, and should turn her thoughts to another.

109. One of the most common, and at the same time one of the most alarming accidents is, 1st. *flooding*: Should this take place in the early part of labour, and before the mouth of the womb be sufficiently well opened for the purpose of delivery, we should attempt to moderate the discharge by rest, a horizontal posture, by cold applications, by plugging up the vagina and mouth of the womb with a sponge or some other soft substance, or by giving a few drops of *Laudanum* with two or three grains of *Sugar Lead* occasionally. Should the flooding take place when the orifice of the womb is well dilated, or easily dilatable after the waters have been discharged, we should proceed to turn the child and bring it down by the feet, if there be not a speedy prospect of delivery by the natural way. 2nd. *Convulsions* may attack a woman after labour has commenced, and under precisely the same conditions of the womb as has been stated above: after *copious blood-letting*

if these do not subside, and the womb be perfectly open, we should turn, and deliver by the feet. 3d. In cases of extreme *faintness* or when the powers seem to be too tardy in cases of *rupture*, we should also expedite labour by turning and delivering speedily by the feet. 4th. We find in some *obliquities* and partial contractions of the womb it becomes necessary to turn and deliver.

110. It sometimes happens that though the crown may present, yet its untoward position may be such that the *great* diameter of the child's head may not correspond with the greater diameter of the superior strait, and in some cases of this kind it may be expedient to turn and deliver by the feet. We may lay it down as a general principle that in *all cases*, whatever, where the head is not pressed down in the pelvis, and the probability that the child will not be speedily delivered, if any untoward or dangerous symptom should arise, which will jeopardise the life of the mother or child unless they be speedily delivered, we should endeavour to turn and deliver.—This, however, can never be done with propriety unless the mouth of the womb is dilated, or is easily dilatable—if previous to this time bad and dangerous symptoms occur, we should endeavour to allay and prevent them by the use of the best means and remedies we possess, and wait patiently until we can accomplish the delivery by the introduction of the hand.

111. It so happens, sometimes, that the shoulder presents at the superior strait, and one or both arms protrude through the orifice.—This gives

the midwife great uneasiness, and sometimes much trouble, but it should be borne in mind, that the presence of the *arm* is only an indication that the shoulder presents, and you should not injure the arm for it will do no good, if the arm was taken off it would not better the condition, therefore, if you are present when the waters discharge, you should endeavour to prevent the arm from coming down by pushing up the shoulder, and if you cannot get the head to present you should always bring down the feet. Sometimes you may be called when the arm is already protruded, in that case let the arm *alone*, introduce your hand and bring down the feet. *Face* presentations are difficult and slow in every stage of their progress, and sometimes like every other kind of labour they must be turned and delivered by the interference of art. But in all untoward presentations if no very bad symptoms arise, give ample time for nature to accomplish her work—you will, also find other parts of the child to present, when there is little or no probability that delivery can be effected in any other way than by changing its improper position, and bringing down the feet.

112. *Tedious* labours are more apt to follow women with their *first* child, although young and well formed, than the succeeding ones. 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. Also very *fat* women are observed to be subject to slow labours from a remarkable feeble action of the womb

with which their labours frequently begin, and in 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. *Fever* during labour may be the consequence of long delay, or an unusual rigidity of the soft parts may be present, therefore, in such cases, the treatment should consist of rest, cool air, cooling regimen, open bowels, empty bladder, blood letting, and the occasional use of opium, aided by such remedies as will promote a kind'y moisture of the skin.

113. It sometimes happens that the womb so effectually closes immediately on the delivery of the child that the after-birth is retained, and cannot, without great injury to the mother, be delivered at the time, but in these rare cases it has been known to come away of its own accord on the second or third day while the woman was making water or on the stool. *Premature* delivery is almost always attended by more or less delay, though in cases of deformity of the pelvis when there is no probability that the child can pass through the cavity of the pelvis at the period of *nine* months, it may be advisable and proper to rupture the membranes at the end of seven months or later, and bring on labour, by which means, we can often save the life of the child and mother: But this should not be done unless it be positively known by a previous labour, that a living child cannot be born at the full term of gestation. It happens sometimes that labours are rendered slow and tedious by the shortness of the cord, and by its being wrapped around the neck, which prevents its ready descent.

At other times we are much embarrassed by the deformity of the woman's pelvis—enlargement of the head by dropsy, tumours upon some part of the child, &c., &c.

114. All these may occur, but they are of so *rare* occurrence that a limited practice might never come across these cases. In the "Hospice de la Materne," in Paris, by Madame Bovine, one of the superintendants, of 12,751 births, 11,216 were of the most natural presentation, with the crown to one or the other groin, 92 with the head differently situated, and 1,433 preternatural. These calculations prove that it is seldom necessary to take a case of midwifery out of the hands of nature; but they prove too that there are cases in which the unassisted is absolutely unequal to the delivery, and in which, but for the interposition of *art*, both the mother and the child must necessarily perish. It becomes, therefore, equally our duty to consider what experience has taught us on this head, and in all cases, especially in this "enlightened and monied age," procure a competent person to attend to this department of business, and let me say, in conclusion, to those who officiate in this branch of business, should you meet with an extreme case, call on some good, judicious aid, which instead of wishing to rise and make money on your precaution and kindness, will help you in delivering the suffering patient.

SECTION II.

TURNING THE CHILD AND DELIVERING BY THE FEET.

115. This is an operation seldom attended with much difficulty and danger when done at a proper time and in the right manner: 1st. give your patient a good dose of *Laudanum* and wait until it begins to affect her, then place her on her back at the edge of the bed with her feet supported on the lap of assistants: the operator kneeling or setting on a low seat before her with the hand and parts well lubricated with *lard* or *fresh butter*—the fingers collected into a cone in the time of a pain, gently and slowly introduce into the vagina, and then, in the absence of a pain, gently slipped into the womb, and carried in the direction of the feet, while the other hand externally fixes the womb steadily, when you have gained the feet, if you cannot get both, one, however, will answer, and generally the child can be turned with nearly as much ease by one as by both. It is better, however, when only one foot can be had, to bring it to the entrance of the vagina, and secure it by a fillet, while search is made for the other.

116. It will be recollected that the most natural presentation is the most common, and that in that case, the child's head is at the brim of the pelvis, with the face and belly to the back of the mother, the knees bent to the breast, and the feet and breech towards the upper part of the womb. The feet should be conducted in such a manner as will make the toes

118. TURNING THE CHILD AND DELIVERING THE FEET.

constantly look towards the abdomen of the child, (this should be remembered) as no attempt should be made to turn the child during a pain, but after the feet are without, every advantage should be taken of a pain, and the feet should be brought through the external parts in such a manner as will place the toes towards the anus of the mother, and when it is drawn downwards until the navel-string appears, a loop of the cord should then be drawn without, that it may not be injured by being put too much upon the stretch. The child should be made to pass through the arch of the pubis with its spine looking towards, or pressing against either the right or left leg of the pubes, that the head may enter the superior strait obliquely: this must be done by a little turn of the body, if it does not place itself in this situation as we continue our tractions downwards.

117. Little difficulty is experienced in delivering the child thus far. The *arms* now begin to make some resistance, but you must pass a finger or two upon the point of the shoulder, and pressing it pretty firmly downwards, and then tracing the arm to the elbow, this we endeavour to bend by pressing it on its internal surface exactly opposite the joint, and at the same time urging it downward and forward toward the face of the child, when it will almost always disengage itself, and fall into the cavity of the vagina, from whence it is easily delivered by hooking it forward with the point of the finger, the other arm will be delivered in the same way. Having delivered the arms, lay the body of the child on your left arm, and passing two fingers of that hand

into the vagina, introduce them into the child's mouth, and draw the lower jaw down a little, then extend the fingers above the mouth on each side of the child's nose, at the same time, place the fingers of the right hand across the child's neck, and with this purchase, cautiously extract during the pain, or from time to time in imitation of the pains when there are none, sometimes pulling gently downwards, and backward, again upward and downward, and from side to side, and as it descends, raise the back of the child toward the belly of the mother with the nape of the neck against the pubes, the face will turn out, and the delivery will be finished.

118. The *perinæum* should always be supported by an assistant in the last part of this process, and gentle pressure over the region of the womb, will greatly aid its contraction, and thereby prevent *flooding*. It will be readily seen that in deliveries of this kind, the child must run a considerable risk whenever there is the least delay to the delivery of the head. This danger arises from the compression of the cord, also of the head and chest, and from the severe extension, and sometimes from the unguarded twisting of the neck more than it can naturally turn. When necessity obliges us to terminate a labour either well or ill begun, let it be remembered, that *caution and dexterity* are more necessary than *force*, and that kindness, sympathy, and moderation, should characterize the conduct of the operation from beginning to end.

SECTION III.

INSTRUMENTAL LABOURS.

119. Agreeably to my plan I have divided labours into—1st. NATURAL, which usually come on at the full period of *forty weeks, or nine calendar months,* in which the head most commonly presents, though sometimes the *breech, feet, and knees.* The progress is regular, and is accomplished by the unassisted efforts of nature, and completed usually within twenty-four hours. 2ndly. MANUAL. (which means by the hand or interference of art.) Under this head I have included PRETERNATURAL when the child presents the arm, shoulder, thigh, back, belly, or any other unnatural part. I have also included DIFFICULT or TEDIOUS LABOURS which were rendered so by local and constitutional causes which prolong or interrupt the natural process of labour, and require the assistance of art to accomplish the delivery.

120. I come now to speak of, 3dly. INSTRUMENTAL, by which I mean cases that are terminated by the use of instruments. According to the report of the Hospital at Paris, in 17,308 women which were delivered, of these 16,286 were perfectly natural presentations, 230 only of these were delivered by art, (one in 76½,) 161 by turning, on account of preternatural presentation, 49 by the forceps, (one in 353½,) 13, (or one in 1332,) by the crotchet, and in all these, the death of the child was first ascertained. *Baudelocque*, one of the greatest advocates of the for-

forceps, confesses that he is not very far from believing that this gentlest, (as he calls it) of instruments, has been more fatal than useful to society—that even the *forceps* have destroyed more than they have saved. Also, *Dr. J. Clark*, seven years master of the Dublin lying-in hospital, assures us, that out of 10,387 cases delivered during that period, only fourteen occurred in which the *forceps* were necessary, and that he is fully convinced the danger arising from tedious labour is seldom lessened by the common expedient of extracting instruments.

121 This shows how *cautious* we ought to be in pronouncing a case one which must be terminated by the use of instruments: and inasmuch as I am writing for the common people, of common and every day occurrences, I have thought proper to say in conclusion, that should these *rare* or *extreme cases* fall under your care, it would be well for you or your patient to call on some more experienced aid. This is the course we pursue in all the common avocations of life or circles of society, we appeal to higher and more experienced workmen or councils, in hope of helping and bettering our condition. And why not in *difficult* cases in the practice of midwifery? I wish the practice was more common than what it is, but in these United States, our bumps of *self-esteem* are too largely developed for the best interests of society and the common good of the commonwealth.

TREATMENT
Of Diseases of Children.

PART I.

CHAPTER I.—SECTION I.

WORMS.

1. All nature teems with living creatures. The air, the earth, and the sea, all abound with life. The atmosphere we breathe is frightened with myriads of insect-eggs, that elude our senses. The *skin* which surrounds the body, is the receptacle of a numerous progeny, which breed and burrow, and cause that troublesome disease called the itch. So, also, the internal linings, the bowels, are accordingly infested with *five* distinct species of worms, which have a *spontaneous generation*. It is here they meet with a proper stimulating power and soil to quicken them into life. They readily find a nest in the mucous which is secreted by the intestines, in which they involve themselves, and feed and breed, until they often form a large family of these irritating and troublesome creatures.

2. 1st. THE LONG THREAD-WORM is from an inch

and a half to about two inches in length, and not much larger than a hair. These worms are seldom numerous and are principally found in the large intestines.

2nd. **THE MAW OR THREAD-WORM.**—This is a very small white worm, and is found only in the large lower intestines, where they are often collected in almost countless numbers.

3d. **THE LONG ROUND-WORMS.**—These are from two or three to ten or twelve inches in length, round, of a yellowish white colour, of nearly a uniform thickness except at the point. These are the worms which mostly annoy children—inhabiting the small intestines, and occasionally ascending into the stomach.

4th. **THE BROAD TAPE-WORM.**—This is from thirty to forty or more feet in length, is flat, white, and composed of a series of concatenated joints resembling a piece of white tape, and inhabits the upper portion of the bowels and the stomach.

5th. **THE LONG TAPE-WORM.**—This worm is often of incredible length, and is the most common species of tape worm, and is passed off in pieces of a greater or less number of joints.—It inhabits the stomach and small intestines.

3. **SYMPTOMS.**—Countenance pale, and lead-coloured, with occasional transient flushes, eyes dull, with pupils dilated, with a bluish semi-circle around the lower eyelids, tickling in the nose, tumid upper lip, headache, sleep disturbed by dreams, and broken off by fright and screaming, convulsions, feverishness, thirst, bad taste in the mouth, grinding of the teeth, offensive breath, variable appetite, cough, emaciation, transient pains in the stomach and bowels, frequent

slimy stools or costiveness, urine turbid, yellowish or milky, abdomen full and hard, tongue furred, occasional nausea and vomiting; the surest indications are a discharge of worms from the stomach and bowels. The *broad* tape worms produce the severest mischief on the body. The maw or thread worms are generally extremely annoying, particularly in the evening soon after lying down, they usually occasion a very distressing itching in the anus.

4. CAUSES.—The causes of the generation and increase of worms may be traced to a sedentary and inactive course of life, habitual exposure to a humid atmosphere, the abundant use of fat, mealy articles of diet, fresh milk, the use of more food than the stomach can digest. They are commonly met with in persons of weak, enfeebled or irritable habits, and, therefore, prevail much more extensively in children than in adults, in women than in men. They are quite prevalent in families which use their food very fresh, and which labour under a weak state of the digestive organs. I have had occasion to observe that the stomach as well as the womb, is the great organ of sympathy, and associates in affections of the most remote parts of the system. This is particularly the case with respect to the irritation produced by worms, and especially, those that exist in the stomach itself or the upper part of the bowels, hence, many diseases are influenced or occasioned by worms. Epilepsy, dropsy of the head, convulsions, palseys, fevers, dropsys, &c., all may occasionally be the result of the irritation of worms.

5. TREATMENT.—In prescribing for the removal

or destruction of intestinal worms, it is of considerable consequence to confine the patient to a spare and liquid diet, and give one or two purgatives a few days previous to the exhibition of the proper expulsive remedies. 1st. The removal of the *thread worms* which inhabit the lower bowels, is attended with some difficulty, though once removed for the time, they almost always return again and again in those who are once infested with these worms. The best mode of prescribing for the expulsion of these troublesome worms, is to give three or four *alætic* purgatives every second day, and use injections of lime-water and milk, or what is still better, injections of spirits of *Turpentine* mixed with milk: aloe or other vermifuges will do for injections.

6. 2nd. For the removal of the common *Long Round-worm*, take an ounce of *Pink-root* to a pint of water boiled down to half a pint. This being sweetened is to be drank in the course of three or four hours: as soon as the whole of the decoction is taken, give half an ounce of *castor oil* and a fourth of an ounce of the spirits of *turpentine* to a child of from four to eight years old. This will rarely fail. If it should, repeat the oil of turpentine. From four to eight drops, or twenty to forty grains of the seeds of *Jerusalem oak* is a valuable remedy. Half a tea-spoonfull of the *Cowhage Down* twice a day for several days has succeeded well. Two or three grains of *camphor* dissolved in an ounce of water and sweetened, may be given three or four times daily for several days. This, though simple, is very efficacious to expel and prevent the generation of worms. The

spirits of turpentine, from half an ounce to an ounce, stands on the list of vermifuges as high as any thing we possess. This should be given with milk, coffee, or other fluids.

7. 3d. For the expulsion of the *Tapeworm* we generally give the root of Male Fem, Filings of Iron Valerian, the bark of the pomegranate root, spirits of Turpentine or the empyreumatic oil of Chabert. Whatever mode of treatment be adopted it is always of much consequence to prepare the patient by a spare and liquid diet, and the daily use of small doses of saline purgatives for four or five days, and then commence on one or the other of these vermifuges, and repeat them daily until you have expelled the entire worm. To prevent the rapid reproduction of worms after they have been expelled or destroyed by vermifuges, recourse must be had to *tonic* bitters. The *Worm-moss* is, perhaps the most valuable; an ounce of this sea-weed with a little valerian should be boiled in a pint of water down to one gill. Of this, a tea-spoonfull may be given every morning, noon and evening, with peculiar advantage to children labouring under worm affections arising from mere debility of the digestive organs, and vitiated secretions in the bowels.

SECTION II.

DIARRHŒA OR LOOSENESS.

8. We are now to enter on the consideration of that important class of diseases, which is known to the world under the familiar denomination of *Bowel complaints*. Diarrhœa or looseness is an affection of the bowels—a very common disease, and is met with in every country—in every class of society—in every age and season of the year. It prevails more in the summer and autumnal months, particularly among children. It is characterized by too frequent, too copious, too liquid, feculent and slimy stools, with more or less murmuring and griping pains in the bowels, dryness of the skin, and sometimes sickness at the stomach.

9. *The immediate cause* of looseness consists in an increased peristaltic motion of the intestinal tube; therefore, any thing that will irritate the mucous or lining membrane of the bowels will excite the disease, and this may result of causes acting on them *directly* or *indirectly* through the medium of the general system. 1st. *Directly*, by taking foreign matter or substances in the stomach, or by irritants formed or engendered into the stomach or bowels. Among these causes may be enumerated irritating and indigestible articles of food and drink, acrid or vitiated bile, acid generated in the bowels, worms, fresh acid fruits taken to excess, intemperance in eating or drinking, &c. 2nd. *Indirectly* it may occur from sudden changes which turn the perspiration in on the bowels cold,

particularly when applied in a humid way to the feet or abdomen, is one of the most common and powerful causes of looseness. Besides these, there are many other local and general causes capable of producing violent and protracted looseness. Dentition or cutting of teeth, diseases of the liver, lungs, and other parts of the body, in the last stage of measles and many other diseases, sudden emotions of mind, excessive fatigue, late hours, irregular habits, &c.

10. TREATMENT.—In the treatment of diarrhœa, the first thing is to inquire into the cause, the progress, the length of time it has continued, the age, constitution and debility of the patient, and decide upon the treatment according to each particular case. First, there are *three* principal indications to be attended to in the treatment. 1st. To remove the irritation in the intestines. 2nd. To allay the morbid irritability of the lining *coat* of the bowels. 3d. To diminish the flow of blood to the intestinal canal. To accomplish these ends, 1st. regulate the diet and give liquids or soups, *rice water*, toast water, chicken or beef tea, wear flannel or warm clothing, and keep the body as much at rest as possible. If the exciting cause is improper diet, vitiated or redundant bile, acrid or offensive ingesta, no hopes of procuring relief can reasonably be entertained, unless these irritating matters are removed out of the bowels by gentle physic, and the irritation allayed by soothing means. This can be effected by *Castor oil* or *Rhubarb* or its tincture, after which, *Paregoric* or *Bateman's drops* and *Prepared Chalk* will frequently affect a cure at once. *Ipecac* is sometimes useful in clearing out the stomach

and determining the fluids to the skin. If looseness is produced by a sudden chill on the surface, or cold which turns the perspiration in on the bowels, a restoration and maintainance of that perspiration on the skin, will be peculiarly proper. This can generally be done by giving a decoction of *Butterfly weed* or *Pleurisy root* or Dover's sweating powders. When a looseness is accompanied with a pale and fretful expression of the countenance, a hard and tumid abdomen, frequent picking at the nose, voracious or changeable appetite, and the discharge of indigested portions of food in the stools, it must be considered as an affection of more serious import; in such cases it is greatly increased by the irritation of worms in the bowels, then the *Worm Moss* is, perhaps, the most valuable; and other medicines for worms ought to be given.

11. Very frequently looseness is increased or sustained by impaired digestion in consequence of a weakened state of the stomach and bowels, requiring in this case stimulants or astringents, such as gum kino, cinnamon, spices, aromatics, &c. Sometimes, however, the disease assumes a chronic character and becomes exceedingly obstinate to manage. If it is of long standing, it requires more active astringents, such as the infusion of blackberry root, crow's-foot, but above all the *Butterfly-root* followed by the constant use of *Prepared Chalk* mixed with *Bateman's drops*. Should the disease pass into a highly irritable condition or chronic inflammation of the bowels, characterized, by tenderness or soreness to the touch in the abdomen, astringents or active purges will be de-

cidedly improper. *Frictions* over the abdomen, warm bath, camphor spirits or turpentine rubbed over the abdomen will be highly serviceable. Looseness from cutting of teeth ought not to be checked or stopped suddenly, unless quite severe, it will frequently change to dropsy of the head, or some other complaint, and hence you will incur a worse disease than the former. Should the disease be the result of some other malady, as consumption, it can only be palliated by soothing means until the complaint is cured.—Children or weakly persons ought to accustom themselves daily to the use of the *cold* or *warm bath*, particularly the *cold* during the warm season. It will invigorate and strengthen the system, relieve and prevent bowel complaints, and keep the system free from many other diseases.

SECTION III.

CROUP OR HIVES.

12. This frightful disease is peculiar to young children, generally between the first and fifth year of age. Some families are especially liable to it, and a child having once been attacked is very liable to its return. It is not contagious, but sometimes prevails epidemically—is more common near the sea coast, and marshy districts—occurs more frequently in the

winter and spring than in the other seasons: florid, robust and fat children are much more predisposed to the disease than those who are of an opposite habit. The disease consists of an inflammation of the mucous membrane of the superior portion of the respiratory tube. The inflammation usually commences in the fauces or back part of the mouth and descends thence into the wind-pipe, and occasionally even in the tubes of the lungs, terminating after a longer or shorter period from its commencement in the formation of a *false membrane*; which, according to the latest and most accurate observations, appears to consist of a concrete, albumenoid, or muco-purulent matter. This false membrane or frothy mucus sometimes in a few hours blocks up, or cuts off the passage of vital air into the lungs.

13. SYMPTOMS.—This disease sometimes comes on suddenly, and acquires the utmost degree of violence in the course of a few hours. More commonly, however, its approach is gradual, the first symptoms being those of common catarrh, and sometimes ulcerated sore throat. A dry and hoarse cough with slight difficulty of breathing, and a change of the voice, are generally the first intimations of its invasion. This very peculiar hoarse, rough cough, oppressed breathing and slight fever, continues sometimes for several days. Sooner or later the disease advances rapidly to its state of full development, and all the symptoms acquire a most alarming and distressing degree of violence. The respiration becomes difficult and oppressive. The *crowing* noise or cough becomes more ringing or sonorous—the countenance flushed, the

pulse frequent, tense and quick, the skin dry and hot, the head thrown backwards, much thirst and extreme restlessness prevail.

14. CAUSES.—The *exciting* causes of this disease are *colds* or sudden changes of the atmosphere, dressing children so as to keep the neck and upper part of the chest perfectly bare, and thus rendering them more liable to the injurious influence of *cold* in these parts. We have already seen that the immediate cause was the formation of a mucous membrane in the wind-pipe, by the irritation of which, a spasmodic contraction or closing up of the respiratory passages was affected.

15. TREATMENT.—The cure demands prompt and active remedies; and it is obvious that the general indications to be kept in view in its treatment are—
1st. To subdue the local and general inflammatory action as speedily as possible; and, 2^{ad}. To promote the discharge of viscid and coagulable secretions which are lodged in, and obstruct the superior portions of the respiratory tube. 1. *Blood-letting*, then, is our principal reliance, especially in extreme cases. This should be promptly and copiously attended to, particularly where the local and inflammatory action is strong—where the pulse is hard, quick and vigorous, attended with a dry and sonorous cough and respiration.—Such cases are apt to terminate in the formation of a false membrane in the wind-pipe, and our efforts ought to be prompt and vigorous to reduce the inflammation below the grade necessary for the formation of this viscid, limpid, membranous matter.

16. *Emetics* are important remedies in this disease, and may, indeed, be regarded as indispensable in its remediate management, assisted by warm baths, blisters or some other irritating substances to the throat of the patient. You can frequently subdue mild attacks of the disease without the aid of blood-letting. The *Lobelia* I believe to be the best emetic in this disease. *Tartar emetic* stands second. The *Blood-root*, *Ipecac*, *Squills*, &c., are also valuable. Calomel has been recommended by some very highly. Seneca Snake-root and Liver of Sulphur are articles which have been recommended highly in this affection. The following mixture, as an *emetic* in croup, after proper depletion, has been practiced:

Infusion of Seneca Snake-root, four ounces.

Syrup of Ipecac, one drachm.

Oxymel of Squills, three drachms.

Tartar Emetic, two grains.

Take a table spoonfull every fifteen minutes, until free vomiting is produced.

Purgatives and Warm bath are useful auxiliaries in the treatment of this disease. Blood-letting, Emetics, Warm-bath, and applications to the throat, should often be repeated in the commencement of the disease. Some cases have been suddenly checked by giving large doses of table salt and vinegar so as to puke rapidly. Of late cold bathing, and, especially, the application of cold water to the throat by means of a bladder, has been introduced, and highly recommended. I cannot speak in reference to this matter, having never tried it.

SECTION IV.

DROPSY OF THE HEAD.

17. This complaint occurs most commonly during childhood, and the period of dentition is the age of the greatest aptitude to the disease, and it is rarely known to extend beyond the age of twelve or fourteen, and it seems more frequently to arise in those of a scrofulous and rickety habit than in others. It is an affection which has been observed to pervade families, affecting all or the greater part of children at a certain period of their life, which seems to show, that, in many cases, it depends more on the general habit, than on any local affection or accidental cause. The essential features of the disease consist generally in an inflammation of the membranes surrounding the brain, terminating in a serous effusion or *collection* of water within the ventricles, or upon the surface of the brain.

18. SYMPTOMS.—It may be divided into *three stages*. 1st. The *first stage* may be called the *irritative* period for, in the forming stage, the symptoms are those of an *irritated*, rather than an inflamed condition of the brain. During this period, the patient is wakeful, irritable, and fretful, evincing a repugnance to strong light; the pupils of the eye are contracted: the patient often cries or screams out, starts or awakes out of sleep suddenly. 2nd. The *second* set or train of inflammatory symptoms more unequivocally direct our attention to the head as the seat of disease. The patient complains of transient pains in the head, the

restlessness and irritability increases, the pulse quick and active, tongue white, skin hot, and fever remitting, cheeks marked with a circumscribed flush, the eyebrows knit and frowning, and the eyelids generally half closed, tremulous motion of the arms and a tossing of them to the head, picking of the nose, grinding the teeth, and rolling about of the head, bowels commonly torpid, and sometimes relaxed, impatience of light and noise, and contracted pupil, great uneasiness when the child is raised, and while in an erect position more or less vomiting, and occasionally delirium. 3d. After an indefinite period, these inflammatory symptoms are succeeded by a new train, making the third or last stage of *effusion* or *congestion* to the brain. The patient generally lies insensible, and when roused, speedily relapses into the same somnolent state. One arm and leg lie palsied, whilst the others are more or less moving—the pupils are dilated and the eyelids suffused or reddish, and the eyes turned up under the upper lids during sleep, pulse slow and full, both hearing and seeing lost, coma, convulsions, and death, speedily supervene.

19. CAUSES.—It would seem, that in some instances, a hereditary or constitutional predisposition to the disease exists. In general, children of scrofulous, irritable habits, with weak or deranged digestive powers, seem to be most liable to this disease.—Among the most common exciting causes, are, blows, falls, or other injuries of the head, dentition, and intestinal irritation on the brain, cold, worms, in short, whatever is capable of at once deranging the diges

tive organs and causing an unnatural determination of blood to the brain.

20. TREATMENT.—There are *three* principal indications to be kept in view in the treatment of this disease—viz: 1st. to moderate the general arterial action; 2nd. to obviate the local congestion and inflammatory action in the brain; 3d. to remove those causes of irritation which tend to keep up a preternatural determination of blood to the head. *Purgatives* are accordingly among our most valuable means for preventing the full development of the disease, while it is yet in its incipient stage, and this is more especially the case in those instances which are attended with well marked signs of intestinal disorder. Castor oil, Epsom salts, Rhubarb or Senna and Manna are very good purgatives for this purpose. Some have recommended Calomel very highly in this complaint. When the inflammation is once fully established in the second stage, Blood-letting ranks, of course, among our most efficient means at this period of the disease, particularly when the inflammation is the consequence of some injury inflicted on the head, or when it results from general causes, such as cold.

21. After which we should use *revulsive* and derivative applications, such as blisters to the back of the neck, while ice or cold water is applied to the top of the head, and warm mustard poultices to the feet. After proper *purgation*, *depletion* with the lancet, and revulsive applications, Dover's powder is valuable, particularly when the disease originated from irritation of the bowels. The tincture of *Digitalis* has been much used and in many cases will be highly

serviceable. A decoction of *Indian arrow root* in this, as well as other dropsies, will be the means of doing much good. *Green-tea* has a powerful tendency to lessen the morbid action of the brain. Should the progress of the disease be fortunately arrested (which is seldom the case in the second and third stages,) the strength of the patient should be established by a nutritious diet, or tonic medicines, taking care to keep the bowels in good order, and the head cool.

SECTION V.

SCARLET FEVER.

22. This disease seizes persons in all ages, but children and young persons are most subject to it, and it appears at all seasons of the year, though it is more frequently met with towards the end of autumn or beginning of winter than at any other periods, at which time it very often becomes a prevalent epidemic. It is a very modern complaint, and, beyond all doubt, a very contagious, and in its malignant form very dangerous disease. It appears under every grade of violence, from the simplest and least dangerous, to the most severe and malignant forms. *Fever*—a peculiar *eruption of the skin and inflammation on the fauces* terminating rapidly, in some instances, in ulceration and sloughing, constitute the es-

essential features of the disease. In relation to the particular character and violence of these morbid conditions, it may be divided into *two* varieties, namely, *simple* and *malignant*.

23. SYMPTOMS.—The *simple* scarlet fever is ushered in by slight febrile symptoms. The patient is seized with chills alternating with transient flushes of heat, depression, nausea, pains in the loins, lower extremities and head, a hot and dry skin, and a frequent pulse. On the second day a scarlet eruption comes out first on the face, and then successively on the neck, trunk and extremities, spreading finally over the surface of the mouth and fauces. This rash consists of innumerable red points which, running into each other, give a diffused blush to the whole skin: sometimes on the trunk of the body, the rash is distributed in irregular patches. When the skin is pressed with the point of the finger, the redness disappears for a moment, leaving a transient white spot. With the commencement of the fever or soon after its accession, a slight soreness of the fauces, attended with some difficulty of swallowing occurs, and the voice usually thick and less sonorous—the face becomes slightly swelled, the tongue is covered with a thick, white fur, and the patient is quite restless. On the fourth day, the eruption and fever are generally at the crisis, and on the fifth day both usually begin to decline, and continue to diminish until they have gone off entirely, about the end of the seventh day.

24. The *malignant* scarlet fever is ushered in with all the above named symptoms, but in a much more

aggravating and alarming degree. The throat is in some cases highly painful, red and tumid; the voice hoarse, deglutition difficult, respiration hurried, muscular prostration great, thirst urgent, and the heat of skin more tense than in any other febrile affection; the breath fetid, tongue dry, and the papillæ projecting from its surface the eruption on the skin irregular, dark and livid, and it does not generally come out as early in this as in the simple variety; the glands about the neck more hard and swollen, and the patient is harrassed with painful diarrhœa. At an early period of the disease, the animal powers sink, delirium arises, and towards the end, cold, clammy sweats supervene, and all the immediate precursors of death.

25. SEQUELA.—Scarlet Fever, like Measles, is frequently followed by various troublesome and often dangerous disorders, among which swellings, or dropsy of the chest, is by far the most common.—The patient is often left deaf, the hair is very apt to come out, the glands enlarge, and a troublesome looseness supervenes.

DIAGNOSIS.—The only disease with which scarlet fever is liable to be confounded, is *measles* and *miliary fever*. In simple scarlet fever the eruption generally comes out within the first forty-eight hours of the fever; whereas in measles, the rash rarely appears until the third day, and the catarrh, cough, watery eye, running of the nose and sneezing are more conspicuous. In miliary fever the rash is attended with perspiration, and the eruption is seated on a skin possessing its natural colour.

PROGNOSIS.—The formation of a proper judgment or foretelling of the probable issue in scarlet fever, is attended with some difficulty, since this disease assumes every grade, from the mildest to the most fatal degrees of violence. In the *simple* variety, little or nothing in general need be apprehended for the safety of the patient, unless dangerous secondary affections supervene during the declension or period of convalescence from cold or other accidental causes. The *malignant* variety is always attended with great danger, and in its epidemic form, may be regarded as among the most fatal maladies.

26. CAUSES.—This affection arises from a specific contagious miasm or principle, which, like most other febrile contagions, appears to be much under the influence of certain occult atmospheric prevalence, as well as from different epidemics which have been known to assume. Accidental predisposition, age, peculiarity of constitution, have of course as great influence on the activity of this, as of other contagions. The period which intervenes between the first impressions of the contagion, and the manifest commencement of the disease, varies from three to six days. It is also well established that occasionally this disease arises from exposure to cold.

27. TREATMENT.—From what has been said we discover that this is a very dangerous disease, though in its mild form no particular danger presents itself, but we see in the *sequel* that other morbid complaints may, and often do arise, therefore, we

should commence with a prompt, energetic, and regular course of treatment, and continue until convalescence is completely perfected. Not a single article of medicine should be withheld; not a single omission in nursing should occur. Having been thrown into several epidemics of scarlet fever, my experience is not very limited in this disease.— I have tried, and tried in vain, the different treatments recommended by many of our standard authors. Many, very many, of my patients were lost, until I fell on the present mode of treatment, which has given me great satisfaction. I commence by giving *Table Salt*. I usually dissolve two or more table-spoonsfull in a tea cup two thirds full of milk warm *vinegar*; of this I give to a child (from five to eight years old) one fourth, this they usually throw up. In ten minutes after, I give a fourth more, this is generally thrown up. In ten minutes longer I give another fourth—sometimes this is thrown up, at other times it is retained. If it does not *puke* or *purge* in ten or fifteen minutes, I give the balance, which I want to have retained so as to operate freely on the bowels. This same *process* I repeat two or three times daily for several days, or until I break up the febrile or morbid train of symptoms. I also commence with a strong, *cold*, salt bath, and repeat it when the skin is very hot and dry, every hour. This bath I continue until the temperature of the skin becomes natural. I then substitute the *warm* salt bath for it, which must be continued until perfect convalescence. From ten to fifteen drops of the tincture of *Colchicum* or *Meadow-Saffron* should be

given every three or four hours. If there is much muscular prostration in the latter part of the disease, I usually add *Cayenne Pepper* to the *salt and vinegar*. In the stage of excitement cooling drinks acidulated with lemon-juice or elixir of vitriol, should be freely allowed. *Gargles* for the throat should be frequently used. Sage-tea, alum sweetened with honey, or an infusion of green-tea will answer exceedingly well for this purpose.

SECTION VI.

MUMPS.

23. This is a disease of common occurrence, mostly attacking children; generally prevailing epidemically, and is decidedly contagious. It consists in a specific inflammatory affection of the parotid and other smaller glands. In general, it is neither a severe nor a dangerous complaint, though sometimes it is translated to the breasts in females, and to the testes in males, and in a few instances to the brain, and even proved fatal. It very rarely occurs more than once in the same individual.

SYMPTOMS.—It is first indicated by a feverish condition of the child, with a feeling of stiffness of the jaws, and a little swelling or pain either in one or both sides just behind and below the ears, extending

down the neck. The swelling gradually increases until about the fourth day, at which time it gradually decreases, and in about seven days the child returns to its wonted health. Mastication and deglutition are always attended with considerable pain.

29. TREATMENT.—In mild cases little more is necessary than keeping the bowels open, the parts warm, the skin moist, confinement to the house, and great care must be taken to avoid taking cold. Should the inflammatory symptoms be violent, the breasts, testicles or brain become affected, more active evacuations may be necessary to prevent the destruction of these organs, *bleeding*, *purging*, a blister to the neck, camphor spirits, or other stimulating liniments to the tumour, and keeping up a gentle *perspiration* on the skin, must be strictly attended to.

SECTION VII.

MEASLES.

30. The Measles may prevail at all seasons of the year as an epidemic, but the middle of winter is the time they are the most prevalent, and they attack persons of all ages, but children are most liable to them. They prove most unfavourable to

such as are of a plethoric or scrofulous habit. They seldom or ever affect persons but once in their life; and they arise from a specific contagion, the latent period of which is about eight days, varying, however, to ten, or even fourteen. Many individuals never become affected with the disease, however frequently they may be exposed to its contagion. It can readily be communicated by inoculation, and it is more regular and mild during the warm and equable seasons.

31. SYMPTOMS.—The initial symptoms do not usually differ from those which attend the beginning of catarrhal fever. A slight tenderness and redness of the eyes with an increased flow of tears, sneezing, cough, and a watery discharge from the nostrils, together with slight creeping chills and transient flushes of heat, are generally among the first symptoms of the disease. The fever is of the inflammatory kind, the cough is at first dry and harsh, and is attended with oppressed breathing and some degree of soreness in the fauces. The pulse frequent, hard, and quick, and the skin dry and very hot.—Generally between the third and fifth days the eruption makes its appearance in the form of small red spots, apparently papular, first on the forehead, chin, nose, and cheeks, and then successively on the neck, breast, body and extremities. These red spots, which resemble flea-bites, soon enlarge, and as their number increases, they run into each other and form large patches of an irregular or semi-lunar shape, leaving intermediate spaces in which the skin retains its natural colour. Usual—

ly the fading and subsidence of the eruption proceeds over the body in the same progressive manner that it made its appearance, so that by the eighth day from the commencement of the fever, it begins to disappear, on the ninth day the desquamation or scaling off of the skin commences on the face, which by the tenth or eleventh day is completed over the whole body. About the time the eruption begins to decline, more or less looseness is apt to supervene.

32. SEQUELA.—There are few if any diseases which leave the system so susceptible to the injurious influence of cold as measles, and it is perhaps from this circumstance that local inflammations and other affections are so frequent during convalescence. It is indeed a common observation, that the affections which are apt to follow an attack of measles are more to be dreaded than the disease itself.—Scrofulous diseases of all kinds are apt to be roused into action. Dropsical swellings, discharges from the ears and boils on different parts of the body, inflammation of the lungs, eyes, throat, swellings of the glands, and consumption, &c., are frequent sequellæ of the disease.

33. DIAGNOSIS.—The disease with which this affection is most likely to be confounded is scarlet fever. In measles the rash rarely appears until the third or fourth day, the catarrh, cough, watery eyes and nose, sneezing, &c., are most conspicuous, whereas in scarlet fever, the eruption comes out generally in the course of forty-eight hours of the fever, and not unfrequently sooner.

PROGNOSIS.—Measles is not, in general, a very dangerous disease in itself. It is only from having its regular progress interrupted by some accidental cause as *cold*, &c., or being complicated with internal inflammations, scrofulous habits, pregnancy, or nervous, delicate, or debilitated subjects, that the disease is apt to assume a very dangerous character.

34. TREATMENT.—In relation to the treatment of this disease, we would do well to bear in mind this important truth, that we should be more fortunate in the main, in mild cases, if we interfered less with the operations of nature. She will conduct mild and regular cases to a favourable issue without the interference of any other physician. In common cases all that is necessary, is to keep the bowels open by mild purgatives, and to allow the patient the free use of tepid diluent drinks, and in instances attended with a very moderate degree of febrile reaction, some of the mild, stimulating, sweating remedies, such as infusions of sage, elder blossoms, balm, elm, boneset, &c., should be ordered. In cases attended with a high grade of fever, moderate, abstractions of blood are, without doubt, proper, and ought certainly not to be neglected. Small doses of antimonial wine with sweet spirits of nitre, the soda powders and snake-root tea will be found serviceable. Where the rash, after it has come out, suddenly recedes, the warm bath, stimulating frictions of the skin, hot flannel or bottles filled with hot water applied to the body and extremities, drinking pleurisy or snake-root tea will generally

bring it back to the surface. *Camphor*, especially, is a valuable medicine where a retrocession of the eruption occurs. In robust and plethoric subjects especially, a looseness of the bowels should not generally be interfered with. In cases complicated with local inflammation a vigorous treatment is promptly demanded. General and local abstractions of blood, blisters applied over the region of the affected part, mild purgatives, and sweating remedies are all strictly indicated. Even in summer, during convalescence, the patient should not be suffered to go out of doors except in the middle of fine days, and not without additional apparel. The diet during the declension of the disease and period of recovery, should be mild and un-irritating, and all kinds of stimulating drinks be carefully avoided.

SECTION VIII.

ERYSIPELAS.—ST. ANTHONY'S FIRE.

35. Erysipelas is a febrile disease, attended with diffusive cutaneous inflammation on the face or some other part of the body, characterized by redness, burning heat, swelling and visication tending either to abscess or gangrene. It is more liable to attack children and women, and those of an *irritable* habit

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than those of a plethoric and robust constitution. It may appear at all seasons of the year, though sometimes returns periodically, attacking the patient once or twice a year, or even once every month, and it occurs oftener in warm climates; and every part of the body is equally liable to it, but it more frequently appears on the face, legs and feet than any where else, when seated externally, and of the mucous membrane when seated internally. Occasionally it has been known to prevail epidemically, and there is in some persons a strong disposition to this kind of inflammation, and this disposition appears in some cases to be hereditary, and in them it is brought on by very trifling causes. Some infants are subject to a modification of erysipelas of a very obstinate and dangerous character. It usually occurs soon after birth, and instances are related of children having been born with blotches of erysipelatous inflammation, so far advanced as to exhibit vesications and spots of gangrene. In these cases it usually commences about the genitals, nates or navel, and gradually spreads over the abdomen and along the back and inside of the thighs, and it has a strong tendency to terminate in gangrene or ulcerative supuration.

36. SYMPTOMS.—It is ushered in by febrile symptoms of considerable severity, which continue through the whole course of the disease. The pulse is always frequent, and commonly full and hard. The functions of the brain are much disturbed, and drowsiness or confusion of the head amounting in some cases to delirium, accompany the hot stage. On the

second, or at farthest, on the third morning from the attack of rigors, redness or swelling appears on some part of the skin, very frequently on one side of the nose, spreading rapidly to the rest of the face, or extending over the scalp, neck and shoulders.— There is a distressing sense of heat and tingling in the inflamed surface. The whole face becomes swollen, and upon the second or third day from the appearance of inflammation, the eyelids are commonly closed, and the swelling increases often to a very considerable extent, in the progress of the disease. In some instances, the inflammation gradually travels along the skin without increasing much in the extent of its surface, disappearing from the parts first affected, in proportion as it encroaches on the adjoining sound skin. But usually it retains possession of the part first seized and spreads more and more until a large extent of skin, (and in some *rare* instances the whole surface of the body,) is inflamed. When the inflammation is about terminating in health, which usually occurs between the fourth and sixth day, the redness of the affected part diminishes, and assumes a pale or brownish yellow colour, the swelling also begins to subside, the skin acquires a rough and rugose appearance, and on the following day the scaling off of the skin takes place.

37. SEAT.—The principal seat of erysipelatous inflammation, appears to be the skin, though sometimes it extends deeply into the cellular structure, occasionally an aggravation of all the above named symptoms, and in weak, nervous and irritable subjects, terminating rapidly in the formation of puss,

gangrene or mortification, and even death. At other times there is a translation of the disease to the internal organs, more especially to the brain, which proves highly dangerous.

38. CAUSES.—The usual causes are cold, intemperance, suppressed perspiration and the other common excitements of fever operating upon an erysipelatious habit, and producing, therefore, this peculiar eruption in connexion with its febrile attack. In some persons, bruises, wounds, and other local irritating causes are particularly apt to give rise to this affection, and this is more especially the case in injuries of the scalp. It seems more or less to be connected with a disordered state of the liver, stomach or alimentary canal. At other times it is dependent on some peculiar atmospheric state or miasm, and has prevailed in families, hospitals and districts epidemically.

39. TREATMENT.—With regard to the general treatment of this disease, it is obvious that it must be modified according to the character of the attending fever, and that a course of remediate management which might be very proper in one modification of the malady would probably be injurious in another. 1st. When the fever is of a high grade of reaction, pulse full and hard, or when the brain is in a state of excitement, characterized by drowsiness or delirium, *bleeding* should be practiced in order to relieve the brain and general excitement of the system; and the usual plan to reduce inflammation should be undeviatingly pursued. 2nd. Where the fever and inflammation do not run very high, bleeding may

very properly be omitted. *Emetics* and *Saline purgatives* will be highly beneficial, and will generally, if repeated, entirely remove the complaint, aided by repeated doses of *fever powders*. 3d. Should the fever be low or of a typhoid type, direct depletion will, of course, be improper. In cases of this kind *bark* and *wine* have been much recommended: and when the symptoms of prostration are great, it will be necessary to employ them actively. But although *tonics* and *stimulants* are essential in cases of a low grade of reaction, mild laxatives are almost equally necessary conjointly with them. 4th. Much benefit may be derived by the use of *local* applications applied to the affected part. The *nitrate of silver* in solution, in the proportion of five or six grains to the ounce of water, will almost always afford prompt and complete relief. Also the *tincture of Iodine* as a wash will, in many cases, even where it has approached to a state of gangrene, suddenly avert its farther progress. *Blisters* applied to the inflamed surface will often stop the progress of the inflammation, and when a translation of the disease takes place to the internal organs they are almost indispensable prerequisites. 5th. In moderate cases *Emetics*, *Saline Purgatives*, *Fever powders*, and if there is debility or prostration in the latter part of the disease, or approaching gangrene, *Bark*, *Wine* or *Quinine*, and the external use of *Iodine* or the *nitrate of silver*, will be all that is necessary to conduct such cases to a favourable issue.

SECTION IX.

HOOPING-COUGH.

40. Hooping-cough occurs almost exclusively during childhood: spring and autumn appear to be most favourable to the occurrence of this disease. It is highly contagious, and occurs almost universally in an epidemic form, and affects persons but once in their life. In general the *younger* the patient, the more apt is the disease to terminate fatally.—Hooping-cough, like measles, is indeed as much to be dreaded on account of the many affections which are apt to supervene during its course, or to remain after its disappearance, as for its own proper power, however, violent it may be. Weak, delicate, scrofulous and consumptive children rarely survive the shock produced by this disease. When once it gets entrance into a family it generally attacks every child, and in its mildest form it generally lasts two or three months, and when severe is often protracted to six or seven, though like measles it has a tendency to run a certain course and wear itself out. The period of incubation, or the time which intervenes between the first impression of the contagion of Hooping-cough, and the actual commencement of the disorder varies from seven days to two weeks.

41. SYMPTOMS.—It usually commences with the symptoms of ordinary catarrh. The patient at first experiences some degree of headache, sneezing,

slight hoarseness, oppressed breathing, dry and ringing cough. At the end of two or three weeks the disease or cough begins to assume more of a convulsive or spasmodic character, so far, at least, as the mere cough is concerned. The duration of the fits of coughing is very various. In some instances, the paroxysms are generally over in less than half a minute, in others, they last from five to six minutes, and often longer. In most cases the spell of coughing is attended with a discharge of viscid mucous, and often with vomiting. So violent in some instances is the fit of coughing that it induces a state of partial insensibility, and a most distressing sense of impending suffocation. The blood often bursts out from the nose and mouth. In this aggravated state, the disease usually continues from four to six weeks before it begins to abate.

PROGNOSIS.—Hooping-cough rarely terminates fatally unless it gives rise to some local affection or in scrofulous habits rouses some latent predisposition into action, and brings on a train of morbid disorders. Children in variable and humid seasons or in cold and northern climates, especially while *teething*, are apt to fall under this disease. Inflammation of the lungs, bronchial tubes, dropsy of the head, marasmus, consumption or scrofula are generally the sequelæ of hooping-cough. This disease like scarlet fever, measles and mumps, should always demand especial attention, not so much as to the *present* danger as the *future* diseases to which they give rise. *Let this be remembered.*

43. CAUSES.—There exists no other cause, so far as we know, capable of producing this affection, than the peculiar contagion which is generated by the disease itself. It may be said that all these diseases must have primitively originated from accidental causes—for the first cause could not have arisen from a contagion generated by the disease itself. Nothing, in truth, is more mysterious and incomprehensible, than the origin of those diseases which we now find to be engendered and propagated by a specific agent alone, elaborated by the living body actually suffering under the disease. The only solution we can offer, and it is indeed vague enough, is, that in the infinite combinations of which the material elements of the universe are capable, agents may have been evolved by a peculiar concurrence of circumstances, which had the power of originating these disorders in the human system. It is in this way alone that we can give any plausible explanation of the occasional rise of new diseases—which, when once originated, propagate themselves by elaborating their own specific causes.—Hooping-cough undoubtedly is a spasmodic or nervous affection, the *proximate* cause of which consists probably in a peculiar irritation of the eighth pair of nerves.

44. TREATMENT.—It is supposed by some that the course of hooping-cough cannot be shortened or arrested in its progress; but this is not founded in fact. *Emetics* constitute an important class of remedies in this and other respiratory complaints. They are peculiarly useful in throwing off the vis-

cid mucous that clogs the respiratory passages.— Lobelia, Ipecac or Blood-root constitute the best *Emetic* for this disease, and should be repeated from time to time throughout the course of the disorder. Assafœtida, and vinegar of squills are often highly serviceable. After the disease has been in progress for a time, the *Deadly Night-shade* is the most useful, prompt and energetic article to arrest its farther progress. One sixth to one fourth of a grain of the powdered leaves for a child, repeated three or four times daily, will be sufficient. The dried root is somewhat stronger and will require less for a dose. It should be gradually increased and cautiously given. When hooping-cough excites local inflammations, local and general blood-letting ought strictly to be attended to. If in its advanced stage it should give rise to an inflammation in the respiratory tubes *Balsam Copaiva* will be most decidedly beneficial.— The diet should be light and digestible, and it is particularly important to guard the patient against the influence of a cold, variable, and damp atmosphere.

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HOOPING-COUGH.

Medical Properties and Uses
OF THE REMEDIES USED FOR THE CURE
OF THE DISEASES TREATED OF
IN THIS VOLUME.

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PART V.

CHAPTER I.—SECTION I.

REMARKS ON THE USE OF REMEDIES.

Every head of a family should be acquainted, not only with the properties of medicine and the diseases to which they are respectively applicable, but also with the art of *prescribing* them, so that they may be adapted to the peculiarities of individual patients, and by the mode in which they are administered, may produce the greatest curative effect with the least possible inconvenience. In the body of the work the quantity has been stated in which each medicine most ordinarily must be given to produce its peculiar effects in the *adult* patient. But there are various circumstances which modify the dose, and demand attention on the part of the prescriber. The *age* of the patient is the most important of these circumstances. The dose for a person of

middle age being a full dose. That of a person from 14 to 21 years, will be $\frac{3}{4}$; 7 to 14, $\frac{1}{2}$; 4 to 7, $\frac{1}{4}$; of 4 years $\frac{1}{8}$; 3 years 1-6; 2 years 1-8; 1 year 1-12. To the above rule some exceptions are offered in particular medicines. *Sex, temperament, constitutional peculiarities*, have also an influence upon the dose, and should be kept in view in prescribing. *Females* usually require smaller doses than males, and those of sanguine temperament than the phlegmatic. *Habit* is another important circumstance which modifies the dose of medicine. *Simplicity* also in prescribing is always desirable when no object is to be gained by deviating from it.—Remedies should never be mixed together without a definite purpose; and the form in which they are exhibited is often an object of considerable importance. They should be made to suit the taste of the patient or the condition of the stomach.—Promptitude, order, and precision should always be observed in taking medicine. Good prescriptions will avail but little where there is not good nursing and timely administration.

ALOES.

ALOES is a slow, stimulating cathartic, exciting a sensation in the stomach and bowels, and directing its operation more especially upon the lower portion of the bowels and the uterine organs. Hence this ar-

ticle is valuable in habitual costiveness, retention or suppression of the menses, and worms, more especially, the *maw* or *thread worm*. It enters into the composition of pills, and from its griping effects is seldom given alone, but usually combined with prickly ash or canella alba bark. Dose from two to ten grains.

ALUM.

ALUM is a powerful astringent, and as such is used both internally and externally, in restraining bleedings from the womb, and other organs. It is especially useful as injections in whites, and falling of the womb. For *gargles*, in affections of the mouth, in scarlet fever and other *raw* surfaces. Dose from five to twenty grains.

ASSAFŒTIDA.

THIS is one of our most penetrating nervine stimulants. It operates slightly on the bowels, relieving pain, expelling wind, and allaying spasms and other nervous agitations. It is valuable in whooping-cough, phthisic, suppression and painful menstruation, but more especially, in *hysterical*, hypochondrical and other nervous affections connected with a deranged state of the bowels and sexual organs. Dose from five to ten grains. The tincture which is mostly used, given from one to two tea-spoonsfull.

BALSAM COPAIVA,

Is a stimulant purge, and operates upon the urina-

ry organs, and mucous membranes of other parts of the system. Thus it is occasionally given in chronic dysentery, catarrh, piles, but especially in *gleet* and *whites*. Dose, forty drops, three times daily, gradually increased to sixty drops.

SMART-WEED.

THIS is the most active agent we possess to re-establish the monthly discharge. While I was attending college I introduced this article to the medical profession, more especially to Dr. EBERLE after which, when writing on the retention and suppression of the menses, he says—"I can affirm, that with no other remedy or mode of treatment have I been so successful as with this." Boil the weed, strain and simmer down to a solid extract, or make a strong tincture. Of this a teaspoonfull should be taken four or five times daily, or from four to six grains of the extract may be taken every four or six hours.

BLOOD-ROOT.

THIS root continued in small doses will materially lessen the rapidity of the circulation. In large doses it is decidedly *emetic*. It is valuable in hooping-cough, croup, and coughs following affections of the *lungs*, more especially, bleeding from that organ; also in morbid affections of the liver and biliary derangements, particularly in chronic and long standing cases. In Rheumatism and asthmatic complaints, &c. It may be given in pills or tincture. Dose from

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one to five grains. For an emetic, from twelve to twenty grains.

BONESET.

THIS weed possesses important medical properties as an *emetic* and *purge*, and in smaller doses produces copious perspiration, and acts as a gentle tonic. In large doses it possesses active properties in arresting the ague and fever. In measles, common catarrh, and acute rheumatism, it is very serviceable. Pour a quart of boiling water on half an ounce of the leaves. A gill of this may be drank every fifteen or twenty minutes, until free vomiting is excited. Dose from fifteen to twenty grains as a tonic or sweat.

CALOMEL.

THIS article, though often abused, is an active agent in the cure of *bilious* and *glandular* diseases. Its action is more or less terminated on the secretory organs. In large doses it is purgative, in smaller, it is alterative. It is particularly useful in correcting the action of the biliary organs, and evacuating irritating and noxious matter from the intestinal canal. In dropsy of the head, and for the expulsion of worms, it is also valuable. Dose from fifteen to twenty-five grains.

CAMPHOR.

THIS common article allays nervous irritation, quiets restlessness, and produces a general placidity of feeling, which renders it highly useful in certain forms.

of disease, attended with derangement of the nervous functions. Hence it is valuable in a long train of disorders, applied internally and externally. In painful menstruation, in measles where the eruption is turned in, and as a *vermifuge* for the expulsion of worms, it is active and prompt when administered in large quantities. Dose from two to twenty or thirty grains.

CINNAMON,

Is among the most grateful and efficient of the aromatics. It is a warm cordial, and astringent remedy, and is capable of affording much good in chronic bowel complaints, in nausea and vomiting, but more especially, the *tincture* is one of the most efficient agents in arresting *floodings* or *discharges* from the womb. Dose of the powder, from ten to twenty grains. The oil from two to five drops. The tincture, from thirty to sixty drops.

COLCHICUM OR MEADOW SAFFRON.

THE root, seeds and tincture act as a sedative on the nervous system, allaying pain and moderating the action of the heart and arteries. It is especially valuable in *gout*, *rheumatism*, *scarlet fever*, tumid leg, and dropsy of the ovare. It must be given with much caution, and gradually increased and continued for some time. Dose of the root or seeds, from two to eight grains. Tincture, ten to sixty drops.

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COMPOSITION FOR WEAK, IRRITABLE AND NERVOUS HABITS.

TAKE one ounce of Aloes, one ounce of Canella Alba bark, one fourth ounce of Rhubarb, one fourth Cinnamon, one fourth Anise-seed, and one eighth ounce of Assafœtida. Pulverize and mix together. This certainly is one of the best preparations I ever used to keep up a regular action on the bowels and uterine organs. It is especially useful in deranged menstruation, hysteria, barrenness, and passive floodings from debility or relaxation of the general system. Dose from three to eight grains three times daily.

COMPOSITION FOR MISMENSTRUATION.

TAKE equal parts of Balsam Copaiva, Sweet Spirits of Nitre, and Essence of Juniper. Mix together. This mixture is valuable in painful and difficult menstruation, and in most of the painful diseases of the bladder attended with a bearing down, and difficulty of making water. Dose two tea-spoons full two or three times daily with ten or fifteen drops of Laudanum.

DEADLY NIGHTSHADE.

THE leaves, berries, and extract, act decidedly upon the brain and nervous system. It is certainly one of the most efficacious remedies we possess in painful disorders of the head and face, and in the advanced stage of *hooping-cough*, will generally cut it short. It possesses the power of dilating the pupil

of the eye, and has been much praised for its power of preventing the contagion of scarlet fever. Dose of the leaves or extract from one to two grains, and gradually increased.

EMETIC TARTAR,

As a *vomit*, is one of the most important articles we possess. Its effects are certain, prompt and energetic. It is certainly one of the most useful remedies in a long train of *febrile* and inflammatory diseases as a means of curbing the action of the heart and arteries, inducing a gentle perspiration, cleansing out the stomach and bowels, restoring an equilibrium in the system, exciting the secretions, and is capable of fulfilling many other indications in the cure of diseases: hence it is valuable in hooping-cough, hysteria, measles, &c. Dose from two to seven grains as an emetic. From a fourth to a grain as a febrifuge.

HIERA PICRA.

This holy bitter (as its name purports) is made of Aloes and Canella Alba bark, equal quantities of each, or prickly ash bark is nearly as good. Its virtues are much increased by adding one fourth Rhu-barb. It ought to be kept in a family and used as cases require. It is good in costiveness, colds, worms, dyspepsies, &c. It is best to put two ounces in a pint of spirits, from half to two tea-spoons full may be taken morning and evening.

INDIAN ARROW-ROOT.

THIS is a valuable article in the treatment of dropsical complaints. It possesses tonic and in large doses very powerful cathartic and diuretic properties. It stands pre-eminent in dropsies of the *abdomen*, ovaries, and other local and general dropsies. Take an ounce of the bark off the root, and boil down to a strong decoction, sufficient quantities may be taken to purge actively, and repeated once or twice daily for some time.

IODINE.

IODINE was first introduced as a medicine for the cure of Bronchocele or the swelling and enlargement on the *fore part* of the neck. It has since been used with great success in scrofulous, indurated, and glandulous complaints. It acts as a general excitant of the living actions, but particularly of the absorbent and glandular systems, and is capable of producing very important *alterative* effects, especially in dropsies of the abdomen, ovaries, and enlargements of the liver, spleen, breasts, testes, womb, and glands of the abdomen, &c. It is also applied externally in these cases, and of late it is found to arrest speedily the progress of *erysipelas* when applied externally to the eruptive and spreading surfaces. The tincture should be given in sweetened water from ten to twenty, and gradually increased to forty or fifty drops three times daily, and continued for some time.

IPECAC.

THIS substance is undoubtedly the most important vegetable *emetic* we possess, and in many instances preferable to every other article belonging to this class, for it is much less apt to act upon the bowels, and to pass off by copious and exhausting stools than the preparations of antimony. In small doses it produces perspiration, acts gently upon the bowels, stimulates the stomach, exciting and facilitating digestion. This remedy was first brought into notice from its effects in *bowel complaints*, and since it is used in all cases where we need a mild puke. Dose for an emetic twenty grains.

PLEURISY ROOT OR BUTTERFLY WEED.

THIS valuable root when taken in moderate doses, produces gentle perspiration or profuse sweating, without heating the system, and enables a person to expectorate or raise powerfully: hence it has gained great reputation in common colds and catarrhs, both among physicians and patients. It stands pre-eminently celebrated in *pleurisy*, (whence its name,) and also in an inflammation of the lungs and the forming stage of consumption. It is slightly tonic and loosening, and possesses considerable power in arresting acute rheumatism, dyarrhœa, dysentery, and some other diseases accompanying the cutting of teeth, such as puking and purging, loss of appetite, weakness, slow fever, &c. It is considered one of the safest, best, and most efficient means we possess, in arresting the progress of those diseases which are

peculiar to the lungs. This root may be given in substance or decoction. The latter is, however, considered the best mode of administering it. Dose twenty-five to sixty grains.

OPIUM AND MORPHINE.

OPIUM is one of the most valuable articles belonging to the science of medicine. Taken by a healthy person in a moderate dose, it increases the force, fullness, and frequency of the pulse, augments the temperature of the skin, invigorates the muscular system, quickens the senses, animates the spirits, and gives energy to the intellectual faculties. Its operations are extended to all parts of the system. In a short time this excitation subsides, a calmness of the corporeal actions, and a delightful placidity of mind succeed, and the individual, insensible to painful impressions, forgetting all sources of care and anxiety, and is conscious of no other feeling than that of a quiet and vague enjoyment. All the secretions with the exception of that from the skin, are either suspended or diminished, the regular motion of the bowels is arrested, pain and inordinate muscular contraction if present are allayed, and general nervous irritation is composed, if not entirely relieved. The local effects of opium, are of a similar character with those which follow its general operations. An increased action of the part is first observable, then a diminution of its sensibility and contractility, and the latter effect is more speedy, more intense, and of longer continuance, the larger the quantity is applied. No medi-

cine is so efficient in allaying nervous irritation, relaxing spasms, and quieting irregular muscular movements, as this article Hence its great importance as a remedy in cramp, spasms, colics, painful menstruation, hysterics, coughs, &c. Also in suppressing morbid discharges, it answers another indication which fits it for the treatment of a long list of diseases, bowel complaints, bleedings from the lungs, stomach, womb, and other organs, &c.,

MORPHINE—one of the properties of opium, is less disposed to constipate the bowels, and leave behind the other unpleasant effects. It is usually also more acceptable to the irritated stomach, and will often be retained when opium or its tincture would be rejected. It is applicable to all cases where the object is to relieve pain, quiet restlessness, promote sleep or allay nervous irritation in any shape, but is less efficient than opium in the suppression of morbid discharges. There is no medicine of which the dose is more variable according to the habits of the patient, the nature of his complaint or the purpose to be effected. The medium dose of opium is one grain. One-sixth of a grain of *morphine* is about equivalent to a grain of opium.

SUGAR LEAD.

THIS is a powerful astringent and sedative. The principal diseases in which it has been exhibited are *bleedings*, particularly from the lungs, intestines and *womb*. Its effects in restraining the discharge of blood, is admitted to be very powerful. It is also applied externally to superficial inflammations, bruises and

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burns. Dose from one to two or three grains repeated every two or three hours.

WILD CHERRY BARK.

THIS bark is among the most valuable of remedies. Uniting with a tonic power, the property of calming irritation, and diminishing nervous excitability, it is admirably adapted to the treatment of diseases in which a debilitated condition of the stomach or of the system at large, is united with general or local *irritation*. When taken into the system in moderate doses, and continued for some time, it gives tone to the stomach, and produces a slight increase of the action of the heart and arteries, and imparts vigour to the general system. When, however, it is taken in *large* quantities and frequently repeated, it reduces the pulse, and lessens the action of the heart and arteries. It contains *prussic acid* which, it is well known, is capable of moderating, nay, even of removing all the symptoms attending the early stage of consumption or hectic fever. Undoubtedly this bark will do as much if not more to relieve a patient from the *coughs, sweats, and general debility* in consumption than any other article known to the profession, the celebrated *Syrup of Naphtha* hardly excepted. It is also good in asthma, chronic hysterics, *rheumatic* pains and swellings, and in many cases of ague and fever. The bark of the root is stronger than that of the trunk. The *cold* infusion is an excellent preparation. An ounce of the bark is to be infused in a pint of cold water for twenty-four hours. Dose a wine-

glass full every four hours or from half to two drachms of the powdered bark.

LOBELIA,

Is decidedly *emetic*, and like other medicines of the same class, is occasionally purgative, and in small doses sweating and expectorant. As an *emetic* it is very active, producing, in strong doses, "great relaxation, debility and perspiration." It is less apt to turn down on the bowels than the preparations of antimony, though at the time being occasioning more relaxation and prostration. In many cases its medicinal powers are truly surprising, especially in phthisical and asthmatic cases. In *croup*, hooping-cough, catarrh, consumptive and other coughs depending on mucous accumulated in the respiratory tubes, it is valuable: also may be used as an injection to *prostrate* or *relax* the system where we wish to set a rigid dislocated limb, or return the contents of a strangulated rupture. It may be given in substance, tincture, or infusion. The dose of the powder as an *emetic* is from five to twenty grains, to be repeated if necessary. The tincture is most frequently administered. Dose half a fluid-ounce.

SQUILLS,

WHEN taken excite raising and the urinary organs, and in larger doses emetic and purgative effects.— They are the most certain, efficacious and valuable remedy we possess to excite the *urinary* functions, and for children, are an excellent *emetic*: hence it is

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useful in dropsies, coughs, colds, &c. They are generally given in combination with other articles, and steeped in *vinegar* and sweetened with honey. When given in substance, they are most conveniently administered in the form of pills from six to twelve grains as an emetic; or from one to two grains as an expectorant and diuretic.

PREPARATIONS OF IRON.

AMONG the mineral tonics, Iron undoubtedly holds the first rank. It is a slow but permanent tonic, increasing the fullness and frequency of the pulse, rendering the blood more florid, and imparting permanent vigour and tone to the general system.

THE FILINGS OF IRON are used as a *vermifuge*.

THE RUST OF IRON is an excellent preparation in weak, debilitated and loose habits, and particularly in nervous affections of the *head and face*.

THE PRUSSIATE OF IRON or *prussian blue* is considered a valuable tonic, febrifuge and alterative, and is especially useful in passive bleedings or floodings in weak, nervous and irritable patients.

THE TARTRATE OF IRON is one of the most agreeable preparations of Iron, and is highly valuable in green sickness, profuse menstruation, chronic hysterics, &c. Dose of the *filings* of iron, from five to twenty grains; *rust* of iron from ten to sixty; *prussian blue* from five to ten; and the *tartrate of iron* from ten to thirty, several times a day.

SPIRITS OF TURPENTINE.

This oil stimulates the system, increases the urinary organs, expels *worms*, and when given in large doses operates on the bowels as a cathartic, and externally applied excoriates the skin, or blisters. Internally it is used in the low forms of fever and the relapsed stages of the ague and fever. In pains of the *stomach* and *colics* it is certainly the quickest and most prompt remedy ever used. It is frequently used in disordered conditions of the alimentary canal and uterine organs. As a *vermifuge* it stands among the highest. In chronic rheumatism, sciatica and lumbago, the oil has often been given with great benefit. Externally applied it operates as a counter irritant, and relieves soreness and pain. Dose for a purge in case of *worms* from half to an ounce, and even more. For ordinary purposes from five to thirty drops several times daily.

SNAKE-ROOT,

WHEN taken into the stomach, increases the force and frequency of the pulse, produces a glow of heat throughout the system, causes perspiration and raising, and excites more or less the uterine and other secretions. It is, therefore, valuable in difficult menstruation, croup, measles, and a variety of low, putrid and eruptive fevers. The dose of the powder is from twenty to thirty grains. It is usually given in infusion.

RHUBARB,

Is a peculiar and valuable article. It combines an astringent power with a cathartic. In small doses it invigorates the powers of digestion, and when the stomach is enfeebled and the bowels relaxed, at the same time that a gentle cathartic is required, Rhubarb, as a general rule, is preferable to all others.— Hence its use in dyspepsia attended with constipation, in diarrhœa when purging is indicated, in secondary stages of cholera infantum, in chronic dysentery and in almost all typhoid diseases when fecal matter has accumulated in the intestines or the use of purgative medicine is necessary to prevent such accumulation. The tincture is better than the root in all chronic bowel complaints. Dose of the powder is from twenty to thirty grains. Dose of the tincture from a fourth to a third of an ounce.

VALERIAN,

Is gently stimulent, with an especial direction to the nervous system. It excites the action of the heart and arteries, promotes perspiration and tranquilizes the system. It is especially useful in cases of irregular nervous action, when not connected with inflammation or an excited condition of the system. Among the complaints in which it has been particularly recommended, are hysteria, hypochondricks, epilepsy, low forms of fever, &c. Dose of the powder is from thirty to sixty grains repeated occasionally.

SKUNK CABBAGE.

THIS is a stimulent and in most cases directs its action against spasmodic diseases, more especially in hysteria, spasmodic asthma, and other *spasmodic affections* of the abdominal muscles during the *expulsion* of the fœtus from the womb, or after delivery. It is best given in powder, of which the dose is from ten to twenty grains, to be repeated three or four times a day, and gradually increased till some evidence of its action is afforded.

VERMIFUGES.

THIS includes that class of remedies which possess the power of destroying, dislodging, and expelling worms from the intestinal canal.

1st. PINK ROOT is generally considered among the most powerful vermifuges. It is best prepared for use by taking half an ounce of the root, and the same quantity of senna to ensure a purgative effect, boiling water, a pint. Steep for two hours in a covered vessel and strain. The dose of this infusion for a child two or three years old, is a fluid-ounce; for an adult, from six to eight fluid-ounces, repeated occasionally.

2nd. JERUSALEM OAK OR WORMSEED is one of our most efficient remedies. It may be prepared by boiling an ounce of the fresh weed in a pint of milk, and given the same as the pink. Or the *seeds* may be administered in powder mixed with honey. Dose for a child from five to six years old, an eighth of an ounce. Or the *volatile oil* is perhaps more frequent—

ly given than the seeds. The dose for a child is from six to twelve drops, mixed with sugar.

3d. THE COWHAGE DOWN certainly possesses powerful vermifuge properties. These spiculæ are thought to act mechanically by penetrating the worms.— Nearly a tea-spoonfull of this down may be mixed with honey or molasses, and given to a child once or twice daily for three days, and then followed by a brisk cathartic.

4th. MALE FERN is also a valuable vermifuge, and has been used more especially for the expulsion of the *Tape-Worm*. A third of an ounce of the powder may be given morning and evening for one or two days successively, and then followed by a full dose of some active purgative.

5th. CAMPHOR may be regarded among the most active and certain remedy for the expulsion and cure of worm affections. Three or four grains may be dissolved in an ounce of water and sweetened with sugar, and given several times daily, and continued for several days.

6th. THE SPIRITS OF TURPENTINE is undoubtedly one of the most certain of all the means we possess of directly removing worms. The full dose (in which it may *safely* be given even to children) is three fourths of an ounce in milk or mixed in water, either by means of mucilage or honey. It is better to give it in large than small doses. It then passes off quickly by the bowels, otherwise it acts too much on the bladder.

SALT AND VINEGAR.

THIS mixture in large doses is decidedly emetic and purgative. It gives greater tone to the digestive organs in weakly children, and corrects the disposition to generate worms. In spitting or vomiting of blood, it suddenly arrests the discharge. It has a great tendency to arrest putridity, especially in ulcerated and putrid sore throat, and I have not found its equal in the whole range of medical science. Experience is said to be the best schoolmaster, and facts are stubborn things. No person who will venture to use large doses of this remedy in these *eruptive fevers* attended with *putrid or ulcerated sore throat, scarlet fever*, or a disease that is sometimes called *Black Tongue*, will find himself disappointed. It should be given once or twice daily, in doses sufficient to ensure its emetic and purgative effects. Externally applied it will also be found valuable.

PREPARED CHALK.

THIS is an excellent antacid, and as the salts which it forms in the stomach and bowels are not purgative, it is admirably adopted to looseness and bowel complaints accompanied with acidity. With no other remedy have I been able to affect more good in *diarrhæa* in children during the warm weather in summer than with this simple article. I usually give two or three tea-spoons full at a time, three or four times daily, mixed with Bateman's drops at each dose, and continue for some time. At the same time bathing and rubbing severely the skin with *cold* or milk warm water.

DOVER'S POWDER,

Is made of one part of Ipecac, one part of Opium and eight parts of Sulphate of Potass. This is one of the most valuable *sweating* remedies belonging to the science of medicine, and is peculiarly serviceable in a variety of diseases where we wish to tranquilize the system and excite and keep up a regular and free perspiration on the skin. This preparation is applicable to all cases (not attended with much fever or excitement in the stomach or brain) especially in painful affections or those connected with unhealthy discharges. It proves a valuable remedy in chronic bowel complaints, colds, catarrhs, rheumatism and other inflammatory affections after a sufficient reduction by the lancet or other modes of depletion. The dose is from five to fifteen grains and often repeated.

SLIPPERY ELM BARK.

THIS is a soothing mucilage or demulcent and possesses nutritious and emollient properties. It is usually employed as a drink in the form of infusion, and is highly useful in excited and inflammatory affections of the mucous membrane lining the alimentary canal, and hence it is valuable in dysentery, looseness, and diseases of the urinary passages, and it is frequently applied to external inflammations in the form of emollient poultices.

FEVER POWDERS.

TAKE one drachm of Nitre, one drachm Cream of Tartar, and two grains of Emetic Tartar. It is best

to dissolve this mixture in four ounces of cold water, and give about two tea-spoons full every hour. This is an excellent cooling and sweating remedy in *fevers* and *inflammatory* complaints.

CAYENNE PEPPER,

Is a powerful stimulent, producing when swallowed a sense of heat in the stomach and a general glow over the whole body. It is much employed as a condiment, and proves highly useful in correcting the flatulent tendency of certain vegetables, and bringing them within the digestive powers of the stomach. As a medicine it is useful in cases of enfeebled and languid stomach and debilitated states of the system. It is frequently mixed with spirits or alcohol, in combination with Gum Myrrh, forming an excellent stimulating preparation. The following formula is very useful in the treatment of *malignant sore throat* and *scarlet fever*:—Two table-spoons full of the powdered *pepper* with three tea-spoons full of *common salt* are infused for an hour in a pint of boiling liquid, composed of equal parts of *water and vinegar*. This is strained, when cool, through a fine linen cloth, and given in the dose of two thirds of a table-spoon full every half hour. This same preparation forms an excellent *gargle*. Applied externally cayenne is a powerful excoreant to the skin, and is very useful in local rheumatism, and applied to the feet in *hysteria* and low forms of fever when a stimulent impression upon the surface is demanded.

PERUVIAN BARK AND QUININE.

THIS valuable remedy was unknown to the civilized world till about the middle of the seventeenth century, though the natives of Peru are generally supposed to have been long previously acquainted with its febrifuge powers. It is unquestionably the most important tonic we possess, and justly ranks among the most useful and indispensable articles of the *materia medica*. When taken into the stomach, bark usually excites in a short time a sense of warmth in the stomach which often diffuses itself over the abdomen and the whole system; and if the dose be repeated, the whole system becomes more or less affected, and all the functions undergo a moderate degree of excitement. But besides the mere excitation of the ordinary functions of health, it produces other effects upon the system, which must be considered peculiar and wholly independent of its mere tonic operation. The power by which, when administered in the intervals between the paroxysms of intermittent disorders, it breaks the chain of morbid associations, and interrupts the progress of the disease, is something more than what is usually understood by the *tonic* property; for no other substance belonging to the class, however powerful or permanent may be the excitement which it produces, exhibits a control or displays such extraordinary powers over ague and fever at all comparable to that of the bark or its preparations. It may advantageously be used as a *tonic* in low or typhoid forms of disease in which either no inflammation exists, or that which does exist

has been moderated by proper measures, or has passed into the suppurative or the gangrenous state. Also pains or diseases occurring periodically, are generally relieved by the use of bark. The medium dose of bark, as administered in agues and fevers, is an eighth of an ounce, repeated every hour for six or eight hours during the intermission. When given as a *tonic* in chronic complaints, the dose is usually much smaller.

QUININE.—This valuable constituent principle of the bark is almost universally employed in preference to the bark or any of its other preparations for the cure of agues and fevers. In all *original* cases it is best to prepare the system by *Emetics* and *Purgatives* for the exhibition of the Quinine; and if there is much inflammatory action present, by bleeding: but in relapsed cases it will seldom be necessary to use these preparatory means. In order to secure the whole effect of Quinine or bark and prevent its passing off too rapidly from the bowels, it is best to combine it with Bateman's drops or opium. Twelve grains of Quinine are equivalent to about an ounce of good bark. The dose varies exceedingly, according to the circumstances of the patient, and the object to be accomplished. As a *tonic*, simply, a grain may be given three or four times a day, or more frequently in acute cases. In agues and fevers, from twelve to twenty grains should be given between the paroxysms or chills, in divided doses.

N. B. It is here worthy of remark, that Rowan's tonic mixture, Sappington's pills, and all the celebrated nostrums which have flourished from year

to year, for the cure of agues and fevers, owe their specific properties to the bark or Quinine they contain.

RHATANY ROOT.

This is gently tonic, and powerfully astringent, and may be advantageously given in chronic looseness, passive bleedings, and is acquiring increased reputation in the cure of *whites*. The decoction is more convenient and is usually preferred. It may be prepared by boiling an ounce of the bruised root in a pint of water, and taken in the dose of one or two fluid-ounces. The extract is, perhaps preferable to any other form, as it is of uniform strength. Dose of the powdered root twenty to thirty grains: of the extract from ten to fifteen grains.

N. B. Nearly all of these remedies can be procured by your own hands, or they may be purchased at the druggists; and it is just as prudent, necessary and economical to have the most needed at hand, laid up in store, as it is to provide food, raiment or implements of husbandry against the time of need.

REMARKS ON THE PRESENT PUBLICATION.

It now only remains to say a few words in respect to the present volume. Every family who can read needs such a work; not to be read once and laid aside as a novel, but to be frequently consulted as a medical guide. A plain and systematic work that can be depended on for truth and accuracy, has long been wished for, and to the practicing midwife, will be of incalculable benefit, and cannot be without its interest to all classes of community. A medical guide for the *heads* of families, and especially for *mothers*, is truly needed. How many annoying maladies prey upon the delicate female, which, with a proper understanding on the part of mothers, might be remedied without calling in the aid of physicians, and subjecting them to a long, costly, course of treatment, which might have been prevented at the very commencement with little medical attention. But the science of medicine for centuries has been wrapped in darkness, and rocked in the cradle of superstition, credulity and skepticism. I wish, therefore, if "*old time and myself continue,*" to unlock this and the other physical sciences, and give you an eclectic treatise on all the departments of medicine. But in this volume I have carefully given you a plain, concise, and practical work on the science of midwifery, and the symptoms, causes and treatment of those disorders peculiar to women and children, together with the medical properties and uses of the remedies used

for the treatment of the diseases treated of in this book, scrupulously avoiding medical terms, false theories and speculations, and giving authenticated items and facts, which will be instructive to those labouring under disease, and useful to the heads of families.—*Truth* is plain and can be easily told. *Few words*, and to the point, are better than a volume of technicalities, and another volume to explain them. Much quackery exists *in and out* of the medical profession; therefore, what I have written, I have been careful to consult the most *candid and standard* authors. To them I *appeal*, amidst a mercenary and alienated profession, and a disordered and skeptical world for the truth of what I have written. I know some persons wish to be considered learned and wise, because they can find fault and use big words and understand hard sentences, but I go for *simplicity* and *reform* in medicine. I am not strictly wedded to any system or mode of practice, but always endeavour to adopt that remedy which will relieve the quickest, and leave the system in the most perfect state of health. I have, therefore, made this publication to contain the germ or seeds of much new, interesting, and useful matter. Study then this important book of facts without *prejudice*. It will make you healthier, wiser and happier while you travel through this short journey of human existence.

THE END.

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